

**CARING FOR NEWBORNS AND  
CHILDREN IN THE COMMUNITY**

**A TRAINING COURSE FOR  
COMMUNITY HEALTH WORKERS**

# **Caring for the sick child in the community**

Adaptation for high HIV or TB settings



**CHART BOOKLET**



Caring for the sick child in the community: a training course for community health workers, adaptation for high HIV or TB settings. Chart booklet  
ISBN 978-92-4-001736-8 (electronic version)  
ISBN 978-92-4-001737-5 (print version)

This publication was originally published in 2014.

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**Suggested citation.** Caring for the sick child in the community: a training course for community health workers, adaptation for high HIV or TB settings. Chart booklet. Geneva: World Health Organization; 2020. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

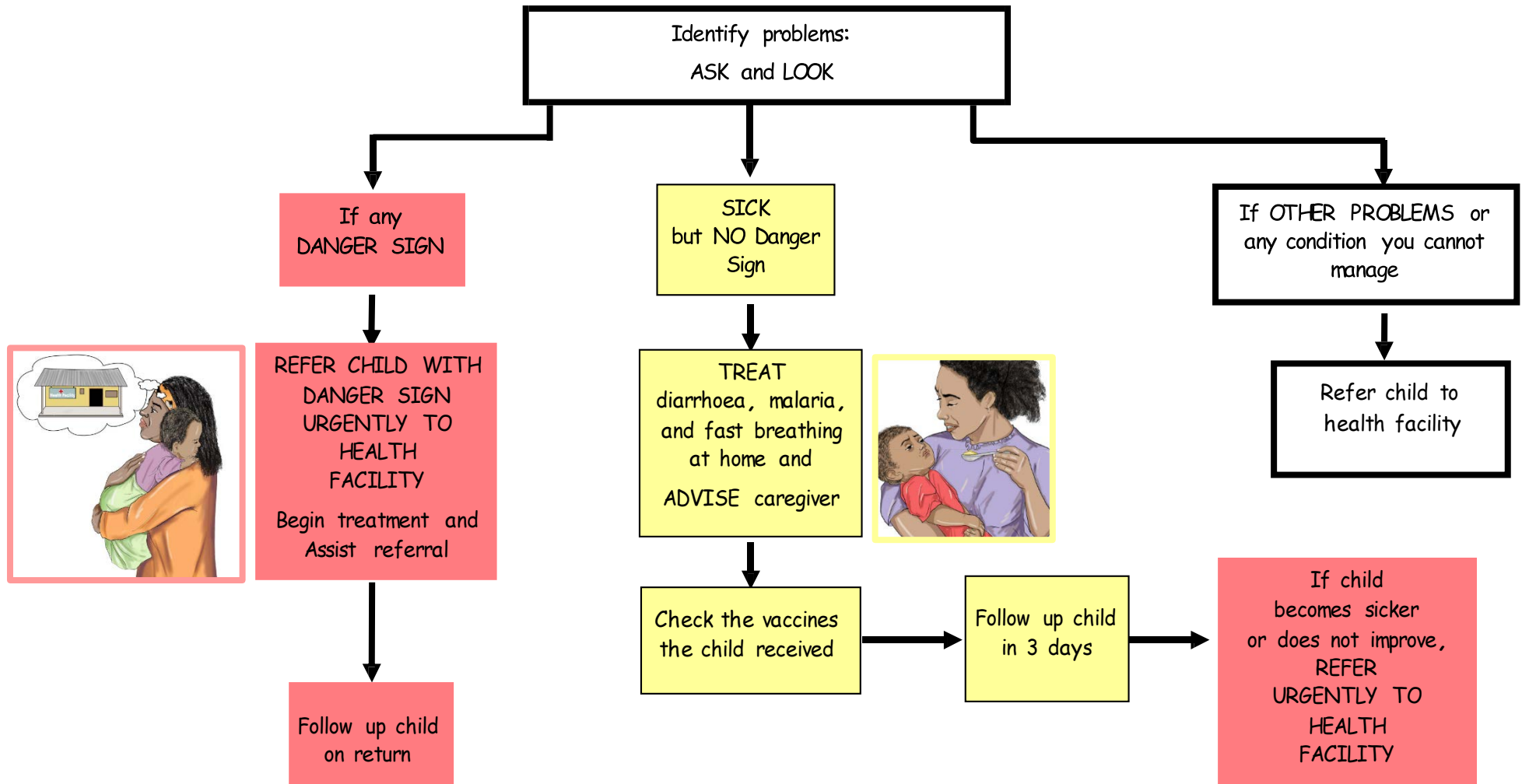
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**OVERVIEW: CARING FOR THE SICK CHILD IN THE COMMUNITY**  
(child age 2 months up to 5 years)





## IDENTIFY PROBLEMS: ASK AND LOOK

ASK the caregiver: What are the child's problems?

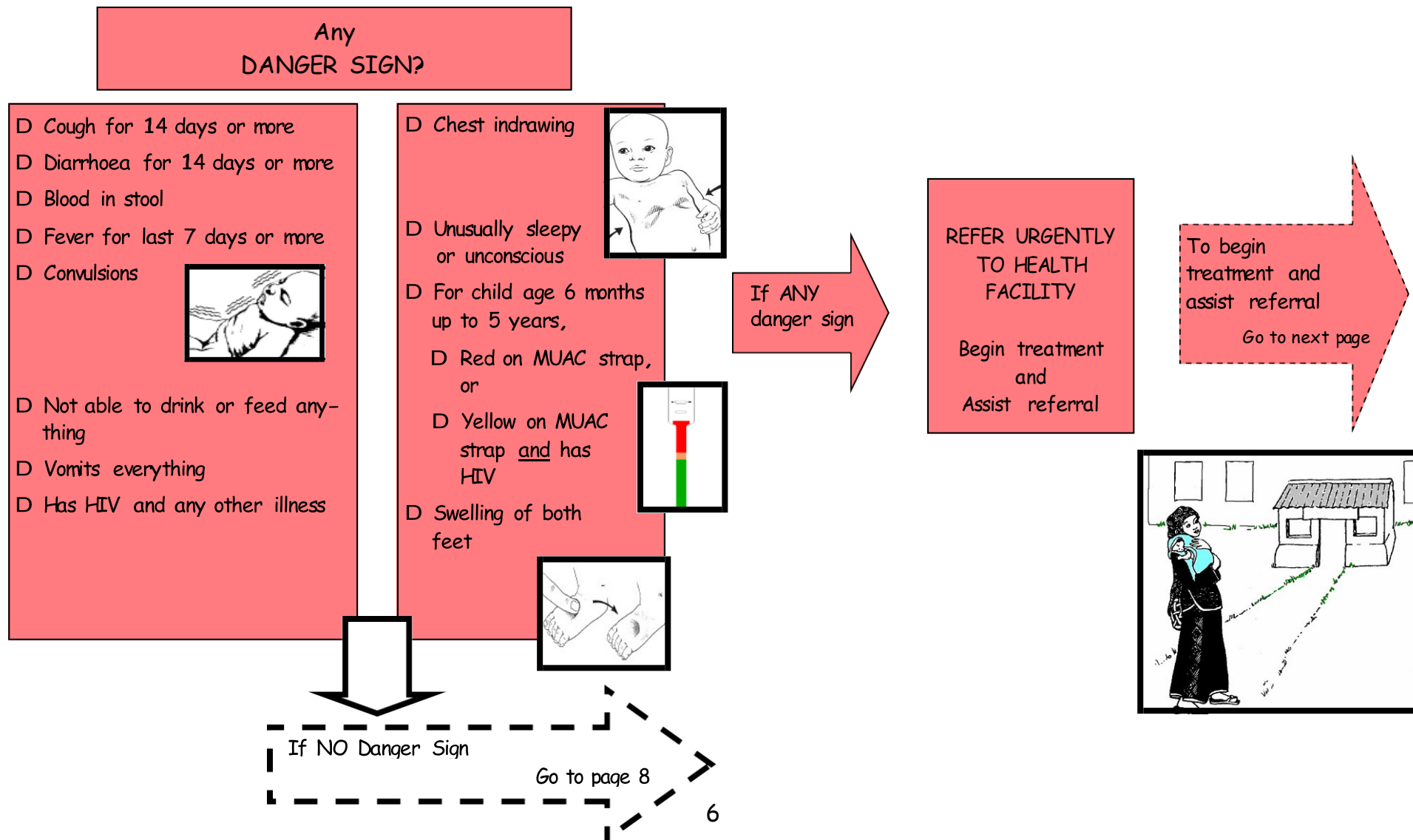
LOOK at the child.

