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POCKET GUIDE

Community-led Complementary Feeding and Learning Sessions Implementation Guidelines (Children under 2)



CRS Ethiopia | Development Food Security Activity (DFSA)



This publication was possible thanks to the generous support of the people of the United States of America, through the United States Agency for International Development. The contents are the responsibility of Catholic Relief Services and do not necessarily reflect the views of USAID or the United States Government.



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Chapter 1: Introducing Community-led Complementary Feeding and Learning Sessions

Meaning of CCFLS

CCFLS stands for **C**ommunity-led **C**omplementary **F**eeding and **L**earning **S**essions, meaning:

- **Community-led** because it is owned by the community. Inputs are from the community, and community participants facilitate implementation.
- **Complementary** because it focuses on appropriate complementary feeding of young children.
- **Feeding** because children are fed a nutritious meal or snack during each day of the session.
- **Learning** because mothers and caregivers learn and practice optimal feeding, care and hygiene practices, as well as food processing and preparation techniques during the session.
- **Session** because the activity lasts for 12 days in a row to ensure the new practices stick.

Goals and objectives of CCFLS

CCFLS aligns itself with the Government of Ethiopia's SURE Program to improve nutrition status and prevent the risk of malnutrition among children 6 to 23 months through improved child feeding and caring practices by:

- Promoting adequate dietary diversity of at least four food groups and improving complementary feeding practices
- Improving knowledge, skills and attitude of mothers and caregivers in child hygiene, feeding and caring with integrated health and agricultural extension messages
- Preventing growth faltering from progressing to moderate and severe malnutrition through improved feeding and caring practices

Chapter 2: Main activities

CCFLS lasts for 12 consecutive days, during which participants meet together in their community for 2 hours each day. Caregivers bring food supplies and cooking utensils to prepare nutrient-dense meals together and feed their children. During the sessions, health and nutrition messages are shared simultaneously.

Nutrition assessments and making referrals

Children should be referred for CCFLS if they:

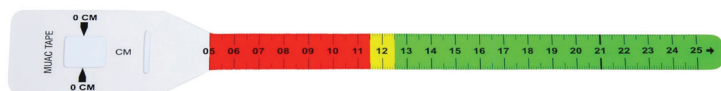
- Are aged 6 to 23 months **and**
- Have a Weight for Age Z scores (WAZ) of 0 to -2SD **or**
- Have a WAZ above 0 but on a plateau or downward trend for 3 consecutive measurements **or**
- Have a MUAC equal or greater than 12cm but less than 12.49cm. Note MUAC should only be used for CCFLS referrals if WAZ is not available.

All malnourished children with moderate acute malnutrition (MAM) or severe acute malnutrition (SAM) must be referred to the nearest health facility for further evaluation:

- WAZ of less than -2SD **or**
- MUAC less than 11.99cm.

Children diagnosed with MAM or SAM may be referred for CCFLS only after they have been treated by a health facility and returned to community care.

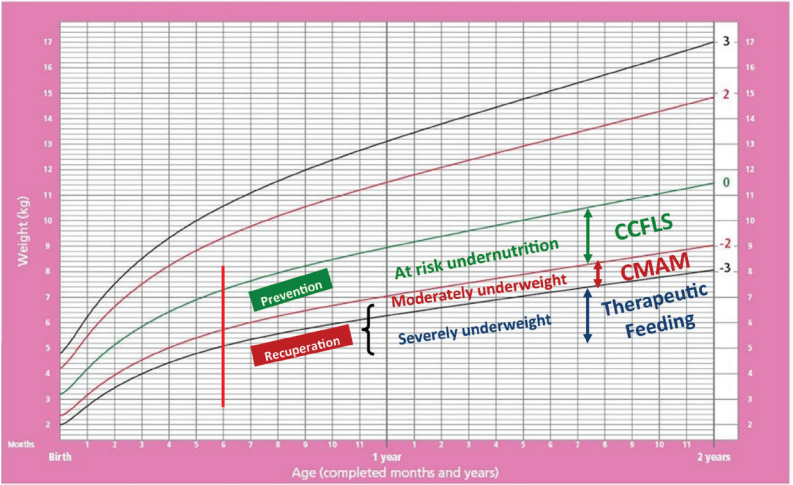
Congratulate caregivers whose children are growing well and do not need to be referred to CCFLS or the health facility. Compliment their good feeding and care practices.



