Home Visitors

An effective approach to improve the care and protection needed to enable children to thrive

PRIMARY TARGET GROUP

Home Visitors is used with the most vulnerable children and their families. Note that this will include the most vulnerable children living in non-traditional households, such as child-headed households or foster situations.

What is this approach?

The aim of the *Home Visitors* project model is to empower vulnerable households to improve the care and protection that children need to thrive in extremely difficult or risky circumstances. The approach provides a platform for community volunteers (serving as home visitors) to develop supportive relationships with most vulnerable children and their families. Home visitors also connect most vulnerable children and their families to social networks and relevant services within the community.

When would this project model be used?

The *Home Visitors* project model can be implemented to address various issues affecting the most vulnerable children and their families. For example, home visitors can address child protection, health, education, early child development and other issues. The relationships established by home visitors can play an important role in preventing children from falling into situations of abuse, exploitation and neglect.

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Acronyms

CCC	Community Care Coalition project model
CPA	Child Protection and Advocacy project model
DF	Development facilitator
ECD	Early Childhood Development
FBO	Faith-based organisations
MVC	Most vulnerable children
NGO	Non-governmental organisation
NO	National office
OCB	Organisation capacity building
OVC	Orphans and vulnerable children
WV	World Vision

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Home Visitor project model

1. What is the Home Visitor project model about?

The aim of the *Home Visitor* project model is to empower vulnerable households to improve the care and protection that children need to thrive in extremely difficult or risky circumstances. The approach provides a platform for community volunteers (serving as home visitors) to develop supportive relationships with the most vulnerable children and their families. Home visitors also connect the most vulnerable children and their families to social networks and relevant services within the community.

The home visitor is someone who cares and regularly visits the family with time to sit and chat. The relationship between the home visitor and the most vulnerable children and their families can increase the psychosocial well-being of the children and their parents, improve parent-child relationships, provide spiritual nurture, and prevent children from being abused, exploited, or neglected. Good relationships between the home visitor and these families are critical for the success of this approach.

In World Vision (WV), the concept of home visitors was developed as part of the *Community Care Coalition (CCC)* project model.[1] The model was developed by World Vision's Hope Initiative as a large-scale response to support orphans and vulnerable children (OVC) affected by HIV and AIDS.[2]

The home visitor approach is an enabling project model which can be combined with other project models and approaches such as child protection, health or education. Using the *Home Visitor* project model with other approaches is a powerful and effective way to reach the most vulnerable children and their families. Relevant material from other approaches, such as timely health messages or parenting information can be easily combined with this approach.

1.1 What issues or problems will the project model address?

The *Home Visitor* project model addresses multiple issues related to protection and care for the most vulnerable children and their families. The relationships established by home visitors can play an important role in preventing children from situations of abuse, exploitation and neglect. In cases where child protection issues have been identified - and a working group has identified a need to prevent at-risk children from issues such as trafficking, early child marriage, physical or emotional abuse, neglect, or child labour - this project model is an effective and complementary approach. This approach may also be selected if there is suspicion of domestic violence or substance abuse within the households.

1.2 What are the main components of the project model?

The *Home Visitor* project model consists of three main structural components:

1. **Coordinating partner or partners** – these partners are members of the working group that was formed in Step 5 of the Critical Path.[3] After conducting a root cause analysis, the working group develops a shared project plan. When the working group selects the home visitor approach, the working group decides who will coordinate its implementation. This could be one or more of the partners that are members of the working group. Alternatively, the working group may look for another local partner who could work with them to implement the home visitor approach.

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[1] *Community Care Coalition (CCC) for Orphans and Vulnerable Children* project model, WV International, www.wvdevelopment.org

[2] Blanckenberg, B., *Looking Back, Looking Forward: Lessons Learnt from HIV and AIDs Research and Programming in Africa,* World Vision Australia (2008). http://www.wvi.org/wvi/wviweb.nsf/0/052F3121CB381D7E8825753C00794E64?opendocument

[3] For more information on the Critical Path, refer to the *Good Practices for Putting Programmes into Action,* World Vision International, (2012), www.wvdevelopment.org.

2. **Supervisors** – The supervisors assist, mentor and coordinate the work of the home visitors. They provide specialised guidelines and critical support. Depending on the number of home visitors and the overall scale of the project, the supervisors can do one-on-one or group supervision. A study by the Catholic Relief Services[4] noted that home visitors can be supervised at two levels: by technical supervisors from the government or by supervisors from a partner organisation that is supporting the home visitors. The study found that volunteers who had supervisors had greater motivation, which lead to higher quality work. More information on how supervision is organised can be found in the *Home Visitors Implementation Guide*.
3. **Home visitors** – The home visitors are identified from the community where the vulnerable children and their families live, based on agreed selection criteria. See the *Home Visitor Implementation Guide* for details on the selection criteria and process. Each home visitor is responsible for no more than four vulnerable families. Before starting the actual home visiting, the community volunteers are identified, registered and complete a series of trainings. Home visitors conduct at least one visit per month to the identified families and are responsible for maintaining all relevant documentation.

