



Maternal, Infant, and Young Child Nutrition in Malawi

Community Nutrition Workers

KEY MESSAGE BOOKLET

DECEMBER 2011



USAID
FROM THE AMERICAN PEOPLE

IYCN USAID's Infant
& Young Child
Nutrition Project

This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

Acknowledgments

The Office of the President and Cabinet–Department of Nutrition, HIV and AIDS would like to sincerely thank the United States Agency for International Development’s (USAID) Infant & Young Child Nutrition (IYCN) Project for the technical leadership and financial support that was so essential for the development and printing of the Malawi Maternal, Infant, and Young Child Nutrition Training Package for Community Nutrition Workers. Much of this package was adapted from the Malawi facility level-based counseling cards originally developed by Ministry of Health with support from UNICEF Malawi, UNICEF New York, University Research Co., LLC (URC)/Center for Human Services (CHS), and Nutrition Policy Practice.

Sincere gratitude is extended to all development partners and members of the Infant and Young Child Feeding Technical Working Group who participated in the multiple technical working group and review sessions, and to the national information, education, and communication (IEC) harmonization workshop participants, for their contributions to the curriculum through the final stages. These individuals are: Dr. Mary Shawa (PS Nutrition, HIV and AIDS), Catherine Mkangama (Director Nutrition HIV and AIDS, OPC), Felix Phiri (Deputy Director for Nutrition, HIV and AIDS, OPC), Dalitso Kang’ombe (Chief Nutritionist, Ministry of Health), Maggie Lwanda (Deputy Director for Nutrition, Ministry of Agriculture), Violet Orchardson (Nutritionist, USAID/Malawi), Piyali Mustaphi and Benson Kazembe (UNICEF), Tapiwa Ngulube (Ministry of Health), Margaret Khonje (BASICS), Phindire Chitsulo (CAS), Regina Mandere and Humphrey Kalepa (World Vision), Lucy Maseko (Feed the Children), Stacia Nordin (GIZ), Beatrice Mtimuni and Edwin Siyame (Bunda College), Kanji Mkangama (WALA), Ruth Ayowade (Irish Aid), Linely Hauya (CHAI), Ashley Aakesson, Joy Del Rosso, Christina Fontecchio, Osbourne Sibande, Janet Guta, Martin Tembo (IYCN), Icilly Medi (KCH), Olivia Mangulenje (Thyolo DHO), and many others who invested substantial time and resources in developing this training package. The process was intensive and the development of this package would not have been possible if it were not for the untiring efforts and commitment of these individuals and the support of their organizations.

Table of contents

Nutrition for pregnant and lactating women.....	1
Pregnant woman/Delivery in facility	3
During the first 6 months, your baby needs ONLY breastmilk	4
Importance of exclusive breastfeeding during the first 6 months.....	5
Breastfeed on demand, both day and night, to build up your breastmilk supply	6
Breastfeeding positions	7
Good attachment	8
Feeding a low birthweight baby.....	9
How to hand-express breastmilk and cup feed	11
When mother is separated from baby	13
Good hygiene practices prevent disease	14
Start complementary feeding when the baby reaches 6 months	15
Complementary feeding from 6 to 9 months	17
Complementary feeding from 9 to 12 months	19
Complementary feeding from 12 to 24 months	20
Feeding the sick baby less than 6 months of age	21
Feeding the sick baby more than 6 months of age.....	22
Regular growth monitoring and promotion	23
When to bring the child to the health facility	24

Nutrition for pregnant and lactating women

- During pregnancy, eat one extra meal or snack (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- If you feel nausea, eat small meals, but more frequently (five or six times a day).
- Each day your meals must be nutritious—include vegetables and fish, egg, or meat with your *nsima*. Make a special effort to eat these foods. They are important for your health and your baby.
- No foods are forbidden during pregnancy.
- During breastfeeding, eat two extra small meals or snacks (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- No special food is required to produce breastmilk of good quantity and quality.
- You need to eat the best foods available, including milk, fresh fruit and vegetables, meat (including edible insects such as *ngumbia* and *phalabungu*), *mbewa*, fish, eggs, maize, sorghum, millet, peas, groundnuts, and beans.
- Drink more fluids than you normally do, whenever you are thirsty.
- Avoid tea and coffee with meals as it might hamper absorption of nutrients such as iron and increase anemia.
- Take iron and folic acid tablets to prevent anemia during pregnancy and for at least 3 months after your baby's birth.
- Take vitamin A tablets immediately after delivery or within 6 weeks so that your baby receives the vitamin A in your breastmilk to help prevent illness.
- Use iodized salt to help your baby's brain and body develop well.