- D Cough? If yes, for how long? \_ days
- D Diarrhoea (3 or more loose stools in last 24 hours)? If yes, for how long? \_ days.
- D If diarrhoea, blood in stool?
- D Fever (reported or now)? If yes, started \_ days ago.
- D Convulsions?
- D Difficulty drinking or feeding? If yes, not able to drink or feed anything?
- D Vomiting? If yes, vomits everything?
- D Has HIV?
- D At risk of HIV because
  - D One or both parents have HIV and child has not tested for HIV? or
  - D Parents' current HIV status is unknown?
- D Lives in household with someone on TB treatment?
- D Any other problem?

- D Chest indrawing?
- D If cough, count breaths in 1 minute: \_ breaths per minute (bpm).
- D Unusually sleepy or unconscious?
- D For child age 6 months up to 5 years, MUAC strap colour: \_
- D Swelling of both feet?



# DANGER SIGNS



**-+ IF ANY DANGER SIGN, REFER CHILD URGENTLY TO HEALTH FACILITY**

- D Cough for 14 days or more
- D Diarrhoea for 14 days or more
- D Blood in stool
- D Fever for last 7 days or more
- D Convulsions
- D Not able to drink or feed anything
- D Vomits everything
- D Has HIV and any other illness
- D Chest indrawing
- D Unusually sleepy or unconscious
- D For child age 6 months up to 5 years
  - D Red on MUAC strap, or
  - D Yellow on MUAC strap and has HIV
- D Swelling of both feet

**-+ Assist referral to health facility:**

-+ Explain why child needs to go to the health facility.

**-+ GIVE FIRST DOSE OF TREATMENT:**

-+ If diarrhoea, and if child can drink, begin giving ORS solution right away.

-+ If fever AND: convulsions; or unusually sleepy/ unconscious; or not able to drink or feed; or vomits everything, give rectal artesunate suppository (100 mg):

Age 2 months up to 3 years—1 suppository

Age 3 years up to 5 years—2 suppositories

-+ If fever AND danger sign other than the 3 above, give first dose of oral antimalarial AL:

Age 2 months up to 3 years—1 tablet

Age 3 years up to 5 years—2 tablets

-+ If fast breathing or chest indrawing, give first dose of oral antibiotic (amoxicillin tablet—250 mg):

Age 2 months up to 12 months—1 tablet

Age 12 months up to 5 years—2 tablets



-+ For any sick child who can drink, advise to give fluids and continue feeding.

-+ Advise to keep child warm, if child is NOT hot with fever.

-+ Write a referral note.

-+ Arrange transportation, and help solve other difficulties in referral.

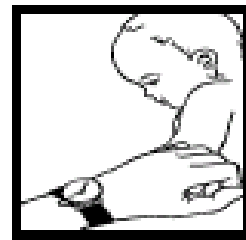
FOLLOW UP child on return at least once a week until child is well.

To give ORS solution, see page 9.

To give first dose oral medication, see page 10

-+ SICK BUT NO DANGER SIGN?

