

This passport is to be used by parents, guardians and health care providers to monitor and promote health, growth, and development of the child.

This is the main record of the child's health, growth and development. This booklet contains recommendations for feeding and caring for the child at different ages: as a child grows, his needs change.

Therefore, keep it in a safe place and **carry it with whenever the child visits:**

- a health centre (whether it is for a well-baby visit or because of illness)
- a doctor or other health care provider
- a hospital outpatient and in-patient department or emergency department
- any other health appointment

The growth charts in this document was adapted from WHO growth standards.

CHILD IDENTIFICATION:

Health Facility Name:

Child's Name and surname:.....

Sex: Male:

Birth date (dd/mm/yyyy):.....

Birth Order:.....

Unique Identifier:.....

Mother/ guardian name and surname:.....

Father/guardian name and surname:.....

Residential Address:.....

Name of House Owner (name and surname):.....

Village:

District:.....

Contact (phone) number:

PARTICULARS OF BIRTH:

Normal:

Assisted Delivery:

Type of Assisted Delivery:.....

Caesarian Section:

Head Circumference in cm:

Birth weight in kg:.....Length in cm:

BORN AT:

Hospital: Yes No

Health Centre/Clinic: Yes No

Home: Yes No

Name of health facility where born:
.....

Apgar score (at birth): immediately

Apgar score after ten minutes:.....

Neonatal Problems:

.....
.....
.....
.....

Rooting reflex present:

Yes No

Suckling reflex present:

Yes No

Oto-acoustic Emissions (OAE) Screening:

Pass Fail Date:

Pass Fail Date:

Auditory Brainstem Response (ABR) Screening

Pass Fail Date:

CHILDHOOD IMMUNISATION

Age	Vaccine	Date Given (dd/mm/yyyy)	Date Due (dd/mm/yyyy)	Given By (name surname)	Batch Number
New Born	Polio 0				
	Hep B 0				
6 weeks	Polio 1				
	Pentavalent 1 (DPT, Hep B, Hib)				
	Rotavirus 1				
	Pneumococcal 1				
10 weeks	Polio 2				
	Pentavalent 2 (DPT, Hep B, Hib)				
	Rotavirus 2				
	Pneumococcal 2				

NB: Hep B 0 to given within 24 hours of birth. When a child returns for immunisation, health worker to confirm if children in endemic areas received ITN (mosquito nets)

CHILDHOOD IMMUNISATION

Age	Vaccine	Date Given (dd/mm/yyyy)	Date Due (dd/mm/yyyy)	Given By (name surname)	Batch Number
14 weeks	Polio 3				
	Pentavalent 3 (DPT, Hep B, Hib)				
	Pneumococcal 3				
9 months	Measles				
	Measles, Rubella (MR)				
15months	Measles, Rubella (MR)				
5 years	DT				
	Polio				
10 years	DT				
	Polio				

When a child returns for immunisation, health worker to confirm if children in endemic areas received ITN (mosquito nets)

VITAMIN A SUPPLEMENTATION

AGE (MONTHS)	DOSAGE	MONTH DUE (mm/yyyy)	DATE GIVEN (dd/mm/yyyy)	GIVEN BY (name and surname)
6 months	100 000 IU			
12 (1yr)	200 000 IU			
18 (1yr,6months)	200 000 IU			
24 (2 yrs)	200 000 IU			
30 (2yrs,6months)	200 000 IU			
36 (3 yrs)	200 000 IU			
42 (3yrs,6months)	200 000 IU			
48 (4yrs)	200 000 IU			
54 (4yrs,6months)	200 000 IU			
60 (5yrs)	200 000 IU			
66 (5yrs,6months)	200 000 IU			
72 (6yrs)	200 000 IU			

DEWORMING SCHEDULE

AGE (MONTHS)	DOSAGE	MONTH DUE (mm/yyyy)	DATE GIVEN (dd/mm/yyyy)	GIVEN BY (name and surname)
12 months	200mg			
18 months (1yr,6months)	200mg			
24 months (2 yrs)	400mg			
30 (2yrs,6months)	400mg			
36 months (3 yrs)	400mg			
42 months (3yrs,6months)	400mg			
48 months (4yrs)	400mg			
54 months (4yrs,6months)	400mg			
60 months (5yrs)	400mg			
66 months (5yrs,6months)	400mg			
72 months (6yrs)	400mg			

Deworming for all children above 1 year should take place twice a year.

Dosage: Oral Albendazole for children aged 12-23 months: 200mg, for children above 24 months: 400mg

HEAD CIRCUMFERENCE MEASUREMENTS: TABLE FOR CUT OFF IN CM:

Age	HEAD CIRCUMFERENCE MEASUREMENTS (Indicate in cm):	Cut off in cm (girls)	
		Small for age	Large for age
Birth		30.3	37.4
6 weeks		33.7	40.8
10 weeks		35	42.3
14 weeks (13 weeks)		35.8	43.2
9 months		39.8	47.8
18 months		42.1	50.4
5 years		45.7	54.2

Refer child immediately if measurements are not in line with the age of the child

INFANT FEEDING (Indicating if child is on Co-trimoxazole (CTX) and ARV Prophylaxis)

Age at Follow-up	Birth	7Days	6Weeks	10Weeks	14Weeks	4Months	5Months
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin Syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							
Age at Follow-up	6Months	7Months	8Months	9Months	10Months	11Months	12Months
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin Syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							

Enter code of infant feeding type in boxes:

1 = Exclusive Breastfeeding, 2 = Mixed feeding, 3 = Complementary foods, 4 = Continued breastfeeding with complementary food 5 = Other (please specify).

