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Three hundred and eighty four children aged 3-36 months admitted to the Infectious Diseases Hospital (IDH) with diarrhoea were studied for persistent diarrhoea (PD), defined as diarrhoea lasting more than 14 days. To establish the duration of diarrhoea, the children were evaluated daily while in hospital and on days seven, fourteen, twenty one and twenty eight of the diarrhoea episode, if discharged. Of these children, 268 (69.8%) were less than 12 months. There was a slight male preponderance with a male to female ratio of 1.2:1. Twenty (5.4%) children presented with diarrhoea of more than 14 days at admission while of the 364 who presented with diarrhoea of less than 14 days at admission, 40 (11%) developed persistent diarrhoea, giving a total PD rate of 16.5%. The peak age for PD was nine months with no sex difference. Some possible risk factors for PD were identified as blood in stools, pneumonia, malnutrition, not breastfeeding, severe dehydration and antibiotic treatment. The total number of deaths in the study cases was 50, giving a case fatality rate of 13.6%. Of the children with PD, 19(31.7%) died. The children with PD were at a four times greater risk of dying ($P < 0.001$, OR = 4.16). This study indicates that prevalence of PD among children admitted to IDH is high; and carries a high case fatality.