## logo of the Government of Malawi's Ministry of Health

## Supplementary Feeding Program (SFP) Register

## Pregnant/Lactating Woman (up to 6 months postpartum)

## 2nd Edition – December 2016

# **logo of the Government of Malawi's Ministry of Health**How to Use the Supplementary Feeding Program (SFP) Register for Pregnant and Lactating Women (up to 6 months postpartum)

The SFP register should be used at every visit to the health facility. The data is aggregated at the end of each month and used to prepare the SFP monthly report.

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| INSTRUCTIONS ON WHAT SHOULD BE RECORDED | |
| Registration Number | Write the registration number issued to the woman upon admission |
| Name of Woman | The woman’s first name and surname |
| Name of their Infant (if lactating) | If lactating, write the infant’s first name and surname |
| Village | Name of the village and landmark if possible for easy client tracing |
| Traditional Authority (TA) | Name of the TA in which the woman resides |
| PW | Tick (**✓**) if women is pregnant |
| PL | Tick (**✓**) if woman is lactating up to 6 months postpartum |
| Age | Write the woman’s age in years |
| Age of Infant | Write the child’s age in months |
| HIV Sero-status | Write the HIV sero-status; Reactive (R) = 1, Non-reactive (NR) = 0 |
| Started on ART | Write if the woman has been started on ART; Y=yes and N= no. |
| **ADMISSION DETAILS** |  |
| Date | Write the calendar date the woman is admitted to the SFP |
| Mid-upper Arm Circumference (MUAC) | Write the MUAC in cm (e.g., 18.5 cm) upon admission to the SFP |
| **DISCHARGE DETAILS** |  |
| Date | Write the calendar date the woman is discharged from the SFP |
| MUAC | Write the MUAC in cm (e.g., 23.5 cm) upon discharge from the SFP |
| Length of Stay | Write the number of days the woman was in the SFP. The length of stay is calculated by counting the number of days from the admission date to the discharge date. |
| Outcome | Write the outcome at discharge; cured, default, death or non-cured or transferred to another SFP |

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| **Registration Number** | **Name of Woman** | **Name of the Infant (if lactating woman)** | **Village** | **TA** | **PW** | **LW** | **Age** | **Age of Infant** | **HIV Sero-status** | **Started on ART Y/N** | **Admission** | | **Discharge** | | **Length of stay** | **Outcome** |
| **Date** | **MUAC (cm)** | **Date** | **MUAC (cm)** |
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