Mid-Upper Arm Circumference (MUAC) tape

Weight-for-age GIRLS

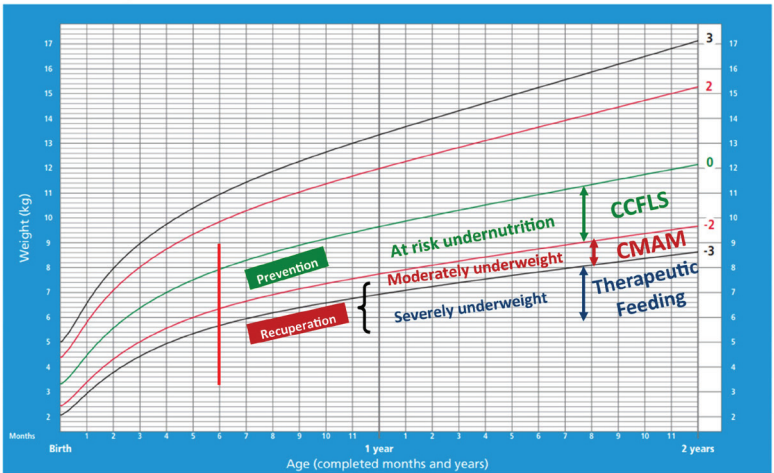
Birth to 2 years (z-scores)



WHO Child Growth Standards

Weight-for-age BOYS

Birth to 2 years (z-scores)



WHO Child Growth Standards

Community mobilization

Effective community mobilization leads to communities actively participating in CCFLS. The mobilization process should emphasize:

- Increasing household participation in CCFLS
- Promoting regular attendance at CCFLS
- Promoting community and household contributions to CCFLS by providing food items, cooking fuel, CCFLS site establishment, etc.
- Promoting availability (i.e. own production and market availability) of the six food groups in the community by promoting synergies with other sectors.

It is important that *kebele* leaders (such as cabinet members, *kebele* managers and chairpersons), religious leaders, traditional healers and prominent opinion leaders are informed about CCFLS and are included in the mobilization process. A meeting should be scheduled with these leaders to:

- Introduce CCFLS, its importance and need for their involvement.
- Lobby for their permission and support for CCFLS activities
- Explain how households and communities benefit from CCFLS.
- Discuss the process to mobilize women and caregivers to participate in CCFLS.
- Agree on a timetable to implement CCFLS in the community.
- Agree on a process to share CCFLS' impact back to the community.
- Share findings from community-based observations – trials of improved practices (TIPs) or positive deviance inquiry (PDI).

Similar conversations should be held with local health authorities to discuss and identify:

- Points of CCFLS linkage with local health facilities, especially through active malnutrition case finding.
- A plan for supplying deworming medication and Vitamin A capsules, and growth monitoring and immunization services, using the identified linkages.
- Points of linkage between project staff and government health workers.
- Means of sharing findings from community-based observations, including trials of improved practices (TIPs) or positive deviance inquiry (PDI).

