



EVALUATION

INNOVATING FOR CHILD HEALTH: AN EVALUATION OF AN INTEGRATED CARE GROUP MODEL IN RWANDA

September 2015

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Photo Credit: Emily Hunn, University of British Columbia. Mothers practice responsive feeding their children with thick porridge at a Nutrition Week session

INNOVATING FOR CHILD HEALTH—AN EVALUATION OF AN INTEGRATED CARE GROUP MODEL IN RWANDA

**EFFECTIVENESS OF AN INTEGRATED CARE GROUP MODEL AND
OPERATIONS RESEARCH ON NUTRITION WEEKS TO IMPROVE
HEALTH AND NUTRITIONAL STATUS OF CHILDREN IN
NYAMAGABE DISTRICT, RWANDA**

September 15, 2015

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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ACRONYMS

BCC	Behavior Change Communication
CBNP	Community Based Nutrition Program
CG	Care Group
CHW	Community Health Worker
CSP	Child Survival Program
CSHGP	Child Survival Health Grants Program
DIP	Detailed Implementation Plan
FGD	Focus Group Discussions
FY	Fiscal Year
EOP	End of Project
GMP	Growth Monitoring and Promotion
ICSP	Innovation Child Survival Project
ICG	Integrated Care Group
IYCF	Infant and Young Child Feeding
KII	Key Informant Interview
KPC	Knowledge Practice Coverage
LOE	Level of Effort
MCSP	Maternal and Child Survival Project
MNCH	Maternal Newborn and Child Health
MOH	Ministry of Health
NGO	Non Governmental Organization
NW	Nutrition Weeks
OR	Operations Research
PBF	Performance Based Financing
SOW	Scope of Work
UBC	University of British Columbia
USAID	U.S. Agency for International Development
VNC	Village Nutrition Committee
WR	World Relief



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Innovating For Child Health—An Evaluation of an Integrated Care Group Model in Rwanda, Executive Summary

This project was funded by the U.S. Agency for International Development through the Child Survival and Health Grants Program.

September, 2015

Evaluation, Purpose, and Evaluation Questions

The purpose of the World Relief (WR) final evaluation was to make strategic contributions to advance the health system strengthening goal of the Rwandan Ministry of Health. The findings provide key recommendations to achieve sustained improvements in child survival and equitable health outcomes, through innovative, integrated community-oriented and people-centered health care systems.¹ The mixed methods evaluation provides quantitative findings from key performance indicators and evidence of project investments and success from a multi-stakeholder assessment. The primary audience for the findings is the district and national Ministry of Health, the Global Health Initiatives and other development agencies.

A brief synopsis of the evaluation themes are listed below:

1. Describe the achievement of Project Goals and Objectives as illustrated in the Detailed Implementation Plan (DIP), project strategies, outputs and outcomes.
2. Examine key factors that contributed to the outcomes, and project management mechanisms that were effective and challenges in program execution.
3. Specify sustainability factors and implications for scale up of program strategies and interventions.
4. Determine effectiveness of the Integrated Care Groups (ICG) in achieving health outcomes.
5. Describe outcomes of operations research on Nutrition Week (NW) interventions and integration into existing Community Based Nutrition Program Strategy



Nyamagabe ICSP
Evaluation Team

Key Findings:

- **Significant improvements resulting from Nutrition Week interventions on key nutrition and health indicators**
- **Evidence of successful integration of the Care Group model in the existing community based and health system architecture**
- **Improved male participation resulting from community engagement**

FINAL EVALUATION EXECUTIVE SUMMARY

September 2015

Project Background

The goal of the Tangiraneza “Start Well” Innovation Child Survival Project (ICSP) was to reduce morbidity, mortality, and improve nutritional status of children under five and pregnant women in Nyamagabe District, Southern Province, Rwanda. The project’s objective was to improve capacity of Ministry of Health (MOH) staff and Community Health Workers (CHWs) to implement high impact maternal, newborn and child health interventions at the community level. Strategies were designed to support the MOH implementation of community health interventions with the following level of effort (LOE): nutrition (40%), maternal newborn care (35%), diarrhea (15%) and pneumonia (10%).

Project Intermediate Results :

1. Improve geographic access to and demand for high-quality maternal, newborn and child health (MNCH) services.
2. Improve coordination and impact of community health activities.
3. Develop Nutrition Weeks (NW) Innovation and conduct Operations Research to test effectiveness.

WR Rwanda (WRR) was one of the Care Group (CG) model pioneers during the first WRR CSP from 2001 – 2006 in Kibogora, eventually scaling up in other districts in modified form. As government CHW cadres were established with specific roles, the *Integrated* CG (ICG) was innovated in Nyamagabe. ICGs include three CHWs, the head of the village, a religious leader, three village leaders in charge of social affairs, information and community development, the women’s leader, and a representative of the hygiene club. ICGs were established in the entire Nyamagabe District, both Kaduha and Kigeme hospital zones, to implement maternal, newborn, and child health interventions.

All training materials were developed with the Nutrition Technical Working Group (NTWG) and the district health team and aligned with the community-based nutrition program (CBNP) and global and national standards and priorities. Aside from training, ICSP staff met regularly with the ICGs to review progress, address challenges and institute problem solving measures. Home visits and community meetings were conducted monthly by the ICG team to reinforce the Behavior Change Communication (BCC) messages, improve facility-based service utilization—especially growth monitoring and promotion (GMP)—and promote kitchen gardens.

In collaboration with the University of British Columbia (UBC) and the MOH, the project conducted an Operations Research study to test the Nutrition Weeks (NW) innovation. NW was implemented in Kaduha with Kigeme as the comparison. The NW concept uses a supportive group education technique based on the Positive Deviance/ Hearth Nutrition strategy, but targets all children in the first 1,000 days of life, not just malnourished children. Nutrition Weeks cycles are conducted by the Village Nutrition Committees (VNC), comprised of CHWs and village leaders.

Evaluation Questions, Design, Methods, and Limitations

The project employed both empirically designed quantitative methods using the cluster sampling for annual knowledge, practice and coverage (KPC) household surveys and qualitative research methods using focus group discussions and key informant interviews. The OR study used a quasi-experimental design using standard statistical measures for sample estimations, based on outcome measures with adequate power. The hospital zone with the worst health indicators at baseline was selected for the intervention site. Instruments were designed with stakeholders, translated and field tested. IRB approvals were obtained annually from the Rwanda National Ethics Committee to ensure compliance to all ethical considerations for human subjects research. The KPC surveys were limited by cluster sampling which may be biased towards wealthier households because poorer residents at the periphery of the community may not be selected. In addition, a design effect must be applied to the analysis in order to account for within-cluster homogeneity. Inherent bias due to the purposive selection and subjective responses from qualitative research are known, though information obtained from stakeholder perspectives on the program makes valuable contributions to compliment and triangulate information from quantitative findings.

Findings and Conclusions

Results from the mixed methods evaluation showed that a majority of the child health targets were achieved. Households with soap at the place of handwashing increased from around 40% in both areas to 85% in Kaduha and 77% in Kigeme; point-of-use water treatment increased from 50% to 79% in Kaduha and from 56% to 67% in Kigeme. Infants visited by an appropriately trained health worker within 2 days of birth increased from less than 50% to 97% in Kaduha and 99% in Kigeme; mothers reporting four or more antenatal care (ANC) visits increased from about 47% to about 60% in both areas; those accessing care in the first trimester and skilled birth attendance also increased. Care seeking for pneumonia increased from baselines around 45% to 63% in Kaduha and 66% in Kigeme.

Results from the OR study are impressive and have enormous policy implications for Rwanda's nutrition agenda. A statistically higher proportion of children 6-23 months achieved a Minimum Acceptable Diet¹ (MAD) when exposed to the Nutrition Week intervention, compared to those not exposed [a linear probability model (LPM) found that compared to not being exposed to Nutrition Weeks, the probability of achieving the MAD was 23% greater when a child was exposed to Nutrition Weeks ($p < 0.001$)]. Results for Minimum Dietary Diversity² and Responsive Feeding³ were similarly statistically significant. Minimum Meal Frequency⁴ increased to over 60% from baseline levels less than 10% in both intervention and comparison areas. Age appropriate introduction of complementary foods⁵ also increased. Complementing the standard MOH CBNP strategies of large group health education and cooking demonstrations during growth monitoring and promotion (GMP) sessions, Nutrition Weeks provided hands on practice and group support to improve feeding practices of children under 2 years. Qualitative findings highlighted the potential financial and management constraints of sustaining the Nutrition Weeks strategy, as it requires intensive efforts initially to establish the community structures for enhancing food availability and feeding practices.

Despite the stated limitations for scale up requiring strategic engagement and oversight of both district health teams and communities, the study indicates the effectiveness of both the ICG and Nutrition Weeks innovation tested in this project. As Rwanda launches strategic innovations to enhance service delivery architecture, the findings offer key complementary mechanisms for achieving a people-centered health care model. Project results were shared with the Rwanda MOH, but it is not clear whether Nutrition Weeks will be added to the CBNP. Nutrition Weeks and Care Groups were included in a 2015 USAID Rwanda Mission RFA for eight districts. Nutrition Weeks has been adapted for use in WR programming in Indonesia and Malawi. The creative engagement of communities, through ICGs, offers unique solutions to the global workforce crises and a viable prototype for adaptation in other health care contexts. With the international efforts for reducing poverty, the alleviation of child malnutrition continues to remain a high priority. The Nutrition Week innovation offers a unique forum for creating community accountability and ownership and joint governance by communities and districts to inspire local solutions.

The Tangiraneza in Nyamagabe District, Rwanda, is supported by the American people through the United States Agency for International Development (USAID) through its Child Survival and Health Grants Program. The Tangiraneza Project is managed by World Relief under Cooperative Agreement No. AID-OAA-A-11-00056. The views expressed in this material do not necessarily reflect the views of USAID or the United States Government.

For more information about *Tangiraneza*, visit: <https://icsprwanda.wordpress.com/>

¹ BF children 6-23 months who had at least the minimum dietary diversity and minimum meal frequency during previous day. Non-BF children who received at least 2 milk feedings and had at least the min. dietary diversity not including milk feeds and the min. meal frequency during previous day

² Proportion of children 6-23m who consume at least 4 of the following food groups the previous day: Grains, roots and tubers; Legumes and nuts; Dairy products(milk,yogurt,cheese); Flesh foods(meat,fish,poultry& liver/organ meats); Eggs; Vit-A rich fruits & vegetables; Other fruits & vegetables

³ Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods).

⁴ Proportion of BF and non-BF children 6-23 m who receive solid, semi-solid, or soft foods the minimum number of times or more the previous day. For BF children, the minimum number of times varies with age (2 times if 6-8 mos.; 3 times if 9-23 mos.). For non-BF children, the number of times does not vary by age (4 times for all non-BF children 6-23 mos.) Dairy products only count toward the numerator for the non-BF children.

⁵ Proportion of infants 6-8 months of age who receive solid, semi-solid or soft foods.

EVALUATION PURPOSE AND EVALUATION QUESTIONS

EVALUATION PURPOSE

The purpose of the final evaluation is to contribute to the global priority for cost effective, innovative strategies to improve child health in disadvantaged communities. More importantly it complements and addresses the health system strengthening goals of the Rwanda MOH for achieving sustained improvements in child survival and health outcomes in vulnerable populations through community-oriented programs and systems. The USAID CSHGP cooperative agreements are structured to demonstrate the evidence of strategic interventions through outcome measures. Findings from the performance evaluation are shared with a wide community of development stakeholders, including policy and program entities in the national and sub-national sectors in the government of Rwanda, multilateral and bilateral donors, including the USAID Mission, NGOs operating in the health sector, the CORE Group consortium of US-based NGOs and other global initiatives.

The evaluation was designed to integrate learning opportunities for all project stakeholders. Project accomplishments and strategic feedback on project value and performance from participants at all levels was obtained. These included mothers and caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, other organizations, and donors. Independent evaluations are rigorously designed to provide unbiased inferences of project performance and help determine the effectiveness of the strategies employed, accounting for all project investments and other contextual factors. The project has been conducting both quantitative and qualitative assessments since the project inception in both intervention and comparison sites. Performance was documented through key nutrition and health indicators annually, along with qualitative assessments to inform program implementation. Though the ICSP project team had already completed the final KPC, the evaluation team leader led the final qualitative evaluation using IRB-approved focus group and key informant interview guides. Draft documents of the KPC report [Annex IV], and operations research study [Annex XIII], were shared with the lead evaluator prior to the field visit. The evaluator was approved by USAID. The final evaluation scope of work [Annex VI] was modified several times, to accommodate recent changes in the USAID evaluation criteria. The evaluator reviewed existing project data and reports prior to conducting the qualitative evaluation with key stakeholders to determine project effectiveness and challenges and provide strategic recommendations for follow up and integration into national priorities.

EVALUATION QUESTIONS

- I. To what extent did the project accomplish and/or contribute to the results (goals/objectives) stated in the Detailed Implementation Plan (DIP)?
 - What is the quality of evidence for project results? How were results achieved? If the project improved coverage of high-impact interventions simultaneously, what types of integration enabled this? Specifically, refer to project strategies and approaches and construct a logic model describing inputs, process/activities, outputs, and outcomes. Describe the extent to which the project was implemented as planned, any changes to the planned implementation, and why those changes were made.

2. What were the key strategies and factors, including management issues, that contributed to what worked or did not work?
 - What were the contextual factors (such as socioeconomic factors, gender, demographic factors, environmental characteristics, baseline health conditions, health services characteristics, and so forth) that affected implementation and outcomes? What capacities were built, and how? Were gender considerations adequately incorporated into the project, either at the design phase or midway through the project? If so, how? Are there any specific gender-related outcomes? Are there any unintended consequences (positive and negative) related to gender?
3. Which elements of the project have been or are likely to be sustained or expanded (e.g., through institutionalization or policies)?
 - Analyze the elements of scaling-up and types of scaling-up that have occurred or could likely occur (dissemination and advocacy, organizational process, costs and/resource mobilization, monitoring and evaluation using the ExpandNet resource for reference).*

Additional Questions:

1. How effective are Integrated Care Groups in helping achieve changes in maternal and child health outcomes in their communities? Should ICGs be replicated? What modifications would increase their effectiveness?
 - a. Are the members of the ICGs doing what is expected of them, including home visits? (Even the different local leaders?) If not, is a different profile of member needed, or possibly differentiation made between different types of members and their expected duties? (Perhaps some are included because of their influence in other realms and others are included because they will actually be the boots on the ground? Are all households reached?)

The MOH is looking for ways that heavily burdened CHWs can leverage the energy of others in the community (not just anyone, but “existing structures” – which the ICGs do). Learning from this has the potential to influence the work that MCSP is currently planning in Rwanda as well.
2. Did Nutrition Weeks add value to the MOH Community Based Nutrition Protocol (CBNP), and if so, what were the key elements that made them work?
 - a. Were there significant improvements in nutrition outcomes among the households exposed to ICGs alone compared to the households exposed to ICGs and Nutrition Weeks? If so, what are they?
 - b. Did Nutrition Weeks improve functioning of the CBNP? If so, how? Considering all Ministry priorities, is there a cost benefit to Nutrition Weeks?
 - c. Which parts of the Nutrition Weeks curriculum are most effective? Are there certain parts that have greater impact than others?
 - d. Is nutrition information reinforced differently by ICGs in Kaduha compared to Kigeme (since Kaduha has the Nutrition Weeks experience)? If so, how?

*<http://expandnet.net/PDFs/ExpandNet-WHO%20Nine%20Step%20Guide%20published.pdf>

PROJECT BACKGROUND

RWANDA HEALTH SYSTEM OVERVIEW

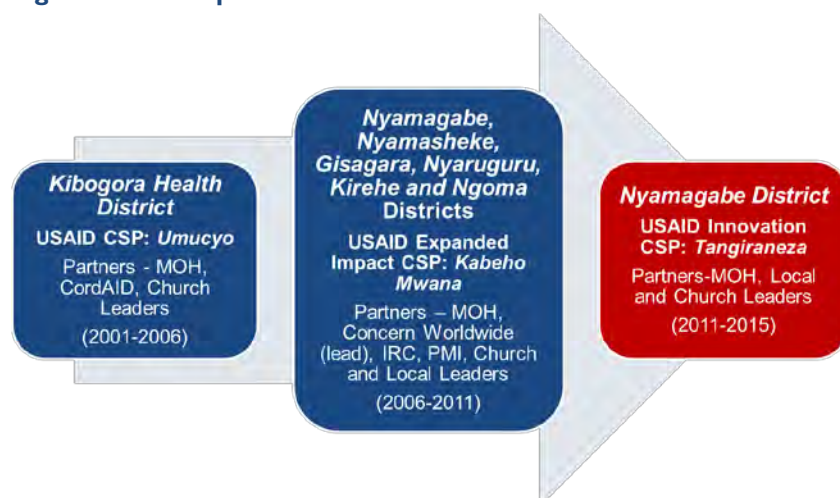
In the past two decades Rwanda has made dramatic improvements in revamping its health infrastructure to deliver high quality health care, resulting in a doubling of life expectancy, 80% reduction in deaths due to Human Immunodeficiency Virus (HIV), tuberculosis (TB) and malaria, and lowering maternal mortality by 60%. Health expenditure per capita is \$56 for a population of 11 million people [2,3]. Aside from the enormous investments in equipping hospitals and health centers, Rwanda falls far below the minimum level recommended by the World Health Organization (WHO) of 2.3 providers per 1000 population at 0.83. However, 45,000 CHWs offer basic empirical diagnosis and treatment services, in addition to general health promotion. They have been instrumental in the control of infectious diseases and the reduction of costs. Efforts to successfully enhance service delivery include: 1) universal health coverage through the *mutelle de santé* preventing catastrophic spending by impoverished households at the lowest wealth quintile through subsidies, and 2) effectively addressing equity and quality of care through the performance-based financing system.

However, even with the fastest annual reduction in child mortality in the world, Rwanda still faces challenges of sustaining these gains and addressing the disease burden due to pneumonia and diarrhea. Pneumonia accounts for 18% of under five deaths and diarrhea accounts for 8% [4]. Though Rwanda has demonstrated significant progress towards the Millennium Development Goals, the unfinished agenda for malnutrition and safe water remain. Almost 34% of children under five are anemic [5] and 30% of households do not have access to an improved water source [6]. Chronic childhood malnutrition also remains high at 44.2% for stunting, based on data from 2010.

CARE GROUP MODEL IN RWANDA

The Care Group (CG) model is a successful evidence-based community innovation strategy [7-10]. Rwanda was one of the early pioneers to experiment with the CG model when VWR introduced it in 2001, through its USAID Child Survival Program in the former Kibogora health district, eventually scaling up to other districts [Fig 1]. The model has been adapted in over 60 health and nutrition programs by 27 NGOs, in 23 countries [11].

Figure 1. Scale up of Modifications of the CG Model in Rwanda



The model employs an innovative, cost-effective, community-based strategy for universal coverage of health and nutrition education interventions through volunteers selected and managed by communities. Based on the success evidenced in other settings and previous projects in Rwanda, both the Kabeho Mwana project and this project adapted the model in response to MOH requests to support its CHWs and to work exclusively with existing human resources in the community. Each iteration of the model took into consideration what was then current as well as corresponding project goals and objectives. In this project, the CG model was innovated to integrate the existing health system community architecture, by training the MOH staff at the district level, CHWs, and local leaders (Fig 2). The project established 536 Integrated Care Groups (ICG)[†], one in each village of Nyamagabe District. Ten members comprised the ICG in each village. Three of the members were MOH CHWs. Two of the CHWs known as *Binomes*, one male and one female, were trained in child health. One CHW was trained in maternal health and known as the *animatrice de santé maternelle* (ASM). Additional members included community representatives most closely associated with behavior change. These are the Social Affairs In-Charge at village level, the elected village leader (usually male), the village Information and Training In-Charge, the village Community Development Leader, the Women's Group Leader, a member of the Village Hygiene Club, and a religious leader (Fig 3). The ICG members met together monthly to receive training on health promotion messages and to support each other.

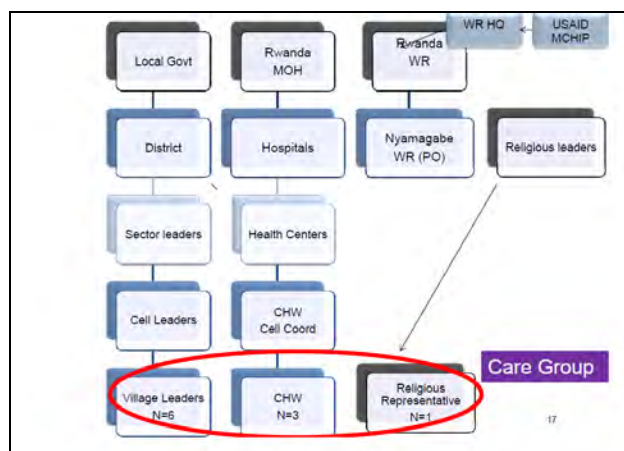


Figure 2. Strategic Stakeholder Engagement

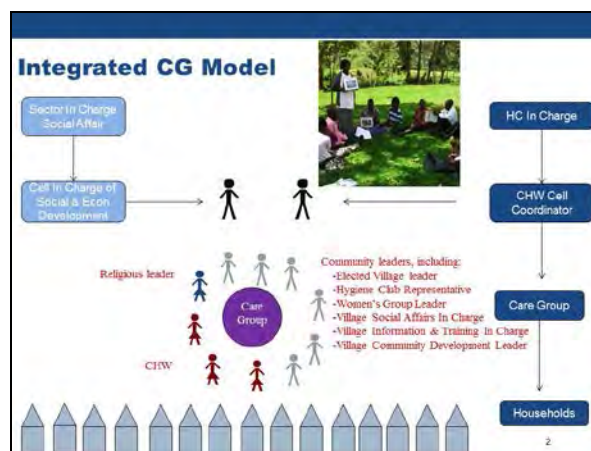


Figure 3. Integrated CG Model

Each CG member is allocated a certain number of households for the BCC home visit and follow up. Their functions also include the collection of vital events data and reporting to the district MOH (Fig 4). Capacity building and supervisory oversight is provided by the district team health and social affairs staff, WR project team and community entities (Fig 5). Data are collected every month by the ICG members, compiled at cell level and shared with the facility in charge. This is used for the CHW cooperatives for the Performance Based Financing (PBF). The data are integrated with the Health Management Information System (HMIS) and sent to the district hospitals. Some data are also collected by rapid SMS through CHW mobile phones. The facility and hospital data are password protected and the WR project team obtain the information from the district. The project monitoring and evaluation officer maintains the database and synthesizes the information for supervision, problem solving and generation of reports.

[†] The project used the term “Modified Care Group” (MCG) in earlier documents but “Integrated Care Group” better describes the innovation.

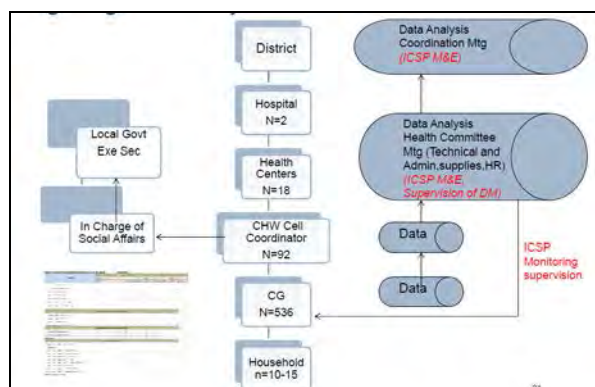


Figure 4. Integrating Community Information in District Statistics

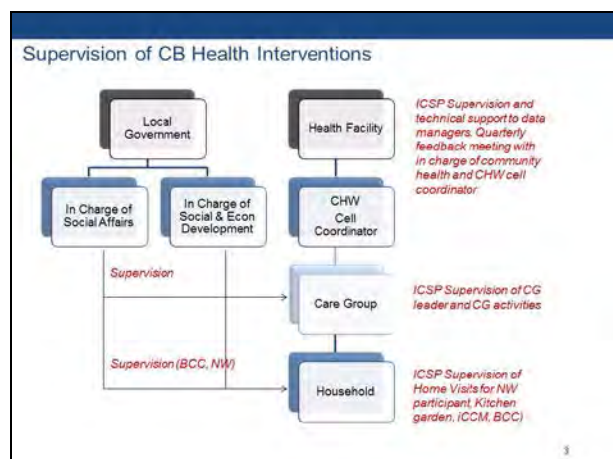


Figure 5. Supervisory and Technical Oversight of Health Interventions

PROJECT AND OR DESIGN

The overall strategy of the Tangiraneza Innovation CSP was to train MOH staff, CHWs and local leaders in ICGs for interventions in nutrition, maternal and newborn care (MNC), diarrhea and pneumonia. As described above, ICG members allocated all the households of pregnant women and children under two years in their villages amongst themselves for home visits and community meetings for BCC. Although CHWs retained their specialized MOH roles, uniting them into an ICG helped them work together, and, with the additional ICG members, they were able to more effectively mobilize the community to adopt key family health practices. The CSP supported MOH policy for vital events data collection: ASM CHWs reported births and pregnancies and Binomes reported under-five deaths. Other ICG members supported them by collecting the data during home visits.

The core interventions in the project's technical approach were: Nutrition (40% LOE, with Operations Research surrounding an innovation for community-based nutrition education called Nutrition Weeks methodology), Maternal and Newborn Care (35%), prevention and treatment of Diarrhea (15%) and prevention and treatment of pneumonia (10%). The overall project goal, strategic objectives, and intermediate results are displayed in Table 1.

Table 1. Project Results Framework

Project Goal: To reduce morbidity, mortality and undernutrition of children under five and pregnant women in Nyamagabe District of Rwanda.		
Strategic Objective: Improve capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.		
IR 1. Improved geographic access to and demand for high-quality MNCH services	IR 2. Improved coordination and impact of community health activities	IR 3. Develop Nutrition Weeks Innovation and conduct OR to test effectiveness
Activities:	Activities:	Activities:
1) Build capacity of Community Health Supervisor and Hygienists from all 16 Health Centers as TOT trainers who will train CG in all CSP interventions. 2) Train Cell-Coordiators and Cell Social Affairs in-charges to supervise integrated CG	1) CHWs, religious leaders and community representatives meet monthly in integrated CG to: • Make action plans based on data reported by CHWs;	1) Conduct Operations Research comparing standard CBNP activities vs. CBNP plus 'Nutrition Weeks' intervention. Evaluate impact with regard

comprised of CHWs, village and religious leaders. (3-10 integrated CGs per cell) 3) Train leaders of integrated CG to train their peers in BCC for all interventions: Nutrition, MNC, Diarrhea and Pneumonia. The Social Affairs in-charge at the cell level will train CHWs for Nutrition Weeks, and support the CHW Coordinator in BCC/ community mobilization. 4) Train Kaduha area CBN Village Committees with the 'Nutrition Weeks' innovation. 5) Train 536 maternal health CHWs (ASM) in MNC package.	• Cross-train in BCC for key family practices based on barrier analysis and BCC strategy; • Coordinate regular home visits • Improve referral to appropriate CHW and/or health facility. 2) Build capacity of Sector and Cell level In-Charge of Social Affairs to support BCC. 3) Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.	to cost and feasibility for scale-up. 2) Participate in Nutrition Technical Working Group; solicit input and share findings. 3) Improve CHWs records and reporting system for nutrition.

The project prioritized nutrition as one of the key interventions for the operations research, as high levels of stunting were reported in Nyamagabe district compared to the already high levels reported nationally (53.5% vs 44%) [12]. In Rwanda, stunting is not restricted to the poorest households, as 26% of the richest households are also stunted. The annual cost of under nutrition is estimated at 503.6 billion Rwandan Francs. As the prevalence of stunting peaks at 18-24 months, the project targeted pregnant women and children between 0-23 months to align with the goal of UNICEF's 1000 day intervention strategy from conception to 23 months [13]. To align with the national policies for eliminating malnutrition, strategies for addressing under nutrition include the Community Based Nutrition Program (CBNP), which focuses on growth monitoring and promotion. However, as in other global experience, the 'promotion' component is weak with few cooking demonstrations primarily due to lack of protocols and district support [14]. CHW training varied greatly and there was little evidence on stunting impact.

Based on the learning and the success evidenced from the integration of the positive deviance Hearth model (PD/Hearth) in previous projects in Rwanda, WR designed an innovative approach for preventing malnutrition using strategic interventions focusing on nutrition education messages, cooking and feeding practice, counseling and follow up home visits, building on the distinctive characteristics of the CBNP and PD/Hearth strategy, while ensuring close supervision. This intervention approach, termed as 'Nutrition Weeks' was implemented only in Kaduha Hospital catchment area, and was tested through an Operations Research Study designed as a quasi-experimental two-arm study with the existing national CBNP program serving as the comparison. In Kigeme Hospital catchment area, the project supported the CBNP by strengthening GMP sessions through CHW training, provision of materials for cooking demonstrations and nutrition education delivered by ICGs.

The Nutrition Weeks strategy targets all households with pregnant women and mothers of children under two years for *prevention* of malnutrition, unlike the PD/Hearth strategy, which targets only malnourished children and their caregivers for community-based recuperation. The Nutrition Weeks strategy also involves fathers and alternate caregivers in some activities. Standard research procedures and informed consent were obtained from all participants, following the IRB protocols. Community meetings were held prior to each cycle and leaders and community members received information on the interventions. Both hospital zones, Kaduha and Kigeme, received the standard CBNP interventions, but Kaduha was purposively allocated to receive the Nutrition Weeks interventions as it had the poorest nutrition indicators. Population characteristics for each hospital zone are described in Table 2.

Table 2. Population Profile for Nyamagabe District by Hospital Catchment Area

	Kaduha	Kigeme	District
Total Population	161,743	168,767	330,510
WRA 15-49y	54,531	56,900	111,431
Children 0-59m	20,218	21,096	41,314
0-11m	4,044	4,219	8,263
12-23m	4,044	4,219	8,263
24-59m	12,132	12,657	24,789

Source: Nyamagabe District Statistics 2011

Aside from addressing the prevention of undernutrition, the Nutrition Weeks strategy differs from the CBNP in many dimensions. In the CBNP strategy, the CHWs are expected to create their own educational messages from their MOH nutrition curriculum materials, have too much information in the curriculum, are not knowledgeable about the nutritive value of foods, and address caregivers of all under five children. Nutrition Weeks focus on key infant and child feeding practices (IYCF), foster participation of mothers and fathers in the cooking demonstrations addressing barriers to adopting behaviors, and, more importantly, phase the educational messages with a step by step implementation guide for CHWs. Nutrition Weeks eventually empower communities as its members begin to build self efficacy in acquiring the food commodities, preparation of foods, and joint problem solving.

The project worked with nutrition experts to review current evidence and also performed rigorous formative research and market surveys to construct the key messages and practices (Box 1).

Households with pregnant women or children under two were invited to attend a two hour participatory group education session every day for one week, three times per year, each group consisting of 10-12 participants. At the conclusion of the week, participants also received a poster as a reminder for meal frequencies, food variety, and other nutritional messages. The activities were led by the CHWs with support from the VNC, which included the village leader. This team was responsible for the follow up of these participants. Other community mobilization strategies were designed to engage leaders, including pastors, other community groups etc. Though the cooking ingredients for NWs were purchased by the project during the initial phases, the responsibility was eventually assigned to the community. Some Nutrition Weeks participants (about 17%) formed community associations to produce or purchase the ingredients, though this was not an intended project strategy. This included kitchen gardens and raising small animals for sale or consumption.

Box 1. Nutrition Week Content

Key Messages

- Prepare thicker porridge with palm oil + three different kinds of flour
- Give animal foods if possible
- Improve feeding frequency

Key Practices

- Making and Eating Thicker Porridge
- Eating Fat and Animal-Based Foods
- Increasing Frequency of Meals
- Eating a Variety of Foods
- Improving Hygiene Practices
- Infant Stimulation and Feeding
- Increasing food intake for pregnant women
- Increasing rest for pregnant women

The comprehensive project strategy had to be executed similar to a symphony orchestra to ensure equity and authentic participation by all concerned stakeholders. The strategy included: ICG, health promotion and education on IYCF, GMP, screening and referral of children, Nutrition Weeks, promotion of kitchen gardens, fruit trees, and small animal rearing, community oversight and supervision with active linkages and information system strengthening with the district team. Capacity building occurred at all levels of the system (Table 3). Partnerships were created with various organizations working in the district but the key partner was the district health team, hospitals and health centers.

Table 3. Stakeholder Capacity Building Strategies

Project Stakeholders	Project Capacity Building Strategies
National MOH (2012, 2013)	Mebendazole supplies
Hospital Staff (CHS, Nutrition supervisor, M&E, data manager, Hygienist supervisor) Health Center (In charges of CHW, Hygiene, data mangers, nutritionist)	Master Trainer and TOT – Jointly with MOH Technical: MNCH package, iCCM, Nutrition including IYCF, GMP, Nutrition Weeks (Kaduha) Care Group Leader Training, Principles of Adult Education, Community Mobilization Methods, Community based information systems, BCC Workshop for SMS reporting – mhealth, Data Analysis
CHWs	Supplies, Storage Cupboard, Mother counseling cards, posters, educational materials, weighing scale (Unicef), record sheets, vessels for cooking demonstrations
Care Group	Joint Supervision support and Home visits Incentives; Hoe, basins for hygiene, small animals; pig, goats
Community and associations (Hygiene Club, Women's Council, Social Affairs in Charge, Community In Charge, Development in charge, Communication in charge)	Recipe for nutrition week participants Mothers association for animal husbandry (for households with children who were malnourished at project midterm) Training of VNC for animal rearing

PARTNERSHIPS/COLLABORATION

USAID Washington and Mission and the MCSP project have been engaged closely since the project inception, supporting the design of the KPC instruments, assistance with programming of the software for tablet data collection, OR guidelines, inclusion of key staff in workshops and webinars, and support from the Evidence Project on developing OR reports and communicating research findings to policy audience. Feedback on final evaluation documents, advocacy and invitation to the theory of change workshop were also critical supportive activities. A site visit by the 3-member USAID Mission team was especially appreciated by the VR staff and the partners.

The project partnered with Dr. Judy McLean, University of British Columbia, as Principal Investigator (PI), and her students, to implement the OR. Dr. Fidele Ngabo, former Director of Maternal and Child Health Unit of the Rwanda MOH, was the other PI of the OR study. The Rwanda MOH Nutrition Technical Working Group was closely engaged in the program design and in submission of the research protocols to the national ethics committee.

PROJECT IMPLEMENTATION

All project activities have been conducted according to the workplan described in the DIP and are summarized in Annex II. However, the MOH requested refresher training on verbal autopsy and death audits, and support to the health centers for follow up on CBNP, hence these were added to the workplan. All educational materials, evaluation tools and instruments used in the project were either validated previously or were reviewed and endorsed by the MOH, IRB and OR researchers. Reports were submitted monthly, quarterly, or annually to various internal and external project stakeholders.

Monitoring of the program activities was routinely performed through various quantitative and qualitative reporting mechanisms, including attendance in meetings, trainings, feedback loops for improving Nutrition Weeks based on experiences, behavior change, and barriers. For example, incorporating three types of flour in weaning food was not feasible for mothers, so the message was changed to one flour (whichever was available); men's attendance in meeting and Nutrition Weeks was low, as they did not perceive the value; and community leaders were mobilized to encourage participation. Tables 4 describes the sequencing of the OR interventions.

Table 4. Sequencing of OR Interventions

Phase	Objective	Product
Desk review of DHS, publications on nutrition from Rwanda	Design of Instruments and analysis plan for qualitative data collection, and determine BCC messages	OR evaluation instruments and analysis plan
Market Survey	Determine availability and cost of local food and related supplies for cooking demonstration	Market survey report, and nutritive values
Positive deviance inquiry using semi structured interviews and observations in the community	Identify mothers with a well-nourished 6-23m child from a low SES and feeding practices	Development of positive deviance tool and process based on standard approaches to Positive deviance
Development of CHW training materials for Nutrition week, pilot testing, and knowledge evaluation instruments	Standardize training materials and knowledge evaluation questions. Pilot testing with 30 CHWs	Training materials designed, pretested and pre-post tests conducted with CHWs
Interviews with mothers from Nutrition Weeks	To refine activities based on mothers feedback	Finalized activity plans
Baseline survey design	Design of instruments	Conduct and analyze KPC results
Implement Nutrition Weeks interventions thrice yearly	Training and support to CHW to conduct Nutrition Weeks	BCC Models
Design Annual KPC	Conduct evaluations	Analyze data and report findings, address gaps in performance

EVALUATION METHODS AND LIMITATIONS

Mixed methods evaluation designs are increasingly popular in both clinical and management research. In this approach, quantitative outcome data is complemented by qualitative research contributions that provide in-depth understanding of contextual and other factors affecting the success or failure of the interventions. Valuable insights are made in understanding program performance and the value of the interventions provided by strategic stakeholders. Hence, in compliance with the USAID evaluation policy, the project team designed a mixed methods evaluation which systematically integrated the standard Knowledge Practice Coverage (KPC) survey and qualitative research.

The KPC surveys were conducted annually using the KPC 2000+ modules, tailored to match project interventions and integrated with the 2008 Rapid Catch indicators. In addition, the indicator for Minimum Acceptable Diet (MAD) was modified to follow more current international standards. However, the annual survey measured only a subset of highest priority indicators relevant to main project activities, while the other indicators were measured only at baseline and final. The final KPC survey was performed by the WR project staff and health center staff and results shared prior to the evaluator's visit. Focus Group Discussion (FGD) and Key Informant Interview (KII) guides were designed based on project interventions and type of stakeholder with engagement by the WR staff and the final evaluator and were submitted to the Rwanda National Ethics Committee (IRB) for review and approval [Annex VIII]. The study design was enhanced through KPC surveys performed annually using cluster sampling unlike other projects which monitor progress through the Lot Quality Assurance Sampling (LQAS) scheme. A truly randomized designed of communities would have provided an even more effective model for examining the effectiveness of the Nutrition Week interventions.

Together with the Principal Investigators, the project designed a quasi-experimental operations research study to test the effectiveness of the Nutrition Weeks strategy using standard statistical measures for determining sample size with adequate power. The design was based on selected outcome measures: proportion of infants and young children 6-23m receiving minimum acceptable diet based on WHO standards (Minimum Acceptable Diet), number of food groups consumed for a 24h period (Minimum Dietary Diversity), minimum meal frequency, timely introduction of complementary food, and proportion of children 6-23m actively fed by caregivers. The evaluation instruments were jointly designed with the stakeholders and translated and field tested prior to the evaluation. IRB approvals were obtained annually from the Rwanda National Ethics Committee to ensure compliance to all ethical considerations for human subjects research. Both the Kaduha and Kigeme hospital zones received the standard CBNP interventions; however, the hospital zone with the comparatively most poor health indicators at baseline (Kaduha) was selected for the Nutrition Weeks intervention.

KPC surveys were conducted in each zone annually, using a sample of 360 in each zone at baseline and final and a sample of 300 in each zone in the monitoring years. The larger samples at baseline and final were to ensure an adequate sample of children 0-5 months needed for certain indicators. The surveys used 30-cluster sampling to provide a sample expected to have the precision of a random sample half as large. Even with cluster sampling the principles of randomness continue to be applicable. However, every individual in the community may not have the chance of being selected if sampling proceeds in a randomly determined direction from a central starting point and includes the next cluster of households. It is likely that residents at the periphery of the community, who could belong to the poorest wealth quintile, may not be selected if this method is employed. Inherent bias due to the purposive selection and subjective responses from qualitative research, non-random selection of participants are known. However, qualitative findings from stakeholder perspectives on program effectiveness make valuable contributions to compliment and triangulate information obtained from quantitative findings. A brief summary of evaluation methods and sample for each stakeholder is provided in Table 5.

The final evaluation team for the qualitative assessments was comprised of project stakeholders, including representatives from the MOH district team, Kaduha and Kigeme hospitals, a representative from the pastor's committee, USAID Maternal and Child Survival Program, Concern Worldwide, University of Rwanda, Anglican Church in Rwanda (EAR), African Christian Church Community (CESA) and Catholic Relief Services (CRS) aside from the WR team. A thirty-six member team participated in the final evaluation and teams were assigned to perform assessments in both hospital zones. The field evaluation schedule is illustrated in Annex XVIII. The evaluator conducted a three-day training on principles and methods of qualitative assessments, field survey and quality control procedures.

Table 1. Sample Frame for KPC and Final Qualitative Evaluation

<i>KPC Evaluation – Caretakers of Children Under 2 years</i>		<i>Sample Size</i>	
Baseline and Final Evaluation		720 (2 30X12 Cluster surveys)	
Year2, and 3		600 (2 30X10 Cluster Surveys)	
<i>Final Qualitative Evaluation Stakeholders</i>	<i>Kigeme</i>	<i>Kaduha</i>	<i>Total Participants</i>
Nutrition Weeks participants - Mothers (FGD)	-	3	30
Nutrition Weeks participants - Fathers (FGD)	-	3	29
Nutrition Weeks non-participants – Fathers (FGD)	-	3	30
Fathers (FGD)	2	3	48
Mothers (FGD)	2	3	49
ICG (FGD)	2	3	47 (25F, 22M)
Village Nutrition Committee (FGD)	-	3	13 (7F, 6M)
Sector and Cell leaders (FGD)	2	3	42 (13F, 29M)
Religious leaders (FGD)	2	3	48 (7F, 41M)
Head of Health Center (KII)	2	3	5 (2F, 3M)

Health Center Staff (FGD)	2	3	29 (17F, 12M)
Hospital Teams (Director, nutritionist, CHS) (FGD)	1	1	5 (1F, 4M)
DHMT/Vice Mayor, District Health officer		2 (1M, 1F)	

The measurement instruments focused on multi-stakeholder perspectives and value of the project interventions, potential and challenges to scale up and sustainability, other health care environment factors, and lessons learned for continuing project interventions. Site visits were conducted by the evaluation teams to the hospitals, health facilities and communities to perform FGD and KII, with Integrated Care Groups, leaders, village nutrition committees, participants and nonparticipants of interventions. There were no major impediments to the field implementation schedules and all selected sites were visited. It is also important to note that the Rwandan government had decided to conduct the national nutrition survey during this period and other key stakeholders who had indicated interest in participating in the evaluation were engaged in the planning and execution of the survey. Since the final evaluation was planned in advance, the team solicited the support and permission from the Ministry of Health to conduct the ICSP final evaluation and ensured that there would be no disruption to the ongoing national evaluation.

Means or percentages with confidence intervals were generated for the descriptive analysis and linear probability models. P-values were calculated for select nutrition indicators. Clustering was not accounted for, and sample size estimates were not generated for all 40 indicators. In addition, p-values were not generated for all indicators, but 95% confidence intervals were provided using a design effect of two to account for homogeneity between clusters. The KPC report (Annex IV) provides detailed information about the sampling strategy and selection of households and participants, indicating full compliance to standard procedures. There were no major issues with data quality in the collection, analysis and reporting for data, as WRR has extensive experience in conducting these surveys since 2001 and WR HQ prior to 2001 using an earlier version of the KPC. The project team employed a mixed methods strategy from inception to evaluation to inform program interventions, activities, and health education interventions. The methods strategy successfully leveraged the technical and research expertise of both country-level and international experts. The information from the qualitative findings was especially successful in contextualizing the Nutrition Week intervention strategies and messages for improving nutrient intake, and in engaging men in the health, nutrition, and well-being of their children. All the data used in this report were generated from primary data collection in this project. Although anecdotal information was obtained from the district mayor's office, hospitals and health centers on service utilization and referrals, the survey teams refrained from disrupting the activities of the ongoing nutrition surveys and did not examine district or health records.

Additional supportive supervision and mentoring measures were instituted to facilitate the activities in communities and cells that experienced greater challenges due to remote locations or inability to acquire ingredients for the cooking demonstrations. Income generating schemes through kitchen gardens and rearing small animals were developed to support community solidarity, ownership and long term sustainability and to address some of the community specific bottlenecks in project implementation.

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

FINDINGS

Evidence from the final KPC report, OR Report, and qualitative evaluation findings indicate that both the ICG model and the innovation of the Nutrition Weeks intervention resulted in successful capacity building and health outcomes in both Kaduha and Kigeme. The improvements were higher in the Nutrition Weeks intervention areas especially for nutrition indicators and significantly higher for three of the five selected to measure effectiveness of the OR strategy.

One-third of those selected for the KPC survey were in extreme poverty and about two-thirds were classified as poor. Over 80% reported *mutuelle* (health insurance) membership with 90% in possession of a health insurance card. This was a remarkable finding, as the hospital director and staff reported anecdotal evidence of increasing registration in the insurance schemes due to the effective mobilization of the ICG. The two hospital zones were comparable in terms of population characteristics (tested with chi-squared and t-tests).

Table 6. Summary of Inputs, Activities, and Outputs that Contributed to Key Outcomes

Project Objective 1: Improved geographic access to and demand for high-quality MNCH services			
Project Inputs	Activities	Outputs	Outcomes
MOH partners Trainers Training Materials	TOT and Supervision CHE cell coordinators, cell social affairs in charge, to support 3-10 ICG each 536 Maternal Health CHWs in animatrice de santé maternelle ASM Package Refresher training on iCCM for 1072 CHWs 3 day Master training for facility staff, and 2 day training of CHW in charge – assist health center staff to supervise and support CHWs Train Kaduha CBN Village Committees on Nutrition Weeks interventions	Trained Community health supervisors and Hygienists in 16 health centers Established 536 ICG Trained 5114 ICG members Trained 1608 CHWs	Increased percentage of children breastfed within 1h of birth, increased introduction of weaning foods, and responsive feeding. Increased percentage of mothers reporting 4+ ANC visits, ANC in 1 st Trimester, increased skilled birth attendance Increased percentage of households reporting effective water treatment, soap at handwashing stations, safe feces disposal and toilets in good condition
Project Objective 2: Improved coordination and impact of community health activities			
Project Inputs	Activities	Outputs	Outcomes
Community stakeholders CHWs CG Members BCC materials	CHWs, religious leaders and community representatives meet monthly in ICG to create action plans based on data reported by CHWs, Cross-train in BCC for key family practices based on barrier analysis and BCC strategy, Coordinate regular	Action Plans for follow up Improved Referrals Kitchen Gardens Increased number of households reporting CHW visits, ICG member visits Home visit tool	Increased participation in Nutrition Weeks, increased male participation in Nutrition Weeks. Improved referrals (reported by hospital staff) Increased number of

	home visits Improve referral to appropriate CHW and/or health facility. Build capacity of Sector and Cell level In-Charge of Social Affairs to support BCC. Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.		households reporting CHW visits, ICG member and church member visits Increased number of households reporting improved behaviors around nutrition, hygiene, newborn care and pneumonia Churches mobilized to assist vulnerable families with kitchen gardens, tippy taps and small livestock CHW associations formed in 17% of cells for economic support of Nutrition Week activities
Project Objective 3: Develop Nutrition Weeks Innovation and conduct OR to test effectiveness			
Project Inputs	Activities	Outputs	Outcomes
Training Materials Nutrition Weeks training Curriculum development Cooking demonstration equipment	Design OR study on Nutrition Weeks Participate in Nutrition Technical Working Group; solicit input and share findings. Improve CHWs records and reporting system for nutrition	Communities, reporting Kitchen gardens, rearing of small animals, use of produce from kitchen garden for health care or food Customized Nutrition Weeks curriculum Exit Interview tool	Increased percentage of children in Kaduha reporting minimal meal frequency, minimum dietary diversity, minimum acceptable diet, consumption of iron rich foods. Decreased prevalence of underweight, wasting and stunting

A majority of the indicators targeted by the project exceeded the targets set for the end of project. The most impressive improvements were in nutrition. The intervention area saw a statistically significant improvement in Minimum Acceptable Diet among infants and young children 6-23 months as compared to the comparison area. Following a four year intervention period (three years for the Nutrition Weeks activities), a linear probability model (LPM) found that compared to not being exposed to Nutrition Weeks, the probability of achieving the MAD was 23% greater when a child was exposed to Nutrition Weeks ($p < 0.001$) (Fig. 6). Likewise, Minimum Dietary Diversity (MDD) more than doubled in the intervention area from baseline to endline, but decreased in the comparison area. An LPM found that compared to not being exposed to Nutrition Weeks, the probability of achieving the MDD was 30% greater when a child was exposed to Nutrition Weeks ($p < 0.001$) (Fig. 7). Minimum meal frequency increased from 7% to 69% in the intervention area and 7% to 66% in the comparison sites, and while these increases were statistically significant, the percent change between the zones was not (Fig. 8). Improvements were evident in age-appropriate introduction of semi solid foods, with no statistically significant differences between

Figure 6. Minimum Acceptable Diet

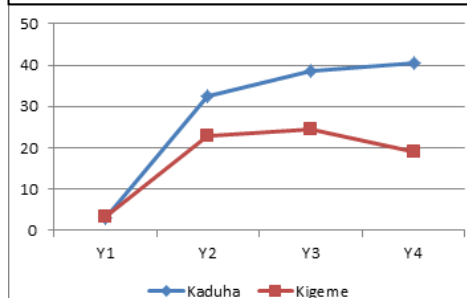
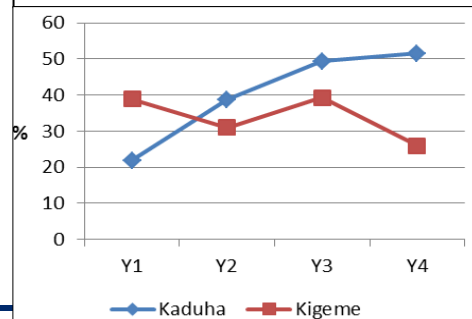


Figure 7. Minimum Dietary Diversity



intervention and comparison sites [Fig. 9]. Responsive Feeding (RF) remained high in both areas, increasing more in the comparison area [Fig. 10]. Breastfeeding within one hour of birth and consumption of iron rich foods also illustrated remarkable improvements in the intervention site, though there was a steady decline in iron rich foods in the comparison site [Fig. 11, 12]. Reported receipt of Vitamin A also declined in both sites in the final evaluation, but this was likely due to the national campaign prior to the baseline which escalated the initial levels [Fig 13]. Anthropometric measures also indicated improvements in percentage of children who were underweight, wasted or stunted in both sites [Fig 14-19].

Figure 8. Minimum Meal Frequency

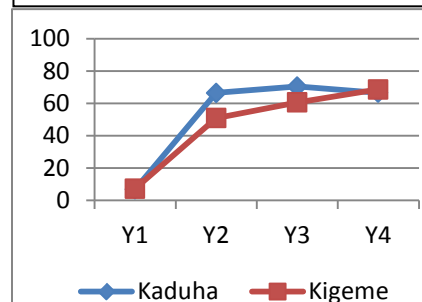


Figure 9. Introduction of Semi solid food

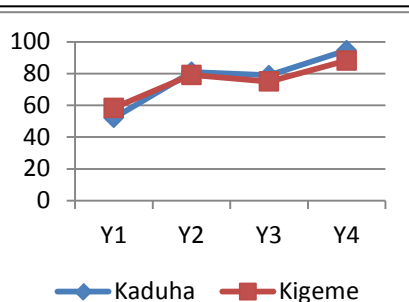


Figure 10. Responsive Feeding

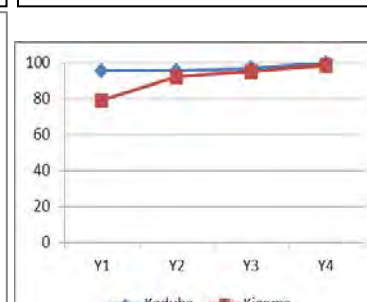


Fig 11: Breast feeding within 1h of birth

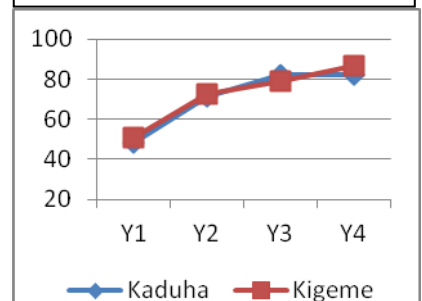


Fig 12: Increased intake of Iron rich foods

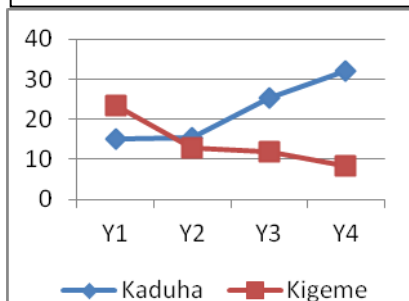


Fig 13: Receipt of Vitamin A

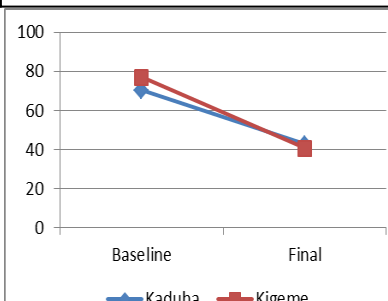


Fig 14: Underweight Prevalence-Moderate

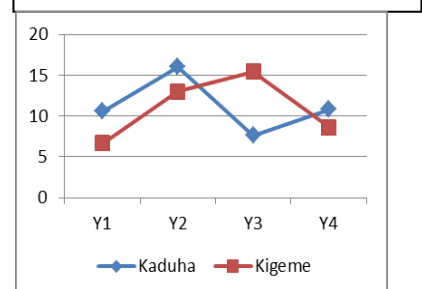


Fig 15: Underweight Prevalence-Severe

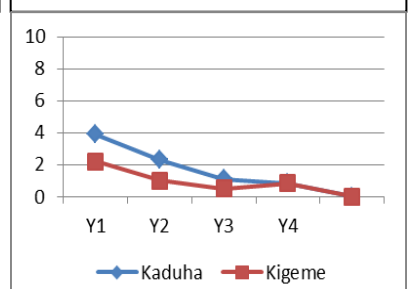


Fig 16: Wasting Prevalence-Moderate

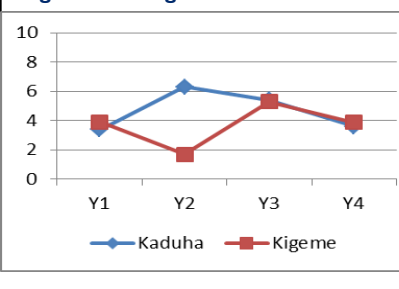


Fig 17: Wasting Prevalence- Severe

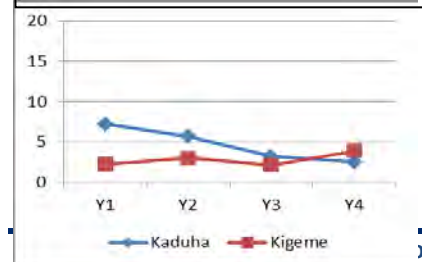


Fig 18: Stunting Prevalence- Moderate

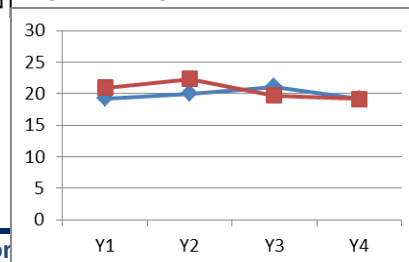
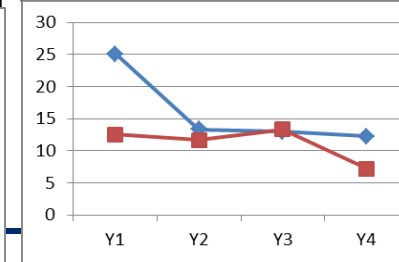


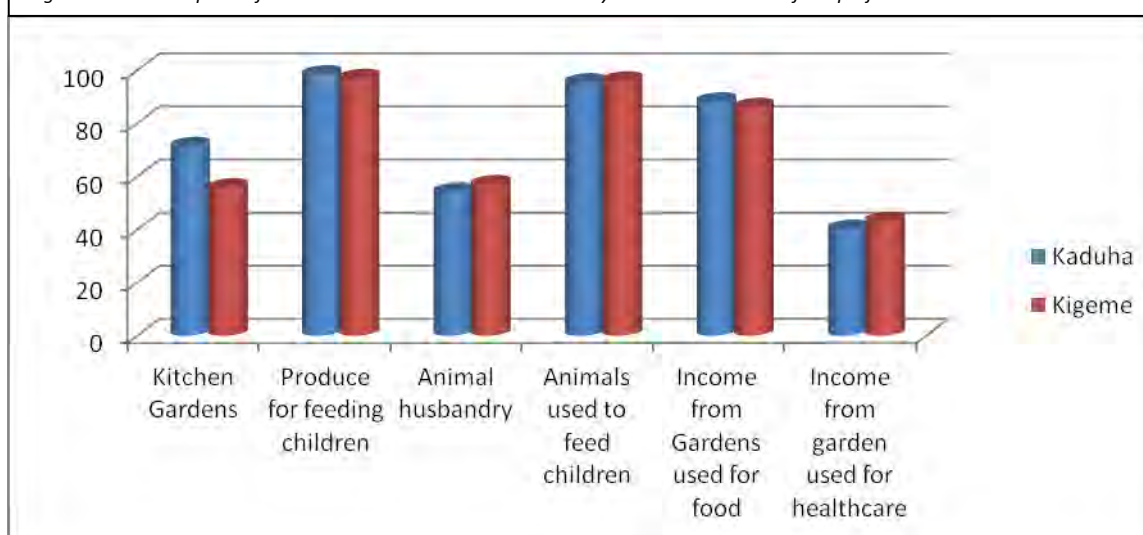
Fig 19: Stunting Prevalence - Severe



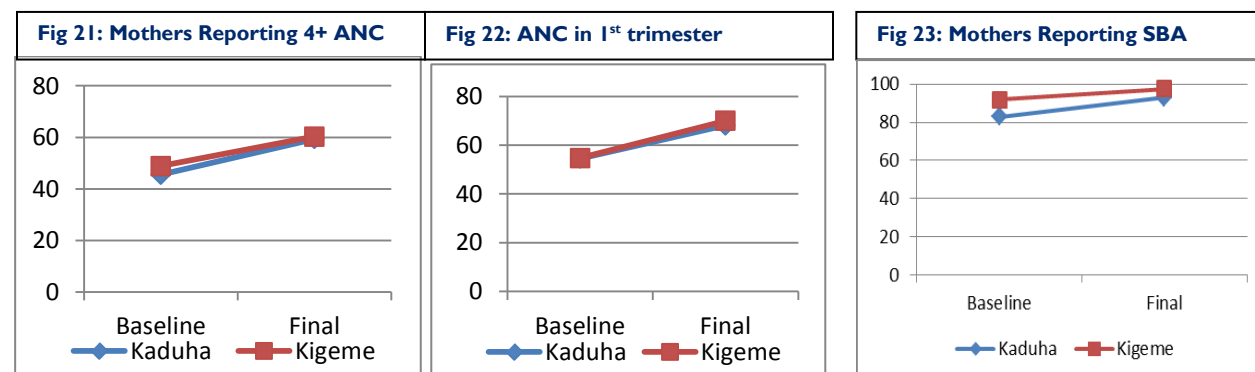
These findings provide considerable evidence for the effectiveness of a combined strategy of Nutrition Weeks and the ongoing CBNP strategy. The CBNP with Nutrition Weeks is more effective than the standard CBNP alone at improving the diet of children under two years. Children 6-23 months in the intervention area achieved MAD, the primary outcome of this research, at twice the rate that children in the comparison area did. Additionally, close to half (40%) of the children in the intervention area achieved MAD. Minimum Dietary Diversity more than doubled in the intervention area, but decreased in the comparison area, although not significantly; the 95% confidence intervals from baseline to endline overlapped.

