

## Community Outreach

## Home Visit Checklist

## 2nd Edition – December 2016

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| --- | --- | --- | --- |
| **Volunteer / Outreach Worker’s Name:** | | | |
| **Date of Visit:** | | | |
| **Child’s Name:** | | | |
| **Feeding** | | | |
| Is the ration of RUTF/CSB+ or CSB++ present in the home? | **Yes** | | **No** |
| If not, where is the ration? | | | |
| Is the available food ration enough to last until the next OTP/SFP session? | **Yes** | | **No** |
| Is the food ration being shared or eaten only by the sick child? | **Shared** | | **Sick child only** |
| Is food other than RUTF/CSB+ or CSB++ given to the sick child? | **Yes** | | **No** |
| If yes, what type of food? (List the foods) | | | |
| How many times per day is the sick child given RUTF/CSB+ or CSB++? |  | | |
| How many times per day is the sick child given food to eat? |  | | |
| Does someone help/encourage the sick child to eat? | **Yes** | | **No** |
| What does the caregiver do if the sick child does not want to eat?   * Encourage * Take the child to the hospital or seek health workers’ advice * Feeding the child in small amounts but more often * None of the above | □  □  □  □ | | |
| Is the child currently breastfeeding? (for children < 2 years) | **Yes** | | **No** |
| If yes, how often | | | |
| Is safe water available? | **Yes** | | **No** |
| Is water given to the child when eating RUTF? | **Yes** | | **No** |
| **Caring** | | | |
| Are both parents alive and healthy? | **Yes** | **No** | |
| Who is the primary care giver? | | | |
| Is the sick child clean? | **Yes** | | **No** |
| **Health** | | | |
| What is the household’s main source of water? | | | |
| Is there soap in the house? | **Yes** | | **No** |
| Do the caregiver and child wash hands with soap before the child is fed? | **Yes** | | **No** |
| Is food/RUTF covered and free from flies? | **Yes** | | **No** |
| What action does the caregiver take when the child has diarrhoea?   * Increases breastfeeding frequency * Increases amount of other fluids * Continue giving the child frequent amounts of RUTF or other foods * If child shows signs of dehydration, mother continues breastfeeding, giving ORS, and seeking immediate medical care * None of the above | □  □  □  □  □ | | |
| **Food Security** | | | |
| Does the household currently have food available? | **Yes** | | **No** |
| What is the most important source of income for the household? | | | |