Conducting a CCFLS

Organizing session logistics

- Divide the children referred for CCFLS into groups of no more than 15 households based on proximity to each other and present the CCFLS approach to the caregivers.
- Discuss with caregivers and agree on the place to conduct CCFLS. This could be one place for all sessions or a rotation among households.
- Agree on a meeting time for CCFLS for each of the 12 days. Sessions should last no more than 2 hours per day.
- Create a food availability calendar to determine and establish food availability for CCFLS (Annex 1).
- Use a recipe book to select four nutrient-dense recipes to prepare during CCFLS.¹

1. SURE Program Complementary Feeding for Children 6-24 Months of Age: Recipes Based on Locally Available Food Items

Complementary Feeding Recipes for Ethiopian Children 6-23 Months Old: A Practical Cooking and Feeding Guide, Ethiopia Ministry of Health, 2006

Complementary Feeding of Children of 6 to 24 Months Old: Training Manual for Health Extension Workers and Community Volunteers to Train Mothers and Care Givers, Food Science and Nutrition Program, Addis Ababa University, 2011

- Designate the ingredients (such as flour, animal products, fats/oil, fruit, vegetables) and materials (bowls, pots, spoons, water, soap, fuel wood) that the participants must bring each day. Participants may also agree to contribute materials for more than one session at a time; safe storage of materials should also be discussed.
- Identify a childminder(s) within the community to care for children during CCFLS.
- Discuss and set up CCFLS site – fuel-efficient cook stove, dish rack, handwashing facility, mats, shade. (See *Additional Information* section for more details.)
- It is important to invite husbands and other important child care decision-makers to participate in the introductory meeting.
 - This allows them to understand the purpose of CCFLS and support their wives to attend each of the 12 days.
 - This allows their support with the necessary food contributions.
 - Husbands and other child care decision-makers should also be invited and encouraged to attend the CCFLS on Day 10.

Leading the sessions

The health extension worker (HEW) should attend at least the first and last session of the CCFLS. It is important for the HEW to attend on Day 1 to take weight measurements and introduce the CCFLS program, on Day 10 to engage with husbands, and on Day 12 to answer any questions and close out the program. Ideally, the HEW should attend all sessions, if possible.

The HEW should be assisted by health development army (HDA) or community health and nutrition promoters (CHNP). HDA or CHNP will be responsible for running the day to day activities of the CCFLS, especially on days when the HEW is absent.

Key reminders for starting and ending each session

Starting each session:

- ✓ Register all children for CCFLS on the first day of CCFLS using the Registration Form (Annex 2).
Check deworming and Vitamin A supplementation on first day of CCFLS.
- ✓ Record anthropometric measurements only on first and last day of CCFLS.
- ✓ Mark participants' Attendance Form on each day of CCFLS (Annex 3).
- ✓ Ask for feedback from the previous sessions' home trials.

Ending each session:

- ✓ Organize follow-up visits for children who did not come for CCFLS.
- ✓ Summarize the day's activities.
- ✓ Encourage caregivers to try the recipe and health and nutrition message at home for feedback the next day.
- ✓ Explain what will be covered the next day and remind participants of their obligations.
- ✓ Thank participants for coming to CCFLS and encourage them to come the next day.
- ✓ Clean all utensils and the surrounding area after CCFLS.



Schedule of recipes and health lessons

Day	Menu	Key health education lesson
1	1	Handwashing and erecting a handwashing facility with soap holder
2	2	Breastfeeding
3	3	Complementary feeding
4	4	Home gardening and dietary diversification
5	1	Food processing and preservation
6	-	Rest day. Participants make handwashing facility, improved stove or garden at home.
7	2	Planning a week of child meals
8	3	Preventing and managing diarrhea
9	4	Safe defecation and fecal disposal
10	2	Community day: Father's role in family health and nutrition
11	3	Health message of concern in the community
12	4	Review of all key health education lessons