The Nutrition Weeks and CBNP interventions were both successful in establishing kitchen gardens, and a majority of mothers with kitchen gardens reported that the produce was used to feed children. Likewise, the animal husbandry projects were instrumental in providing food sources for children and the income from both these strategies was used for food or health care [Fig 20].

Fig 20: Mother's Reports of Kitchen Gardens and Animal Husbandry Practice at the end of the project

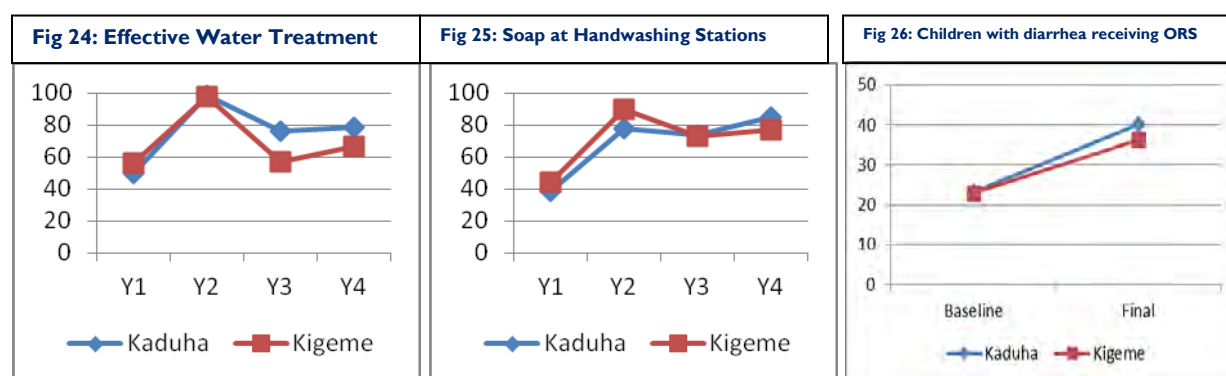


The project also addressed other interventions for maternal and newborn care and hygiene practices. The proportion of mothers reporting four or more antenatal care (ANC) visits increased in both project sites, and those accessing care in the first trimester and skilled birth attendance also increased [Fig 21-23]. Mothers reporting newborn visits within 2 days of birth from an appropriate provider (including ASMs) increased from less than 50% in both areas to 97% in Kaduha and 99% in Kigeme.



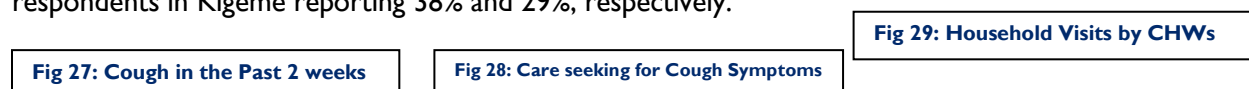
Modern contraceptive prevalence also showed improvements from baseline levels of <60% to more than 70%. Iron supplementation during pregnancy was high at baseline, at 80%, but declined the following year to about 70% and then resumed to 80% during the rest of the project term in both sites.

Effective point-of-use (POU) water treatment showed a sharp increase during the first year (likely due to District emphasis on hygiene during the first year) and declined the following years, though remaining above baseline; the trends in soap at hand washing places also showed a sharp increase in the first year, and thereafter remained the same. Though there was a slight increase in those having functional toilets, it was still below 40% at the end of the project. Safe feces disposal increased from 71% (Kaduha) to more than 80% at the final evaluation. There was a 6% decrease in diarrhea prevalence in children in Kaduha, but prevalence remained the same at 20% in Kigeme. However, a higher percentage of children with diarrhea were reported to receive Oral Rehydration Solution (ORS) or home available fluid at the end of the interventions in both project sites [Fig 26]. The trends were similar for children receiving more fluids in both sites, but zinc treatment during diarrhea declined in the intervention site.



Prevalence of cough and rapid breathing also declined in Kaduha, and care seeking for cough improved following project interventions in both sites [Fig 27, 28]. Immunization levels were already high (>80%) at baseline for Measles, Pentavalent 1 and 2, and showed slight improvements at the final evaluation. Since malaria was not endemic in Nyamagabe, there were no direct project interventions but all tracked indicators illustrated a slight decline from baseline levels for treatment of fever, bednet use etc.

Reports of household visits by CHWs increased progressively every year [Fig 29, 30] and participation in Nutrition Weeks also improved in Kaduha. End of the project survey measured home visits by ICG and delivery of health messages by churches. In Kaduha, 60% of respondents reported having an ICG member visit in the last month, and 39% reported receiving health information from a church, with respondents in Kigeme reporting 38% and 29%, respectively.



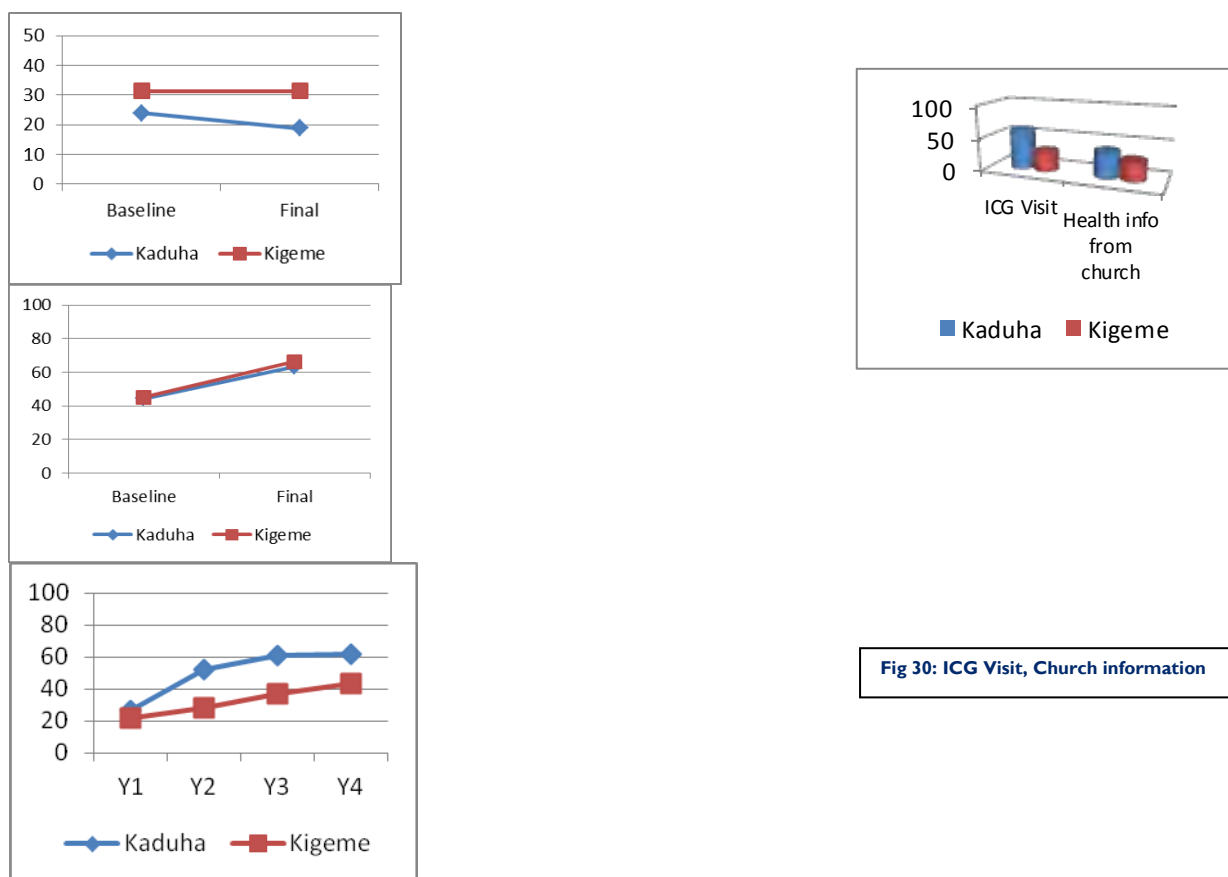


Fig 30: ICG Visit, Church information

Qualitative evaluations conducted with the district health teams and community stakeholders on value and effectiveness of project interventions further amplified the evidence on project interventions. The value of the ICG, CHW and Nutrition Weeks interventions was appreciated by all stakeholders interviewed, generating community-wide interest and engagement. This resulted in solidarity and gender equity with fathers taking responsibility for child rearing, health care, cooking, participation in community based activities (especially in the cooking demonstrations for Nutrition Weeks), and sharing household chores with the women [Annex XVII]. The leadership oversight, health promotion and equity-oriented strategies advocated by the ICG, home visits, with preventive and curative and referral functions of the CHWs strengthened the community health system's capacity. It also enhanced the linkages with the district teams at the hospital and health center level, establishing strategic information systems through SMS, support to campaigns and joint partnerships in achieving the district goals for health improvement. More importantly, in their KIs, the district team indicated reduced illness incidence, prompt illness care seeking, increased service utilization, and reduced mortality, attributing it to the health promotion efforts of the project. The most impressive outcomes were evidenced for nutrition interventions through the operations research study on Nutrition Weeks, with increased meal frequency, dietary diversity, animal husbandry and the establishment of kitchen gardens. Most of the stakeholder participants remarked that the ICG model was sustainable as it integrated existing community-based and health system entities to engage communities and promote health care. As a CHW from Kaduha remarked "the savings group empowered us economically to buy livestock, and members in our community who were poor could pay for the medical health insurance. We are thankful for the support of the district leaders and cell leaders; we function as one team. We are selected based on how we practice healthy behaviors: dish racks, clothes line, cleanliness of households, etc. Nutrition Weeks was initially perceived as a strategy for the poor, now they see it as a community activity. Even teachers left school to attend Nutrition

Weeks. Before it was women's activities, now men bring children to the Nutrition Weeks and help in cooking demonstrations."

However, the training and supervisory oversight will need to be assumed by the district health system, through existing leadership structures. The role of pastors and other religious leaders was also emphasized to create and enhance trust between communities and health systems and also endorse and triangulate health information during their household visits or at church. The Vice Mayor's perspectives on project contributions further enhanced the value of interventions as he felt that the model should be scaled up in other districts as it achieved both national and district priorities for health policy, especially for nutrition.

The findings from the OR evaluation were shared annually with the communities and the Nyamagabe district and national MOH. Though the district health team is keen on continuing and adapting the strategy, the specific mechanism for integration and supervision oversight has not been determined, as the cooking demonstrations will require appropriate technical support during the initial stages.

The end of project (EOP) goals set for a majority of the indicators were an ambitious target, as baseline levels were quite low for key indicators. Health promotion efforts need to be complemented by other system level investments to ensure access, and to create an enabling environment to foster the behavior change in the communities. Targets for the indicators in the table below were not fully achieved by end of project for either one or both hospital zones, though there was a substantial improvement from baseline levels for most. The end of project evaluation occurred almost five months before the project ended and hence it is likely that some of the targets were achieved. Contextual factors such as extreme poverty and limited access due to mountainous terrains are a strong impediment to achieving optimal results for exclusive health promotion interventions.

Table 7. Unmet EOP targets

	Kigeme			Kaduha		
	Baseline	Endline	EOP Target	Baseline	Endline	EOP Target
Minimum Dietary Diversity in children 6-23 months	38.9%	27.7%	55%	21.9%	52.9%	60%
Minimum Acceptable Diet for children 6-23 months	3.3%	19.0%	50%	3.0%	40.4%	50%
Children 6-23 months receiving foods rich in iron	23.3%	8.2%	50%	15.2%	31.9%	50%
Pregnant women receiving iron pills	81.4%	89.7%	90%	80.4%	83.2%	90%
4+ ANC visits	48.9%	60.3%	75%	45.5%	59.4%	75%
2 TT during pregnancy	68.3%	80.0%	80%	68.4%	77.3%	80%
ORS or HAF	22.9%	36.1%	70%	23.1%	40.0%	70%
More fluids for diarrhea	40.0%	63.9%	70%	36.9%	67.5%	70%
Zinc treatment for diarrhea	10.0%	20.8%	70%	24.6%	15.0%	70%
Care seeking for pneumonia symptoms	45.1%	66.4%	70%	44.2%	63.2%	70%
CHW home visit during the past month	21.9%	43.3%	75%	26.7%	62.0%	75%
participation in Nutrition Weeks in the last 6 months	n/a	n/a	n/a	n/a	76%	80%

With continued support from the district, the generation of savings groups and other community oriented strategies, the integrated package of community interventions will likely have a more profound effect on the health outputs and outcomes in the long term. The results indicate that the complementary Nutrition Weeks strategy was more effective than the ongoing CBNP alone at improving dietary diversity and minimum acceptable diet. Competing health priorities may be a challenge to invest entirely upon nutrition interventions, though it remains a high priority for national policy. Initial outlay of investments will require substantial financial and time investments for district teams, but once established the scale of returns will be evident as communities take initiative and ownership of the systems. Though the Nutrition Weeks strategy has demonstrated great potential for a community

owned strategy for addressing malnutrition and health care, contextual considerations will be necessary to determine the opportunity costs and financial investments for the district teams before decisions are made for scale up.

The strategic leveraging of district health system and community leadership through the ICG providing technical capacity, equitable coverage, and management oversight of CHWs offers an excellent mechanism to achieve Rwanda's health system priorities, which require optimal community engagement.

KEY SUCCESS FACTORS

The project benefited greatly by using previous project staff who had experience establishing CG and working with community-based systems. The project team made phenomenal investments throughout the project lifecycle, for establishing robust community-based health systems and creating synergies with the ongoing priorities of the district team supporting their programs and partnering on most of the health initiatives launched by the districts. Training and management oversight of 536 ICG in the entire district was a challenging feat to accomplish within the short period, made more challenging due to limited geographic access to the communities. During the initial stages, Dr Judy Mclean and her students at the University of British Columbia were instrumental in designing the OR research and also assisting with the Nutrition Weeks qualitative research, drawing on their research and nutrition expertise. Dr. Fidele Ngabo, former Director of Maternal and Child Health Unit of the Rwanda MOH, was the other PI of the OR study. The project team capacity building efforts include monthly and quarterly leadership meetings to update on technical and management aspects of the project. As the existing health information system in Rwanda does not obtain information on household behavior change practices on a routine basis, the project developed a community mobilization tracking system. This provides a record of CHW performance, coverage, hand washing systems, and other behavior change indicators. Exit interviews with mothers following the Nutrition Weeks demonstrations indicated a great enthusiasm for the information and skills obtained. Mothers also met independently to review the content.

The BCC and supervision strategies were specifically designed for each stakeholder group and tools were standardized. Flip charts and counseling cards for BCC, maternal and newborn health, IYCF, posters and songs for prevention of malaria and pneumonia were developed. Posters, summary of IMCI, and Nutrition Weeks recipe booklets were also made available for other community members along with radio spots.

PROJECT CONTRIBUTIONS TO LEARNING AND EVIDENCE

The project team made conscious efforts to create a learning forum for strategic stakeholders based on the evidence. Presentations on findings from evaluations were shared with the national nutrition technical working group, nutrition summits, and other national and district policy makers. Students from University of British Columbia, Future Generations and teams from USAID and UNICEF visited the project site. Subsequent to the launch of the project and dissemination of preliminary findings, WR received funding support from UNICEF for expanding the program in Rutsiro, Gasabo and Rusizi districts. Funding was also provided by FAO for complimentary food security activities in Kitabi and Nkomane sectors. The Nyamagabe district team recommended OneUN (a group of United Nations agencies) to adapt the WR strategy of ICG and Nutrition Weeks for their nutrition program. The project team was also engaged with the MCSP project to learn about the ICG strategy. World Relief's MCH Regional MCH Advisor, Melene Kabadege, was invited to present the findings to 20 Ministers of Health at a meeting in Washington DC organized by USAID.

Other partnerships were forged with the WFP, OneUN, WV, FAO, UNICEF and CRS who were also engaged in food security interventions providing food supplements to pregnant women, as well as micronutrient powder (MNP). The research capacity of the project team and district partners was enhanced through participation in the cluster surveys, qualitative research and operations research study, and the use of smartphone technology for data collection and data analysis.

One of the most profound contributions of the project intervention was the transformation of male community members, who played an active role in child care and assisting women in domestic activities including cooking and kitchen gardening. Though men and women face different obstacles in care seeking and women typically are charged with domestic and childcare responsibilities, this was gradually changing as men were seen taking their children for health care and immunizations.

Components of the research were integrated in other WR grant proposals. In a proposal to TEARfund Australia for WR Indonesia, a Family Days nutrition intervention was designed based on the Rwanda OR. The strategies for nutrition education including cooking demonstration for the whole family to reinforce the messages provided by the churches were integrated in the interventions for the remote highlands of Papua. Nutrition Weeks were also adapted for implementation in a World Bank-funded nutrition project in Malawi which began in 2015. In Rwanda, WR's UNICEF project applied the NW concept for the introduction of MNP. Additionally, both NW and CG were included in a 2015 USAID Rwanda Mission RFA for eight districts, raising the possibility of broad scale-up in the near future.

In decentralized health systems where health sector wide approaches are integrated, sector monitoring and evaluation systems generally lead to improvement in accountability and learning, which may ultimately lead to better performance and results on the ground [15]. CHWs continue to play a pivotal role in service delivery and the data routinely generated through their systems are increasingly relied upon for providing information for program management, evaluation and quality assurance [16]. Though the system of using CHWs has been effective, the quality of the data is not always optimal. The project made considerable contributions to instituting effective community-based information systems through the ICG model, which fostered effective information systems and management of health issues at the district level, building capacity for integrated information systems.

PROJECT CHALLENGES AND LIMITATIONS

The project experienced delays due to delays in IRB approvals (more than three months), the development, translation and endorsement of the Nutrition Week curriculum, and leadership replacement due to the departure of key project personnel—including MOH investigators and the WR Director of MCH. There was an initial resistance by men to engage in the Nutrition Weeks. This was overcome by leveraging the community leadership and male ICG members who held community meetings and made home visits to advocate to men for participation. During church services, pastors also encouraged men to participate in Nutrition Weeks. Annual KPC evaluations were also resource and time intensive, especially during the rainy seasons. The existing CBNP strategy was not well designed and initially developed for facility based rehabilitation, and GMP sessions were only held in a few communities with minimal use of data. The project team invested considerable effort during the initial phases to develop the system and design robust monitoring systems for strategic decision making, as these indicators were not previously integrated in the district health information systems. Screening for severe malnutrition by the MUAC method was not standardized resulting in a high volume of errors and poor sensitivity. This was eventually integrated as a module for CHW training. Supervision of the GMP program was also extremely low with less than 30% reporting supervision. Supervision guidelines were also established for appropriate support to the GMP activities.

In the first two years, the project supplied the ingredients required for the NW demonstrations, though eventually the community was requested to generate these food commodities. This was met with initial resistance, but was eventually accepted. About 17% of the Nutrition Weeks groups organically formed income generating support groups to facilitate the interventions, which was not a planned activity.

Changes to the health care environment have to be accounted for and regulated in an operations research study. CRS launched a nutrition program in 2013, providing livestock, prompting kitchen gardens and conducting GMP sessions in two cells (three to four villages each) of the project area. The district and project team intervened to ensure that these interventions were only provided in selected cells to avoid contamination of results in the comparison site. Other interventions in the project area that may have contributed to the results include the integration of the 1000 day national campaign messages and MNP distribution (UNICEF) in 2014, the distribution of livestock in two sectors of the project area by FAO with WR Farmer Field schools in the same sectors, and the distribution of food supplements by WFP through a WV project to families in the lowest two poverty categories.

Referral for children with severe malnutrition was a major challenge initially as the WFP had already predetermined a target figure that could be treated at the health center. Hence children were sent back home if the health center already achieved the target, resulting in adverse perceptions and adherence to CHW or ICG counsel. The project team had to renegotiate these targets and ensure that children received appropriate case management or admission for these cases. Some mothers were reluctant to weigh their child in the UNICEF weighing scales as they were used by other community members and were unhygienic. The project team advocated for toilet seat covers, to accommodate their requests.

CONCLUSIONS

Despite Rwanda's extraordinary progress in the recent years, and winning the 'triple crown' reputation of fast economic growth, poverty reduction and narrowing the equity gap, challenges remain in reaching the goals for an equitable people-centered health care system that addresses the unfinished agenda of malnutrition and emerging trends of non-communicable diseases. Rwanda has launched many successful innovations, and the current evidence on Nutrition Weeks and ICG interventions illustrates a promising future for the country. Emerging initiatives like the USAID's 5-year Maternal and Child Survival Program, which focuses on scaling up successful service integration and capacity building innovations for optimal service delivery in primary care settings, need to consider these local solutions for enhancing community capabilities and ownership for long term sustainability.

The CG Model has been successful in achieving significant improvements in health care seeking behavior and mortality impact in other settings, as it employs an extensive cadre of community based volunteers to focus exclusively in health promotion interventions [7]. However, limited evidence on its sustainability and integration within existing national systems and community-based structures has been a major limitation. The Nyamagabe model of ICG actively engages various community and district leadership in joint training, decision making, and program implementation with the CHWs to ensure quality, equitable coverage, management efficiency, community acceptance and to address barriers to effective execution of interventions. The integrated model did pose some initial challenges as local leaders had other responsibilities and were unavailable for training or lacked the competencies. CHW master trainers were selected to cascade the training to the ICG members including village leaders. The cascade training model resulted in establishing key monitoring systems to ensure communication and information was standardized, to mitigate errors and unrealistic community expectations. This required enormous time investments of project staff during the initial stages of the project.

Results from the KPC surveys and qualitative assessments indicate impressive gains and returns of project investments, with significant differences between intervention and comparison sites for the OR nutrition interventions. Though the EOP targets were too high considering the lack of geographical access to health services, the upward trends indicate that these goals will be eventually achieved with the continued support of the district health team and community entities through the ICGs. Focused niche strategies like Nutrition Weeks are essential for targeting key health behaviors and interventions, especially for nutrition combined with other hygiene and food security interventions to prevent the onset of disease. Results from the Nutrition Weeks intervention demonstrated stronger behavior change results than CBNP, which relies primarily on large group education and demonstration. It is likely that the hands-on practice of cooking foods and feeding children facilitated the increase in dietary diversity among Nutrition Weeks participants.

The People-Centered health care framework proposed by WHO advocates for placing people and communities at the center of the health service planning to ensure that health services are more comprehensive, responsive, integrated and accessible to address diverse population needs [1]. The ICG model is a promising strategy for the delivery of people-centered care as it addresses and accommodates the perspectives of communities and priorities of the health care system building trust, equity, and achieving the goals for universal health coverage empowering people as co-producers of health. The CG model has evolved in Rwanda and has come to a phase of fruition, where community health care initiatives can be tactically integrated within the health system architecture, beyond achievements of short term project goals and objectives. However, government ministries will benefit from continued engagement of NGO's like WR, who have distinctive competencies and experiences in equipping and empowering community entities. Rwanda has witnessed transformational change in the past two decades, driven by major economic, political, social, technological and environmental forces. In this complex and dynamic environment, health care organizations need to creatively innovate to ensure a resilient, responsive and catalytic service delivery system to meet the needs and expectations of its people. To quote the mothers in Mugano Sector *"It would be very nice to have the Tangiraneza (Start Well) project continued, or to at least start a new project called KOMEZANEZA (Continue Well)."*

RECOMMENDATIONS

The main recommendation for this project is based on the reflections made by the Vice Mayor of Nyamagabe, who was keen to scale up the model in other districts, and use their district as a learning lab, as the model has demonstrated to be an effective strategy to reach the goals for national priorities. To retain the collaborative elements and partnerships, he believed that the district could play a pivotal role in initiating the meetings to plan and design the ongoing initiatives and determine the leadership and management oversight of these community mechanisms. The district letterhead, he remarked, would bring the profile and value for planning the sustainability initiatives. The mobile phone alerts through RapidSMS linking CHWs to nearby facilities for referral and real time information systems, needs to be sustained and integrated into the ongoing district health information system architecture.

Findings from the Nutrition Weeks and ICG model also indicate their potential for long term gains and achieving national priorities. Reported bottlenecks for active engagement in the Nutrition Weeks and supply of essential commodities for the group cooking exercise were successfully addressed in some communities. These best practices must be shared with other sites and WR and NGO projects through photo voice and other media to effectively communicate the problem solving measures instituted in this project. The WR team has already integrated key success elements in other ongoing initiatives and programs in other country contexts, but it should be shared with a wider audience for effective adaptation. The CG model has been experimented widely in many countries, but few have demonstrated successful integration within existing health care systems. A research publication on the potential, limitation and

challenges of the ICG would provide key insights for other NGO's adapting the CG model for community-based health care. Effective support systems for optimizing CHW performance, creating contextually appropriate supervisory and incentive systems with local leaders was one of the distinctive features of this project. National CHW movements will benefit greatly from this ICG model, as the CHW workforce can be effectively leveraged to achieve universal and equitable coverage and quality.

Sustaining motivation and performance of CHWs has been a universal challenge, especially in contexts with minimal monetary compensatory mechanisms or incentives. In Rwanda, the PBF initiative has reported remarkable success in achieving health system goals, however the performance payment mechanisms for CHWs continue to pose challenges, posing great risks to the continued performance of CHWs. The CHW savings schemes instituted in Nyamagabe have been successful in some sites, but undocumented in other communities. The key challenges in this mechanism for performance payment and problem solving mechanisms that have been evidenced to be successful, would provide an excellent learning opportunity for other health systems that rely on this volunteer workforce. The ICG meet regularly, and have similar task expectations for home visits, etc, however, it is likely that CHWs are assigned more responsibilities for the ICG expectations. Though this was not evident in any of the qualitative research findings, it would be important to interview and document some of the challenges perceived by CHWs in the ICG model.

Interviews with the project team indicated enormous levels of sacrificial investments to meet project demands and goals engaging with the district team as partners. An internal documentation of promising practices and challenges would enhance organizational and individual learning for WR as they engage in scaling up programs in other health systems globally. The Nutrition Weeks strategy and ICG model are innovative mechanisms for consideration in post conflict and transitional contexts to build trust, solidarity and strengthen linkages with developmental agencies and the national governments.

Table 8. Recommendations

Finding	Conclusion	Recommendation	Action	Who Is Responsible
<i>Effective integration of CHW and local leaders through ICG Model</i>	<i>Achievement of universal coverage for key MNCH interventions</i>	<i>Ensure ongoing implementation in Nyamagabe and scaling up to other projects; maintain RapidSMS system for CHW reporting; research publication on ICG & CHW performance; document CHW savings scheme & CHW challenges with ICG; WR internal documentation of promising practice for consideration in development & post conflict contexts</i>	<i>Dissemination of evidence to national and global stakeholders. Research Publication</i>	<i>WR HQ, USAID, MCSP, CORE Group</i>
<i>Evidence of Nutrition Weeks interventions</i>	<i>Improvements in key nutrition, child feeding and food security indicators</i>	<i>Integration in Rwanda's national nutrition policy and CBNP to be complemented with Nutrition Weeks activities, kitchen gardening etc.; share best practices with other sites; share with broader audience & WR internal documentation of promising practice</i>	<i>Advocate for uptake of Nutrition Weeks interventions with national technical advisory groups and other global entities including WFP, UNICEF, etc.</i>	<i>WR, MOH Technical Advisory Group</i>
<i>CHW Incentive Systems</i>	<i>Inadequate documentation</i>	<i>Obtain information through informal feedback from CHW</i>	<i>15-20 CHW informal interviews to determine effectiveness of</i>	<i>WR Internal documentation</i>

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ANNEXES

- I. List of Publications and Presentations Related to the Project
- II. Work Plan Table
- III. Rapid CATCH Table
- IV. Final KPC Report
- V. Community Health Worker Training Matrix
- VI. Evaluation Scope of Work
- VII. Data Collection Instruments
- VIII. Disclosure of Any Conflicts of Interest
- IX. Evaluation Team Members, Roles, and Their Titles
- X. Final Operations Research Report
- XI. Stakeholder Debrief PowerPoint Presentation
- XII. Project Data Form
- XIII. Year 3 (MTE) KPC Report
- XIV. Qualitative Data Findings
- XV. Summary of Project Activities

ANNEX I. LIST OF PUBLICATIONS AND PRESENTATIONS RELATED TO THE PROJECT

1. Care Group Technical Advisory Group (TAG) meeting - Washington DC, May 29-30, 2014
“From Care Groups to CHW Peer Support Groups: Scaling up in Rwanda”
2. MCHIP Close-out Event – Washington DC, June xx, 2015
“Scaling up Integrated Community Case Management with Interpersonal Social and Behavior Change Communication in Rwanda, Kabeho Mwana “Life for a Child” Expanded Impact Child Survival Project, 2006-2011”
3. International Conference on Community Health (Kigali, Rwanda, January, 2011).
4. Effective Strategies to Mobilize Community Health Workers to Promote Behavior Change in Rwanda. Presentation at 2011 International Summit on Community Health; Kigali, Rwanda.
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ANNEX II. WORK PLAN TABLE

Result	Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Project Design, Planning and Start-Up																	
All	Secure formal agreements with MOH; consult USAID Mission	X	X															WRR Country Office
IR3	Design Innovation OR and meet with MOH and University partners	X	X	X														WR HO
IR2	Community Mobilization and formation of Village-level Integrated Care Groups with CHWs, village leaders and religious leaders.		X	X														ICSP Manager& CM Officers
All	Hire guards, purchase equipment and supplies	X																ICSP Manager; WR HR Coordinator WR Logistic Manager ICSP Administrative Assistant
All	Hire 2 Motorbike drivers			X														ICSP Manager; WR HR Coordinator ICSP Administrative Assistant
All	DIP Preparation and detailed work plan	X	X	X														ICSP Team; HO Technical Unit
	Key Project Activities																	
	<i>BCC Activities</i>																	
IR2	Launching the ICSP Tangiraneza				X													WRR Country Office; ICSP Team
IR2	Quarterly Meetings with Partners				X				X	X	X	X	X	X	X	X	X	ICSP Manager, M&E Officers
IR1	Build MOH and Sector Social Affairs –in-Charge capacity to train and supervise BCC activities.			X						X								Tangiraneza ICSP CM Staff, MOH
IR1	Train CHW Cell Coordinator and In charge of Social Affairs at cell level to supervise CG in Interventions and BCC.			X						X								Tangiraneza ICSP CM Officers Community Health –in-Charge Sector Social Affairs –in-Charge

Result	Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
IR2	Quarterly meeting for Care group leaders and supervisors				X	X	X	X	X	X	X	X	X	X	X	X	X	Tangira neza ICSP CM Officers, In charge of Social affairs at cell level
IR2	Quarterly meeting with Local Leaders and Religious Leaders on BCC				X	X	X	X	X	X	X	X	X	X	X	X	X	Tangira neza ICSP CM Officers, In charge of Social affairs at cell and sector levels
IR1	Care Group Leaders lead monthly Integrated CGs				X	X	X	X	X	X	X	X	X	X	X	X	X	Care Group Leaders
IR1	BCC (HH health education)				X	X	X	X	X	X	X	X	X	X	X	X	X	Care group Members: CHW, Village Leaders
IR1	Follow up Care Group BCC activities				X	X	X	X	X	X	X	X	X	X	X	X	X	Tangira neza ICSP CM Officers In charge of Social affairs at cell level CHW Cell Coordinator
IR2	Distribute annual incentives to CG members								X								X	Tangira neza ICSP CM Offocers
IR2	Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.				X	X	X	X	X	X	X	X	X	X	X	X	X	Tangira neza ICSP CM Offocers
	<i>Nutrition Activities</i>																	
IR2	Participate in Nutrition Technical Working Group; Solicit input and share findings.				X	X	X	X	X	X	X	X	X	X	X	X		ICSP Manager, HO Tech Unit; ICSP Nutrition Officers
IR1	Conduct TOT on CBNP			X														ICSP Nutrition Officers, MOH
IR1	Train CHWs on CBNP			X	X													ICSP Nutrition Officers, MOH
IR3	Develop Nutrition Week Curriculum			X	X													ICSP Team, MOH/NTWG, HO Technical WG
IR3	Train MOH trainers and In Charge of Social Affairs on Nutrition Week				X													ICSP Nutrition Officers, MOH
IR3	Train Village Nutrition Committees on Nutrition Week				X	X	X	X		X	X	X		X	X	X		ICSP Nutrition Officers, MOH

Result	Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
IR2	Mobilize Sector Nutrition Committees through quarterly Meeting					X	X	X	X	X	X	X	X	X	X	X		Tangira neza ICSP Nutrition Officers, Hospital Nutrition Supervisors
IR2	Participate to DPEM semi annually meeting					X		X		X		X		X		X		ICSP Manager, ICSP Nutrition and Community Mobilization Officers
IR1	Implement and follow up Growth Monitoring sessions				X	X	X	X	X	X	X	X	X	X	X	X	X	CHWs; HC In charge of CH activities
IR1	Implement and follow up Kitchen Garden and assist vulnerable Families					X	X	X		X	X	X		X	X	X		CHWs, In Charge of Social affairs at cell level, Sector Agronomist
IR3	Implement Nutrition Weeks Innovation/ OR activities				X	X	X	X		X	X	X		X	X	X		Village Nutrition Committee, ICSP Team. In charge of Social Affairs and HC in charge of Nutrition
IR2	OR to compare CBNP, 'Nutrition Week' Innovation, and control communities, prior to district level scale-up				X				X				X			X		UBC, MOH, ICSP Officers, HO Technical Unit
	Maternal & Newborn Care																	
IR1	Build HC and Hospital staff capacity to train ASM on MNC and Rapid SMS			X						X								ICSP MNC Officers; MOH
IR1	Support HC trainers to train ASM on MNC and Rapid SMS				X					X								ICSP MNC Officers ; HC
IR2	Support HC to follow up ASM providing Newborn and post partum care			X	X	X	X	X	X	X	X	X	X	X	X	X	X	ICSP MNC Officers , HC; ASM
	Community Case Management																	
IR1	Community Case Management Refresher training					X												ICSP CCM Officers, MOH
IR2	Support HC staff to supervise CCM activities					X	X	X	X	X	X	X	X	X	X	X	X	ICSP CCM Officers, HC

Result	Major Activities	Year 1				Year 2				Year 3				Year 4				Personnel
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Baselines, Monitoring & Evaluation, & Reporting																	
All	Review/Planning Meetings with MOH	X		X		X		X		X		X	X		X	X		ICSP Manager, WRR Director of Programs
All	Monthly and Annual Reporting	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	ICSP Manager, M&E Officers
All	Monthly Health Information System reporting	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M&E Managers
All	Community-Health Information (Data Collection and Analysis)	X		X		X		X		X		X	X		X	X		ICSP M&E Officers, MOH, CHWs,
All	Quarterly Analysis of M+E data and feedback skill-building at HC and District levels	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	M&E Officers; MOH
All	Annual CHW Performance Review			X				X				X				X		ICSP CCM Officers, MOH
All	Project monthly meetings		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	ICSP Manager and Officers
IR3	Develop the study protocol to present to RNEC for OR						X				X				X			UBC, HO Technical Advisor, ICSP Manager
IR3	Annual and Final Evaluations & OR Dissemination			X					X				X			X		UBC, HO Technical Advisor, ICSP Manager
	Final Evaluation															X		ICSP Manager, WRR Director of Programs
	Technical Assistance and Trips																	
All	Visits by World Relief HO Technical Advisors			X					X			X				X		HO Technical Unit
All	Visit by World Relief Regional Technical Advisor	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Regional Technical Advisor

ANNEX III. RAPID CATCH TABLE

Rapid CATCH Table

<i>Indicator</i>	<i>Location</i>	<i>Baseline Estimate (%)</i>	<i>MTE Estimate (%)</i>	<i>Final Estimate (%)</i>
% infants aged <6 months who were exclusively breast-fed in the last 24 hours	Kaduha (Intervention)	91.1	92.9	96.7
	Kigeme (Comparison)	98.9	94.3	88.9 *
% of infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition	Kaduha (Intervention)	2.96	38.6	40.4 *
	Kigeme (Comparison)	3.3	24.5	19 *
% of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall	Kaduha (Intervention)	70.4		66.2
	Kigeme (Comparison)	77.04		60.98
% of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population)	Kaduha (Intervention)	10.6	7.6 (indicator calculated for 6-23 mos)	10.8
	Kigeme (Comparison)	6.7	15.4 (indicator calculated for 6-23 mos)	8.6
% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child	Kaduha (Intervention)	45.5		59.4 *
	Kigeme (Comparison)	48.9		60.3
% of mothers with children age 0-23 months who received	Kaduha (Intervention)	68.4		77.3

<i>at least two Tetanus toxoid vaccinations before the birth of their youngest child</i>	<i>Kigeme (Comparison)</i>	<i>68.3</i>		<i>80 *</i>
<i>% children age 0-23 months whose births were attended by skilled personnel</i>	<i>Kaduha (Intervention)</i>	<i>83</i>		<i>92.99 *</i>
	<i>Kigeme (Comparison)</i>	<i>91.7</i>		<i>97.5</i>
<i>% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth</i>	<i>Kaduha (Intervention)</i>	<i>37.7</i>		<i>97.5 *</i>
	<i>Kigeme (Comparison)</i>	<i>44.2</i>		<i>99.7 *</i>
<i>% mothers of children 0-23 months who are using a modern contraceptive method</i>	<i>Kaduha (Intervention)</i>	<i>57.5</i>		<i>73.11 *</i>
	<i>Kigeme (Comparison)</i>	<i>62.5</i>		<i>78.9 *</i>
<i>% of households of children age 0-23 months that treat water effectively</i>	<i>Kaduha (Intervention)</i>	<i>50</i>	<i>75.7</i>	<i>78.9 *</i>
	<i>Kigeme (Comparison)</i>	<i>56.4</i>	<i>57</i>	<i>66.7</i>
<i>% of mothers of children age 0-23 months who live in households with soap at the place for hand washing</i>	<i>Kaduha (Intervention)</i>	<i>38.6</i>	<i>73.7</i>	<i>85.3 *</i>
	<i>Kigeme (Comparison)</i>	<i>43.9</i>	<i>73</i>	<i>76.9 *</i>
<i>% of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids</i>	<i>Kaduha (Intervention)</i>	<i>23.1</i>		<i>40</i>
	<i>Kigeme (Comparison)</i>	<i>22.9</i>		<i>36.1</i>

% of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider	Kaduha (Intervention)	44.2		63.2
	Kigeme (Comparison)	45.1		66.4
% of children age 12-23 months who received a measles vaccination	Kaduha (Intervention)	87.4		85.99
	Kigeme (Comparison)	83.4		89.8
% of children aged 12-23 months who received Pentavalent-1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey	Kaduha (Intervention)	89.3		90.5
	Kigeme (Comparison)	86.9		96.6
% of children aged 12-23 months who received Pentavalent-3 (DTP3 with HepB and Hib) according to the vaccination card or mother's recall by the time of the survey	Kaduha (Intervention)	84.3		89.2
	Kigeme (Comparison)	84.1		93.9
% of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night	Kaduha (Intervention)	66.9		50.3 *
	Kigeme (Comparison)	66.9		49.7 *
% of children age 0-23 months with a febrile episode during the last two weeks	Kaduha (Intervention)	30.7		45.5

<i>who were treated with an effective anti-malarial drug within 24 hours after the fever began.</i>	<i>Kigeme (Comparison)</i>	<i>36.0</i>		<i>46.2</i>

Key Indicators Table

Indicator	Location	Baseline Estimate (%)	MTE Estimate (%)	Final Estimate (%)
% of children 0-23 months who were put to the breast within one hour of birth	<i>Kaduha (Intervention)</i>	<i>48.3</i>	<i>82.3</i>	<i>82.2 *</i>
	<i>Kigeme (Comparison)</i>	<i>51.1</i>	<i>78.7</i>	<i>86.7 *</i>
% of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time a stool passed.	<i>Kaduha (Intervention)</i>	<i>71.4</i>	<i>80.7</i>	<i>84.4 *</i>
	<i>Kigeme (Comparison)</i>	<i>82.8</i>	<i>81</i>	<i>89.4</i>
% of children 0-23 months with diarrhea in the previous two weeks	<i>Kaduha (Intervention)</i>	<i>17.2</i>		<i>11.1</i>
	<i>Kigeme (Comparison)</i>	<i>19.4</i>		<i>20</i>
% of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness	<i>Kaduha (Intervention)</i>	<i>36.9</i>		<i>67.5</i>
	<i>Kigeme (Comparison)</i>	<i>40</i>		<i>63.9</i>
% of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness	<i>Kaduha (Intervention)</i>	<i>63.1</i>		<i>82.5</i>
	<i>Kigeme (Comparison)</i>	<i>64.3</i>		<i>75</i>
% of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements	<i>Kaduha (Intervention)</i>	<i>24.6</i>		<i>15</i>
	<i>Kigeme (Comparison)</i>	<i>10</i>		<i>20.8</i>

ANNEX IV. FINAL KNOWLEDGE, PRACTICE, AND COVERAGE REPORT



*World Relief Rwanda
Innovation Child Survival Project
Nyamagabe District, Rwanda
October 2011-September 2015*

Final Knowledge Practices and Coverage (KPC) Survey Report Including Indicators for Operations Research

Data collected: March 25-27 2015

Report submitted to USAID February 5, 2016

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Acronyms

ACT	Artesunate Combined Treatment (Coartem)
ANC	Ante-Natal Care
APHA	American Public Health Association
ARI	Acute Respiratory Infection
ASM	Agente de Santé Maternelle (Maternal Health Agent)
BCC	Behavior Change Communication
BF	Breastfeeding
BMI	Body Mass Index (method for calculating underweight)
CAMERWA	Central Purchasing Body for Medicines in Rwanda (Centrale d'achats de Médicaments du Rwanda)
CATCH	Core Assessment Tool on Child Health
CBN	Community-Based Nutrition
CBNP	Community-Based Nutrition Program
CCM	Community Case Management
CDC	Community Development Committee
CHW	Community Health Worker
C-IMCI	Community-Integrated Management of Childhood Illness
CORE	Child Survival Collaborations and Resources Group
COSA	Health Committee (Comite de Sante)
CMAM	Community Management of Acute Malnutrition
CSHGP	Child Survival and Health Grants Program
CSP	Child Survival Project
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CTO	Cognizant Technical Officer, USAID
DDP	District Development Plan
DIP	Detailed Implementation Plan
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EBF	Exclusive Breast Feeding
EIP	Expanded Impact Child Survival Project
FE	Final Evaluation
FP	Family Planning
FY	Fiscal Year
GDP	Gross Domestic Product
GMP	Growth Monitoring and Promotion
GoR	Government of Rwanda
HBM	Home-Based Management (of fever)
HC	Health Center
HF	In-Home Fortification
HFA	Health Facility Assessment
HMIS	Health Management Information System
HQ	Headquarters
HSSPII	Health Sector Strategic Plan II
IFA	Iron-Folic Acid
IGA	Income-generating activities
ICG	Integrated Care Group
IMCI	Integrated Management of Childhood Illness
IMU	Inpatient Malnutrition Unit
IR	Intermediate Result
ITN	Insecticide Treated Bed Net
IYCF	Infant and Young Child Feeding

LLIN	<i>Long Lasting Insecticide Treated Bed Nets</i>
LOE	<i>Level of Effort</i>
KPC	<i>Knowledge, Practice and Coverage</i>
MAM	<i>Moderate Acute Malnutrition</i>
MCH	<i>Maternal and Child Health</i>
MCHIP	<i>Maternal and Child Health Integrated Program</i>
MDP	<i>Millennium Development Goals</i>
MINAGRI	<i>Ministry of Agriculture</i>
MINALOC	<i>Ministry of Local Government</i>
MNC	<i>Maternal and Newborn Care</i>
MNCH	<i>Maternal, Newborn and Child Health</i>
M&E	<i>Monitoring and Evaluation</i>
MOH	<i>Rwandan Ministry of Health</i>
MOU	<i>Memorandum of Understanding</i>
MTE	<i>Midterm Evaluation</i>
MUAC	<i>Mid-Upper Arm Circumference</i>
OR	<i>Operations Research</i>
ORS	<i>Oral Rehydration Solution</i>
ORT	<i>Oral Rehydration Therapy</i>
OTP	<i>Outpatient Therapeutic Program</i>
PBF	<i>Performance Based Financing</i>
PD Hearth	<i>Positive Deviance/Hearth model</i>
PDA	<i>Personal Data Assistant</i>
PENTA-1	<i>Pentavalent-1</i>
PENTA-3	<i>Pentavalent-3</i>
PI	<i>Principle Investigator</i>
POU	<i>Point-of-use</i>
PVO	<i>US Private Voluntary Organization</i>
QA	<i>Quality Assurance</i>
RDHS	<i>Rwanda Demographic & Health Survey</i>
RDT	<i>Rapid Diagnostic Test (for malaria)</i>
RFA	<i>Request for Applications</i>
RIDHS	<i>Rwanda Interim DHS</i>
RT	<i>Round Trip</i>
RUTF	<i>Ready to Use Therapeutic Food (Plumpy Nut)</i>
RWF	<i>Rwandan Francs</i>
SBC	<i>Social and Behavior Change</i>
SAM	<i>Severe Acute Malnutrition</i>
SMS	<i>Short Message Service (text message)</i>
TBA	<i>Traditional Birth Attendant</i>
TOT	<i>Training of Trainers</i>
TT	<i>Tetanus Toxoid</i>
TWG	<i>Technical Working Group</i>
UBC	<i>University of British Columbia</i>
UNICEF	<i>United Nations Children's Fund</i>
USAID	<i>United States Agency for International Development</i>
VAS	<i>Vitamin A Supplement</i>
WHO	<i>World Health Organization</i>
WR	<i>World Relief</i>
WRA	<i>Women of Reproductive Age</i>

Executive Summary

Population of interest: *Rwanda is a small, mountainous and densely populated country. The population is over 80% rural and most people rely on agriculture to meet their basic needs.¹ The 2010 DHS Survey Final Report revealed that the Nyamagabe District had some of the highest rates of malnutrition, anemia and stunting nationwide². Moreover, rates of stunting, which is symptomatic of undernutrition during the key developmental period between conception and two years of age, commonly referred to as the '1000 days', was reported by the DHS as 44% nationwide. Malnutrition of varying degrees gravely affects the cognitive and physical development of children and the well-being and productivity of women with serious consequences for the intergenerational cycle of poverty and undernutrition in Rwanda persisting without effective interventions being implemented³.*

The project and methodology: *In October 2011, World Relief (WR) was awarded a four year grant from the United States Agency for International Development (USAID) Child Survival and Health Grants Program to improve the health and undernutrition of children under five and pregnant women in Nyamagabe District, South Province, Rwanda. The WR Innovation CSP was designed to help the government of Rwanda achieve its Millennium Development Goals (MDGs) related to maternal and child health, particularly the elimination of malnutrition. The targeted population of Nyamagabe District is 330,510.⁴ The total number of women beneficiaries is 111,431 and total number of children under five years of age is 41,314 children (12.5% of total population in 2011).*

*The estimated **Level of Effort** per intervention is: Nutrition 40%, Maternal Newborn Care 35%, Diarrhea 15%, and Pneumonia 10%.*

As part of its endline assessment, the project carried out a Knowledge, Practices and Coverage (KPC) survey. This survey used parallel sampling with 30-cluster methodology to collect information from mothers of children 0-23 months in late March and early April, 2015. Two separate 30x12 cluster samples were randomly selected in each of two hospital zones that comprise Nyamagabe District. The combined sample included 720 households.

The primary objectives of the survey were:

- 1. To measure endline values for indicators related to the project's interventions, including USAID Key Indicators.*
- 2. To collect baseline values for USAID Rapid CATCH indicators (some of which overlap with the project indicators).*
- 3. To collect endline data for indicators related to the project's operations research on the Nutrition Weeks innovation.*

The innovation: *Nutrition Weeks innovation was introduced into the Community Based Nutrition Protocol (CBNP) in the intervention area, Kaduha hospital zone, while using the Kigeme hospital zone as the comparison group. This intervention was expected to improve the nutritional status of pregnant, lactating women, and children aged 0-23 months in the intervention area, as a result of enhanced Infant and Young Child Feeding (IYCF) practices. CHWs in Kaduha received training and a step-by-step guide to implement Nutrition Weeks, which were scheduled three times each year. The Nutrition Weeks included*

¹ US Department of State Background Note. Accessed November 14, 2011. <http://www.state.gov/r/pa/ei/bgn/2861.htm>

² 2010 DHS Survey Final Report, published in February 2012.

³ Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, et al. What works? Interventions for maternal and child undernutrition and survival. *Lancet*. 2008; **371**(9610): 417-40.

⁴ Nyamagabe District Statistics 2011

all women with children under two and pregnant women. Mothers participated in week long, two-hour nutrition education sessions modeled after PD/Hearth, practicing cooking diverse local foods and responsively feeding their children in a supportive group with the goal of improving child diet and nutrition status.

Results of KPC Survey: Of the KPC respondents, about 31%-32% were classified as those in 'abject poverty' or 'very poor', with around 67% identified as 'poor' in both zones of the district. The endline KPC survey also found 83.06% of respondents in Kaduha and 83.89% of respondents in Kigeme had self-reported mutuelle membership. Of these, 98.99% in Kaduha and 91.39% in Kigeme had a membership card to show the interviewer.

Both Kaduha and Kigeme hospital zones saw improvements over the life of the project with regards to international standards and recommendations for infant and young child feeding. Nutrition practices in Kaduha, where Nutrition Weeks intervention is implemented, showed marked improvements from baseline levels. The proportion of infants and young children age 6-23 months fed according to the **Minimum Dietary Diversity (MDD)** increased from 21.9% at baseline to 52.9% at EOP, falling slightly short of the target of 60%. However, Kigeme showed a decline in MDD from the baseline level 38.9% to 27.7%. The MDD estimates at EOP comparing Kaduha and Kigeme were statistically significantly different (a linear probability model (LPM) found the change in MDD from baseline to endline in the intervention area was 30% higher than the comparison area ($p < 0.001$), controlling for time and location). **Minimum Meal Frequency (MMF)** increased dramatically from baseline levels in both zones (from 7.0% to 68.6% in Kaduha and from 7.4% to 65.8% in Kigeme), with both zones exceeding their EOP targets (though MMF EOP estimates between the two zones were not statistically significantly different). The proportion of infants and young children age 6-23 months fed according to the **Minimum Acceptable Diet (MAD)** increased in both zones. An LPM found that the change in MAD from baseline to endline in the intervention area was 23% higher than the comparison area ($p < 0.001$), controlling for time and location. However, neither area achieved the target of 50% for this indicator.

The proportion of children 0-23 months of age who were put to the breast within one hour had increased considerably from baseline levels and surpassed the target of 70% in both Kaduha and Kigeme, but were not significantly different from each other (48.32% to 82.22%; 51.1% to 86.67% respectively). Prolactal feeding decreased in the two zones 10.99% to 0.28% in Kaduha and 10.70% to 1.69% in Kigeme; declining more than the target of 3%, though the two zones were not significantly different from each other. Exclusive breastfeeding of children 0-5 months remained high in Kaduha with a moderate increase from 91.11% (CI: 85.23-96.99%) at baseline to 96.67 (CI: 88.23-99.94%) at EOP. However a decline in exclusive breastfeeding was noted in Kigeme [98.89% (CI: 96.73-100.00%) at baseline to 88.89% (CI: 75.94-96.29%) at EOP. The EOP estimates of this indicator in the two zones were not statistically significantly different.

Malnutrition indicators showed a decline in both zones, but this decline was not statistically significantly different. When the EOP estimates of these indicators between Kaduha and Kigeme were compared, there was no statistically significant difference. In Kaduha, the proportion of children 0-23 months who were underweight decreased from 17.8% (CI: 14.0-22.5%) at baseline to 13.33% (CI: 8.7-19.2%) at EOP, though not statistically significant. However, in Kigeme, there was an increase from 8.9% (CI: 6.6-15.0%) at baseline to 12.5% (CI: 8.28-18.56%) at EOP, though not statistically significant as well. When the EOP estimates of this indicator were compared between Kaduha and Kigeme there was no statistically significant difference.

While measured for tracking purposes only, there was a decline in stunting in the two zones from their respective baseline levels, though neither change was significantly different. In Kaduha, stunting among 0-23 month old children was 44.3% (CI: 37.6-51.2%) at baseline, and declined to 31.39% (CI: 24.95-39.00%). In Kigeme, stunting decreased from 33.4% (CI: 27.1-40.4%) at baseline to 26.39% (CI: 20.36-33.76%) at EOP. EOP stunting levels in Kaduha and Kigeme were not statistically significantly different.

The percentage of mothers of children who live in households with soap at the place for hand washing improved in both zones, from 38.6% (CI: 33.6-43.6) at baseline to 85.28% (CI: 79.6-90.3) at EOP in Kaduha and from 43.9% (CI: 38.8-49.0) to 76.94% (CI: 69.8-82.6) in Kigeme, both surpassing the EOP target of 65%, though not significantly different from one another. The percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness went up in both zones, reaching EOP targets of 75%. In Kaduha, it rose from 63.1% (CI: 51.4-74.8) at baseline to 82.5% (CI: 62.1-96.8) at EOP. In Kigeme, rates similarly rose from 64.3% (CI: 53.1-75.5) to 75% (CI: 57.8-87.9). As the confidence intervals overlapped, there was no statistically significant difference between the two zones at EOP.

The proportion of households with children 0-23 months that received a visit from a community health worker (CHW) in the past month, according to reported purpose was 61.94% (CI: 51.14-68.80%) in Kaduha compared to 43.33% (CI: 35.98-50.91%) in Kigeme, and this was statistically significantly different. The estimates of this indicator were similar at baseline in Kaduha [26.7% (CI: 22.13-31.27%)] and Kigeme [21.9% (CI 17.63-26.17%)] but at EOP, Kaduha had higher estimates than Kigeme.

Background

Project Location

Rwanda is a small, mountainous and densely populated country. The population is over 80% rural and most people rely on agriculture to meet their basic needs.⁵ The 2010 DHS Survey Final Report revealed that the Nyamagabe District (in South Province of Rwanda) had some of the highest rates of malnutrition, anemia and stunting nationwide⁶. Moreover, rates of stunting, which is symptomatic of undernutrition during the key developmental period between conception and two years of age, commonly referred to as the ‘1000 days’, was reported by the DHS as 44% nationwide. Malnutrition of varying degrees gravely affects the cognitive and physical development of children and the well-being and productivity of women with serious consequences for the intergenerational cycle of poverty and undernutrition in Rwanda persisting without effective interventions being implemented⁷.

Project area health, social, and economic conditions

The most recent (2010) DHS Survey Final Report reveals that Nyamagabe District has some of the highest rates of malnutrition, anemia and stunting nationwide⁸. The District’s leading causes of child mortality are: neonatal complications, pneumonia, diarrhea and malnutrition. The 2014-2015 DHS Key Indicators document found 40.5% stunting including 13.9% severe stunting in the South Region where Nyamagabe is located⁹.

Most income-generating activities in Nyamagabe are agricultural. The crops grown, in order of importance, are: beans, Irish potatoes, sweet potatoes, wheat, bananas, sorghum, cassava, passion fruits, peas, maize and soy.¹⁰ The two primary cash crops are tea, grown in eastern Nyamagabe near the Nyungwe National Park, and coffee, which is grown throughout the district.

The 2010 Nyamagabe District Development Plan explains that “very poor soil conditions, degradation by erosion, fragmentation and over-exploitation linked to lack of fallow land and poor agricultural practice due to lack of inputs has led to acute impoverishment of available land.” Moreover, the land available per family is quite limited. These factors contribute to 28% of the population living below the poverty line, and the constant threat of food insecurity¹¹.

Challenges to proper nutrition in Rwanda include shortage of land, poor soil, lack of animals (for fertilizer) and lack of enough animal protein or fat in the diet. At baseline, mothers also lacked knowledge about ideal BF practices, the proper times to introduce complementary foods, and proper fat content for diets of young children. Meal frequency was very low, and dietary diversity was also inadequate. Even health workers had erroneous beliefs about BF, complementary feeding, and nutrient content of foods (thinking tree tomatoes have iron, for example.) Children were given a very watery porridge, so nutrient density was poor, and the porridge itself was not enriched with any source of protein such as small fish, animal protein or even added oil (as they believed oil is bad for children’s

⁵ US Department of State Background Note. Accessed November 14, 2011. <http://www.state.gov/r/pa/ei/bgn/2861.htm>

⁶ 2010 DHS Survey Final Report, published in February 2012.

⁷ Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, et al. What works? Interventions for maternal and child undernutrition and survival. *Lancet*. 2008; **371**(9610): 417-40.

⁸ 2010 DHS Survey Final Report, published in February 2012

⁹ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. Rwanda Demographic and Health Survey 2014-15: Key Indicators. Rockville, Maryland, USA: NISR, MOH, and ICF International.

¹⁰ DDP, p. 10

¹¹ *ibid*

liver.) Frequent bouts of diarrhea are a significant problem, and since it is so common, mothers do not have a strong enough perception of the severity, and they do not seek treatment, nor do enough give continued fluids and foods for catch-up growth.

Nyamagabe District has sufficient water sources, yet many people still use streams, dams, swamps and valleys¹². Over 23% of the people travel nearly 3.5 km to the nearest clean water source; which is 3km further than the recommended national norm. Instead of the local government being in charge of management of the water infrastructure, maintenance and repair has been a responsibility of the general population. Due to poor management, existing infrastructure has been neglected, and left in a state of disrepair¹³.

The Nyamagabe district health services were strengthened by WR through the CSHGP –funded Expanded Impact Project (EIP) that was implemented in six districts of southern and eastern Rwanda (funding ended in 2011). WR was responsible for Nyamagabe District and for overall training in Care Group methodology. The focus of EIP was to help the MOH roll out Community Case Management (CCM) for pneumonia and diarrhea through integrated Care Groups (CGs) that used MOH CHWs (1 per 2-3 villages). Nyamagabe is not endemic for malaria, although the government added CCM for malaria in the district in conjunction with national use of rapid diagnostic testing for malaria. The program did not address nutrition or maternal and newborn care, which are both key areas for the present Innovation CSP.

