USAID AMPATH Uzima



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PSYCHOSOCIAL SUPPORT GROUP ATTENDANCE SHEET

	County:		Sub County:				
	Facility:		Date:				
Type of Support Group:							
SN	Name	CCC/AMRS No.	Gender	Village/Estate	Contact	Signature	
1.							
2.							
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Facilitated by______ Sign: _____

Co-Facilitator:	Sign:	T

MINUTES OF THE MEETING

Topic(s)Covered	
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Matters Arising	
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Action Points:	

Next meeting: