

AGYW PARENTING PROGRAM - OBSERVATION CHECKLIST

1ST VISIT ___/___/___ TEAM: _____

2ND VISIT: ___/___/___ TEAM: _____

3RD VISIT: ___/___/___ TEAM: _____

PART 1. GENERAL INFORMATION (FILL OUT ONCE; UPDATE WHEN NEEDED)

1	Community & Ward	
2	AGYW group meets in...	Describe meeting location
3	Facilitator:	Role: DREAM Mentor / Chaka Chaka Mentor / CHV (circle one) Name: Contact:
4	Playgroup volunteer	Name: How was this volunteer identified?
5	Trainer and supervisor:	Role: DREAMS coordinator / CHA / Other: Name:
6	How often does the AGYW parenting group meet?	
7	On what day of the week? From what to what time?	
8	How many participants are in the group? (Note: The same participant can be counted more than once, if they have a younger and older child, for example)	Total: _____ N of adolescent women (18 y or younger): _____ N of pregnant women: _____ N of mothers of children 0-2 y: _____ N of mothers of children 3 y and older: _____
9	What did this group do to invite partners and significant others to the meetings? Was it successful?	

MEETING N: MODULE N: <u>1/2</u> (circle) START TIME:		END TIME:		
N OF AGYW PRESENT:		N OF CHILDREN PRESENT:		
OBSERVE THE AGYW PARENTING MEETING:		1st VISIT	2nd VISIT	3rd VISIT
1	Do the AGYW seem comfortable and at ease ?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
2	Have most AGYW that have children, brought them along?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
3	If this is Meeting 4,5,6 of Module1 or Meeting 2,3,4 of Module 2, have most AGYW come with their partner or significant other?	YES (1) NO (0) N/A	YES (1) NO (0) N/A	YES (1) NO (0) N/A
4	Is there a playbox with the recommended toys?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
5	Is there a volunteer to help with the children?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
6	Does the facilitator interact with the AGYW warmly and call them by their names?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
7	Does the facilitator register who is present?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
8	Does the facilitator have the materials needed for the meeting?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
9	Does the facilitator consult the manual during the session?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
10	Does the facilitator check on the task given for homework last time? (N/A if first meeting)	YES (1) NO (0) N/A	YES (1) NO (0) N/A	YES (1) NO (0) N/A
11	Does the facilitator do the game with women and children?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
12	Are the children taken to the play area, after the game?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
13	Does the facilitator promote sharing and problem solving?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
14	Does the facilitator do the main session according to the steps?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
15	Does the facilitator invite the AGYW to share some of their plans in the end of the meeting?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
16	Does the facilitator talk less than the AGYW?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
17	Does the facilitator notice and encourage shy/quiet women to participate?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
18	Does the facilitator do well the practical activities of the meeting (ex., role plays, team work etc.)?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
19	Does the facilitator praise and acknowledge AGYW frequently during the meeting?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
20	Do children seem generally happy and engaged, during play time?	YES (1) NO (0)	YES (1) NO (0)	YES (1) NO (0)
TOTAL (YES):				