1.3 What are the expected benefits or impacts of this model?

The benefits of this model will vary depending on the approach and capacity building of the home visitors, as well as the different issues faced by the most vulnerable children in each context. The benefits will often include the following:

- spiritual nurture (the emergence of hope and growth in trust and confidence)
- improved psychosocial well-being[5]
- improved care for the most vulnerable children from caregivers inside the family
- reduced isolation for at-risk families
- increased social connectedness
- prevention of child protection issues
- increased community cohesion
- sustained means to enable communities to care for, and monitor their most vulnerable children and families.

1.4 How does the project model reflect World Vision's strategies and contribute to the ministry goal and specific child well-being outcomes?

World Vision's ministry goal places a special priority on the sustained well-being of the most vulnerable children. The *Home Visitor* project model contributes directly to the goal by establishing community-based care and support for the most vulnerable children and their families. The approach contributes primarily to World Vision's child well-being aspiration; 'children are cared for, protected and participating' and contributes directly to the child well-being outcome; 'children cared for in a loving, safe, family and community environment with safe places to play'.

The model also contributes directly to World Vision's global child protection strategy which aims to strengthen community child protection - from abuse, neglect, exploitation and other forms of violence against children. The approach is proven to be an effective means of prevention.

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[4] Chingang, L.C., Muko, K. N., Kornfield, R., *Determinants of Motivation and Commitment of Volunteer Caregivers: A Survey of Project Volunteers in the Diocese of Kumbo, North West Province of Cameroon,* Catholic Relief Services (2008). http://www.crsprogramquality.org/storage/pubs/hivaids/iacpubs/ovc/volunteer_caregivers.pdf

[5] Brown, L., Rice, J., Boris, N., Thurman, T., Snider, L., Ntaganira,J., Nyirazinyoye, L., Kalisa, E. & Nshizirungu, E. *Psychosocial Benefits of a Mentoring Program for Youth-headed Households in Rwanda*, Horizons Research Summary, Washington, DC: Population Council (2007). http://www.popcouncil.org/pdfs/horizons/RwandaPsychOVCImpactSum.pdf

2. Context considerations

2.1 In which contexts is the project model likely to work best?

The *Home Visitor* project model is easily adaptable to different contexts and can be implemented effectively in:

- urban or rural communities
- post-conflict or stable contexts
- high or low civil society contexts.

2.2 Are there contexts where the *Home Visitor* project model should not be considered?

This approach does not work well in situations of conflict, or in areas with high security risks. This approach is also difficult to implement in contexts where large proportions of the population are migrating.

2.3 What questions should field staff ask when adapting this model within their context?

There are several factors that are critical for the working group to explore when adapting the *Home Visitor* project model for their context:

- How does the model need to be adapted to address cultural and religious beliefs in the community?
    - Are there cultural issues that would prevent community members from volunteering as home visitors? For example, in India it is taboo for widows to serve as home visitors.
    - Are there restrictions on when it is appropriate for home visitors to visit the households?
- What is the attitude of the community towards volunteers? Has the community experienced direct service delivery or per diem allowances for volunteers? Are there volunteering practices that need to be changed? How might that happen?
- What are the child protection issues that exist in the community? What is needed to build the capacities of the home visitors so they can identify, respond to and refer cases? What sensitivities or confidentiality issues need to be anticipated?

In disaster situations, the model may be effective if it was already in place before the disaster hit. Home visitors can assist in registration efforts for separated or unaccompanied children, or assist in distribution of food or non-food items to vulnerable households.

3. Who are the target groups and beneficiaries of this model?

3.1 Target groups

The target groups include coordinating partners and community volunteers, who serve as home visitors. The project model helps strengthen their capacity to focus on supporting the well-being of the most vulnerable children in their communities.

3.2 Who are the intended primary beneficiaries?

The primary beneficiaries are the most vulnerable children and their families. This will include the most vulnerable children living in non-traditional households, such as child-headed households or foster situations.

Defining and mapping the most vulnerable children and their families begins in Step 3 of the Critical Path. The mapping of vulnerable groups in the targeted communities is further explored during the root cause analysis using the *Analyse, Design and Planning (ADAPT)* tool.

