## SFP Monitoring Card—Pregnant/Lactating Woman (up to 6 months postpartum)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration number** | |  | | | | | | | | | | | | |
| **Health Facility** | |  | | | | | | | | | | | | |
| **District** | |  | | | | | | | | | | | | |
| **Woman’s name** | |  | | | | | | | | | | | | |
| **Infant’s name** | |  | | | | | | | | | | | | |
| **Woman’s age (years)** | |  | | | | | | | | | | | | |
| **Pregnant (months)** | |  | | | | | **Lactating (months)** | | | | | | | |
| **Village** | |  | | | | | | | | | | | | |
| **TA** | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Distribution | Date | | MUAC | | Ration | | | Infant weight | | | Infant length | | | Infant WFL z-score |
| Admission |  | |  | |  | | |  | | |  | | |  |
| 2 |  | |  | |  | | |  | | |  | | |  |
| 3 |  | |  | |  | | |  | | |  | | |  |
| 4 |  | |  | |  | | |  | | |  | | |  |
| 5 |  | |  | |  | | |  | | |  | | |  |
| Discharge |  | |  | |  | | |  | | |  | | |  |
|  |  | |  |  | |  | | |  |  | |  |
| Cured |  | |  |  | | Died | | | |  | | |
| Defaulted |  | |  |  | | Transferred | | | |  | | |
| Non-cured |  | |  |  | |  | | |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Check for: Tetanus toxoid vaccine (TTV)** | **1** |  | **2** |  | **3** |  | **4** |  | **5** |  |