

## **Side-by-Side campaign key messages**

### **General campaign messages**

Side-by-Side is a national campaign led by the National Department of Health.

Side-by-Side's goal is to enable children to receive the nurturing care and protection they need to reach their full health, education and social potential.

The Side-by-Side campaign is aimed at pregnant women and primary caregivers of children aged zero to five years, as well as the health workers who support them.

Primary caregivers are central to their children's nurturing, care and development. From conception, caregivers' actions impact on children's lifelong health, education, and social outcomes.

Caregivers are supported in their care of children by their health workers and new tools such as the updated Road to Health book.

In order to grow and develop best, children need good nutrition; early stimulation and responsive care; protection from disease and injury; health care when they are sick or injured; and extra care and support if and when they need it.

The Side-by-Side campaign supports caregivers to give their children the care they need by informing them around five key elements of child development.

<b>Care element</b>	<b>Application in campaign</b>
good nutrition	nutrition messages are marked with bowl and spoon icon or breastfeeding icon
early stimulation and responsive care	love messages are marked with heart icon
protection from disease and injury	protection messages are marked with hands icon
health care when they are sick or injured	healthcare messages are marked with cross icon
extra care and support if and when they need it	extra care messages are marked with a cross and plus sign icon

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### **Nutrition messages**

All children need the good nutrition for healthy development.

Good nutrition begins with eating well during pregnancy; and exclusively breastfeeding for the first six of months of the child's life.

Caregivers should speak to their health worker if they have any questions about nutrition during pregnancy, breastfeeding, complementary feeding, and any concerns about their child's growth.

#### **Nutrition messages for children aged birth to six months - exclusive breastfeeding**

Breastfeeding is the best way to feed infants.

Babies should be given only breastmilk for the first six months of life.

Breastmilk is an ideal food which contains all the nutrients babies need in the first six months of life.

Breastmilk allows babies to grow, develop, and be healthy.

Babies under six month cannot digest any other foods, water, or other liquids.

Babies under six months should not be given other foods, water, or other liquids.

Babies under six months should not be given any home or traditional medicines. They may be given medicines only if they are prescribed a health professional.

Mothers are encouraged to breastfeed whenever their baby signals that they are hungry, both day and night.

It is recommended that babies are breastfed at least eight times in every 24 hours.

The more the baby breastfeeds, the more milk mothers will produce.

Almost all mothers produce enough milk for their baby not to need anything else for the first six months of life.

Babies may get diarrhoea, constipation, infections and allergies if other foods, or other liquids – including water – are given before the baby is six months old.

Breastmilk contains enough water to quench babies' thirst during the first six months of life, even in hot weather.

Breastmilk protects babies against illness. Breastfeeding reduces the chance of babies getting pneumonia and diarrhoea.

HIV-positive mothers should exclusively breastfeed their babies for six months and take their antiretroviral treatment, as prescribed by their health professional. This makes breastfeeding safe.

### **Nutrition messages for children aged birth to six months – expressed breastmilk**

Mothers can express breastmilk for other carers to give to their baby if they are away.

A clean cup, rather than a bottle, should be used to feed babies with expressed breastmilk. It is best not to use bottles or artificial teats (dummies). Some babies may find it difficult to suckle at the breast after using a dummy. Bottles are also difficult to sterilise, which poses an infection risk to babies.

Expressed breastmilk should be stored in a clean glass or plastic cup with a lid.

Expressed breastmilk can be stored for up to eight hours at room temperature (in the coolest space possible); for up to six days in a fridge; for up to three months in a regular freezer; and for up to three to six months in a deep freezer (-18C degrees).

Frozen breastmilk should be defrosted in a fridge or at room temperature over 12 hours; or alternatively by standing in water. Frozen breastmilk should not be boiled or microwave to defrost.

### **Nutrition messages for children aged birth to six months – other**

Breastfeeding mothers should eat healthy food. They must not drink alcohol, smoke or take other harmful drugs.

Mothers who decide not to breastfeed, should discuss the matter with their health worker. If they are really unable to breastfeed, they will need to learn how to use formula safely.