If mapping has not yet been conducted, the coordinating partner(s) can use the *Exploring Our Context: Part 2* and *Social Mapping* tools. These tools will help to identify the most vulnerable, where they are located and the social, environmental, and economic factors that cause vulnerability.

3.3 Life cycle stages to which the model contributes

The home visitor approach can be used effectively with children of any age. The target age group and the life cycle stage will depend on the purpose of the home visitations in each context. For example, in Malawi, home visitors are visiting vulnerable families with children who are five years old and under. The decision to focus on this life cycle stage was based on the community-identified priorities of health and early childhood development.

3.4 How will the model include and impact the most vulnerable?

Intended for use with the most vulnerable children and their families, care needs to be taken in how these families are identified as the most vulnerable. In some cases this can cause additional stigma to be placed on children already living in the difficult circumstances. A special focus on the most vulnerable requires thoughtful and intentional consideration of their inclusion during all stages of implementation.

4. How does the project model work?

4.1 Overview of the approach and methodology

The *Home Visitor* project model is based on regular face-to-face visits by community volunteers with the most vulnerable children and their caregivers. The effectiveness of the approach is dependent on the commitment of the home visitors to interact, encourage and build relationships with children and their families. Once the project model has been agreed upon, there are eight stages needed to implement. Detailed guidance for each stage is included in the *Home Visitor Implementation Guide*.

Stage 1 – Preparing and ensuring adequate technical capacity

Preparation to implement the project model includes identifying which vulnerable children and their families will be visited by the home visitors.

The designated development facilitator should have good community facilitation, partnering and training skills, and should understand the home visitor approach well before implementing the project model. In addition, the programme should intentionally nurture a spiritual and personal commitment and understanding of the most vulnerable among the programme team.

Stage 2 - Introducing the *Home Visitor* project model to the working group

The *Home Visitor* project model can be implemented by more than one working group within the same programme area. For example, home visitors can address issues related to child protection, health, education and early child development. However, each working group needs a clear understanding of the home visitor approach in order to make informed decisions on whether to use the project model or not. Working groups who are working together to implement this approach need to coordinate efforts to identify target households. Home visitors may be trained on providing more than one message (based on identified issues) and avoid different home visitors attending to the same family.

Stage 3 – Identifying a coordinating partner or partners

The coordinating partner could be one or more of the members of the working group. Alternatively the working group may look for another local partner who could work with them

to implement the home visitor approach. During this stage, the working group and coordinating partner(s) explore whether there are any existing home visitor projects in the community and discuss how to reduce potential overlap from different home visitors visiting the same households. The group also reviews any government laws and regulations applicable to home visits.

Summary of stages 2 and 3

Components	Composition	Role	Timing
Coordinating partner(s)	Members of the working group formed in Step 5 of the Critical Path or another local partner who could work with the working group.	Manages and coordinates activities of home visitors.	A coordinating partner is identified after the working group has: • done a root cause analysis • gained orientation on this model • chosen to use this approach. After this process, the working group develops a shared project plan that includes home visitors.
Supervisors (two types of supervisors are identified)	Members of the coordinating partner(s).	Assists, mentors and coordinates the work of the home visitors. Each supervisor mentors five home visitors through one-on-one meetings and facilitates home visitor review meetings.	Identified by the coordinating partner(s) just before the home visitors are selected. Some are selected after home visitors are identified and trained.
	Government social workers based in the community (often called case managers or social welfare officers).	Provides specialised guidelines and critical formal support for the home visitors. This includes receiving and responding to reports of child protection cases and issues, and facilitating annual debriefing meetings.	Government workers may be members of the working group. They may also be the most appropriate candidates to serve as supervisors if their office is mandated to coordinate and supervise community initiatives that support the most vulnerable children.
Home visitors	Community members, both male and female, of different ages, who may already be visiting children or who want to start visiting children. Home visitors are elected using criteria agreed by the community to ensure home visitors are child safe. Home visitors must undergo mandatory training before they start visiting children, and then receive on-going training and mentoring by supervisors.	Visits four households of most vulnerable children and makes one visit per month to each family. Reports cases of abuse, exploitation and neglect to case managers or social workers. Conducts referrals of most vulnerable children to different services. Provides basic psychosocial support.[6]	Home visitors are selected at the beginning of implementation after the project has started.

[6] A recommended resource for training in psychosocial support is *Psychological First Aid: Guide for Field Workers,* World Health Organisation, (2011). http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf

Stage 4 – Identifying and registering home visitors and their supervisors

Home visitors can be identified in four different ways:

1. The vulnerable children can identify or nominate home visitors (usually already known to them) that want to work with them and their families.
2. At-risk families with most vulnerable children could request home visits.
3. Individuals can volunteer to become home visitors after community awareness sessions which include the opportunity to serve as a home visitor.
4. The coordinating partner(s) can identify home visitors through their links with local churches, faith-based organisations or local groups.