There are 2 District hospitals, 16 health centers, and 1,608 CHWs (binome and ASM) across the 536 villages in Nyamagabe. The national plan Vision 2020 calls for one health center in each of the 17 sectors to improve the number of people living within 10 km of a health facility. According to the district development plan, there is only one physician for every 33,655 people (9 total), and the 2012 goal is for 15 doctors¹⁴. Due to the USAID supported system-strengthening for logistics and procurement as well as direct support of various donors, there are fairly reliable supplies of essential medicines.

Clients pay for health services in Rwanda. In 2003, the MOH instituted a health insurance scheme known as mutuelle de santé. The 2012 Nyamagabe KPC baseline survey just found that 57% and 63% (Kaduha and Kigeme, respectively) of families with children under two surveyed in the district were enrolled. Enrolled individuals make a small co-payment to receive all primary care services and medications. Many hospital services are also covered. For families who are not yet enrolled, the cost of services is a major barrier to appropriate care-seeking, however, there are various NGO and government programs to assist poor families to enroll.

Community Health Workers and Community Mobilization

CHWs in Rwanda

Rwanda has a system of community health workers such that every village (umudugudu) has each of the following: 1) One male and one female pair of CHWs (binome) in charge of community case management (malaria, pneumonia and diarrhea) and nutrition; one of the binome provides community-based distribution of family planning as well, and 2) One maternal health agent (ASM), a female responsible for maternal and newborn health. The binome and ASM have indefinite terms of service once elected and trained. Each village and cell also has a representative in charge of Social Affairs, which falls

¹² Ibid, p. 15

¹³ Ibid, p. 15

¹⁴ Ibid, p. 17

under the Ministry of Local Government (MINALOC). Behavior change is considered under the purview of MINALOC. CHWs are provided with a simple medical kit including a mid-upper arm circumference (MUAC) measuring tape, timer for counting breaths, amoxicillin for treating presumptive pneumonia, artemisinin-based combination therapy (ACT) for confirmed malaria, oral rehydration salts (ORS) and zinc for diarrhea, and a wooden box to store all medicines, data collection tools and other job aids. Rapid diagnostic test (RDT) kits to confirm malaria have been rolled out nationally. In these districts, CHWs also have a supply of gloves and a waste disposal box.

TBAs and traditional healers: Although Traditional Healers exist, there is no MOH program for them now. WR trained them in EIP (2006-2011) to refer to facilities for sick child danger signs. Traditional Birth Attendants (TBAs) are no longer recognized in Rwanda; some former TBAs were trained to become maternal health CHWs (ASM) but are not allowed to do home deliveries.

CHW incentives: The binome and ASM CHWs receive financial incentives via performance based financing. A small individual payment is made to each CHW in addition to a collective stipend that is paid into the CHW cooperative at health center level.

CHW training and supervision: Each type of CHW is trained with others of the same role according to a standard protocol for each component of their responsibilities (e.g. 2 days for growth monitoring; 5 days for IYCF). Additionally, they attend monthly meetings en masse at the health center. However, as these meetings tend to focus on the income generation function of the CHW Cooperative, there is a separate monthly meeting specifically for CCM reporting and re-stocking of drug supplies.

Supervision of CHWs occurs at two levels using standardized supervision tools. The health center in-charge for community health is responsible for supervising all CHWs in the field once every three months. Additionally, peer supervision is to take place monthly via the CHW Cell-Coordinator, a competent (unpaid) peer elected to supervise the other CHWs (about 20) in his or her cell.

CHW workload: Theoretically, all CHWs are responsible for conducting home visits in their village related to their area of expertise. However, they naturally focus their time most heavily on curative rather than preventive services with behavior change communication mostly done in the context of large community gatherings. In the March 2011 draft report of a 2010 c-IMCI evaluation of CHWs in Rwanda (Community Health Desk, Rwanda MOH, p. 14), analysis of CHW workload reported on “the basic elements of their work: seeing a sick child, completing the monthly report and traveling to the health center.” The study found that on average, CHW binomes spent about 9 hours per month on the combined tasks. Notably, BCC was not even included in the assessment, indicative of its ancillary role.

Current status of CHW training in Nyamagabe: Before Tangiraneza began, training related to nutrition focused primarily on growth monitoring and screening for referral to the health center for rehabilitation. Through Tangiraneza, project staff have supported the MOH in training CHWs on its maternal, infant and young child feeding curriculum that was finalized at the start of the project. In addition to national protocols for CHW trainings, each district is mandated to do what it can towards the government’s goal to eliminate malnutrition.

Integrated Care Groups

In the prior Kabeho Mwana Expanded Impact Project, World Relief formed the CHWs in six districts of Rwanda into modified Care Groups for peer support and enhanced behavior change communication (BCC). The modified Care Groups enabled joint planning, data reporting and cross-training of all CHWs in C-IMCI messages. By dividing up geographic responsibility for home visits, all households with children under five could be reached monthly with BCC.

This strategy is complementary to and enhances the MOH strategy for CHWs though is not formally MOH policy. The Final Evaluation for EIP found that these CHW peer groups fostered solidarity and support not experienced in the much larger CHW meetings at health center. In the current project, CHW groups were further modified to include village and religious leader representatives to enhance village level support and coordination, and have been termed “integrated” care groups.

Mobilizing Faith Communities

Religious leaders are highly regarded by their followers in Rwandan society and the vast majority of people identify themselves as Christian. A poll conducted by the Pew Forum on Religion and Public Life in 2010¹⁵ reported that 93% of respondents were Christian, 5% Muslim, and 2% other, similar to data reported by the Rwanda government in 2006. Ninety eight percent polled said that religion was “very important” (90%) or “important” (8%) in their life. Weekly attendance at religious services was reported by 76% of respondents and an additional 12% participated monthly or yearly. These findings underscore the importance of engaging religious leaders and faith communities as part of community mobilization.

The project engaged with parish leaders from all denominations on a quarterly basis at sector level. Initially, the members helped identify which church leaders should participate in the integrated Care Group at village level. They were also charged with making plans with the congregations under their leadership for reinforcing key health messages and helping the most vulnerable families in their communities with the support needed to follow recommended behaviors. For example, during rollout of messages on hand washing, congregations could be challenged to identify and support families for whom building a tippy tap might otherwise be out of reach—with the expectation that assistance be based on need regardless of religious affiliation.

National standards/policies regarding maternal and child health, particularly nutrition

National standards and policies regarding MCH and Nutrition are developed based on internationally-accepted guidelines and programs. This Innovation CSP is designed to help the government of Rwanda achieve goals related to maternal and child health, and particularly for the elimination of malnutrition. The Rwanda MOH Strategic Plan for 2008-2012 notes that “the most influential International commitments providing direction to the HSSP-II are the MDGs, the African Health Strategy 2007-2015, the Paris Declaration, Accra Accord and Abuja Declaration.”

Four MDGs are related to health:

- *Goal 1: Eradicate extreme poverty and hunger (malnutrition)*
- *Goal 4: Reduce child mortality*
- *Goal 5: Improve maternal health*
- *Goal 6: Combat AIDS, malaria and other diseases*

The HSSP-II includes many strategies and interventions that are oriented towards speeding up the achievement of health-related MDGs. While great strides have been made to meet these goals, Goal 5, to improve maternal mortality, proved the most difficult to achieve. This plan outlines the additional interventions required to accelerate progress towards realizing this MDG.

The HSSP-II is also guided by the Africa Health Strategy 2007-2015, which provides strategic direction to Africa’s efforts in creating better health for all along with an overarching framework to enable coherence within and between countries, civil society and the international community. The Strategy emphasizes the need to strengthen health systems, provide the poor with services and thereby contribute to equity. It

¹⁵ <http://features.pewforum.org/africa/country.php?c=182>

focuses on the health of women and children, where great challenges remain. It suggests that apart from the necessary attention for AIDS, malaria and TB, the substantial disease burden posed by other communicable and non-communicable diseases should not be overlooked. It also encourages sector-wide approaches to guarantee alignment of donor funding with nationally-determined plans and priorities.

Rwanda signed on to the Abuja Declaration committing 15% of disposable GDP to its health sector. Furthermore, donor commitment to the Paris Declaration for aid harmonization (2005) and Accra Accord for aid effectiveness (2008) has resulted in improved donor co-ordination.¹⁶

Nutrition Policy

The Second National Nutrition Summit held in Kigali in November, 2011 had the theme of “Supporting Progress in Rwanda’s Efforts to Eliminate Malnutrition”.¹⁷ Over 200 Rwandan and international participants and experts met to discuss progress on the consensus statement from the 2009 Nutrition Summit, which was “to prevent acute and chronic malnutrition (stunting), through a multi-sectoral approach featuring multiple well-proven and evidence-based interventions with a focus on community based nutrition programmes.”

After two years of implementing District Plans to Eliminate Malnutrition (DPEM), participants described the following challenges issues: “lack of commitment and participation from local leaders at the district level, and the amount of work expected of community health workers (CHWs) despite the fact that they are voluntary workers.

“All Summit participants agreed with the potential communication power of the concept of 1,000 Precious Days. This slogan should be adopted as a theme of the DPEMs in order to add a highly human, easy to understand concept and should be promoted in a major way at all levels with the objective of having all families take new interest and pride in this period and provide the special nutrition actions and protection needed to have the child reach the age of two years with their full potential intact for growth and development. The concept of “Agakono K’ umwana”, meaning a special pot for the child, should also be considered as a communication vehicle to drive the much needed high quality complementary feeding component of the 1,000 Precious Days.”

Project goals, objectives, interventions and KPC survey objectives

The WR Innovation CSP was designed to help the government of Rwanda achieve its Millennium Development Goals (MDGs) related to maternal and child health, particularly the elimination of malnutrition. The targeted population of Nyamagabe District is 330,510 (Nyamagabe District Statistics 2011). The total number of women beneficiaries is 111,431 and total number of children under five years of age is 41,314 children (12.5% of total population in 2011).

The intervention activities and % level of effort are: Nutrition 40%, Maternal Newborn Care 35%, Diarrhea 15%, and Pneumonia 10%.

As part of its endline assessment, the project carried out a Knowledge, Practices and Coverage (KPC) survey. This survey used parallel sampling with 30-cluster methodology to collect information from mothers of children 0-23 months in late March and early April, 2015. Two separate 30x12 cluster

¹⁶ The Rwanda Ministry of Health Strategic Plan for 2008-2012 can be found online at: http://www.usaid.gov/rw/our_work/for_partners/images/rwandahealthsectorstrategicplanii.pdf

¹⁷ Second National Nutrition Summit, report can be found online: www.nns2rwanda.org

samples were selected in each of two hospital zones that comprise Nyamagabe District. The combined sample included 720 households.

KPC Survey primary objectives:

- 1. To measure endline values for indicators related to the project's interventions, including USAID Key Indicators.*
- 2. To collect endline values for USAID Rapid CATCH indicators (some of which overlap with the project indicators).*
- 3. To collect endline data for indicators related to the project's operations research on the Nutrition Weeks innovation.*

The innovation: *Nutrition Weeks innovation was introduced into the Community Based Nutrition Protocol (CBNP) in the intervention area, Kaduha hospital zone, while using the Kigeme hospital zone as the comparison group. This intervention was expected to improve the nutritional status of pregnant, lactating women, and children aged 0-23 months in the intervention area, as a result of enhanced Infant and Young Child Feeding (IYCF) practices. CHWs in Kaduha received training and a step-by-step guide to implement Nutrition Weeks, which were scheduled three times each year. The Nutrition Weeks included all women with children under two and pregnant women. Mothers participated in week long, two-hour nutrition education sessions modeled after PD/Hearth, with a goal of learning about foods, feeding practices, and other behaviors that will prevent undernutrition. Fathers and alternate caregivers also participated in select sessions in order to reinforce learning and healthy IYCF practices when mothers are not present.*

CSP Goals

The overall goal of the World Relief Innovation Child Survival Project is to reduce morbidity, mortality, and undernutrition of children under five and pregnant women in Nyamagabe District, Rwanda.

The aim of the operations research component of the project is to identify a feasible way for the Ministry of Health in Rwanda to use existing staff and CHWs to reduce and prevent undernutrition in children who are in their first 1,000 days of life in Nyamagabe District. The results of the project will yield valuable data relevant to scaling up the approach in Rwanda and contribute to the international body of knowledge on feasible approaches to prevent undernutrition. To facilitate this, Dr Fidele Ngabo, formerly the Director of the Maternal and Child Health Unit for the Ministry of Health was appointed as a Principal Investigator along with Dr. Judy Mclean, PhD, Senior Instructor of International Nutrition at the University of British Columbia. Two consecutive Heads of the Nutrition Desk for the Ministry of Health, Alphonsine Nyiransabimana and then Alexis Muzindutsi, were Co-Investigators, along with Melene Kabadege, WR Maternal & Child Health Regional Technical Advisor for Burundi, Congo & Rwanda, who had the idea for Nutrition Weeks.

CSP Objectives

The project's Strategic Objective is "Improved capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health intervention at the community level." The main objective of the operational research (OR) component is to identify and test the effectiveness and feasibility of the Nutrition Weeks innovation when added to the standard CBNP. This intervention is expected to improve the nutritional status of infants and young children aged 6-23 months from baseline to the end of study in the intervention area (Kaduha hospital zone) compared to that of the comparison area (Kigeme hospital zone), as a result of improved Infant and Young Child Feeding (IYCF) practices. Proxy indicators will be used assess improvements made.

Technical Package:

Table 1: Project goal, strategic objective, and intermediate results

Project Goal: To reduce morbidity, mortality and underlying nutrition of children under five and pregnant women in Nyamagabe District of Rwanda.		
Strategic Objective: Improve capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.		
IR 1. Improved geographic access to and demand for high quality MNCH services	IR 2. Improved coordination of and impact of community health activities	IR 3. Innovation tested to improve the effectiveness of the Community Based Nutrition Program
Activities: 1) Build capacity of Community Health Supervisor and Hygienists from all 16 Health Centers as TOT trainers for the CHW Cell Coordinators and the Social Affairs in-charges at Cell level. In turn, these 2 cadres of workers will train Care Groups. 2) The Cell-Coordinators will train 1608 CHWs (each one in charge of 2-3 CGs) in all interventions (Nutrition, MNC, Diarrhea and Pneumonia). The Social Affairs in-charge at the cell level will train CHWs for Nutrition Weeks, supporting the CHW Coordinator in BCC/ community mobilization. 3) Train Kaduha area CBN Village Committees with the 'Nutrition Week' innovation. 4) Train 536 maternal health CHWs (ASM) in MNC package.	Activities: 1) CHWs, religious leaders and community representatives meet monthly to: • Make action plans based on data reported by CHWs • Cross-train in BCC for key family practices based on barrier analysis and BC strategy; • Coordinate regular home visits • Improve referral to appropriate CHW and/or health facility. 2) Build capacity of Sector and Cell level In-Charge of Social Affairs to support BCC. 3) Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.	Activities: 1) Conduct Operations Research comparing standard CBNP activities vs. CBNP plus the addition of the 'Nutrition Week' intervention. Evaluate impact with regard to cost and feasibility for scale up. 2) Participate in Nutrition Technical Working Group; Improve awareness, solicit input and share findings. 3) Improve CHWs records and reporting system for nutrition.

CSP Intervention activities

The estimated Level of Effort per intervention is: Nutrition 40%, Maternal Newborn Care 35%, Diarrhea 15%, and Pneumonia 10%. The following table shows key indicators for each intervention.

Table 2: Key Activities for the Selected High Impact Technical Interventions

Nutrition – 40% Level of Effort (LOE)
Community-Based Growth Monitoring held every month with quality counseling based on weight

<i>for age growth plots</i> <i>Underweight children screened with MUAC and severely underweight or SAM cases referred to health centers</i> <i>Pregnant women screened with MUAC and referred for supplemental food if under 18.5 cm (will be held during Nutrition Week in Kaduha area)</i> <i>Children enrolled in OTP and those discharged from IMU will get a referral card from Facility to Community and will be followed up by CHWs.</i> <i>Integrated Care Groups use the Triple A process (per MOH protocol) to seek and implement solutions to malnutrition in community</i> <i>Results of growth monitoring shared with churches to elicit specific support for families with malnourished children</i> <i>Nutrition Weeks (described in Section 4 Innovation) held in each community 3 times per year</i> <i>De-worming and vitamin A distribution provided twice a year during MCH week.</i> <i>Promotion of Kitchen Gardens as recommended by the MINAGRI (responsible for Kitchen Gardens) and with technical assistance from government agronomists or NGOs in the district working in agriculture</i> <i>Provision of rabbits for community breeding to improve access to animal-source foods (paid by matching funds)</i> <i>Plan and follow up the implementation of the District Plan to Eliminate Malnutrition in Kaduha and Kigeme hospital zones</i> <i>Provide technical support to the implementation and supervision of PNBC Package (GM, cooking demonstration, IGA, etc.)</i>
Maternal Newborn Care – 35% LOE <i>Support the MOH to train the maternal health CHWs (ASM) to identify and register WRA and pregnant women, promote ANC, birth preparedness, institutional deliveries, use of family planning, attend postnatal checks for mothers and newborns and refer women and newborns with danger signs to health facilities.</i> <i>Orient the Integrated Care Groups to key MNC messages they will promote to women and men including:</i> <i>• Attending ANC, value of institutional deliveries</i> <i>• Recognition of danger signs in pregnancy, delivery, post-partum, in the newborn</i> <i>• Maternal nutrition and decreased work load during pregnancy</i> <i>• Consumption of Iron-folic acid (IFA) and acquisition of Vitamin A supplements post-partum</i> <i>• Child spacing</i> <i>• ASMs help families make a birth plan and promote savings for the related costs or mutuelle enrollment</i> <i>• Integrated Care Groups develop emergency transport plan and community savings for medical emergencies.</i> <i>• Advocate for Facility Training and quality improvement on Post Natal Care</i> <i>• Provide Technical Support to Integrated Supervisions at community level</i>

<i>Diarrhea – 15% LOE</i>
<i>Coordinate refresher training for CHWs in CCM with emphasis on use of zinc and continued fluids and feeding during illness.</i> <i>Reinforce CHW’s Counseling and communication skills</i> <i>Integrated Care Groups promote point of use water purification, Community-Led-Total Sanitation, and treatment-seeking for diarrhea to improve utilization rates for zinc in addition to oral rehydration solution (ORS).</i> <i>Collaboration with Hygiene Clubs when they are started in Nyamagabe (district was not included in recent choice), through participation of Executive Committee member in Integrated Care Group.</i> <i>Hygiene promotion through churches</i>
<i>Pneumonia – 10% LOE</i>
<i>Coordinate refresher training for CHWs in CCM with emphasis on use of amoxicillin and increased fluids and feeding during illness.</i> <i>Collaboration with Ministry of Infrastructure and on-going projects to promote improved stoves to reduce indoor smoke</i> <i>Hygiene promotion to prevent transmission of respiratory infections</i> <i>Integrated Care Groups promote recognition of danger signs and prompt care-seeking based on C-IMCI package.</i>

Process and Partnership Building

Methods of identifying and engaging local partners/stakeholders in the KPC

Most were experienced and trained from previous KPCs. Most were also MOH staff or representatives of local government. In fact, overall World Relief employed a minimum number of staff relative to the size of the population and number of CHWs being trained. WR’s role was more one of facilitation and capacity-building instead of direct implementation, which is the responsibility of MOH and local government. The Project Manager and Officers participated in National-level Technical Working Groups corresponding with their areas of focus and facilitated MOH capacity-building at the district, sector and community levels. Local officials, MOH staff, volunteers, and civic leaders were involved in every phase of the project, including the KPC and all evaluations.

KPC Participants included:

- 15 Health Center Nutritionists
- 2 Hospital staff in charge of M&E
- 28 sector staff in charge of Social Affairs at cell level
- 4 University of Rwanda Students
- 13 WR staff

The WR MCH Regional Technical Advisor participated as the survey coordinator. The refresher trainings were organized for one day including piloting the questionnaire. The interviewers were between 20 and 40 years of age, fluent in Kinyarwanda and had completed both secondary school and some level of

higher technical education. The enumerators received refresher training on how to use the PDA tablets, as well as how to properly collect anthropometric measurements. Each enumerator had the opportunity to practice data collection in the field in Kabajogo, Nyamugali and Nyarusange villages, Gasaka sector. During the data collection the new enumerators were together with the experienced ones, in order to get more support from the stronger enumerators and to ensure good quality of data collection and proper use of PDA tablets.

Specific roles of local partners/stakeholders in the KPC survey

As described above, except for just 13 WR staff and 4 University of Rwanda students, the entire KPC was conducted by MOH staff and representatives of local government.

Constraints in making the KPC process more participatory

There were no constraints to making the KPC process more participatory.

Methods

Questionnaire development

The baseline questionnaire was developed using guidance and modules from USAID KPC 2000+ and Rapid CATCH 2008. Additionally, the 2008 WHO Indicators for Assessing Infant and Young Child Feeding Practices were used for indicators, questions and tabulation plans related to IYCF. The WHO guidance was similar to but not identical to the Rapid CATCH guidance on the same. In consultation with Jennifer Winestock Luna, Senior Advisor for Monitoring and Evaluation at MCHIP, it was agreed to use the more current WHO guidance on IYCF, particularly in light of the focus on dietary diversity, meal frequency and minimum acceptable diet as critical measures for the project's operations research. The original questionnaire was reviewed by MCHIP prior to use. Upon guidance from MCSP, a few additional questions were added to the endline questionnaire with regards to household financial behaviors related to nutrition.

Scope of the survey, Survey length, Versions of the questionnaire (if more than one type of respondent is sampled), Translation into local languages

The final questionnaire had 106 questions, some with multiple sub-questions (particularly with regard to infant and young child feeding). Major topics included: demographic information, maternal and newborn care, nutrition and child feeding, anthropometry, diarrhea and hygiene, pneumonia case management, malaria prevention and case management, immunization and interaction with community health workers and Care Group members. The questionnaire was translated into Kinyarwanda and used for households with children under the age of two years. In the rare case where the caregiver was not the biological mother of the child, questions pertaining to maternal and newborn care, including immediate breastfeeding were not deemed relevant and skipped. Interviews using the questionnaire took 60-70 minutes to conduct.

The questionnaire was prepared for electronic data collection by entering it into Mobile Data Studio. Data were collected on 23 project hand held tablets and 13 personal smart phones of the enumerators.

KPC indicators by intervention area, and definitions

Study indicators

The expansive list of indicators was included to enable refinement of project objectives and activities based on those indicators that show the greatest need and opportunity for project impact. Please refer to the Tabulation Plan in the Annex for more detailed definitions of each indicator.

Table 3. Study Indicators

Breastfeeding and Nutrition (LOE 40%)	
<i>Immediate breastfeeding of newborns</i>	<i>Percent of children 0-23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)</i>
<i>Prelacteal feeding</i>	<i>Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.</i>
<i>Exclusive breastfeeding</i>	<i>Percent of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC)</i>
<i>Continued breastfeeding at 1 year</i>	<i>Percent of children 12-15 months who are still breastfeeding.</i>
<i>Continued breastfeeding at 2 years</i>	<i>Percent of children 20-23 months who are still breastfeeding.</i>
<i>Minimum Dietary Diversity</i>	<i>% infants and young children age 6-23 months fed according to the Minimum Dietary Diversity (OR)</i>
<i>Minimum Meal Frequency</i>	<i>% infants and young children age 6-23 months fed according to the Minimum Meal Frequency (OR)</i>
<i>Minimum Acceptable Diet</i>	<i>% infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition (OR, RC*)</i>
<i>Consumption of iron-rich foods</i>	<i>% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)</i>
<i>Age appropriate introduction of semi-solid foods</i>	<i>Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.</i>
<i>Responsive feeding</i>	<i>Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods). This indicator will get revised at next survey; will reference HF project data for baseline at that time.</i>
<i>Self- Feeding</i>	<i>Percent of children who consume soft, semi-solid or solid foods) who are self-feeding</i>
<i>Vitamin A Supplementation in the last 6 months</i>	<i>Percent of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall. (RC 8, OR)</i>
Anthropometry	
<i>Underweight for Age</i>	<i>Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population). Disaggregate underweight by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$) (RC)</i>
<i>Acute Malnutrition / Wasting</i>	<i>% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population). Disaggregate wasting by moderate ($\leq -2SD$ and $> -3SD$) and severe</i>

	($\leq -3SD$) (OR)
Acute Malnutrition - MUAC	Percent of children 6-23 months acutely malnourished as measured by MUAC Disaggregate by 'at risk', moderate and severe acute malnutrition
Stunting – Height for Age	Percentage of children 0-23 months who are under height/length for age ($-2SD$ for the median height for age, according to WHO reference population) Disaggregate stunting by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$)
Maternal Newborn Care (LOE 35%)	
4+ ANC visits	% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)
ANC in first trimester	% mothers of children age 0-23 months who had antenatal visit in the first trimester when they were pregnant with the youngest child
Tetanus toxoid	%mothers with children age 0-23 months who received at least two TT vaccinations before the birth of their youngest child. (RC2)
Skilled birth attendance	% children age 0-23 months whose births were attended by skilled personnel. (RC3)
Newborn post-natal check-up within 2 days of birth	% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth. (RC4)
Current Contraceptive Use Among Mothers of Young Children	% mothers of children 0-23 months who are using a modern contraceptive method. (RC5)
Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)
Control of Diarrheal Disease (LOE 15%)	
Prevention	
Point of Use water treatment	Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)
Improve appropriate hand washing practices	Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)
Hand washing at appropriate times	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times
Latrine/toilet in good condition	Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition
Safe feces disposal	Percentage of mothers of children 0-23 months who disposed of

	<i>the youngest child's feces safely the last time a stool passed.</i> (Key Indicator)
<i>Two week prevalence of diarrhea</i>	<i>Percentage of children 0-23 months with diarrhea in the previous two weeks</i> (Key Indicator)
<i>ORT use for diarrhea</i>	<i>Percentage of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids.</i> (RC13)
<i>More fluids during diarrhea</i>	<i>Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness.</i> (Key Indicator)
<i>Feeding during diarrhea</i>	<i>Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness.</i> (Key Indicator)
<i>Zinc treatment for diarrhea</i>	<i>Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements.</i> (Key Indicator)
<i>Pneumonia Case Management (LOE 10%)</i>	
<i>Prevalence of pneumonia</i>	<i>Percent of children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey</i>
<i>Care seeking for pneumonia</i>	<i>Percent of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider.</i> (RC14)
<i>Immunization</i>	
<i>Measles</i>	<i>Percentage of children age 12-23 months who received a measles vaccination by time of survey by card or mother's recall.</i> (RC9)
<i>Access to Immunization Services</i>	<i>Percentage of children aged 12-23 months who received Pentavalent-1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey.</i> (RC10)
<i>Health System Performance regarding immunization services</i>	<i>Percentage of children aged 12-23 months who received Pentavalent-3 (DTP3 with HepB and Hib) according to the vaccination card or mother's recall by the time of the survey.</i> (RC)
<i>Malaria (not an official intervention)</i>	
<i>LLIN/ITN use</i>	<i>Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night.</i> (RC17)
<i>Two week prevalence of fever (tracking only)</i>	<i>Percent of children 0-23m with fever in the past two weeks.</i>
<i>Treatment of Fever in Malarious Zones</i>	<i>Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective</i>

	<i>anti-malarial drug within 24 hours after the fever began. (RC12)</i> <i>NOTE: Because of Rapid Diagnostic Testing, only children with a positive test should receive a drug. This is not reflected in Rapid Catch Indicator.</i>
<i>Care-seeking for fever</i>	<i>Percentage of children age 0-23 months with a febrile episode during the last two weeks who sought treatment from appropriate provider. (Measured because of RDT issues explained above.)</i>
Process Indicators – CHWs and Nutrition Weeks	
<i>CHW Home Visits</i>	<i>Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose</i>
<i>Participation in Nutrition Weeks</i>	<i>Percentage of mothers with children 0-23 months who participated in “Nutrition Week” intervention at least once in the past 6 months for 4 or more days.</i>

Sampling design and type of design used

This survey used parallel sampling with 30-cluster methodology to collect information from mothers of children 0-5 months and from mothers of children 6-23 months. Two separate, 30x12 cluster samples were randomly selected in each of two hospital zones that comprise Nyamagabe District, using population proportional to size.

Within each cluster, nine mothers were selected with children 6-23 months and three different mothers with children 0-5 months. The two different hospital zones (Kaduha and Kigeme) correspond to the intervention and comparison populations evaluated in the project’s operations research. Data collection for the OR component was nested in the broader KPC Survey.

Because of the dual survey purposes, sampling took into account not only the needs of standard child survival projects using 30x10 cluster methodology, but also measurement of the primary outcome indicator for the operation’s research. The primary outcome indicator for the OR is based on infants 6-23m who are fed the minimum acceptable diet, as defined by WHO for IYCF in 2008.

Formula used for sample size calculation for OR component:

$$n = D [(Z\alpha + Z\beta)^2 * (P1 (1 - P1) + P2 (1 - P2)) / (P2 - P1)^2]$$

Where,

$$D= 2; Z\alpha =1.645; Z\beta = 0.84; \alpha= 0.05; \beta= 0.80$$

Table 4. Sample Size Calculations based on Primary Outcome Indicator (M.A.D.)

<i>Proportion of infants and young children of ages 6m-23m fed according to minimum appropriate feeding practices** in sample 1.</i>	<i>Proportion of infants and young children of ages 6m-23m fed according to minimum appropriate feeding practices in sample 2</i>	Δ	$n1 = n2$	N

<i>p1</i>	<i>p2</i>			
0.37**	0.47	0.10	596	1191
0.37	0.52	0.15	265	530
0.37	0.57	0.20	148	295
0.37	0.67	0.30	62	125
0.37	0.77	0.40	32	63
0.37	0.87	0.50	17	34

*At the time of sample size calculation, 'minimum appropriate feeding practices' was the closest indicator to minimum acceptable diet available. The final 2010 DHS report with calculation of MAD was not available until later.

** Source: Addendum to the 2005 Rwanda DHS (IYCF).

http://www.measuredhs.com/pubs/pdf/FR183/Rwanda_IYCF_KM-2005.pdf

From the above calculation, in order to detect a 15% or greater difference in the proportion of infants and young children of ages 6m-23m fed according to the minimum acceptable diet between baseline and end of study in the intervention area and in the comparison area, with $\alpha = 0.05$ and 80% power, we would need a total of 530 infants and young children of ages 6m-23m, with a minimum of 265 in each arm. In order to have a consistent number of children 6-23m in each of 30 clusters, 265 was rounded up to 270 per arm yielding 9 children 6-23m per cluster.

In order to measure indicators like exclusive breastfeeding, limited to infants 0-5 months, a minimum sample of 75 infants was recommended by MCHIP at baseline. However, that number was increased to 90 in order to be evenly divisible by 30, so as to have the same number in each cluster. Another benefit to increasing the sample of 0-5 months to 90 was that with 270 6-23 month-olds, the sample for each age group would be proportional to the approximate composition of children under two years (assuming no infant mortality, for simplicity). As such, when calculating indicators based on children 0-23 months, neither sub-age group is inherently over-represented.

In summary, the sample in each hospital zone totaled 360 mothers; 90 with children 0-5 months and 270 with children 6-23 months. The two 30x12 cluster samples combined totaled 720 interviews.

Household Selection Process

The starting point for each cluster was determined in the following manner: the survey team asked village leaders to identify the center of the village. From that central point, a random direction was selected by spinning a bottle. Surveyors would then walk in a straight line in the randomly chosen direction until they reached a house with a child under 24 months, which would become the first mother interviewed. The second and subsequent households were selected by continuing in the same direction in a straight line, until a second house with a child under 24 months, then a third house, and so forth. This was repeated until 3 mothers of children 0-5 months and 9 mothers of children 6-23 months were interviewed.

Households were defined as a group of people who eat from the same cooking pot or whose meals are prepared together. In cases where the mother was not available at the time the interviewer arrived at the home, the interviewer returned to the same house later in the day. If the mother was still not available by the end of the day, then the house was skipped. In cases with two children under 24 months, the younger child was selected (unless the quota for children 0-5 months had already been reached, in which case the youngest child 6-23 months would be selected). In the case of twins, the first born of the two was selected. Mothers were interviewed alone unless the husband objected in which case he was allowed to be present as well. If the mother was under 21, by requirement of law, consent

from her husband or other guardian was obtained in addition to her own consent to participate in the interview.

Training

Selection of interviewers, training (duration, trainers, content/structure of sessions)

Most interviewers were experienced and trained from previous KPCs. Most were also MOH staff or representatives of local government. The enumerators received refresher training on how to use the PDA tablets, as well as how to properly collect anthropometric measurements. Each enumerator had the opportunity to practice data collection in the field in Kabajogo, Nyamugali and Nyarusange villages, Gasaka sector. During the data collection the 10 new enumerators were together with the experienced ones, in order to get more support from the stronger enumerators and to ensure good quality of data collection and proper use of PDA tablets.

Strengthening local capacity to conduct future small-sample surveys

As stated above, most of the survey participants were MOH staff or representatives of local government. Most of these participants served as supervisors or interviewers in more than one of the project's KPC surveys, and two surveys (one in the intervention area and one in the comparison area) were held annually for four years. Thus, the members of the MOH and local governments are well practice in conducting surveys.

Data collection

Average length of interview: 60 minutes

Number of days for data collection: 3 days. By using 23 WR PDA tablets and 13 smart phones, the survey could be carried out faster by simultaneously working in the two areas: Kaduha and Kigeme Hospital zones.

Major constraints/field problems: As it was the start of the rainy season, for a few days the rain disturbed data collection. Geographic constraint: Some villages randomly selected were very far and inaccessible by motorbikes so the enumerators had to walk a long time in order to reach the selected households.

The survey team was very experienced, so just a few quality-control procedures were employed. The 10 new interviewers were paired with experienced interviewers. The six supervisors covered an average of less than ten interviewers each. The Regional Technical Advisor observed 3-4 interview teams each day of data collection. Data was cleaned carefully, and the teams returned to the households if necessary to confirm the responses.

Data Analysis

Data from excel database were transferred into STATA 10 for the majority of the analysis. Data were transferred into SPSS for initial calculations. New variables were created for composite indicators. Design effect of 2 was used to calculate confidence intervals, as this is most conservative. Raw data used in this analysis are in Annex 10. Epi Info Emergency Nutrition Assessment (ENA) for anthropometry was used to obtain z scores.

Description of person(s) involved in data management/analysis

Raw data was completed by Melene Kabadege (WR Regional Technical Advisor), WR M&E Officers Beatrice Nyiranzeyimana and Camarade Rutambwe and Allison Flynn (WR HQ Health Advisor). WR HQ staff Rachel Hower helped to analyze some indicators. Dr. Monisha Billings analyzed all indicators,

including those for the Operations Research, and helped with the preliminary report. Aubrey Bauck also conducted some analysis for the Operations Research.

Quality-control procedures (e.g., error checking during the data entry process)

Supervisors reviewed completed questionnaires before leaving the village in which data had been collected, to ensure completeness and accuracy of the forms. In the event of missed data, interviewers returned to the households to gather the missing information.

The entry of each questionnaire was double-checked for accuracy and data cleaning was done by the M&E Officers and MCH Regional Technical Advisor. Basic statistical analyses including primarily frequencies and ranges were conducted to identify inconsistencies, so that the data could be cleaned accordingly.

Ethical Considerations

World Relief received ethical approval each year from the Rwanda National Ethics Committee (RNEC) for its Operations Research, including data collection for the KPC Survey. Approval for the endline survey and OR was received on March 23, 2015.

Prior to beginning the interviews at the household level, enumerators explained the nature of the survey using a detailed consent form and gave the interviewee an opportunity to pose questions. Following protocol requested by RNEC, a paper with a standard script written about the study was either read by the mother or read aloud by a CHW (but not by the enumerator team). It was explained to the mother how the information collected would be used, how anonymity would be maintained, and that there would be no compensation for participation or sanction for those not wishing to participate. Interviewees signed on a separate page to indicate that they understood and consented to be interviewed. Enumerators signed after each informed consent to verify that the process was properly performed. Interviewees were given a copy of the information form with contact details for the investigators in case they wished to withdraw from the survey or express any concerns after the team had departed. (Please see Annex 5 for the Consent Form.) If the mother was under legal age, consent from her husband or guardian was required in addition to her own.

Respondent names were collected to facilitate returning to households in the event of missing data. However, as all analysis and reporting is in the aggregate, it would not be possible to identify specific respondents.

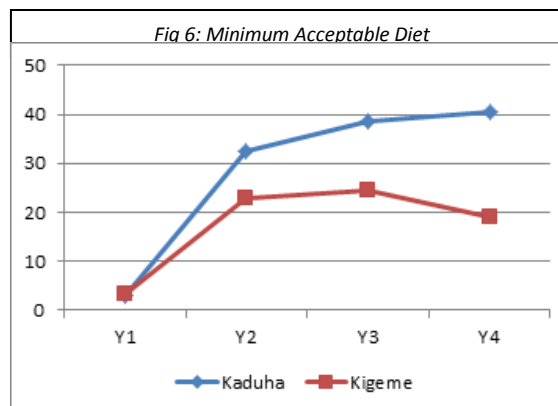
ICSP Tangiraneza Year 4 Final KPC & OR Study Timeline, January- September 2015

Activity	Jan			Feb			March				April				May				June				July				August				September		
	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3			
Meeting with MOH Co- Investigator to prepare OR																																	
Stakeholder’s meeting to provide updates on OR																																	
Develop study protocol including consent forms, draft questionnaires, Interview & FGD guides and sampling frame:																																	
Submit protocol to MOH for sign-off – Jan 30, 2015																																	
Submit protocol to RNEC for ethical approval – Feb 16, 2015																																	
Prepare electronic data collection software – March 2015																																	
Prepare enumerator training: March 2015																																	
Train ICSP M&E Officers :March, 2015																																	
Train Supervisors March, 2015																																	
Train data collection teams March, 2015																																	
Conduct pilot exercise March, 2015																																	
Revise questionnaire and software for electronic data collection – March, 2015																																	
Field data collection for KPC March – April, 2015																																	
Data cleaning April 2015																																	
Data analysis April 2015																																	
Train teams collecting Qualitative																																	

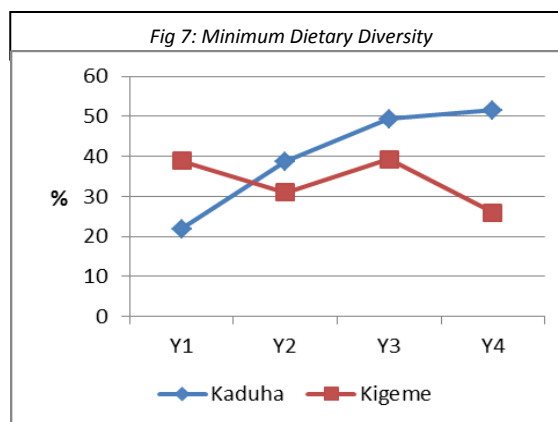
Results of the EOP KPC Survey

Of the KPC respondents, about 31%-32% were classified as those in 'abject poverty' or 'very poor', with around 67% identified as 'poor' in both zones of the district. The endline KPC survey also found 83.06% of respondents in Kaduha and 83.89% of respondents in Kigeme had self-reported mutuelle membership. Of these, 98.99% in Kaduha and 91.39% in Kigeme had a membership card to show the interviewer.

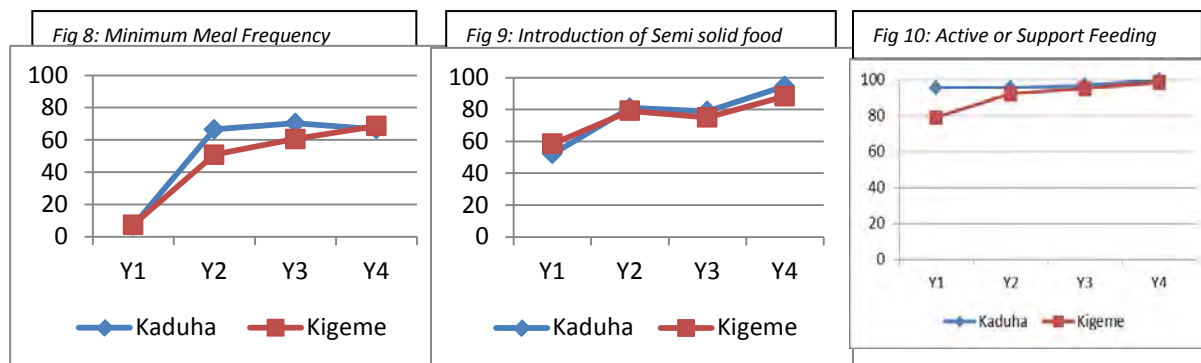
Following a three year intervention period, there were significant differences in reports of children 6-23m consuming **minimum acceptable diet** in the intervention site, almost a 15 fold increase from baseline (3%-40%), compared to a six fold increase in the comparison area (3%-19%) [Fig 6.] A linear probability model (LPM) found that the change in MAD from baseline to endline in the intervention area was 23% higher than the comparison area ($p<0.001$). Children 6-23 months in the intervention area achieved MAD, the primary outcome of this research, at twice the rate that children in the comparison area did. Close to half (40%) of the children in the intervention area achieved MAD.



Likewise, there were significant differences between comparison and intervention sites for **minimum dietary diversity** (22-53% in intervention, vs 39-28% in comparison) [Fig 7]. Minimum Dietary Diversity more than doubled in the intervention area, but decreased in the comparison area, although not significantly; the 95% confidence intervals from baseline to endline overlapped. An LPM found the change in MDD from baseline to endline in the intervention area was 30% higher than the comparison area ($p<0.001$).



Minimum meal frequency increased from 7% to 69% in intervention and 7% to 66% in comparison sites, though the differences were not significant. Active Feeding (AF) remained high in both areas, with the intervention area measuring 100% at endline, but the increase was greater in the comparison area [Fig: 10]. An LPM found the change in AF from baseline to endline in the intervention area was 14% lower than the comparison area ($p<0.001$), controlling for time and location. Improvements were evident in age appropriate introduction of semi solid foods, with no statistically significant differences between intervention and comparison sites [Fig 9].



The proportion of children 0-23 months of age who were put to the breast within one hour had increased considerably from baseline levels and surpassed the target of 70% in both Kaduha and Kigeme, but were not significantly different from each other (48.32% to 82.22%; 51.1% to 86.67% respectively) [Fig 11]. Prelacteal feeding decreased in the two zones 10.99% to 0.28% in Kaduha and 10.70% to 1.69% in Kigeme; declining more than the target of 3%, though the two zones were not significantly different from each other. Exclusive breastfeeding of children 0-5 months remained high in Kaduha with a moderate increase from 91.11% (CI: 85.23-96.99%) at baseline to 96.67 (CI: 88.23-99.94%) at EOP. However a decline in exclusive breastfeeding was noted in Kigeme [98.89% (CI: 96.73-100.00%) at baseline to 88.89% (CI: 75.94-96.29%) at EOP. The EOP estimates of this indicator in the two zones were not statistically significantly different. The proportion of infants 6-23 months of age who consumed food rich in iron was evaluated. There was a significant increase in iron-rich food consumption from the baseline level of 15.19% (CI: 10.91-19.47%) to 31.85% (CI: 24.10-40.42) in Kaduha. However a decline was noted in Kigeme. At EOP, Kaduha had an estimate of 31.85% (CI: 24.10-40.42) in iron-rich food consumption while Kigeme had an estimate of only 8.15% (CI: 4.14-14.11%) and this difference was statistically significant. [Fig 12]. Reported receipt of Vitamin A also declined in both sites in the final evaluation, but this was due to the national campaign just prior to the baseline which escalated the initial levels [Fig 13].

Figure 11. Breastfeeding within 1 hour of birth

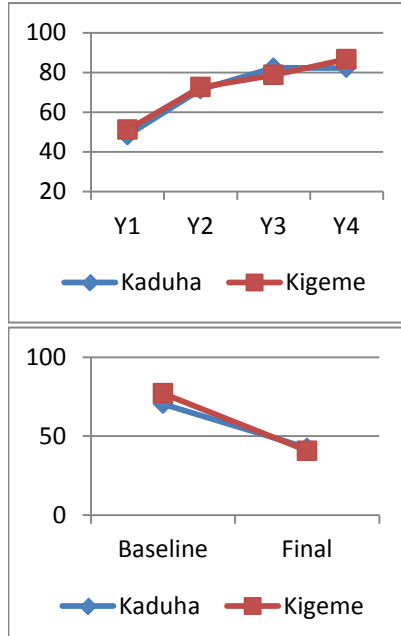


Figure 11. Increased intake of iron-rich foods

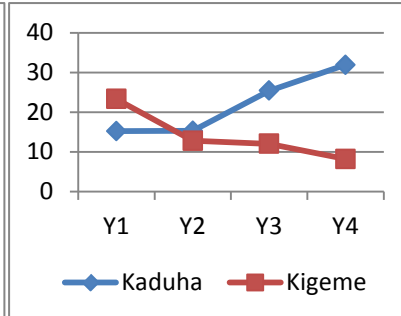
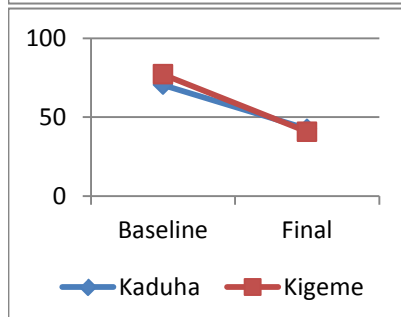


Figure 12. Receipt of Vitamin A



Malnutrition indicators showed a decline in both zones, but this decline was not statistically significantly different [Fig 14-19]. When the EOP estimates of these indicators between Kaduha and Kigeme were compared, there was no statistically significant difference. In Kaduha, the proportion of children 0-23 months who are underweight decreased from 17.8% (CI: 14.0-22.5%) at baseline to 13.33% (CI: 8.7-19.2%) at EOP, though not statistically significant. However, in Kigeme, there was an increase from 8.9% (CI: 6.6-15.0%) at baseline to 12.5% (CI: 8.28-18.56%) at EOP, though not statistically significant as well. When the EOP estimates of this indicator were compared between Kaduha and Kigeme there was no statistically significant difference. While measured for tracking purposes only, there was a decline in stunting in the two zones from their respective baseline levels, though neither change was significantly different. In Kaduha, stunting among 0-23 month old children was 44.3% (CI: 37.6-51.2%) at baseline, and declined to 31.39% (CI: 24.95-39.00%). In Kigeme, stunting decreased from 33.4% (CI: 27.1-40.4%) at baseline to 26.39% (CI: 20.36-33.76%) at EOP. EOP stunting levels in Kaduha and Kigeme were not statistically significantly different.

Figure 13. Underweight Prevalence- moderate

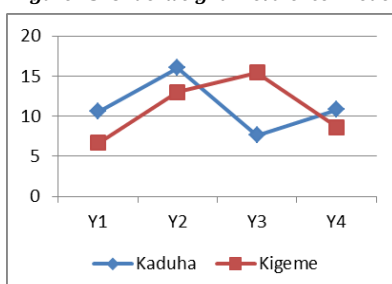


Figure 14. Underweight Prevalence Severe

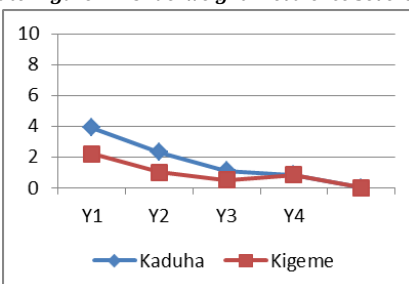


Figure 15. Wasting Prevalence Moderate

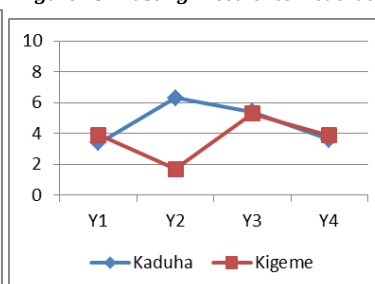


Figure 16. Wasting Prevalence Severe

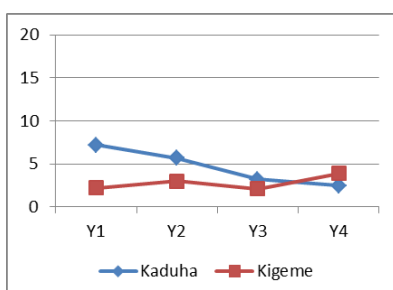


Figure 17. Stunting Prevalence Moderate

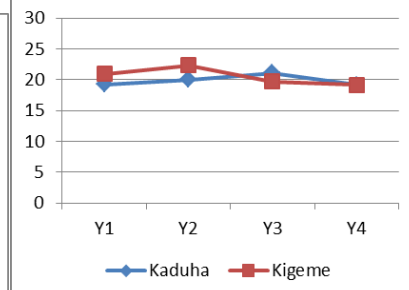
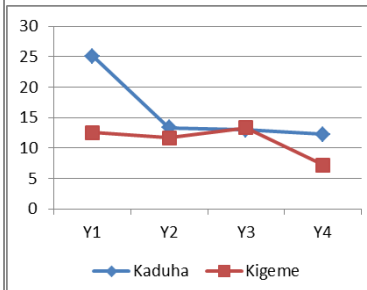
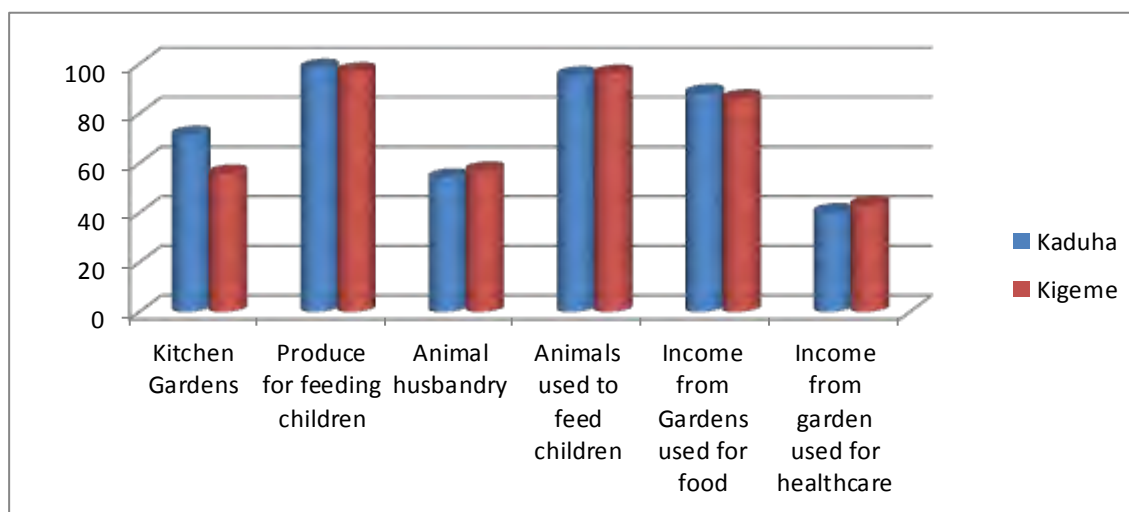


Figure 18. Stunting Prevalence Severe



Both areas were successful in establishing kitchen gardens, and a majority of mothers reported that the produce was used to feed children. Likewise, the animal husbandry projects were instrumental in providing food sources for children and the income from both these strategies was used for food or health care [Fig 20].

Figure 20. Mother's Reports of Kitchen Gardens and Animal Husbandry Practice



The project also addressed other interventions for maternal and newborn care and hygiene practices. Proportion of mothers reporting four or more ANC visits increased in both project sites, and those accessing care in the first trimester and skilled birth attendance also increased [Fig 21-23]. Mothers reporting newborn visits within two days of birth increased dramatically in both the intervention site (37.7-97.5%) and the comparison site (44.2-99.7%).

Figure 21. Mothers Reporting 4+ ANC Visits

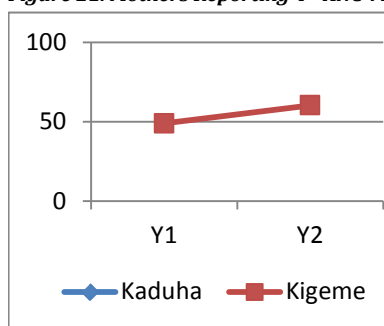


Figure 22. ANC in 1st trimester

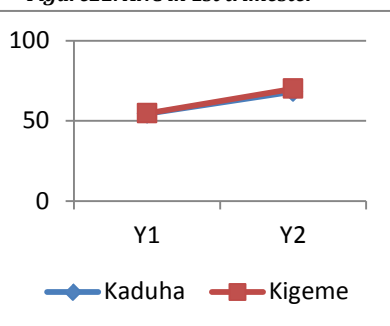
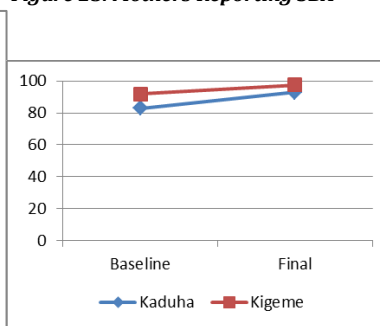


Figure 23. Mothers Reporting SBA



Modern contraceptive prevalence also showed improvements from baseline levels of <60% to more than 70%. Iron supplementation during pregnancy was at high levels, at 80%, but declined the following year to about 70% and then resumed to 80% during the rest of the project term in both sites.

Effective point-of-use (POU) water treatment showed a sharp increase during the first year and declined the following year [Fig 24]; the trends in soap at hand washing places also showed a sharp increase in the first year, and thereafter remained the same [Fig 25]. The use of exclusive vessels for hand washing was higher among mothers in Kaduha than in Kigeme [22.29 (CI: 16.08-29.41%), 8.57% (CI: 4.51-13.82%)] and this was statistically significant. The safe disposal of feces increased from baseline levels in both zones, though not statistically significantly. Though there was a slight increase in those having functional toilets it was still below 40% at EOP; safe feces disposal in Kaduha increased from 71% to 84%, and from 83% to 89% in Kigeme.

There was a 6% decrease in diarrhea prevalence in children in Kaduha, but prevalence remained the same at 20% in Kigeme. However, a higher percentage of children with diarrhea were reported to receive ORS or home available fluid at the end of the interventions in both project sites [Fig 26]. The trends were similar for children receiving more fluids in both sites, but zinc treatment during diarrhea declined in the experimental site. The percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness went up in both zones, reaching EOP targets of 75%. In Kaduha, it rose from 63.1% (CI: 51.4-74.8) at baseline to 82.5% (CI: 62.1-96.8) at EOP. In Kigeme, rates similarly rose from 64.3% (CI: 53.1-75.5) to 75% (CI: 57.8-87.9). As the confidence intervals overlapped, there was no statistically significant difference between the two zones at EOP.

Figure 24. Effective Water Treatment

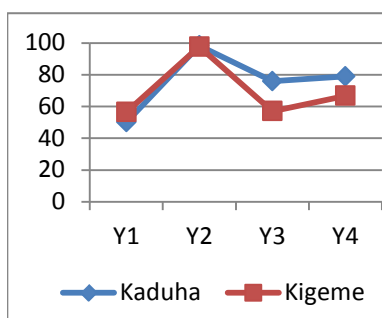


Figure 25. Soap at Handwashing Stations

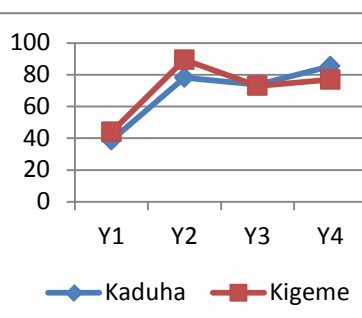
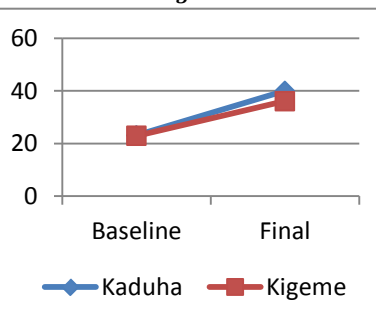


Figure 26. Children with diarrhea receiving ORS



Prevalence of cough and rapid breathing also declined in Kaduha, and care seeking for cough improved following project interventions in both sites [Fig 27, 28]. Immunization levels were already high (>80%) at baseline for Measles, Pentavalent 1 and 2, and showed slight improvements at the final evaluation. Since malaria was not endemic in Nyamagabe, there were no direct project interventions, but all tracked indicators illustrated a slight decline from baseline levels for treatment of fever, bed net use etc. Reports of household visits by CHWs increased progressively every year [Fig 29, 30] and participation in Nutrition Weeks also improved in

Figure 27. Cough in the Past 2 weeks

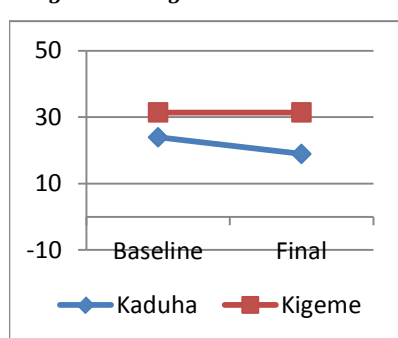


Figure 28. Care seeking for Cough Symptoms

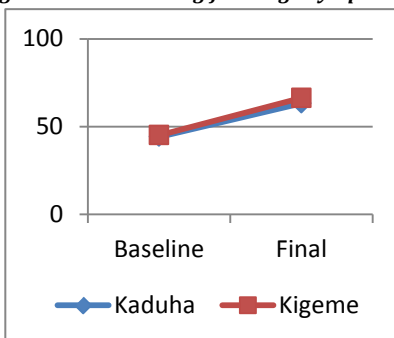


Figure 29. Household Visits by CHWs

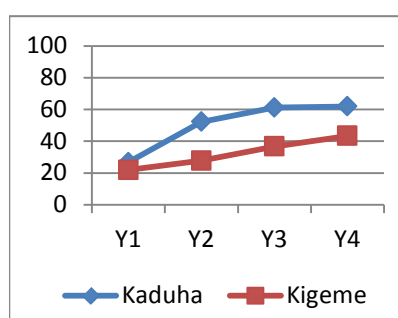
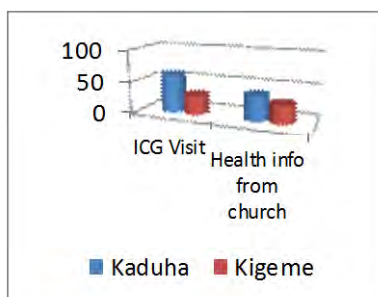


Figure 30. ICG Visit, Received Health Information from a Church



Kaduha. The proportion of households with children 0-23 months that received a visit from a community health worker (CHW) in the past month, according to reported purpose was 61.94% (CI: 51.14-68.80%) in Kaduha compared to 43.33% (CI: 35.98-50.91%) in Kigeme, and this was statistically significantly different. The estimates of this indicator were similar at baseline in Kaduha [26.7% (CI: 22.13-31.27%)] and Kigeme [21.9% (CI 17.63-

26.17%)] but at EOP, Kaduha had higher estimates than Kigeme. In Both Kaduha and Kigeme, visits by ICG members were also reported and almost 40% also reported receiving health information from their church.