Infant Feeding Counselling and Support should be given at each visit for all children under 12 months.

YOUNG CHILD FEEDING (Indicating if child is on Co-trimoxazole (CTX) and ARV Prophylaxis)

Age at Follow-up	13Months	14Months	15Months	16Months	17Months	18Months	19Months
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin Syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							
Age at Follow-up	20Months	21Months	22Months	23Months	24Months		
Infant Feeding Code							
CTX (stop when confirmed negative – enter date when stopped)							
Multivitamin syrup							
ARV prophylaxis (enter date (dd/mm/yyyy), type of ARV and dosage)							

Enter code of infant feeding type in boxes:

1 = Exclusive Breastfeeding, 2 = Mixed feeding, 3 = Complementary foods, 4 = Continued breastfeeding with complementary food, 5 = Other (please specify)

Infant and Young Child Feeding Counselling and Support should be given at each visit for all children under 2 years.

MID UPPER ARM CIRCUMFERENCE TABLE (MUAC Measurements) in cm as per age of child:

6months	7months	8months	9months	10months	11months	12months	13months
14months	15months	16months	17months	18months	19months	20months	21months
22months	23months	24months	27months	30months	33months	36months	30months
33months	36months	39months	42months	45months	48months	51months	39months
54months	57months	60months					

To be measured monthly until the age of 24 months, then 3 monthly up to the age of 5 years).

MUAC CUT OFF:

- Less than 11.5 cm = severe malnutrition
- 11.5 cm - 12.4 cm = moderate malnutrition
- 12.5 cm and above = normal nutrition

BILATERAL PITTING OEDEMA (CIRCLE GRADE)

0 + ++ +++

- Presence of oedema implies severe acute malnutrition
- Children with oedema +++ should be admitted in paediatric ward

Refer children with severe and moderate malnutrition for further assessment.

FEEDING RECOMMENDATIONS FOR INFANTS UP TO 6 MONTHS OF AGE

Exclusive breastfeeding from birth until 6 months. Exclusive breastfeeding means that the child takes only breast milk and no additional food, water, or other fluids (with the exception of medicines and vitamins, if prescribed by a health professional).

- Hold your new-born skin-to-skin immediately after delivery and start breastfeeding your baby as soon as possible (WITHIN ½ HOUR), early breastfeeding helps the baby learn to take the breast
- Colostrum, the thick yellowish first milk, is good for your baby, it helps protect your baby from illness and helps remove the first dark stool.
- Make sure that the baby is correctly positioned and attached to the breast (health workers to show and assist mothers).
- Breastfeed as often as the baby wants, day and night 8-12 times in 24 hours to help your breast milk 'come in' and to ensure plenty of breast milk. Let your baby finish one breast before offering the other to get both 'fore milk' (has more water and satisfies the baby's thirst) and 'hind milk' (has more fat and satisfies your baby's hunger).
- Express breast milk to maintain lactation when you spend time away from your baby and continue breastfeeding on return. This will help with breast milk production.
- Leave expressed milk for baby if away from home and feed by cup.
- Do not give water or other liquids/fluids to your baby during the first days after birth. They are not necessary and are dangerous for your new-born. Breast milk provides all the food and water that your baby needs during the first 6 months. Giving your baby anything else will cause him/her to suckle less and will reduce the amount of breast milk that you produce.

HIV INFECTED MOTHER AND HIV EXPOSED INFANT:

- Exclusive breastfeeding from birth until 6 months **WITH ARVs**, the same as above for all children.

DURING ILLNESS:

- Offer the breast more often.
- Express breast milk if the child cannot suck and feed with a cup and spoon.

FEEDING RECOMMENDATIONS FOR INFANTS 6 -12 MONTHS OF AGE

Breastfeed as often as the child wants.

Introduce appropriate complementary foods at six months (see examples below).

For the HIV infected mothers continue to breastfeed up to 12 months, with ARVs up to 4 weeks after all breastfeeding has stopped. If child is older than 12 months and a nutritious, safe, adequate diet cannot be provided, mother can continue breastfeeding with ARVs.

- Introduce solid foods gradually at least 5 times a day if child not breastfeeding or 3 times a day if child is breastfeeding.
- Introduce one food at a time to prevent confusion and identify any allergies.
- Foods should be mashed for easy chewing and swallowing.
- Give thick maize or millet porridge enriched with milk, sour milk, egg, mashed beans or peanut butter. Add animal fat, vegetable oil and sugar for taste.
- Give thick maize, millet porridge, pap, rice or potatoes mixed with mashed (relish) cooked from meat, fish, beans, groundnuts. Add animal fat/lard and pumpkins or green leafy vegetables.
- Between the meals, give a nutritious snack such as yoghurt, milk, available fruit, fruit juice, bread and peanut butter.
- Feed about three quarter cup (150-180 ml) of food per meal.
- Active responsive feeding means encouraging the child to eat and responding to child's hunger cues.
- The child should have his own serving and not to compete with older brothers and sisters for food from a common plate.
- Until the child can feed himself, the caretaker or another caretaker (such as an older sibling, father, or grand caretaker) should sit with the child during meals and help get the spoon into his mouth. (An adequate serving means that the child does not want any more food after active feeding.)

DURING ILLNESS:

- If the child is ill, give frequent meals.
- Avoid forcing the child to eat, feed slowly.