Supervisors: Two types of supervisors are common in home visitor projects. Where possible, it can be helpful to have both types.

1. **Supervisors from coordinating partner groups:** Selected from members of the coordinating partner or from the home visitors that have been trained. They assist, mentor and coordinate the work of the home visitors.
2. **Government social workers based in the community:** These government staff are often called case managers or social welfare officers. As supervisors, they can refer to government standards for visiting vulnerable children, act as a referal point enabling the most vulnerable to access various services, and receive and respond to reports of child protection issues.[7] They can also facilitate annual counselling retreats for home visitors and provide reports to the coordinating partner(s) to share with the working group.

Screening for home visitors and supervisors: Once home visitors and supervisors have been identified, action should be taken to ensure that they will not be a risk to children. For example, a local authority could vouch that those selected do not pose a risk to children and volunteers could sign a statement saying that they have not committed violence against children. References could also be taken from local leaders.

Special considerations: Men should be included in the *Home Visitor* project model. In some cases, men may not volunteer to be a home visitor due to social cultural norms. A study conducted by Southern African AIDS Trust[8] in Malawi indicated that more women than men volunteered to work as home visitors. However, male children, in particular, can benefit from male home visitors. Therefore, during the selection of home visitors, it is beneficial to encourage men to volunteer.

Stage 5 – Building the capacity of home visitors and their supervisors

Once home visitors and supervisors have been registered, the coordinating partner(s) and the development facilitator will organise capacity building to meet their needs, that should include support from the technical point person in the national office. Details and guidance for meeting capacity building needs are provided in the *Home Visitor Implementation Guide*. Capacity building is not just a one-off event but will involve mentoring and coaching as well as on-going development based on locally-identified needs.

Stage 6 – Establishing support for the home visitors

Ongoing support for home visitors is critical to the success of this approach. Supervisors should be available to answer questions, observe volunteers during home visits, and facilitate support sessions and monthly meetings. The supervisors will organise ongoing capacity building and other activities, such as community exchange visits. The supervisors will also work with the coordinating partner(s) to ensure that the home visitors have the necessary tools and supplies that will encourage and motivate them in their work.

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[7] Chingang, L.C., Muko, K. N., Kornfield, R., *Determinants of Motivation and Commitment of Volunteer Caregivers: A Survey of Project Volunteers in the Diocese of Kumbo, North West Province of Cameroon*, Catholic Relief Services (2008). http://www.crsprogramquality.org/storage/pubs/hivaids/iacpubs/ovc/volunteer_caregivers.pdf

[8] Word Alive Ministries, *Malawi Mobilising men as Home Based Care Volunteers,* Southern African AIDS Trust, http://www.satregional.org/sites/default/files/publications/community_responses_1.pdf

Stage 7 – Conducting home visits

Home visitors are assigned families that live in the same geographic area and are located near the home of the volunteer. Each home visitor visits each family once a month and is responsible for no more than four families. This enables the home visitor to provide focused care to children and their families. The number of children within each family will be considered when determining the number of families per home visitor.

Stage 8 – On-going monitoring and feedback

The home visitors monitor the well-being of the most vulnerable children and their families during each visit. This monitoring data can provide critical information that can be used to address urgent needs (as defined by the local social welfare unit and the coordinating partner). Note that individual or personal information should never be shared unless it is in the best interests of the child. The monitoring data can also be used by the working group and the broader child well-being network, to explore patterns or trends that are happening throughout the community. This up-to-date information can help the working group and coordinating partner(s) adjust their shared project plans. The trends and patterns may also provide information that can be used for advocacy efforts with the local government.

4.2 What other potential partners could be involved?

A working group, formed in Step 5 of the Critical Path, is made up of organisations and groups seeking ways to work together on one or more of the community's child well-being priorities. A working group could be focused on health, education, child protection or other priorities identified by the community. This group makes the decision to implement the *Home Visitor* project model and identifies a partner to coordinate. The working group may identify a member of the group, or may decide to find another local partner, who could implement the project.

When searching for potential coordinating partners, consider existing community structures. These may include local churches, faith-based organisations, local government development committees or traditional leader committees. As much as possible, work through existing structures and build on current initiatives so that the community and local partners own the care and support of vulnerable families. Evidence suggests that when World Vision facilitates the formation of new structures, communities often perceive them as World Vision structures. Such structures usually cease functioning when programming ends in the community.[9]

The coordinating partner is responsible for overseeing all aspects of implementing the home visitor approach. They are also responsible for working with the local social welfare unit to identify the services available and other information that will be provided to the home visitors to share with their targeted vulnerable families.