The end of project (EOP) goals set for a majority of the indicators were an ambitious target, as baseline levels were quite low for key indicators. Targets for the indicators in the table below

were not fully achieved by end of project for either one or both hospital zones, though there was a substantial improvement from baseline levels for most. The end of project evaluation occurred almost five months before the project ended and hence it is likely that some of the targets have been achieved. Contextual factors such as extreme poverty and limited access due to mountainous terrains are a strong impediment to achieving optimal results for exclusive health promotion interventions.

Table 5. Unmet EOP targets

	Kigeme			Kaduha		
	Baseline	Endline	EOP	Baseline	Endline	EOP
Minimum Dietary Diversity in children 6-23 months	38.9%	27.7%	55%	21.9%	52.9%	60%
Minimum Acceptable Diet for children 6-23 months	3.3%	19.0%	50%	3.0%	40.4%	50%
Children 6-23 months receiving foods rich in iron	23.3%	8.2%	50%	15.2%	31.9%	50%
Pregnant women receiving iron pills	81.4%	89.7%	90%	80.4%	83.2%	90%
4+ ANC visits	48.9%	60.3%	75%	45.5%	59.4%	75%
2 TT during pregnancy	68.3%	80.0%	80%	68.4%	77.3%	80%
ORS or HAF	22.9%	36.1%	70%	23.1%	40.0%	70%
More fluids for diarrhea	40.0%	63.9%	70%	36.9%	67.5%	70%
Zinc treatment for diarrhea	10.0%	20.8%	70%	24.6%	15.0%	70%
care seeking for pneumonia symptoms	45.1%	66.4%	70%	44.2%	63.2%	70%
CHW home visit during the past month	21.9%	43.3%	75%	26.7%	62.0%	75%
participation in NW in the last 6 months	n/a	n/a	n/a	n/a	76%	80%

Discussion

A majority of the indicators targeted by the project exceeded the targets set for the end of project. The most impressive improvements were in the nutrition interventions, due to the capacity building efforts for the ongoing CBNP program and the NW innovation. Both Kaduha and Kigeme hospital zones saw improvements over the life of the project with regards to international standards and recommendations for infant and young child feeding. Nutrition practices in Kaduha, where Nutrition Weeks intervention is implemented, showed marked improvements from baseline levels.

Minimum Acceptable Diet (MAD), the primary indicator for the OR, increased significantly from baseline levels in both zones. The change was significantly higher in Kaduha, where the NW intervention was implemented. Children 6-23 months in the intervention area achieved MAD, the primary outcome of this research, at twice the rate that children in the comparison area did. Close to half (40%) of the children in the intervention area achieved MAD. Minimum Acceptable Diet is a composite indicator made up of MMF and MDD. While the two areas achieved similar increases in MMF, there were significant differences in MDD.

Minimum Dietary Diversity more than doubled in the intervention area, but decreased in the comparison area, although not significantly; the 95% confidence intervals from baseline to endline overlapped. This is important because higher dietary diversity has been shown to reduce

stunting.¹⁸ It is somewhat surprising that MDD declined in the comparison area, since indicators for other optimal feeding practices (MMF, TICF, AF) increased, which could suggest differences in food security between the two areas or differences in ability to change this specific behavior. Though the poverty levels of the two areas were not statistically different at baseline, a food security comparison was not conducted. The two areas had similar topography (located in the same district and sharing a border) and very similar nutrition indicators at baseline, so it is unlikely that food security was very different between the two at baseline. Alternatively, the difference may have been due to behavior rather than food availability. Likely the opportunity to practice cooking in a new way during NW sessions reinforced nutrition lessons and enabled mothers to make greater behavior changes than mothers in the comparison area who passively listened to messages and observed demonstrations.

Active Feeding improved to 100% in the intervention area and to 98% in the comparison area. The bigger change was in the comparison area because the baseline, while still relatively high at 79%, was lower there than in the intervention area. The results suggest that the CBNP and ICG structure are effective at achieving AF without NW.

Nutrition Weeks enabled mothers to practice cooking with diverse local foods and actively feed their children with peer support. The result was bigger impact on feeding practices than mothers in the comparison area achieved. This is consistent with findings from a study on a PD/Hearth program (daily cooking and feeding practice is part of PD/Hearth), where mothers participating in PD/Hearth adopted positive feeding behaviors including the types of foods used.¹⁹ Perhaps it was easier for the mothers in the comparison area to adopt other optimal food practices (AF, MMF, TICF) without hands-on practice, but some aspect of the behaviors needed to increase dietary diversity was more challenging. Future research could target barriers to dietary diversity in particular.

The intervention and comparison areas both achieved large increases for MMF and TICF. Though slightly greater progress was made in the intervention area, the differences between the two areas were not statistically significant for these two indicators. This suggests that the CBNP and ICG structure are effective at affecting these behavior changes without NW.

The project achieved many targets related to maternal and newborn care (MNC). Because both Kigeme and Kaduha received the same intervention activities related to MNC, it is not surprising that the results were similar in the two areas. The proportion of children 0-23 months of age who were put to the breast within one hour increased considerably from baseline levels and surpassed the target of 70% in both Kaduha and Kigeme, but were not significantly different from each other (48.32% to 82.22%; 51.1% to 86.67% respectively). Prelacteal feeding decreased in the two zones 10.99% to 0.28% in Kaduha and 10.70% to 1.69% in Kigeme; declining more than the target of 3%, though the two zones were not significantly different from each other. Exclusive breastfeeding of children 0-5 months remained high in Kaduha with a moderate increase from 91.11% at baseline to 96.7 at EOP. However a decline in exclusive breastfeeding was noted in Kigeme [98.89%] at baseline to 88.89% at EOP. The EOP estimates of this indicator

¹⁸ Rah JH et al (2010). Low dietary diversity is a predictor of child stunting in rural Bangladesh. *European Journal of Clinical Nutrition* (2010) 64, 1393-1398.

¹⁹ Pachon, H., Schroeder, D., Marsh, D. et al. Effect of an integrated nutrition program on complementary food intake of children in rural northern Vietnam. *Food and Nutrition Bulletin*. Vol. 23, No.4, Supplement, Dec. 2002

in the two zones were not statistically significantly different. These results suggest that ICGs are an effective way to address MNC health behaviors.

Likewise, achievements related to diarrhea and pneumonia were similar in the two areas. The percentage of mothers of children who live in households with soap at the place for hand washing improved in both zones, from 38.6% at baseline to 85.3% at EOP in Kaduha and from 43.9% to 77.0% in Kigeme, both surpassing the EOP target of 65%, though not significantly different from one another. The percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness went up in both zones, reaching EOP targets of 75%. In Kaduha, it rose from 63.1% at baseline to 82.5% at EOP. In Kigeme, rates similarly rose from 64.3% to 75%. As the confidence intervals overlapped, there was no statistically significant difference between the two zones at EOP. Care seeking for pneumonia improved in both areas, but not significantly, and neither achieved the 70% EOP target. In Kaduha, it increased from 44.2% – 63.2% and in Kigeme, it increased from 45.1% - 66.4% at EOP. It may be that ICGs are more effective at influencing health behaviors that occur in the home more than behaviors that require leaving the home (i.e., care seeking). Behaviors like care seeking may require more effort, or may require permission from the husband or grandmother. However, since CHWs can provide community case management of acute respiratory infection at the household level, and these CHWs were part of the ICGs, it is somewhat surprising that the gains for care seeking for pneumonia were not even higher.

The proportion of households with children 0-23 months that received a visit from a community health worker (CHW) in the past month, according to reported purpose was 61.94% in Kaduha compared to 43.33% in Kigeme, and this was statistically significantly different. The estimates of this indicator were similar at baseline in Kaduha [26.7%] and Kigeme [21.9%] but at EOP, Kaduha had higher estimates than Kigeme. This is an interesting finding because, except for the NW intervention, both zones received the same activities, including ICGs and CHW training. Perhaps participation in NW (extra training, possibly more visible signs of impact in the community) gave the CHWs additional motivation in other aspects (i.e. home visits) of the job.

The project shared KPC results with stakeholders at the district level and the national level. First, KPC results were shared with the district to foster continued good communication and ownership of the findings. The project held another event at the district level at the end-of-project meeting, when the Final Evaluation findings were shared. The participants were District partners including: HC leaders, Sector and District Leaders, District Stakeholders. In between these two events, the project organized a dissemination meeting to share project results with key National stakeholders from UNICEF, WHO, MCSP, CONCERN, MOH and others. The event included dissemination of KPC preliminary results and final evaluation findings.

Annex 1. M&E Table

Demographic Information	Kigeme	Kaduha
Mother's Age		
Mean	29.01	29.86
Median	28.50	30.00
Mother's Education		
Mean	None/ Did not complete primary: 31.39 %	None/ Did not complete primary: 38.33 %
Median	Primary: 47.78 %	Primary: 37.5 %
	Secondary: 6.11 %	Secondary: 5.56 %
	Past Secondary: 0.00 %	Past Secondary: 0.83 %
Household Size		
Mean	5.18	5.05
Median	5	5
Poverty Level (Ubudehe)		
	1. 9.17%	1. 8.89%
	2. 22.78%	2. 23.06%
	3. 67.50%	3. 66.94%
	4. 0.56%	4. 1.11%
	5. 0.00%	5. 0.00%
Health Insurance (Mutuelle)		
Percent Yes (95% Conflnt)	83.89% (CI: 77.69 – 88.94%)	83.06% (CI: 77.07-88.46%)
Percent No (95% Conflnt)	16.11% (CI: 11.06-22.315%)	16.94% (CI: 11.54-22.92%)
Health Insurance Card		
Percent Yes (95% Conflnt)	91.39% (CI: 85.72-95.33%)	97.99% (CI: 94.27-99.59%)
Percent No (95% Conflnt)	8.61% (CI: 4.66-14.27%)	2.01% (CI: 0.41-5.73%)

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
I. Breastfeeding and Nutrition (40% LOE)									
Improve breastfeeding practices	<u>Immediate breastfeeding of newborns:</u> Percent of children 0- 23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)	Kaduha	48.32% (CI: 43.14- 53.50%)	71.4% (CI:66.26- 76.54%)	82.3% (CI: 76.6- 88.0%)	82.22% (CI: 75.84- 87.51%)	296	360	70%
		Kigeme	51.1% (CI: 45.94- 56.26%)	72.6% (CI:67.52- 77.68%)	78.7% (CI: 72.9- 84.4%)	86.67% (CI: 80.81- 91.27%)	312	360	70%
	<u>Prelacteal feeding</u> Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.	Kaduha	10.99% (CI: 7.74- 14.24%)	6.4% (CI: 3.6- 9.1%)	3.7% (CI : 0.8- 6.5%)	0.28% (CI: 0.00- 2.05%)	1	356	3%
		Kigeme	10.70% (CI:7.42- 13.92%)	9.1% (CI: 5.8- 12.3%)	2.0% (CI: 0.5- 3.5%)	1.69% (CI: 0.35- 4.84%)	6	356	3%
Exclusive Breastfeeding (tracking only)	Percent of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC)	Kaduha	91.11% (CI:85.23- 96.99%) By age: 0-1m: 64.0% 2-3m: 86.2% 4-5m: 63.6% 0-3m:87.0%	90.1% (CI:83.96- 96.24) By age: 0-1 m: 91.7% 2-3 m: 91.7% 4-5 m:	92.9% (CI: 85.1- 97.3%) By age: 0-1 m: 91.4% 2-3 m: 94.3% 4-5 m:	96.67 (CI: 88.23- 99.94%) By age: 0-1m: 96.43% 2-3m: 97.14% 4-5m:	87 27 34 26 61	90 28 35 27 63	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
				87.1% 0-3 m: 91.7%	84.0% 0-3 m: 93.1%	96.29% 0-3m: 96.83%			
		Kigeme	98.89% (CI: 96.73- 100.00%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	83.8% (CI: 75.41- 92.19%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	94.3% (CI: 86.0- 98.4) 0-1 m: 96.0% 2-3 m: 96.8% 4-5 m: 80.0% 0-3 m: 95.7%	88.89% (CI: 75.94- 96.29%) 0-1m: 78.95% 2-3m: 100.00% 4-5m: 91.30% 0-3m: 88.06%	80 30 29 21 59	90 38 29 23 67	N/A
Continued breastfeeding at 1 year (tracking only)	Percent of children 12-15 months who are still breastfeeding.	Kaduha	85.42% (CI: 5.44- 95.40%)	100.0% (CI: 100.0- 100.0%)	93.0% (CI: 85.2- 100%)	94.03% (CI: 80.23- 99.28%)	63	67	N/A
		Kigeme	93.44% (87.23- 99.65%)	97.9% (CI: 93.8- 101.9%)	98.0% (CI: 93.9- 100%)	89.83% (CI: 73.47- 97.89%)	53	59	N/A
Continued breastfeeding at 2 years (tracking	Percent of children 20-23 months who are still breastfeeding.	Kaduha	86.79% (CI: 77.67- 95.91%)	97.4% (CI: 92.4- 102.3%)	87.9% (CI: 75.8- 99.9%)	91.49% (CI: 73.00- 98.97%)	43	47	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
only)		Kigeme	90.91% (CI: 82.42- 99.40%)	88.4% (CI: 78.8- 97.9%)	93.3% (CI: 83.9- 100%)	89.74% (CI: 68.30- 98.77%)	35	39	N/A
Improve Infant and Young Child Feeding Practices	% infants and young children age 6-23 months fed according to the Minimum Dietary Diversity (OR)	Kaduha	21.85% (CI: 16.92- 26.78%) By age: 6-11m: 0.0% 12-17m: 31.7% 18-23m: 40%	38.8% (CI: 32.1- 45.4%) By age: 6-11m: 32.2% 12-17m: 36.8% 18-23m: 51.9%	49.4% (CI: 42.0- 56.9%) By age: 6-11m: 41.0% 12-17m: 54.9% 18-23m: 54.8%	52.9% (CI: 46.1- 59.6%) By age: 6-11m: 43.2% 12-17m: 55.6% 18-23m: 63.5%	118 38 40 40	223 88 72 63	60%
		Kigeme	38.89% (CI: 33.08- 44.70%) By age: 6-11m: 0.0% 12-17m: 50.6% 18-23m: 51.6%	31.0% (CI: 24.9- 37.0%) By age: 6-11m: 22.2% 12-17m: 38.5% 18-23m: 34.2%	39.3% (CI: 32.6- 46.3%) By age: 6-11m: 36.3% 12-17m: 41.9% 18-23m : 38.5%	27.7% (CI: 22.0- 34.0%) By age: 6-11m: 20.6% 12-17m: 26.1% 18-23m: 41.7%	64 21 18 25	231 102 69 60	55%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
	% infants and young children age 6-23 months fed according to the Minimum Meal Frequency (OR)	Kaduha	7.04% (CI: 3.99- 10.09%)	66.5% (CI: 58.7 - 74.3%)	70.4% (CI: 63.3- 67.8%)	68.6% (CI: 62.1- 74.6%)	153	223	55%
		Kigeme	7.41% (CI: 4.07- 10.21%)	50.9% (CI: 44.0- 57.8%)	60.6% (CI: 53.6- 67.3%)	65.8% (CI: 59.3- 71.9%)	152	231	60%
	% infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition (OR, RC*)	Kaduha	2.96% (CI: 0.92- 4.94%)	32.5% (CI: 24.9- 40.2%)	38.6% (CI: 31.6 – 46.0%)	40.4% (CI: 33.9- 47.1%)	90	223	50%
		Kigeme	3.33% (CI: 1.19- 5.47%)	22.8% (CI: 16.1- 29.5%)	24.5% (CI: 18.8- 30.9%)	19.0% (CI: 14.2- 24.7%)	44	231	50%
Consumption of iron-rich foods	% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)	Kaduha	15.19% (CI: 10.91- 19.47%)	15.3% (CI: 10.4- 20.1%)	25.4% (CI: 17.2- 33.6%)	31.85% (CI: 24.10- 40.42)	86	270	50%
		Kigeme	23.33% (CI: 18.29- 28.37%)	12.8% (CI: 8.4- 17.1%)	12.0% (CI: 6.3- 17.7%)	8.15% (CI: 4.14- 14.11%)	22	270	50%
Age appropriate introduction of semi-solid foods	Proportion of infants 6–8 months of age who receive solid, semi- solid or soft foods.	Kaduha	52.00% (CI: 38.15- 65.85%)	81.0% (CI: 69.1- 92.8%)	78.9% (CI: 55.3- 100%)	93.3% (CI: 77.9- 99.2%)	28	30	75%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
		Kigeme	58.50% (CI: 45.23- 71.77%)	79.1% (CI: 66.9- 91.2%)	75.0% (CI: 57.5- 92.5%)	87.3% (CI: 75.5- 94.7%)	48	55	75%
Responsive feeding	<i>Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods)</i>	Kaduha	95.51% (CI: 92.90- 98.12%)	95.5% (CI: 92.6- 98.3%)	96.7% (CI: 93.8- 99.6%)	100% (CI: 100.0- 100.0%)	255	255	
		Kigeme	79.05% (CI: 74.0- 84.1%)	92.1% (CI: 88.4- 95.7%)	95.0% (CI: 89.9- 100%)	98.4% (CI: 96.82- 99.97%)	246	250	
Self- Feeding (tracking only)	<i>Percent of children who consume soft, semi-solid or solid foods) who are self-feeding</i>	Kaduha	4.49% (CI: %)	4.5% (CI: 1.6- 7.3%)	3.3% (CI: 0.4- 6.2%)	0.00%	0	265	N/A
		Kigeme	20.95% (CI: %)	7.9% (CI: 4.9- 11.5%)	5.0% (CI: 0- 10.1%)	1.6% (CI: 0.48- 6.65%)	4	250	N/A
Micronutrient Powder supplementation	<i>Percent of children age 6-23 months who received packets of micronutrient powder (MNP) in the last 3 months: mother's recall.</i>	Kaduha	Not included in survey	Not included in survey	Not included in survey	80.00% (CI: 72.25- 86.39%)	216	270	N/A
		Kigeme	Not included in survey	Not included in survey	Not included in survey	67.78% (CI: 59.58- 75.89%)	183	270	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
Vitamin A Supplementation in the last 6 months	Percent of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall. (RC 8, OR)	Kaduha	70.37% (CI: 64.92- 75.82%)	Not included in abridged survey	Not included in abridged survey	66.15% (CI: 59.56- 72.75%)	178	269	N/A
		Kigeme	77.04% (CI: 72.02- 82.06%)	Not included in abridged survey	Not included in abridged survey	60.99% (CI: 54.28- 67.69%)	164	269	N/A
Anthropometry									
Underweight for Age (tracking only)	Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population) Disaggregate underweight by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD) (RC)	Kaduha	17.8% (CI: 14.00- 22.50%) Severe: 7.2% (CI: 4.8-10.8%) Moderate: 10.6%(CI:7. 9-14.1%)	21.7% (CI: 17.0 – 27.2%) Severe: 5.7% (CI: 3.3-9.6%) Moderate : 16.0% (CI : 11.9- 21.1%)	10.8% (CI: 7.1- 16.1%) Severe: 3.2% (CI: 1.5-6.9%) Moderate : 7.6% (CI: 4.6- 12.3%) Yr 3 indicator calculated for 6-23 mos	13.33% (CI: 8.73- 19.19%) Severe: 2.50% (CI: 0.91- 6.43%) Moderate: 10.83% (CI: 6.48- 15.99%)	48 9 39	360 360 360	N/A
		Kigeme	8.9% (CI:6.6-	16.0% (CI: 11.4-	17.6% (CI: 12.0-	12.5% (CI: 8.28-	45	360	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
			15.0%) Severe: 2.2% (CI: 1.2-4.2%) Moderate: 6.7% (CI:4.5- 9.9%)	22.1%) Severe: 3.0% (CI: 1.5-5.8%) Moderate : 13.0% (CI: 9.2- 18.1%)	24.9%) Severe : 2.1% (CI: 0.8-5.5%) Moderate : 15.4% (CI: 10.5- 22.2%) Yr 3 indicator calculated for 6-23 mos	18.56%) Severe: 3.89% (CI: 1.58- 7.84%) Moderate: 8.61% (CI: 4.74- 13.37%)	14 31	360 360	
Acute Malnutrition/ Wasting (tracking only)	% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population) Disaggregate wasting by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD) (OR)	Kaduha	7.6% (CI: 4.9- 11.6%) Severe 3.9% (CI:2.3- 6.8%)	8.7% (CI : 5.4- 13.6%) Severe 2.3% (CI : 1.0-5.2%)	6.5% (CI : 3.7- 11.0%) Severe: 1.1% (CI : 0.3-3.9%)	4.44% (CI: 1.94- 8.57%) [without edema: 4.18% (CI: 1.93- 8.57%) Severe: 0.83% (CI: 0.01- 3.06%) [without	16 15 3 2	360 359 360 359	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
			Moderate 3.7% (CI:2.2- 5.9%)	Moderate 6.3% (CI : 3.6- 11.0%)	Moderate : 5.4% (CI: 3.0- 9.7%) Yr 3 indicator calculated for 6-23 mos	edema: 0.56% (CI: 0.00- 3.06%) Moderate: 3.61% (CI: 1.23- 7.11%)	13	360	
		Kigeme	6.1% (CI:4.1 - 9.1%)	2.7% (CI : 1.2- 6.0%)	5.9 % (CI: 2.8 - 11.9)	4.72% (CI: 1.94- 8.57%)	17	360	N/A
			Severe 2.2% (CI:1.1- 4.6%)	Severe: 1.0% (CI: 0.2-4.4%)	Severe: 0.5 % (CI: 0.1 - 3.9)	[without edema:4.18 % (CI: 1.95- 8.62%)	15	358	
						Severe: 0.83% (CI: 0.01- 3.06%)	3	360	
						[without edema: 0.28% (CI:0.00-	1	358	

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
			Moderate: 3.9% (CI:2.3- 6.4%)	Moderate : 1.7% (CI: 0.7- 3.9%)	Moderate : 5.3% (CI: 2.6- 10.4%) Yr 3 indicator calculated for 6-23 mos	3.07%) Moderate: 3.89% (CI: 1.58- 7.85%)	14	360	
Acute Malnutrition (tracking only)	Percent of children 6-23 months acutely malnourished as measured by MUAC Disaggregate by 'at risk', moderate and severe acute malnutrition	Kaduha	8.3% (CI: 5.3- 12.7%) Severe : 1.5% Moderate 6.8% At Risk 18.52%	9.6% (CI: 5.8- 15.3%) Severe 2.4% (CI: 1.0-5.5%) Moderate 7.2% (CI: 4.1- 12.4%)	0.5% (CI: 0.1- 3.0%) Severe: 0.0% (CI : 0.0-2.0%) Moderate : 0.5% (CI: 0.1- 3.0%) Yr 3 indicator calculated	2.59% (CI: 0.46- 6.36%) Severe: 0.74% (CI: 0.02- 4.06%) [without edema:0.37 % (CI: 0.00- 2.69%) Moderate: 2.22% (CI: 0.46- 6.34%) At Risk: 18.52% (CI: 12.36-	7 2 1 6 50	270 270 269 270 270	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
					for 6-23 mos	26.11%)			
		Kigeme	5.2% (CI: 3.0- 8.9%) 0.4% severe	4.0% (CI: 2.0- 7.6%) Severe 0.0% (CI: 0.0-0.0%)	5.3% (CI: 2.8- 9.8%) Severe: 0.0% (CI : 0.0-0.0%)	5.19% (CI: 2.12- 10.39%) Severe: 0.74% (CI: 0.02- 4.06%) [without edema: 0 obs]	14	270	N/A
			4.8% mod. 20.37% at- risk	Moderate : 4.0% (CI: 2.0- 7.6%)	Moderate : 5.3% (2.8- 9.8%) Yr 3 indicator calculated for 6-23 mos	Moderate: 5.12% (CI: 2.11- 10.39%) At Risk: 21.48% (CI: 14.89- 29.37%)	14	270	
							58	270	
Stunting (tracking only)	Percentage of children 0-23 months who are under height/length for age	Kaduha	44.3% (CI:37.6- 51.2%)	33.3% (CI: 26.1- 41.3%)	34.1% (CI: 27.6- 41.1%)	31.39% (CI: 24.95- 39.00%)	113	360	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
	(-2SD for the median height for age, according to WHO reference population) Disaggregate stunting by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD)		Severe 25.1% Moderate 19.2%	Severe: 13.3% (CI: 9.3- 18.8%) Moderate : 20.0% (CI: 14.8- 26.4%)	Severe: 13.0% (CI : 8.9- 18.6%) Moderate : 21.1% (CI : 15.8- 27.5%) Yr 3 indicator calculated for 6-23 mos	Severe: 12.22% (CI: 7.82- 17.92%) Moderate: 19.17% (CI: 13.93- 25.99%)	44 69	360 360	
		Kigeme	33.4% (CI:27.1- 40.4%) Severe : 12.5% Moderate 20.9%	34.0% (CI: 26.9- 41.9%) Severe: 11.7% (CI: 8.4- 16.0%) Moderate : 22.3% (CI: 17.6- 27.9%)	33.0% (CI: 26.2- 40.5%) Severe : 13.3% (CI: 8.4- 20.4%) Moderate : 19.7% (CI: 14.5- 26.2%) Yr 3 indicator calculated	26.39% (CI: 20.36- 33.76%) Severe: 7.22% (CI: 3.90- 12.33%) Moderate: 19.17% (CI: 13.93- 25.99%)	95 26 69	360 360 360	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
					for 6-23 mos				
Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
II. Maternal & Newborn Care (35% LOE)									
Increase % of mothers who have 4+ ANC visits	% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)	Kaduha	45.5% (CI: 40.34-50.66%)	Not included in abridged survey	Not included in abridged survey	59.38% (CI: 51.64-66.49%)	212	357	75%
		Kigeme	48.9% (CI: 43.74-54.06%)	Not included in abridged survey	Not included in abridged survey	60.28% (CI: 53.01-67.75%)	217	360	75%
Increase % of mothers who have ANC in their first trimester (tracking only)	% mothers of children age 0-23 months who had antenatal visit in the first trimester when they were pregnant with the youngest child	Kaduha	54.5% (CI: 49.34-59.56%)	Not included in abridged survey	Not included in abridged survey	68.07% (CI: 60.79-74.91%)	243	357	N/A
		Kigeme	54.7% (CI: 49.56-59.84%)	Not included in abridged survey	Not included in abridged survey	70.00% (CI: 62.74-76.59%)	252	360	N/A
Increase % of mothers who get	%mothers with children age 0-23 months who received at least two	Kaduha	68.43% (CI: 63.58-	Not included in	Not included in	77.31% (70.24-	276	357	80%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
at least two TT	Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)		73.22%)	abridged survey	abridged survey	83.33%)			
			68.33% (CI: 63.49- 73.11%)	Not included in abridged survey	Not included in abridged survey	80% (CI: 73.40- 85.58%)	288	360	80%
Increase skilled birth attendance (tracking only)	% children age 0-23 months whose births were attended by skilled personnel. (RC3)	Kaduha	83.0% (CI: 79.11- 86.89%)	Not included in abridged survey	Not included in abridged survey	92.99% (CI: 87.90- 96.08%)	332	357	N/A
			91.7% (CI: 88.85- 94.55%)	Not included in abridged survey	Not included in abridged survey	97.50% (CI: 94.41- 99.39%)	351	360	N/A
Increase % of newborns who get a post-natal check-up within 2 days of birth (RC 4)	% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth. (RC4)	Kaduha	37.70% (CI: 32.68- 42.72%)	Not included in abridged survey	Not included in abridged survey	97.5% (CI: 95.14- 98.78%)	351	360	60%
		Kigeme	44.2% (CI: 39.07- 49.33%)	Not included in abridged survey	Not included in abridged survey	99.72% (CI: 96.94- 99.98%)	359	360	60%
Current Contraceptive Use Among Mothers of Young Children	% mothers of children 0-23 months who are using a modern contraceptive method. (RC5)	Kaduha	57.5% (CI: 52.38- 62.62%)	Not included in abridged survey	Not included in abridged survey	73.11% (CI: 66.06- 79.52%)	261	357	N/A
		Kigeme	62.5% (CI: 57.5-	Not included in abridged	Not included in abridged	78.89% (CI: 72.19-	284	360	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
(tracking only)			67.5%)	survey	survey	84.61%)			
Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)	Kaduha	80.4% received (CI: 72.29-84.51%) Average days: 35.37	69.4% received (CI: 64.1-76.6%) Average days: 39.88	81.0% received (CI: 74.2-87.8%) Average days: 41.53	83.19% received (CI: 76.95-88.39%) Average days: 51.33	297	357	90% 60 days
		Kigeme	81.4% received (CI: 77.38-85.42%) Average days: 33.45	70.9% received (CI: 65.7-76.0%) Average days: 33.45	83.7% received (CI: 79.3-88.0%) Average days: 42.00	89.72% received (CI: 84.00-93.52%) Average days: 57.05	323	360	90% 60 days
III. Control of Diarrheal Diseases (15% LOE)									
Prevention Increase % of households that treat water effectively	POU Water Tx: Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	Kaduha	50.0% (CI: 44.83-55.17%)	98.3% (CI: 96.6-99.9%)	75.7% (CI: 68.3-83.0%)	78.89 (CI: 72.19-84.60%)	284	360	65%
		Kigeme	56.4% (CI: 51.28-61.52%)	97.6% (CI: 95.2-99.9%)	57.0% (CI: 48.6-65.4)	66.67% (CI: 59.27-73.50%)	240	360	65%
Improve	Percentage of mothers of children	Kaduha	38.6%	78.1%	73.7%	85.28%	307	360	65%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
appropriate hand washing practices	age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)		(CI: 33.57- 43.63)	(CI: 72.9- 83.2%)	(CI: 63.5- 83.9)	(CI: 79.56- 90.34%)			
		Kigeme	43.9% (CI: 38.77- 49.03)	89.4% (CI: 85.4- 93.3%)	73.0% (CI: 63.2- 82.8%)	76.94% (CI: 69.79- 82.63%)	277	360	65%
Exclusive Vessels for Hand Washing	Percentage of mothers of children age 0-23 months who live in households with vessels used exclusively for hand washing	Kaduha	Not included in survey	Not included in survey	Not included in survey	22.29 (CI: 16.08- 29.41%)	72	323	
		Kigeme	Not included in survey	Not included in survey	Not included in survey	8.57% (CI: 4.51- 13.82%)	27	315	N/A
Hand Washing at Appropriate times (tracking only)	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	Kaduha	2.8% (CI: 1.40- 5.20%)	21.0% (CI: 16.3- 25.6%)	29.7% (CI: 19.7- 39.6%)	0.83% (CI : 0.22- 2.62%)	3	360	N/A
		Kigeme	5.0% (CI: 3.10- 7.90%)	9.7% (CI: 6.3- 13.0%)	15.3% (CI: 9.5- 21.2%)	0.00%	0	360	N/A
Latrine/toilet in good condition (tracking only)	Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition	Kaduha	15.0% (CI: 11.31- 18.69%)	20.7% (CI: 16.1- 25.2%)	27.3% (CI : 19.3- 35.4%)	33.06% (CI: 26.45- 40.73%)	119	360	N/A
		Kigeme	26.9% (CI: 22.32- 31.48%)	14.0% (CI: 10.0- 17.9%)	23.3% (CI : 17.1- 29.6%)	33.61% (CI: 26.49- 40.73%)	121	360	N/A
Safe feces	Percentage of mothers of children	Kaduha	71.4%	69.0%	80.7%	84.44%	304	360	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
<i>disposal</i> (tracking only)	0-23 months who disposed of the youngest child's feces safely the last time a stool passed. (Key Indicator)		(CI: 66.73- 76.07%)	(CI: 63.7- 74.2%)	(CI: 74.9- 86.5%)	(CI: 78.31- 89.41%)			
		Kigeme	82.8% (CI: 78.90- 86.70%)	76.3% (CI: 71.4- 81.1%)	81.0% (CI: 75.6- 86.4%)	89.44% (CI: 84.01- 93.52)	322	360	N/A
Prevalence Two week prevalence of diarrhea (tracking only)	Percentage of children 0-23 months with diarrhea in the previous two weeks (Key Indicator)	Kaduha	17.2% (CI: 13.30- 21.10%)	Not included in abridged survey	Not included in abridged survey	11.11% (CI: 6.92- 16.64%)	40	360	N/A
		Kigeme	19.4% (CI: 15.32- 23.48%)	Not included in abridged survey	Not included in abridged survey	20.00% (CI: 14.42- 26.59%)	72	360	N/A
Improve home management of diarrhea (ORT use, increased fluids and continued feeding)	Percentage of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids. (RC13)	Kaduha	23.1% (CI: 12.85- 33-35%)	Not included in abridged survey	Not included in abridged survey	40% (CI: 25.28- 54.72%)	16	40	70%
		Kigeme	22.9% (CI: 13.06- 32.74%)	Not included in abridged survey	Not included in abridged survey	36.11% (CI: 8.00- 20.82%)	26	72	70%
	Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)	Kaduha	36.9% (CI: 25.17- 48.63%)	Not included in abridged survey	Not included in abridged survey	67.50% (CI: 45.72- 88.11%)	27	40	70%
		Kigeme	40.0% (CI: 28.52-	Not included in abridged	Not included in abridged	63.89% (CI: 46.22-	46	72	70%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
			51.48%)	survey	survey	79.18%)			
	Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)	Kaduha	63.1% (CI: 51.37-74.83%)	Not included in abridged survey	Not included in abridged survey	82.50% (CI: 62.11-96.79%)	33	40	75%
		Kigeme	64.3% (CI: 53.08-75.52%)	Not included in abridged survey	Not included in abridged survey	75% (CI: 57.79-87.88%)	54	72	75%
Zinc Treatment	Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	Kaduha	24.6% (CI: 14.13-35.07%)	Not included in abridged survey	Not included in abridged survey	15% (CI: 3.21-37.89%)	6	40	70%
Increase use of zinc to treat diarrhea		Kigeme	10.0% (CI: 2.97-17.03%)	Not included in abridged survey	Not included in abridged survey	20.83% (CI: 8.19-36.02%)	15	72	70%
IV. Pneumonia Case Management (LOE 10%)									
Prevalence	Percent of children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey	Kaduha	23.9% (CI: 19.49-28.31%)	Not included in abridged survey	Not included in abridged survey	18.89% (CI: 13.45-25.38%)	68	360	N/A
Two week prevalence of suspected pneumonia (tracking only)		Kigeme	31.4% (CI: 26.61-36.19%)	Not included in abridged survey	Not included in abridged survey	31.39% (CI: 24.95-39.00%)	113	360	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
Care Seeking Improve appropriate care seeking for pneumonia	Percent of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider. (RC14)	Kaduha	44.2% (CI: 33.70- 54.70%)	Not included in abridged survey	Not included in abridged survey	63.24% (CI: 46.49- 80.25%)	43	68	70%
		Kigeme	45.1% (CI: 35.93- 54.27%)	Not included in abridged survey	Not included in abridged survey	66.37% (CI: 52.94- 78.59%)	75	113	70%
V. Immunization – Not an intervention; Rapid CATCH Only									
Measles vaccination (tracking only)	Percentage of children age 12-23 months who received a measles vaccination.(RC9)	Kaduha	87.4% (CI: 81.2- 92.10%)	Not included in abridged survey	Not included in abridged survey	85.99% CI: 76.45- 92.83%)	135	157	N/A
		Kigeme	83.4% (CI: 76.49- 89.10%)	Not included in abridged survey	Not included in abridged survey	89.79% CI: 79.84- 95.22%)	132	147	N/A
Access to immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent- 1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey . (RC10)	Kaduha	89.3% (CI: 83.40- 93.60%)	Not included in abridged survey	Not included in abridged survey	90.45% (CI: 81.02- 95.52%)	142	157	N/A
		Kigeme	86.9% (CI: 80.30- 91.90%)	Not included in abridged survey	Not included in abridged survey	96.59% (CI: 88.60- 99.15%)	142	147	N/A
Health System Performance regarding	Percentage of children aged 12-23 months who received Pentavalent- 3 (DTP3 with HepB and Hib)	Kaduha	84.3% (CI: 77.0- 89.7%)	Not included in abridged	Not included in abridged	89.17% (CI: 79.47- 94.66%)	140	157	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
Immunization services (tracking only)	according to the vaccination card or mother's recall by the time of the survey. (RC)			survey	survey				
		Kigeme	84.1% (CI: 77.20- 89.70%)	Not included in abridged survey	Not included in abridged survey	93.88% (CI: 84.93- 97.77%)	138	147	N/A
VI. Malaria – Not an official intervention; Rapid CATCH									
Prevention LLIN/ITN use	Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)	Kaduha	66.9% (CI: 61.80- 71.80%)	Not included in abridged survey	Not included in abridged survey	50.28% (CI: 37.55- 63.0%)	181	360	N/A
		Kigeme	66.9% (CI: 61.80- 71.80%)	Not included in abridged survey	Not included in abridged survey	49.72% (CI: 35.80- 63.65%)	178	360	N/A
Prevalence Two week prevalence of fever (tracking only)	Percent of children 0-23m with fever in the past two weeks.	Kaduha	20.8% (CI: 16.61- 24.99%)	Not included in abridged survey	Not included in abridged survey	24.44% (CI: 18.36- 31.39%)	88	360	N/A
		Kigeme	23.9% (CI: 19.49- 28.31%)	Not included in abridged survey	Not included in abridged survey	28.88% (CI: 22.39- 36.09%)	104	360	N/A
Treatment of fever: Treatment of Fever in	Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-	Kaduha	14.0% (CI: 7.60- 24.70%)	Not included in abridged survey	Not included in abridged survey	45.45% (CI: 30.75- 60.15%)	40	88	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
Malarious Zones (tracking only) NOTE: Because of Rapid Diagnostic Testing, only children with a positive test should receive a drug. This is not reflected in Rapid Catch Indicator.	malarial drug within 24 hours after the fever began. 								

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
Participation in Nutrition Weeks: Percentage of mothers with children 0-23 months who participated in “Nutrition Week” intervention at least once in the past 6 months for 4 or more days.		Kaduha		53.0% (CI: 47.3-58.6%)	53.0% (CI : 44.3-61.7%)	75.55% (CI: 68.22-82.06%)	241	319	80%
		Kigeme	N/A	N/A	N/A	N/A			NA
Modified Care Group Home Visits Percent of households with children 0-23 months that received a visit from a Modified Care Group member, according to a reported purpose		Kaduha	Not included in survey	Not included in survey	Not included in survey	60.28% (CI: 53.01-67.74%)	217	360	N/A
		Kigeme	Not included in survey	Not included in survey	Not included in survey	38.06% (CI: 31.19-45.86%)	137	360	N/A
Churches Providing Health Information: Percent of households with children 0-23 months that received health information from a church in the last month		Kaduha	Not included in survey	Not included in survey	Not included in survey	39.17% (CI: 32.25-46.99%)	141	360	N/A
		Kigeme	Not included in survey	Not included in survey	Not included in survey	29.17% (CI: 22.89-36.68%)	105	360	N/A
VIII. Food Security									
Kitchen Gardens	Percent of households of children 0-23 months who own a kitchen garden	Kaduha	Not included in survey	Not included in survey	Not included in survey	71.39% (CI: 64.48-78.12%)	257	360	N/A
		Kigeme	Not included in survey	Not included in survey	Not included in survey	55.83% (CI: 47.98-62.95%)	201	360	N/A
Kitchen Garden	Percent of households of children	Kaduha	Not	Not	Not	98.44%	253	257	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
used for feeding children	0-23 months with a kitchen garden where children eat the food produced or where income from kitchen gardens is used for food or healthcare		included in survey	included in survey	included in survey	(CI: 94.511- 99.81%)			
		Kigeme	Not included in survey	Not included in survey	Not included in survey	97.01% (CI: 91.56- 99.38%)	195	201	N/A
Small animal husbandry:	Percent of households of children 0-23 months who raise small animals	Kaduha	Not included in survey	Not included in survey	Not included in survey	54.17% (CI: 46.87- 61.87%)	195	360	N/A
		Kigeme	Not included in survey	Not included in survey	Not included in survey	56.94% (CI: 49.09- 64.02%)	205	360	N/A
Small animals used for feeding children	Percent of households who raise small animals where children eat the food produced or spend income from small animals sales toward food or health care.	Kaduha	Not included in survey	Not included in survey	Not included in survey	95.38% (CI: 88.49- 98.32%)	186	195	N/A
		Kigeme	Not included in survey	Not included in survey	Not included in survey	96.09% (CI: 90.35- 98.93%)	197	205	N/A
Income from kitchen gardens and small animals	Percent of households of children 0-23 months who spend income from kitchen gardens or small animals toward food or health care	Kaduha	Not included in survey	Not included in survey	Not included in survey	Food: 88.19% (CI: 76.84- 94.45%) Health Care: 40.16% (CI: 28.51-	112 51	127 127	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Interval)	Year 2 KPC Value (95% C.I.)	Year 3 KPC Value (95% C.I.)	EOP Value (95% Confidence Interval)	Numerator	Denominator	EOP Target
						53.63%) Food/Health Care: 92.91% (CI: 82.70- 97.41%)	118	127	
		Kigeme	Not included in survey	Not included in survey	Not included in survey	Food: 86.14% (CI: 76.10- 92.30%) Health Care: 43.37% (32.52- 54.71%) Food/Health Care: 94.58% (88.12- 98.67%)	143 72 157	166 166	N/A

Annex 2. KPC supervisors, interviewers, and their roles

	Year 4
Coordinator: <i>Melene Kabadege, WR MCH Regional Technical Advisor</i>	✓
Supervisors	
<i>Nyiranzeyimana Beatrice, ICSP staff</i>	✓
<i>Umuhire Claire, ICSP staff</i>	✓
<i>Umutoni Carmen, ICSP staff</i>	✓
<i>Bizimungu Gaspard, Kigeme Hospital M&E Officer</i>	✓
<i>Bisetsa Innocent, Kaduha Hospital M&E Officer</i>	✓
<i>Ndayishimiye Daniel, WR staff</i>	✓
Interviewers	
<i>Narcisse Ngiuwonsanga, ICSP staff</i>	✓
<i>Germaine Rusagara, ICSP staff</i>	✓
<i>Musangwa Adolphe, ICSP staff</i>	✓
<i>Ntawukuriryayo Fidele, ICSP staff</i>	✓
<i>Ndikumana Martin, ICSP staff</i>	✓
<i>Ruganza Rutambwe Camarade, ICSP Staff</i>	New Staff (Trained by EIP)
<i>Musafiri Jean Baptiste, ICSP Staff</i>	New Staff (Trained by EIP)
<i>Mugisha Marie Louise, ICSP Staff</i>	New Staff
<i>Mugarura Jean Marie Vianney, In Charge of Social Affairs - Cell level</i>	✓
<i>Niyonasenze John, In Charge of Social Affairs - Cell level</i>	✓
<i>Nkuriza Aloys, In Charge of Social Affairs - Cell level</i>	✓
<i>Muhayimana Thimothee, In Charge of Social Affairs - Cell level</i>	✓
<i>Munyurwa Felix, In Charge of Social Affairs - Cell level</i>	✓
<i>Vuzimpundu Jacqueline, In Charge of Social Affairs - Cell level</i>	✓
<i>Niyonasenze John, In Charge of Social Affairs - Cell level</i>	✓
<i>Nkundakwizera P.Celestin, In Charge of Social Affairs - Cell level</i>	✓
<i>Sezitegeye Joseph, In Charge of Social Affairs - Cell level</i>	✓
<i>Musoni J.M.V, In Charge of Social Affairs - Cell level</i>	✓
<i>Rwasibo Joseph, In Charge of Social Affairs - Cell level</i>	✓
<i>Nkuriza Aloys, In Charge of Social Affairs - Cell level</i>	✓
<i>Sibomana Laurent, In Charge of Social Affairs - Cell level</i>	✓
<i>Mukeshimana Vincent, In Charge of Social Affairs - Cell level</i>	✓
<i>Musabyemariya Epiphane, In Charge of Social Affairs - Cell level</i>	✓
<i>Nyirahabimana Sarah, In Charge of Social Affairs - Cell level</i>	✓

<i>Nyiracumi Alphonsine, In Charge of Social Affairs - Cell level</i>	✓
<i>Nsengimana Aimable, In Charge of Social Affairs - Cell level</i>	✓
<i>Hategekimana Augustin, In Charge of Social Affairs - Cell level</i>	✓
<i>Nyirasikamwe Jacqueline, In Charge of Social Affairs - Cell level</i>	✓
<i>Nzabamwita Evaliste, In Charge of Social Affairs - Cell level</i>	✓
<i>Nyirahabimana Aima Marie, In Charge of Social Affairs - Cell level</i>	✓
<i>Kwizera Audith, In Charge of Social Affairs - Cell level</i>	✓
<i>Sibobugingo Aloys, In Charge of Social Affairs - Cell level</i>	✓
<i>Ntibandetse Pascal, In Charge of Social Affairs - Cell level</i>	✓
<i>Niyitegeka Paul, In Charge of Social Affairs - Cell level</i>	✓
<i>Mukarusanga Francine, In Charge of Social Affairs - Cell level</i>	New staff
<i>Uwiringiyimana Damien, In Charge of Social Affairs - Cell level</i>	New Staff
<i>Ayinkamiye Esperence, HC Nutritionist</i>	✓
<i>Kabaganda Grace, HC Nutritionist</i>	✓
<i>Munyampirwa Donat, HC Nutritionist</i>	✓
<i>Bamporiki Gémira, HC Nutritionist</i>	✓
<i>Nikuze Laurentine, HC Nutritionist</i>	✓
<i>Munganyinka Donatille, HC Nutritionist</i>	✓
<i>Uwizanye Celine, HC Nutritionist</i>	✓
<i>Hitabatuma Aloys, HC Nutritionist</i>	✓
<i>Uwimana Consolee, HC Nutritionist</i>	✓
<i>N.Nsengiyumva Clothilde, HC Nutritionist</i>	✓
<i>Uwamahirwe Drothee, HC Nutritionist</i>	✓
<i>Ntawuruhunga Marcelline, HC Nutritionist</i>	✓
<i>Ahishakiye Therese, HC Nutritionist</i>	✓
<i>Unyizihiye Vestine, HC Nutritionist</i>	✓
<i>Nyirahabimana Immaculee, HC Nutritionist</i>	New Staff
<i>PAULIN, INTERN/University of Rwanda</i>	New Interviewer
<i>JEAN DE DIEU, INTERN/University of Rwanda</i>	New Interviewer
<i>THEOGENE , INTERN/University of Rwanda</i>	New Interviewer
<i>ERIC, INTERN/University of Rwanda</i>	New Interviewer

Annex 3. Training schedule for supervisors and interviewers

Activity	March 2015				April 2015			
	1	2	3	4	1	2	3	4
<i>Prepare enumerator training: March 2015</i>								
<i>Train ICSP M&E Officers :March, 2015</i>								
<i>Train Supervisors March, 2015</i>								
<i>Train data collection teams March, 2015</i>								
<i>Conduct pilot exercise March, 2015</i>								
<i>Revise questionnaire and software for electronic data collection – March, 2015</i>								
<i>Field data collection for KPC March – April, 2015</i>								

Annex 4. Population data used to select 30-clusters

Kigeme Hospital Zone								
		Total Pop.	169,087					
		Sample Number	196					
		Sampling interval	5,636					
	Hospital	Sector	Cell	Village	Population			
70	Kigeme	GASAKA	REMERA	GITWA	196	196	196	1
71	Kigeme	GASAKA	REMERA	KABEZA	631	827		
72	Kigeme	GASAKA	REMERA	MURAMBI	497	1,324		
73	Kigeme	GASAKA	REMERA	MURIRO	663	1,987		
74	Kigeme	GASAKA	REMERA	NYAMIFUMBA	731	2,718		
75	Kigeme	Kamegeli	Bwama	Gitwa	916	3,634		
76	Kigeme	Kamegeli	Bwama	Kamiro	919	4,553		
77	Kigeme	Kamegeli	Bwama	Kigarama	616	5,169		
78	Kigeme	Kamegeli	Kamegeli	Kinyovu	817	5,986	5,832	2
79	Kigeme	Kamegeli	Kamegeli	Ntaruka	937	6,923		
80	Kigeme	Kamegeli	Kamegeli	Rweru	533	7,456		
81	Kigeme	Kamegeli	Kamegeli	Sovu	510	7,966		
82	Kigeme	Kamegeli	Kirehe	Gasharu	691	8,657		
83	Kigeme	Kamegeli	Kirehe	Kigarama	800	9,457		
84	Kigeme	Kamegeli	Kirehe	Ryanyirataba	491	9,948		
85	Kigeme	Kamegeli	Kizi	Gakomeye	680	10,628		
86	Kigeme	Kamegeli	Kizi	Kagarama	587	11,215		
87	Kigeme	Kamegeli	Kizi	Kinyana	541	11,756	11,468	3
88	Kigeme	Kamegeli	Nyarusiza	Bande	584	12,340		
89	Kigeme	Kamegeli	Nyarusiza	Nyarusange	418	12,758		
90	Kigeme	Kamegeli	Nyarusiza	Nyarusiza	737	13,495		
91	Kigeme	Kamegeli	Nyarusiza	Rutuna	666	14,161		

92	Kigeme	Kamegeli	Rususa	Bahina	451	14,612		
93	Kigeme	Kamegeli	Rususa	Baro	691	15,303		
94	Kigeme	Kamegeli	Rususa	Kigarama	558	15,861		
95	Kigeme	Kamegeli	Rususa	Muhembe	907	16,768		
96	Kigeme	Kibilizi	Bugarama	Kabarera	383	17,151	17,104	4
97	Kigeme	Kibilizi	Bugarama	Kamina	580	17,731		
98	Kigeme	Kibilizi	Bugarama	Karandura	556	18,287		
99	Kigeme	Kibilizi	Bugarama	Kivumu	558	18,845		
100	Kigeme	Kibilizi	Bugarama	Munazi	458	19,303		
101	Kigeme	Kibilizi	Bugarama	Nyabusenzi	524	19,827		
102	Kigeme	Kibilizi	Bugarura	Kasebuturanyi	793	20,620		
103	Kigeme	Kibilizi	Bugarura	Kirwa	614	21,234		
104	Kigeme	Kibilizi	Bugarura	Muyange	861	22,095		
105	Kigeme	Kibilizi	Bugarura	Nyakibyeyi	624	22,719		
106	Kigeme	Kibilizi	Bugarura	Uwinyana	670	23,389	22,740	5
107	Kigeme	Kibilizi	Gashiha	Gasharu	630	24,019		
108	Kigeme	Kibilizi	Gashiha	Muduha	797	24,816		
109	Kigeme	Kibilizi	Gashiha	Muganza	892	25,708		
110	Kigeme	Kibilizi	Gashiha	Nyabubare	813	26,521		
111	Kigeme	Kibilizi	Gashiha	Rukamiro	909	27,430		
112	Kigeme	Kibilizi	Karambo	Gisoro	466	27,896		
113	Kigeme	Kibilizi	Karambo	Gitwa	443	28,339		
114	Kigeme	Kibilizi	Karambo	Kavumu	770	29,109	28,376	6
115	Kigeme	Kibilizi	Karambo	Nyamirama	517	29,626		
116	Kigeme	Kibilizi	Karambo	Nyirakiraro	617	30,243		
117	Kigeme	Kibilizi	Ruhunga	Cyamashya	636	30,879		
118	Kigeme	Kibilizi	Ruhunga	Gakoma	1,020	31,899		
119	Kigeme	Kibilizi	Ruhunga	Kabuga	877	32,776		

120	Kigeme	Kibilizi	Ruhunga	Munombe	340	33,116		
121	Kigeme	Kibilizi	Ruhunga	Nyagishubi	753	33,869		
122	Kigeme	Kibilizi	Ruhunga	Ruhurura	757	34,626	34,012	7
123	Kigeme	Kibilizi	Uwindekezi	Birembo	475	35,101		
124	Kigeme	Kibilizi	Uwindekezi	Gatovu	630	35,731		
125	Kigeme	Kibilizi	Uwindekezi	Karumbi	888	36,619		
126	Kigeme	Kibilizi	Uwindekezi	Kigarama	521	37,140		
127	Kigeme	Kibilizi	Uwindekezi	Mugote	661	37,801		
128	Kigeme	Kibilizi	Uwindekezi	Uwamataba	774	38,575		
129	Kigeme	KITABI	KAGANO	BUSUSURUKE	1,054	39,629		
130	Kigeme	KITABI	KAGANO	KINTOBO	931	40,560	39,648	8
131	Kigeme	KITABI	KAGANO	TURONZI	755	41,315		
132	Kigeme	KITABI	KAGANO	UWABUMENYI	736	42,051		
133	Kigeme	KITABI	KAGANO	UWARWUBATSI	789	42,840		
134	Kigeme	KITABI	KAGANO	UWINTYABIRE	985	43,825		
135	Kigeme	KITABI	MUJUGA	GAHANDE	1,120	44,945		
136	Kigeme	KITABI	MUJUGA	GASASA	790	45,735	45,284	9
137	Kigeme	KITABI	MUJUGA	MUJUGA	651	46,386		
138	Kigeme	KITABI	MUJUGA	MUKAKA	911	47,297		
139	Kigeme	KITABI	MUJUGA	RWUFE	1,490	48,787		
140	Kigeme	KITABI	MUJUGA	UWANYAKANYERI	918	49,705		
141	Kigeme	KITABI	MUJUGA	UWINKA	895	50,600		
142	Kigeme	KITABI	MUKUNGU	GAHIRA	573	51,173	50,920	10
143	Kigeme	KITABI	MUKUNGU	GATARE	681	51,854		
144	Kigeme	KITABI	MUKUNGU	KARAMBI	854	52,708		
145	Kigeme	KITABI	MUKUNGU	UWICURANGIRO	525	53,233		
146	Kigeme	KITABI	MUKUNGU	UWURUNAZI	600	53,833		
147	Kigeme	KITABI	SHABA	BITABA	870	54,703		

148	Kigeme	KITABI	SHABA	GAKOKO	1,030	55,733		
149	Kigeme	KITABI	SHABA	MUGANZA	872	56,605	56,556	11
150	Kigeme	KITABI	SHABA	MUYANGE	1,116	57,721		
151	Kigeme	KITABI	SHABA	UWAKAGORO	635	58,356		
152	Kigeme	KITABI	SHABA	UWINKA	870	59,226		
153	Kigeme	KITABI	UWINGUGU	GISARENDA	836	60,062		
154	Kigeme	KITABI	UWINGUGU	KIGALI	891	60,953		
155	Kigeme	KITABI	UWINGUGU	RUBUYE	810	61,763		
156	Kigeme	KITABI	UWINGUGU	RUHANGA	756	62,519	62,192	12
157	Kigeme	KITABI	UWINGUGU	UWIMISIGATI	1,077	63,596		
158	Kigeme	KITABI	UWINGUGU	UWURUNAZI	722	64,318		
159	Kigeme	MBAZI	MANWARI	KARAMBI	739	65,057		
160	Kigeme	MBAZI	MANWARI	KIBUMBA	749	65,806		
161	Kigeme	MBAZI	MANWARI	KIGARAMA	533	66,339		
162	Kigeme	MBAZI	MANWARI	MUHORORO	482	66,821		
163	Kigeme	MBAZI	MUTIWINGOMA	GATWA	700	67,521		
164	Kigeme	MBAZI	MUTIWINGOMA	KABERE	529	68,050	67,828	13
165	Kigeme	MBAZI	MUTIWINGOMA	KABUGA	609	68,659		
166	Kigeme	MBAZI	MUTIWINGOMA	MUDUHA	380	69,039		
167	Kigeme	MBAZI	MUTIWINGOMA	NYAMIRAMA	475	69,514		
168	Kigeme	MBAZI	NGAMBI	GASEKE	606	70,120		
169	Kigeme	MBAZI	NGAMBI	KABEZA	445	70,565		
170	Kigeme	MBAZI	NGAMBI	KIVOMO	610	71,175		
171	Kigeme	MBAZI	NGAMBI	MAHERESHO	783	71,958		
172	Kigeme	MBAZI	NGAMBI	MUNANIRA	573	72,531		
173	Kigeme	MBAZI	NGARA	BUTARE	822	73,353		
174	Kigeme	MBAZI	NGARA	GASHARU	642	73,995	73,464	14
175	Kigeme	MBAZI	NGARA	GISIZA	464	74,459		

176	Kigeme	MBAZI	NGARA	GITUNTU	405	74,864		
177	Kigeme	MBAZI	NGARA	NYAGISHUMBU	553	75,417		
178	Kigeme	MBAZI	NGARA	RUSEKE	574	75,991		
179	Kigeme	TARE	BUHORO	GISANZE	595	76,586		
180	Kigeme	TARE	BUHORO	GITOVU	778	77,364		
181	Kigeme	TARE	BUHORO	KANSEREGE	281	77,645		
182	Kigeme	TARE	BUHORO	KIRWA	496	78,141		
183	Kigeme	TARE	BUHORO	NYABWOMA	470	78,611		
184	Kigeme	TARE	BUHORO	RWUFE	420	79,031		
185	Kigeme	TARE	BUHORO	RYARUBONDO	558	79,589	79,100	15
186	Kigeme	TARE	GASARENDA	KAGARAMA	716	80,305		
187	Kigeme	TARE	GASARENDA	KIMINAZI	299	80,604		
188	Kigeme	TARE	GASARENDA	KIVURUGA	665	81,269		
189	Kigeme	TARE	GASARENDA	MURAGARA	498	81,767		
190	Kigeme	TARE	GASARENDA	MUSE	421	82,188		
191	Kigeme	TARE	GASARENDA	MWUFE	324	82,512		
192	Kigeme	TARE	GASARENDA	UWINKOMO	203	82,715		
193	Kigeme	TARE	GATOVU	GASENGA	527	83,242		
194	Kigeme	TARE	GATOVU	KIGUSA	2,903	86,145	84,736	16
195	Kigeme	TARE	GATOVU	KIMINAZI	743	86,888		
196	Kigeme	TARE	GATOVU	MUHATTI	521	87,409		
197	Kigeme	TARE	GATOVU	RUZIBA	356	87,765		
198	Kigeme	TARE	KAGANZA	AKANYIRANDORI	596	88,361		
199	Kigeme	TARE	KAGANZA	BIVUMU	570	88,931		
200	Kigeme	TARE	KAGANZA	BUREMERA	646	89,577		
201	Kigeme	TARE	KAGANZA	CYIMICCANGA	663	90,240		
202	Kigeme	TARE	KAGANZA	RUGANZA	541	90,781	90,372	17
203	Kigeme	TARE	NKUMBURE	BIRARO	480	91,261		