Activity checklist for a 12-day CCFLS

DAY 1		
✓	Activity	Responsible
	Complete the Registration Section on the CCFLS Registration and Tracking Form (Annex 2) for participating children and fill out the Attendance Form (Annex 3).	HDA/CHNP
	Take anthropometric measurements, including weight and/or MUAC of all enrolled children. Record measurements on Registration and Tracking Form.	HEW
	Refer to the nearest health facility all children screened with: <ul style="list-style-type: none"> ■ complications (e.g. edema of the feet, dehydration, fever, fast breathing) ■ severe malnutrition ■ a health problem that requires urgent medical attention 	HEW
	Remind participants of general orientation on the objectives of the session and the importance of their participation.	HDA/CHNP
	Remind participating caregivers of the details of the day's menu and the procedure to follow.	HDA/CHNP
	Demonstrate to caregivers the food processing technology for the day's menu and ask each of them (individually or in groups) to do the same.	HDA/CHNP
	Explain the procedures to follow in cooking the day's menu.	HDA/CHNP
	Observe caregivers' hygiene and feeding practice (motivational feeding).	All members led by the HDA/CHNP

DAY 1

✓	Activity	Responsible
	Deliver the day's health/nutrition education message. (Refer to accompanying CCFLS Health/Nutrition Lesson Pocket Reference Handbook.)	HDA/CHNP or invitee
	Provide deworming tabs for the enrolled children before they have their meal.	HEW
	Check on child's health card whether they have received Vitamin A during the last 6 months. If not, please make sure that they get VAC. Arrange with relevant authorities to have VAC available at start of CCFLS. Ideally deworming and Vitamin A supplementation should be done before the start of the CCFLS.	HEW

DAYS 2 - 9

✓	Activity	Responsible
	<ul style="list-style-type: none"> ■ Complete the Attendance Form. ■ Identify caregivers (children) who did not attend the previous day's session and plan for a home visit either the same day or the next day. 	HDA/CHNP
	Explain the day's menu and its cooking procedures.	HDA/CHNP
	Demonstrate to caregivers the food processing technology for the day's menu and ask each of them (individually or in groups) to do the same.	HDA/CHNP
	Provide guidance in preparing the day's menu.	HDA/CHNP
	Ensure that caregivers are participating in the cooking, turn by turn.	HDA/CHNP
	Observe caregivers' hygiene and feeding practice (active/responsive feeding).	All members led by the HDA/CHNP
	<p>Ask participating caregivers if they have prepared any of the previous menus at home for their children.</p> <ul style="list-style-type: none"> ■ If yes, ask them what the most challenging task was for them? ■ If they didn't cook, ask them why not? <p>Discuss this with the group to reach a solution. Remind them that the CCFLS sessions are just a time to practice and to develop their skills and that the child will benefit more if they start applying their skills at their homes.</p>	HDA/CHNP

DAYS 2 - 9

✓	Activity	Responsible
	Deliver the day's health/nutrition education message. (Refer to accompanying CCFLS Health/Nutrition Lesson Pocket Reference Handbook.)	HDA/CHNP or invitee
	Conduct home visit to households who did not attend the session. Ask them why they did not come and help them to overcome their challenges. (If the challenge the household is facing is too complex to be addressed, consult other people to help and find a better solution. You may also arrange for the HDA/CHNP or neighboring participant to train her on the menu privately if the household is willing.)	HDA/CHNP
	Remind caregivers of the upcoming community day and issue invitations to fathers, other caregivers and community members to attend on Day 10.	HDA/CHNP
	Encourage households try recipe and promoted practices at home.	HDA/CHNP

DAY 10

✓	Activity	Responsible
	Complete Attendance Form.	HDA/CHNP
	Host a community nutrition day for other households and community members, including local and religious leaders and decision-makers in the community, to participate.	HDA/CHNP
	Showcase all the recipes and messages. Showcase practices that have been promoted during the CCFLS.	HDA/CHNP
	Conduct the feeding session and revise the key health messages from the previous CCFLS sessions. Discuss <i>Lesson 9: Father's Role in Family Health and Nutrition</i> . Refer to accompanying <i>Pocket Guide: CCFLS Health and Nutrition Lessons (CU2)</i> .	HDA/CHNP or invitee