- During pregnancy, four checks at the health clinic are recommended. Health professionals at the clinic will confirm your pregnancy and how it is progressing. Also, they will give you a tetanus shot and iron pills to protect you and your baby.
- Take de-worming tablets to help prevent anemia.
- During pregnancy women need extra vitamins to maintain strength.
- Even if you feel better, do not stop taking vitamins. Return to the clinic for a resupply.
- To prevent malaria, sleep under an insecticide-treated mosquito net and take anti-malarial tablets as prescribed.
- Learn your HIV status, attend all the clinic appointments, and take your medicines as advised by your health provider.

Note for adolescent mothers: You need extra care, more food, and more rest than an older mother. You need to nourish your own body, which is still growing, as well as your growing baby's.

Pregnant woman/Delivery in facility

- Hold your newborn skin-to-skin against your chest immediately after birth—this will keep your baby warm and breathing well. Help him or her to reach the breast easily—this will also help you to bond with the baby.
- Begin breastfeeding within the first 30 minutes of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft and helps reduce your bleeding after delivery.
- Newborns will cry, breastfeeding comforts them, and breastmilk is the best food to calm them.
- Colostrum, the thick yellowish first milk, is good for your baby.
- Colostrum helps protect your baby from illness and helps remove the first dark stool.
- Breastfeed frequently to help your breastmilk ‘come in.’
- From birth to 6 months, do not give water or other liquids such as “gripe water,” milk of magnesia, or *phala* to your baby; liquids other than breastmilk are not necessary and are dangerous to your newborn.

During the first 6 months, your baby needs **ONLY** breastmilk

- Breastmilk provides all the food and water that your baby needs during the first 6 months.
- Even during very hot weather, breastmilk will satisfy your baby's thirst.
- Giving your baby other foods or drinks will cause the baby to suckle less and will reduce the amount of breastmilk that you produce.
- Water, other liquids, and other foods can make the baby sick because they expose the baby to infection and reduce his or her nutrient intake.
- **ONLY** give medicines if they are recommended by your health provider.
- If a mother has started giving other liquids before 6 months, advise her to stop and encourage her to restart exclusive breastfeeding.
- If the baby cries, breastfeed him or her more.
- Continue eating the best foods, and drink more fluids such as *thobwa*, fruit juices, and water to help you feel at your best while breastfeeding.

Note for community workers: There may be a period of 24 to 48 hours just after birth when the baby feeds only two to three times—this is normal. But after the first few days, frequent breastfeeding is important for the baby to learn how to breastfeed and for establishing breastfeeding.

Importance of exclusive breastfeeding during the first 6 months

- Exclusive breastfeeding means feeding your baby ONLY breastmilk for the first 6 months and not any other foods or liquids like water, *dawale*, gripe water, *phala*, or squash.
- Breastmilk provides all the food and water that your baby needs during the first 6 months of life.
- Exclusive breastfeeding for the first 6 months protects your baby from many illnesses, such as diarrhea and respiratory infections.
- When you exclusively breastfeed your baby during the first 6 months and have no menses, you are protected from another pregnancy.
- Mixed feeding means feeding your baby both breastmilk and any other foods or liquids, including infant formula, animal milk, or water. Mixed feeding within the first 6 months of your baby's life can damage his or her stomach.
- Mixed feeding increases the risk of your baby suffering from diarrhea, pneumonia, malnutrition, and other illnesses.
- Do NOT use bottles, teats, or spouted cups. They are difficult to clean and can cause your baby to become sick.
- Breastmilk is a natural food. It is ready for consumption, the right temperature, hygienic, and easily digestible by the baby.