204	Kigeme	TARE	NKUMBURE	BIREKA	572	91,833		
205	Kigeme	TARE	NKUMBURE	GAHEMBE	411	92,244		
206	Kigeme	TARE	NKUMBURE	KIBWIIJE	596	92,840		
207	Kigeme	TARE	NKUMBURE	MUBEZI	514	93,354		
208	Kigeme	TARE	NKUMBURE	MUHUMO	613	93,967		
209	Kigeme	TARE	NKUMBURE	RUGETI	506	94,473		
210	Kigeme	TARE	NKUMBURE	RUKEREHO	399	94,872		
211	Kigeme	TARE	NKUMBURE	UWUMUGETI	367	95,239		
212	Kigeme	TARE	NKUMBURE	VUMWE	469	95,708		
213	Kigeme	TARE	NYAMIGINA	GAKOMA	643	96,351	96,008	18
214	Kigeme	TARE	NYAMIGINA	MARYOHE	503	96,854		
215	Kigeme	TARE	NYAMIGINA	NGORORERO	507	97,361		
216	Kigeme	TARE	NYAMIGINA	NKOMERO	457	97,818		
217	Kigeme	TARE	NYAMIGINA	NYARUGEITI	561	98,379		
218	Kigeme	TARE	NYAMIGINA	RUKOKO	607	98,986		
219	Kigeme	TARE	NYAMIGINA	UWINTANA	363	99,349		
220	Kigeme	UWINKINGI	BIGUMIRA	BIGUMIRA	527	99,876		
221	Kigeme	UWINKINGI	BIGUMIRA	CYUMUGANZA	596	100,472		
222	Kigeme	UWINKINGI	BIGUMIRA	GAKOKO	839	101,311		
223	Kigeme	UWINKINGI	BIGUMIRA	MAGUMIRA	679	101,990	101,644	19
224	Kigeme	UWINKINGI	GAHIRA	BUNYUNYU	658	102,648		
225	Kigeme	UWINKINGI	GAHIRA	GAHIRA	804	103,452		
226	Kigeme	UWINKINGI	GAHIRA	GITITI	708	104,160		
227	Kigeme	UWINKINGI	GAHIRA	KIBUGAZI	766	104,926		
228	Kigeme	UWINKINGI	GAHIRA	KUNYU	806	105,732		
229	Kigeme	UWINKINGI	GAHIRA	RUGEYO	771	106,503		
230	Kigeme	UWINKINGI	GAHIRA	UWINKINGI	705	107,208		
231	Kigeme	UWINKINGI	KIBYAGIRA	BISHYA	841	108,049	107,280	20

232	Kigeme	UWINKINGI	KIBYAGIRA	CYUMUGANZA	476	108,525		
233	Kigeme	UWINKINGI	KIBYAGIRA	KABUGA	653	109,178		
234	Kigeme	UWINKINGI	KIBYAGIRA	KABUSEKURU	487	109,665		
235	Kigeme	UWINKINGI	KIBYAGIRA	KAGANO	651	110,316		
236	Kigeme	UWINKINGI	KIBYAGIRA	SABAKE	766	111,082		
237	Kigeme	UWINKINGI	KIBYAGIRA	SEKERA	920	112,002		
238	Kigeme	UWINKINGI	MUDASOMWA	GACACA	705	112,707		
239	Kigeme	UWINKINGI	MUDASOMWA	KARAMBO	820	113,527	112,916	21
240	Kigeme	UWINKINGI	MUDASOMWA	NSINDUKA	722	114,249		
241	Kigeme	UWINKINGI	MUDASOMWA	RUSHUBI	567	114,816		
242	Kigeme	UWINKINGI	MUDASOMWA	UWANJYOGORO	686	115,502		
243	Kigeme	UWINKINGI	MUNYEGE	BITABA	656	116,158		
244	Kigeme	UWINKINGI	MUNYEGE	GAHANGO	619	116,777		
245	Kigeme	UWINKINGI	MUNYEGE	KANYAMPONGO	571	117,348		
246	Kigeme	UWINKINGI	MUNYEGE	KIMINA	625	117,973		
247	Kigeme	UWINKINGI	MUNYEGE	MUNYEGE	798	118,771	118,552	22
248	Kigeme	UWINKINGI	MUNYEGE	NYARURAMBI	771	119,542		
249	Kigeme	UWINKINGI	RUGOGWE	MABENDE	593	120,135		
250	Kigeme	UWINKINGI	RUGOGWE	MUNINI	750	120,885		
251	Kigeme	UWINKINGI	RUGOGWE	MWISHYOGWE	598	121,483		
252	Kigeme	UWINKINGI	RUGOGWE	NYAMUGARI	653	122,136		
253	Kigeme	UWINKINGI	RUGOGWE	RUGETI	598	122,734		
254	Kigeme	UWINKINGI	RUGOGWE	SUBUKINIRO	848	123,582		
1	Kigeme	CYANIKA	GITEGA	BUTARE	455	124,037		
2	Kigeme	CYANIKA	GITEGA	GASEKE	369	124,406	124,188	23
3	Kigeme	CYANIKA	GITEGA	GASHARU	488	124,894		
4	Kigeme	CYANIKA	GITEGA	GITEGA	543	125,437		
5	Kigeme	CYANIKA	GITEGA	KIGARAMA	460	125,897		

6	Kigeme	CYANIKA	GITEGA	MIKO	421	126,318		
7	Kigeme	CYANIKA	GITEGA	MUNYERERI	481	126,799		
8	Kigeme	CYANIKA	GITEGA	MUSASA	472	127,271		
9	Kigeme	CYANIKA	GITEGA	RUSARASI	416	127,687		
10	Kigeme	CYANIKA	GITEGA	RWINGOMA	396	128,083		
11	Kigeme	CYANIKA	KARAMA	BIRAMBO	354	128,437		
12	Kigeme	CYANIKA	KARAMA	KARABA	625	129,062		
13	Kigeme	CYANIKA	KARAMA	KARAMA	524	129,586		
14	Kigeme	CYANIKA	KARAMA	MUGAMBA	611	130,197	129,824	24
15	Kigeme	CYANIKA	KARAMA	MUNYINYA	686	130,883		
16	Kigeme	CYANIKA	KARAMA	NYAMISAVE	313	131,196		
17	Kigeme	CYANIKA	KARAMA	NYANZA	710	131,906		
18	Kigeme	CYANIKA	KARAMA	RWAMAGANA	592	132,498		
19	Kigeme	CYANIKA	KIYUMBA	GATARE	356	132,854		
20	Kigeme	CYANIKA	KIYUMBA	GATENTWE	453	133,307		
21	Kigeme	CYANIKA	KIYUMBA	GIKOMERO	483	133,790		
22	Kigeme	CYANIKA	KIYUMBA	GISHIKE	365	134,155		
23	Kigeme	CYANIKA	KIYUMBA	KAGARAMA	463	134,618		
24	Kigeme	CYANIKA	KIYUMBA	KAVIRI	551	135,169		
25	Kigeme	CYANIKA	KIYUMBA	NYARUCYAMU	361	135,530	135,460	25
26	Kigeme	CYANIKA	NGOMA	KABARERA	695	136,225		
27	Kigeme	CYANIKA	NGOMA	KAMUHIRWA	512	136,737		
28	Kigeme	CYANIKA	NGOMA	KAVUMU	668	137,405		
29	Kigeme	CYANIKA	NGOMA	KINGA	491	137,896		
30	Kigeme	CYANIKA	NGOMA	MURAMA	481	138,377		
31	Kigeme	CYANIKA	NGOMA	NYAMIRAMBO	437	138,814		
32	Kigeme	CYANIKA	NYANZA	BUHIGA	792	139,606		
33	Kigeme	CYANIKA	NYANZA	KIBINGO	955	140,561		

34	Kigeme	CYANIKA	NYANZA	MIRAMA	728	141,289	141,096	26
35	Kigeme	CYANIKA	NYANZA	MUGOMBWA	683	141,972		
36	Kigeme	CYANIKA	NYANZA	NYABISINDU	640	142,612		
37	Kigeme	CYANIKA	NYANZA	RUGARAGARA	678	143,290		
38	Kigeme	CYANIKA	NYANZOGA	BIGAZI	596	143,886		
39	Kigeme	CYANIKA	NYANZOGA	GAFUHHISHA	520	144,406		
40	Kigeme	CYANIKA	NYANZOGA	KAGARAMA	435	144,841		
41	Kigeme	CYANIKA	NYANZOGA	KARUVENYA	448	145,289		
42	Kigeme	CYANIKA	NYANZOGA	MBEHO	561	145,850		
43	Kigeme	CYANIKA	NYANZOGA	MUGARI	720	146,570		
44	Kigeme	CYANIKA	NYANZOGA	NYAMIRAMA	325	146,895	146,732	27
45	Kigeme	CYANIKA	NYANZOGA	RUSENYI	436	147,331		
46	Kigeme	GASAKA	KIGEME	GAKOMA	1,093	148,424		
47	Kigeme	GASAKA	KIGEME	GITABA	850	149,274		
48	Kigeme	GASAKA	KIGEME	MUNOMBE	1,301	150,575		
49	Kigeme	GASAKA	KIGEME	NYANTANGA	910	151,485		
50	Kigeme	GASAKA	NGIRYI	KARAMBI	800	152,285		
51	Kigeme	GASAKA	NGIRYI	KIBANDA	797	153,082	152,368	28
52	Kigeme	GASAKA	NGIRYI	KITAZIGURWA	1,079	154,161		
53	Kigeme	GASAKA	NGIRYI	MUNYEGE	757	154,918		
54	Kigeme	GASAKA	NGIRYI	NGIRYI	564	155,482		
55	Kigeme	GASAKA	NGIRYI	SUMBA	1,555	157,037		
56	Kigeme	GASAKA	NYABIVUMU	DUSEGO	401	157,438		
57	Kigeme	GASAKA	NYABIVUMU	GASHARU	567	158,005	158,004	29
58	Kigeme	GASAKA	NYABIVUMU	NYABIVUMU	408	158,413		
59	Kigeme	GASAKA	NYABIVUMU	RARO	656	159,069		
60	Kigeme	GASAKA	NYAMUGARI	KABACUZI	1,632	160,701		
61	Kigeme	GASAKA	NYAMUGARI	KABAJOGO	997	161,698		

62	Kigeme	GASAKA	NYAMUGARI	KARAMA	1,032	162,730		
63	Kigeme	GASAKA	NYAMUGARI	KIGARAMA	940	163,670	163,640	30
64	Kigeme	GASAKA	NYAMUGARI	NYAMUGARI	708	164,378		
65	Kigeme	GASAKA	NYAMUGARI	NYARUSANGE	1,316	165,694		
66	Kigeme	GASAKA	NZEGA	GASAKA	966	166,660		
67	Kigeme	GASAKA	NZEGA	GITANTU	945	167,605		
68	Kigeme	GASAKA	NZEGA	KADOMA	865	168,470		
69	Kigeme	GASAKA	NZEGA	NZEGA	617	169,087		
					169,087			

Kaduha Hospital Zone

Total Pop.		155,372						
Sample Number		244						
Sampling interval		5,179						
	Hospital	Sector	Cell	Village	Population			
143	Kaduha	MUGANO	SUTI	GASIZA	244	244	244	1
144	Kaduha	MUGANO	SUTI	MATYAZO	474	718		
145	Kaduha	MUGANO	SUTI	RWAMIKO	452	1,170		
146	Kaduha	MUGANO	SUTI	TURYANGO	603	1,773		
147	Kaduha	MUGANO	YONDE	GISOVU	554	2,327		
148	Kaduha	MUGANO	YONDE	KANYEGENYEGE	554	2,881		
149	Kaduha	MUGANO	YONDE	NYARUSAZI	652	3,533		
150	Kaduha	MUGANO	YONDE	RUHAMIRA A	421	3,954		
151	Kaduha	MUGANO	YONDE	RUHAMIRA B	454	4,408		
152	Kaduha	MUSANGE	GASAVE	Gasura	505	4,913		
153	Kaduha	MUSANGE	GASAVE	Kabingo	516	5,429	5,423	2
154	Kaduha	MUSANGE	GASAVE	Murambi	553	5,982		

155	Kaduha	MUSANGE	GASAVE	Nyabivumu	481	6,463		
156	Kaduha	MUSANGE	GASAVE	Nyakabuye	538	7,001		
157	Kaduha	MUSANGE	JENDA	Cyabagomba	509	7,510		
158	Kaduha	MUSANGE	JENDA	Kabakannyi	871	8,381		
159	Kaduha	MUSANGE	JENDA	Kavumu	661	9,042		
160	Kaduha	MUSANGE	JENDA	Kayogoro	687	9,729		
161	Kaduha	MUSANGE	JENDA	Nyakibungo	487	10,216		
162	Kaduha	MUSANGE	JENDA	Nyakirambi	633	10,849	10,602	3
163	Kaduha	MUSANGE	MASAGARA	Cyabasana	415	11,264		
164	Kaduha	MUSANGE	MASAGARA	Cyaruvunge	447	11,711		
165	Kaduha	MUSANGE	MASAGARA	Gituntu	459	12,170		
166	Kaduha	MUSANGE	MASAGARA	Muhororo	374	12,544		
167	Kaduha	MUSANGE	MASAGARA	Mutakara	468	13,012		
168	Kaduha	MUSANGE	MASAGARA	Mutuntu	397	13,409		
169	Kaduha	MUSANGE	MASAGARA	Nyagihima	558	13,967		
170	Kaduha	MUSANGE	MASANGANO	Gasagara	709	14,676		
171	Kaduha	MUSANGE	MASANGANO	Kibumba	673	15,349		
172	Kaduha	MUSANGE	MASANGANO	Mubuga	559	15,908	15,781	4
173	Kaduha	MUSANGE	MASANGANO	Nyakabuye	545	16,453		
174	Kaduha	MUSANGE	MASANGANO	Rutuntu	597	17,050		
175	Kaduha	MUSANGE	MASIZI	Karama	590	17,640		
176	Kaduha	MUSANGE	MASIZI	Munini	609	18,249		
177	Kaduha	MUSANGE	MASIZI	Murehe	587	18,836		
178	Kaduha	MUSANGE	MASIZI	Rwankango	542	19,378		
179	Kaduha	MUSANGE	MASIZI	Rwina	680	20,058		
180	Kaduha	MUSANGE	NYAGISOZI	Dusenyi	483	20,541		
181	Kaduha	MUSANGE	NYAGISOZI	Kibaga	508	21,049	20,960	5
182	Kaduha	MUSANGE	NYAGISOZI	Remera	481	21,530		

183	Kaduha	MUSANGE	NYAGISOZI	Ruhunga	529	22,059		
184	Kaduha	MUSANGE	NYAGISOZI	Uwabarashi	430	22,489		
185	Kaduha	MUSEBEYA	GATOVU	Bisereganya	458	22,947		
186	Kaduha	MUSEBEYA	GATOVU	Gatovu	459	23,406		
187	Kaduha	MUSEBEYA	GATOVU	Gitovu	519	23,925		
188	Kaduha	MUSEBEYA	GATOVU	Kanyiranzoga	396	24,321		
189	Kaduha	MUSEBEYA	GATOVU	Nyarubande	338	24,659		
190	Kaduha	MUSEBEYA	GATOVU	Ryanyakayaga	344	25,003		
191	Kaduha	MUSEBEYA	NYARURAMBI	Cyabwimba	320	25,323		
192	Kaduha	MUSEBEYA	NYARURAMBI	Cyarwa	327	25,650		
193	Kaduha	MUSEBEYA	NYARURAMBI	Gatiti	541	26,191	26,139	6
194	Kaduha	MUSEBEYA	NYARURAMBI	Giheta	280	26,471		
195	Kaduha	MUSEBEYA	NYARURAMBI	Kabere	506	26,977		
196	Kaduha	MUSEBEYA	NYARURAMBI	Mujyejuru	446	27,423		
197	Kaduha	MUSEBEYA	NYARURAMBI	Nyarurambi	360	27,783		
198	Kaduha	MUSEBEYA	NYARURAMBI	Rwabigeyo	375	28,158		
199	Kaduha	MUSEBEYA	RUGANO	Bugarama	396	28,554		
200	Kaduha	MUSEBEYA	RUGANO	Busanza	427	28,981		
201	Kaduha	MUSEBEYA	RUGANO	Gisiza	402	29,383		
202	Kaduha	MUSEBEYA	RUGANO	Kibandirwa	541	29,924		
203	Kaduha	MUSEBEYA	RUGANO	Rugano	495	30,419		
204	Kaduha	MUSEBEYA	RUGANO	Rukungu	468	30,887		
205	Kaduha	MUSEBEYA	RUNEGE	Bigugu	434	31,321	31,318	7
206	Kaduha	MUSEBEYA	RUNEGE	Bitaba	492	31,813		
207	Kaduha	MUSEBEYA	RUNEGE	Gacundura	513	32,326		
208	Kaduha	MUSEBEYA	RUNEGE	Gakereko	534	32,860		
209	Kaduha	MUSEBEYA	RUNEGE	Ndogondwe	390	33,250		
210	Kaduha	MUSEBEYA	RUNEGE	Ruganza	576	33,826		

211	Kaduha	MUSEBEYA	RUNEGE	Rukaranka	484	34,310		
212	Kaduha	MUSEBEYA	RUSEKERA	Karambo	247	34,557		
213	Kaduha	MUSEBEYA	RUSEKERA	Ngoma	317	34,874		
214	Kaduha	MUSEBEYA	RUSEKERA	Rebero	461	35,335		
215	Kaduha	MUSEBEYA	RUSEKERA	Shaki	399	35,734		
216	Kaduha	MUSEBEYA	RUSEKERA	Uwimituza	521	36,255		
217	Kaduha	MUSEBEYA	SEKERA	Masinde	650	36,905	36,497	8
218	Kaduha	MUSEBEYA	SEKERA	Mugano	593	37,498		
219	Kaduha	MUSEBEYA	SEKERA	Nkomero	702	38,200		
220	Kaduha	MUSEBEYA	SEKERA	Nyaruhura	619	38,819		
221	Kaduha	MUSEBEYA	SEKERA	Rubumburi	723	39,542		
222	Kaduha	MUSEBEYA	SEKERA	Rugazi	628	40,170		
223	Kaduha	MUSHUBI	BUTETERI	GORWE	360	40,530		
224	Kaduha	MUSHUBI	BUTETERI	KAGORWE	455	40,985		
225	Kaduha	MUSHUBI	BUTETERI	KIZANGANYA	506	41,491		
226	Kaduha	MUSHUBI	BUTETERI	MUGUNDA	376	41,867	41,676	9
227	Kaduha	MUSHUBI	BUTETERI	MURAMBI	591	42,458		
228	Kaduha	MUSHUBI	BUTETERI	NGOMA	434	42,892		
229	Kaduha	MUSHUBI	BUTETERI	NYAKIBANDE	448	43,340		
230	Kaduha	MUSHUBI	BUTETERI	REMERA	471	43,811		
231	Kaduha	MUSHUBI	BUTETERI	RUSOYO	411	44,222		
232	Kaduha	MUSHUBI	BUTETERI	RWAMIKO	473	44,695		
233	Kaduha	MUSHUBI	CYOBE	CYOBE	414	45,109		
234	Kaduha	MUSHUBI	CYOBE	GASEKE	567	45,676		
235	Kaduha	MUSHUBI	CYOBE	GIYIKIREMA	473	46,149		
236	Kaduha	MUSHUBI	CYOBE	NYAGISUMO	517	46,666		
237	Kaduha	MUSHUBI	CYOBE	NYAKABINGO	646	47,312	46,855	10
238	Kaduha	MUSHUBI	CYOBE	NYAKIRAMBI	388	47,700		

239	Kaduha	MUSHUBI	CYOBE	NYARUSHIKE	537	48,237		
240	Kaduha	MUSHUBI	CYOBE	RUTOYI	528	48,765		
241	Kaduha	MUSHUBI	GASHWATI	BWERAMANA	472	49,237		
242	Kaduha	MUSHUBI	GASHWATI	GASHWATI	741	49,978		
243	Kaduha	MUSHUBI	GASHWATI	MUHEMBE	651	50,629		
244	Kaduha	MUSHUBI	GASHWATI	MUKO	288	50,917		
245	Kaduha	MUSHUBI	GASHWATI	MUSHUBI	802	51,719		
246	Kaduha	MUSHUBI	GASHWATI	RUCUNDA	711	52,430	52,034	11
247	Kaduha	MUSHUBI	GASHWATI	RUHINGA	280	52,710		
248	Kaduha	NKOMANE	BITANDARA	BUHANZI	556	53,266		
249	Kaduha	NKOMANE	BITANDARA	MUNANIRA	439	53,705		
250	Kaduha	NKOMANE	BITANDARA	MUTANDARA	718	54,423		
251	Kaduha	NKOMANE	BITANDARA	MUYANGE	392	54,815		
252	Kaduha	NKOMANE	BITANDARA	RUGEYO	531	55,346		
253	Kaduha	NKOMANE	MUSARABA	GATOROVE	351	55,697		
254	Kaduha	NKOMANE	MUSARABA	GIHUNGA	613	56,310		
255	Kaduha	NKOMANE	MUSARABA	KIMBOGO	361	56,671		
256	Kaduha	NKOMANE	MUSARABA	MUSARABA	505	57,176		
257	Kaduha	NKOMANE	MUSARABA	RUSOYO	360	57,536	57,213	12
258	Kaduha	NKOMANE	MUSARABA	RUTARE	386	57,922		
259	Kaduha	NKOMANE	MUSARABA	RWIMPIRI	401	58,323		
260	Kaduha	NKOMANE	MUTENGERI	CYURWUVE	365	58,688		
261	Kaduha	NKOMANE	MUTENGERI	GIHWAHWA	362	59,050		
262	Kaduha	NKOMANE	MUTENGERI	KAVUMU	353	59,403		
263	Kaduha	NKOMANE	MUTENGERI	KIVUMU	541	59,944		
264	Kaduha	NKOMANE	MUTENGERI	MUTENGERI	247	60,191		
265	Kaduha	NKOMANE	MUTENGERI	TUBUYE	549	60,740		
266	Kaduha	NKOMANE	NKOMANE	BANDA	752	61,492		

267	Kaduha	NKOMANE	NKOMANE	KAGANO	627	62,119		
268	Kaduha	NKOMANE	NKOMANE	MUGARI	796	62,915	62,392	13
269	Kaduha	NKOMANE	NKOMANE	MUTARAMA	588	63,503		
270	Kaduha	NKOMANE	NKOMANE	RUHINGA	785	64,288		
271	Kaduha	NKOMANE	NYARWUNGO	BISHARA	443	64,731		
272	Kaduha	NKOMANE	NYARWUNGO	BUCYERO	360	65,091		
273	Kaduha	NKOMANE	NYARWUNGO	MARAMBO	430	65,521		
274	Kaduha	NKOMANE	NYARWUNGO	NYARUHOMBO	249	65,770	67,571	14
275	Kaduha	NKOMANE	NYARWUNGO	NYARWUNGO	354	66,124		
276	Kaduha	NKOMANE	NYARWUNGO	RANGI	584	66,708		
277	Kaduha	NKOMANE	NYARWUNGO	RUTOYI	605	67,313		
278	Kaduha	NKOMANE	TWIYA	GAKOMEYE	338	67,651		
279	Kaduha	NKOMANE	TWIYA	GISHENGE	421	68,072		
280	Kaduha	NKOMANE	TWIYA	KARUKOMA	521	68,593		
281	Kaduha	NKOMANE	TWIYA	KIBUGA	444	69,037		
282	Kaduha	NKOMANE	TWIYA	TWIYA	513	69,550		
1	Kaduha	BURUHUKIRO	BUSHIGISHIGI	BUSHIGISHIGI	665	70,215		
2	Kaduha	BURUHUKIRO	BUSHIGISHIGI	GIHARAYUMBU	589	70,804		
3	Kaduha	BURUHUKIRO	BUSHIGISHIGI	MUGOTE	795	71,599		
4	Kaduha	BURUHUKIRO	BUSHIGISHIGI	RUSEKERA	604	72,203		
5	Kaduha	BURUHUKIRO	BYIMANA	BISHYIGA	597	72,800	72,750	15
6	Kaduha	BURUHUKIRO	BYIMANA	BUHORO	611	73,411		
7	Kaduha	BURUHUKIRO	BYIMANA	GAKANGAGA	611	74,022		
8	Kaduha	BURUHUKIRO	BYIMANA	GIHUMO	773	74,795		
9	Kaduha	BURUHUKIRO	BYIMANA	RUKERI	652	75,447		
10	Kaduha	BURUHUKIRO	GIFURWE	BITABA	391	75,838		
11	Kaduha	BURUHUKIRO	GIFURWE	GIFURWE	490	76,328		
12	Kaduha	BURUHUKIRO	GIFURWE	NGANZO	755	77,083		

13	Kaduha	BURUHUKIRO	GIFURWE	NYAMABERI	442	77,525		
14	Kaduha	BURUHUKIRO	GIFURWE	RURONZI	352	77,877		
15	Kaduha	BURUHUKIRO	GIFURWE	UWANKIRIYE	442	78,319	77,929	16
16	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	GIKUNGU	770	79,089		
17	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	GISHWATI	934	80,023		
18	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	KAGANO	840	80,863		
19	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	KINABA	869	81,732		
20	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	MINAGA	860	82,592		
21	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	MUJERENGE	835	83,427	83,108	17
22	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	TANTARAMA	852	84,279		
23	Kaduha	BURUHUKIRO	KIZIMYAMURIRO	UWINZIRA	589	84,868		
24	Kaduha	BURUHUKIRO	MUNINI	CYINYOZA	560	85,428		
25	Kaduha	BURUHUKIRO	MUNINI	GITOVU	695	86,123		
26	Kaduha	BURUHUKIRO	MUNINI	MAGUMIRA	604	86,727		
27	Kaduha	BURUHUKIRO	MUNINI	MATSINDA	652	87,379		
28	Kaduha	BURUHUKIRO	MUNINI	MUNINI	691	88,070		
29	Kaduha	BURUHUKIRO	MUNINI	RUKWANDU	540	88,610	88,287	18
30	Kaduha	BURUHUKIRO	MUNINI	UWINZOVU	735	89,345		
31	Kaduha	BURUHUKIRO	RAMBYA	BURUHUKIRO	895	90,240		
32	Kaduha	BURUHUKIRO	RAMBYA	KIBUBURO	448	90,688		
33	Kaduha	BURUHUKIRO	RAMBYA	MPANGA	527	91,215		
34	Kaduha	BURUHUKIRO	RAMBYA	NKAMBA	847	92,062		
35	Kaduha	BURUHUKIRO	RAMBYA	RUSEKE	496	92,558		
36	Kaduha	GATARE	BOKOPFU	KARAMBO	761	93,319		
37	Kaduha	GATARE	BOKOPFU	KARUMBI	641	93,960	93,466	19
38	Kaduha	GATARE	BOKOPFU	MUHINGO	847	94,807		
39	Kaduha	GATARE	BOKOPFU	TWIYA	592	95,399		
40	Kaduha	GATARE	GATARE	GASHASHA	425	95,824		

41	Kaduha	GATARE	GATARE	KIYOVU	894	96,718		
42	Kaduha	GATARE	GATARE	MUREMBO	392	97,110		
43	Kaduha	GATARE	GATARE	RWAMAKARA	1,088	98,198		
44	Kaduha	GATARE	GATARE	UWISURI	882	99,080	98,645	20
45	Kaduha	GATARE	MUKONGORO	GIKUNGU	505	99,585		
46	Kaduha	GATARE	MUKONGORO	KAGANO	675	100,260		
47	Kaduha	GATARE	MUKONGORO	KAGEYO	503	100,763		
48	Kaduha	GATARE	MUKONGORO	NYAKABUYE	595	101,358		
49	Kaduha	GATARE	MUKONGORO	RUKEREKO	679	102,037		
50	Kaduha	GATARE	RUGANDA	GASHARU	486	102,523		
51	Kaduha	GATARE	RUGANDA	GITUNTU	517	103,040		
52	Kaduha	GATARE	RUGANDA	KAMAMARA	529	103,569		
53	Kaduha	GATARE	RUGANDA	MASANGANO	525	104,094	103,824	21
54	Kaduha	GATARE	RUGANDA	RUNABA	533	104,627		
55	Kaduha	GATARE	RUGANDA	RWANGAMBIRI	715	105,342		
56	Kaduha	GATARE	SHYERU	BAZIRO	919	106,261		
57	Kaduha	GATARE	SHYERU	BIMBA	567	106,828		
58	Kaduha	GATARE	SHYERU	KAGUSA	428	107,256		
59	Kaduha	GATARE	SHYERU	RUHANGA	590	107,846		
60	Kaduha	GATARE	SHYERU	RUSHYARARA	572	108,418		
61	Kaduha	KADUHA	KAVUMU	Bamba	484	108,902		
62	Kaduha	KADUHA	KAVUMU	BIZIGURO	599	109,501	109,003	22
63	Kaduha	KADUHA	KAVUMU	GAHAMA	698	110,199		
64	Kaduha	KADUHA	KAVUMU	GATABA	550	110,749		
65	Kaduha	KADUHA	KAVUMU	GITEGA	479	111,228		
66	Kaduha	KADUHA	KAVUMU	JOMA	331	111,559		
67	Kaduha	KADUHA	KAVUMU	KABUGA	500	112,059		
68	Kaduha	KADUHA	KAVUMU	KAMONYI	619	112,678		

69	Kaduha	KADUHA	KAVUMU	KAREHE	686	113,364		
70	Kaduha	KADUHA	KAVUMU	KAVUMU	647	114,011		
71	Kaduha	KADUHA	MURAMBI	KASEMANYANA	542	114,553	114,182	23
72	Kaduha	KADUHA	MURAMBI	KIBIRARO	560	115,113		
73	Kaduha	KADUHA	MURAMBI	NYARURYANGO	730	115,843		
74	Kaduha	KADUHA	MURAMBI	REBERO	660	116,503		
75	Kaduha	KADUHA	MUSENYI	BURENGO	643	117,146		
76	Kaduha	KADUHA	MUSENYI	GASOVU	623	117,769		
77	Kaduha	KADUHA	MUSENYI	GATOKI	717	118,486		
78	Kaduha	KADUHA	MUSENYI	KIRWA	500	118,986		
79	Kaduha	KADUHA	MUSENYI	MUNINI	462	119,448	119,361	24
80	Kaduha	KADUHA	MUSENYI	NGANZO	657	120,105		
81	Kaduha	KADUHA	MUSENYI	NYAKIRAMBI	693	120,798		
82	Kaduha	KADUHA	MUSENYI	RUGANDA	604	121,402		
83	Kaduha	KADUHA	NYABISINDU	GITABAGE	423	121,825		
84	Kaduha	KADUHA	NYABISINDU	KABAZIRO	662	122,487		
85	Kaduha	KADUHA	NYABISINDU	KANYEGE	592	123,079		
86	Kaduha	KADUHA	NYABISINDU	KASEMAZI	687	123,766		
87	Kaduha	KADUHA	NYABISINDU	KIREHE	634	124,400		
88	Kaduha	KADUHA	NYABISINDU	KIVUMU	720	125,120	124,540	25
89	Kaduha	KADUHA	NYABISINDU	MUDUHA	485	125,605		
90	Kaduha	KADUHA	NYABISINDU	MUKONGORO	515	126,120		
91	Kaduha	KADUHA	NYAMIYAGA	CYUGARO	653	126,773		
92	Kaduha	KADUHA	NYAMIYAGA	GASHIRU	325	127,098		
93	Kaduha	KADUHA	NYAMIYAGA	NKOMERO	544	127,642		
94	Kaduha	KADUHA	NYAMIYAGA	NYAKABINGO	708	128,350		
95	Kaduha	KADUHA	NYAMIYAGA	RUHUHA	531	128,881		
96	Kaduha	KADUHA	NYAMIYAGA	RUKERI	526	129,407		

97	Kaduha	KIBUMBWE	BWENDA	MUNYINYA	784	130,191	129,719	26
98	Kaduha	KIBUMBWE	BWENDA	MURAMBI	478	130,669		
99	Kaduha	KIBUMBWE	BWENDA	MURWA	344	131,013		
100	Kaduha	KIBUMBWE	BWENDA	NYAGATOVU	433	131,446		
101	Kaduha	KIBUMBWE	BWENDA	NYAMIRAMA	638	132,084		
102	Kaduha	KIBUMBWE	GAKANKA	CYERU	738	132,822		
103	Kaduha	KIBUMBWE	GAKANKA	GIKOMERO	528	133,350		
104	Kaduha	KIBUMBWE	GAKANKA	MUNINI	452	133,802		
105	Kaduha	KIBUMBWE	GAKANKA	NKURUBUYE	750	134,552		
106	Kaduha	KIBUMBWE	GAKANKA	NYARUBUYE	468	135,020	134,898	27
107	Kaduha	KIBUMBWE	GAKANKA	RAMBYA	374	135,394		
108	Kaduha	KIBUMBWE	KIBIBI	GATANDAGAGANYA	537	135,931		
109	Kaduha	KIBUMBWE	KIBIBI	KABERE	610	136,541		
110	Kaduha	KIBUMBWE	KIBIBI	KANYEGE	488	137,029		
111	Kaduha	KIBUMBWE	KIBIBI	KIRWA	617	137,646		
112	Kaduha	KIBUMBWE	KIBIBI	RWEZAMENYO	715	138,361		
113	Kaduha	KIBUMBWE	KIBIBI	RYINGARURA	326	138,687		
114	Kaduha	KIBUMBWE	NYAKIZA	DUSENYI	457	139,144		
115	Kaduha	KIBUMBWE	NYAKIZA	KARAMBO	448	139,592		
116	Kaduha	KIBUMBWE	NYAKIZA	KINYANA	348	139,940		
117	Kaduha	KIBUMBWE	NYAKIZA	MURAMBI	527	140,467	140,077	28
118	Kaduha	KIBUMBWE	NYAKIZA	NYAKIZU	619	141,086		
119	Kaduha	KIBUMBWE	NYAKIZA	ZIGATI	440	141,526		
120	Kaduha	MUGANO	GITONDORO	GAKOIMEYE	885	142,411		
121	Kaduha	MUGANO	GITONDORO	GIITONDORO	946	143,357		
122	Kaduha	MUGANO	GITONDORO	GITUNTU	770	144,127		
123	Kaduha	MUGANO	GITONDORO	KARAMBI	583	144,710		
124	Kaduha	MUGANO	GITONDORO	MASO	579	145,289	145,256	29

125	Kaduha	MUGANO	GITWA	KABUHHORO	678	145,967		
126	Kaduha	MUGANO	GITWA	KIRENZI	421	146,388		
127	Kaduha	MUGANO	GITWA	KIRENZI II	290	146,678		
128	Kaduha	MUGANO	GITWA	NYAKIBINGO	409	147,087		
129	Kaduha	MUGANO	GITWA	RUTABO	535	147,622		
130	Kaduha	MUGANO	GITWA	RYAMIGABO	442	148,064		
131	Kaduha	MUGANO	RUHINGA	CYIBANDE	370	148,434		
132	Kaduha	MUGANO	RUHINGA	CYINZIRA	476	148,910		
133	Kaduha	MUGANO	RUHINGA	GITARAMA	571	149,481		
134	Kaduha	MUGANO	RUHINGA	KABUYE	666	150,147		
135	Kaduha	MUGANO	RUHINGA	KARAMBI	378	150,525	150,435	30
136	Kaduha	MUGANO	RUHINGA	UWINYANA	646	151,171		
137	Kaduha	MUGANO	SOVU	KIGARAMA	844	152,015		
138	Kaduha	MUGANO	SOVU	NZIRANZIZA	720	152,735		
139	Kaduha	MUGANO	SOVU	RUGARAMA I	638	153,373		
140	Kaduha	MUGANO	SOVU	RUGARAMA II	772	154,145		
141	Kaduha	MUGANO	SOVU	RUHANGA	814	154,959		
142	Kaduha	MUGANO	SUTI	CYABUTSE	413	155,372		
					155,372			

Annex 5. Consent Form for KPC Respondents

Instruction

If the respondent does not read, this form is to be read aloud by someone other than the interviewer, preferably by a community health worker.

Introduction

You are invited to participate in a survey to learn more about the knowledge and practices of mothers of children under age five months in this community. This consent form will give you the information you will need to understand why this survey is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. We encourage you to take some time to think this over and to discuss it with your family or friends. For this survey, we will interview approximately 600 mothers of children under five years.

Why is this survey being done? *World Relief has a project that has been helping to train community health workers to assess and treat children under five in this community. The purpose of the survey is to help us understand the health status of this community and how sick children are cared for.*

What are the survey procedures? What will I be asked to do? *The questions in the survey are about your home, your health, and the health of your child under 2 years or one of your children 6-59 months who has been sick in the past 2 weeks. The survey will last about 20 minutes. I will ask to look quickly inside your house.*

What are the risks or inconveniences of the survey? *There is a risk that some of the questions may make you feel uncomfortable. I want you to know that anything you tell me is completely confidential. We will not use your name in any of our materials or reports. We will not talk about particular children or families, but only about the situation overall in your district. No one will know who gave what answers.*

What are the benefits of the survey? *Your answers will be put together with the answers from many other families in this community and will help us find out the best ways to help families like you lead healthier, happier lives.*

Will I receive payment for participation? *You will not be paid to be in this survey.*

Are there costs to participate? *There are no costs to you to participate.*

How will my personal information be protected? *If you agree to participate, all information about you will be kept as private as possible. No personal information such as your name will be reported. Your name is not written anywhere on the forms containing your responses.*

Can I stop being in this survey and what are my rights? *You do not have to be in this survey if you do not want to. If you agree to be in the survey, but later change your mind, you may contact us. You also may choose to skip any questions that you do not wish to answer. There are no penalties or consequences of any kind if you decide that you do not want to participate.*

Who do I contact if I have questions about the survey?

We will be happy to answer any questions you have about this survey. If you have further questions about this survey, want to voice concerns or complaints about the research, or if you have a research-related problem, you may contact Melene Kabadage, research team member, at telephone number 250788306586. Or, if you have questions about the research, you may call the Innovation CSP office in Nyamagabe District at telephone number 0788307570.

If you would like to discuss your rights as a research participant, discuss problems, concerns or questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research, you may also contact the Rwanda National Ethics Committee by calling Dr. Justin Wane, Chairperson of the ethics committee, at 0788500499 or Dr. Emmanuel Nkeramihigo, Secretary of the Ethics Committee, at 0788557273.

I will provide you a copy of this information sheet with the contact information should you have any other questions.

Comments/Questions:

Are you willing to participate? Interviewer circle: YES NO

Documentation of Consent:

This consent document has been read and explained to me and I have decided that I will participate in the survey described above. Its purpose, what I will be asked to do and all possible risks and inconveniences have been explained to me. I understand that I can withdraw at any time. My signature or thumb print also indicates that I have received a copy of the contact information.

Respondent Date

Guardian (If respondent is under 21)

Date

Person Obtaining Consent

Date

Annex 6. Year 4 KPC Survey Questionnaire with Translation

World Relief Rwanda Tangiraneza Innovation Child Survival Project, 2015

1. RESPONDENT IDENTIFICATION/ UMWIRONDO RO W'USUBIZA	
0) Hospital catchment area / Aho ibitaro bikorera	Kigeme..... 1 Kaduha..... 2
i1) Cluster No. / Nimero y'itsinda	_ _ _
i2) Household No. / Nimero y'urugo	_ _ _ _
i4) Interviewer Name/ Amazina y'ubaza	_____
i5) Sector/ Umurenge	
i6) Cell/ Akagali	
i7) Village/ Umudugudu	
i8) Health center/ Ikigo Nderabuzima	
i9) Date of Interview/ Itariki y'ibazwa	2015 - ____ - ____ MM - DD
i10) Was consent received? Ubazwa yabyemeye?	Yes/ Yego.....1 → i12 No/ Oya.....2
i11) If no, why not?	Unavailable/ Ntaboneka.....1 → End/ Iherezo

Niba ari Oya, kubera iki?	Unwilling/ Ntameze neza.....2 →End/ Iherezo Child not Home/ Umwana ntahari.....3 →End/ Iherezo Other/ Ibindi.....4 →End/ Iherezo (Specify/ Sobanura)
i12) <i>What are the name, sex, and date of birth of your youngest child that is still alive?</i> Umwana wawe muto ufite yitwa nde? Yavutse ryari? Igitsina cye ni ikihe?	i12a) NAME OF THE CHILD LESS THAN 24 MONTHS AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24 i12b) SEX OF CHILD (1=MALE, 2=FEMALE/ IGITSINA CY'UMWANA(1=GABO, 2=GORE).....1.....2 i12c) DATE OF BIRTH IGIHE YAVUKIYE ____ / ____ / ____ Y Y Y Y / M M / D D i12d) AGE OF THE CHILD (IN MONTHS) __ __ IMYAKA Y'UMWANA (MU MEZI)
i13) Ask the mother: What is your name? / Baza umubyeyi w'umwana: Witwa nde?	

<i>i14) Ask the mother: What is your age in years? /</i> Baza umubyeyi w'umwana: <i>Ufite imyaka ingahe?</i>	____ ____ ____
<i>i15) Are you the biological mother of the child? /</i> Ni wowe wabyaye uyu mwana?	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i>
<i>i16) Time interview began /</i> Isaha ibazwa ryatangiriye	<i>AM/ Mbere ya saasita ____ : ____</i> <i>PM/ Nyuma ya saasita ____ : ____</i>

SECTION I: SOCIO-DEMOGRAPHICS / IGICE CYA 1: IMIBEREHO RUSANGE

INSTRUCTIONS: Ask the questions exactly as they are written. Do not read responses unless directed to do so. Words in *Italics* are instructions for the interviewer and should not be read aloud. Follow skip patterns as directed. Write answers in the box unless otherwise directed.

AMABWIRIZA: Baza ibibazo nkuko byanditse. Irinde kumu somera ibisubizo. Amagambo yanditse mu buryo buberamye ni amabwiriza y'ubaza ntabwo ugomba kuyasomera ubazwa. Aho ugomba gu simbuka hasimbuka. Andika igisubizo mu kazu kabugenewe.

#	Questions Ibibazo	Responses Ibisubizo bishoboka	Skip Simbuka	Answer/ gisubizo atanzwe
1.	Have you ever attended school? Mwaba mwarageze mu ishuri?	<i>Yes/ Yego.....1</i> <i>No/ Oya.....2</i> <i>Don't know/ Simbizi.....88</i>	→3 →3	

2.	<i>If yes, then ask:</i> What is the highest grade or level of school you have completed? Niba ari yego, mubaze uti: Warangije ayahe mashuri?	None/ Did not complete primary Ntayo/Ntiyarangije amashuri abanza.....0 Primary/ Amashuri abanza 1 Secondary/ Amashuri yisumbuye.....2 Past Secondary/ Amashuri makuru...3 Other/Ibindi.....4 _____ (Specify/ Sobanura)		
3.	How many people live in your household? Muri uru rugo mubamo muri bangahe?	Number/ Umubare..... _ _ Don't know/ Simbizi.....88		

4. 4b 4c	What is your <i>ubudehe</i> category according to the participatory poverty assessment as defined by MINALOC? <i>Read options if needed.</i> Mwashyizwe mu kihe cyiciro cy'ubudehe nyuma y'ubushakashatsi bwakozwe na MINALOC kubijanye n'ubukire cyangwa ubukene? Musomere ibyiciro niba atabizi <i>If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINALOC.</i> <i>Niba ubazwa atazi icyiciro arimo, ubaza ajye kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciro by'ingo zose, Niba ubazwa ajya impaka ku cyiciro yashyizwemo, koresha icyiciro kiri ku ilisiti ya MINALOC</i> Are you using health insurance? Ese waba uri mu bwisungane mu kwivuza? <i>If yes: Can I see your member card?</i> Niba ari yego, nshobora kureba ikarita yawe y'ubwisungane mu kwivuza?	1. Umutindi nyakujya (those in abject poverty).....1 2. Umutindi (the very poor).....2 3. Umukene (the poor) 3 4. Umukene wifashije (the resourceful poor).....4 5. Umukungu (the food rich).....5 6. Umukire (the money rich).....6 Simbizi (don't know).....88 (Source: Government of Rwanda Poverty Reduction- Strategy Paper, June 2002 – p.15.) Yes/ Yego.....1 No/ Oya.....0 Card available/ Ikarita irahari.....1 No card/ Ikarita ntayo afite.....0	→5	
SECTION II: MATERNAL AND NEWBORN CARE/ IGICE CYA KABIRI KWITA K'UMUBYEYI NURUHINJA				

#	Questions Ibibazo	Responses/ Ibisubizo bishoboka	Skip Simbuka	Answer/Igi subizo atanzwe
5.	How long should you wait after the birth of your child before you try to become pregnant again? Urateganya kuzakurikiza Kanaka (Izina ry'umwana muto) amaze igihe kingana iki avutse?	LESS THAN 2 YEARS MUNSI Y'IMYAKABIRI.....1 2 TO 5 YEARS HAGATI Y'IBIRI N'ITANU.....2 MORE THAN 5 YEARS HEJURU Y'IMYAKA ITANU.....3 I WII NEVER GET PREGNANT SINZONGERA KUBYARA.....4 DON'T KNOW SIMBIZI..... 88		
6.	What are the risks of getting pregnant too soon after the birth of a child? Ni izihe ngorane zishobora kuboneka mugihe umubyeyi akurikije hakiri kare? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. IRINDE KUMUSOMERA IBISUBIZO. ANDIKA IBYO AGUSUBIJE BYOSE.	BABY BORN TOO SMALL.....A UMWANA AVUKANA IBIRO BIDASHYITSE BABY BORN TOO EARLY.....B UMWANA AVUKA ATAGEJEJE KU GIHE MOTHER CAN DIE.....C UMUBYEYI ASHOBOGA GUPFA MOTHER CAN HAVE		

		MISCARRIAGE.....D UMUBYEYI ASHOBORA GUKURAMO IND MOTHER CAN SUFFER ANEMIA.....E UMUBYEYI ASHOBORA KUBURA AMARASO OTHER / IBINDI.....X (SPECIFY/ SOBANURA)		
7.	<i>Are you currently doing something or using any method to delay or avoid getting pregnant?</i> Hari uburyo ukoresha ngo wirinde gusama?	YES/ YEGO.....1 NO/ OYA.....0	→9	
8.	<i>Which method are you (or your husband/ partner) using?</i> Ni ubuhe buryo ukoresha (cyangwa umugabo wawe)? DO NOT READ RESPONSES. CODE ONLY ONE RESPONSE. IRINDE KUMUSOMERA IBISUBIZO. SHYIRA AKAMENYETSO KUCYO AKUBWIYE. IF MORE THAN ONE METHOD IS MENTIONED, ASK, / NIBA AKUBWIYE UBURYO BURENZE BUMWE, MUBAZE UTI	FEMALE STERILIZATION KWIFUNGISHA BURUNDU KU MUGORE 1 MALE STERILIZATION KWIFUNGISHA BURUNDU KU MUGABO.....2 PILL/ IBININI.....3 IUD/ AGAPIRA MU MUMURA.....4 INJECTABLES URUSHINGE.....5 IMPLANTS/ AGAPIRA MU KABOKO.....6		

	<i>What is your MAIN method that you (or your husband/ partner) use to delay or avoid getting pregnant?"</i> Ni ubuhe buryo, wowe cyangwa umugabo wawe mukoresha kurusha ubundi kugirango wirinde gusama? IF RESPONDENT MENTIONS BOTH CONDOMS AND STANDARD DAYS METHOD, CODE "12" FOR STANDARD DAYS METHOD. AGAKINGIRIZO N'UBURYO BWA KAMERE SHYIRA AKAMENYETSO KURI "12" IF RESPONDENT MENTIONS BREASTFEEDING, CODE "15" FOR OTHER AND RECORD BREASTFEEDING./NIBA AVUZE UBURYO BWO KONSA SHYIRA AKAMENYETSO KURI "15" KANDI UBYANDIKE NO MUMAGAMBO IF RESPONDENT MENTIONS ABSTINENCE OR ISOLATION, CODE "15" FOR OTHER AND RECORD RESPONSE IN SPACE PROVIDED. NIBA AVUZE UBURYO BWO KWIFATA SHYIRA AKAMENYETSO KURI "15" KANDI UBYANDIKE NO MUMAGAMBO.	CONDOM AGAKINGIRIZO K'ABAGABO 7 FEMALE CONDOM AGAKINGIRIZO K'ABAGORE.....8 DIAPHRAGM AGAPIRA KO KU NKONDO Y'UMURA.....9 FOAM/JELLYAMAVUTA.....10 LACTATIONAL AMEN. METHOD KONSA GUSA.....11 STANDARD DAYS METHOD/ CYCLEBEADS KUBARA IMINSI Y'UBURUMBUKE.....12 RHYTHM METHOD (OTHER THAN STANDARD DAYS) UBUNDI BURYO BWO KUBARA.....13 WITHDRAWAL/KWIYAKANA.....14 OTHER/ IBINDI.....15 _____ (SPECIFY/ BISOBANURE)		
9a.	<i>During your pregnancy with (Name), did you see anyone for antenatal care?</i> Mugihe wari utwite Kanaka (Izina ry' umwana muto) waba warigeze wipimisha inda ?	YES/ YEGO.....1 NO/ OYA.....0	→16	

9b.	<i>IF YES: Whom did you see? Anyone else?</i> NIBA AVUZE YEGO MUBAZE UTI : Ninde wagusuzumye ? Ntawundi? <i>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</i> MUSOBANUZE NEZA WUMVE NIBA YARASUZUMWE N'UMUNTU UBUFITIYE UBUSHOBOZI	DOCTOR/MEDICAL ASSISTANT MUGANGA/ UMUFASHA WE.....A NURSE/UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C TRADITIONAL BIRTH ATTENDANT UMUBYAZA WA GIHANGA.....D OTHER / ABANDI.....X (SPECIFY/ BAVUGE)		
10.	During your pregnancy with (Name), where did you receive antenatal care? Mugihe wari utwite Kanaka (Izina ry'umwana muto) ni hehe wipimishirije inda? <i>CIRCLE ALL MENTIONED.</i> SHYIRA AKAZIGA KUGISUBIZO AGUHAYE <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i> NIBA ARI KUBITARO, KUKIGO NDERABUZIMA CYANGWA KU IVURIRO RYIGENGA ,ANDIKA UKO HITWA. MUSOBANUZE NEZA KUGIRA NGO WANDIKE IGISUBIZO CY'UKURI _____ (NAME OF PLACE/ IZINA RY' AHO YAPIMISHIRIJE INDA)	HOME/ MURUGO YOUR HOME/ IWAVE A MIDWIFE/TBA HOME/ MURUGO RW'UMUBYAZA.....B OTHER HOME/ MURUNDI RUGO.....C PUBLIC SECTOR/ IVURIRO RYIGENGA HOSPITAL/ IBITARO D HEALTH CENTER IKIGO NDERABUZIMA.....E HEALTH POST IVURIRO RYUNGIRIJE F OUTREACH/ KU MUDUGUDU/ STRATEGIE AVANCEE.....G OTHER PUBLIC ANDI MAVURIRO YA LETA.....H (SPECIFY/SOBANURA_____)		

		<u>PRIVATE HEALTH FACILITY/ AMAVURIRO</u> <u>YIGENGA</u> PRIVATE HOSPITAL IBITARO BYIGENGA I PRIVATE CLINIC KIRINIKE YIGENGA J OTHER PRIVATE IRINDI VURIRO RYIGENGA.....K (SPECIFY/ RIVUGE.....) OTHER/ AHANDI.....X (SPECIFY/ HAVUGE.....)		
11.	During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care? Mugihe wari utwite kanaka (Izina ry'umwana) wagiye kwipimisha bwa mbere inda ifite amezi angahe?	MONTHS/ AMEZI..... DON'T KNOW/ SIMBIZI.....88		
12.	During your pregnancy with (Name), how many times did you receive antenatal care?/Mugihe wari utwite kanaka (Izina ry'umwana) wipimishije inda inshuro zingahe ?	TIMES/ INSHURO..... DON'T KNOW/ SIMBIZI.....88		
13.	As part of your antenatal care during this pregnancy, were any of the following done at least once? Hari ibintu by'ingenzi bakorera umugore utwite iyo agiye kwipimisha,inda, muri ibi bikurikira ni iki baba baragukoreye nibura inshuro imwe ? 1. Was your height taken?/ Bagupimye uburerebure? 2. Was your blood pressure measured? Bagufatiye umuvuduko w'amaraso? 3. Did you give a urine sample?/ Wigeze utanga ikizami cy'inkali? 4. Did you give a blood sample?/Hari ikizami cy'amaraso wigeze utanga?	YES/YEGO NO/OYA A. HEIGHT/ UBUREBURE.....1 0 B. BP/ UMUVUDUKO W'AMARASO. .1 0 C. URINE/ INKARI.....1 0 D. BLOOD/ AMARASO.....1 0		
14	During (any of) your antenatal care visits, were you told about the signs of pregnancy complications? Mugihe wajyaga kwipimisha inda bigeze bakubwira ibimenyetso mpuruza kumugore	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88		

	utwite ?		→16	
			→16	
15.	Were you told where to go if you had any of these complications? Bigeze bakubwira aho wajya mugihe ubonye kimwe muri ibyo bimenyetso?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88		
16.	<i>During pregnancy, woman may encounter severe problems or illnesses and should go or be taken immediately to a health facility.</i> <i>Iyo umugore atwite ashobora guhura n'ibibazo cyangwa se uburwayi bishobora gutuma yihutira kujya kwa muganga.</i> <i>What types of symptoms would cause you to seek immediate care at a health facility (right away)?</i> <i>Ni ibihe bimenyetso by'uburwayi bishobora kugutera kwihutira kujya kwa muganga mu gihe utwite?</i> <i>ASK: Anything else?</i> BAZA UTI: Nta bindi? <i>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</i> IRINDE KUMUSOMERA IBISUBIZO, SHYIRA AKAMENYETSO KU BISUBIZO AGUHAYE BYOSE.	VAGINAL BLEEDING KUVIRA KU NDA.....A FAST/DIFFICULT BREATHING/ GUHUMEKA BIMUGOYE.....B FEVER/ UMURIRO.....C SEVERE ABDOMINAL PAIN/ KUBABARA MU NDA CYANE.....D HEADACHE/BLURRED VISION KURIBWA UMUTWE/ KUTABONA NEZA.....E CONVULSIONS/ KUGAGARA.....F FOUL SMELLING DISCHARGE/FLUID FROM VAGINA KUZANA IBINTU BY'URUZI BINUKA.....G BABY STOPS MOVING INDA NTIYONKA.....H LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA KUZANA IBINTU BY'URUZI BISA N'IKIGINA CYANGWA ICYATSI KIBISI.....I <i>OTHER / IBINDI X</i> _____ (SPECIFY/ BISOBANURE)		
17.	During your pregnancy with (Name of the child) did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? Mugihe wari utwite kanaka (Izina ry'umwana) wigeze ubona urukingo ku kaboko rukingira umwana tetanus(agakwega) kugagara?	YES/ YEGO.....1 NO/ OYA 0	→19	→19

		DON'T KNOW/ SIMBIZI.....88		
18.	While pregnant with (name of the child), how many times did you receive such an injection? Igihe wari utwite kanaka (Izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE INCURO 3 CYANGWA ZIRENGA.....3 DON'T KNOW/ SIMBIZI.....88		
19.	Did you receive any tetanus toxoid injection at any time before that pregnancy, including during a previous pregnancy or between pregnancies? Mbere yo gutwita (Izina ry'umwana muto) wigeze uhabwa urukingo rwa tetanus ushyizemo mu gihe wari utwite iyabanjirije iy'uyu mwana cyangwa se mu gihe cyo hagati y'izo nda?	YES/ YEGO.....1 NO/OYA.....0 DON'T KNOW/ SIMBIZI.....88	→21 →21	
20.	Before the pregnancy with (Name of the child), how many times did you receive a tetanus injection? Mbere yo gutwita kanaka (izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE INCURO 3 CYANGWA ZIRENGA.....3 DON'T KNOW/ SIMBIZI.....8		
21.	If biological mother (i15) ask: During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup? Mubaze iki kibazo niba ariwe wabyaye uyu mwana (i15): Mu gihe wari utwite (izinary'umwana muto) wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongera amaraso? SHOW TABLETS/ BIMWEREKE	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88 →29	→29 →29	
22.	During the whole pregnancy, for how many days did you take the tablets/syrup? <i>If the answer is not numeric, probe for the approximate number of days.</i> Igihe wari utwite, ibyo binini bya feri wabifashe mu minsi ingahe? <i>Niba igisubizo aguhaye Atari umubare, komeza umubaze agereranye mu mibare.</i>	DAYS/ IMINSI..... _ _ _ DON'T KNOW/ SIMBIZI.....888		
23.	Who assisted with the delivery of (Name)? Ni nde wakubyaye kanaka(izina ry'umwana muto) ?	DOCTOR/ DOGITERI.....A NURSE/ UMUFOROMO B MIDWIFE/ UMUBYAZA.....C		

	Anyone else?/Ntawundi PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. KOMEZA UMUBAZE KUGIRA NGO UMENYE NIBA YARABYAJWE N'UMUNTU WABIHUGURIWE IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. NIBA AVUZE KO NTAWWE, KOMEZA UMUBAZE UMENYE NIBA HARI UMUNTU MUKURU WARI UHARI MU GIHE YABYARAGA.	AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA.....D OTHER HEALTH STAFF W/ MIDWIFERY SKILLS UNDI MUFOROMO UZI KUBYAZA ...E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE.....F TRAINED COMMUNITY HEALTH WORKER/UMUJYANAMA W' UBUZIMA WAHUGUWE.....G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE.....H COMMUNITY HEALTH WORKER UMUJYANAMA W'UBUZIMA UTARAHUGUWE.....I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/INSHUTI/ UMUTURANYI J NO ONE/ NTA N'UMWE.....Y		
24.	Was (NAME) dried (wiped) immediately after birth before the placenta was delivered? Nyuma y'uho kanaka(Izina ry'umwana) avuka,yaba yarahanaguwe, agafubikwa ako kanya nyuma yo kuvuka mbere yuko iyanyuma isohoka?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88		
25.	Was (NAME) wrapped in a warm cloth or blanket immediately after birth before the placenta was delivered? Kanaka (Izina) yaba yarafubitswe mubintu bishyushye (Imyenda cg ikiringiti) akimara kuvuka?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI..... 88		
26.	After (Name) was born, did any health care provider or traditional birth attendant check on (Name's) health? Nyuma yo kuvuka kwa, Kanaka hari ibindi uwagufashije/uwafashije nyina amubyara yaba yarakoreye uwo mwana mu rwego rwo kwita ku buzima bwe?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/SIMBIZI.....88	→29	
27.	How many hours, days or weeks after the birth of (Name) did the first check take place? Kanaka (amazina) yaba yarasuzumwe nyuma y'igihe kingana iki amaze kuvuka? IF LESS THAN ONE DAY, CIRCLE 0 AND RECORD HOURS; IF ONE TO SIX DAYS CIRCLE 1 AND RECORD DAYS; IF MORE	HOURS / AMASAHU 0 DAYS/ IMINSI 1 WEEKS/ IBYUMWERU 2		

	THAN 6 DAYS CIRCLE 2 AND RECORD WEEKS. NIBA ARI MUNSI Y'UMUNSI UMWE SHYIRA AKAMENYETSO KURI "0" KANDI WANDIKE "Amasaha", NIBA ARI HAGATI Y'IMINSI UMWE KUGERA KURI ITANDATU SHYIRA AKAMENYETSO KURI RIMWE WANDIKE "Iminsi", NIBA ARI HEJURU Y'IMINSI ITANDATU SHYIRA AKAMENYETSO KURI 2 KANDI WANDIKE IBYUMWERU.	DON'T KNOW/ SIMBIZI.....88		
28.	Who checked on (Name's) health at that time? Muri icyo gihe ninde wasuzumye uko ubuzima bwe bumeze? Anyone else?/Ntawundi? PROBE FOR THE MOST QUALIFIED PERSON AND RECORD ALL MENTIONED.KOMEZA UMUBAZE WUMVE KO ARI UMUNTU UBIFITIYE UBUMENYI WAMUSUZUMYE KANDI ABO AKUBWIRA BOSE UBANDIKE.	DOCTOR/ DOGITERI.....A NURSE/ UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA.....D OTHER HEALTH STAFF WITH MIDWIFERY SKILLS. / UNDI MUFOROFO UZI KUBYAZA E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE.....F TRAINED COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA WAHUGUWE G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE.....H COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA UTARAHUGUWE.....I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/ INSHUTI/ UMUTURANYI.....J NO ONE/ NTA N'UMWE Y		

SECTION III: BREASTFEEDING AND CHILD NUTRITION / KONSA NO KUGABURIRAUMWANA				
29	Did you ever breastfeed (NAME)? Wigeze wonsa (izinary'umwana muto)?	YES/ YEGO 1 NO/ OYA 0	→36	
30	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, CIRCLE '000' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Less than 1 hour / Igihe kitageze ku isaha 0 0 0 or / cyangwa		

	<i>Ukimara kubyara kanaka (izinary'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse?</i> NIBA ARI MUNSI Y'ISAHU IMWE SHYIRA AKAZIGA KURI 000,NIBA ARI MUNSI Y'AMASAHU 24, ANDIKA UMUBARE W'AMASAHU, NIBA ARI HEJURU Y'AMASAHU 24, ANDIKA IMINSI.	<i>Hours / Amasaha..... __ __ </i> <i>or / cyangwa</i> <i>Days / Iminsi __ __ </i>		
31	<i>During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?</i> <i>Mu minsi itatu ya mbere umaze kubyara, waba waronkeje (IZINA RY'UMWANA MUTO)?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW/ SIMBIZI..... 88</i>		
32	<i>During the first three days after delivery, was (NAME) given anything to drink other than breast milk?</i> <i>Mu minsi itatu ya mbere umaze kubyara, hari ikinyobwa wahaye kanaka kitari amashereka?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW/ SIMBIZI 88</i>	→ 34	→ 34
33	<i>What else was (NAME) given to drink during the first three days?</i> <i>Ni ibihe binyobwa bindi wahaye (IZINA RY'UMWANA MUTO) mu minsi itatu ya mbere?</i> <i>Anything else? Nta kindi?</i> DO NOT READ THE LIST NTUMUSOMERE IBISUBIZO. RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED	<i>MILK (OTHER THAN BREAST MILK)</i> <i>AMATA (ATARI AMASHEREKA.....A</i> <i>PLAIN WATER / AMAZI.....B</i> <i>SUGAR OR GLUCOSE WATER /</i> <i>AMAZI ARIMO ISUKARI.....C</i> <i>HOME REMEDY/ IMITI YATEGURIWE</i> <i>MU RUGO ITARI IYO KWA</i> <i>MUGANGA.....D</i> <i>SUGAR-SALT-WATER SOLUTION /</i> <i>AMAZI ARIMO UMUNYU</i> <i>N'ISUKARI.....E</i> <i>FRUIT JUICE/</i>		

	SHYIRA AKAZIGA KUCYO AKUBWIYE	UMUTOBE W'IMBUTO F INFANT FORMULA / AMATA Y'ABANA YO MU BIKOMBE.....G TEA / ICYAYI.....H HONEY/ UBUKI I OTHER/ IBINDI.....X _____ (SPECIFY/ SOBANURA)		
34	Was (NAME) breastfed yesterday during the day or at night? (Izinary'umwana muto) waramwonkeje ejo kumanywa cyangwa nijoro?	YES/ YEGO 1 NO / OYA 0 DON'T KNOW / SIMBIZI 88	→36 →35 →35	
35	Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby. Did (NAME) consume breast milk in any of these ways yesterday during the day or at night? Rimwe na rimwe abana bahabwa amashereka mu buryo butandukanye, urugero: kukayiko, mu gikombe cg mu icupa. Ibyo bishobora kuba iyo umubyeyi adashoboye kuba ari kumwe n'umwana we. Bishobora no kuba iyo umubyeyi adashobora konsa umwana we. Mbese (KANAKA) yaba yarahawe amashereka ejo kumanywa cg nijoro hakoreshajwe bumwe muri ubwo buryo maze kukubwira?	YES/ YEGO 1 NO / OYA 0 DON'T KNOW / SIMBIZI..... 88		

36	<i>Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or night?</i> <i>Ubu ndashaka kukubaza ibyerekeranye n'imiti cyangwa amavitamini aya ahabwa abana. Ese (KANAKA) yaba yarahawe ibitonyanga bya vitamin cyangwa indi miti ejo ku manywa cg nijoro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI. 88</i>		
37	<i>Was (NAME) given ORS yesterday during the day or at night?</i> <i>Haba hari uruvange rw'imyunyu n'isukari(SRO) waba warahaye (izinary'umwanamuto) ejo kumanywa cg nijoro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI..... 88</i>		
38	<i>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</i> <i>(Izinary'umwana muto) yaba yaranywesheje bibero ejo kumanywa cyangwa iri joro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI..... 88</i>		

Read out Q.39 below. Read the list of liquids one by one and mark 'yes' or 'no', accordingly. After you have completed the list, follow by asking Q. 40. [See far right hand column for those items (40B, 40C, and/or 40F) where the respondent replied 'YES'.]

