



**Form 098a: CCFLS Participant Registration & Tracking Form (Children 6-23 months)**

Partner: .....  
 Woreda: .....  
 Kebele/Village: .....

Name of Health Post: .....  
 Name of HEW: .....  
 Name of CHNP: .....

First Day of CCFLS: .....  
 Last Day of CCFLS: .....  
 6th Month Follow-Up (month name): .....

Registration										Tracking: Days 1-12				Tracking: 6 months		
S/N	PSNP Client (Yes/No)	PSNP ID	Name of HH Head	Name of Caregiver in CCFLS (first name, father's name, grandfather's name)	Caregiver Sex (M/F)	Caregiver Date of Birth (DD/MM/YY) (Ethiopian Calendar)	Name of Child (first name, father's name, grandfather's name)	Child Sex (M/F)	Child Date of Birth (DD/MM/YY) (Ethiopian Calendar)	Child Age on day 1 of CCFLS (months)	Child's Weight & MUAC				No. of days in CCFLS	Completed 6 Months Follow-Up (Yes/No)
											Day 1		Day 12			
											Weight (kg)	MUAC (cm)	Weight (kg)	MUAC (cm)		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																

**Instructions:**

**Registration Section:**  
**Purpose:** This section of form is prepared to register the number and details of children 6 to 23 months with growth faltering registered for CCFLS in a particular health post catchment.  
**To be completed by:** The section will be completed by HEWs in liaison with H&N Experts and CHNP.  
**When:** This section must be completed during the initial CCFLS planning meeting, before day 1 of the session.  
**Reporting:** When registration section is complete, remove one carbon copy of the form and submit to H&N Expert.

**Tracking Days 1-12 Section:**  
**Purpose:** This section of form is prepared to track participants' weight gain between day 1 and day 12 of the session and record the total number of days the child/caregiver attended of the session.  
**To be completed by:** The section will be completed by HEWs in liaison with H&N Experts and CHNP.  
**When:** The first four columns must be completed on day 1 of the session. The last 3 columns must be completed on day 12 of the session. Refer to the CCFLS Attendance Form to calculate number of days in CCFLS.  
**Reporting:** At the end of day 12 when tracking days 1-12 section is complete, remove one carbon copy of the form and submit to H&N Expert.

**Tracking 6 Months Section:**  
**Purpose:** This section of form is prepared to record whether the participant completed all 6 monthly follow-up visits  
**To be completed by:** The section will be completed by HEWs in liaison with H&N Experts and CHNP.  
**When:** This section must be completed after the final 6 month follow-up session is completed. Refer to the CCFLS Monthly Follow-Up forms to determine if participant completed all 6 monthly follow-up sessions.  
**Reporting:** At the end of the six month follow-up visits, remove remaining carbon copy of the form and submit to H&N Expert.