Breastfeed on demand, both day and night (8 to 12 times) to build up your breastmilk supply

- Breastfeed your baby on demand, day and night (8 to 12 times). The more frequently you breastfeed, the more milk you produce.
- If your baby is ill or sleepy, wake it up to breastfeed.
- Crying is a late sign of hunger. Early signs that your baby wants to breastfeed include:
 - Restlessness.
 - Opening mouth and turning head from side-to-side.
 - Putting tongue in and out.
 - Suckling on fingers and fists.
- Let your baby finish one breast before offering the other. This will ensure that your baby gets milk with more water, to satisfy thirst, and more nutritious milk to satisfy your baby's hunger.
- When breastfeeding, do not engage in any other chores but sit comfortably and breastfeed. Ask for help with household chores.

Note for community workers: If a mother is concerned about her baby not getting enough milk, encourage the mother and build her confidence by reviewing how to attach and position the baby to her breast.

Reassure her that her baby is getting enough milk when her baby is:

- Not visibly thin (or is getting fatter/putting on weight, if the baby was thin earlier).
- Responsive and active (appropriately for its age).
- Gaining weight—refer to the baby's health card (or growth velocity table if available). If you are not sure whether the weight gain is adequate, refer the child to the nearest health facility.
- Passing light-colored urine six times a day or more while being exclusively breastfed.

Breastfeeding positions

- Good positioning helps to ensure that your baby suckles well and helps you to produce a good supply of breastmilk.
- The four key points about your baby's position at the breast are:
 - Straight—The baby's body should be straight, not bent or twisted, but with the head slightly back.
 - Facing the breast—The baby's body should be facing the breast, not held flat to your chest or abdomen. The baby should be able to look up into your face.
 - Close—The baby should be close to you.
 - Supported—You should support the baby's whole body, not just the neck and shoulders, with your hand and forearm.
- There are different ways to position your baby:
 - Cradle position (most commonly used).
 - Cross-cradle position (good for small babies).
 - Side-lying position (use to rest while breastfeeding and at night).
 - Under-arm position (use after caesarean section, if your nipples are painful, or if you are breastfeeding twins or a small baby).

Good attachment

- Good attachment helps to ensure that your baby suckles well and helps you to produce a good supply of breastmilk.
- Good attachment helps to prevent sore and cracked nipples.
- Breastfeeding should not be painful—if you experience pain, get help.
- There are four signs of good attachment:
 - Baby’s mouth is wide open.
 - On your breast, you can see more of the darker skin (areola) above the baby’s mouth than below.
 - Baby’s lower lip is turned outward.
 - Baby’s chin is touching mother’s breast.
- The signs of effective suckling are:
 - The baby takes slow deep suckles, sometimes pausing.
 - You may be able to see or hear your baby swallowing after one or two suckles.
 - Suckling is comfortable and pain-free for you.
 - Your baby finishes the feed, releases the breast, and looks contented and relaxed.
 - The breast is softer after the feed.
- Effective suckling helps you to produce milk and satisfy your baby.
- After your baby releases one breast, offer your baby the other breast. This will ensure that your baby stimulates your milk production in both breasts, and also gets the most nutritious and satisfying milk.

Feeding a low birthweight baby

- Breastmilk is especially adapted to the nutritional needs of low birthweight babies.
- The best milk for a low birthweight baby is the breastmilk from the baby's own mother.
- The cross-cradle and under-arm positions are good positions for feeding a low birthweight baby.
- Breastfeed frequently to get the baby used to the breast and to keep the milk flowing.
- Long slow feeds are fine. It is important to keep the baby at the breast so that he or she gets used to the breast and to keep the milk flowing
- If the baby sleeps for long periods of time, you may need to unwrap the baby or take off some of his or her clothes to help waken him or her for the feed. Don't leave clothing off for long, as low birthweight babies get cold fast.
- Breastfeed the baby any time, even if he or she is not crying.
- Early signs of hunger include a COMBINATION of the following:
 - Being alert and restless.
 - Opening mouth and turning head to the direction of the breast.
 - Putting tongue in and out
 - Sucking on hand or fist looking for the direction of the breast.

Note for community worker: Direct breastfeeding of a very small baby may not be possible for several weeks. Mothers should be taught and encouraged to express breastmilk and feed the breastmilk to the infant using a cup.

“Kangaroo mother care” provides skin-to-skin contact, warmth, and closeness to the mother’s breast. Kangaroo mother care encourages early and exclusive breastfeeding, either by direct feeding or using expressed breastmilk given by cup.

Different caregivers can also share in the care of the baby using the same kangaroo-method position.

How to hand-express breastmilk and cup feed

- Make sure your hands and utensils are clean:
 - Wash your hands with soap and running water.
 - Clean and boil the container you will use to collect your breastmilk.
- Sit comfortably. It is sometimes helpful to gently stroke your breasts. A warm cloth placed on your breasts may help stimulate the flow of milk.
- Put your thumb on the breast above the dark area around the nipple (areola) and the other fingers on the underside of the breast behind the areola.
- With your thumb and first two fingers, press a little bit in toward chest wall and then press gently towards the dark area (areola).
- Milk may start to flow in drops, or sometimes in fine streams. Collect the milk in the clean container.
- Avoid rubbing the skin, which can cause bruising, or squeezing the nipple, which stops the flow of milk.
- Rotate the thumb and finger positions and press/compress and release all around the areola.
- Express one breast for at least 3 to 5 minutes until the flow slows, then express the other breast, and then repeat both sides again (20 to 30 minutes total).
- Store breastmilk in a clean, covered container. Milk can be stored 6 to 8 hours in a cool place and up to 72 hours in the back of the refrigerator.
- Pour just enough breastmilk from the clean, covered container into the feeding cup.
- Give your baby expressed breastmilk from a cup. Bring cup to the baby's lower lip and allow baby to take small amounts of milk. Do not pour the milk into baby's mouth.

- Bottles are unsafe to use because they are difficult to wash and can be easily contaminated.

When mother is separated from baby

- Express and store breastmilk before you leave your home so that your baby's caregiver can feed your baby while you are away.
- Express breastmilk while you are away from your baby. This will keep the milk flowing and prevent breast swelling.
- Teach your baby's caregiver how to use a clean, open cup to feed your baby while you are away.
- Expressed breastmilk (stored in a cool, covered place) stays in good condition for 8 hours, even in a hot climate.
- Take extra time to feed your baby before you are separated from him or her and when you return home.
- Increase the number of feeds while you are with the baby. This means increasing night and weekend feedings.
- If possible, carry the baby with you to your work place (or anytime you have to go out of the home for more than a few hours). If this is not possible, consider having someone bring the baby to you to breastfeed when you have a break.
- Get extra support from family members in caring for your baby and other children, and for doing household chores.

Note for working mothers: Get your employer's consent for:

- Breastfeeding breaks at your work place and flexible working hours.
- Safe storage of expressed breastmilk at your work place.

Good hygiene practices prevent disease

- Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.
- Wash your hands with soap and water before preparing foods and before feeding baby.
- Wash your hands and your baby's hands before eating.
- Wash your hands with soap and water after using the toilet and after washing or cleaning baby's bottom.
- Feed your baby using clean hands, 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—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.
- Drinking water must be treated so that it is clean and safe. Water has to be boiled for one minute to make it safe.
- Always keep treated water covered.

Start complementary feeding when the baby reaches 6 months

- At 6 months, your baby needs other foods in addition to breastmilk. At this age, breastmilk alone is not enough.
- Continue breastfeeding your baby on demand both day and night to maintain his or her health and strength.
- Continue to breastfeed your baby until he or she is two years of age or older.
- Help your baby to eat, but do not force-feed.
- Feed your baby complementary foods two times a day.
- Give 2 to 3 tablespoonfuls at each feed.
- The food should be thick enough to be fed by hand. Avoid giving thin, watery porridge—it will fill your baby’s stomach but not provide nutrients.
- Give your baby foods from the six food groups:
 - Staple foods like porridge (maize, rice, millet, potatoes, sorghum), mashed banana, or mashed potato will give your child energy.
 - Legumes like beans and peas.
 - Meat, fish, and eggs will help your child to be strong.
 - Fruits such as mangoes, tangerines, oranges, avocado, and juice of baobab will protect your child from illness.
 - Vegetables, especially green leafy vegetables like *nkhwani*, *khwanya*, and *chisoso*.
- Do not give fizzy drinks as these do not help the baby to grow.
- The baby may need time to get used to eating foods in addition to breastmilk. Be patient and actively encourage your baby to eat.

- Use a separate plate to feed the baby to make sure he or she eats all the food given.
- Store food in a covered, clean container and give it to your baby within two hours of cooking.
- Use a clean spoon or cup to give foods or liquids to your baby. Do not use bottles, teats, or spouted cups to feed the baby. They are difficult to clean and can make your baby sick.
- Wash your hands and the baby's hands with soap and running water before preparing food or feeding the baby, and after using the toilet and cleaning the baby's bottom.
- Treat water for drinking; keep drinking water in a clean, covered container.

