

Health Centre /Clinic/Hospital Pregnant and Lactating Women (PLW) Nutrition screening Register

Region Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date



Instruction for Pregnant and Lactating Women

(PLW) Nutritional Screening Register

Location information to be completed at front of the registry

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Name of Health Facility	Write the name of the health facility where the PNC was provided.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)

Ü		Year(DD/MM/YY)									
Col.No	Data Elements	Description									
1	S.N	Write sequential serial number in the registration book									
2	MRN	Write Medical record number									
3	Full Name	Write full name of Pregnant or lactating women									
4	Age	Writer age of the woman in years									
5	Woreda	Write the name of woreda									
6	Kebele	Write the name of kebele									
7	Gott/ketena	Write the Gott/ ketena									
8	Status(P/L)	Write P if she is pregnant or L if she is lactation women with < 6 months children									
9	PSNP beneficiary (Y/N)	Write Y if she is Productive Safety Net Program(PSNP) Beneficiary or N if she is not beneficiary									
10-22	PLW Nutritional Screening(will be repeated for all months)										
	Date of Visit (DD)	Write date of visit (day only(DD))									
	Weight	Write weight in kilogram(Kg)									
	MUAC	Write Mid Upper Arm Circumference (MUAC) in cm									
	Malnourished (Y/N)	Write Y if MUAC < 23 cm or N if MUAC \geq 23 cm									
	Nutrition Counseling(✓) (1,2,3,4,5,6)	 Tick ✓ If all the following listed nutritional Counseling is provided: For Pregnant women eat One extra meal every day For lactating women eat two extra meal every day Eat variety & diversified food Deworming at 2nd or third trimester (pregnant women only) IFA every day minimum at least 90 days plus Sleep under insecticide treated net 									
	Action (A, B, C, D)	Write the code A. Counseling provided B. Referred to TSFP C. Referred to PSNP D. Referred to other (specify)									



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SN	MDN			Peersonal Identifi	ation		Sta-	PSNP benifi-	Pregnant and Lactating Women (PLW) screening												
311	MRN	Full Name	Age	Woreda	Kebele	Gott / Ketena	tuc	cary	Screening	Ham	Neh	Mes	Tik	Hid	Thas	Tir	Yek	Meg	Miaz	Ginb	Sen
1	2	3	4	5	6	7		9	10	11	12	13	14	15	16	17	18	19	20	21	22
									Date of visit (Write day DD												
									Weight (kg)												
									MUAC (cm)												
									Malnourished (Y/N)												
									If all Nutrition Counseling Provided(√) (1,2,3,4,5,6)												
									Action (A,B,C,D)												
									Date of visit (Write day DD												
									Weight (kg)												
									MUAC (cm)												
									Malnourished (Y/N)												
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									Action (A,B,C,D)												
									Date of visit (Write day DD												
									Weight (kg) MUAC (cm)												
																					$oxed{oxed}$
									Malnourished (Y/N)												$oxed{oxed}$
									If all Nutrition Counseling Provided(√) (1,2,3,4,5,6)												$oxed{oxed}$
									Action (A,B,C,D)												$oxed{oxed}$
									Date of visit (Write day DD											$oxed{oxed}$	
									Weight (kg)												$oxed{oxed}$
									MUAC (cm)												$\sqcup \!\!\! \sqcup \!\!\! \sqcup$
									Malnourished (Y/N)												$\sqcup \!\!\! \sqcup \!\!\! \sqcup$
									If all Nutrition Counseling Provided(🗸) (1,2,3,4,5,6)												$\sqcup \!\!\! \sqcup \!\!\! \sqcup$
									Action (A,B,C,D)												$\sqcup \!\!\! \perp$
									Date of visit (Write day DD												$\sqcup \!\!\! \perp$
									Weight (kg)												
									MUAC (cm)												└
									Malnourished (Y/N)	<u> </u>										↓	
									If all Nutrition Counseling Provided(✓) (1,2,3,4,5,6)												
_									Action (A,B,C,D)												
Nutri	tion cou	nseling (NC) codes			Action c	odes			Count												

- 1. For Pregnant women eat One extra meal every day
- 2. For lactating women eat two extra meal every day
- 3. Eat variety & diversied food
- 4.Deworming at 2nd or third trimester (pregnant women only)
- 5.IFA every day minimum atleast 90 days plus
- 6. Sleep under insecticide treated net

A. Counseling provided B. referral to TSFP

C. referal to PSNP

D. referal other (specify)

Count						
MUAC<23 cm						
MUAC>=23cm						
Total screened						
Number of referal to TSFP						
Counseling provided						