Soma ibibazo biri hasi, Birebana n'ikibazo cya 39. Soma urutonde rw'ibinyobwa kimwe kimwe ushyireho yego cyangwa oya, nyuma yo kurangiza urutonde, komeza ubaze ikibazo cya 40 [reba ibyanditse iburyo (40B, na 40C/cyangwa 40F) aho igisubizo ari 'YEGO'].

No.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE			QUESTIONS AND CODING CATEGORIES/ IBIBAZO N'IBISUBIZO BITEGEREJWE
39	Next I would like to ask you about some liquids	YES YEGO	NO OYA	DK SINZI	40 READ QUESTION 40 FOR ITEMS B, C

	<i>that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM FROM LIST)?</i> READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.' Noneho ndifuza kukubaza ibinyobwa waba wahaye umwana wawe ejo kumanywa cg nijoro. Hari ibyo waba wamuhaye? (IBIRI KU ILISTI) SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".				AND F, IF CHILD CONSUMED THE ITEM. RECORD 88 for DON'T KNOW. <i>How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)?</i> SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO YASHUBIJE SIMBIZI. <i>Ibi binyobwa kanaka (izinary'umwanamuto) yabifashe inshuro zingahe ku muni haba ku manywa cyangwa nijoro?</i>
A	<i>Plain water?</i> Amazi ?	1	0	88	
B	<i>Infant formula such as Kigozi, Rinda and others?</i> Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi?	1	0	88	B. TIMES/ Inshuro I _ I _ I
C	<i>Milk such as tinned, powdered or fresh animal milk?</i> Amata yo mu dukarito, ay'ifu cyangwa inshyushyu(y'inka, ihene)?	1	0	88	C. TIMES/ Inshuro I _ I _ I
D	<i>Juice or juice drinks?</i> Umutobe w'ibitoke cyangwa ubundi bwoko bw'imitobe?	1	0	88	
E	<i>Clear broth?</i> Isupu imeze nk'amazi?	1	0	88	

F	<i>Yogurt?</i> <i>Yawurute?</i>	1	0	88	F. TIMES/ InshuroI__I__I
G	<i>Thin porridge?</i> <i>Igikoma kidafashe?</i>	1	0	88	
H	<i>Any other water-based liquids such as (insert local) sorghum juice?</i> <i>Ibindi binyobwa nk' umusururu ?</i>	1	0	88	
I	<i>Any other liquids?</i> <i>Ibindi binyobwa?</i>	1	0	88	
41	<i>Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.</i> 1. Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION b). 2. What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. <i>REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.</i> 3. <i>IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE:</i> What ingredients were in that (MIXED DISH)? <i>PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.</i> AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW WRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP. ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW: <i>Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?</i> Mwatubwira ibiribwa (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa				

	ahandi 1. Tekereza mugihe (kanaka) yamaragakubiyuka ,hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA NTACYO, KOMEZA KUKIBAZO CYA b). 2. Nyuma yibyo (kanaka) yakoze iki? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA K'UWUNDI MUNSI. 3. NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI: Ni ibihe biribwa byari muri icyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Nta cyindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI. UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHU IKIMENYETSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI"1" MU KUMBA KEGEREYE ITSINDA RY"IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBYANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE AHAGENEWE ITSINDA RY'IBIRUNGO. MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE< SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHYIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0" NIBA ASHUBIJE OYA, KURI "88" NIBA ASHUBIJE SIMBIZI: <i>Ejo kumanywa cyangwa nijoro, ese (Kanaka) yaba yarariye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRO)?</i>			
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.			
NO.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE		
		YES/ YEGO	NO/ OYA	DK/ SIMBIZI
A	<i>Thicker porridge, bread, rice, noodles, or other foods made from grains</i>	1	0	88

	<i>Igikoma gifashe, umugati, umuceri, amakaroni, cyangwa ibindi biribwa bikomoka kubinyampeke</i>			
B	<i>Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside</i> <i>Ibihaza, karoti, ibijumba by' umuhondo cyangwa bya orange</i>	1	0	88
C	<i>White potatoes, white yams, cassava, or any other foods made from roots</i> <i>Ibirayi, ibikoro, imyumbati, cyangwa ibindi biribwa bikomoka kubinyabijumba.</i>	1	0	88
D	<i>Any dark or green leafy vegetables</i> <i>Imboga z'icyatsi kibisi cyane, Imboga rwatsi</i>	1	0	88
E	<i>Ripe mangoes, ripe papayas or ripe guava</i> <i>Imyembe ihishije, ipapayi ihishije, cyangwe amapera ahishije</i>	1	0	88
F	<i>Any other fruits or vegetables (such as avocado)</i> <i>Hari izindi mbuto cyangwa imboga uha umwana zitavuzwe haruguru (nka avoka)</i>	1	0	88
G	<i>Liver, kidney, heart or other organ meats</i> <i>Umwijima, impyiko, umutima, cyangwa izindi nyama zo munda</i>	1	0	88
H	<i>Any meat, such as beef, pork, lamb, goat, chicken or duck</i> <i>Izindinyama / Iz'inka, ingururube, intama, ihene, inkoko cyangwa imbata</i>	1	0	88
I	<i>Eggs / Amagi</i>	1	0	88
J	<i>Fresh or dried fish, shellfish or seafood</i> <i>Afafi mabisi cyangwa yumye, isambaza, injanga/indagara</i>	1	0	88
K	<i>Any foods made from beans, peas, lentils, nuts or seeds</i> <i>Ibindi biribwank'ibishyimbo, amashaza, lantiye, ubunyobwa</i>	1	0	88
L	<i>Cheese, yogurt, or other milk products</i> <i>foromage, yawurute, cyangwa ibindi bikomoka ku mata</i>	1	0	88
M	<i>Any oil, fats or butter, or foods made with any of these</i> <i>Andi mavuta, ibinure cyangwa mayonese, cyangwa ibiribwa bikomoka kubyo</i>	1	0	88

	tuvuze.			
N	<i>Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits</i> Ibindi biribwa birimo isukari nka shokora, bombo, shikareti, gato cyangwa biswi	1	0	88
O	<i>Condiments for flavor, such as chilies, spices, herbs or fish powder</i> ibiribwaby'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara	1	0	88
P	<i>Grubs, snails or insects</i> inswa ,isenani cyangwa utundi dusimba duto tuguruka	1	0	88
Q	<i>Foods made with red palm oil, red palm nut or red palm nut pulp sauce</i> Ibiribwa byatekeshejwe amamesa	1	0	88
R	<i>Other foods not recorded on the list</i> Ibindi biryo bitavuzwe haruguru	1	0	88
Check categories A-Q / GENZURA IBYICIRO A-Q		IF ALL “NO” or “DK” → GO TO 42 IF AT LEAST ONE “YES” → GO TO 43 NIBA BYOSE ARI “OYA” CYANGWA “SIMBIZI” →JYA KURI 42 NIBA BYIBUZE KIMWE MURI BYO ARI “YEGO” →JYA KURI 43		
42	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF ‘YES’ PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat? Ese (KANAKA) yigeze aya ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye ejocyangwa ijoro ryakeye? NIBA ARI YEGO KOMEZA UBAZE UTI: Ni ubuhe bwoko	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI.....88 GO BACK TO Q41 AND RECORD FOODS EATEN THEN CONTINUE.		
			→44	
			→44	

	<i>bw' ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye yafashe?</i>	<i>Subira kukibazo cya 41 umusubiriremo byabibazo nyuma ukomeze</i>		
43	<i>How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?</i> <i>Such as pureed cassava, potatoes, avocado or other pureed foods?</i> WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED. LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID. USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY <i>Ibiryo bikomeye ,bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitarink'amazi yabifashe inshuro zingahe ejo kumanywa cyangwa nijoro?</i> <i>Urugero: Ese mwamuhaye inombe y'imyumbati, y'ibijumba? Y'avoka? Cyangwa inombe y'ibindi biryo?</i> TURIFUZA KUMENYA UMUBARE W'INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N'UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE. IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK'AMAZI N'IBINDI BIRYO BIMEZE NK'AMAZI CYANGWA BINYOBWA. KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W'EJO.	<i>No. OF TIMES/ INSHURO..... _ _ </i> <i>DON'T KNOW/ SIMBIZI 88</i>		
44	<i>(If yes to 41 or 42) At what age did (NAME) begin eating solid, semi-solid, or soft foods?</i>	<i>Age (months)/</i>		

	(NIBA ARI YEGO)(kanaka) yanganaga iki mutangira kumuha ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?	Imyaka mumezi..... _ _ DON'T KNOW/ SIMBIZI.....88		
44a	(If yes to 41 or 42) Does (NAME) eat from his/her own separate bowl/cup? (Niba ari yego) Ese (Izina ry'umwana) yaba arira cyangwa agaburirwa ku gasahane/ mu gakombe ke?	YES/ YEGO.....1 NO/ OYA.....0		
45	Are you or someone in your family helping (NAME) eat? (ie. physically feeding them) Ujya ufasha (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mu muryango umufasha?	YES/ YEGO.....1 NO/ OYA.....0	→46b	
46a	IF NO: At what age did (NAME) start eating by himself/herself? NIBA ARI OYA: ni ku yahe mezi izina ry'umwana muto) yatangiye kwigaburira ubwe?	Age (months)/ Imyaka mumezi..... _ _ DON'T KNOW/ SIMBIZI.....88		
46b	Do you encourage (NAME) to eat/feed (including when you breastfeed)? Mbese ujya ushishikariza (IZINA RY'UMWANA) kurya (no mu gihe umwonsa)?	YES/ YEGO.....1 NO/ OYA.....0		
47.	Has (NAME) ever received a vitamin A dose (like this/any of these)? Kanaka (IZINA RY'UMWANA MUTO) yigeze ahabwa ikinini cya Vitamini A? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS MWEREKE IKININI CYA VITAMINI A GISANZWE GIKORESHA	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→49 →49	
48.	If Yes, did (NAME) receive a vitamin A dose within the last 6 months? Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe akanini ka Vitamini A mu mezi atandatu ashize	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI..... 88		

49.	<i>Has (NAME) taken any drug for intestinal worms in the past 6 months?</i> <i>Kanaka (izinary'umwana Muto) yaba hari utunini tw'inzoka zomunda yahawe mu mezi atandatu ashize?</i> <i>Show example of drug for worms</i> <i>Mwereke urugero rw'ibinini by'inzoka</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i> <i>DON'T KNOW / SIMBIZI.....88</i>		
49a	<i>Has (NAME) ever received any MNP packets, like these?</i> <i>Kanaka (izinary'umwana Muto) yaba hari udupaki twa Ongera intungamubiri nk'utu yahawe?</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i> <i>DON'T KNOW / SIMBIZI.....88</i>	→50 →50	
49b.	<i>If yes, did (NAME) receive it in the last 3 months?</i> <i>Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe Ongera intungamubiri mu mezi atatu ashize?</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i> <i>DON'T KNOW / SIMBIZI.....88</i>		

**SECTION IV: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS/
UBUVUZIBUKOMATANIJE BW'INDWARAZ'ABANA**

1. DANGER SIGNS/IBIMENYETSO MPURUZA

50.	<i>Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment?</i> <i>Rimwe na rimwe abana bajya barwara bagakenera ubufasha cyangwa kuvurwa, ni ibihe bimenyetso byakwereka ko umwana wawe urwaye akeneye kuvuzwa?</i> RECORD ALL MENTIONED. ANDIKA IBYO AKUBWIYE BYOSE.	<i>Don't Know/ Simbizi A</i> <i>Looks Unwell Or Not Playing</i> <i>Normally/Kwigunga cg kudakina n'abandi.....B</i> <i>Not Eating Or Drinking/Ntabasha kurya/kunywa.....C</i> <i>Lethargic Or Difficult To Wake</i> <i>Gucika intege bikabije.....D</i> <i>High Fever/ Umuriro mwinshi.....E</i> <i>Fast Or Difficult Breathing/ Guhumeka</i>	

		insigane cg bimugoye.....F Vomits Everything/ Kuruka ibintu byose G Convulsions/ Kugagara.....H Gets worse despite home care Kurushaho kuremba I Looks dehydrated (dry mouth or no tears)/Amazi yamushizemo (iminwa yumye, cg nta turira).....J Other/ Ibindi K (Specify/ Sobanura)	
2. CONTROL OF MALARIA/GUKURIKIRANA MALARIYA			
51.	Has (Name) been ill with fever at any time in the last 2 weeks? Kanaka (izina ry'umwana muto) yigeze agira umuriro mubyumweru bibiri bishize?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	➔57 ➔57
52.	Did you seek advice or treatment for (NAME'S) fever? Waba waragiriwe inama cyangwa waravuje kanaka (izina ry'umwana muto) igihe yari afite umuriro?	YES/ YEGO.....1 NO/ OYA 0	➔57
53	Where did you first go for advice or treatment for fever? Nihe wabanje kujya kugisha inama cyangwa kumuvuza?	Hospital/ Ku bitaro bikuru 01 Health Center Ku kigo nderabuzima.....02 Health Post/ Poste de Sante 03 Community Health Worker Umujyamana w'ubuzima binome...04 Traditional Practitioner	

		<i>Umuwuzi wa gihanga.....05</i> <i>Shop/ Mu Isoko.....06</i> <i>Pharmacy/ Farumasi.....07</i> <i>Friend/Relative</i> <i>Inshuti/Abavandimwe 08</i> <i>Other/ Ahandi.....09</i> <i>(Specify/ Sobanura)</i>	
54.	<i>How long after you noticed (NAME'S) fever did you seek treatment?</i> <i>Wamuvuje amaze igihe kingana iki afashwe n'umuriro?</i>	<i>Same Day/ Uwo munsu.....0</i> <i>Next Day/ Umunsi ukurikiyeho.....1</i> <i>Two Days/ Nyuma y'iminsi 2.....2</i> <i>Three Or More Days/ Nyuma y'iminsi 3/irenga 3</i> <i>Don't Know/ Simbizi 88</i>	
55.	<i>At any time during the illness, did (Name) take any drugs for the fever?</i> <i>Hari imiti y'umuriro Kanaka (Izina ry'umwana) yahawe mu gihe yari arwaye?</i>	<i>YES/ YEGO 1</i> <i>NO/ OYA 0</i> <i>DON'T KNOW/ SIMBIZI.....88</i>	➔57 ➔57
56.	<i>Which medicines were given to (NAME) for his/her fever?</i> <i>Ni iyihe miti yahawe kubera impanvu z'umuriro?</i> <i>CIRCLE ALL MEDICINES THAT WERE GIVEN.</i> <i>SHYIRA AKAZIGA KU MUTI WOSE AKUBWIYE KO YAHawe</i> <i>IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU. IF SHE IS UNABLE TO SHOW YOU THEM, SHOW HER TYPICAL ANTI-MALARIALS AND HAVE HER IDENTIFY WHICH WERE GIVEN.</i>	<i>ANTI-MALARIAL DRUGS/IIMITI IRWANYA MALARIYA</i> <i>A. Coartem/ Primo.....0 1 2 3 88</i> <i>B. Quinine/kinini.....0 1 2 3 88</i> <i>Other Drugs/ Indi miti</i> <i>C. Paracetamol</i> <i>Parasitamolu.....0 1 2 3 88</i> <i>D. Unknown Drug/ Ntuzwi...0 1 2 3 88</i>	

	NIBA UMUBYEYI ADASHOBOYE KUKUBWIRA IYO MITI, MUSABE AYIKWEREKE, NIBA ADASHOBOYE KUYIKWERERA MWEREKE IMITI YA MALARIYA ITANDUKANYE AKWEREKE IYO YAKORESHEJE. FOR EACH ANTI-MALARIAL MEDICINE ASK: KURI BURI MUTI WA MALARIYA, MUBAZE UTI: <i>How long after the fever started did (NAME) start taking the medicine?</i> Yatangiye kuwufata amaze igihe kingana iki afashwe n'umuriro? CIRCLE THE APPROPRIATE CODE/ SHYIRA AKAZIGA KU GISUBIZO AKUBWIYE .CODES/ KODE: SAME DAY/UWO MUNSI= 0 NEXT DAY AFTER THE FEVER UMUNSI UKURIKIYEHO = 1 TWO DAYS AFTER THE FEVER NYUMA Y'IMINSI 2 = 2 THREE OR MORE DAYS AFTER THE FEVER NYUMA Y'IMINSI 3 CYANGWA IRENGA = 3 DON'T KNOW/ SIMBIZI =88	E. Other/ Undi_____ 0 1 2 3 88 (Specify/ Sobanura)	
57.	<i>Does your household have any mosquito nets that can be used while sleeping?</i> Mu rugo rwawe mufite inzitiramibu mukoresha?	YES/ YEGO.....1 NO/ OYA 0	→62
58.	<i>Who slept under a bed net last night?</i> Ni bande baraye mu nzitiramibu iri joro ryakeye? RECORD ALL MENTIONED SHYIRA IKIMENYETSO KU BO AKUBWIYE IF ANYONE OTHER THAN THE CHILD OF INTEREST IS	No One/ Nta numwe..... 0 Child (Name)/ Umwana.....1 Nyina w'umwana.....2 Other/ Undi.....3	→62 →59

	<i>MENTIONED, CIRCLE "OTHER."</i> NIBA HARI ABANDI BAYIRAYEMO BATARI UWO MWANA, SHYIRA IKIMENYETSO KURI "ABANDI"		
59.	<i>Which brand of bed net did (Name) sleep under last night?</i> <i>Ni ubuhe bwoko bw'inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro ryakeye?</i> READ THE PIECE OF PAPER ON THE BEDNET WHICH SHOWS THE BRAND OF THIS BEDNET SOMA KU GAPAPURO KARI KU NZITIRAMIBU GASOBANURA UBWOKO BWAYO BRAND OPTIONS NEED TO MATCH WHAT IS LOCALLY AVAILABLE IN EACH CATEGORY. THE PURPOSE OF THIS QUESTION IS TO IDENTIFY WHAT TYPE OF NET IS BEING USED BURI BWOKO BWOKO KURI IYI LISTI BUGOMBA GUHUZWA N'UBWOKO BW' INZITIRAMIBU BUBONEKA MURI AKO GACE. IMPAMVU Y'IKI KIBAZO NI UKUGIRA NGO TUMENYE NEZA UBWOKO BW'INZITIRAMIBU BUKORESHA	<u>LONG LASTING NET/ INZITIRA MIBU IKORANYWE UMUTI</u> Permanet.....1 Olyset.....2 Netprotect.....3 DON'T KNOW/ SIMBIZI 88 <u>PRETREATED NETS/ INZITIRAMIBU IKARISHYWA</u> No tag/Nta gapapuro.....4 DON'T KNOW/ SIMBIZI 88 <u>OTHER NET (UNTREATED)/ IZINDI NZITIRAMIBU ZIDAKARISHIJE</u> OTHER NET/ IZINDI.....5 Specify/ Sobanura 6 DON'T KNOW/ SIMBIZI 88	→62 →62 →62
60.	<i>Was the bed net that (Name) slept under last night ever soaked or dipped in a liquid treated to repel mosquitoes or bugs?</i> <i>Inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro yigeze ikarishywa?</i>	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→62 →62
61.	<i>How long ago was the net last soaked or dipped in a liquid</i>	MONTHS/ AMEZI I _ I _ I	

	<i>treated to repel mosquitoes or bugs?</i> Iyo nzitiramibu imaze igihe kingana iki ikarihijwe? IF LESS THAN ONE MONTH AGO, RECORD 00 MONTHS. NIBA IMAZE IGIHE KIRI MUNSI Y'UKWEZI KUMWE, ANDIKA AMEZI 00 IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. PROBE FOR EXACT NUMBER OF MONTHS. NIBA ICYO GIHE KIRI MUNSI Y'IMYAKA IBIRI, ANDIKA UMUBARE W'AMEZI ASHIZE. KOMEZA UMUBAZE UMENTYE NEZA UMUBARE W'AMEZI ASHIZE.	MORE THAN 2 YEARS AGO/ HEJURU Y'IMYAKA IBIRI 2 DON'T KNOW/ SIMBIZI.....88	
3. PNEUMONIA/GUKURIKIRANA UMUSONGA			
62.	<i>Has (Name) had an illness with a cough that comes from the chest at any time in the last two weeks? Kanaka (Amazina y'umwana) yaba yarigeze arwara inkorora no kubabara mu gatuza igihe icyo aricyo cyose mu byumweru bibiri bishize?</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI 88	➔66 ➔66
63.	<i>When (Name) had an illness with a cough, did s/he have trouble breathing or breath faster than usual with short, fast breath?</i> Mu gihe kanaka (izina ry'umwana muto) yari arwaye inkorora, yahumekaga insigane cyangwa yahumekaga bimugoye?	YES/ YEGO.....1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	➔66 ➔66
64.	<i>Did you seek advice or treatment for the cough/fast breathing?</i> Wigeze usaba inama cyangwa ushaka umuti w' inkorora, guhumeka insigane cyangwa guhumeka bimugoye?	YES/ YEGO.....1 NO/ OYA 0	➔66
65.	<i>Who gave you advice or treatment? Anyone else? Record all mentioned.</i> Ninde waba yarakugiriye inama cyangwa akaguha umuti? Ntawundi? ANDIKA ABO	Doctor/ Dogiteri.....A Nurse/ Umuforomo.....B Community Health Worker	

	AKUBWIYE BOSE.	Umujyanama w'ubuzima (binome).....C <i>Other/Undi</i> _____ D Sobanura	
4. CONTROL OF DIARRHEAL DISEASES/GUKURIKIRANA INDWARA Z'IMPISWI			
66.	<i>Has (NAME) had diarrhea in the last 2 weeks?</i> Kanaka (izina ry'umwana muto) yigeze arwara impiswi mu byumweru bibiri bishize Bavugako umwana arwaye impiswi iyo agiye ku musarane inshuro zirenze 3 ku munsu kandi yituma umusarani w'amazi.	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→76 →76
67.	<i>What was given to treat the diarrhea?</i> Ni iki wamuhaye kugira ngo impiswi ihagarare ? <i>Anything else?/Ntakindi ?</i> <i>If answer pill or syrup, show local packaging for zinc and ask if the child received this medicine.</i> Niba ari ibinini cg imiti y'amazi, mwereke ibinini bya zinc noneho umubaze niba umwana yarahawe iyo miti. RECORD ALL MENTIONED. ANDIKA IBYO AVUZE BYOSE.	NOTHING/ NTACYO.....A FLUID FROM ORS PACKET/ URUVANGE RW'IMYUNYU.....B HOME-MADE FLUID/ IBYO KUNYWA BITEGURIWE IMUHIRA C PILL OR SYRUP,ZINC/ IKININI,UMUTI W' AMAZI, ZINC D PILL OR SYRUP, NOT ZINC/ IBININI,UMUTI W'AMAZI NTA ZINC.....E INJECTION/ URUSHINGE.....F (IV) INTRAVENOUS/ SERUMU.....G HOME REMEDIES/ HERBAL MEDICINES/ IMITI Y'IBYATSI.....H OTHER/ IBINDI _____ X (SPECIFY/ BISOBANURE)	
68.	<i>If the child is exclusively breastfed (only taking breastmilk), ask only this question and then</i>	Less than usual/Nkeya k'ubusanzwe...A	

	<i>skip to Q 71</i> Niba umwana yonka gusa baza gusa iki kibazo noneho uhere ujya ku kibazo cya 71 <i>When (name of child) was sick, was s/he offered more breastmilk than usual, about the same amount, or less than usual?</i> Mu gihe Kanaka (izina ry'umwana muto) yari arwaye, yonkejwe inshuro nyinshi kuruta ubusanzwe, zingana cyangwa nkeya kubusanzwe?	<i>Same amount/ Zingana B</i> <i>More than usual/ Ziruta ubusanzwe C</i>	
69.	<i>When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?</i> Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibinyobwa bike, bingana cyangwa biruta ibyo yarasanzwe anywa?	<i>Less than usual/Nkeya k'ubusanzwe...A</i> <i>Same amount/ Zingana B</i> <i>More than usual/ Ziruta ubusanzwe C</i>	
70.	<i>When (name of child) was sick, was s/he offered more than usual to eat, about the same amount, or less than usual to eat? Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibyo kurya bike, bingana cyangwa biruta ibyo yarasanzwe aya?</i>	<i>Less than usual/Nkeya k'ubusanzwe...A</i> <i>Same amount/ Zingana B</i> <i>More than usual/ Ziruta ubusanzwe C</i>	
71.	<i>Was s/he given any of the following to drink at any time s/he started having diarrhea?</i> Mu gihe Kanaka yari atangiye kugira impiswi hari ibyo wamuhaye muri ibi binyobwa bikurikira: <i>Read the choices to the mother and circle all mentioned:</i> Bimusomere maze ushyire akaziga kubyo akubwiye byose	<i>A fluid made from a special packet called (local name for ORS packet)</i> Uruvange rw'imyunyu (SRO).....A <i>Cereal based ORT (rice water, maize water)</i> Amazi avura impiswi (Amazi y'umuceri).....B <i>Other home available fluids/</i> Ibindi binyobwa byateguriwe imuhira C Bisobanure	
72.	<i>Did you seek advice or treatment from someone outside of the home for (NAME'S) diarrhea?</i>	YES/ YEGO..... 1 NO/ OYA 2	➔75

	Igihe Kanaka yari arwaye impiswi,wigeze ushaka inama cyangwa umuti hanze y'urugo?		
73.	Where did you first go for advice or treatment? 3 Washakiye inama cyangwa wamuvurije he bwa mbere? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. NIBA AHO YAKUYE IMITI ARI KUBITARO,KU KIGO NDERABUZIMA CG MU IVURIRO RYIGENGA , ANDIKA IZINA RYAHU. _____ _____ (NAME OF PLACE/ IZINA RY'AHU HANTU)	<u>HEALTH FACILITY/ AMAVURIRO</u> HOSPITAL/ IBITARO BIKURU 01 HEALTH CENTER/ IKIGO NDERABUZIMA 02 HEALTH POST/ ~~IVURIRO RYUNGIRIJE~~ POSTE DE SANTE.....03 CHW / UMUJYANAMA W'UBUZIMA 06 OTHER HEALTH FACILITY/ IRINDI VURIRO _____ 07 (SPECIFY/RISOBANURE) <u>OTHER SOURCE/ AHANDI YAKUYE IMITI</u> TRADITIONAL PRACTITIONER UMUVUZI WA GIHANGA.....08 SHOP/ MU IDUKA.....09 PHARMACY/ FARUMASI.....10 FRIEND/RELATIVE INSHUTI CG UMOVANDIMWE 12 OTHER/ ABANDI _____ 88 (SPECIFY/ BAVUGE)	
74.	Who decided that you should go there for	RESPONDENT/ USUBIZA..... A	

	<i>(NAME'S) diarrhea?</i> Ninde wafashe icyo cyemezo cyo kumujyanayo (kumuvuza)? RECORD ALL MENTIONED. ANDIKA IBYO AKUBWIYE BYOSE.	<i>HUSBAND/PARTNER/ UMUGABO..... ..B</i> <i>RESPONDENT'S MOTHER/ NYINA</i> W'USUBIZA..... .. C <i>MOTHER-IN-LAW</i> NYIRABUKWE W'USUBIZA D <i>FRIENDS/NEIGHBORS</i> INSHUTI/ABATURANYI E <i>OTHER/ABANDI.....X</i> (SPECIFY/ BASOBANURE)	
75.	<i>Since (NAME) has been recovering from diarrhea, did you give him/her less than usual to eat, about the same to eat, or more than usual to eat?</i> Mugihe umwana yari akimara gukiruka impiswi, mbese mwamuhaye ibyo kurya bike, bingana cyangwa byinshi kuruta ibyo yari asanzwe ahabwa?	LESS/ BIKE.....1 SAME/ BINGANA.....2 MORE/ BIRUTA.....3 STILL HAS DIARRHEA/ ARACYAHITWA ... 4 DON'T KNOW/ SIMBIZI.....88	
SECTION V: WATER & SANITATION / AMAZI N'ISUKURA			
76.	<i>Do you treat your water in any way to make it safer for drinking?</i> Hari uburyo mukoresha mu gutu nganya amazi yokunywa?	YES/ YEGO.....1 NO/ OYA.....0	→ 78
77.	<i>IF YES: What do you usually do to the water to make it safer to drink?</i> Niba ariYego: ubikora ute ngo wize reko amazi ari meza	<i>Let It Stand And Settle/</i> Sedimentation kuyatereka akiyungurura.....A <i>Strain It Through Cloth</i> Kuyayunguruza agatambaro.....B	

	yokunyobwa? (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	<i>Boil/ kuyateka.....C</i> <i>Add Bleach/Chlorine</i> <i>Kuyashyiramo sur'eau/kolorine.....D</i> <i>Water Filter (Ceramic, Sand, Composite)</i> <i>Kuyayunguruza filitire(iyakizungu, amakara, umucanga.....E</i> <i>Solar Disinfection/</i> <i>Kwica udukoko ukoresheje izuba.....F</i> <i>Don't Know/ simbizi.....G</i> <i>Other/ Ikindi.....H</i> (Specify/ Sobanura)	
78.	<i>When do you wash your hands?</i> <i>Ni ryari ukaraba intoki?</i> DO NOT PROMPT. CIRCLE ALL MENTIONED. NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA BYOSE.	<i>Never / nta narimwe A</i> <i>Before Food Preparation / Mbere yogutegura amafunguro.....B</i> <i>Before Feeding Child / Mbere yo konsa/ mbereyo kugaburira umwana.....C</i> <i>After Defecation/Visiting The Toilet / Nyuma yo ku kuva ku musarane D</i> <i>After attending to a child who has defecated/soiled / Nyuma yo gutunganya/guhanagura umwana umaze kwituma.....E</i> <i>Other/ Ikindi ihe.....F</i> (Specify/ Sobanura)	→81
79	Can you show me where you usually wash your hands and	<i>Inside/Near Toilet Facility/</i>	

	what you use to wash hands? Mushobora kunyereka aho mukarabira intoki n'icyo mukoresha mukaraba intoki? ASK TO SEE AND OBSERVE MUSABE ABIKWEREKE NAWWE WITEGEREZE.	<i>Mu musarane imbere cyangwa hafi yawo.....1</i> <i>Inside/Near Kitchen/Cooking Place/ mu gikoni, Iruhande rwacyo/ aho batekera..... 2</i> <i>Elsewhere In Yard</i> <i>Ahantu aho ari ho hose mu rugo.....3</i> <i>Outside Yard/ inyumay'urugo.....4</i> <i>No Specific Place</i> <i>Nta mwanya wihariye uhari.....5</i> <i>No Permission To See</i> <i>Ntakwemereye kuhareba 8</i>	
80a.	OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent? <i>This item should be either in place or brought by the interviewee within one minute. If the item is not present within one minute check none, even if brought out later.</i> <i>(ONLY CHECK MORE THAN ONE IF SEVERAL CLEANING AGENTS ARE USED)</i> ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki?	<i>Soap/ Isabune isanzwe.....A</i> <i>Detergent/ Isabune y'ifu nka omo.....B</i> <i>Ash/ Ivu.....C</i> <i>Mud/Sand/ Icyondo/ Akabuye.....D</i> <i>None/ Ntanakimwe.....E</i> <i>Other/ Ikindi _____ F</i> <i>(Specify/ Sobanura)</i>	

	<i>Icyo gikoresho gishobora kuba gihari cyangwa kikazanwa n'umubyeyi mu gihe cy'umunota umwe gusa. Niba kitabonetse mu munota umwe, kibarwa nk'ikidahari.</i> (SHYIRA IKIMENYETSO KU GIKOresho CYOSE YIFASHISHA AKARABA INTOKI)		
80b	OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any? (ONLY CHECK MORE THAN ONE IF SEVERAL FACILITIES ARE USED) ITEGEREZE GUSA: Bakoresha ibihe bikoresho bakaraba? (SHYIRA IKIMENYETSO KU GIKOresho CYOSE YIFASHISHA AKARABA INTOKI)	<i>Tippy tap / Kandagira ukarabe A</i> <i>Basin/ Ibase..... B</i> <i>Jerry can / jug: injerekani / ijage.....C</i> <i>Pan / pot / : Isafuliya/ Inkono D</i> <i>Sink / Lavabo E</i> <i>None/ Nta nakimwe F</i> <i>Other/ Ikindi.....G</i> (Specify/ Sobanura)	
80c.	(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than	<i>Nothing else/ Ntakindi.....A</i>	

	hand washing? (ONLY CHECK MORE THAN ONE IF SEVERAL ARE PRACTICED) (Niba ari isafuliya, inkono cyangwa ibase) mubaze undi murimo akoresha ibi bikoresho utari gukaraba intoki? (SHYIRA IKIMENYETSO KU BYO AKUBWIYE BYOSE)	Food preparation/ Gutegura Amafunguro.....B Laundry/ Kumesa.....C Other/ Ibindi.....D (Specify/ Sobanura)	
81.	What kind of toilet facility do you have? Can I see it? Umusarane mukoresha umeze ute? Nshobora kuwureba ?	No toilet facility/ Nta musarane 1 Open latrine/ Umusarane udapfundikiye 2 Closed latrine/ umusarane upfundikiye.....3 Flush toilet/ umusarane wa kizungu.....4 No permission to see/ ntiyakwemereye kureba....5	
82.	The last time (NAME) passed stools, where were the feces disposed of? Igihe cyashize (izina ry'umwana) amaze kwituma umwanda we wawushyize he? Probe to find the location. Komeza umubaze wumve aho yaba ashyira	Disposed into a latrine or toilet facility Yawushyize mu musarane 1 Disposed into a garbage/ trash bin yawushyize mu kintu kiyamo imyanda cyangwa ahagenewe imyanda.....2 Dug and buried – near the house or in the yard?/ Yawushyize iruhande rw'inzu cyangwa kure	

	umwanda w'umwana.	yayo 3 <i>Dug and buried – far from the house or yard?/</i> Yawushyize cyangwa yawutabye kure yinzu cyangwa ahandi.....4 <i>Did not bury – near the house or yard / Ntiyawutabye hafi yinzu cyangwa ahandi.....5</i> <i>Did not bury – far from the house or yard / Ntiyawutabye kure yinzu cyangwa ahandi 6</i> <i>Don't know/ Simbizi.....7</i> <i>Other/ Ahandi 8</i> <i>(Specify/ Sobanura)</i>	

SECTION VI: IMMUNIZATION/ IKINGIRA

83.	Did you receive a card or child health booklet where (name of child's) vaccinations and Vitamin A doses can be written down? If so, can I see the card? Ese ufite igipande kanaka(izina ry'umwana) yakingiriweho, yanahereweho vitamine A? Niba gihari wakinyereka?	Yes, interviewer sees the card Yego, ubaza abonye igipande A Yes, but card is missing or lost Yego, ariko igipande ntagihari B No, never had a card Oya, nta gipande afite.....C Don't know / Simbizi D	→86 →86 →86																								
84.	Copy the following vaccination dates from the card or booklet. If vaccines are not recorded in the child booklet, fill in 99/99/9999 / Reba ku gipande wandike amatariki yaboneyeho buri rukingo, niba bitanditse ku gipande andika 99/99/9999 IF ALL VACCINES ARE RECORDED ON THE CHILD HEALTH CARD OR BOOKLET, GO TO QUESTION 93/ NIBA INKINGO ZOSE ZANDITSE KU GIPANDE, JYA KU KIBAZO CYA 93	<table><tr><th colspan="8">Date of Immunization/ Itariki y'ikingira</th></tr><tr><th colspan="2">DAY/U MUNSI</th><th colspan="2">MONT H/UK WEZI</th><th colspan="4">YEAR/UMW AKA</th></tr><tr><td colspan="2">BCG/ IGITUNTU</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Date of Immunization/ Itariki y'ikingira								DAY/U MUNSI		MONT H/UK WEZI		YEAR/UMW AKA				BCG/ IGITUNTU								
Date of Immunization/ Itariki y'ikingira																											
DAY/U MUNSI		MONT H/UK WEZI		YEAR/UMW AKA																							
BCG/ IGITUNTU																											

		POLIO 0 / IMBASA 0 (POLIO GIVEN AT BIRTH OR BEFORE 6 WEEKS) URUKINGO RW'IMBASA RUTANZWE UMWANA AKIVUKA CYANGWA MBERE Y'IBYUMWERU BIBIRI)															
		POLIO 1/ IMBASA1															
		POLIO 2/ IMBASA2															
		POLIO 3/ IMBASA3															
		PENTA-1															
		PENTA-2															
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		Measles/ Iseru1															
		Measles/ Iseru2															
		Vitamin A (most recent dose Akanini aherutse kubona)															
		Vitamin A (previous dose Akanini kabanjirije agaheruka)															
85.	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given during immunization campaigns? Kanaka hari urundi rukingo yaba yarahawe	Yes/ Yego 1 No/ Oya.....0 Don't Know/ Simbizi..... 88															→93 →93

	<i>rutari kugipande, ushyizemo n'izo yaherewe mu ikingira rusange?</i>		
86.	<i>Please tell me if (NAME) received any of the following vaccinations:</i> <i>Ndabasaba kumbwira niba (KANAKA) yarahawe izi nkingo zikurikira:</i> <i>BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?</i> <i>Urukingo rw'igituntu, rumwe bakingira umwana kukaboko cg ku rutugu rukamusigiraho inkovu?</i>	<i>Yes/ Yego 1</i> <i>No/ Oya 0</i> <i>Don't Know/ Simbizi 88</i>	
87.	<i>Polio vaccine, that is, drops like these, in the mouth?</i> <i>Urukingo rw'imbasa/ Igitonyanga baha umwana mukanwa?</i> <i>SHOW THE EXAMPLE OF POLIO DROPS</i> MWEREKE URUGERO RW' IGITONYANGA.	<i>Yes/ Yego 1</i> <i>No/ Oya 0</i> <i>Don't Know/ Simbizi 88</i>	→90 →90
88.	<i>When was the first polio vaccine received? [In the first two weeks after birth or later? Niriyari umwana yahawe urukingo rwa mbere rw'imbasa?(Mu byumweru bibiri bya mbere amaze kuvuka cg nyuma yabyo)</i>	<i>First Two Weeks After Birth</i> <i>Mubyumweru bibiri bya mbere avutse 1</i> <i>Later/ Nyuma yaho.....2</i> <i>Don't Know/ Simbizi.....88</i>	
89.	<i>How many times was the polio vaccine received?</i> <i>Urukingo rw'imbasa yarubonye inshuro zingahe?</i>	<i>Number Of Times/ Incuro </i> <i>Don't Know/ Simbizi.....88</i>	
90.	<i>DTP vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?</i> <i>Urukingo batera ku kibero akenshi batangira rimwe n'urw'imbasa</i>	<i>Yes/ Yego 1</i> <i>No/ Oya 0</i>	→92 →92

	<i>yararuhawe?</i>	<i>Don't Know/ Simbizi 88</i>	
91.	<i>How many times?</i> <i>Yaruhawe inshuro zingahe?</i>	<i>Number Of Times/ Incuro.....</i> <i>Don't Know/ Simbizi.....88</i>	
92a.	<i>Did (name of child) ever receive an injection in the arm to prevent Measles?</i> <i>Ese Kanaka (Izina ry'umwana muto) yaba yarakingiwe urukingo rw'iseru?</i>	<i>Yes/ Yego 1</i> <i>No/ Oya 0</i> <i>Don't Know/ Simbizi.....88</i>	
92b.	<i>Did (name of child) ever receive a dose of vitamin A?</i> <i>Ese Kanaka (Izina ry'umwana muto) yaba yarahawe ikinini cya Vitamini A?</i>	<i>Yes/ Yego 1</i> <i>No/ Oya 0</i> <i>Don't Know/ Simbizi 88</i>	→93 →93
92c.	<i>When was the last dose of vitamin A?</i> <i>Ikinini cya vitamin A aherutse kugihabwa ryari?</i>	<i>Less than 6 months/ Amezi 6 ntarashira.....1</i> <i>More than 6 months/ Amezi 6 ararenga.....2</i> <i>Don't Know/ Simbizi.....88</i>	

SECTION VII: ANTHROMPOMETRICS/ IBIPIMO

93	<i>May I weigh (name of child)?</i> <i>Nshobora gupima (izinary'umwana muto) ibiro?</i> <i>Measure twice. If difference in weight is more than 0.5 KG, measure a third time.</i> <i>Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'ibiro by'umwana ari inusu(500 grs) ongera umupime bwa gatatu</i>	<i>Yes/ Yego 1st</i> _____ <i>Kilograms/ Ibiro</i> <i>2nd</i> _____ <i>Kilograms/ Ibiro</i> <i>3rd</i> _____ <i>Kilograms/ Ibiro</i> <i>No/ Oya.....0</i>

94	<i>May I use MUAC Tape with (name of child)?</i> Nshobora gupima umuzenguruko w'ikizigira (izinary'umwanamuto)? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira by'umwana ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetro 2nd _____ cm/ santimetro 3rd _____ cm/ santimetro No/ Oya.....0
95.	<i>May I measure length for (name of child)?</i> Nshobora gupima uburebure bw'umwana? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'uburebure bw'umwana ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetro 2nd _____ cm/ santimetro 3rd _____ cm/ santimetro No/ Oya.....0
95a.	Check if (name of child) has <i>oedema in both feet</i> / Suzuma urebe niba (Izina ry'umwana muto) yaba afite edeme ku maguru yombi.	Yes/ Yego.....1 No/ Oya.....0
96	<i>May I use MUAC Tape with you?</i> Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawe? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umubyeyi inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira cy'umubyeyi ari 0.5	Yes / Yego.....1st _____ cm/ santimetro 2nd _____ cm/ santimetro 3rd _____

	cm ongera umupime bwa gatatu	cm/ santimetro	
		No/ Oya.....0	
SECTION VIII: BEHAVIOR CHANGE COMMUNICATION/IKIGANIRO KIGAMIJE GUHINDURA IMYITWARIRE			
97.	<i>In the past 6 months, have you participated in a week-long training on child feeding and food preparation?</i> <i>Mu mezi 6 ashije , waba warigeze witabira inyigisho zimara icyumweru zijyanye no kugaburira umwana no gutegura amafunguro mu mudugudu?</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	→ 101 → 101
98.	<i>IF YES: How many times?</i> NIBA ARI YEGO: wazigiyemo inshuro zingahe ?	Once/ Rimwe.....1 Twice/ Kabiri.....2 Three or more/ Gatatu cyangwa karenga.....3	
99.	<i>When was the most recent time you participated in such a week-long training?</i> <i>Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?</i>	Month/Ukwezi _____ Year/ Umwaka _____	
100.	<i>The most recent time, how many of the days did you participate?</i> <i>Izo uherutse wazitabiriye iminsi ingahe?</i>	Number / Umubare..... _ _ Don't know/ Simbizi.....88 No response/ Nta gisubizo.....99	

101.	<i>Did you receive a visit related to health in the past month?</i> <i>Hari uwaba yaragusuye mu byerekeranye n'ubuzima mu kwezi gushize?</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	
101a.	<i>If yes, who visited you?</i> <i>Niba ari yego ni nde?</i> Do not prompt; Circle all that apply. Wimuca mu ijamba andika ibyo akubwiye aho bigomba kujya.	Care group member/ Uri mu itsinda ry'ubuzima (care group).....A Health facilities staff/ Umukozi w'ivuriro.....B Local government staff/ Umuyobozi mu nzego z'ibanze.....C Others?/ Abandi? _____ D (Specify/ Sobanura)	
102	<i>If yes, can you tell me what the purpose of the visit was?</i> <i>Niba ari yego, wambwira icyamugenzaga?</i> Do not prompt; Circle all that apply. Wimuca mu ijamba andika ibyo akubwiye aho bigomba kujya.	1. FOLLOW UP ON SICK CHILD GUKURIKIRANA UMWANA URWAYE.....A 2. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA MALARIYA.....B 3. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA IMPISWI.....C 4. PROVIDE HEALTH EDUCATION ON PNEUMONIA GUTANGA INYIGISHO KUNDWARA Y'UMUSONGA.....D 5. PROVIDE HEALTH EDUCATION ON NUTRITION GUTANGA INYIGISHO KU MIRIRE.....E 6. PROVIDE HEALTH EDUCATION ON IMMUNIZATION GUTANGA INYIGISHO KU IKINGIRA.....F 7. OTHER/ IKINDI: _____ (Specify/ Sobanura)	

103.	<i>Did you receive any health information from a CHW in the last month? If yes, where did you receive that health information?</i> <i>Hari inyigisho wigeze uhabwa n'umujyanama w'ubuzima muri uku kwezi gushize? Niba ari yego, izo nyigisho waziboneyehe?</i>	<i>Home visit</i> Mu isura ry'ingo.....A <i>Community Meeting/Mu nama y'umudugudu cg iy'Akagali.....B</i> <i>Health Facility</i> Ku Kigo Nderabuzima.....C <i>Growth Monitoring and Counseling</i> Mu gihe cyo gukurikirana imikurire y'abana mu Akagali.....D <i>Nutrition Week/ Mu cyumweru cy'Imirire.....E</i> <i>Other/Ahandi.....F</i> (Specify/Sobanura) <i>Did not receive any health information from a CHW last month. Ntabwo yigeze ahabwa inyigisho z'ubuzima n'Umujyanama w'ubuzima mu kwezi gushize.....G</i>	
104.	<i>Did you receive any health information from a church in the last month? If yes, what was the information?</i> <i>Hari inyigisho ku buzima wigeze uhabwa mu rusengero (mu kiliziya) mu kwezi gushize? Niba ari yego, izo nyigisho zari izihe?</i>	<i>Ante-Natal Care or Post-Natal Care/ Kwita k'umugore utwite cyangwa Umubyeyi umaze kubyara</i> n'uruhinja A <i>Pneumonia/Umusonga B</i> <i>Water treatment/Isuku y'amazi C</i> <i>Hand Washing/Gukaraba intoki D</i> <i>Diarrhea/Impiswi E</i> <i>Breastfeeding/Konsa F</i> <i>Nutrition/Imirire G</i> <i>Other/Ibindi? H</i> <i>Did not receive any health information from a church in the last month/ Ntabwo yigeze ahabwa inyigisho z'ubuzima mu rusengero/ Kiliziya mu kwezi gushize.....I</i>	
105a.	<i>Do you own a kitchen garden? /Mbese ufite akarima k'igikoni mu rugo iwawe?</i>	YES/ YEGO.....1 NO/ OYA.....0	

105b.	<i>If “Yes”, do you sell the vegetables or eat the vegetables, or both?</i> <i>Niba ari “Yego”, mbese ujya ugurisha umusaruro w’imboga zivuye mu karima k’igikoni? <u>Cyangwa</u> murazirya mu rugo, <u>Cyangwa</u> urazigurisha izindi ukazirya?</i>	<i>A. Sell/ Kuzigurisha.....A</i> <i>B. Eat/Kuzirya B</i> <i>C. Sell and Eat/ Kuzigurisha no kuzirya C</i>	
105c.	<i>If you sell some or all of the vegetables (if 105b: A or C), what do you spend the money on?</i> <i>Iyo ugurishije umusaruro muke cyangwa wose (iki kibazo kibaze uwashubije 105b: A cg C), amafaranga avuyemo uyakoresha iki?</i>	<i>A. Food / Kugura ibiryo A</i> <i>B. Healthcare/Kwivuza B</i> <i>C. Other (specify)/ Ibindi (bisobanure)</i> _____ C	
105d	<i>If you eat some or all of the vegetables (if 105b: B or C), who in the household eats the vegetables?</i> <i>Iyo muriye imboga zivuye mu karima kanyu k’igikoni (iki kibazo kibaze uwashubije 105b: B cg C), mu rugo rwawe nibande barya kuri izo mboga)?</i>	<i>A. Children/ Abana.....A</i> <i>B. Adults/ Abantu bakuru.....B</i> <i>C. Children and Adults /Abana n’abakuru ..C</i>	
106.	<i>Do you raise small animals at home?/ Mbese hari amatungo magufi woroye mu rugo rwawe?</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i>	
106b.	<i>If “Yes”, do you sell the animals or eat the animals, or both?/ Niba ari “Yego”, mbese ujya ugurisha umusaruro w’amatungo magufi? <u>Cyangwa</u> murayarya mu rugo, <u>Cyangwa</u> urayagurisha andi ukayarya?</i>	<i>A. Sell/ Kuyagurisha.....A</i> <i>B. Eat/Kuyarya B</i> <i>C. Sell and Eat/ Kuyagurisha no kuyarya.....C</i>	
106c.	<i>If you sell some or all of the animals (if 106b: A or C), what do you spend the money on? Iyo ugurishije umusaruro muke cyangwa wose (iki kibazo kibaze uwashubije 106b: A cg C), amafaranga avuyemo uyakoresha iki?</i>	<i>D. Food / Kugura ibiryo A</i> <i>E. Healthcare/Kwivuza B</i> <i>F. Other (specify)/ Ibindi (bisobanure)</i> _____ C	

106d.	<i>If you eat some or all of the animals (if 106b: B or C), who in the household eats the animals?/ Iyo muriye ibikomoka kuri ayo matungo mworoye (iki kibazo kibaze uwashubije 106b: B cg C), mu rugo rwawe nibande barya ibikomoka kuri ayo matungo (cg ibiyakomokaho)?</i>	D. Children / Abana.....A E. Adults / Abantu bakuru.....B F. Children and Adults /Abana n'abakuru ..C	
	Time interview ended/ Igihe ibazwa ryarangiriye	AM Mbere ya saasita ____ ____ : ____ ____ PM Nyuma ya saasita ____ ____ : ____ ____	

Thank you. Murakoze

Annex 7. Sampled Villages in Nyamagabe District

Kigeme Clusters

	<i>Hospital</i>	<i>Sector</i>	<i>Cell</i>	<i>Village</i>	<i>Population</i>	<i>Cluster</i>
70	Kigeme	GASAKA	REMERA	GITWA	196	1
78	Kigeme	Kamegeli	Kamegeli	Kinyovu	817	2
87	Kigeme	Kamegeli	Kizi	Kinyana	541	3
96	Kigeme	Kibilizi	Bugarama	Kabarera	383	4
106	Kigeme	Kibilizi	Bugarura	Uwinyana	670	5
114	Kigeme	Kibilizi	Karambo	Kavumu	770	6
122	Kigeme	Kibilizi	Ruhunga	Ruhurura	757	7
130	Kigeme	KITABI	KAGANO	KINTOBO	931	8
136	Kigeme	KITABI	MUJUGA	GASASA	790	9
142	Kigeme	KITABI	MUKUNGU	GAHIRA	573	10
149	Kigeme	KITABI	SHABA	MUGANZA	872	11
156	Kigeme	KITABI	UWINGUGU	RUHANGA	756	12
163	Kigeme	MBAZI	MUTIWINGOMBA	KABERE	529	13
174	Kigeme	MBAZI	NGARA	GASHARU	642	14
185	Kigeme	TARE	BUHORO	RYARUBONDO	558	15
194	Kigeme	TARE	GATOVU	KIGUSA	2,903	16
202	Kigeme	TARE	KAGANZA	RUGANZA	541	17
213	Kigeme	TARE	NYAMIGINA	GAKOMA	643	18
222	Kigeme	UWINKINGI	BIGUMIRA	MAGUMIRA	679	19
233	Kigeme	UWINKINGI	KIBYAGIRA	BISHYA	841	20
239	Kigeme	UWINKINGI	MUDASOMWA	KARAMBO	820	21
249	Kigeme	UWINKINGI	MUNYEGE	MUNYEGE	798	22

Additional and Replacement Documentation

7		I				
2	Kigeme	CYANIKA	GITEGA	GASEKE	369	23
14	Kigeme	CYANIKA	KARAMA	MUGAMBA	611	24
25	Kigeme	CYANIKA	KIYUMBA	NYARUCYAMU	361	25
34	Kigeme	CYANIKA	NYANZA	MIRAMA	728	26
44	Kigeme	CYANIKA	NYANZOZA	NYAMIRAMA	325	27
51	Kigeme	GASAKA	NGIRYI	KIBANDA	797	28
57	Kigeme	GASAKA	NYABIVUMU	GASHARU	567	29
63	Kigeme	GASAKA	NYAMUGARI	KIGARAMA	940	30
			Cumulative Population		163,670	

Kaduha Clusters

	Hospital	Sector	Cell	Village	Population	Cluster
143	Kaduha	MUGANO	SUTI	GASIZA	244	1
153	Kaduha	MUSANGE	GASAVE	Kabingo	516	2
162	Kaduha	MUSANGE	JENDA	Nyakirambi	633	3
172	Kaduha	MUSANGE	MASANGANO	Mubuga	559	4
181	Kaduha	MUSANGE	NYAGISOZI	Kibaga	508	5
193	Kaduha	MUSEBEYA	NYARURAMBI	Gatiti	541	6
205	Kaduha	MUSEBEYA	RUNEGE	Bigugu	434	7
217	Kaduha	MUSEBEYA	SEKERA	Masinde	650	8
226	Kaduha	MUSHUBI	BUTETERI	MUGUNDA	376	9
237	Kaduha	MUSHUBI	CYOBE	NYAKABINGO	646	10
246	Kaduha	MUSHUBI	GASHWATI	RUCUNDA	711	11
257	Kaduha	NKOMANE	MUSARABA	RUSOYO	360	12
268	Kaduha	NKOMANE	NKOMANE	MUGARI	796	13
274	Kaduha	NKOMANE	NYARWUNGO	NYARUHOMBO	249	14
5	Kaduha	BURUHUROI	BYIMANA	BISHYIGA	597	15
15	Kaduha	BURUHUROI	GIFURWE	UWANKIRIYE	442	16
21	Kaduha	BURUHUROI	KIZIMYAMURIRO	MUJERENGE	835	17
29	Kaduha	BURUHUROI	MUNINI	RUKWANDU	540	18
37	Kaduha	GATARE	BOKOPFU	KARUMBI	641	19
44	Kaduha	GATARE	GATARE	UWISURI	882	20
53	Kaduha	GATARE	RUGANDA	MASANGANO	525	21
62	Kaduha	KADUHA	KAVUMU	BIZIGURO	599	22
71	Kaduha	KADUHA	MURAMBI	KASEMANYANA	542	23
79	Kaduha	KADUHA	MUSENYI	MUNINI	462	24

88	Kaduha	KADUHA	NYABISINDU	KIVUMU	720	25
97	Kaduha	KIBUMBWE	BWENDA	MUNYINYA	784	26
106	Kaduha	KIBUMBWE	GAKANKA	NYARUBUYE	468	27
117	Kaduha	KIBUMBWE	NYAKIZA	MURAMBI	527	28
124	Kaduha	MUGANO	GITONDORO	MASO	579	29
135	Kaduha	MUGANO	RUHINGA	KARAMBI	378	30
				<i>Cumulative Population</i>	150,525	

Annex 8. Indicator Tabulation Plan-Year 4 KPC

Demographic Information	Numerator	Denominator
Mother's Age Mean Median	See demographic data	All mothers
Mother's Education Any education Each level of education	See Q1 and Q2	All mothers
Household size Mean Median	See Q3	
Poverty Level (Ubudehe) Percent according to each level	See Q4	Children 0-23 months
Health Insurance (Mutuelle) Percent Yes (Conf Int) Percent No (Conf Int)	See Q4b	Children 0-23 months
Health Insurance Card Percent Yes (Conf Int) Percent No (Conf Int)	See Q4b & 4C	Q4b=1

Nutrition and Breastfeeding (40% Level of Effort)		
Indicator	Numerator	Denominator
(1) Early initiation of breastfeeding: Percentage of children 0-23 months who were put to the breast within one hour of birth. (OR, Key Indicator MNC)	(Q30 = 00 for HOURS)	Children 0-23 months Living with their biological mothers
Ever-breastfed	(Q29=1)	Children 0-23 months
(2) Prelacteal feeds: Percentage of children 0-23 months given liquids prior to the initiation of breastfeeding.	(Q29=1) AND (Q32 = 1)	Children 0-23 months ever breastfed; (Q.29=1)
(3) Colostrum: Percentage of children 0-23 months who were breastfed during the first three days of life.	(Q31 = 1)	Children 0-23 months
(4) Exclusive breastfeeding: Percentage of children age 0-5 months who were exclusively	(AGE 0-5 m) AND (Q34=1 OR Q35=1) AND	Infants 0-5 months

<i>breastfed during the last 24 hours. (RC6, OR)</i>	<i>(39A-39I all =0) AND (41A-41Q all =0)</i>	
<i>EBF disaggregation by age groups (recommended by WHO, if sufficient sample size)</i>	<i>AGE ____ AND (Q34=1 OR Q35=1) AND (39A-39I all =0) AND (41A-41Q all =0)</i>	<i>Infants 0-1 months Infants 2-3 months Infants 4-5 months Infants 0-3 months</i>
Continued breastfeeding 6-23 months	<i>Q34=1</i>	<i>Children 6-23 months</i>
Continued breastfeeding 1 year	<i>Q34=1 AND Age 12-15m</i>	<i>Children 12-15 months</i>
Continued breastfeeding 2 years	<i>Q34=1 AND Age 20-23m</i>	<i>Children 20-23 months</i>
(5) Infant and Young Child Feeding: Percent of infants and young children age 6-23 months fed according to minimum acceptable diet (apart from breast milk). Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND Non-breastfed children 6–23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day. <i>Continued breastfeeding or feeding of milk or milk products; Feeding solid/semi-solid food the minimum number of times per day according to age and breastfeeding status; Related sub-indicators relate to the frequency; Feeding the minimum number of food groups per day according to breastfeeding status.)</i> <i>The IYCF indicator also allows for the calculation of consumption of food by type (rich in iron, vitamin A, animal protein) and frequency.</i> <i>MCHIP has given WR permission to use the WHO indicator definition and tabulation plan, which differs slightly from the USAID 2008 Rapid CATCH guidance. (Modified from RC7, OR)</i>		
(5a) Minimum Dietary Diversity (OR)	<i>AGE 6-23m AND 7 Food Group Score ≥4</i>	<i>Children 6-23 months</i>
Food Groups 1. Grains, roots and tubers 2. Legumes and nuts 3. Dairy products (milk, yogurt, cheese) 4. Flesh foods (meat, fish ,poultry and liver/organ meats) 5. Eggs 6. Vitamin-A rich fruits and vegetables 7. Other fruits and vegetables <i>Construct 7 food group score as follows: Begin with 0. For each of the 7 food groups, add a point if consumed.</i> <i>Food Group 1 Add 1 point if: Q39G=1 OR Q41A=1 OR 41C=1</i> <i>Food Group 2 Add 1 point if: Q41K=1</i> <i>Food Group 3 Add 1 point if: Q39B=1 OR Q39C=1 OR 39F=1 OR 41L=1</i>		

<i>Food Group 4 Add 1 point if: Q41G=1 OR Q41H=1 OR Q41J=1</i> <i>Food Group 5 Add 1 point if: Q41I=1</i> <i>Food Group 6 Add 1 point if: Q41B=1 OR Q41D=1 OR Q41E=1 OR Q41Q=1</i> <i>Food Group 7 Add 1 point if: Q41F=1</i>		
<i>Suggested disaggregation for Minimum Dietary Diversity, if sample size permits</i>		6-11 months 12-17 months 18-23 months
(5b) Minimum Meal Frequency (OR)	<i>Proportion of BF and non-BF children 6-23 m who receive solid, semi-solid, or soft foods the minimum number of times or more the previous day</i>	<i>Breastfeeding and non-breastfeeding children 6-23 months</i>
<i>(Q34=1 OR Q35=1) AND AGE 6-8 mo. AND Q43≥2</i> OR <i>(Q34=1 OR Q35=1) AND AGE 9-23 mo. AND Q43≥3</i> OR <i>(Q34=0 AND Q35=0) AND AGE 6-23mo. AND ((Q40B+Q40C+Q40F+Q43)≥4)</i> • For BF children, the minimum number of times varies with age (2 times if 6-8 mos.; 3 times if 9-23 mos.). • For non-BF children, the number of times does not vary by age (4 times for all non-BF children 6-23 mos.) • Q11B,C,F (dairy products) only count toward the numerator for the non-BF children.		<i>Children 6-23 months</i>
(5c) Minimum Acceptable Diet <i>Proportion of children 6-23 months who receive a minimum acceptable diet (apart from breastmilk).</i> (OR)	<i>BF children 6-23 months who had at least the minimum dietary diversity and min meal frequency during previous day.</i> AND <i>Non-BF children who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the min meal frequency during previous day.</i>	<i>Breastfed children 6-23 mo.</i> AND <i>Non-BF children 6-23 months</i>
• Each BF child who scored positively for diversity and positively for meal frequency will score positively for M.A.D. • NOTE: For non-BF children, the dietary diversity component of the indicator is scored differently than for “minimum dietary diversity” indicator. In this case, it is based on a 6-food group score, as explained		

below.