- D Cough (less than 14 days)
- D Diarrhoea (less than 14 days AND no blood in stool)
- D Fever (less than 7 days) in a malaria area
- D At risk of HIV because
  - D One or both parents have HIV and child has not tested for HIV, or
  - D Parents' current HIV status is unknown
- D Lives in household with someone on TB treatment
- D Fast breathing:
  - In a child age 2 months up to 12 months, 50 breaths or more per minute
  - In a child age 12 months up to 5 years, 40 breaths or more per minute
- D Yellow on MUAC strap (does not have HIV)



If SICK but  
NO danger  
sign

TREAT at home  
and  
ADVISE  
caregiver

Go to next page



**-+ IF SICK BUT NO DANGER SIGN, TREAT AT HOME AND ADVISE CAREGIVER**



<p>If Diarrhoea</p>	<p>-+ Give ORS. Help caregiver to give child ORS in front of you until child is no longer thirsty.</p> <p>Give caregiver 2 ORS packets to take home. Advise to give as much as the child wants, but at least 1/2 cup ORS solution after each loose stool.</p> <p>-+ Give zinc supplement. Give 1 dose daily for 10 days:                  Age 2 months up to 6 months—1/2 tablet (total 5 tabs)                  Age 6 months up to 5 years—1 tablet (total 10 tabs)                  Help caregiver to give first dose now. (Go to page 10)</p>
<p>If Fever (less than 7 days) in a malaria area</p>	<p>-+ Do a rapid diagnostic test (RDT). Go to page 12.</p> <p>-+ If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).                  Age 2 months up to 3 years—1 tablet (total 6 tabs)                  Age 3 years up to 5 years—2 tablets (total 12 tabs)</p> <p>Help caregiver give first dose now. (Go to page 10) Advise to give 2<sup>nd</sup> dose after 8 hours, and to give dose twice daily for 2 more days.</p>
<p>If Fast Breathing (pneumonia)</p>	<p>-+ Give oral antibiotic (amoxycillin tablet—250 mg ).</p> <p>Give twice daily for 5 days:                  Age 2 months up to 12 months—1 tablet (total 10 tabs)                  Age 12 months up to 5 years—2 tablets (total 20 tabs)</p> <p>Help caregiver give first dose now. (Go to page 10.)</p>
<p>If at risk of HIV</p>	<p>-+ Advise caregiver to take the child for HIV test soon, and if parents' HIV status is not known, advise the mother and father to test for HIV also.</p>
<p>If lives in a household with someone on TB treatment</p>	<p>-+ Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p>
<p>If Yellow on MUAC strap (no HIV)</p>	<p>-+ Counsel caregiver on feeding or refer the child to a supplementary feeding programme, if available.</p>

To give ORS solution, go to page 9

For ALL children treated at home, advise on home care

-+ Advise the caregiver to give more fluids and continue feeding.

-+ Advise on when to return. Go to nearest health facility or, if not possible, return immediately if child

- D Cannot drink or feed
- D Becomes sicker
- D Has blood in stool

-+ Advise caregiver on use of a bednet (ITN)

-+ Follow up child in 3 days.

If child becomes sicker or does not improve  
**REFER CHILD URGENTLY TO HEALTH FACILITY**

## + Give ORS solution

+ Mix 1 package of ORS with 1 litre of clean water to make ORS solution.

+ Show the caregiver how to mix the ORS solution and give it to the child. Give frequent, small sips of ORS solution from a cup or spoon.

### + For child with diarrhoea being referred:

+ If the child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give the caretaker extra ORS solution to continue giving on the way to the health facility. Also, if the child is breastfed, continue to breastfeed on the way.

### + For child with diarrhoea to be treated at home:

+ Help the caregiver to continue to give the child ORS solution in front of you until child is no longer thirsty.

+ Give the caregiver 2 packets of ORS to take home. Advise the caregiver to continue to give the child as much ORS solution as the child wants, but at least 1/2 cup after each loose stool. Do not keep the mixed ORS solution for more than 24 hours.

+ If the child is breastfeeding, advise the mother to breastfeed frequently and for a longer time at each feed. Give ORS solution in addition to breastmilk, even if the child is exclusively breastfed.

+ If the child is exclusively taking a breastmilk substitute, advise the mother to give ORS solution in addition to the breastmilk substitute.



## --+ Teach the caregiver how to give the oral medicines at home

1. Select the correct oral medicine or medicines for the child—zinc, antimalarial AL, antibiotic amoxicillin.
2. Check the expiration date on the package. Do not use expired medicine.
3. Determine the dose for the child's age group. Refer to the box on page 8 or the recording form.
4. Help the caregiver give the first dose now (see box).
5. Write the dose on each package. Tell the caregiver to continue giving the dose until the tablets are finished.