Complementary feeding from 6 to 9 months

- Start feeding your baby soft, mashed foods two times per day. Food should be thick, not watery. Watery broth does not help your baby grow and will not satisfy his or her hunger.
- Give your baby thick porridge made with groundnut flour, mashed or pounded vegetables (such as pumpkin leaves or mustard or sweet potato leaves), meat products (egg, milk, or fish), and fruits (banana or fresh fruit juice).
- Increase the amount of food you give your baby at each meal, until you feed him $\frac{3}{4}$ to 1 full standard cups (250 ml) two to three times per day.
- Give your baby a portion of fish, meat (chicken, mouse, goat, beef, pork, bird, rabbit), or insects once a day (at least two heaping tablespoons). These foods are a good source of iron:
 - Pound or mince the meat or fish (be careful to remove bones from fish if necessary).
 - For example, fry/roast small dried fish and grind with maize. Make thick porridge with the combined flour.
 - Prepare fresh fish with vegetables such as tomato. Mash very well for baby.
 - When you prepare meat, pound the baby's portion and then cook it.
- When you kill a chicken, prepare the liver for your baby.
- If you do not have a source of meat or fish daily, give your baby preparations made with beans or groundnuts or eggs daily. For example, make a thick porridge with mashed beans or groundnuts.
- Give your baby the same vegetables you cook for the family, but mash or pound the vegetables. This will improve his appetite and growth and prevent illness.

- Mix the vegetables with the porridge (at least two tablespoons). For example, you can give the baby cassava, sweet potato, pumpkin, *therere*, *moringa*, *chisoso*, or amarantha leaves; mashed pumpkin, okra, tomato, and potato (mention any vegetables that are available to the mother).
- Add two tablespoons of dried vegetable powder to porridge.
- Feed your baby a piece of fruit one to two times a day, as it will improve your baby's appetite and growth. For example, give half a banana, a piece of ripe mango, a piece of avocado pear, an orange, or a tangerine.
- Mix half a mashed banana with your baby's porridge.
- The baby's food should be cooked with fat, as that will improve the baby's appetite and growth.
- Add some groundnut flour to your baby's porridge.
- Prepare the family vegetables with some fat, oil, or groundnut powder. Give a portion of the same vegetables to your baby.
- Do not give non-nutritive liquids or food to the baby. For example, Orange Squash, Sobo, Fanta, and puffs are expensive and do not help the baby grow. It is cheaper to buy eggs or fresh fruits.
- Active/responsive feeding:
 - Be patient and actively encourage your baby to eat.
 - Don't force your baby to eat.
 - Use a separate plate to be able to see how much food your baby is eating.

Notes for community worker:

- Always use iodized salt.
- Each week you can add one new food to the child's diet.
- Avoid sweet biscuits.

Complementary feeding from 9 to 12 months

- Continue to breastfeed your baby.
- Increase the amount of food you give your baby at each meal until you feed him or her a standard cup (250 ml) or eight tablespoons per meal.
- Feed your baby at least three times per day.
- Feed thick *phala* (porridge) made from the six food groups. These should include *ufa wa mgaiwa* and groundnut or soya flour or *futali* in the morning.
- Give soft *nsima* with mashed beans or any other relish (according to what the mother has) to start baby on the family meals.
- When you take your baby with you to the field, bring some food to feed your baby and include snacks such as a banana or some *chikonda moyo mbewa*.
- Your baby is growing faster, and so requires more food frequently (but in small quantities) to meet his or her growth and development needs. Your baby needs to start the day with a meal in the morning.
- Stay with your baby during meals. He or she will eat better when you are there to encourage.
- Make sure you feed your baby before other family members. If he or she finishes and still looks hungry, give him a bit more food.
- Wash your baby's hands with soap and water before feeding him or her.

