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| **Community-level Monitoring Form for CHWs / Auxiliaries:**  **Mothers trained on Mother-led MUAC** | | | |
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| **Region:** | **Commune:** | **Village/Neighbourhood:** | **Name of CHW/Auxiliary:** |
| **Number** | **Name of woman trained** | **Date of training** | **Number of sessions attended** |
| 1 |  |  |  |
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