Zinc: Give one dose now, then one dose daily for 10 days  
AL: Give one dose now, one dose after 8 hours, then give twice daily for 2 more days  
Amoxicillin: Give one dose now, then twice daily for 5 days

6. Encourage the caregiver to ask questions. Praise the caregiver for being able to give the medicine to her child. Explain how the medicine will help her child.
7. Ask the caregiver to repeat the instructions before leaving with the child. Ask good checking questions to make sure that the caregiver understands how much of the medicine to give, when, and for how long. Emphasize that it is important to give all the medicine, even if the child feels better.
8. Advise the caregiver to keep all medicines out of reach of children.

### Help the caregiver give the first dose now

Wash your hands with soap and water. The caregiver should do the same.

If the dose is half of a tablet, help the caregiver cut it with a table knife.

Help the caregiver prepare the first dose:

If the tablet is dispersible (will melt), ask the caregiver to put the tablet or half tablet into a spoon with breast milk or water. The tablet will dissolve.

If the tablet will not melt, use a spoon to crush the tablet in a cup or small bowl. Mix it with breast milk, water, or crush it with banana or another favourite food of the child.



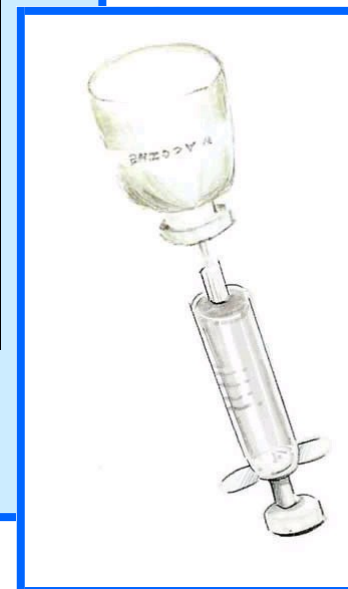
Ask the caregiver to give the solution with the melted or crushed tablet to the child with a spoon. Help her give the whole dose. If the child spits out the dose, use the spoon to gather it up and gently feed it to the child again. If this is not possible and the child has not swallowed the dose, give the child another dose.

## CHECK THE VACCINES THE CHILD RECEIVED

Check vaccines received (see child's health card)

Age	Vaccines			
Birth	D BCG + HepB Birth	D OPV0		
6 weeks	D DTP/Hib1/HepB1	D OPV1	D Rota 1	D PCV 1
10 weeks	D DTP/Hib2/HepB2	D OPV2	D Rota 2	D PCV 2
14 weeks	D DTP/Hib3/HepB3	D OPV3	D Rota 3	D PCV 3
9 months	D MCV 1			
18 months	D DTP + MCV 2			

Advise the caregiver on when and where to take the child for the next vaccine, if needed.



-+ If any OTHER PROBLEM or condition you cannot manage, refer child to health facility, write a referral note, and follow up child on return.

# How To Do the Rapid Test for Malaria

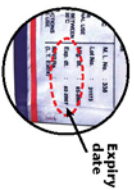


- Collect:
- NEW unopened** test packet
  - NEW unopened** spirit swab
  - NEW unopened** lancet
  - NEW** pair of disposable gloves
  - Buffer
  - Timer



## READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN.

- Check the expiry date on the test packet.
- Put on the gloves. Use new gloves for each patient.
- Open the packet and remove:
- Write the patient's name on the test packet.



- Open the alcohol swab. Grasp the 4<sup>th</sup> finger on the patient's left hand. Clean the finger with the spirit swab. Allow the finger to dry before pricking.



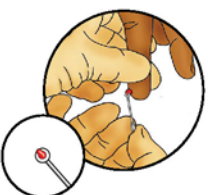
- Open the lancet. Prick patient's finger to get a drop of blood.



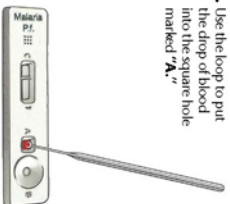
- Discard the lancet in the Sharps Box immediately after pricking finger. **Do not set the lancet down before discarding it.**



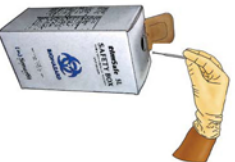
- Use the loop to collect the drop of blood.