Calculation of **6 food-group score** for non-breastfed children (no dairy group this time)

1. Grains, roots and tubers
2. Legumes and nuts
3. Flesh foods (meat, fish ,poultry and liver/organ meats)
4. Eggs
5. Vitamin-A rich fruits and vegetables
6. Other fruits and vegetables

To construct score for non-BF children, start with 0 and add 1 point for each group that was consumed.

Food Group 1 Add 1 point if: Q39G=1 **OR** Q41A=1 **OR** 41C=1

Food Group 2 Add 1 point if: Q41K=1

Food Group 3 Add 1 point if: Q41G=1 **OR** Q41H=1 **OR** 41J=1

Food Group 4 Add 1 point if: Q41I=1

Food Group 5 Add 1 point if: Q41B=1 **OR** Q41D=1 **OR** Q41E=1 **OR** Q41Q=1

Food Group 6 Add 1 point if: Q41F=1

Calculation of Minimum Acceptable Diet Indicator (Q34=1 OR Q35=1) AND AGE 6-8 mos. AND 7 food group score ≥ 4 AND Q43 ≥ 2 OR (Q34=1 OR Q35=1) AND AGE 9-23 mos AND 7 good group score ≥ 4 AND Q43 ≥ 3 OR (Q34=0 AND Q35=0) AND AGE 6-23 mos. AND ((Q39B + Q39C+Q39F) ≥ 2 AND 6 food group score ≥ 4 AND ((Q39B+Q39C+Q39F+Q43) ≥ 4)		Children 6-23 months
Consumption of iron-rich foods (did not ask about fortified foods)	Children 6-23 months who received an iron rich (non-fortified) food the previous day. AGE 6-23 mos. AND Q41G=1 OR Q41H=1 OR Q41J =1	Children 6-23 months
(6) Age appropriate introduction of semi-solid foods: Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods (OR)	AGE 6-8 mos AND Q42=1 (Infants 6–8 months of age who received solid, semi-solid or soft foods during the previous day)	Infants 6-8 months
(7)Responsive feeding: Caregiver		All Children 6-23 months AND

<i>actively involved in feeding child 6-23months (OR)</i> <i>1) Frequency of children 6-23 months who consume soft, semi-solid or solid foods who are self-feeding.</i> <i>1a) Mean age at which child started to self-feed.</i> <i>2) Frequency of children 6-23 months who consume soft, semi-solid or solid foods who are being assisted with feeding</i> <i>3) Proportion of all mothers of children age 0-23months who report encouraging their child to either breastfeed or eat soft, semi-solid foods.</i> <i>Please see notes below.</i>	<i>1) Proportion of those who consumed soft, semi-solid foods yesterday who are self-feeding:</i> <i>Q42=1 AND Q45=0</i> <i>1a) Mean age at which child started to self-feed.</i> <i>Mean, min, max, SD of Q46a</i> <i>2) Proportion of those who consumed soft, semi-solid foods yesterday who are being assisted with feeding.</i> <i>Q42=1 AND Q45=1</i>	<i>Q42=1</i>
	<i>3) Q46B=1</i>	<i>All children 0-23 months</i>
NOTES on RESPONSIVE FEEDING: <i>The adequacy of complementary feeding (adequacy in short for timely, adequate, safe and appropriate) not only depends on the availability of a variety of foods in the household, but also on the feeding practices of caregivers. Feeding young infants requires active care and stimulation, where the caregiver is responsive to the child clues for hunger and also encourages the child to eat. This is also referred to as active or responsive feeding.</i> <i>The guidelines advise caregivers to recognize children's signals of hunger and satiety, not to force children to eat, and to regard mealtimes as a period of learning and love. Guidelines for responsive feeding have expanded to include the promotion of self-feeding through finger foods, attending to the child throughout the meal, and strategies to respond to food refusal.</i> <i>These feeding recommendations, disaggregated by child age, include topics such as breast-feeding on demand, being responsive to cues of hunger and satiety during complementary feeding, introducing and encouraging use of finger foods, and increasing the infant's exposure to food variety and tastes. The recommendations for responsive feeding on the growth card for the WHO Growth Standards are age-based and include adaptations from the PAHO/WHO (9) guidelines: "Do not force her to eat" and "remove distractions," the longest list of recommendations so far. Two new recommendations were "use a separate plate/bowl" (1–2 y) and "give realistic portions depending on her age, size, and activity level" (2–5 y).</i>		

(8) Underweight: Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population) (RC 18, OR)	(Q93= 1) AND (Kilos $\leq$ -2 SD for median wt for age)	Children 0-23 months
(9) Wasted: Percentage of children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population) (OR) Disaggregate by moderate ($\leq$-2SD and $>$-3SD) and severe wasting($\leq$ -3SD)	(Q93= 1 AND Q95=1) AND Weight for length $\leq$ -2SD	Children 0-23 months
(10) Stunted: Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population) (OR) Disaggregate stunting by moderate ($\leq$-2SD and $>$-3SD) and severe ($\leq$ -3SD)	Q95=1 AND Length for Age$\leq$ -2SD	Children 0-23 months
(11) Acute Malnutrition: Percent of children 6-23 months and percent of mothers of children 0-23 months acutely malnourished as measured by MUAC (OR) References for children 6-23 m: SAM: <110 mm and/or edema (Q95A) MAM: ≥ 110 mm and < 125 mm At risk: ≥ 125 and < 135 Reference for women: SAM < 18.5 cm	For children 6-23 months: Q94=1 AND AGE 6-23m AND MUAC < 125mm For mothers: Q96=1 AND All Biological Mothers AND MUAC < 21 cm	Children 6-23 months Biological Mothers

MAM≥18.5 cm and <21.0 cm		
Disaggregate by at risk, moderate and severe acute malnutrition.	For SAM: Q94=1 AND AGE 6-23m AND MUAC <110mm OR Q95A=1	
(11.5) Micronutrient Powder supplementation: Percent of children age 6-23 months who received packets of micronutrient powder (MNP) in the last 3 months: mother's recall.	(Q49A=1) AND (Q49B=1)	Children 6-23 months
(12) Vitamin A Supplementation in the last 6 months: Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall. (RC 8, OR)	[(Q47 =1) AND (Q49=1)] OR [(Q83=1) AND (Q84Vitamin A Month <> 99 AND Q84Vitamin A Year <> 9999) AND (Date of Interview - Date of VitaminA≤6 months)] OR (Q92b=1 AND Q92c=1)	Children 6-23 months
Maternal Newborn Care (35% Level of Effort)		
Indicator	Numerator	Denominator

(13) Antenatal Care: Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)	(Q9a=1) AND (Q9b= A, B, or C) AND (Q12 ≥ 4 AND Q12 < 98)	All Biological Mothers* (*RC uses all mothers, but it doesn't make sense to include non-biological mothers)
ANC first trimester	(Q11≤3)	All Biological Mothers
(14) Maternal TT Vaccination: Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)	(Q18 + Q20 >=2) AND (Q18 <> 9 AND Q18 <> 9)	All Biological Mothers
(15) Skilled Birth Attendant: Percentage of children age 0-23 months whose births were attended by skilled personnel. (RC3)	(Q23 = A, B , C, D or E)	All Biological Mothers
(16) Post-natal visit to check on newborn within the first 2 days after birth: Percentage of children age 0-23 who received a post-natal visit from an appropriate trained health worker within two days after the birth of the youngest child. (RC4)	Number of children age 0-23 months who received a post-natal visit (Q26=1) AND within two days after birth (Q27U = 0) or (Q27U= 1) and (Q27N ≤ 2) AND by an appropriate health worker (Q28= A, B , C, D,E,F,G) U refers to the units of time (hours, days, weeks) and N refers to the corresponding number	All Biological Mothers
(17) Current Contraceptive Use Among Mothers of Young Children: Percentage of mothers of children age 0-23 months who are using a modern contraceptive method.	(Q7 = 1) AND (Q8 = 1 - 12)	All Biological Mothers

(RC5)		
<u>(18) Maternal Iron Supplementation During Pregnancy:</u> Percentage of mothers who received tablets; number of days consumed. (OR)	Received tablets: Q21=1 Average number of days consumed: Q21=1 AND Sum of Q22	All Biological Mothers Those who received tablets (Q21=1)
<u>Early initiation of breastfeeding of newborns:</u> Percentage of children 0-23 months put to the breast within one hour of delivery (Key Indicator for MNC)	Calculation under Nutrition and Breastfeeding	
Control of Diarrheal Diseases (15% Level of Effort)		
Indicator	Numerator	Denominator
<u>(19) ORT use:</u> Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids. (RC 13)	diarrhea in the last two weeks (Q66 = 1) AND who received ORS and/or recommended home fluids (Q67B OR 67C)	Children 0-23 months who had diarrhea in prior 2 weeks (Q66=1)
<u>(20) Point of Use (POU) water treatment:</u> Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	(Q76=1) AND (Q77= C, D, E or F)	Children 0-23 months
<u>(21) Appropriate Hand washing Practices:</u> Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)	(Q79 ≤4) AND (Q80a=A or B)	Children 0-23 months
<u>(21a) Exclusive Vessels for Hand Washing:</u> Percentage of mothers of children age 0-23 months who	(Q79 ≤4) AND (Q80c=A)	Children 0-23 months whose mothers use a pan, pot, bowl or basin for hand washing

<i>live in households with vessels used exclusively for hand washing</i>		<i>(Q80b=B or D)</i>
<i>Hand Washing at Appropriate times:</i> Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times (Before Food Preparation, Before Feeding Child, After Defecation/Visiting The Toilet, After attending to a child who has defecated/soiled)	(Q78=B) AND (Q78=C) AND (Q78=D) AND (Q78=E)	<i>Children 0-23 months</i>
<i>Latrine/toilet in good condition:</i> Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition	<i>Q81=3 or 4</i>	<i>Children 0-23 months</i>
<i>(22) Increased fluid intake during diarrheal episode:</i> Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)	(Q68=C) OR (Q69=C)	<i>Children 0-23 months who had diarrhea in prior 2 weeks (Q66=1)</i>
<i>(23) Continued feeding during a diarrheal episode:</i> Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)	(Q68 = B or C) OR (Q70 = B or C)	<i>Children 0-23 months who had diarrhea in prior 2 weeks (Q66=1)</i>
<i>(24) Zinc:</i> Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	<i>(Q67=D)</i>	<i>Children 0-23 months who had diarrhea in prior 2 weeks (Q66=1)</i>
<i>(25) Use of medicine during diarrhea:</i> Percentage of children	<i>(Q67 DOES NOT=E,F,H or X)</i> <i>Purpose is to count number of children</i>	<i>Children 0-23 months who had</i>

0-23 months with diarrhea in last two weeks who were not treated with antidiarrheals or antibiotics. (Key Indicator)	who did NOT receive anything that might have been an antibiotic or anti-diarrheal (e.g. E, F, or H); If response given for "X" could be an antibiotic or anti-diarrheal, it should also count against inclusion.	diarrhea in prior 2 weeks (Q66=1)
(26) Safe feces disposal: Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time s/he passed stool. (Key Indicator) Safe disposal includes: dropped into toilet facility; water discarded into a toilet facility (except composting toilet); water discarded into sink or tub connected to drainage system (sewer, septic tank or pit).	Latrine or toilet facility (Q82=A)	Children 0-23 months
(27) Two week prevalence of diarrhea: Percentage of children 0-23 months with diarrhea in the previous two weeks (Key Indicator)	(Q66 = 1)	Children 0-23 months
Pneumonia Case Management (10% Level of Effort)		
Indicator	Numerator	Denominator
(28) Appropriate Care Seeking for Pneumonia: Percentage of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last two weeks who were taken to an appropriate health provider. (RC14)	Cough and difficult breathing in the last two weeks [(Q62=1) AND (Q63= 1)] AND taken to an appropriate health provider (Q64=1) AND (Q65 = A,B,C)	Total number of children age 0-23 months with chest-related cough in the last two weeks (Q62=1) AND (Q63= 1)
(29) Two week prevalence of suspected pneumonia: children 0-23 months with cough and	cough and difficult breathing 2 weeks [(Q62=1) AND (Q63= 1)]	All children 0-23 months

rapid and/or difficult breathing during two weeks prior to survey		
Immunization (Not official intervention)		
Indicator	Numerator	Denominator
(30) Measles vaccination: Percentage of children age 12-23 months who received a measles vaccination (RC9)	AGE12-23mos AND (Q83=1) AND (Q84mea1 <> 99 AND Q84mea1not written <> 9999) OR recalled by the mother (Q92a = 1)	Children 12-23 months
(31) Access to immunization services: Percentage of children aged 12-23 months who received PENTA-1 according to the vaccination card or mother's recall by the time of the survey (RC10)	AGE12-23 mos AND [(Q83=1) AND (Q84PENTA-1M <> 99 AND Q20PENTA-1Y <> 9999)] OR mother's recall [(Q90=1) AND (Q91>=1)]	Children 12-23 months
(32) Health System Performance regarding Immunization services: Percentage of children aged 12-23 months who received PENTA-3 according to the vaccination card or mother's recall by the time of the survey. (RC11)	AGE12-23 mos AND [(Q83=1) AND (Q843M <> 99 AND Q84PENTA-3Y <> 9999)] OR Recalled by the mother [(Q90=1) AND (Q91>=3)]	Children 12-23 months
Malaria (Not official intervention)		
Indicator	Numerator	Denominator
(33) Treatment of Fever in Malarious Zones Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began. (RC12)	Children 0-23 m with fever last 2 weeks (Q51 = 1) AND who sought treatment within 24 hours (Q52=1) AND (Q54 = 0 OR Q54=1) AND Was treated with an appropriate anti-malarial drug	Children 0-23 m with fever last 2 weeks (Q51 = 1)

	(Q55 = 1) AND ((Q56A ≤ 1 or Q56B ≤ 1)	
(34) <u>Child sleeps under an insecticide-treated bednet:</u> Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)	Has net slept under by child ((Q57 =1) AND (Q58 =1)) AND Net is long-lasting of known brand (Q59≤ 3) OR Net treated in last 6 months ((Q59 > 3 and Q59 <> 9) AND (Q60=1) AND (Q61 ≤6))	Children 0-23 months
Two week prevalence of fever	(Q51 = 1)	Children 0-23 months
Care-seeking for fever Percentage of children age 0-23 months with a febrile episode during the last two weeks who sought treatment from appropriate provider.	Q51=1 AND Q52=1 AND Q53=1,2,3 or 4	Q51=1
Process Indicators		
Indicator	Numerator	Denominator
(35) <u>Contact with CHW:</u> Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counselling, Nutrition Week, etc.)	Contact for any purpose: (Q103=A,B,C,D,E or F)	All children 0-23 months
(36) <u>CHW Home Visits:</u> Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose (follow up on sick child, provide health education on malaria, provide health education on diarrhea, provide health	Visit for any purpose: (Q102=A,B,C,D,E,F or G)	All children 0-23 months
	Visit for sick child or follow up: (Q102=A)	All children 0-23 months
	Visit for education (1 or more topics) (Q102=B,C,D,E or F)	All children 0-23 months
	Visit for education by topic Frequencies for each topic: (Q102 =B)	Those children visited for education

education on pneumonia, provide health education on nutrition, provide health education on immunization.) (OR)	(Q102 =C) (Q102=D) (Q102=E) (Q102=F)	(Q102=B,C,D,E or F) (Q102=B,C,D,E or F) (Q102=B,C,D,E or F) (Q102=B,C,D,E or F) (Q102=B,C,D,E or F)
(37)Participation in Nutrition Weeks: Percentage of mothers with children 0-23 months who participated in “Nutrition Week” intervention at least once in the prior 6 months for 4 or more days. (OR)	Ever Participated (Q97=1)	All children 0-23 months
	Number of times (Q98=1)	All children 0-23 months
	(Q98=2)	All children 0-23 months
	(Q98≥3)	All children 0-23 months
	% Participation in last 6 months (Q99 Month & Year < 6 months from survey)	All children 0-23 months
	%Participation in last 12 months (Q99 Month & Year <12 months from survey)	All children 0-23 months
	Duration of participation (% of participants who reported participation according to number of days) One day: (Q100=1) Two days: (Q100=2) Three days: (Q100=3) Four days: (Q100=4) Five days: (Q100=5) Six or more days: (Q100≥6)	Reported number of days Q100 ≥1 AND Q100<8 Q100 ≥1 AND Q100<8 Q100 ≥1 AND Q100<8 Q100 ≥1 AND Q100<8 Q100 ≥1 AND Q100<8 Q100 ≥1 AND Q100<8
	Participated at least 4 days in a Nutrition Week held in the past six months (Q99 Month & Year < 6 months from survey)	All children 0-23 months

	AND Q100>=4	
(38) Contact with a Modified Care Group Member: Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose (follow up on sick child, provide health education on malaria, provide health education on diarrhea, provide health education on pneumonia, provide health education on nutrition, provide health education on immunization.)	Visit for any purpose: Q101=A AND (Q102=A,B,C,D,E,F or G)	All children 0-23 months
	Visit for education (1 or more topics) Q101=A AND (Q102=B,C,D,E or F)	All children 0-23 months
	Visit for education by topic Frequencies for each topic: Q101=A AND (Q102 =B) Q101=A AND (Q102 =C) Q101=A AND (Q102=D) Q101=A AND (Q102=E) Q101=A AND (Q102=F)	Those children visited for education (Q102=B,C,D,E or F) (Q102=B,C,D,E or F) (Q102=B,C,D,E or F) (Q102=B,C,D,E or F) (Q102=B,C,D,E or F)
(39) Churches Providing Health Information: Percent of households with children 0-23 months that received health information from a church in the last month	Information on any health topic : Q104=A,B,C,D,E,F,G or H	All Children 0-23 months
	Information by topic Frequencies for each topic Q104=A Q104=B Q104=C Q104=D Q104=E Q104=F Q104=G Q104=H	Those who received information (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H) (Q104=A,B,C,D,E,F,G or H)
Food Security		
Indicator	Numerator	Denominator
(40) Kitchen Gardens: Percent of households of children 0-23 months who own a kitchen garden	Q105a=1	All children 0-23 months
(41) Kitchen Garden used for	Q105a=1	All households with a kitchen

<u>feeding children:</u> Percent of households of children 0-23 months with a kitchen garden where children eat the food produced	AND Q105b=B or C AND Q105d=A or C	garden (Q105a=1)
<u>(42) Small animal husbandry:</u> Percent of households of children 0-23 months who raise small animals	Q106=1	All children 0-23 months
<u>43) Small animals used for feeding children:</u> Percent of households who raise small animals where children eat the food produced	Q106=1 AND Q106b=B or C AND Q106d=A or C	All households who raise small animals (Q106=1)
<u>(44) Income from kitchen gardens and small animals:</u> Percent of households of children 0-23 months who spend income from kitchen gardens or small animals toward food or health care	Income toward food or healthcare {(Q105B=A or C) OR (Q106b=A or C)} AND {(Q105C= A or B) OR (Q106c= A or B)} Income toward food {(Q105B=A or C) OR (Q106b=A or C)} AND {(Q105C= A) OR (Q106c= A)} Income toward health care {(Q105B=A or C) OR (Q106b=A or C)} AND {(Q105C= B) OR (Q106c= B)}	All children 0-23 months AND {(Q105B=A or C) OR (Q106b=A or C)}

Annex 9. Project Resource Requirements of Year 4 KPC Survey

ICSP Year 4 Evaluation Budget - Actual Costs					
ACTIVITIES	Units	Quantity	Days	Rate	TOTAL (RwFrS)
I. Household Survey					
Training of supervisors on HH Survey					
Supervisors from District	Person	1	1	5,000	5,000
Supervisors from I-CSP	Person	3			
Research Coordinator	Person	1			
Tea break for Participants		5	1	1,500	7,500
Lunch for Participants	Lunch	5	1	3,000	15,000
Water	bottle	5	1	400	2,000
					29,500
Training of surveyors on HH Survey					
Enumerators from Health Facilities & Sectors	Person	26	3	19,500	1,521,000
Enumerators from I- CSP	Person	6			
Supervisors from District	Person	1	3	5,000	15,000
Supervisors from I-CSP	Person	3			
Research Coordinator	Person	1			
Tea break for Participants		37	3	1,500	166,500
Lunch for Participants	Lunch	37	3	3,000	333,000
Transport cost for HC & Sector participants	Person	26	2	10,000	520,000
Transport cost for participants: field gtest	Car	2	1	60,000	120,000
Water	bottle	37	3	400	44,400
					2,719,900
Household Survey					
Enumerators from Health Facilities & Sectors	Person	26	8	15,000	3,120,000
Transport cost for HC & Sector participants	Motobikes	10	8	15,000	1,200,000
Supervisors from District	Person	1	8	15,000	120,000
Lunch for Project surveyors	Lunch	3	8	2,000	48,000
Overnights for Project surveyors -HH Survey	Overnight	6	8	12,000	576,000
Research Coordinator		1			
Water	bottle	74	8	400	236,800
Community guides	person	60	1	3000	180,000
					5,480,800
II. Interviews & Focus Group Discussions					
Training of surveyors on Qualitative research					
Surveyors from Kaduha Health Facilities & Sectors	Person	10	2	19,500	390,000
Surveyors from Kigeme Health Facilities & Sectors	Person	10	2	5,000	100,000
Surveyors from ICSP	Person	9			
Research Coordinator	Person	1			
Tea break for Participants		30	2	1,500	90,000
Lunch for Participants	Lunch	30	2	3,000	180,000
Transport cost for HC & Sector participants	Person	20	2	10,000	400,000
Water	bottle	30	2	400	24,000

					1,184,000
Data collection- Interviews & FGDs					
Surveyors from Kaduha Health Facilities & Sectors	<i>Person</i>	10	4	5,000	200,000
Surveyors from Kigeme Health Facilities & Sectors	<i>Person</i>	10	4	5,000	200,000
Lunch for Project surveyors	<i>Lunch</i>	9	1	2,000	18,000
Research Coordinator	<i>Person</i>	1			
Water	<i>bottle</i>	30	6	400	72,000
Refreshment for FGD participants	<i>person</i>	120	1	3,000	360,000
					850,000
Supplies & Logistics					
flipchart	<i>pc</i>	3	1	6,000	18,000
markers	<i>pc</i>	2	1	3,500	7,000
pens	<i>pc</i>	50	1	100	5,000
folders and Note books	<i>pc</i>	50	1	3,500	175,000
vehicle rental- HH survey	<i>veh</i>	2	8	100,000	1,600,000
vehicle rental-QA	<i>veh</i>	2	6	100,000	1,200,000
phone cards	<i>card</i>	50	1	2,000	100,000
Renewal fees		1	1	425,000	425,000
					3,530,000
Total					13,794,200

Annex 10. Year 4 KPC Raw Data for each question

INNOVATION CHILD SURVIVAL

TANGIRANEZA PROGRAM

NYAMAGABE DISTRICT

WRR YEAR 3 KPC RAW DATA

SORT CASES BY HospitalCatchment.

SPLIT FILE LAYERED BY HospitalCatchment.

FREQUENCIES VARIABLES=MotherConsent

/ORDER=ANALYSIS.

i10) Was consent received?

Statistics

MotherConsent

<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	<i>360</i>
		<i>Missing</i>	<i>0</i>
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	<i>360</i>
		<i>Missing</i>	<i>0</i>

MotherConsent

<i>HospitalCatchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>Yes</i>	<i>360</i>	<i>100,0</i>	<i>100,0</i>	<i>100,0</i>
<i>Kaduha</i>	<i>Valid</i>	<i>Yes</i>	<i>360</i>	<i>100,0</i>	<i>100,0</i>	<i>100,0</i>

FREQUENCIES VARIABLES=SexChild

/ORDER=ANALYSIS.

Frequencies

Sex Child

[DataSet1]

Statistics

SexChild

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

SexChild

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Male	171	47,5	47,5	47,5
		Female	189	52,5	52,5	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	Male	173	48,1	48,1	48,1
		Female	187	51,9	51,9	100,0
		Total	360	100,0	100,0	

AGE OF A CHILD UNDER 2 YEARS

FREQUENCIES VARIABLES=CalcAgeChild

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

CalcAgeChild

Kigeme	N	Valid	360
		Missing	0
	Mean		10,264
	Median		10,000
	Std. Deviation		6,5347
Kaduha	N	Valid	360
		Missing	0
	Mean		10,767
	Median		11,000
	Std. Deviation		6,5679

CalcAgeChild

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0	16	4,4	4,4	4,4
		1	22	6,1	6,1	10,6

	2	16	4,4	4,4	15,0
	3	13	3,6	3,6	18,6
	4	16	4,4	4,4	23,1
	5	7	1,9	1,9	25,0
	6	31	8,6	8,6	33,6
	7	23	6,4	6,4	40,0
	8	14	3,9	3,9	43,9
	9	19	5,3	5,3	49,2
	10	13	3,6	3,6	52,8
	11	23	6,4	6,4	59,2
	12	19	5,3	5,3	64,4
	13	13	3,6	3,6	68,1
	14	8	2,2	2,2	70,3
	15	19	5,3	5,3	75,6
	16	10	2,8	2,8	78,3
	17	12	3,3	3,3	81,7
	18	12	3,3	3,3	85,0
	19	15	4,2	4,2	89,2
	20	12	3,3	3,3	92,5
	21	10	2,8	2,8	95,3
	22	10	2,8	2,8	98,1
	23	7	1,9	1,9	100,0
	Total	360	100,0	100,0	
Kaduha	Valid				
	0	12	3,3	3,3	3,3
	1	16	4,4	4,4	7,8
	2	18	5,0	5,0	12,8
	3	17	4,7	4,7	17,5
	4	16	4,4	4,4	21,9
	5	11	3,1	3,1	25,0
	6	17	4,7	4,7	29,7
	7	13	3,6	3,6	33,3
	8	26	7,2	7,2	40,6
	9	18	5,0	5,0	45,6
	10	14	3,9	3,9	49,4
	11	25	6,9	6,9	56,4
	12	20	5,6	5,6	61,9
	13	15	4,2	4,2	66,1

14	16	4,4	4,4	70,6
15	16	4,4	4,4	75,0
16	3,8	,8		75,8
17	14	3,9	3,9	79,7
18	16	4,4	4,4	84,2
19	10	2,8	2,8	86,9
20	12	3,3	3,3	90,3
21	8	2,2	2,2	92,5
22	16	4,4	4,4	96,9
23	11	3,1	3,1	100,0
Total	360	100,0	100,0	

COMPUTE Cat_age=CalcAgeChild.

EXECUTE.

RECODE Cat_age (0 thru 5.9=1) (6 thru 23.9=2) INTO Age_Category.

EXECUTE.

FREQUENCIES VARIABLES=Age_Category

/ORDER=ANALYSIS.

FREQUENCIES VARIABLES=Age_Category

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Age_Category

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

Age_Category

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0_5months	90	25,0	25,0	25,0
		6_23 months	270	75,0	75,0	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	0_5months	90	25,0	25,0	25,0
		6_23 months	270	75,0	75,0	100,0
		Total	360	100,0	100,0	

Age Mother

Frequencies

[DataSet1]

Statistics

AgeMother

<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	360
		<i>Missing</i>	0
	<i>Mean</i>		29,01
	<i>Median</i>		28,50
	<i>Std. Deviation</i>		6,343
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	360
		<i>Missing</i>	0
	<i>Mean</i>		29,86
	<i>Median</i>		30,00
	<i>Std. Deviation</i>		6,424

AgeMother

<i>HospitalCatchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	16	1,3	,3	,3	,3
		17	1,3	,3	,3	,6
		18	6	1,7	1,7	2,2
		19	3,8	,8		3,1
		20	14	3,9	3,9	6,9
		21	11	3,1	3,1	10,0
		22	23	6,4	6,4	16,4
		23	27	7,5	7,5	23,9
		24	15	4,2	4,2	28,1
		25	21	5,8	5,8	33,9
		26	21	5,8	5,8	39,7
		27	20	5,6	5,6	45,3
		28	17	4,7	4,7	50,0
		29	15	4,2	4,2	54,2
		30	22	6,1	6,1	60,3
		31	24	6,7	6,7	66,9
		32	21	5,8	5,8	72,8
		33	15	4,2	4,2	76,9
		34	10	2,8	2,8	79,7
		35	18	5,0	5,0	84,7
		36	8	2,2	2,2	86,9
		37	7	1,9	1,9	88,9
		38	5	1,4	1,4	90,3

		39	4	1,1	1,1	91,4
		40	8	2,2	2,2	93,6
		41	9	2,5	2,5	96,1
		42	5	1,4	1,4	97,5
		43	5	1,4	1,4	98,9
		44	1,3	,3		99,2
		45	3,8	,8		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	16	1,3	,3	,3	
		17	1,3	,3	,6	
		18	6	1,7	1,7	2,2
		19	1,3	,3		2,5
		20	10	2,8	2,8	5,3
		21	8	2,2	2,2	7,5
		22	12	3,3	3,3	10,8
		23	23	6,4	6,4	17,2
		24	18	5,0	5,0	22,2
		25	26	7,2	7,2	29,4
		26	14	3,9	3,9	33,3
		27	18	5,0	5,0	38,3
		28	19	5,3	5,3	43,6
		29	19	5,3	5,3	48,9
		30	34	9,4	9,4	58,3
		31	15	4,2	4,2	62,5
		32	15	4,2	4,2	66,7
		33	17	4,7	4,7	71,4
		34	20	5,6	5,6	76,9
		35	16	4,4	4,4	81,4
		36	9	2,5	2,5	83,9
		37	18	5,0	5,0	88,9
		38	9	2,5	2,5	91,4
		39	5	1,4	1,4	92,8
		40	9	2,5	2,5	95,3
		41	4	1,1	1,1	96,4
		42	1,3	,3		96,7
		43	4	1,1	1,1	97,8
		44	2,6	,6		98,3
		45	1,3	,3		98,6

46	1,3	,3	98,9
47	2,6	,6	99,4
50	1,3	,3	99,7
61	1,3	,3	100,0
Total	360	100,0	100,0

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=BiologicalMother

/ORDER=ANALYSIS.

i15) Are you the biological mother of the child?

Frequencies

[DataSet1]

Statistics

BiologicalMother

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

BiologicalMother

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	360	100,0	100,0	100,0
		No	3,8	,8	,8	,8
Kaduha	Valid	Yes	357	99,2	99,2	100,0
		Total	360	100,0	100,0	

Q1. Have you ever attended school?

FREQUENCIES VARIABLES=q01

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q01

Kigeme	N	Valid	360
		Missing	0

Kaduha	N	Valid	360
		Missing	0

q01

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	53	14,7	14,7	14,7
		Yes	307	85,3	85,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	64	17,8	17,8	17,8
		Yes	296	82,2	82,2	100,0
		Total	360	100,0	100,0	

Q2. If yes, then ask: What is the highest grade or level of school you have completed?

Frequencies

Statistics

q02

Kigeme	N	Valid	307
		Missing	0
Kaduha	N	Valid	296
		Missing	0

q02

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	None/Didnot complete primary school	113	36,8	36,8	36,8
		Primary School	172	56,0	56,0	92,8
		Secondary School	22	7,2	7,2	100,0
		Total	307	100,0	100,0	
Kaduha	Valid	None/Didnot complete primary school	138	46,6	46,6	46,6
		Primary School	135	45,6	45,6	92,2
		Secondary School	20	6,8	6,8	99,0
		Past secondary School	3	1,0	1,0	100,0
		Total	296	100,0	100,0	

Q3. How many people live in your household?

Frequencies

[DataSet1]

Statistics

q03

Kigeme	N	Valid	360
		Missing	0
	Mean		5,18
	Median		5,00
	Std. Deviation		1,792
Kaduha	N	Valid	360
		Missing	0
	Mean		5,05
	Median		5,00
	Std. Deviation		1,772

q03

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	2	3,8		,8	,8
		3	66	18,3	18,3	19,2
		4	81	22,5	22,5	41,7
		5	73	20,3	20,3	61,9
		6	57	15,8	15,8	77,8
		7	36	10,0	10,0	87,8
		8	26	7,2	7,2	95,0
		9	14	3,9	3,9	98,9
		10	1,3		,3	99,2
		11	3,8		,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	2	4	1,1	1,1	1,1
		3	76	21,1	21,1	22,2
		4	74	20,6	20,6	42,8
		5	83	23,1	23,1	65,8
		6	55	15,3	15,3	81,1
		7	25	6,9	6,9	88,1
		8	29	8,1	8,1	96,1
		9	7	1,9	1,9	98,1
		10	6	1,7	1,7	99,7
		11	1,3		,3	100,0
		Total	360	100,0	100,0	

Q4a. What is your *ubudehe* category according to the participatory poverty assessment as defined by MINALOC?

Frequencies

[DataSet1]

Statistics

Q04

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

Q04

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Those in abject poverty	33	9,2	9,2	9,2
		The very poor	82	22,8	22,8	31,9
		The poor	243	67,5	67,5	99,4
		The resourceful poor	2,6	,6		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	Those in abject poverty	32	8,9	8,9	8,9
		The very poor	83	23,1	23,1	31,9
		The poor	241	66,9	66,9	98,9
		The resourceful poor	4	1,1	1,1	100,0
		Total	360	100,0	100,0	

Q4b. If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household.

If there is debate, use the category assigned by MINALOC.

Frequencies

[DataSet1]

Statistics

Q4b

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

Q4b

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	58	16,1	16,1	16,1
		Yes	302	83,9	83,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	61	16,9	16,9	16,9
		Yes	299	83,1	83,1	100,0
		Total	360	100,0	100,0	

Q4c. Are you using health insurance? Member card seen by interviewer

Frequencies

[DataSet1]

Statistics

If yes: Can I see your member card?

Kigeme	N	Valid	302
		Missing	0
Kaduha	N	Valid	299
		Missing	0

If yes: Can I see your member card?

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No card	26	8,6	8,6	8,6
		Card available	276	91,4	91,4	100,0
		Total	302	100,0	100,0	
Kaduha	Valid	No card	6	2,0	2,0	2,0
		Card available	293	98,0	98,0	100,0
		Total	299	100,0	100,0	

Q5. How long should you wait after the birth of your child before you try to become pregnant again?

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.

FREQUENCIES VARIABLES=q05

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Q5. How long should you wait after the birth of your child before you try to become pregnant again?

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	LESS THAN 2 YEARS	5	1,4	1,4	1,4
		2 TO 5 YEARS	88	24,4	24,4	25,8
		MORE THAN 5 YEARS	164	45,6	45,6	71,4
		I WII NEVER GET PREGNANT	94	26,1	26,1	97,5
		DON'T KNOW	9	2,5	2,5	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	LESS THAN 2 YEARS	5	1,4	1,4	1,4
		2 TO 5 YEARS	95	26,6	26,6	28,0
		MORE THAN 5 YEARS	134	37,5	37,5	65,5
		I WII NEVER GET PREGNANT	114	31,9	31,9	97,5
		DON'T KNOW	9	2,5	2,5	100,0
		Total	357	100,0	100,0	

Q6. What are the risks of getting pregnant too soon after the birth of a child?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=Q06A Q06B Q06C Q06D Q06E Q06X

/ORDER=ANALYSIS.

Frequencies

FREQUENCIES VARIABLES=Q06A Q06B Q06C Q06D Q06E Q06X

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

HospitalCatchment	BABY BORN TOO SMALL	BABY BORN TOO EARLY	MOTHER CAN DIE	MOTHER CAN HAVE MISCARRIAGE	MOTHER CAN SUFFER ANEMIA	OTHER

Kigeme	N	Valid	360	360	360	360	360	360
		Missing	0	0	0	0	0	0
Kaduha	N	Valid	360	360	360	360	360	360
		Missing	0	0	0	0	0	0

Frequency Table

BABY BORN TOO SMALL

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	249	69,2	69,2	69,2
		Yes	111	30,8	30,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	215	59,7	59,7	59,7
		Yes	145	40,3	40,3	100,0
		Total	360	100,0	100,0	

BABY BORN TOO EARLY

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	312	86,7	86,7	86,7
		Yes	48	13,3	13,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	262	72,8	72,8	72,8
		Yes	98	27,2	27,2	100,0
		Total	360	100,0	100,0	

MOTHER CAN DIE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	264	73,3	73,3	73,3
		Yes	96	26,7	26,7	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	219	60,8	60,8	60,8
		Yes	141	39,2	39,2	100,0
		Total	360	100,0	100,0	

MOTHER CAN HAVE MISCARRIAGE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	316	87,8	87,8	87,8
		Yes	44	12,2	12,2	100,0
		Total	360	100,0	100,0	

Kaduha	Valid	No	262	72,8	72,8	72,8
		Yes	98	27,2	27,2	100,0
		Total	360	100,0	100,0	

MOTHER CAN SUFFER ANEMIA

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	306	85,0	85,0	85,0
		Yes	54	15,0	15,0	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	255	70,8	70,8	70,8
		Yes	105	29,2	29,2	100,0
		Total	360	100,0	100,0	

OTHER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	69	19,2	19,2	19,2
		Yes	291	80,8	80,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	143	39,7	39,7	39,7
		Yes	217	60,3	60,3	100,0
		Total	360	100,0	100,0	

Q7. Are you currently doing something or using any method to delay or avoid getting pregnant?

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q07

/ORDER=ANALYSIS.

Frequencies

Statistics

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	62	17,2	17,2	17,2
		Yes	298	82,8	82,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	76	21,3	21,3	21,3
		Yes	281	78,7	78,7	100,0
		Total	357	100,0	100,0	

Q8. Which method are you (or your husband/ partner) using?

FREQUENCIES VARIABLES=q08

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Kigeme	N	Valid	298
		Missing	62
Kaduha	N	Valid	281
		Missing	76

Q8. Which method are you (or your husband/ partner) using?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	PILL	48	13,3	16,1	16,1
		IUD	3	,8	1,0	17,1
		INJECTABLES	178	49,4	59,7	76,8
		IMPLANTS	16	4,4	5,4	82,2
		MALE CONDOM	17	4,7	5,7	87,9
		FEMALE CONDOM	1	,3	,3	88,3
		DIAPHRAGM	2	,6	,7	88,9
		LACTATIONAL METHOD	5	1,4	1,7	90,6
		STANDARD DAYS METHOD/ CYCLEBEADS	14	3,9	4,7	95,3
		RHYTHM METHOD (OTHER THAN STANDARD DAYS)	2	,6	,7	96,0
		WITHDRAWAL	1	,3	,3	96,3
		OTHER	11	3,1	3,7	100,0
		Total	298	82,8	100,0	
	Missing	System	62	17,2		
	Total		360	100,0		

Kaduha	Valid	FEMALE STERILIZATION	2,6	,7	,7
		PILL	53	14,8	18,9
		IUD	3,8		1,1
		INJECTABLES	136	38,1	48,4
		IMPLANTS	20	5,6	7,1
		MALE CONDOM	17	4,8	6,0
		LACTATIONAL METHOD	16	4,5	5,7
		STANDARD DAYS METHOD/ CYCLEBEADS	14	3,9	5,0
		WITHDRAWAL	4	1,1	1,4
		OTHER	16	4,5	5,7
		Total	281	78,7	100,0
	Missing	System	76	21,3	
	Total		357	100,0	

Q9a. During your pregnancy with (Name), did you see anyone for antenatal care?

FREQUENCIES VARIABLES=Q9a

/ORDER=ANALYSIS.

Frequencies

Statistics

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

Q9a. During your pregnancy with (Name), did you see anyone for antenatal care?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	1,1	1,1	1,1
		Yes	356	98,9	98,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	1,3	,3	,3	,3
		Yes	356	99,7	99,7	100,0
		Total	357	100,0	100,0	

Q9b. IF YES: Whom did you see? Anyone else?

Frequency Table

GET

FILE='C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav'.

DATASET NAME DataSet1 WINDOW=FRONT.

USE ALL.

COMPUTE filter_\$(Q9a = 1).

VARIABLE LABEL filter_\$ 'Q9a = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.
 FREQUENCIES VARIABLES=Q9bA Q9bB Q9bC Q9bD Q9bX
 /ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

HospitalCatchment			Q9bA. DOCTOR/MEDICAL ASSISTANT	Q9bB. NURSE	Q9bC.MIDWIFE	Q9bD. TRADITIONAL BIRTH ATTENDANT	Q9bX. OTHER
Kigeme	N	Valid	356	356	356	356	356
		Missing	0	0	0	0	0
Kaduha	N	Valid	356	356	356	356	356
		Missing	0	0	0	0	0

Frequency Table

Q9bA. DOCTOR/MEDICAL ASSISTANT

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	349	98,0	98,0	98,0
		Yes	7	2,0	2,0	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	350	98,3	98,3	98,3
		Yes	6	1,7	1,7	100,0
		Total	356	100,0	100,0	

Q9bB. NURSE

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	1,7	1,7	1,7
		Yes	350	98,3	98,3	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	5	1,4	1,4	1,4
		Yes	351	98,6	98,6	100,0
		Total	356	100,0	100,0	

Q9bC.MIDWIFE

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	351	98,6	98,6	98,6
		Yes	5	1,4	1,4	100,0

Total			356	100,0	100,0	
Kaduha	Valid	No	356	100,0	100,0	100,0

Q9bD. TRADITIONAL BIRTH ATTENDANT

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	356	100,0	100,0	100,0

Q9bX. OTHER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10. During your pregnancy with (Name), where did you receive antenatal care?

FREQUENCIES VARIABLES=Q10A Q10B Q10C Q10D Q10E Q10F Q10G Q10H Q10I Q10J Q10K Q10X
/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment		Q10A	Q10B	Q10C	Q10D	Q10E	Q10F	Q10G	Q10H	Q10I	Q10J	Q10K	Q10X
Kigeme N	Valid	356	356	356	356	356	356	356	356	356	356	356	356
	Missing	0	0	0	0	0	0	0	0	0	0	0	0
Kaduha N	Valid	356	356	356	356	356	356	356	356	356	356	356	356
	Missing	0	0	0	0	0	0	0	0	0	0	0	0

Frequency Table

Q10A YOUR HOME

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10B MIDWIFE/TBA HOME

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10C OTHER HOME

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	355	99,7	99,7	99,7
		Yes	1,3	,3		100,0

Q10A YOUR HOME

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
		Yes				
		Total	356	100,0	100,0	

Q10D HOSPITAL

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	348	97,8	97,8	97,8
		Yes	8	2,2	2,2	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	347	97,5	97,5	97,5
		Yes	9	2,5	2,5	100,0
		Total	356	100,0	100,0	

Q10E HEALTH CENTER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	5	1,4	1,4	1,4
		Yes	351	98,6	98,6	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	6	1,7	1,7	1,7
		Yes	350	98,3	98,3	100,0
		Total	356	100,0	100,0	

Q10F HEALTH POST

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	354	99,4	99,4	99,4
		Yes	2	,6	,6	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10G OUTREACH

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10H OTHER PUBLIC

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	355	99,7	99,7	99,7

	Yes		1,3	,3		100,0
	Total		356	100,0	100,0	
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10I PRIVATE HOSPITAL

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	355	99,7	99,7	99,7
		Yes	1,3	,3		100,0
	Total		356	100,0	100,0	
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10J PRIVATE CLINIC

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	355	99,7	99,7	99,7
		Yes	1,3	,3		100,0
	Total		356	100,0	100,0	
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10K OTHER PRIVATE

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	100,0	100,0	100,0
Kaduha	Valid	No	356	100,0	100,0	100,0

Q10X OTHER

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	354	99,4	99,4	99,4
		Yes	2,6	,6		100,0
	Total		356	100,0	100,0	
Kaduha	Valid	No	355	99,7	99,7	99,7
		Yes	1,3	,3		100,0
	Total		356	100,0	100,0	

Q11. During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care?

Frequencies

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USE ALL.

COMPUTE filter_\$(Q9a = 1and q11 < 88).

VARIABLE LABEL filter_\$(Q9a = 1and q11 < 88 (FILTER)).

VALUE LABELS filter_\$(0 'Not Selected' 1 'Selected').

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q11

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

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Statistics

Q11.During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care?

Kigeme	N	Valid	356
		Missing	0
		Mean	3,38
		Median	3,00
		Std. Deviation	1,048
Kaduha	N	Valid	352
		Missing	0
		Mean	3,49
		Median	3,00
		Std. Deviation	1,075

Q11.During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	5	1,4	1,4	1,4
		2	32	9,0	9,0	10,4
		3	215	60,4	60,4	70,8
		4	58	16,3	16,3	87,1
		5	28	7,9	7,9	94,9
		6	10	2,8	2,8	97,8
		7	8	2,2	2,2	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	1	1,3	,3	,3	
		2	15	4,3	4,3	4,5
		3	227	64,5	64,5	69,0
		4	63	17,9	17,9	86,9
		5	27	7,7	7,7	94,6
		6	8	2,3	2,3	96,9
		7	5	1,4	1,4	98,3

8	6	1,7	1,7	100,0
Total	352	100,0	100,0	

Q12. During your pregnancy with (Name), how many times did you receive antenatal care?/

Frequencies

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Statistics

Kigeme	N	Valid	356
		Missing	0
Kaduha	N	Valid	356
		Missing	0

Q12. During your pregnancy with (Name), how many times did you receive antenatal care?/

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	4	1,1	1,1	1,1
		2	32	9,0	9,0	10,1
		3	103	28,9	28,9	39,0
		4	213	59,8	59,8	98,9
		5	2,6	,6		99,4
		6	2,6	,6		100,0
		Total	356	100,0	100,0	
Kaduha	Valid	1	11	3,1	3,1	3,1
		2	17	4,8	4,8	7,9
		3	116	32,6	32,6	40,4
		4	205	57,6	57,6	98,0
		5	5	1,4	1,4	99,4
		6	1,3	,3		99,7
		9	1,3	,3		100,0
		Total	356	100,0	100,0	

Q13. As part of your antenatal care during this pregnancy, were any of the following done at least once?

FREQUENCIES VARIABLES=q13A q13B q13C q13D

/ORDER=ANALYSIS.

Frequencies

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Statistics

HospitalCatchment			q13A	q13B	q13C	q13D
Kigeme	N	Valid	356	356	356	356

		Missing	0	0	0	0
Kaduha	N	Valid	356	356	356	356
		Missing	0	0	0	0

Frequency Table

q13A HEIGHT

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	43	12,1	12,1	12,1
		Yes	313	87,9	87,9	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	77	21,6	21,6	21,6
		Yes	279	78,4	78,4	100,0
		Total	356	100,0	100,0	

q13B BP

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	8	2,2	2,2	2,2
		Yes	348	97,8	97,8	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	17	4,8	4,8	4,8
		Yes	339	95,2	95,2	100,0
		Total	356	100,0	100,0	

q13C URINE

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	101	28,4	28,4	28,4
		Yes	255	71,6	71,6	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	176	49,4	49,4	49,4
		Yes	180	50,6	50,6	100,0
		Total	356	100,0	100,0	

q13D BLOOD

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	8	2,2	2,2	2,2
		Yes	348	97,8	97,8	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	17	4,8	4,8	4,8
		Yes	339	95,2	95,2	100,0

q13A HEIGHT

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	43	12,1	12,1	12,1
		Yes	313	87,9	87,9	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	77	21,6	21,6	21,6
		Yes	279	78,4	78,4	100,0
		Total	356	100,0	100,0	

Q14. During (any of) your antenatal care visits, were you told about the signs of pregnancy complications?

Frequencies

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Statistics

q14

Kigeme	N	Valid	356
		Missing	0
Kaduha	N	Valid	356
		Missing	0

q14

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	45	12,6	12,6	12,6
		Yes	308	86,5	86,5	99,2
		Don't know	3,8	,8		100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	51	14,3	14,3	14,3
		Yes	305	85,7	85,7	100,0
		Total	356	100,0	100,0	

Q15. Were you told where to go if you had any of these complications?

Frequencies

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USE ALL.

COMPUTE filter_\$=(Q9a = 1 and q14 = 1).

VARIABLE LABEL filter_\$ 'Q9a = 1 and q14 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q15

/ORDER=ANALYSIS.

Frequencies

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Statistics

q15

Kigeme	N	Valid	308
		Missing	0
Kaduha	N	Valid	305
		Missing	0

q15

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	3	1,0	1,0	1,0
		Yes	305	99,0	99,0	100,0
		Total	308	100,0	100,0	
Kaduha	Valid	No	4	1,3	1,3	1,3
		Yes	301	98,7	98,7	100,0
		Total	305	100,0	100,0	

Q16. During pregnancy, woman may encounter severe problems or illnesses and should go or be taken immediately to a health facility.

Frequencies

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Statistics

HospitalCatchment			Q16A	Q16B	Q16C	Q16D	Q16E	Q16F	Q16G	Q16H	Q16I	Q16X
Kigeme	N	Valid	360	360	360	360	360	360	360	360	360	360
		Missing	0	0	0	0	0	0	0	0	0	0
Kaduha	N	Valid	360	360	360	360	360	360	360	360	360	360
		Missing	0	0	0	0	0	0	0	0	0	0

Frequency Table

Q16AVAGINAL BLEEDING

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	69	19,2	19,2	19,2
		Yes	291	80,8	80,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	68	18,9	18,9	18,9
		Yes	292	81,1	81,1	100,0
		Total	360	100,0	100,0	

Q16B FAST/DIFFICULT BREATHING

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	335	93,1	93,1	93,1
		Yes	25	6,9	6,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	319	88,6	88,6	88,6
		Yes	41	11,4	11,4	100,0
		Total	360	100,0	100,0	

Q16C FEVER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	226	62,8	62,8	62,8
		Yes	134	37,2	37,2	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	172	47,8	47,8	47,8
		Yes	188	52,2	52,2	100,0
		Total	360	100,0	100,0	

Q16D SEVERE ABDOMINAL PAIN

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	175	48,6	48,6	48,6
		Yes	185	51,4	51,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	153	42,5	42,5	42,5
		Yes	207	57,5	57,5	100,0
		Total	360	100,0	100,0	

Q16E HEADACHE/BLURRED VISION

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	263	73,1	73,1	73,1
		Yes	97	26,9	26,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	267	74,2	74,2	74,2
		Yes	93	25,8	25,8	100,0
		Total	360	100,0	100,0	

Q16F CONVULSIONS

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	343	95,3	95,3	95,3

	Yes	17	4,7	4,7	100,0
	Total	360	100,0	100,0	
Kaduha	Valid	No	325	90,3	90,3
	Yes	35	9,7	9,7	100,0
	Total	360	100,0	100,0	

Q16G FOUL SMELLING DISCHARGE/FLUID FROM VAGINA

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	311	86,4	86,4	86,4
		Yes	49	13,6	13,6	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	275	76,4	76,4	76,4
		Yes	85	23,6	23,6	100,0
		Total	360	100,0	100,0	

Q16H BABY STOPS MOVING

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	276	76,7	76,7	76,7
		Yes	84	23,3	23,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	261	72,5	72,5	72,5
		Yes	99	27,5	27,5	100,0
		Total	360	100,0	100,0	

Q16I LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	330	91,7	91,7	91,7
		Yes	30	8,3	8,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	312	86,7	86,7	86,7
		Yes	48	13,3	13,3	100,0
		Total	360	100,0	100,0	

Q16X

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	276	76,7	76,7	76,7
		Yes	84	23,3	23,3	100,0
		Total	360	100,0	100,0	

Kaduha	Valid	No	300	83,3	83,3	83,3
		Yes	60	16,7	16,7	100,0
	Total		360	100,0	100,0	

Q17. During your pregnancy with (Name of the child) did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q17

/ORDER=ANALYSIS.