The local government social welfare unit is an essential partner. A representative from the local social welfare unit will ideally be a member of the working group. The social welfare unit is responsible for responding to urgent issues and for compiling a required information package on the services, projects and benefits available for home visitors to share with vulnerable families.

4.3 How does the model promote the empowerment of partners and project participants?

The project builds community capacity to care for, protect and empower the most vulnerable children and their households. The capacity of the coordinating partner is built through organisational capacity building and training. The capacity of home visitors and supervisors is built through training, coaching and mentoring. The most vulnerable children and their households are empowered to enable them to make positive choices, particularly in situations of crisis.

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[9] Blanckenberg, B., *Looking Back, Looking Forward: Lessons Learnt from HIV and AIDs Research and Programming in Africa,* World Vision Australia (2008). http://www.wvi.org/wvi/wviweb.nsf/0/052F3121CB381D7E8825753C00794E64?opendocument

5. Project design, monitoring and evaluation

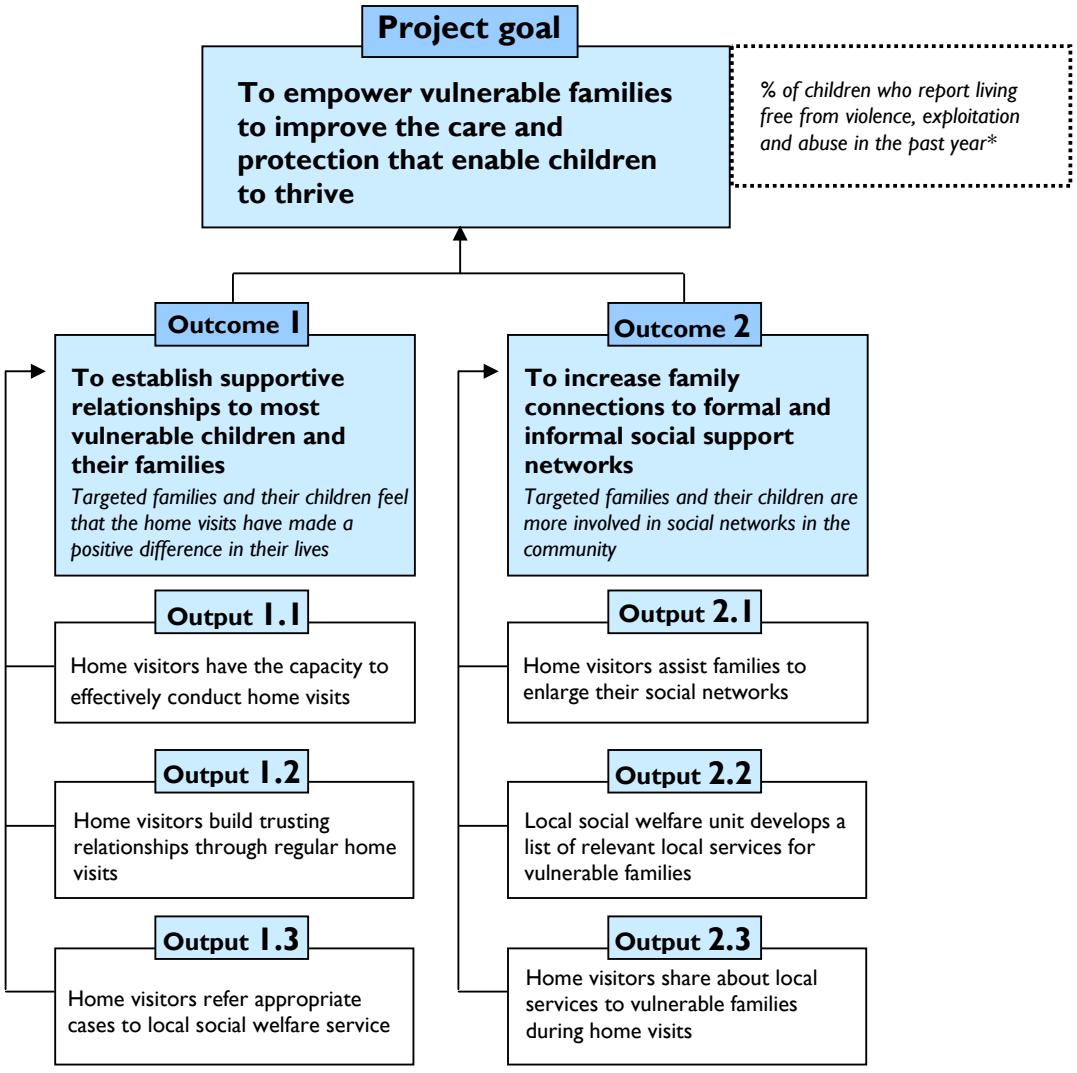
5.1 What are the goal and outcomes that will be sustained as a result of this project model?