- Use the loop to put the drop of blood into the square hole marked "A."



- Discard the loop in the Sharps Box.



- Put six (6) drops of buffer into the round hole marked "B."



- Wait **15 minutes** after adding buffer.

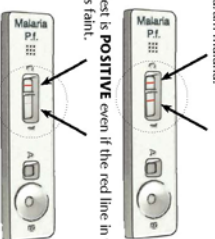


- Read test results. (NOTE: Do **Not** read the test sooner than **15 minutes** after adding the buffer. You may get **FALSE** results.)

- How to read the test results:

### POSITIVE

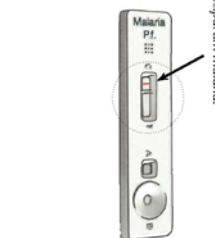
One red line in window "C" **AND** one red line in window "T" means the patient **DOES** have *falciparum* malaria.



The test is **POSITIVE** even if the red line in window "T" is faint.

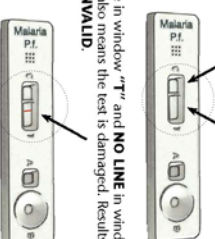
### NEGATIVE

One red line in window "C" and **NO LINE** in window "T" means the patient **DOES NOT** have *falciparum* malaria.



### INVALID RESULT

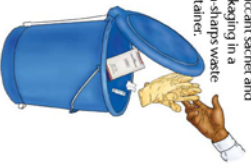
**NO LINE** in window "C" means the test is damaged.



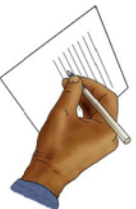
A line in window "T" and **NO LINE** in window "C" also means the test is damaged. Results are **INVALID**.

If no line appears in window "C," repeat the test using a **NEW unopened** test packet and a **NEW unopened** lancet.

- Dispose of the gloves, spirit swab, desiccant sachet and packaging in a non-sharps waste container.



- Record the test results in your CHW register. Dispose of cassette in non-sharps waste container.



**NOTE:** Each test can be used **ONLY ONE TIME**. Do not try to use the test more than once.



## Sick Child Recording Form

(for community-based treatment of child age 2 months up to 5 years in high HIV or TB setting)

