



Form 098a: CCFLS Participant Registration & Tracking Form Pregnant/Lactating Women

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 1-6	Tracking: 6 months
S/N	PSNP Client (Yes/No)	PSNP ID	Name of HH Head	Name of Pregnant/Lactating Woman (first name, father's name, grandfather's name)	Date of Birth (dd/mm/yy)	Age on Day 1 CCFLS (years)	Trimester (first/second/third) or Age of child (months)	MUAC (cm)	ANC Service Check				No. of Days in CCFLS	Completed 6 Months follow-up (yes/no)
									Tetanus	IFA	Deworm	Anti Malaria		
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 pregnant/lactating women 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 1-6 Section:
Purpose: This section of form is prepared to track the number of days the participant attends CCFLS.
To be completed by: The section will be completed by HEWs in liaison with H&N Experts and CHNP.
When: This section should be completed after all 6 days of CCFLS have been completed. Refer to the Attendance Sheet to calculate the total number of days each participant attended.
Reporting: At the end of day 6 when the Tracking: Days 1-6 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.