EXAMPLES OF COMPLEMENTARY FOODS (FROM 6 MONTHS AND OLDER)

Staples



Yellow vegetables and fruits



Green vegetables and fruits



Animal foods



Legumes, seeds and nuts



Locally available food such as mahangu, omboga, oonyandi, oondunga, omauni, pumpkin, squash, dark leafy greens, etc are nourishing choices and can be fed to infants and young children

FEEDING RECOMMENDATIONS FOR YOUNG CHILDREN 12 -24 MONTHS OF AGE

Breastfeed as often as the child wants.

For HIV exposed babies breastfeeding should only stop once a nutritionally adequate and safe diet without breast milk can be provided.

HIV infected mothers continue to breastfeed, with ARVs up to 4 weeks after all breastfeeding has stopped

By the age of 12 months, complementary foods are the main source of energy. Breastfeeding still provide 30% of what the baby needs.

- Give stiff maize, millet porridge, pap, rice or potatoes mixed with relish cooked from meat, fish, beans, and/or groundnuts.
- Add vegetables for vitamins and minerals in the meal. Mahangu, omboga, oonyandi, oondunga, omauni, pumpkin, squash, dark leafy greens or other local vegetables are nourishing choices to make sure the child is receiving adequate vitamins and minerals in his or her diet.
- Add a small amount of animal fat, fish oil or vegetable oil to the porridge or maize to make sure the child receives enough fats and lipids in the diet. Adding extra fat or oil is usually not necessary if the food already has meat or nuts in it as these foods are already high in fat content.
- Between the meals, give snacks such as thick enriched maize or millet porridge. Also if possible, give snacks such as yoghurt, milk, mango, guava, oranges, grapes, fruit juice, biltong, maize cob, and round nuts.
- Feed a toddler at least five times a day (main meals of the family plus snacks)
- The variety and quantity of food should be increased.
- She should include a healthy variety of foods in the family meals plus healthy choices for snacks. This should add up to 5 times of well balanced meals and snacks a day.
- Adequate servings and active responsive feeding (encouraging the child to eat and responding to child's hunger cue) continue to be important at this age.

DURING ILLNESS:

- If the child is ill, give smaller meals more frequently throughout the day.
- Fermented porridge is good for diarrhoea and other illness.

GOOD HYGIENE (CLEANLINESS) IS IMPORTANT TO AVOID DIARRHOEA AND OTHER ILLNESSES:

- Wash your hands with soap and water before preparing foods and feeding baby.
- Wash your hands and your child's hands before eating.
- Wash your hands with soap and water after using the toilet and washing or cleaning baby's bottom.
- Feed your baby using clean utensils and clean cups.
- Use a clean spoon or cup to give foods or liquids to your baby.
- Do not use bottles, teats or spouted cups since they are difficult to clean and can cause your baby to become sick.
- Store the foods to be given to your baby in a safe clean place.

FOOD AND FLUID RECOMMENDATION DURING ILLNESS:

It is important to know that infants and young children should be fed more during and after illness

- Breastfeed frequently and longer at each feeding if child is breastfeeding.
- Offer extra fluids, as much as the child will take: ORS solution, food based fluids, such as soup, yoghurt drinks, clean water
- Offer the child smaller portions more frequently, do not force the child to eat (after the age of six months)

ASSESSMENT OF TB IN CHILDREN:

The following TB screening questions needs to be asked to the parent accompanying the child to a health facility.

1. Is the child coughing for more than 2 weeks?
2. Did the child lost weight?
3. Is the child having a fever?
4. Is the child having night sweats?
5. Are there any lymph node enlargements (swollen glands)?

If there are any of the signs present, the child should be screened for TB and contacts traced.

HIV TESTING DONE for HIV EXPOSED INFANTS:

Child PMTCT unique #:

Age of Child	Date tested (dd/mm/yyyy)	Tested		Result		Date post-test counseled (dd/mm/yyyy)
		Yes	No	Pos	Neg	
6 W (PCR)		Yes	No	Pos	Neg	
DNA PCR if < 9M (if 6W test was missed and 3M after breastfeeding stopped)		Yes	No	Pos	Neg	
9 M (RT) if 6W DNA PCR neg		Yes	No	Pos	Neg	
DNA PCR if 9M RT pos		Yes	No	Pos	Neg	
If >9M (RT) 3M after breastfeeding stopped, (RT)		Yes	No	Pos	Neg	
DNA PCR if >9M RT pos and child still <18M		Yes	No	Pos	Neg	
Other HIV tests		Yes	No	Pos	Neg	

NB: For all infants nine months and above do an HIV anti-body test (RT) and a DNA PCR test only to confirm the positive RT result. Do not wait for the DNA PCR result before starting HAART.