Complementary feeding from 12 to 24 months

- Feed your child the same foods you feed the rest of the family. Foods should be chopped and moistened.
- The child is bigger and needs extra food during the day.
- Feed your child at least three times per day.
- Feed your child two nutritious snacks between meals (for example, banana, orange, *chikondamoyo*, *chitumbuwa*, *thobwa*).
- If you are not breastfeeding any more, feed your child four to five meals per day.
- Feed the child a variety of energy- and nutrient-dense foods from the six food groups. For example, offer vegetables (e.g, *chisoso*, *nkhwani*, *moringa*, *bonongwe*, *kholowa*, tomato, eggplant, carrot, cabbage) prepared with fats as well as fruits such as pawpaws, orange, passion fruit, mango, banana, watermelon, pineapple, and avocado.
- Increase portions of meat, fish, and eggs.
- Increase the amount of food you give your child at each meal, until you feed him or her two cups (16 tablespoons) per meal.

Feeding the sick baby less than 6 months of age

- Breastfeeding your baby more frequently during illness helps the baby fight sickness, reduce weight loss, and recover more quickly.
- Breastfeeding also provides comfort to your sick baby. If your baby refuses to breastfeed, encourage your baby until he or she takes the breast again.
- Give only breastmilk and medicines recommended by your doctor or health care provider.
- If the baby is too weak to suckle, express breastmilk to give the baby. This will help you to keep up your milk supply and prevent breast difficulties.
- After each illness, increase the frequency of breastfeeding to help your baby regain health and weight.
- When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.

Feeding the sick baby more than 6 months of age

- Breastfeeding your baby more frequently during illness helps your baby fight sickness, reduce weight loss, and recover more quickly.
- Your baby needs more food and liquids while he or she is sick.
- If your child's appetite is decreased, encourage him or her to eat small, frequent meals.
- Offer your baby simple foods like porridge, and avoid spicy or fatty foods. Even if the child has diarrhea, it is better for him or her to keep eating.
- After your baby has recovered, actively encourage him or her to eat one additional meal of solid food each day during the following two weeks. This will help your child regain the weight he or she has lost.
- When you are sick, you can continue to breastfeed your baby but you may need extra food and support during this time. You also need to drink plenty of liquids.
- Do not use bottles, teats, or sprouted cups as they are difficult to clean and can cause your baby illness.
- Offer other liquids in addition to breastmilk; for example, offer homemade fruit juice (orange, tangerine, *malambe*, guava, or tamarind).
- Offer your child small amounts of food more frequently, as he or she needs extra food to gain weight and recover.
- Offer your child his or her favorite foods.
- Offer fruits such as mango, papaya, and orange.
- Add a few drops of lemon to your child's food. Offer fruits such as mango, papaya, and orange. It will stimulate his or her appetite and your child will eat more and get better.

Regular growth monitoring and promotion

- Attend regular growth monitoring and promotion (GMP) sessions to make sure your baby is growing well.
- Take your baby to growth monitoring and promotion sessions monthly from birth until he or she reaches five years of age.
- A healthy child who is growing well should gain weight every month. If your child is not gaining weight or is losing weight, there is a problem.
- Attending growth monitoring and promotion sessions can help identify nutrition problems your child may have, such as severe thinness or swelling. Nutrition problems may need urgent treatment with special (therapeutic) foods.
- Measuring the upper arm of a child over 6 months (MUAC) also identifies severe thinness.
- During growth monitoring and promotion sessions, you can ask questions about your child's growth, health, and nutrition.
- It is important to address poor growth and other signs of poor nutrition quickly, as soon as they are identified. If the problem is severe, you should immediately take your child to the nearest health facility.
- When you go to the health facility for growth monitoring, ask about family planning too.
- You should also ask about your baby's immunization schedule. Immunizations protect babies against several diseases.

When to bring the child to the health facility

- Take your child immediately (within 24 hours) to a trained health worker or clinic if any of the following symptoms are present:
 - Refusal to feed and being very weak.
 - Vomiting (cannot keep anything down).
 - Diarrhea (more than three loose stools a day for two days or more and/or blood in the stool, sunken eyes).
 - Convulsions (rapid and repeated contractions of the body, shaking).
 - The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection).
 - Fever (possible risk of malaria).
 - Malnutrition (loss of weight or swelling of the body).
 - Lethargy (weak, not alert).
- Take your child for all immunizations to avoid illness.
- Take your child for de-worming and vitamin A supplementation twice a year from 6 months of age.
- Continue taking your child for growth monitoring until the child reaches 5 years of age.