The goal of the *Home Visitor* project model is to empower vulnerable households to improve the care and protection needed to enable children in extremely difficult or risky circumstances to thrive. Sustainable outcomes could include:

- A local coordinating partner with the organisational capacity to sustain the home visitor approach.
- Community volunteers who have the capacity and commitment to continue home visiting.

5.2 Sample logframe for this project model

The diagram below shows the logic of this project model. The indicators shown below illustrate the types of indicators that can be used. An illustrative logframe including a range of potential indicators is provided in Appendix A. The shared project plan may also include organisational strengthening activities for the coordinating partner(s).



* This indicator is part of the *Compendium of Indicators for Measuring Child Well-being*

5.3 Recommended monitoring methods

Home visitors monitor their regular visits with each family using a monitoring form. The home visitor is also provided with clear guidelines on issues that need to be dealt with urgently.

The coordinating partner's responsibilities:

- Conduct quarterly meetings (at least) with all home visitors, to get their feedback on the work they are doing. The meetings are organised with groups of up to 15-20 home visitors to ensure opportunities to share together and raise issues of concern.
- Summarise the data from all monitoring forms provided by home visitors. It is recommended that a simple database be created for easier input and analysis. Based on the analyses of the gathered information, the coordinating partner(s) will be able to produce reports and identify trends, which can guide further interventions. This information will be shared on a regular basis with the working group to help focus their future planning. This information will also be shared with the broader child well-being committee or child well-being network to consider when examining trends of data from different projects. Note that personal information should not normally be shared unless it is in the best interests of the child.
- Meet on a monthly basis to cross-check data with social welfare representatives regarding the number of referrals done by the home visitors and the follow-up steps taken.

The working group:

- Review the analyses of the data reports (at least on a quarterly basis) provided by the coordinating partner alongside monitoring data from other projects being implemented by the working group. All the monitoring data is reviewed and any necessary project adjustments will be made.

Social welfare unit:

- Regularly track the cases referred by the home visitors.
- Provide information to the coordinating partner on the number of cases referred and follow-up steps implemented.

5.4 Advocacy component

As part of this approach, some of the information collected during home visits should be compiled and reviewed by the working group. Trends and patterns can be identified. This information can then be used as a valuable first-hand source to raise awareness and address issues that vulnerable families face within the wider community.

This same information can also be collated and used as evidence-based data for advocacy initiatives at the district, national and international levels. World Vision advocacy staff and advocacy partners can use data from multiple programmes to identify trends and recurring issues, such as system and service failure. They then make strategic decisions to address these issues at the appropriate level.

The work of the home visitor can also contribute to advocacy through:

- influencing policy formulation and implementation based on the evidence collected
- raising awareness to change traditional practices that make children vulnerable
- monitoring the impact of policy implementation on the most vulnerable children and their families
- communicating existing policies and entitlements which can support the most vulnerable children and their families
- educating and informing people about child rights, laws and responsibilities and how to ensure these are enforced.

5.5 Critical assumptions and risk management

TABLE 4: Risk Mitigation		
Critical Assumptions	**Importance (high, medium)**	**Management Response**
Clear monitoring and reporting procedures that are community based	Very high	Each home visitor project should have clearly defined structures and systems to enable home visitors to collect, report and share information – starting from the most vulnerable children and family through to home visitors, supervisors, coordinating partner(s) and onward reporting,
Easy-to-use monitoring forms that do not overload the home visitor and do not undermine their primary function	Very high	▪ Develop simple monitoring process and forms that home visitors can use to collect monitoring information. ▪ Create forms with pictures for home visitors with low literacy levels. ▪ Train supervisors and coordinating partners on how to use monitoring data to improve programming. ▪ Train and mentor home visitors with simple monitoring and reporting tools. ▪ Train home visitors on how to use, and respond to, the information collected.
Participation of intended beneficiaries – most vulnerable children and their families	High	Provide training for home visitors on methods that promote the participation of children and their families.
Volunteer commitment, motivation and caring	Very High	Provide tools and capacity building support for home visitors, on topics that improve their own well-being as well as that of the families they visit. Ensure supportive mentoring from supervisors.[10]

5.6 Sustainability

Research conducted on the *Community Care Coalition (CCC)* project model identified various factors that contribute to the sustainability of a home visitor approach, including:

