

Annex A

Home Visit Monitoring Tool

Name of Community:		Name of Primary Caregiver:		
Name of Volunteer:		Name of Staff Member:		
Date of Visit:		Date of Last Visit:		
PART A: During the Visit				
	Question	Yes	No	Evidence
1.	Did the volunteer follow up from the last visit?			
2.	Did the volunteer follow the per-visit assessment?			
3.	Did the volunteer refer the caregiver to available services if needed?			N/A
4.	Did the volunteer praise the caregiver's positive practices?			
5.	Did the volunteer use messages from the Visual Guide?			
6.	Was the caregiver receptive to messages? (e.g., seemed interested in the volunteer's recommendations, asked questions, etc.)			
PART B: After the visit- Feedback Session with the Volunteer				
	Question	Response		
7.	How is the volunteer meeting the specific needs of the caregiver in this household?			
8.	What positive changes has the volunteer seen in this household?			
9.	What are the challenges of using the per visit assessment and visual guide?			
10.	What support does this caregiver need to meet the needs of his/her children?			
Comments:				