DAY 11

✓	Activity	Responsible
	Complete Attendance Form.	HDA/CHNP
	Repeat regular activities of days 2-10.	All members led by the HDA/CHNP
	Prepare day's menu and conduct feeding session.	HDA/CHNP
	Deliver a health/nutrition message of concern for that community.	HDA/CHNP

DAY 12

✓	Activity	Responsible
	Complete the Attendance Form.	HDA/CHNP
	Record the total number of sessions attended by each participant on the Registration and Tracking Form.	HDA/CHNP or HEW
	Take anthropometric measurements including MUAC, and weight and record on Registration and Tracking Form.	HEW
	Identify those children who gained weight (wt>250 gms) during the 12 days of CCFLS. Advise caregivers on child-feeding practices that need to be practiced at home.	HEW
	Counsel each caregiver about the child using a counseling card and graduate those who gained weight and retain others who failed to gain weight despite mother's regular participation in the session.	HDA/CHNP
	If the number of children who did not show weight gain during the 2-week session is greater than six, ask caregivers if they are interested in another CCFLS session for 2 more weeks, or else notify the nutrition expert and HDA/CHNP of these households' need for further one-on-one counseling.	HDA/CHNP
	Discuss and share the follow-up plan with the caregivers.	HDA/CHNP

Reminders during cooking demonstrations

- ✓ Encourage each caregiver to participate.
- ✓ Have a childminder to take care of all children, including early childhood development activities.
- ✓ **Organize two cooking areas and organize participants into two groups of about eight households.**
- ✓ Use local measurements commonly used in the communities to measure food items.
- ✓ Each recipe should be repeated during CCFLS.
- ✓ Encourage optimal hygiene during cooking demonstrations.
- ✓ Encourage the construction of fuel-efficient cook stoves, dish-drying racks, and kitchen gardens at home.
- ✓ Remind caregivers CCFLS sessions are time to practice preparing the recipes so they can continue to prepare the recipes at home for their children in the future.
- ✓ By the end of the 12 days, caregivers should determine at least two recipes that they will continue after CCFLS.



Reminders during child feeding

- ✓ Encourage participants to feed more as the child grows.
- ✓ Encourage active feeding with stimulation and encouragement.
- ✓ Encourage optimal hygiene practices – handwashing, clean utensils, and mat.
- ✓ Encourage participants to monitor child's feeding frequency, amount, food density and diversity.
- ✓ Encourage participants to continue feeding the child at home with nutritious meals.

Chapter 3: Follow-up Home Visits

Following up with CCFLS participants at their homes after CCFLS encourages participants to adopt the feeding and caring practices that they learned during CCFLS.

- Conduct at least one follow-up visit a month for 6 months.
- Ensure the household knows about your visit ahead of time.
- Plan your visit during child feeding times.
- Encourage other family members or other caregivers to be present during the visit.
- Ensure that the child attends monthly growth monitoring and promotion (GMP) sessions, checking weight and MUAC each month (30 days) after CCFLS.
- Use GALIDRAA² approach to check and promote adoption of promoted child feeding and caring practices from CCFLS.
- Complete the CCFLS Monthly Follow Up Form (Annex 4).



2. Greet, Ask, Listen, Inquire, Discuss, Recommend, Agree, Plan Action for follow-up

Additional Information:

Site Establishment

The following tools are recommended for each CCFLS implementation site for high-quality learning. Please discuss with the gender group and other ELRP groups to get more information on building and promoting these in your community.



Fuel-efficient stove

The project promotes the use of fuel-efficient stoves to improve land quality and reduce the burden on women and girls, namely the *harari* and *mirt* (locally called *amhara*) stoves. The stoves also reduce smoke production, which protects the health of mothers and young children.

Fuel-efficient stove groups are trained in the production of fuel-efficient stoves in your community and should be consulted for guidance on how to build these stoves.



Dish-drying rack

A dish-drying rack can be any size and uses small sticks tied together to form a table.

- They are over 100 cm above ground and provide good dish protection from small animals.
- They should be placed in a sunny area so that ultraviolet light sterilizes the dishes.
- Small vegetables can be grown under the rack to benefit from dripping water.
- Dishes are kept on the rack until they are dry before taken inside for safe keeping.





Traditional handwashing facility

Locally made handwashers keep hands clean where there is no running water. There are several designs of locally made handwashing facilities that can be erected. Handwashing facilities are used when people need to wash their hands and water is scarce or faraway.

- Erect your handwashing facility where you need it, e.g. outside a toilet or next to food preparation area.
- Always use locally available materials and incorporate a soap holder.
- The size of handwashing facility varies according to number and frequency of use. The bigger the recycled bottle, the more water for washing.
- Minimize any hand recontamination after handwashing.




























Children's play area

Ensure that older children are kept busy during cooking sessions and monitored by a childminder.

- Ensure that the area is clean and there is a mat to sit on.
- The place should be safe from child injuries.
- Play materials can be made using local materials prior to CCFLS e.g. bottles, mud, sewn from torn clothes.
Play materials can be borrowed from nearby early child development centers.



Annex 1: Food Availability Calendar

Food Group	Type	Sep	Oct	Nov
Staples	Teff 			
	Barley 			
	Millet 			
	Sorghum 			
	Maize 			
	Wheat 			
Legumes/nuts	Lentils 			
	Beans 			
	Ground nuts 			
	Chick peas 			
Vegetables	Kale / swiss chard 			
	Pumpkin 			
	Orange sweet potato 			
	Carrot 			
	Broccoli 			
	Squash 			
Animal foods	Egg 			
	Milk 			
	Meat 			
	Fish 			
Fruits	Banana 			
	Mango 			
	Orange 			
	Papaya 			
	Guava 			
Oils	Cooking oil 			
	Avocado 			

Annex 2: Registration Form

Form 098a: CCFLS Participant Registration

Partner:

Name of Health Post:

Woreda:

Name of HEW:

Kebele/Village:

Name of CHNP:

Registration							
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 (first father's grand na
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

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 n

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. f

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 Exp

Tracking 6 Months Section:

Purpose: This section of form is prepared to record whether the participant completed all 6 monthly follow-up visits

Annex 3: Attendance Form

CCFLS Attendance Form

Partner:

Name of Health Post:

Woreda:

Name of HEW:

Kebele:

Name of Dev't Team Leader:

#	PSNP Client (Yes/No)	PSNP ID of HH Head	Name of Child (first name, father's name, grandfather's name)		
				1	2
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Instructions:

Purpose: This form is prepared to register the attendance of children 6 to 23 months w

To be completed by: The form will be completed by HEWs in liaison with H&N Experts

When: This form must be completed over the course of the 12-day session.

Reporting: When the 12-day session is completed, HEW should save this form in their r

Annex 4: Monthly Follow-Up Form

CCFLS Monthly Tracking Form

Partner:

Name of Health Post:

Woreda:

Name of HEW:

Kebele/Village:

Name of CHNP:

#	PSNP Client (Yes/No)	PSNP ID of HH Head	Name of Caregiver (first name, father's name, grandfather's name)	Name of Child (name, father's name, grandfather's name)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Instructions:

Purpose: This form is prepared to register details of children 6 to 23 months who completed the 12 days of follow-up.

To be completed by: The form will be completed by HEWs in liaison with H&N Experts and CHNP.

When: This form must be completed once per month for six-months following the completion of the 12-day follow-up.

Reporting: When each monthly follow-up visit is completed for all participants, HEW should save this form in a file.