- strong community demand for home visitations
- involvement of traditional leaders
- established links with government structures
- organisational strengthening for the coordinating partner and the working group
- access to funding through fundraising, income-generating activities, sub grants, or competing for government funding or other grants.[11]

It is also important to consider the needs and motivations of the community volunteers so that:

- volunteers are able to deliver support in the most effective way
- volunteers will remain a home visitor for as long as possible.[12]

[10] Chingang, L.C., Muko, K. N., Kornfield, R., *Determinants of Motivation and Commitment of Volunteer Caregivers: A Survey of Project Volunteers in the Diocese of Kumbo, North West Province of Cameroon,* Catholic Relief Services (2008). http://www.crsprogramquality.org/storage/pubs/hivaids/iacpubs/ovc/volunteer_caregivers.pdf

[11] Blanckenberg, B., *Looking Back, Looking Forward: Lessons Learnt from HIV and AIDs Research and Programming in Africa,* World Vision Australia (2008). http://www.wvi.org/wvi/wviweb.nsf/0/052F3121CB381D7E8825753C00794E64?opendocument

[12] *Ibid.*

6. Protection and equity considerations

6.1 How can child protection be promoted during the implementation of this project model?

As with any World Vision intervention, it is critical that project staff identify possible child protection issues that could arise from implementing the *Home Visitor* project model. For example, there may be a risk that home visitors could abuse or exploit the children they come into contact with. To mitigate against this risk, staff must follow World Vision's child protection standards and policies, including the following:

- Develop criteria for selecting and screening volunteers, including those with partner organisations, with regard to protection issues.
- Help coordinating partners and other groups working with the home visitor project to be child safe. This is accomplished through ensuring or helping these groups to understand basic child protection principles, to evaluate the risks they could potentially pose to children, and to take steps to minimise and mitigate those risks.
- Develop preparedness plans for serious abuse or exploitation of children in target communities (World Vision Level 1 child protection incidents).[13]
- Train volunteers on the basics of child protection. This will include topics such as child abuse, exploitation and neglect. Discuss how these issues are seen in the community. Train volunteers how to recognise the signs of abuse, neglect and exploitation, and train them in how to respond. Report and refer effectively and in timely manner under the *World Vision Child Protection Incident Definitions and Response Protocols*.[14]

6.2 How can the model promote equitable access to and control of resources, opportunities and benefits?

Equitable access is achieved through:

- Developing home visitor selection criteria that are community based and not linked to any religion or ethnic group.
- The *Home Visitor Implementation Guide* includes tools and guidelines that enable the participation of the most vulnerable in decision-making.
- Translating information and experiences collected by home visitors during visits to the homes of most vulnerable children, into practical and actionable feedback to the different stakeholders involved.
- Home visitor capacity building includes gender awareness, sensitivity to those with disabilities, and addressing stigma from religious beliefs and ethnic groups.

7. Project Management

7.1 National office support required for project implementation and success

The *Home Visitor* project model is dependent on effective capacity building. The technical point person in the national office will be responsible for initial intensive capacity building efforts with the coordinating partner, supervisors and home visitors. Once the project is underway, the technical point person will be responsible for on-going coaching and mentoring as well as further capacity building and development.

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[13] For further assistance on this step, see the following documents available from WV Child Protection: *Guidance for Developing Level 1, Child Protection Incident Preparedness Plans,* World Vision International (2012). www.wvdevelopment.org

[14] For further assistance on this step, see the following documents available from WV Child Protection: *Guidance for Developing Child Protection Incident Preparedness Plans, Preventing and Responding to Distress in Child Participation Activities, 4 Questions Thinking Tool Quick Reference Guide,* and *Child Protection and RC Monitoring Quick Reference Guide.*

The national office point person responsible for local partnering and organisational strengthening, along with World Vision programme staff, will be responsible for working with the coordinating partner(s) to identify organisational capacity building needs. Organisational capacity building may be provided by an external organisation.

7.2 Guidelines for staffing

National office level: A technical staff person must be designated to coordinate the *Home Visitor* project model. Often this will be the national office child protection lead.

Community level: The development facilitator at the programme level will coordinate implementation of the home visitor project alongside the coordinating partner(s) and working group.

7.3 Guidelines for resources needed for project implementation

Implementing the *Home Visitor* project model requires both financial and non-financial resources. Resources required for capacity building activities include training, meetings and exposure visits. More details on the resources needed to implement this approach are included in Appendix B.

