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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital MAM treatment for Pregnant and lactating women Register

Region	Zone/Subcity/Woreda	Health Facility Name	Begin Date	End Date

Instructions on How to Complete the Registration Book for MAM PLW.

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).
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 treatment was initiated.
2	**MRN**	Write the patient's Medical Record Number (MRN).
3	**Full Name**	Write the full name of the patient.
4	**Age**	Write the age of the PLW.
5	**EDD**	Expected date of delivery
6	**Kebele**	Write the Kebele name of where the patient resides.
7	**Gote/village**	Write the Gott or Village where the patient resides.
8	**New Admission**	Write **Y** if a new admission and **N** if not. *[A new admission is a **new case** who meets the admission criteria for TSFP.*
9	**Relapse**	Write **Y** if a relapse **N** if not. *Relapse is a patient who cured within the past 3 months and now meets the admission criteria for TSFP*
10	**Relapse /return default)**	Write **Y** if a **returned default** and **N** if not *[When patient who defulted within the past 3 months and has returned to continue treatment in TSFP.*
11	**Transfer-in from other TSFP**	Write **Y** if transfer-in and **N** if not. *has moved in from another facility where they were receiving TSFP.*
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 yes if the **Albendazole/ Mebendazole was given and N if not.**
Discharge/Exit Information		
15	**Discharge Date**	Write the date of discharge from service, written as (EC) Day/Month/Year (DD/MM/YY).
16	**MUAC**	Write the MUAC measurement value in cm.
17	**Outcome**	Write the code for the treatment outcome: **C = Cured**: Has reached the discharge criteria for SAM treatment. **D = Died:** Dies while receiving treatment in the TSFP. **DF = Defaulted:** Absent for two consecutive visits in TSFP. **NR = Non-responder:** Does not reach the MAM discharge criteria after 16 weeks (4 months) in treatment - TSFP. **T = Transfer out:** Moved out to receive TSFP in another facility.
18	Remark	Write any notes the service provider wants to document.

Registration Book for MAM treatment for PLW

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MINISTRY OF HEALTH - ETHIOPIA

Personal Identification					Adress		New Admission (Y/N)	relapse (Y/N)	Re-turned default (Y/N)	Trans-fer-in from other TSFP (Y/N)	Admission/ Entry Information			Discharge/Exit Inormation			Remark
SN	MRN	Full name	Age	Expected date of delivery (EDD)	Kebele	Gote/ Village					Date (dd/mm/ yy)	MUAC (cm)	Albendazole/ Mebenda-zole(Y/N)	Date (dd/ mm/yy)	MUAC (cm)	Outcome (Cured, died , defaulted, non-respondent, and transfer out)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Count of Discharge Outcomes. (Col.17)	
Cured	
Died	
Defaulted	
Non-responder	
Transfer-out	