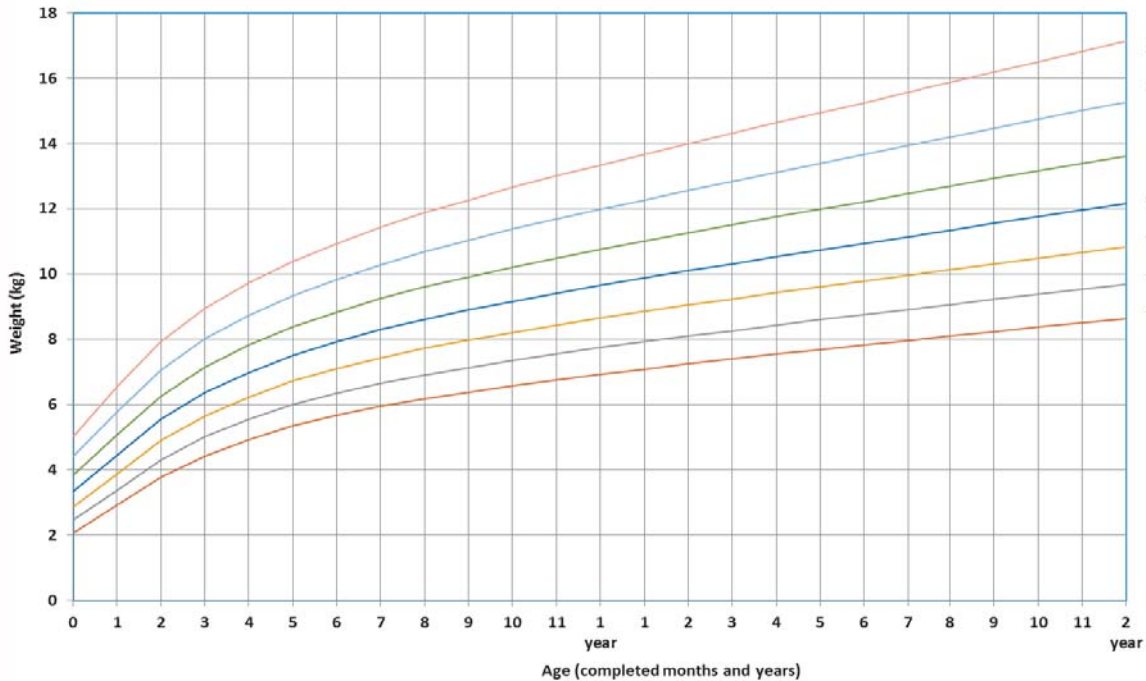
HIV POSITIVE CHILD ENROLLED INTO CARE:

Date enrolled into care: (mm/dd/yyyy)	Regimen	ART started	
		YES	NO
Unique ART #:			
Date ART started (dd/mm/yyyy):			

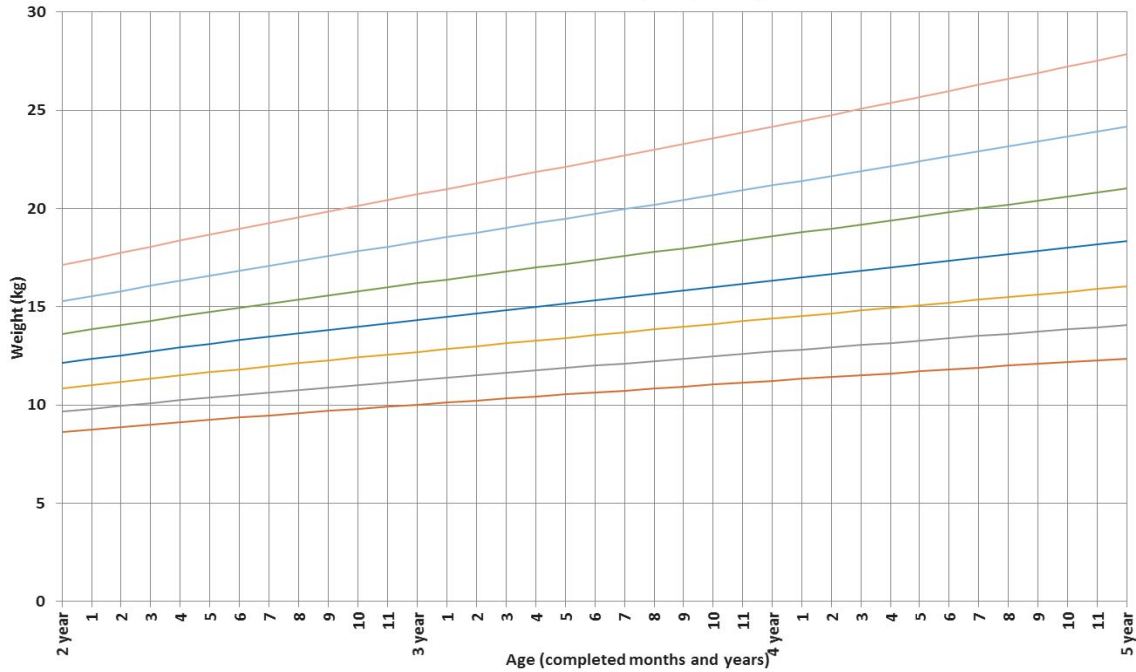
Mother Unique ART#: ARVs given to Mother (Please tick):

Already on HAART before ANC	
HAART started during ANC	
HAART started during labour and delivery or breastfeeding period	
Not on HAART	

Weight - for -Age
BOYS 0 to 2 years (Z-Scores)