Date: Day / Month / 20\_\_

CHW: \_\_\_\_\_

Child's name: First \_\_\_\_\_ Family \_\_\_\_\_

Age: \_\_\_ Years/ \_\_\_ Months Boy / Girl

Caregiver's name: \_\_\_\_\_

Relationship: Mother / Father / Other: \_\_\_\_\_

Address, Community: \_\_\_\_\_

### 1. Identify problems

ASK and LOOK	ANY DANGER SIGN	SICK but NO Danger Sign?
<p><b>ASK: What are the child's problems?</b> If not reported, then ask to be sure.                      YES, sign present → Tick <input checked="" type="checkbox"/> NO sign → Circle <input type="checkbox"/></p> <p><input type="checkbox"/> <b>■ Cough?</b> If yes, for how long? ___ days</p> <p><input type="checkbox"/> <b>■ Diarrhoea</b> (3 or more loose stools in 24 hrs)?                      IF YES, for how long? ___ days.</p> <p><input type="checkbox"/> <b>■ IF DIARRHOEA</b>, blood in stool?</p> <p><input type="checkbox"/> <b>■ Fever</b> (reported or now)?                      If yes, started ___ days ago.</p> <p><input type="checkbox"/> <b>■ Convulsions?</b></p> <p><input type="checkbox"/> <b>■ Difficulty drinking or feeding?</b>                      IF YES, <input type="checkbox"/> not able to drink or feed anything?</p> <p><input type="checkbox"/> <b>■ Vomiting?</b> If yes, <input type="checkbox"/> vomits everything?</p> <p><input type="checkbox"/> <b>■ Has HIV?</b></p> <p><input type="checkbox"/> <b>■ At risk of HIV because</b>  <input type="checkbox"/> One or both parents have HIV and child has not tested for HIV? or  <input type="checkbox"/> Parents' current HIV status is unknown?</p> <p><input type="checkbox"/> <b>■ Lives in a household with someone who is on TB treatment?</b></p> <p><b>LOOK:</b></p> <p><input type="checkbox"/> <b>■ Chest indrawing?</b> (FOR ALL CHILDREN)</p> <p><b>IF COUGH, count breaths in 1 minute:</b>                      ___ breaths per minute (bpm)</p> <p><input type="checkbox"/> <b>■ Fast breathing:</b>                      Age 2 months up to 12 months: 50 bpm or more                      Age 12 months up to 5 years: 40 bpm or more</p> <p><input type="checkbox"/> <b>■ Unusually sleepy or unconscious?</b></p> <p><b>For child 6 months up to 5 years, MUAC strap colour: red ___ yellow ___ green ___</b></p> <p><input type="checkbox"/> <b>■ Swelling of both feet?</b></p>	<p><input type="checkbox"/> Cough for 14 days or more</p> <p><input type="checkbox"/> Diarrhoea for 14 days or more</p> <p><input type="checkbox"/> Blood in stool</p> <p><input type="checkbox"/> Fever for last 7 days or more</p> <p><input type="checkbox"/> Convulsions</p> <p><input type="checkbox"/> Not able to drink or feed anything</p> <p><input type="checkbox"/> Vomits everything</p> <p><input type="checkbox"/> Has HIV and any other illness</p> <p><input type="checkbox"/> Chest indrawing</p>	<p><input type="checkbox"/> Diarrhoea (less than 14 days AND no blood in stool)</p> <p><input type="checkbox"/> Fever (less than 7 days) in a malaria area</p> <p><input type="checkbox"/> One or both parents have HIV and child has not tested for HIV  <input type="checkbox"/> Parents' current HIV status is unknown</p> <p><input type="checkbox"/> Lives with someone on TB treatment</p> <p><input type="checkbox"/> Fast breathing</p> <p><input type="checkbox"/> Yellow on MUAC strap (does not have HIV)</p>

### 2. Decide: Refer or treat child (tick decision)

If ANY Danger Sign, REFER URGENTLY to health facility

If NO Danger Sign, treat at home and advise caregiver

GO TO PAGE 2 →

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_  
**3. Refer or treat child (tick treatments given and other actions)**