Annex 5: Quality Improvement Plan

CCFLS Quality Improvement Planning

Prepare for: Name Woreda Health Office: Name of Health Post:

Date (dd/mm/yyyy):

CCFLS Planned Start date (dd/mm/yyyy) and Time (hh:mm):

Prepared by: Name of Health & Nutrition Expert:

Name and Cell No. of HEW:

Signature of H&N Expert:.....

#	Activity	Day				
		1	2	3	4	5
1	Complete CCFLS registration section and initial weight in tracking section of registration and tracking form for participating children		/	/	/	/
2	Anthropometric measurements taken and recorded		/	/	/	/
3	Refer children with MAM, SAM or any health problems requiring medical attention to nearest health facility		/	/	/	/
4	Check child's growth monitoring card to see if they have received vitamin A during the last six months; if not, provide vitamin A supplement, if possible		/	/	/	/
5	Provide deworming tabs for the children enrolled after they have their meal, if not provided prior to the start of CCFLS		/	/	/	/
6	Mark Attendance register					
7	Provide general orientation on the goal and objective of CCFLS and importance of caregiver and child participation		/	/	/	/
8	Explain nutrition values and preparation procedure for the day's menu to participants					
9	Provide guidance during preparation of the menu					
10	Demonstrate the food processing technology for the day's menu and ask each participant (individually or in groups) to do the same					
11	Ensure caregivers practice good hygiene and feeding practice and support active feeding					
12	Deliver the day's health/ nutrition education message					
13	Ask participants if they cooked one of the new CCFLS recipes at home and during the day off, the same way that they learned during CCFLS, and any challenges	/				
14	Put in place a home-visit follow-up plan for households who missed the day's CCFLS.		/	/	/	/
15	Conduct home visits to households who did not show-up for the session					
16	Discuss and share the plan for follow-up with caregivers	/	/	/	/	/
17	Identify and graduate children who gained wt \geq 250g during CCFLS	/	/	/	/	/
18	Complete tracking section of registration and tracking form.	/	/	/	/	/

Annex 6: Quality Improvement Verification Checklist

CCFLS Quality Improvement Verification Checklist

Observation Conducted By: **Position:**

Date of Observation (dd/mm/yyyy):..... **CCFLS Day No.:**.....

#	Essential CCFLS Component	Yes	No	Feedback For Improvement
1	CCFLS facilitator (s) were at the venue prior to CCFLS starting time			
2	CCFLS facilitator warmly and enthusiastically greeted and praised caregivers for coming.			
3	Did the CCFLS planning session use results from community-based observations?			
4	Were the Development team leaders actively involved during CCFLS?			
5	Were all children de-wormed on CCFLS day 1 or within 30 days prior to the start of the session?			
6	Were all children up to date with their immunizations on CCFLS day 1?			
7	Were all children provided with micronutrients on day 1 or prior to CCFLS?			
8	Were children identified with severe malnutrition referred to the nearest health facility?			
9	Did all caregivers bring the agreed contribution to the CCFLS session?			
10	Did the recipe use locally available foods?			
11	Were the ingredients used in the recipe affordable?			
12	Does the recipe include foods from at least four food groups (source of protein, fat, carbohydrate, and vegetable or fruit)?			
13	Has the group agreed to conduct CCFLS for 12 days within a two week period?			
14	Was the attendance form completed neatly and accurately?			
15	Was the Quality Improvement Planning Checklist completed neatly and accurately?			
16	Was the registration form completed neatly and accurately?			
17	Was the group composed of 15 or fewer Children?			
18	Did CCFLS facilitator recap the day's menu and activity at the end of CCFLS and reminded participants about the next day's activity			
19	Did the CCFLS session last within 2 to 3 hours			
20	Is the CCFLS place conducive to caregivers – distance, sanitation, Hygiene			
	TOTAL number of yes/no			General Comment:

Discuss and Agree on 3 goals for CCFLS facilitators and Participants for next session to improve performance:

1-

2-

3-

Name and Position of CCFLS facilitators observed:

#	Name	Position
1		
2		
3		
4		



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