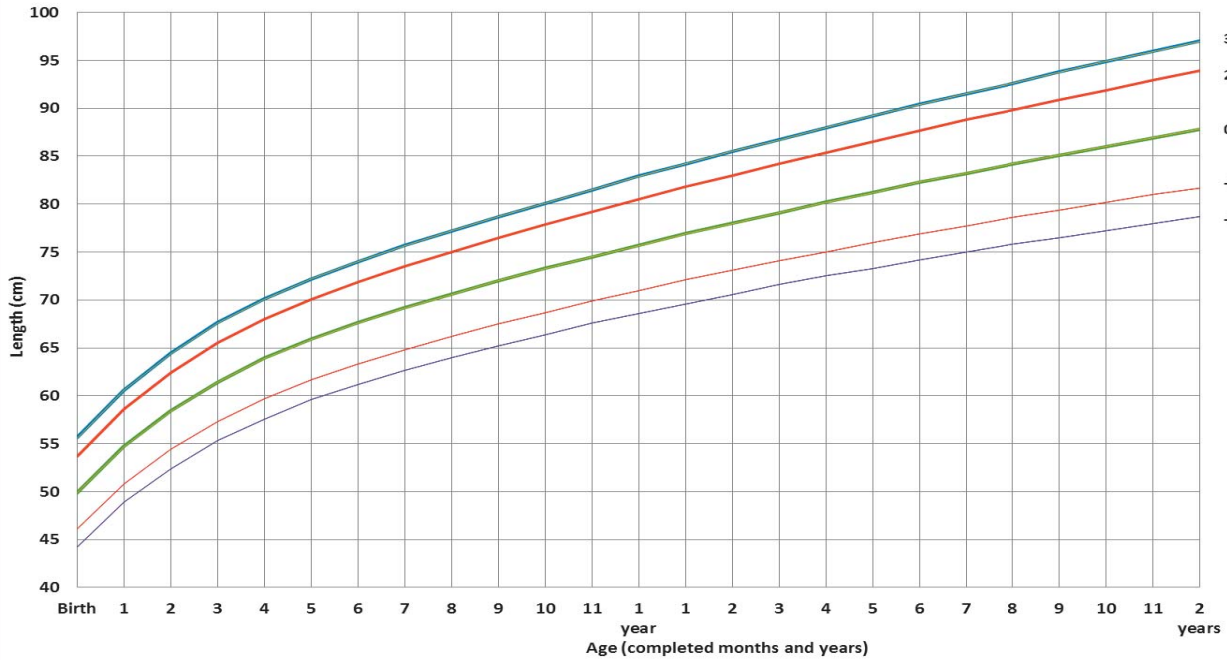


Weight - for -Age
BOYS 2 to 5 years (Z-Scores)



A child whose weight-for-age is below the line -2 is under-weight
Below -3 is severely under-weight
Clinical signs of marasmus or kwashiorkor may be observed.

Length-for-age
BOYS Birth to 2 years (z-scores)

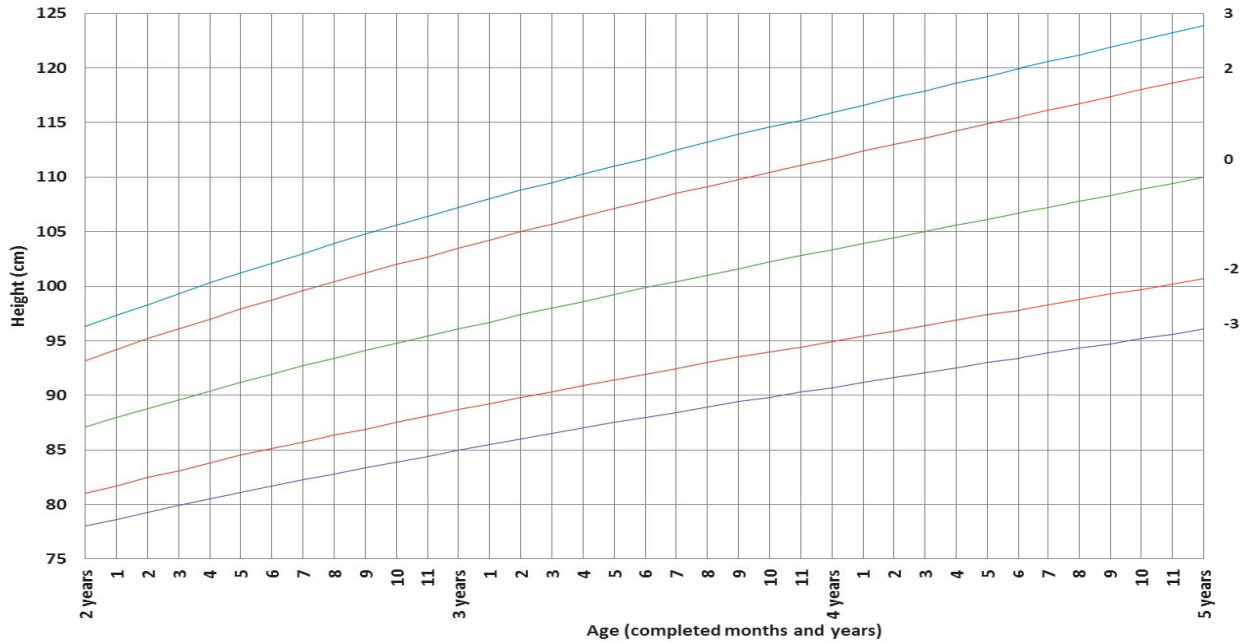


A child whose length-for-age is below the line -2 is stunted.

Below -3 is severely stunted.