Infant formula increases risk of babies getting diarrhoea, allergies, and breathing problems.

### **Nutrition messages for children aged six months to eight months**

Mothers should continue to breastfeed whenever their baby signals that they are hungry, and then given other foods.

Babies aged six to eight months should be fed one to two teaspoons of other foods, twice a day.

They should gradually increase the amount and frequency of feed.

Foods must be cooked and mashed to make them soft and easy for the baby to swallow.

Babies in this age group need iron-rich foods such as dried beans, egg, minced meat, boneless fish, chicken or chicken livers, and ground mopane worms.

Babies should also be fed starches, soft or cooked vegetables, and soft fruit without pips.

### **Nutrition messages for children aged nine months to 11 months**

Mothers should continue to breastfeed whenever their baby signals that they are hungry, and then given other foods.

Babies aged nine to 11 months should be fed about a quarter cup of other foods, five times per day. This amount should gradually increase to a half cup by the time the child is 12 months.

Caregivers should increase the amount and variety of foods.

Food doesn't need to be smooth as in the past month.

Babies aged nine to 11 months should be given small pieces of foods they can hold.

Small hard foods that may cause choking should be avoided.

Babies aged nine to 11 months should be given safe-to-drink water from a cup, regularly.

Iron rich foods are very important for babies aged nine to 11 months.

### **Nutrition messages for children aged 12 months to five years**

Mothers should continue to breastfeed as often as their baby wants up to two years and beyond.

Food should be given before breastmilk.

Children should be fed about one full cup, five times a day.

Caregiver should give their children a variety of foods, including iron rich foods, starches, vegetables, and fruits.

Caregivers should cut up foods in small pieces so that children can eat on their own

Caregivers should stay next to their child and encourage them to eat

Caregivers should give foods rich in vitamin A, such as liver, spinach, pumpkin, yellow sweet potatoes, mango, paw-paw, full cream milk, and maas.

Caregivers should give Vitamin C rich foods, including citrus fruit, guavas, and tomatoes.

If caregivers are not breastfeeding, they can give their child pasteurised full cream cow's milk, maas or yoghurt. Follow up formula is not necessary.

Children should be given safe-to-drink water to drink from a cup, regularly.

### **General**

From the age of six months, caregivers should give babies safe-to-drink water from a cup during the day. Caregivers unsure if water is safe-to-drink should boil it and cool it, before they give it to their child to drink.

Caregivers should always stay next to their child when the child is eating.

Caregivers should keep food and cooking utensils very clean to prevent diarrhoea.

Caregivers must always wash their hands and their child's hands with soap and water before preparing food, before eating, after using the toilet and changing nappies.

Caregivers don't need to buy baby food or baby cereals. Homemade foods are good.

Caregivers should not give their children tea, coffee, creamers, condensed milk, flour water, sugar water, or cold drinks. These foods and drinks do not contain any nutrients and will not help children grow.

Caregivers should avoid giving their children unhealthy foods such as chips, sweets, sugar and fizzy drinks.

### **Growth measurement messages**

The Road to Health book contains growth charts which record the rate of the child's growth and development.

These charts compare the child's height, weight, head-circumference against average measurements of children of the same age. The comparison is done to ensure that the child is growing at an expected rate.

The growth charts may be an early warning of a development problem.

The Road to Health book also records the middle upper arm circumference of the child. This record is used to identify early signs of malnutrition.

Health workers measure and record the child's growth at every clinic visits. Caregivers can ask the health worker about the measurement, the line on the chart, as well as for advice on how to support their child's growth.

Caregivers should bring the Road to Health book to every appointment so that the measurement can be recorded.

Health workers should explain the measurement and the growth trend to the caregivers so as to enable them to support their child's development.

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## **Love messages**

### **Love messages - early stimulation and responsive care**

All children need a safe environment and loving caregivers to help them explore the world around them by providing predictable, responsive care.

Ordinary loving things that caregivers do such as holding, talking, playing and reading to their children help them grow and develop.

