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MINISTRY OF HEALTH-ETHIOPIA

# Health Centre /Clinic/Hospital MAM treatment for 6-59 months

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Region

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Zone/Subcity/Woreda

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Health Facility Name

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Begin Date

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End Date

## Instructions on How to Complete the Registration Book for MAM for 6-59 months.

The registration book for MAM is used in TSFP. The data is aggregated at the end of each month and used to prepare the Monthly Statistics Report for MAM.

Information on the Front Cover of the Registration Book		
Data element	Description	
Region:	Write the Region name of where the health facility is located.	
Zone:	Write the Zone name of where the health facility is located.	
Woreda:	Write the Woreda name of where the health facility is located.	
Kebele:	Write the Kebele name of where the health facility is located.	
Health Facility:	Write the name of the health facility where the service is provided.	
Register Start Date:	Write the date of the first entry in the register, written as (EC) Day/Month/Year (DD/MM/YY).	
Register End Date:	Write the date of the last entry in the register, written as (EC) Day/Month/Year (DD/MM/YY).	
S.No	Background Information	
1	Serial Number	Write sequential registration numbers. The registration number is issued when the patient is admitted, it includes a service code indicating where rehabilitation was initiated TSFP.
2	MRN	Write the patient's Medical Record Number (MRN).
3	Full Name of the child	Write the full name of the patient.
4	Kebele:	Write the Kebele name of where the child resides.
5	Gote/village	Write the Gott or Village where the child resides.
6	Sex	Write <b>F</b> for female or <b>M</b> for male.
7	Age	Write the age of the child in months.
8	New Admission	Write <b>Y</b> if a new admission and <b>N</b> if not. <i>[A new admission is a new case who meets the admission criteria for TSFP.]</i>
9	Relapse	Write <b>Y</b> if a Relapse and <b>N</b> if not. <i>Relapse is a patient who cured within the past 3 months and now meets the admission criteria for TSFP.</i>
10	Returned default	Write <b>Y</b> if <b>returned default</b> and <b>N</b> if not <i>Child who defaulted within the past 3 months and has returned to continue treatment in TSFP.</i>
11	Transfer-in from other facility, TSFP	Write <b>Y</b> if transfer-in and <b>N</b> if not. <i>has moved in from another facility where they were receiving TSFP.</i>
Admission/Entry Information		
12	Admission Date	Write the date of admission to service, written as (EC) Day/Month/Year (DD/MM/YY).
13	MUAC	Write the MUAC measurement value in cm.
14	Albendazole/Mebendazole	Write <b>y</b> if the child received <b>Albendazole/Mebendazole</b> <b>N</b> if not
15	Weight	Write the weight measurement value in kg.
16	Height/Length (cm)	Write the height measurement value in cm.
17	WFH/L (Z-Score)	Write the WFH/WFL value in z-score in reference chart.
Discharge/Exit Information		
18	Discharge Date	Write the date of discharge from service, written as (EC) Day/Month/Year (DD/MM/YY).
19	MUAC	Write the MUAC measurement value in cm.
20	Weight	Write the weight measurement value in kg.
21	Height	Write the height measurement value in cm.
22	WFH/L(Z Score)	Write the WFH/WFL value in z-score.
23	Outcome	Write the code for the treatment outcome: <b>C = Cured:</b> Has reached the discharge criteria of TSFP. <b>D = Died:</b> Dies while receiving treatment in the TSFP. <b>DF = Defaulted:</b> Absent for two consecutive visits in TSFP. Default should be confirmed. <b>NR = Non-responder:</b> Does not reach the TSFP discharge criteria after 16 weeks (4 months). <b>T = Transfer out:</b> Condition has deteriorated or not responding to treatment and referred for treatment in the OTP/SC, moved out to receive treatment in another TSFP.
24	Counseled on Care for Child Development/CCD (Y/N)	Write <b>Y</b> if the client is counseled on care for Child Development, otherwise <b>N</b>
25	Remark	Write any notes the service provider wants to document.



## Registration Book for MAM treatment for 6-59 months

[illegible]

Count of Discharge Outcomes.		
Cured		
Died		
Defaulted		
Non-responder		
Transfer-out		