Refer for urgent specialized care

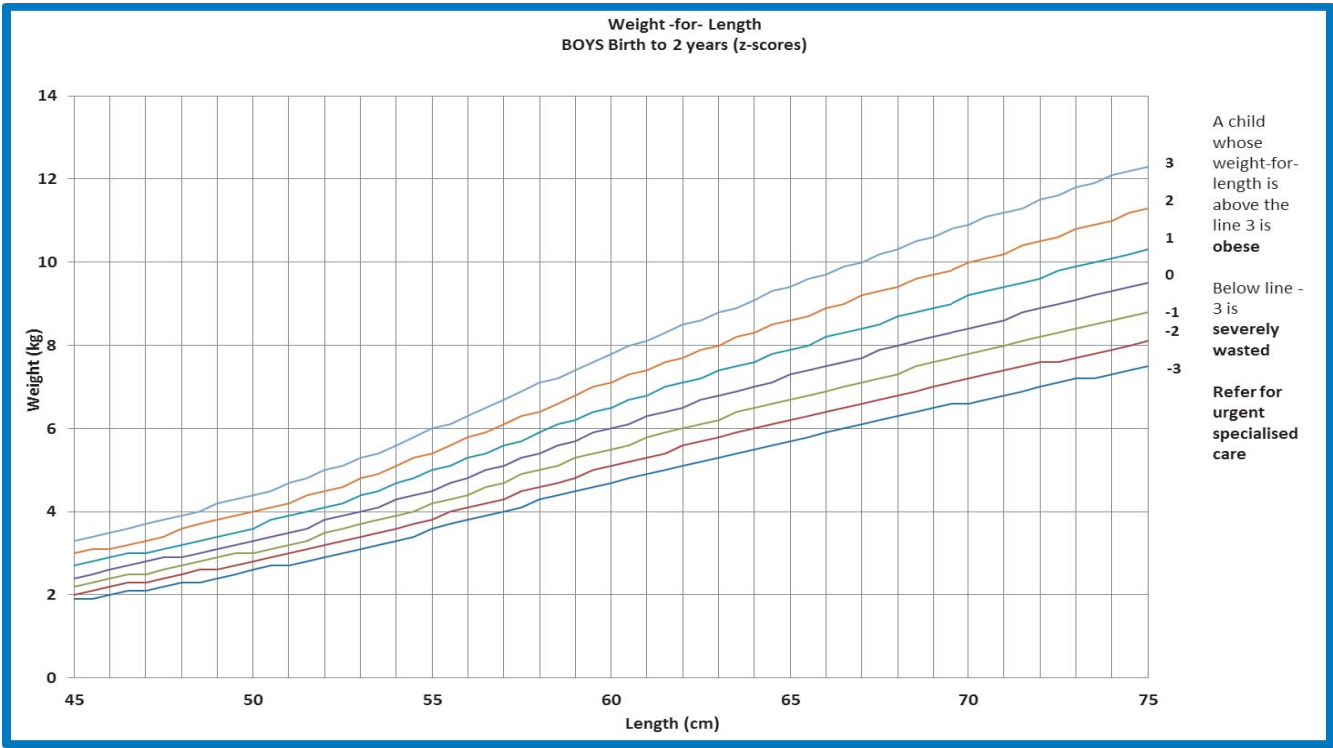
Height-for-age
BOYS 2 to 5 years (z-scores)



A child whose length-for-age is below the line -2 is **stunted**.

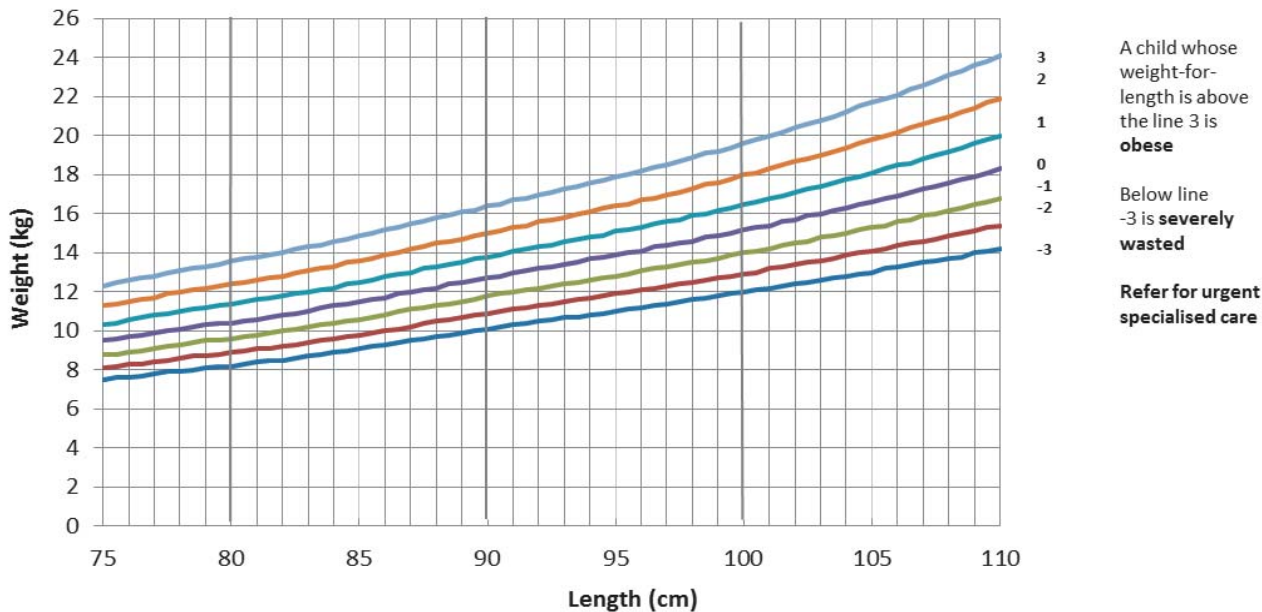
Below -3 is **severely stunted**.