Caregivers can help their children develop by simply being present, observing and responding to their child's needs, movements, emotions and gestures.

Primary caregivers should keep their baby close to them as much as possible in the first weeks of life. This will help to calm them and help them to sleep, grow and feed well. The physical closeness will also assist in developing an emotional closeness.

Babies are learning from birth and caregivers are their first teachers.

Caregivers should hold, hug, sing and talk to their children because these activities not only create an emotional bond, but are early learning opportunities for children. Routine activities such as feeding, bathing, and dressing are good opportunities to do these small actions.

Children learn through playing, exploring and interacting with others.

Caregivers should give their child the chance to explore and play in a safe space and to play with clean household objects or toys.

Caregivers should tell stories and read to their children, from birth. The process lays down the foundation for future language. As children get older caregivers can share books with their children by talking about the pictures, encouraging children to ask questions, and encouraging children to tell their own stories.

### **Love messages – developmental milestones**

Developmental milestones are skills in moving, behaving, communicating, observing, etc which children acquire as they growth and develop.

Milestones give a general idea of the age at which a child can be expected to learn these skills.

However, all children develop at different paces and it is impossible to know exactly when they will develop the skill in question.

Health workers will check whether children are meeting development milestones and note these in the child's Road to Health book.

The health worker should discuss any concerns about development with the caregiver.

If the caregiver is concerned their child is not reaching a particular milestone, they should share that concern with their health worker.

Caregivers should consult their health worker if they notice any of the following signs of a potential developmental problem.

Vision:

- a white pupil or a white spot on the pupil
- eyes not able to fix on and follow a moving object such as a finger or toy
- one or both eyes being bigger or smaller than usual
- crossed eyes or one eye looking in another direction

Hearing:

- hearing loss
- not responding to loud noises
- seems to hear some sounds and not others

Other:

- Child can no longer do tasks they could before
- Child is not communicating through speech or gestures at 18 months
- Child not walking at 18 months
- Head looks large
- Head looks small
- Child does not use both sides of the body/limbs equally
- Stiff arms and legs
- Floppy arms and legs

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### **Protection messages**

Children need to be protected from preventable childhood diseases and injuries.  
Children should not be taken to the clinic only when they are ill.

#### **Protection messages – health**

Caregivers should also take their child for their full course of immunisations/vaccines and routine treatments according to the timetables in the child's Road to Health book.

Immunisations/vaccines are free.

Immunisations/vaccines protect children from common childhood illnesses and diseases.

Caregivers should ensure their child gets all his or her immunisations.

Caregivers should note when their baby needs to return to the clinic for immunisations or other care.

If caregivers miss the date for the appointed clinic visit, they must return as soon as possible.

Caregivers should return to the clinic for a follow-up visit within six days of birth and again, at six weeks.

Babies born to HIV-positive mothers should be tested for HIV at birth and at 10 weeks.

All children between six months and five years should receive vitamin A and deworming medicines every six months.

#### **Protection messages – hygiene**

Caregivers must wash their hands after using the toilet, changing nappies, before preparing meals and before feeding children.

To wash your hands effectively, caregivers should wash both sides of their hands, between their fingers and wrists with soap and clean water.

### **Protection messages - safety**

Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.

A child should not be left unattended or unsupervised.

Caregivers should ensure that there is always a responsible adult taking care of their child and that they know where their child is at all times.

### **Protection messages – sexual health**

Caregivers should protect themselves against unplanned pregnancy and sexually transmitted infections by deciding on a contraceptive method of choice and also use male or female condoms to prevent both (dual protection).

### **Messages on oral health care**

Good oral health will keep children's teeth healthy and strong and prevent unnecessary pain and discomfort.

Caregivers can use a small, clean cloth to clean their baby's gums before the first teeth appear.

Caregivers can start to clean their baby's teeth as soon as the first tooth comes through.

Once teeth appear, caregivers can use a small, soft toothbrush with a small fingernail sized amount of child toothpaste to brush teeth.

Caregivers should brush teeth and along the gum line twice a day; in the morning and at night before bed.

Caregivers should discourage the giving of sugary snacks and drinks to their children.

