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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital GMP and <5 years Nutrition Screening Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Location information to be completed at front of the registry

Region	Write region name where the facility is located
Zone/Sub-City /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Name of Health Facility	Write the name of the health facility where the service was provided.
Register begin 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)

Col. Number	Data Elements	Description
1	S.N	Sequential serial number in registration book; to be entered on client's registration card for later identification in the register
2	MRN	Write Medical record number
3	Child full name	Write full name of child
4	Date of Birth	Write the Child's date of Birth, (DD,MM,YY)E.C
5	Age (MM)/Sex (M/F)	Write the exact age of the child in months(MM) in upper row and Child's Sex: M=Male; F= Female in the lower row
6	Name of Mother/Care giver	Write name of Mother. If not write care giver name
7	Woreda/ Kebele	Write Woreda in upper row and Kebele in the lower row
8	Gott/Ketena	Write Gott or ketene
9	PSNP beneficiary(Y/N)	Write Y if is Child is of Productive Safety net program beneficiary(PSNP), If not Write N
10	Growth Monitoring and Promotion (GMP) for Under 2 years (repeat this for all months)	
	Date of visit(Write day only)	Write date of visit only in day (DD)
	Age(Month)	Write age in month
	Weight (kg)	Write weight in kilograms (kg)
	Weight for age write code (N, MU ,SU)	Write code for Weight for age Z-score result N (Normal weight)= WFA>-2 Z score , MU (moderate underweight)= WFA between -3 and -2 Z score and SU (Severe Underweight) = WFA <-3 Z score
11-34	Write date, age weight and classification in each visit column	
35	Nutritional screening for < 5 years (repeat this for all months)	
	Date of Visit(Day)	Write date of visit only in day (DD)
	Age (Month)	Write age in month
	Weight (kg)	Write weight in kilograms (kg)
	Height/Length	Height or length in cm N.B: Length in cm For children less than 2 years, or children too weak to stand Height in cm for children 24-59 month or not weak to stand
	MUAC(cm)	Write the measurement of mid-upper arm circumference(MUAC) in cm after measuring left arm
	Bilateral Oedema (Y/N)	Write Y If the child has bilateral pitting oedema when Checking, Write N if not .
	Screening classification (N,MAM,SAM)	After children Under five years nutritionally screened , Classified accordingly N (Normal)= if MUAC \geq 12.5cm or Z Score $>$ -2 AND has no edema on both feet. MAM (Moderate Acute Malnutrition)= If MUAC between 11.5 cm to <12.5 cm or WFL/H Z score inbetween-3 Z to < -2 and has no edema on both feet SAM (Severe Acute Malnutrition) = If MUAC < 11.5 cm OR WFL/H < -3 , Z score or has edema on both feet
	Developmental milestone classification(CDD,SDD,NDD)	write code Developmental Milestone Screening Status : CDD= Confirmed Developmental Delay ,SDD=Suspected Developmental Delay, NDD=No Developmental Delay
36-59	Write date, age, weight, Height/Length ,bilateral oedema and screening classification in each visit column	
60	Time and Age Appropriate Counseling Provided (TAAC)(repeat this for all month)	
	Date of visit(day)	Write date of visit only in day (DD)
	Age(Month)	write age in month
	Breastfeeding	Tick✓ if Counselling provided on Breast Feeding
	Initiation of Complementary feeding	Tick ✓ if Counselling provided on initiation of complementary feeding
	Feeding of Sick child	Tick✓ if Counseling provided on feeding of sick child
	Counsel on care for developmental milestone	Tick ✓ if Counseling provided on care for Developmental Milestone
61-72	Write date, age and Tick✓ if Counselling provided on Breast Feeding, complementary feeding of sick child, and care for dev'tal milestone	
73	Action(Write code)	write code for action taken as follows Action:1. Referral 2.OTP,3. SC 4.TSFP 5.PSNP 6.Other (specify)

GMP and <5 years Nutrition Screening Register

Year _____

Personal Identification									GMP	GMP for Under 2 Years																													
S.N	MRN	Child full Name	Date of Birth (DD,MM,YY)	Age(MM)/Sex (M/F)	Name of the mother /caregiver	Woreda/Kebele	Got/Ketena	PSNP beneficiary(Y/N)		Year 1											Year 2																		
										Ham	Neh	Mesk	Tik	Hid	Thah	Tir	Yek	Meg	Miyaz	Ginb	Sen	Ham	Neh	Mesk	Tik	Hid	Thah	Tir	Yek	Meg	Miyaz	Ginb	Sen						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34						
1								1	Date of visit (Write day only)																														
									Age(Month)																														
									Weight(kg)																														
									Height/length(cm)																														
									Weight for Age write code (N, MU, SU)																														
									Height/length for age(N, MS, SS)																														
1								2	Date of visit (Write day only)																														
									Age(Month)																														
									Weight(kg)																														
									Height/length(cm)																														
									Weight for Age write code (N, MU, SU)																														
									Height/length for age(N, MS, SS)																														
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									Weight for Age write code (N, MU, SU)																														
									Height/length for age(N, MS, SS)																														

Coding
 GMP underweight classification **N**= normal weight, **MU**= Moderate underweight **SU**= severe underweight

Complementary feeding **DD**= dietary diversity, **FF**= Food frequency, **FC**= Food consistency

Action Taken :1. Referral 2.OTP,3. SC 4.TSFP 5.PSNP 6.Other (specify)

Count																																					
Normal(N)																																					
Moderate(MU)																																					
Sever(SU)																																					
Total																																					

Screening classification **N**= Normal, **MAM**= Moderate Acute Malnutrition, **SAM** =Severe Acute Malnutrition