<p><b>If any danger sign, REFER URGENTLY to health facility:</b></p> <p>ASST REFERRAL to health facility:  <input type="checkbox"/> Explain why child needs to go to health facility. <b>GIVE FIRST DOSE OF TREATMENT:</b></p> <p><input type="checkbox"/> If Diarrhoea</p> <p><input type="checkbox"/> If Fever AND  <input type="checkbox"/> Convulsions or  <input type="checkbox"/> Unusually sleepy or unconscious or  <input type="checkbox"/> Not able to drink or feed anything or  <input type="checkbox"/> Vomits  <input type="checkbox"/> If Fever AND danger sign other than the 4 above</p> <p><input type="checkbox"/> If Chest indrawing, or  <input type="checkbox"/> Fast breathing</p>	<p><input type="checkbox"/> If child can drink, begin giving ORS solution right away, as much as the child will take until departure. Give caregiver extra ORS solution to continue giving on the way.</p> <p><input type="checkbox"/> Give rectal artesunate suppository (100 mg)  <input type="checkbox"/> Age 2 months up to 3 years — 1 suppository  <input type="checkbox"/> Age 3 years up to 5 years — 2 suppositories</p> <p><input type="checkbox"/> Give first dose of oral antimalarial AL.  <input type="checkbox"/> Age 2 months up to 3 years—1 tablet  <input type="checkbox"/> Age 3 years up to 5 years—2 tablets</p> <p><input type="checkbox"/> If child can drink, give first dose of oral antibiotic (amoxicillin tablet—250 mg)  <input type="checkbox"/> Age 2 months up to 12 months—1 tablet  <input type="checkbox"/> Age 12 months up to 5 years —2 tablets</p>	<p><b>If no danger sign, TREAT at home and ADVISE caregiver:</b></p> <p><input type="checkbox"/> If Diarrhoea (less than 14 days AND no blood in stool)</p> <p><input type="checkbox"/> If Fever (less than 7 days) in a malarial area</p> <p><input type="checkbox"/> Do a rapid diagnostic test (RDT).          Positive ___ Negative ___  <input type="checkbox"/> If RDT is positive, give oral antimalarial AL (Artemether-Lumefantrine).          Give twice daily for 3 days:  <input type="checkbox"/> Age 2 months up to 3 years—1 tablet (total 6 tabs)  <input type="checkbox"/> Age 3 years up to 5 years—2 tablets (total 12 tabs)          Help caregiver give first dose now. Advise to give 2<sup>nd</sup> dose after 8 hours, and to give dose twice daily for 2 more days.</p> <p><input type="checkbox"/> Give oral antibiotic (amoxicillin tablet—250 mg).          Give twice daily for 5 days:  <input type="checkbox"/> Age 2 months up to 12 months—1 tablet (total 10 tabs)  <input type="checkbox"/> Age 12 months up to 5 years—2 tablets (total 20 tabs)          Help caregiver give first dose now.</p> <p><input type="checkbox"/> Advise caregiver to take the child for HIV test soon, and, if parents' HIV status is not known, advise the mother and father to test for HIV also.</p> <p><input type="checkbox"/> Advise caregiver to take the child soon for TB screening and TB preventive medicine.</p> <p><input type="checkbox"/> If living in household with someone on TB treatment</p> <p><input type="checkbox"/> If Yellow on MUAC strap (no HIV)</p> <p><input type="checkbox"/> For ALL children treated at home, advise on home care</p> <p><input type="checkbox"/> Advise caregiver to give more fluids and continue feeding.  <input type="checkbox"/> Advise on when to return. Go to nearest health facility immediately or if not possible return if child  <input type="checkbox"/> Cannot drink or feed  <input type="checkbox"/> Becomes sicker  <input type="checkbox"/> Has blood in the stool  <input type="checkbox"/> Advise caregiver on use of a bednet (ITN).  <input type="checkbox"/> Follow up child in 3 days (schedule appointment in item 6 below)</p>
<p><input type="checkbox"/> For any sick child who can drink, advise to give fluids and continue feeding.  <input type="checkbox"/> Advise to keep child warm, if child is NOT hot with fever.  <input type="checkbox"/> Write a referral note.  <input type="checkbox"/> Arrange transportation, and help solve other difficulties in referral.  <input type="checkbox"/> FOLLOW UP child on return at least once a week until child is well.</p>		

**4. CHECK VACCINES RECEIVED**  
 (tick  vaccines completed)  
 Advise caregiver, if needed:  
**WHEN and WHERE** is the next vaccine to be given?  
**5. If any OTHER PROBLEM** or condition you cannot treat, refer child to health facility, write referral note.

Age	Vaccine	Date given
Birth	<input type="checkbox"/> BCG + HepB Birth	<input type="checkbox"/> OPV0
6 weeks	<input type="checkbox"/> DTP/Hb1/HepB1	<input type="checkbox"/> OPV1 <input type="checkbox"/> Rotar1 <input type="checkbox"/> PCV1
10 weeks	<input type="checkbox"/> DTP/Hb2/HepB2	<input type="checkbox"/> OPV2 <input type="checkbox"/> Rotar2 <input type="checkbox"/> PCV2
14 weeks	<input type="checkbox"/> DTP/Hb3/HepB3	<input type="checkbox"/> OPV3 <input type="checkbox"/> Rotar3 <input type="checkbox"/> PCV3
9 months	<input type="checkbox"/> MCV1	
18 months	<input type="checkbox"/> DTP + MCV2	

**6. When to return for FOLLOW UP (circle):** Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
**7. Note on follow up:**  
 Child is better—continue to treat at home. Day of next follow up: \_\_\_\_\_  
 Child is not better—refer URGENTLY to health facility.  
 Child has danger sign—refer URGENTLY to health facility.

**For more information, please contact:**

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