Caregivers should look in their child's mouth regularly to spot early signs of tooth decay and consult a dentist or other health worker if they notice anything abnormal.

Caregivers should never put babies to sleep with a feeding bottle.

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### **Healthcare messages**

Children need health care if they are sick or injured.

Children should be taken to the nearest primary healthcare facility if they exhibit any of the following symptoms:

1. Child is coughing and breathing fast (more than 50 breaths per minute)
2. Child under two months old has a fever and is not feeding
3. Child is vomiting everything
4. Child has diarrhoea, sunken eyes, and a sunken fontanelle
5. Child is shaking (convulsions)
6. Child has signs of malnutrition (swollen ankles and feet)
7. Child is not moving or does not wake up

### **Messages on care of children with diarrhoea**

Caregivers should give their child a sugar-salt solution, if the child has diarrhoea

A sugar-salt solution is made by combining one litre of boiled cooled water, eight level teaspoons of sugar, half a level teaspoon of salt; and stirring until dissolved.

Caregivers should give the sugar-salt solution in addition to feeds. The sugar-salt solution is not a food substitute.

Caregivers should give the sugar-salt solution after each loose stool, using frequent small sips from a cup. Children under two years should be given half a cup. Children between two and five years should be given one cup.

If the child vomits after being given the sugar salt solution, caregivers should wait 10 minutes then continue, but more slowly.

Caregivers can give more sugar-salt solution than suggested, if the child wants more.

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### **Extra care messages**

Some children and their caregivers may need extra help to develop to the best of their ability. Caregivers should know where to go for help.

HIV-positive mothers and their children must receive the treatment they need to stay healthy. Mothers who are unsure of their HIV status, should ask their health worker for HIV counselling and testing for them and their baby.

TB is common. Caregivers should consult their health worker if they have a cough lasting longer than two weeks, weight loss or night sweats, or if there is someone in their household with TB. If this is the case, the baby should receive medicine to prevent TB for six months.

Children with mental and physical disabilities need extra care. Caregivers with a baby with a disability will need support to care for and protecting their baby. Caregivers should tell their health worker so that they can be referred to a social worker for parenting support. Caregivers with a child with a disability may benefit from joining a support group.

### **Messages on social risks to development**

There are some home circumstances that create a risk to the health and wellbeing of children. This is because they may limit caregiver's ability to care for and protect their child. Caregivers who are experiencing any of the following circumstances, should speak to their community health worker, nurse or doctor so that they may be referred the right support-provider:

- Teen mothers or grandparents looking after a young child
- Caregivers who are exposed to violence or abuse at home. Health workers should refer these caregivers a social worker, and the police if necessary, to protect them and their child from physical harm.
- Caregivers or caregiver's partner who is using drugs or alcohol.
- Caregiver who is not coping emotionally, is overly stressed or is depressed.

### **Messages on birth registration**

All babies have a right to be registered at birth and to receive a birth certificate, even if the caregivers are not South African.

By law, all babies born in South Africa should be registered and issued a birth certificate before they turn one month old.

Birth registrations are done at the Department of Home Affairs.

Many hospitals also offer a birth registration service. Mothers should take their ID book/identification document and the baby's father's ID book/identification document to the hospital where they will give birth.

A birth certificate assists children and their caregivers to access services and support.

Being issued the Road to Health book is not a birth registration.

The Road to Health book is not a birth certificate or proof of identity.

### **Messages on social grants**

Caregivers who are not working or do not earn enough money every month to provide for their child, may qualify for the child support grant (CSG).

The CSG is available to eligible recipients from birth.

Caregivers should begin receiving the CSG as early as possible - from birth. Receiving the CSG as early as possible improves children's development.

Caregivers with a disability and/or caregivers of a child with a disability, may qualify for either the disability grant, or the care dependency grant. The purpose of the care dependency grant is to pay for the additional care that children with a disability need. Caregivers should speak to a health worker or a social worker about these grants.

Caregivers fostering a child, may qualify for the foster care grant to help with the costs of providing for the child.