7.4 Critical success factors for the model

The success of the *Home Visitor* project model depends on:

- Establishing formal referral systems between the coordinating partner(s) and the local social welfare unit. Ideally, the social welfare unit will be a member of the working group. If the social welfare unit is not responsible for health referrals, then the coordinating partner(s) will also need to establish a formal referral system with the local health unit.[15]
- Strengthening the capacity of the coordinating partner(s) and the working group.
    - Based on a capacity assessment, organisational and technical capacity needs will be built into the project design.
    - Based on learning from the *Community Care Coalition* (CCC) project model, World Vision should not provide (even if asked) t-shirts or uniforms to volunteers with the WV logo on them, as this can undermine the local coordinating partner's own identity.[16]
- Considering factors that can increase volunteer capacity, retention and sense of value:
    - Spiritual inspiration may be a key motivating factor for faith-based volunteers. Establishing opportunities for the spiritual nurture of volunteers can be a major support factor.
    - Official recognition by local government units can help reinforce the sense of value for home visitors.
    - The community should have a strong understanding of the value of the home visitors and their role. This includes the involvement of traditional leaders in selecting and supporting volunteers.[17]
- Finding ways to help home visitors maintain a manageable workload. Volunteers who work too much may become 'burnt out' and lose their motivation. On-going motivation and capacity building efforts help empower home visitors.[18] Capacity building opportunities for volunteers can include refresher training, advanced training on certain topics or community

[15] Blanckenberg, B., *Looking Back, Looking Forward: Lessons Learnt from HIV and AIDs Research and Programming in Africa,* World Vision Australia (2008). http://www.wvi.org/wvi/wviweb.nsf/0/052F3121CB381D7E8825753C00794E64?opendocument

[16] *Ibid.*

[17] *Ibid.*

[18] Brown, L., Rice, J., Boris, N., Thurman, T., Snider, L., Ntaganira,J., Nyirazinyoye, L., Kalisa, E. & Nshizirungu, E., Psychosocial *Benefits of a Mentoring Program for Youth-headed Households in Rwanda*, Horizons Research Summary, Washington, DC: Population Council (2007). http://www.popcouncil.org/pdfs/horizons/RwandaPsychOVCImpactSum.pdf

exchange visits.[19] Home visitors may see many needs that they are not able to provide support for. Supervisors can provide encouragement and a time to reflect after home visitors share their experiences from visiting difficult home environments.

- Considering how children's participation is included. For example, one study indicated that orphans and vulnerable children have clear preferences as to the type of person that they would like as a home visitor. Developing mechanisms to encourage children's participation in the selection process is likely to increase the effectiveness of the project.[20] In Rwanda, children were more receptive to home visitors whom they had nominated, and the corresponding home visitors felt honoured to be selected.

8. Any necessary tools

- *Home Visitor Implementation Guide*
- *Child Protection and Advocacy* project model
- *Child Protection and Advocacy Module #4: Support to Vulnerable Households*

9. Linkages and integration

9.1 Child sponsorship

In some programmes, children registered for sponsorship are the same children identified as members of at-risk families who will be visited by home visitors. In these programmes, home visitors can effectively combine sponsorship monitoring when visiting the homes of registered children. Likewise, children identified as the most vulnerable by home visitor projects can be prioritised for child selection. Home visitors need to remember that their primary role is to build relationships with the most vulnerable children and their families, and to assist families in developing their social networks. If the working group plans for home visitors to conduct sponsorship monitoring, then the home visitors will need to complete the *Sponsorship Basic Training*.

9.2 Enabling project models

The *Home Visitor* project model is an enabling model. This approach can be used effectively with specialised project models such as *Child Protection and Advocacy*, *Positive Deviance/Hearth* and *Basic Education Improvement Plans*. Any project approach already working with the most vulnerable children and their families, or at-risk families, or working to prevent abuse, exploitation and neglect, can take the *Home Visitor* project model as a complementary approach.

Appendices

Appendix A – Illustrative logframe
Appendix B – Summary of key activities to implement the *Home Visitor* project model

[19] Blanckenberg, B., *Looking Back, Looking Forward: Lessons Learnt from HIV and AIDs Research and Programming in Africa*, World Vision Australia (2008). http://www.wvi.org/wvi/wviweb.nsf/0/052F3121CB381D7E8825753C00794E64?opendocument

[20] Brown, L., Rice, J., Boris, N., Thurman, T., Snider, L., Ntaganira,J., Nyirazinyoye, L., Kalisa, E., & Nshizirungu, E., *Psychosocial Benefits of a Mentoring Program for Youth-headed Households in Rwanda, Horizons Research Summary,* Washington, DC: Population Council (2007). http://www.popcouncil.org/pdfs/horizons/RwandaPsychOVCImpactSum.pdf

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