Refer for urgent specialized care

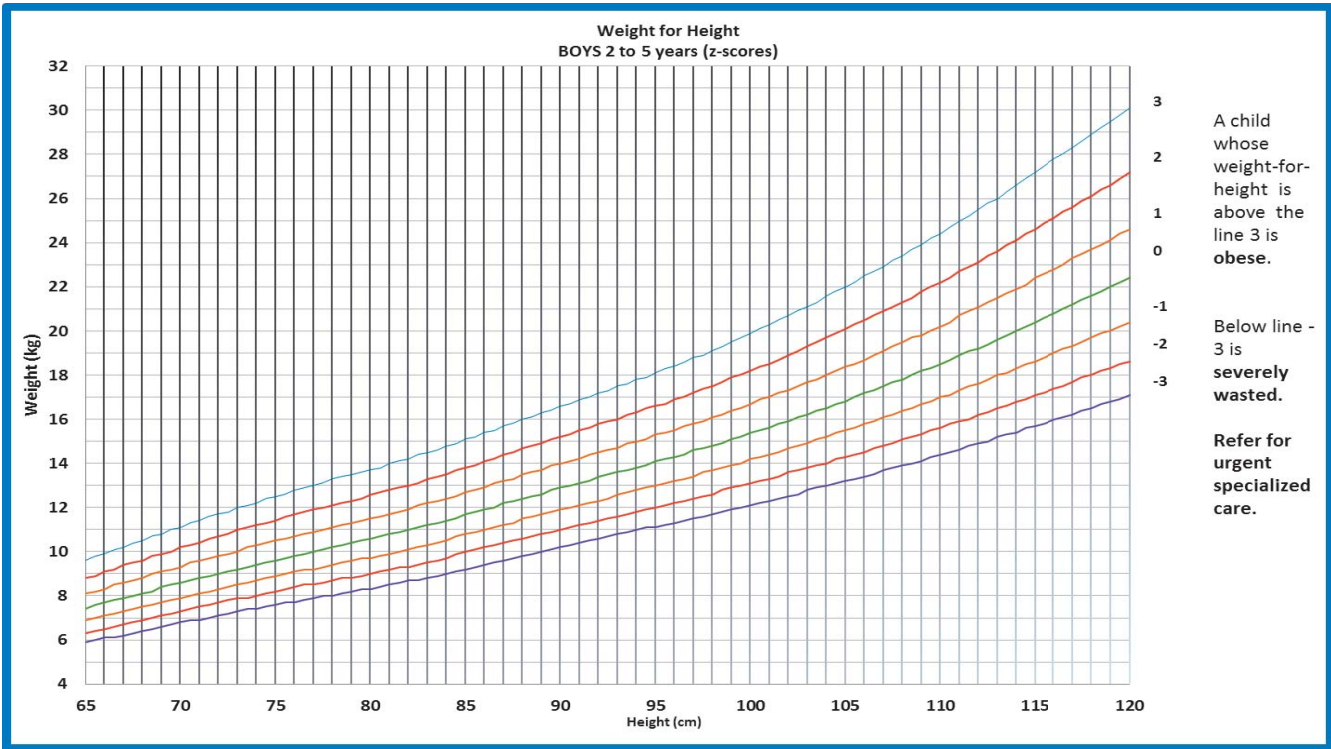


For interpretation of weight for length Z-scores, refer to Nutrition classification on **page 26**

Weight -for- Length BOYS Birth to 2 years (z-scores)



For interpretation of weight for length Z-scores, refer to Nutrition classification on **page 26**



For interpretation of weight for length Z-scores, refer to Nutrition classification on **page 26**

NUTRITION CLASSIFICATION

Undernutrition

Z-score	Classification	Food supplement
< - 2	Moderate Acute Malnutrition (MAM)	Ready-to-use supplementary food (RUSF)
< - 3	Severe Acute Malnutrition (SAM)	Ready-to-use therapeutic food (RUTF-plumpy'nut)
< - 4	Severe Acute Malnutrition (SAM)	Admit to paediatric ward

Appetite test

Conduct appetite test if:

1. Child has SAM
2. If child presents with history of no appetite

Over-nutrition

Z-score	Classification	Food supplement
> 2	Overweight	Nutrition counseling
> 3	Obese	Nutrition counseling

DEVELOPMENT MILESTONES:

	AGE ACHIEVED	NORMAL LIMITS
Social Smile		4-6 weeks
Head Holding/Control		1-3 months
Turn towards the origin of sound		2-3 months
Extend hand to grasp a toy		2-3 months
Sitting		5-9 months
Standing		7-13 months
Walking		12-18 months
Talking		9-24 months

Refer for assessment if a milestone delays beyond the normal age limit indicated above.

Also refer child for assessment if the child is having delayed hearing, speech and language development.



Recommendations for Care for Child Development



**NEWBORN,
BIRTH UP TO 1 WEEK**

**1 WEEK UP
TO 6 MONTHS**

**6 MONTHS
UP TO 9 MONTHS**

**9 MONTHS
UP TO 12 MONTHS**

**12 MONTHS
UP TO 2 YEARS**

**2 YEARS
AND OLDER**

**Your baby learns
from birth**



PLAY Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke and hold your child. Skin to skin is good.



COMMUNICATE

Look into baby's eyes and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.



PLAY Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. *Sample toys: shaker rattle, big ring on a string.*



COMMUNICATE

Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.



PLAY Give your child clean, safe household things to handle, bang, and drop. *Sample toys: containers with lids, metal pot and spoon.*



COMMUNICATE

Respond to your child's sounds and interests. Call the child's name, and see your child respond.



PLAY Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.



COMMUNICATE

Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". *Sample toy: doll with face.*



PLAY Give your child things to stack up, and to put into containers and take out. *Sample toys: Nesting and stacking objects, container and clothes clips.*



COMMUNICATE

Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures and things.



PLAY Help your child count, name and compare things. Make simple toys for your child. *Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.*



COMMUNICATE

Encourage your child to talk and answer your child's questions. Teach your child stories, songs and games. Talk about pictures or books. *Sample toy: book with pictures*

- Give your child affection and show your love
- Be aware of your child's interests and respond to them
- Praise your child for trying to learn new skills



Counsel the Family about Problems in Care for Child Development



If the mother does not breastfeed, counsel the mother to:

Hold the child close when feeding, look at the child, and talk or sing to the child.

If caregivers do not know what the child does to play or communicate:

- Remind caregivers that children play and communicate from birth.
- Demonstrate how the child responds to activities.

If caregivers feel too burdened or stressed to play and communicate with the child:

- Listen to the caregivers feelings, and help them identify a key person who can share their feelings and help them with their child.
- Build their confidence by demonstrating their ability to carry out a simple activity.
- Refer caregivers to a local service, if needed and available.



If caregivers feel that they do not have time to play and communicate with the child:

- Encourage them to combine play and communication activities with other care for the child.
- Ask other family members to help care for the child or help with chores.

If caregivers have no toys for the child to play with, counsel them to:

- Use any household objects that are clean and safe.
- Make simple toys.
- Play with the child. The child will learn by playing with the caregivers and other people.

If the child is not responding, or seems slow:

- Encourage the family to do extra play and communication activities with the child.
- Check to see whether the child is able to see and to hear.
- Refer the child with difficulties to special services.
- Encourage the family to play and communicate with the child through touch and movement, as well as through language.

If the mother or father has to leave the child with someone else for a period of time:

- Identify at least one person who can care for the child regularly, and give the child love and attention.
- Get the child used to being with the new person gradually.
- Encourage the mother and father to spend time with the child when possible.

If it seems that the child is being treated harshly:

Recommend better ways of dealing with the child.

- Encourage the family to look for opportunities to praise the child for good behaviour.
- Respect the child's feelings. Try to understand why the child is sad or angry.
- Give the child choices about what to do, instead of saying "don't".



SPECIAL EVENTS: (e.g. National Immunisation Days, Mother and Child Health Days, etc)

NAME OF EVENT	DATE	IMMUNISATION/TREATMENT GIVEN	DOSAGE	SIGNATURE

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NAME OF EVENT	DATE	IMMUNISATION/TREATMENT GIVEN	DOSAGE	SIGNATURE

PROBLEMS AND MANAGEMENT: CLINICAL NOTES

Health worker to enter date (dd/mm/yyyy), legible full name and surname, signature and name of health facility at the end of each visit

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HEALTH EDUCATION: 0-6 MONTHS

- Feed your baby only breast milk until he/she is 6 months of age (exclusive breastfeeding).
- Breastfeed as often as your baby wants, day and night, at least 8 times in 24 hours.
- Do not give her other foods or fluids. Breast milk quenches your baby's thirst and satisfies hunger.
- Bring your baby for immunization and weighing as requested by health worker.
- If you have been tested HIV positive give your baby Nevirapine syrup daily whilst breastfeeding
- If you have been tested HIV positive give your baby Co-trimoxazole syrup daily whilst breastfeeding
- If you have been tested HIV positive bring your baby for an HIV test at 6 weeks
- If you are living in a malaria endemic, area ensure that you and your child sleeps under a treated mosquito net

FROM 6 MONTHS AND OLDER

- Continue with breastfeeding while giving your baby other food and fluids that is nutritionally adequate and safe that consists of household staple energy e.g. mahangu, maize-meal porridge, sorghum, etc
- These foods can be enriched with protein, fats, vegetables and fruits will provide the infant with optimal nutrition for growth and development.
- Advice mother to introduce these foods gradually and carefully to ensure the infant tolerates different consistencies.
- Bring your baby for immunization and weighing as requested by health worker
- If you have been tested HIV positive give your baby Nevirapine syrup daily whilst breastfeeding and for an additional four weeks if breastfeeding stopped
- If you have been tested HIV positive Bring your baby for an HIV test two months after breastfeeding stopped
- If you are living in a malarious area ensure that you and your child sleeps under a treated mosquito net

ZINC SUPPLEMENTATION (20 MG TABLET)

All patients with diarrhoea should be given zinc supplements as soon as possible after the diarrhoea has started.

Age	10mg/ml	Tablet
2 – 12 months	10mg	1 tablet
12months – 5 years	20mg	2 tablets

- Treatment to be taken for 14 days

SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS:

Infants: Dissolve the tablet in a small amount of expressed breast milk, ORS or clean water, in a small cup or spoon

Older children: Tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon

REMIND THE MOTHER TO GIVE THE ZINC SUPPLEMENTS FOR THE FULL 14 DAYS

WHEN TO RETURN IMMEDIATELY TO THE HEALTH FACILITY

For Any sick child

If not able to drink
If the child becomes sicker
If the child develops a fever
If breastfeeding poorly (less than 2 months old)

For Child with diarrhoea

If blood in stool
If drinking poorly
As for any sick child

For child with cough

If difficulty in breathing
If breathing fast
As for any sick child