Frequencies

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Statistics

q17

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q17

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	64	17,8	17,8	17,8
		Yes	294	81,7	81,7	99,4
		Don't know	2,6	,6		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	70	19,6	19,6	19,6
		Yes	286	80,1	80,1	99,7
		Don't know	1,3	,3		100,0
		Total	357	100,0	100,0	

Q18. While pregnant with (name of the child), how many times did you receive such an injection?

USE ALL.

COMPUTE filter_\$=(q17 = 1).

VARIABLE LABEL filter_\$ 'q17 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q18

/ORDER=ANALYSIS.

Frequencies

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Statistics

q18

Kigeme	N	Valid	294
		Missing	0
Kaduha	N	Valid	286
		Missing	0

q18

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	One	182	61,9	61,9	61,9
		Two	89	30,3	30,3	92,2
		Three or more	22	7,5	7,5	99,7
		Don't know	1,3	,3	,3	100,0
		Total	294	100,0	100,0	
Kaduha	Valid	One	190	66,4	66,4	66,4
		Two	84	29,4	29,4	95,8
		Three or more	10	3,5	3,5	99,3
		Don't know	2,7	,7	,7	100,0
		Total	286	100,0	100,0	

Q19. Did you receive any tetanus toxoid injection at any time before that pregnancy, including during a previous pregnancy or between pregnancies?

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q19

/ORDER=ANALYSIS.

Frequencies

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Statistics

q19

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q19

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	138	38,3	38,3	38,3
		Yes	222	61,7	61,7	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	127	35,6	35,6	35,6
		Yes	230	64,4	64,4	100,0
		Total	357	100,0	100,0	

Q20. Before the pregnancy with (Name of the child), how many times did you receive a tetanus injection?

USE ALL.

COMPUTE filter_\$=(q19 = 1).

VARIABLE LABEL filter_\$ 'q19 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q20

/ORDER=ANALYSIS.

Frequencies

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Statistics

q20

Kigeme	N	Valid	222
		Missing	0
Kaduha	N	Valid	230
		Missing	0

q20

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	One	57	25,7	25,7	25,7
		Two	84	37,8	37,8	63,5
		Three or more	79	35,6	35,6	99,1
		Don't know	2,9	,9		100,0

		<i>Total</i>	222	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>One</i>	65	28,3	28,3	28,3
		<i>Two</i>	71	30,9	30,9	59,1
		<i>Three or more</i>	92	40,0	40,0	99,1
		<i>Don't know</i>	2,9	,9		100,0
		<i>Total</i>	230	100,0	100,0	

Q21. If biological mother (i15) ask: During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup?

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q21

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q21

<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	360
		<i>Missing</i>	0
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	357
		<i>Missing</i>	0

q21

<i>HospitalCatchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	38	10,6	10,6	10,6
		<i>Yes</i>	322	89,4	89,4	100,0
		<i>Total</i>	360	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	61	17,1	17,1	17,1

Yes	296	82,9	82,9	100,0
Total	357	100,0	100,0	

Q22. During the whole pregnancy, for how many days did you take the tablets/syrup?

USE ALL.

COMPUTE filter_\$=(q21 = 1).

VARIABLE LABEL filter_\$ 'q21 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q22

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

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Statistics

q22

Kigeme	N	Valid	322
		Missing	0
	Mean		57,05
	Median		60,00
	Std. Deviation		33,784
Kaduha	N	Valid	296
		Missing	0
	Mean		51,50
	Median		40,00
	Std. Deviation		28,291

q22

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	4	1,2	1,2	1,2
		2	5	1,6	1,6	2,8
		3	5	1,6	1,6	4,3

		4	4	1,2	1,2	5,6
		5	2,6	,6		6,2
		7	6	1,9	1,9	8,1
		10	1,3	,3		8,4
		14	1,3	,3		8,7
		15	4	1,2	1,2	9,9
		20	1,3	,3		10,2
		24	1,3	,3		10,6
		27	1,3	,3		10,9
		30	103	32,0	32,0	42,9
		32	1,3	,3		43,2
		35	1,3	,3		43,5
		40	2,6	,6		44,1
		45	4	1,2	1,2	45,3
		50	1,3	,3		45,7
		60	64	19,9	19,9	65,5
		87	1,3	,3		65,8
		88	1,3	,3		66,1
		90	81	25,2	25,2	91,3
		95	1,3	,3		91,6
		120	26	8,1	8,1	99,7
		130	1,3	,3		100,0
		Total	322	100,0	100,0	
Kaduha	Valid	1	1,3	,3	,3	
		7	4	1,4	1,4	1,7
		12	2,7	,7		2,4
		14	2,7	,7		3,0
		15	3	1,0	1,0	4,1
		20	2,7	,7		4,7
		25	1,3	,3		5,1
		30	130	43,9	43,9	49,0
		32	1,3	,3		49,3
		36	1,3	,3		49,7
		40	4	1,4	1,4	51,0
		42	2,7	,7		51,7
		45	1,3	,3		52,0
		56	1,3	,3		52,4

60	74	25,0	25,0	77,4
70	2,7	,7		78,0
90	60	20,3	20,3	98,3
100	1,3	,3		98,6
120	1,3	,3		99,0
180	3	1,0	1,0	100,0
Total	296	100,0	100,0	

Q23. Who assisted with the delivery of (Name)?

Frequency Table

FREQUENCIES VARIABLES=Q23A Q23B Q23C Q23D Q23E Q23F Q23G Q23H Q23I Q23J Q23Z

/ORDER=ANALYSIS.

Frequencies

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Statistics

HospitalCatchment		Q23A	Q23B	Q23C	Q23D	Q23E	Q23F	Q23G	Q23H	Q23I	Q23J	Q23Z
Kigeme N	Valid	360	360	360	360	360	360	360	360	360	360	360
	Missing	0	0	0	0	0	0	0	0	0	0	0
Kaduha N	Valid	357	357	357	357	357	357	357	357	357	357	357
	Missing	0	0	0	0	0	0	0	0	0	0	0

Frequency Table

Q23A DOCTOR

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	286	79,4	79,4	79,4
		Yes	74	20,6	20,6	100,0
	Total		360	100,0	100,0	
Kaduha	Valid	No	303	84,9	84,9	84,9
		Yes	54	15,1	15,1	100,0
	Total		357	100,0	100,0	

Q23B NURSE

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	90	25,0	25,0	25,0
		Yes	270	75,0	75,0	100,0
	Total		360	100,0	100,0	
Kaduha	Valid	No	80	22,4	22,4	22,4

Yes	277	77,6	77,6	100,0
Total	357	100,0	100,0	

Q23C MIDWIFE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	334	92,8	92,8	92,8
		Yes	26	7,2	7,2	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	348	97,5	97,5	97,5
		Yes	9	2,5	2,5	100,0
		Total	357	100,0	100,0	

Q23D AUXILIARY MIDWIFE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	356	98,9	98,9	98,9
		Yes	4	1,1	1,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	357	100,0	100,0	100,0

Q23E OTHER HEALTH STAFF W/ MIDWIFERY SKILLS

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	357	100,0	100,0	100,0

Q23F TRAINED TRADITIONAL BIRTH ATTENDANT

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	356	99,7	99,7	99,7
		Yes	1,3	,3		100,0
		Total	357	100,0	100,0	

Q23G TRAINED COMMUNITY HEALTH WORKER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	358	99,4	99,4	99,4
		Yes	2,6	,6		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	355	99,4	99,4	99,4
		Yes	2,6	,6		100,0
		Total	357	100,0	100,0	

Q23H RADITIONAL BIRTH ATTENDANT

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	357	100,0	100,0	100,0

Q23I COMMUNITY HEALTH WORKER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	356	99,7	99,7	99,7
		Yes	1,3	,3		100,0
		Total	357	100,0	100,0	

Q23J RELATIVE/FRIEND

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	357	99,2	99,2	99,2
		Yes	3,8	,8		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	353	98,9	98,9	98,9
		Yes	4	1,1	1,1	100,0
		Total	357	100,0	100,0	

Q23Y NO ONE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	354	98,3	98,3	98,3
		Yes	6	1,7	1,7	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	339	95,0	95,0	95,0
		Yes	18	5,0	5,0	100,0
		Total	357	100,0	100,0	

Q24. Was (NAME) dried (wiped) immediately after birth before the placenta was delivered?

Frequencies

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q24

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q24

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q24

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	2,6	,6	,6	,6
		Yes	358	99,4	99,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	8	2,2	2,2	2,2
		Yes	347	97,2	97,2	99,4
		Don't know	2,6	,6		100,0
		Total	357	100,0	100,0	

Q25. Was (NAME) wrapped in a warm cloth or blanket immediately after birth before the placenta was delivered?

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SAVE OUTFILE='C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav' /COMPRESSED.

FREQUENCIES VARIABLES=q25

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q25

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q25

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	3,8	,8	,8	,8
		Yes	355	98,6	98,6	99,4
		Don't know	2,6	,6	,6	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	17	4,8	4,8	4,8
		Yes	338	94,7	94,7	99,4
		Don't know	2,6	,6	,6	100,0
		Total	357	100,0	100,0	

Q26. After (Name) was born, did any health care provider or traditional birth attendant check on (Name's) health?

FREQUENCIES VARIABLES=q26

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q26

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q26

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	360	100,0	100,0	100,0
Kaduha	Valid	No	6	1,7	1,7	1,7
		Yes	351	98,3	98,3	100,0
	Total		357	100,0	100,0	

Q27. How many hours, days or weeks after the birth of (Name) did the first check take place?

CROSSTABS

/TABLES=q27u BY Q27n

/FORMAT=AVALUE TABLES

/CELLS=COUNT

/COUNT ROUND CELL.

Crosstabs

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Case Processing Summary

HospitalCatchment	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent

Additional and Replacement Documentation

Kigeme	q27u * Q27n	360	100,0%	0,0%	360	100,0%
Kaduha	q27u * Q27n	351	100,0%	0,0%	351	100,0%

q27u * Q27n Crosstabulation

Count

HospitalCatchment			Q27n							Total
			0	1	2	3	4	6	9	
Kigeme	q27u	Hours	308	34	8	3		2	1	356
		Days	0	3	1	0		0	0	4
	Total		308	37	9	3		2	1	360
Kaduha	q27u	Hours	326	12	3	3	1	1		346
		Days	0	1	2	1	0	0		4
	Weeks		0	0	1	0	0	0		1
	Total		326	13	6	4	1	1		351

Q28. Who checked on (Name's) health at that time?

USE ALL.

COMPUTE filter_\$=(q26 = 1).

VARIABLE LABEL filter_\$ 'q26 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q28A Q28B Q28C Q28D Q28E Q28F Q28G Q28H Q28I Q28J Q28Y
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

HospitalCatchment		Q28A	Q28B	Q28C	Q28D	Q28E	Q28F	Q28G	Q28H	Q28I	Q28J	Q28Y
Kigeme	Valid	360	360	360	360	360	360	360	360	360	360	360
	Missing	0	0	0	0	0	0	0	0	0	0	0
Kaduha	Valid	351	351	351	351	351	351	351	351	351	351	351
	Missing	0	0	0	0	0	0	0	0	0	0	0

Frequency Table

Q28A DOCTOR

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	302	83,9	83,9	83,9
		Yes	58	16,1	16,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	313	89,2	89,2	89,2
		Yes	38	10,8	10,8	100,0
		Total	351	100,0	100,0	

Q28B NURSE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	74	20,6	20,6	20,6
		Yes	286	79,4	79,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	35	10,0	10,0	10,0
		Yes	316	90,0	90,0	100,0
		Total	351	100,0	100,0	

Q28C MIDWIFE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	338	93,9	93,9	93,9
		Yes	22	6,1	6,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	348	99,1	99,1	99,1
		Yes	3,9	,9	,9	100,0
		Total	351	100,0	100,0	

Q28D AUXILIARY MIDWIFE

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	355	98,6	98,6	98,6
		Yes	5	1,4	1,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	350	99,7	99,7	99,7
		Yes	1,3	,3	,3	100,0
		Total	351	100,0	100,0	

Q28E OTHER HEALTH STAFF WITH MIDWIFERY SKILLS

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	351	100,0	100,0	100,0

Q28F TRAINED TRADITIONAL BIRTH ATTENDANT

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	359	99,7	99,7	99,7
		Yes	1,3	,3	,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	350	99,7	99,7	99,7

Yes	1,3	,3	100,0
Total	351	100,0	100,0

Q28G TRAINED COMMUNITY HEALTH WORKER

HospitalCatchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	351	97,5	97,5	97,5
Yes	9	2,5	2,5	100,0
Total	360	100,0	100,0	
Kaduha Valid No	346	98,6	98,6	98,6
Yes	5	1,4	1,4	100,0
Total	351	100,0	100,0	

Q28H TRADITIONAL BIRTH ATTENDANT

HospitalCatchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	360	100,0	100,0	100,0
Kaduha Valid No	351	100,0	100,0	100,0

Q28I COMMUNITY HEALTH WORKER

HospitalCatchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	360	100,0	100,0	100,0
Kaduha Valid No	351	100,0	100,0	100,0

Q28J RELATIVE/FRIEND

HospitalCatchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	360	100,0	100,0	100,0
Kaduha Valid No	351	100,0	100,0	100,0

Q28Y NO ONE

HospitalCatchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	359	99,7	99,7	99,7
Yes	1,3	,3		100,0
Total	360	100,0	100,0	
Kaduha Valid No	350	99,7	99,7	99,7
Yes	1,3	,3		100,0
Total	351	100,0	100,0	

Q29. Did you ever breastfeed (NAME)?

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

Additional and Replacement Documentation

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q29

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q29

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q29

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	1,1	1,1	1,1
		Yes	356	98,9	98,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	1,3	,3	,3	,3
		Yes	356	99,7	99,7	100,0
		Total	357	100,0	100,0	

Q30. How long after birth did you first put (NAME) to the breast?

USE ALL.

COMPUTE filter_\$=(q29 = 1).

VARIABLE LABEL filter_\$ 'q29 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

CROSSTABS

/TABLES=q30u BY q30n

/FORMAT=AVALUE TABLES

/CELLS=COUNT ROW

/COUNT ROUND CELL.

Case Processing Summary

HospitalCatchment		Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Kigeme	q30u * q30n	356	100,0%	0	,0%	356	100,0%
Kaduha	q30u * q30n	356	100,0%	0	,0%	356	100,0%

q30u * q30n Crosstabulation

HospitalCatchment		q30n												Total
		0	1	2	3	4	5	6	7	8	15	18	20	
Kigeme	q30u Less Count	312	0	0	0	0	0	0	0					312

	than 1 hour	% within q30u	100,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%					100,0%
	Hours	Count	0	20	7	5	2	3	2	0					39
		% within q30u	,0%	51,3%	17,9%	12,8%	5,1%	7,7%	5,1%	,0%					100,0%
	Days	Count	0	1	3	0	0	0	0	1					5
		% within q30u	,0%	20,0%	60,0%	,0%	,0%	,0%	,0%	20,0%					100,0%
	Total	Count	312	21	10	5	2	3	2	1					356
		% within q30u	87,6%	5,9%	2,8%	1,4%	,6%	,8%	,6%	,3%					100,0%
Kaduha q30u	Less than 1 hour	Count	296	0	0	0	0	0	0	0	0	0	0	0	296
		% within q30u	100,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	100,0%
	Hours	Count	0	23	14	11	2	1	1	1	1	1	1	1	57
		% within q30u	,0%	40,4%	24,6%	19,3%	3,5%	1,8%	1,8%	1,8%	1,8%	1,8%	1,8%	1,8%	100,0%
	Days	Count	0	1	1	1	0	0	0	0	0	0	0	0	3
		% within q30u	,0%	33,3%	33,3%	33,3%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	,0%	100,0%
	Total	Count	296	24	15	12	2	1	1	1	1	1	1	1	356
		% within q30u	83,1%	6,7%	4,2%	3,4%	,6%	,3%	,3%	,3%	,3%	,3%	,3%	,3%	100,0%

Q31. During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

USE ALL.

COMPUTE filter_\$=(q29 = 1).

VARIABLE LABEL filter_\$ 'q29 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q31

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q31

Kigeme	N	Valid	356

		Missing	0
Kaduha	N	Valid	356
		Missing	0

q31

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Non	4	1,1	1,1	1,1
		Yes	352	98,9	98,9	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	Non	1,3	,3	,3	,3
		Yes	355	99,7	99,7	100,0
		Total	356	100,0	100,0	

Q32. During the first three days after delivery, was (NAME) given anything to drink other than breast milk?

FREQUENCIES VARIABLES=q32

/ORDER=ANALYSIS.

Frequencies

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Statistics

q32

Kigeme	N	Valid	356
		Missing	0
Kaduha	N	Valid	356
		Missing	0

q32

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	350	98,3	98,3	98,3
		Yes	6	1,7	1,7	100,0
		Total	356	100,0	100,0	
Kaduha	Valid	No	355	99,7	99,7	99,7
		Yes	1,3	,3	,3	100,0
		Total	356	100,0	100,0	

Q33. What else was (NAME) given to drink during the first three days?

USE ALL.

COMPUTE filter_\$=(q32 = 1).

VARIABLE LABEL filter_\$ 'q32 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q33A Q33B Q33C Q33D Q33E Q33F Q33G Q33H Q33I Q33X

/ORDER=ANALYSIS.

Frequencies

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Statistics

HospitalCatchment		Q33A	Q33B	Q33C	Q33D	Q33E	Q33F	Q33G	Q33H	Q33I	Q33X
Kigeme N	Valid	6	6	6	6	6	6	6	6	6	6
	Missing	0	0	0	0	0	0	0	0	0	0
Kaduha N	Valid	1	1	1	1	1	1	1	1	1	1
	Missing	0	0	0	0	0	0	0	0	0	0

Frequency Table

Q33A MILK (OTHER THAN BREAST MILK)

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	66,7	66,7	66,7
		Yes	2	33,3	33,3	100,0
		Total	6	100,0	100,0	
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33B PLAIN WATER

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	3	50,0	50,0	50,0
		Yes	3	50,0	50,0	100,0
		Total	6	100,0	100,0	
Kaduha	Valid	Yes	1	100,0	100,0	100,0

Q33C SUGAR OR GLUCOSE WATER

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	100,0	100,0	100,0
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33D HOME REMEDY

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	100,0	100,0	100,0
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33E SUGAR-SALT-WATER SOLUTION

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	100,0	100,0	100,0
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33F FRUIT JUCE

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	100,0	100,0	100,0
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33G INFANT FORMULA

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Non	5	83,3	83,3	83,3
		Yes	1	16,7	16,7	100,0
		Total	6	100,0	100,0	
Kaduha	Valid	Non	1	100,0	100,0	100,0

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Q33H TEA

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	100,0	100,0	100,0
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33I HONEY

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	66,7	66,7	66,7
		Yes	2	33,3	33,3	100,0
		Total	6	100,0	100,0	
Kaduha	Valid	No	1	100,0	100,0	100,0

Q33X OTHER

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	6	100,0	100,0	100,0
Kaduha	Valid	No	1	100,0	100,0	100,0

Q34. Was (NAME) breastfed yesterday during the day or at night?

USE ALL.

COMPUTE filter_\$=(q29 = 1).

VARIABLE LABEL filter_\$ 'q29 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q34

/ORDER=ANALYSIS.

Frequencies

Statistics

q34

Kigeme	N	Valid	356
		Missing	0
Kaduha	N	Valid	356
		Missing	0

q34

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	23	6,5	6,5	6,5
		Yes	333	93,5	93,5	100,0

Additional and Replacement Documentation

		<i>Total</i>	356	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	13	3,7	3,7	3,7
		<i>Yes</i>	343	96,3	96,3	100,0
		<i>Total</i>	356	100,0	100,0	

Q35. Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?

USE ALL.

COMPUTE filter_\$=(q34 = 0).

VARIABLE LABEL filter_\$ 'q34 = 0 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q35

/ORDER=ANALYSIS.

Frequencies

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Statistics

q35

<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	23
		<i>Missing</i>	0
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	16
		<i>Missing</i>	0

q35

<i>HospitalCatchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	17	73,9	73,9	73,9
		<i>Yes</i>	6	26,1	26,1	100,0
		<i>Total</i>	23	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	14	87,5	87,5	87,5
		<i>Yes</i>	2	12,5	12,5	100,0
		<i>Total</i>	16	100,0	100,0	

Q36. Now I would like to ask you about some medicines and vitamins that are sometimes given to infants.

Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or night?

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FREQUENCIES VARIABLES=q36

/ORDER=ANALYSIS.

Frequencies

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Statistics

q36

<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	360

		Missing	0
Kaduha	N	Valid	360
		Missing	0

q36

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	327	90,8	90,8	90,8
		Yes	33	9,2	9,2	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	337	93,6	93,6	93,6
		Yes	20	5,6	5,6	99,2
		Don't Know	3,8	,8		100,0
		Total	360	100,0	100,0	

Q37. Was (NAME) given ORS yesterday during the day or at night?

FREQUENCIES VARIABLES=q37

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC DATASET 04222015.sav

Statistics

q37

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q37

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	348	96,7	96,7	96,7
		Yes	12	3,3	3,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	352	97,8	97,8	97,8
		Yes	8	2,2	2,2	100,0
		Total	360	100,0	100,0	

Q38. Did (NAME) drink anything from a bottle with a nipple yesterday or last night?

FREQUENCIES VARIABLES=q38

/ORDER=ANALYSIS.

Frequencies

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Statistics

q38

Kigeme	N	Valid	360
		Missing	0

Kaduha	N	Valid	360
		Missing	0

q38

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	344	95,6	95,6	95,6
		Yes	16	4,4	4,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	347	96,4	96,4	96,4
		Yes	13	3,6	3,6	100,0
		Total	360	100,0	100,0	

Q39. Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM FROM LIST)?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q39a

/ORDER=ANALYSIS.

Frequencies

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Statistics

q39a

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270
		Missing	0

q39a Plain Water

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	228	84,4	84,4	84,4
		Yes	42	15,6	15,6	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	209	77,4	77,4	77,4
		Yes	61	22,6	22,6	100,0
		Total	270	100,0	100,0	

Frequencies

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Statistics

q39b

Kigeme	N	Valid	270

		Missing	0
Kaduha	N	Valid	270
		Missing	0

q39b Infant formula such as Kigozi, Rinda and others?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	266	98,5	98,5	98,5
		Yes	4	1,5	1,5	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	265	98,1	98,1	98,1
		Yes	5	1,9	1,9	100,0
		Total	270	100,0	100,0	

Statistics

q39b2 Infant formula such as Kigozi, Rinda and others? Times

Kigeme	N	Valid	4
		Missing	0
		Mean	2,00
		Median	2,00
		Std. Deviation	,816
Kaduha	N	Valid	5
		Missing	0
		Mean	2,80
		Median	2,00
		Std. Deviation	1,095

q39b2 Infant formula such as Kigozi, Rinda and others? Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Once	1	25,0	25,0	25,0
		Two times	2	50,0	50,0	75,0
		Three times	1	25,0	25,0	100,0
		Total	4	100,0	100,0	
Kaduha	Valid	Two times	3	60,0	60,0	60,0
		Four times	2	40,0	40,0	100,0
		Total	5	100,0	100,0	

Statistics

q39c

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270

Statistics

q39b

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270
		Missing	0

q39c Milk such as tinned, powdered or fresh animal milk?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	231	85,6	85,6	85,6
		Yes	39	14,4	14,4	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	222	82,2	82,2	82,2
		Yes	48	17,8	17,8	100,0
		Total	270	100,0	100,0	

Statistics

q39c3

Kigeme	N	Valid	39
		Missing	0
		Mean	2,54
		Median	3,00
		Std. Deviation	1,295
Kaduha	N	Valid	48
		Missing	0
		Mean	2,58
		Median	2,50
		Std. Deviation	1,088

q39c3 Milk such as tinned, powdered or fresh animal milk? TIMES

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Once	10	25,6	25,6	25,6
		Twice	9	23,1	23,1	48,7
		Three times	13	33,3	33,3	82,1
		Four times	5	12,8	12,8	94,9
		Six times	2	5,1	5,1	100,0
		Total	39	100,0	100,0	
Kaduha	Valid	Once	7	14,6	14,6	14,6
		Twice	17	35,4	35,4	50,0
		Three times	16	33,3	33,3	83,3

Four times	6	12,5	12,5	95,8
Five times	1	2,1	2,1	97,9
Six times	1	2,1	2,1	100,0
Total	48	100,0	100,0	

q39d Juice or juice drinks?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	260	96,3	96,3	96,3
		Yes	10	3,7	3,7	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	255	94,4	94,4	94,4
		Yes	15	5,6	5,6	100,0
		Total	270	100,0	100,0	

q39e Clear broth?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	226	83,7	83,7	83,7
		Yes	44	16,3	16,3	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	211	78,1	78,1	78,1
		Yes	59	21,9	21,9	100,0
		Total	270	100,0	100,0	

q39f Yogurt?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	266	98,5	98,5	98,5
		Yes	4	1,5	1,5	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	267	98,9	98,9	98,9
		Yes	3	1,1	1,1	100,0
		Total	270	100,0	100,0	

q39f3 Yogurt? Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	3	2	50,0	50,0	50,0
		4	2	50,0	50,0	100,0
		Total	4	100,0	100,0	
Kaduha	Valid	2	1	33,3	33,3	33,3
		3	2	66,7	66,7	100,0
		Total	3	100,0	100,0	

q39g Thin porridge?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	No	94	34,8	34,8	34,8
		Yes	176	65,2	65,2	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	168	62,2	62,2	62,2
		Yes	102	37,8	37,8	100,0
		Total	270	100,0	100,0	

q39h Any other water-based liquids such as (insert local) sorghum juice?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	245	90,7	90,7	90,7
		Yes	25	9,3	9,3	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	250	92,6	92,6	92,6
		Yes	20	7,4	7,4	100,0
		Total	270	100,0	100,0	

q39i Any other liquids?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	256	94,8	94,8	94,8
		Yes	14	5,2	5,2	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	260	96,3	96,3	96,3
		Yes	10	3,7	3,7	100,0
		Total	270	100,0	100,0	

Q41. Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.

q41a. Thicker porridge, bread, rice, noodles, or other foods made from grains

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	212	58,9	58,9	58,9
		Yes	148	41,1	41,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	158	43,9	43,9	43,9
		Yes	202	56,1	56,1	100,0
		Total	360	100,0	100,0	

q41b. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	296	82,2	82,2	82,2
		Yes	64	17,8	17,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	264	73,3	73,3	73,3
		Yes	96	26,7	26,7	100,0

q41a. Thicker porridge, bread, rice, noodles, or other foods made from grains

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	212	58,9	58,9	58,9
		Yes	148	41,1	41,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	158	43,9	43,9	43,9
		Yes	202	56,1	56,1	100,0
		Total	360	100,0	100,0	

q41c. White potatoes, white yams, cassava, or any other foods made from roots

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	227	63,1	63,1	63,1
		Yes	133	36,9	36,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	187	51,9	51,9	51,9
		Yes	173	48,1	48,1	100,0
		Total	360	100,0	100,0	

q41d. Any dark or green leafy vegetables

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	189	52,5	52,5	52,5
		Yes	171	47,5	47,5	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	144	40,0	40,0	40,0
		Yes	216	60,0	60,0	100,0
		Total	360	100,0	100,0	

q41e. Ripe mangoes, ripe papayas or ripe guava

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	329	91,4	91,4	91,4
		Yes	31	8,6	8,6	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	325	90,3	90,3	90,3
		Yes	34	9,4	9,4	99,7
		8	1,3	,3		100,0
		Total	360	100,0	100,0	

q41f. Any other fruits or vegetables (such as avocado)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	301	83,6	83,6	83,6
		Yes	59	16,4	16,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	257	71,4	71,4	71,4
		Yes	103	28,6	28,6	100,0
		Total	360	100,0	100,0	

q41g. Liver, kidney, heart or other organ meats

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	358	99,4	99,4	99,4
		Yes	2,6	,6		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	359	99,7	99,7	99,7
		Yes	1,3	,3		100,0
		Total	360	100,0	100,0	

q41h. Any meat, such as beef, pork, lamb, goat, chicken or duck

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	357	99,2	99,2	99,2
		Yes	3,8	,8		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	354	98,3	98,3	98,3
		Yes	6	1,7	1,7	100,0
		Total	360	100,0	100,0	

q41i. Eggs

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	349	96,9	96,9	96,9
		Yes	11	3,1	3,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	334	92,8	92,8	92,8
		Yes	26	7,2	7,2	100,0
		Total	360	100,0	100,0	

q41j. Fresh or dried fish, shellfish or seafood

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	334	92,8	92,8	92,8
		Yes	26	7,2	7,2	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	276	76,7	76,7	76,7
		Yes	84	23,3	23,3	100,0
		Total	360	100,0	100,0	

q41k. Any foods made from beans, peas, lentils, nuts or seeds

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	180	50,0	50,0	50,0
		Yes	180	50,0	50,0	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	157	43,6	43,6	43,6
		Yes	203	56,4	56,4	100,0
		Total	360	100,0	100,0	

q41l. Cheese, yogurt, or other milk products

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0

Kaduha	Valid	No	357	99,2	99,2	99,2
		Yes	3,8	,8		100,0
		Total	360	100,0	100,0	

q41m. Any oil, fats or butter, or foods made with any of these

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	346	96,1	96,1	96,1
		Yes	14	3,9	3,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	350	97,2	97,2	97,2
		Yes	10	2,8	2,8	100,0
		Total	360	100,0	100,0	

q41n. Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	320	88,9	88,9	88,9
		Yes	40	11,1	11,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	309	85,8	85,8	85,8
		Yes	51	14,2	14,2	100,0
		Total	360	100,0	100,0	

q41o. Condiments for flavor, such as chilies, spices, herbs or fish powder

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	326	90,6	90,6	90,6
		Yes	34	9,4	9,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	313	86,9	86,9	86,9
		Yes	47	13,1	13,1	100,0
		Total	360	100,0	100,0	

q41p. Grubs, snails or insects

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	360	100,0	100,0	100,0

q41q. Foods made with red palm oil, red palm nut or red palm nut pulp sauce

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	271	75,3	75,3	75,3
		Yes	89	24,7	24,7	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	214	59,4	59,4	59,4
		Yes	146	40,6	40,6	100,0
		Total	360	100,0	100,0	

q41r. Other foods not recorded on the list

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	317	88,1	88,1	88,1

	Yes	43	11,9	11,9	100,0
	Total	360	100,0	100,0	
Kaduha	Valid	No	353	98,1	98,1
		Yes	7	1,9	100,0
	Total	360	100,0	100,0	

q41s.At least one Yes ?

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	97	26,9	26,9
		Yes	263	73,1	100,0
	Total	360	100,0	100,0	
Kaduha	Valid	No	94	26,1	26,1
		Yes	266	73,9	100,0
	Total	360	100,0	100,0	

Q42. Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?

USE ALL.

COMPUTE filter_\$=(q41s = 0).

VARIABLE LABEL filter_\$ 'q41s = 0 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q42

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q42

Kigeme	N	Valid	97
		Missing	0
Kaduha	N	Valid	94
		Missing	0

q42

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0	97	100,0	100,0
Kaduha	Valid	0	94	100,0	100,0

Q43. How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?

FREQUENCIES VARIABLES=q43

/ORDER=ANALYSIS.

Frequencies

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Statistics

q43

Kigeme	N	Valid	263

Missing			0
Mean			2,71
Median			3,00
Std. Deviation			1,063
Kaduha	N	Valid	266
		Missing	0
	Mean		2,99
	Median		3,00
	Std. Deviation		,998

Q43

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Once	30	11,4	11,4	11,4
		2 times	78	29,7	29,7	41,1
		3 times	114	43,3	43,3	84,4
		4 times	27	10,3	10,3	94,7
		5 times	8	3,0	3,0	97,7
		6 times	5	1,9	1,9	99,6
		7 times	1,4	,4		100,0
		Total	263	100,0	100,0	
Kaduha	Valid	Once	14	5,3	5,3	5,3
		2 times	60	22,6	22,6	27,8
		3 times	128	48,1	48,1	75,9
		4 times	48	18,0	18,0	94,0
		5 times	12	4,5	4,5	98,5
		6 times	3	1,1	1,1	99,6
		8 times	1,4	,4		100,0
		Total	266	100,0	100,0	

Q44. If yes to 41 or 42) At what age did (NAME) begin eating solid, semi-solid, or soft foods?

FREQUENCIES VARIABLES=q44
 /STATISTICS=STDDEV MEAN MEDIAN
 /ORDER=ANALYSIS.

Frequencies

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Statistics

q44

Kigeme	N	Valid	263
		Missing	0
	Mean		6,18
	Median		6,00
	Std. Deviation		1,388
Kaduha	N	Valid	266

Missing	0
Mean	6,03
Median	6,00
Std. Deviation	,713

q44

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid 0 month	5	1,9	1,9	1,9
2 months	3	1,1	1,1	3,0
3 months	3	1,1	1,1	4,2
4 months	7	2,7	2,7	6,8
5 months	8	3,0	3,0	9,9
6 months	157	59,7	59,7	69,6
7 months	50	19,0	19,0	88,6
8 months	21	8,0	8,0	96,6
9 months	8	3,0	3,0	99,6
10 months	1,4	,4		100,0
Total	263	100,0	100,0	
Kaduha Valid 2 months	1,4	,4	,4	,4
3 months	3	1,1	1,1	1,5
4 months	1,4	,4		1,9
5 months	13	4,9	4,9	6,8
6 months	222	83,5	83,5	90,2
7 months	22	8,3	8,3	98,5
8 months	2,8	,8		99,2
9 months	1,4	,4		99,6
12 months	1,4	,4		100,0
Total	266	100,0	100,0	

Q44a. (If yes to 41 or 42) Does (NAME) eat from his/her own separate bowl/cup?

FREQUENCIES VARIABLES=q44aBowl
 /STATISTICS=STDDEV MEAN MEDIAN
 /ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q44aBowl

Kigeme	N	Valid	263
		Missing	0
	Mean		,88
	Median		1,00
	Std. Deviation		,323
Kaduha	N	Valid	266
		Missing	0
	Mean		,94

Median	1,00
Std. Deviation	,245

q44aBowl

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0			
		31	11,8	11,8	11,8
	1	232	88,2	88,2	100,0
	Total	263	100,0	100,0	
Kaduha	Valid	0			
		17	6,4	6,4	6,4
	1	249	93,6	93,6	100,0
	Total	266	100,0	100,0	

Q45. Are you or someone in your family helping (NAME) eat? (ie. physically feeding them

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.

FREQUENCIES VARIABLES=q45

/ORDER=ANALYSIS.

EXECUTE.

EXECUTE.

FREQUENCIES VARIABLES=q45

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q45

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270
		Missing	0

q45

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	11	4,1	4,1
		Yes	259	95,9	95,9
	Total	270	100,0	100,0	
Kaduha	Valid	No	1,4	,4	,4
		Yes	269	99,6	99,6
	Total	270	100,0	100,0	

Q46. IF NO: At what age did (NAME) start eating by himself/herself?

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

SORT CASES BY Hospital/Catchment.

SPLIT FILE LAYERED BY Hospital/Catchment.

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6 and q41s = 1 and q45 = 0).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 and q41s = 1 and q45 = 0 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.
EXECUTE.
FREQUENCIES VARIABLES=q46
/STATISTICS=STDDEV MEAN MEDIAN
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q46

Kigeme	N	Valid	5
		Missing	0
	Mean		12,40
	Median		14,00
	Std. Deviation		2,608

q46

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	8months	1	20,0	20,0	20,0
		12 months	1	20,0	20,0	40,0
		14 months	3	60,0	60,0	100,0
		Total	5	100,0	100,0	

Q46b. Do you encourage (NAME) to eat/feed (including when you breastfeed)?

USE ALL.

COMPUTE filter_\$(CalcAgeChild >= 6 and q41s = 1).

VARIABLE LABEL filter_\$(CalcAgeChild >= 6 and q41s = 1 (FILTER)).

VALUE LABELS filter_\$(0 'Not Selected' 1 'Selected').

FORMAT filter_\$(f1.0).

FILTER BY filter_\$(.

EXECUTE.

FREQUENCIES VARIABLES=q46b_Encourage

/ORDER=ANALYSIS.

Frequencies

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Statistics

q46b_Encourage

Kigeme	N	Valid	256
		Missing	0
Kaduha	N	Valid	265
		Missing	0

q46b_Encourage

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	10	3,9	3,9	3,9
		Yes	246	96,1	96,1	100,0
		Total	256	100,0	100,0	
Kaduha	Valid	No	4	1,5	1,5	1,5
		Yes	261	98,5	98,5	100,0

Statistics

q46b_Encourage

Kigeme	N	Valid	256			
		Missing	0			
Kaduha	N	Valid	265			
		Total	265	100,0	100,0	

Q47. Has (NAME) ever received a vitamin A dose (like this/any of these)?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.

FREQUENCIES VARIABLES=q47

/ORDER=ANALYSIS.

EXECUTE.

FREQUENCIES VARIABLES=q47

/ORDER=ANALYSIS.

Frequencies

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Statistics

q47

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270
		Missing	0

q47

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	94	34,8	34,8	34,8
		Yes	176	65,2	65,2	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	80	29,6	29,6	29,6
		Yes	190	70,4	70,4	100,0
		Total	270	100,0	100,0	

Q48. If Yes, did (NAME) receive a vitamin A dose within the last 6 months?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6 and q47 = 1).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 and q47 = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.

FREQUENCIES VARIABLES=q48

/ORDER=ANALYSIS.

EXECUTE.

FREQUENCIES VARIABLES=q48

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q48

Kigeme	N	Valid	176
		Missing	0

Kaduha	N	Valid	190
		Missing	0

q48

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	15	8,5	8,5	8,5
		Yes	161	91,5	91,5	100,0
		Total	176	100,0	100,0	
Kaduha	Valid	No	12	6,3	6,3	6,3
		Yes	178	93,7	93,7	100,0
		Total	190	100,0	100,0	

Q49. Has (NAME) taken any drug for intestinal worms in the past 6 months?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q49

/ORDER=ANALYSIS.

Frequencies

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Statistics

q49

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270
		Missing	0

q49

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	190	70,4	70,4	70,4
		Yes	80	29,6	29,6	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	180	66,7	66,7	66,7
		Yes	88	32,6	32,6	99,3
		Don't know	2,7	,7	,7	100,0
		Total	270	100,0	100,0	

Q49a. Has (NAME) ever received any MNP packets, like these?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q49a

/ORDER=ANALYSIS.

Frequencies

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Statistics

Q49a

Kigeme	N	Valid	270
		Missing	0
Kaduha	N	Valid	270
		Missing	0

Q49a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	77	28,5	28,5	28,5
		Yes	193	71,5	71,5	100,0
		Total	270	100,0	100,0	
Kaduha	Valid	No	43	15,9	15,9	15,9
		Yes	227	84,1	84,1	100,0
		Total	270	100,0	100,0	

Q49b. If yes, did (NAME) receive it in the last 3 months?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 5 and Q49a = 1).

VARIABLE LABEL filter_\$ ' CalcAgeChild >= 5 and Q49a = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.

FREQUENCIES VARIABLES=Q49b

/ORDER=ANALYSIS.

Frequencies

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Statistics

Q49b

Kigeme	N	Valid	193
		Missing	0
Kaduha	N	Valid	227
		Missing	0

Q49b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	10	5,2	5,2	5,2
		Yes	183	94,8	94,8	100,0
		Total	193	100,0	100,0	
Kaduha	Valid	No	11	4,8	4,8	4,8
		Yes	216	95,2	95,2	100,0
		Total	227	100,0	100,0	

Q50. Sometimes children get sick and need to receive care or treatment for illnesses.

What are the signs of illness that would indicate your child needs treatment?

GET

FILE='C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav'.

DATASET NAME DataSet0 WINDOW=FRONT.

FILTER OFF.

USE ALL.

EXECUTE.

SORT CASES BY HospitalCatchment.

SPLIT FILE LAYERED BY HospitalCatchment.

FREQUENCIES VARIABLES=Q50A Q50B Q50C Q50D Q50E Q50F Q50G Q50H Q50I Q50J Q50K

/ORDER=ANALYSIS.

Frequencies

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Statistics

HospitalCatchment		Q50A	Q50B	Q50C	Q50D	Q50E	Q50F	Q50G	Q50H	Q50I	Q50J	Q50K
Kigeme N	Valid	360	360	360	360	360	360	360	360	360	360	360
	Missing	0	0	0	0	0	0	0	0	0	0	0
Kaduha N	Valid	360	360	360	360	360	360	360	360	360	360	360
	Missing	0	0	0	0	0	0	0	0	0	0	0

Frequency Table

Q50A Don't Know/

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	359	99,7	99,7	99,7
		Yes	1,3	,3		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	360	100,0	100,0	100,0
		Yes				
		Total				

Q50B Looks Unwell Or Not Playing Normally

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	294	81,7	81,7	81,7
		Yes	66	18,3	18,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	254	70,6	70,6	70,6
		Yes	106	29,4	29,4	100,0
		Total	360	100,0	100,0	

Q50C Not Eating Or Drinking/

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	189	52,5	52,5	52,5
		Yes	171	47,5	47,5	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	149	41,4	41,4	41,4
		Yes	211	58,6	58,6	100,0
		Total	360	100,0	100,0	

Q50D Lethargic Or Difficult To Wake

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	259	71,9	71,9	71,9
		Yes	101	28,1	28,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	217	60,3	60,3	60,3
		Yes	143	39,7	39,7	100,0
		Total	360	100,0	100,0	

Q50E High Fever

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	44	12,2	12,2	12,2
		Yes	316	87,8	87,8	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	38	10,6	10,6	10,6
		Yes	322	89,4	89,4	100,0
		Total	360	100,0	100,0	

Q50F Fast Or Difficult Breathing

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	298	82,8	82,8	82,8
		Yes	62	17,2	17,2	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	277	76,9	76,9	76,9
		Yes	83	23,1	23,1	100,0
		Total	360	100,0	100,0	

Q50G Vomits Everything

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	241	66,9	66,9	66,9
		Yes	119	33,1	33,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	205	56,9	56,9	56,9
		Yes	155	43,1	43,1	100,0
		Total	360	100,0	100,0	

Q50H Convulsions

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	349	96,9	96,9	96,9
		Yes	11	3,1	3,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	331	91,9	91,9	91,9
		Yes	29	8,1	8,1	100,0
		Total	360	100,0	100,0	

Q50I Gets worse despite home care

Additional and Replacement Documentation

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	328	91,1	91,1	91,1
		Yes	32	8,9	8,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	287	79,7	79,7	79,7
		Yes	73	20,3	20,3	100,0
		Total	360	100,0	100,0	

Q50J Looks dehydrated (dry mouth or no tear

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	338	93,9	93,9	93,9
		Yes	22	6,1	6,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	338	93,9	93,9	93,9
		Yes	22	6,1	6,1	100,0
		Total	360	100,0	100,0	

Q50K Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	218	60,6	60,6	60,6
		Yes	142	39,4	39,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	250	69,4	69,4	69,4
		Yes	110	30,6	30,6	100,0
		Total	360	100,0	100,0	

Q51. Has (Name) been ill with fever at any time in the last 2 weeks?

FREQUENCIES VARIABLES=q51

/ORDER=ANALYSIS.

Frequencies

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Statistics

q51

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q51

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	256	71,1	71,1	71,1
		Yes	104	28,9	28,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	272	75,6	75,6	75,6
		Yes	88	24,4	24,4	100,0

Statistics

q51

Kigeme	N	Valid	360			
		Missing	0			
Kaduha	N	Valid	360			
		Total	360	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1).

VARIABLE LABEL filter_\$ 'q51 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q52

Q52. Did you seek advice or treatment for (NAME'S) fever?

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q52

Kigeme	N	Valid	104
		Missing	0
Kaduha	N	Valid	88
		Missing	0

q52

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	35	33,7	33,7	33,7
		Yes	69	66,3	66,3	100,0
		Total	104	100,0	100,0	
Kaduha	Valid	No	24	27,3	27,3	27,3
		Yes	64	72,7	72,7	100,0
		Total	88	100,0	100,0	

Q53. Where did you first go for advice or treatment for fever?

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q53

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q53

Kigeme	N	Valid	69
		Missing	0

Kaduha	N	Valid	64
		Missing	0

q53

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Hospital	1	1,4	1,4	1,4
		Health center	26	37,7	37,7	39,1
		Health Post	3	4,3	4,3	43,5
		Community Health worker	35	50,7	50,7	94,2
		Traditional Practitioner	1	1,4	1,4	95,7
		Pharmacy	1	1,4	1,4	97,1
		Friend/Relative	2	2,9	2,9	100,0
		Total	69	100,0	100,0	
Kaduha	Valid	Health center	22	34,4	34,4	34,4
		Community Health worker	35	54,7	54,7	89,1
		Traditional Practitioner	1	1,6	1,6	90,6
		Pharmacy	3	4,7	4,7	95,3
		Friend/Relative	3	4,7	4,7	100,0
		Total	64	100,0	100,0	

Q54. How long after you noticed (NAME'S) fever did you seek treatment?

FREQUENCIES VARIABLES=q54

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q54

Kigeme	N	Valid	69
		Missing	0
Kaduha	N	Valid	64
		Missing	0

q54

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Same day	29	42,0	42,0	42,0
		Next day	27	39,1	39,1	81,2
		Two days	11	15,9	15,9	97,1
		Three or more days	2	2,9	2,9	100,0
		Total	69	100,0	100,0	
Kaduha	Valid	Same day	22	34,4	34,4	34,4
		Next day	23	35,9	35,9	70,3
		Two days	16	25,0	25,0	95,3
		Three or more days	3	4,7	4,7	100,0
		Total	64	100,0	100,0	

Q55. At any time during the illness, did (Name) take any drugs for the fever?

FREQUENCIES VARIABLES=q55

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q55

Kigeme	N	Valid	69
		Missing	0
Kaduha	N	Valid	64
		Missing	0

q55

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	10	14,5	14,5	14,5
		Yes	59	85,5	85,5	100,0
		Total	69	100,0	100,0	
Kaduha	Valid	No	6	9,4	9,4	9,4
		Yes	58	90,6	90,6	100,0
		Total	64	100,0	100,0	

Q56. Which medicines were given to (NAME) for his/her fever?

USE ALL.

COMPUTE filter_\$=(q51 = 1 and q52 = 1 and q55 = 1).

VARIABLE LABEL filter_\$ 'q51 = 1 and q52 = 1 and q55 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56a

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q56a

Kigeme	N	Valid	59
		Missing	0
Kaduha	N	Valid	58
		Missing	0

q56a Coartem

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	49	83,1	83,1	83,1
		Yes	10	16,9	16,9	100,0
		Total	59	100,0	100,0	
Kaduha	Valid	No	35	60,3	60,3	60,3
		Yes	23	39,7	39,7	100,0
		Total	58	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1 and q52 = 1 and q55 = 1 and q56a = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1 and q56a = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.
 FREQUENCIES VARIABLES=q56aT
 /ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q56aT

Kigeme	N	Valid	10
		Missing	0
Kaduha	N	Valid	23
		Missing	0

q56a Coartem/ Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Same day	7	70,0	70,0	70,0
		Next day	2	20,0	20,0	90,0
		Two days	1	10,0	10,0	100,0
		Total	10	100,0	100,0	
Kaduha	Valid	Same day	10	43,5	43,5	43,5
		Next day	7	30,4	30,4	73,9
		Two days	6	26,1	26,1	100,0
		Total	23	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1 and q55 = 1).
 VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.
 FREQUENCIES VARIABLES=q56b
 /ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q56b

Kigeme	N	Valid	59
		Missing	0
Kaduha	N	Valid	58
		Missing	0

q56b Quinine

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	59	100,0	100,0	100,0
Kaduha	Valid	No	55	94,8	94,8	94,8

Yes	3	5,2	5,2	100,0
Total	58	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1 and q55 = 1and q56b = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1and q56b = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56bT

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q56bT

Kaduha	N	Valid	3
		Missing	0

q56b Quinine /Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kaduha	Valid	Same day	1	33,3	33,3	33,3
		Next day	1	33,3	33,3	66,7
		Two days	1	33,3	33,3	100,0
		Total	3	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1 and q55 = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56c

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q56c

Kigeme	N	Valid	59
		Missing	0
Kaduha	N	Valid	58
		Missing	0

q56c Paracetamol

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	36	61,0	61,0	61,0
		Yes	23	39,0	39,0	100,0
		Total	59	100,0	100,0	
Kaduha	Valid	No	44	75,9	75,9	75,9
		Yes	14	24,1	24,1	100,0

Statistics

q56c

Kigeme	N	Valid	59			
		Missing	0			
Kaduha	N	Valid	58			
		Total	58	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1 and q55 = 1and q56c = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1and q56c = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q54cT

/ORDER=ANALYSIS.

Frequencies

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Statistics

q54cT

Kigeme	N	Valid	23
		Missing	0
Kaduha	N	Valid	14
		Missing	0

q56c Paracetamol/Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Same day	14	60,9	60,9	60,9
		Next day	4	17,4	17,4	78,3
		Two days	5	21,7	21,7	100,0
		Total	23	100,0	100,0	
Kaduha	Valid	Same day	7	50,0	50,0	50,0
		Next day	7	50,0	50,0	100,0
		Total	14	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1 and q55 = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56d

/ORDER=ANALYSIS.

Frequencies

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Statistics

q56d

Kigeme	N	Valid	59
		Missing	0

Kaduha	N	Valid	58
		Missing	0

q56d Unknown Drug

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	53	89,8	89,8	89,8
		Yes	6	10,2	10,2	100,0
		Total	59	100,0	100,0	
Kaduha	Valid	No	44	75,9	75,9	75,9
		Yes	14	24,1	24,1	100,0
		Total	58	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1 and q52 = 1 and q55 = 1 and q56d = 1).

VARIABLE LABEL filter_\$ 'q51 = 1 and q52 = 1 and q55 = 1 and q56d = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56dT

/ORDER=ANALYSIS.

Frequencies

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Statistics

q56dT

Kigeme	N	Valid	6
		Missing	0
Kaduha	N	Valid	14
		Missing	0

q56d Unknown Drug /Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Same day	6	100,0	100,0	100,0
Kaduha	Valid	Same day	6	42,9	42,9	42,9
		Next day	3	21,4	21,4	64,3
		Two days	3	21,4	21,4	85,7
		Three or more days	2	14,3	14,3	100,0
		Total	14	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1 and q52 = 1 and q55 = 1).

VARIABLE LABEL filter_\$ 'q51 = 1 and q52 = 1 and q55 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56e

/ORDER=ANALYSIS.

Frequencies

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Statistics

q56e

Kigeme	N	Valid	59
		Missing	0
Kaduha	N	Valid	58
		Missing	0

q56e Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	30	50,8	50,8	50,8
		Yes	29	49,2	49,2	100,0
		Total	59	100,0	100,0	
Kaduha	Valid	No	39	67,2	67,2	67,2
		Yes	19	32,8	32,8	100,0
		Total	58	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q51 = 1and q52 = 1 and q55 = 1and q56e = 1).

VARIABLE LABEL filter_\$ 'q51 = 1and q52 = 1 and q55 = 1and q56e = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q56eT

/ORDER=ANALYSIS.

Frequencies

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Statistics

q56eT

Kigeme	N	Valid	29
		Missing	0
Kaduha	N	Valid	19
		Missing	0

q56e Other/Times

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Same day	15	51,7	51,7	51,7
		Next day	10	34,5	34,5	86,2
		Two days	2	6,9	6,9	93,1
		Three or more days	2	6,9	6,9	100,0
		Total	29	100,0	100,0	
Kaduha	Valid	Same day	13	68,4	68,4	68,4
		Next day	2	10,5	10,5	78,9
		Two days	3	15,8	15,8	94,7
		Three or more days	1	5,3	5,3	100,0
		Total	19	100,0	100,0	

Q57. Does your household have any mosquito nets that can be used while sleeping?

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Statistics

q57

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q57

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	81	22,5	22,5	22,5
		Yes	279	77,5	77,5	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	85	23,6	23,6	23,6
		Yes	275	76,4	76,4	100,0
		Total	360	100,0	100,0	

Q58. Who slept under a bed net last night?

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Statistics

Hospital/Catchment			Q58A	Q58B	Q58C	Q58D
Kigeme	N	Valid	279	279	279	279
		Missing	0	0	0	0
Kaduha	N	Valid	275	275	275	275
		Missing	0	0	0	0

Frequency Table

Q58A No One

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	277	99,3	99,3	99,3
		Yes	2,7	,7		100,0
		Total	279	100,0	100,0	
Kaduha	Valid	No	267	97,1	97,1	97,1
		Yes	8	2,9	2,9	100,0
		Total	275	100,0	100,0	

Q58B Child(Name)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	96	34,4	34,4	34,4
		Yes	183	65,6	65,6	100,0
		Total	279	100,0	100,0	
Kaduha	Valid	No	94	34,2	34,2	34,2
		Yes	181	65,8	65,8	100,0
		Total	275	100,0	100,0	

Q58C Mother

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	No	14	5,0	5,0	5,0
		Yes	265	95,0	95,0	100,0
		Total	279	100,0	100,0	
Kaduha	Valid	No	12	4,4	4,4	4,4
		Yes	263	95,6	95,6	100,0
		Total	275	100,0	100,0	

Q58D Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	142	50,9	50,9	50,9
		Yes	137	49,1	49,1	100,0
		Total	279	100,0	100,0	
Kaduha	Valid	No	144	52,4	52,4	52,4
		Yes	131	47,6	47,6	100,0
		Total	275	100,0	100,0	

Q59. Which brand of bed net did (Name) sleep under last night?

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Statistics

Q59

Kigeme	N	Valid	183
		Missing	0
Kaduha	N	Valid	181
		Missing	0

Q59

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Long Lasting Nets	177	96,7	96,7	96,7
		Pretreated Nets	6	3,3	3,3	100,0
		Total	183	100,0	100,0	
Kaduha	Valid	Long Lasting Nets	181	100,0	100,0	100,0

USE ALL.

COMPUTE filter_\$=(q57 = 1and Q58B = 1).

VARIABLE LABEL filter_\$ 'q57 = 1and Q58B = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=59a 59b Q59C

/ORDER=ANALYSIS.

FREQUENCIES VARIABLES=Q59a Q59b Q59C

/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment			Q59a	Q59b	Q59C
Kigeme	N	Valid	183	6	0

	Missing	0	177	183
Kaduha	N	Valid	181	0
		Missing	0	181

Frequency Table

Q59a Permanet

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	6	3,3	3,3	3,3
	1;Permanet	173	94,5	94,5	97,8
	2;Olyset	2	1,1	1,1	98,9
	3;Netprotect	2	1,1	1,1	100,0
	Total	183	100,0	100,0	
Kaduha	Valid	175	96,7	96,7	96,7
	1;Permanet	1	,6	,6	97,2
	2;Olyset	5	2,8	2,8	100,0
	3;Netprotect	181	100,0	100,0	

Q59b Olyset

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	,5	16,7	16,7
	Don't know	5	2,7	83,3	100,0
	Total	6	3,3	100,0	
	Missing	177	96,7		
	System	183	100,0		
Kaduha	Missing	181	100,0		

Q59C Netprotect

Hospital/Catchment		Frequency	Percent
Kigeme	Missing	183	100,0
Kaduha	Missing	181	100,0

Q60. Was the bed net that (Name) slept under last night ever soaked or dipped in a liquid treated to repel mosquitoes or bugs?

USE ALL.

COMPUTE filter_\$=(q57 = 1and Q58B = 1and Q59b = 4 or Q59b = 88).

VARIABLE LABEL filter_\$ 'q57 = 1and Q58B = 1and Q59b = 4 or Q59b = 88 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q60

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q60

Kigeme	N	Valid	6
		Missing	0

q60

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	2	33,3	33,3	33,3
		Don't know	4	66,7	66,7	100,0
		Total	6	100,0	100,0	

Q61. How long ago was the net last soaked or dipped in a liquid treated to repel mosquitoes or bugs?

USE ALL.

COMPUTE filter_\$=(q60 = 1).

VARIABLE LABEL filter_\$ 'q60 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q61

/ORDER=ANALYSIS.

Frequencies

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Statistics

q61

Kigeme	N	Valid	2
		Missing	0

q61. How long ago was the net last soaked or dipped in a liquid treated to repel mosquitoes or bugs?

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	1	50,0	50,0	50,0
		No	1	50,0	50,0	100,0
		Total	2	100,0	100,0	

q62. Has (Name) had an illness with a cough that comes from the chest at any time in the last two weeks?

GET

FILE='C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav'.

DATASET NAME DataSet0 WINDOW=FRONT.

SORT CASES BY HospitalCatchment.

SPLIT FILE LAYERED BY HospitalCatchment.

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q62

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q62

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q62. Has (Name) had an illness with a cough that comes from the chest at any time in the last two weeks?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	208	57,8	57,8	57,8
		Yes	152	42,2	42,2	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	246	68,3	68,3	68,3
		Yes	114	31,7	31,7	100,0
		Total	360	100,0	100,0	

q63. When (Name) had an illness with a cough, did s/he have trouble breathing or breath faster than usual with short, fast breath?

USE ALL.

COMPUTE filter_\$=(q62 = 1).

VARIABLE LABEL filter_\$ 'q62 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q63

/ORDER=ANALYSIS.

Frequencies

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Statistics

q63

Kigeme	N	Valid	152
		Missing	0
Kaduha	N	Valid	114
		Missing	0

q63. When (Name) had an illness with a cough, did s/he have trouble breathing or breath faster than usual with short, fast breath?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	39	25,7	25,7	25,7
		Yes	113	74,3	74,3	100,0
		Total	152	100,0	100,0	
Kaduha	Valid	No	46	40,4	40,4	40,4
		Yes	68	59,6	59,6	100,0
		Total	114	100,0	100,0	

q64. Did you seek advice or treatment for the cough/fast breathing?

USE ALL.

COMPUTE filter_\$=(q63 = 1).

VARIABLE LABEL filter_\$ 'q63 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q64

/ORDER=ANALYSIS.

Frequencies

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Statistics

q64

Kigeme	N	Valid	113
		Missing	0
Kaduha	N	Valid	68
		Missing	0

q64. Did you seek advice or treatment for the cough/fast breathing?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	31	27,4	27,4	27,4
		Yes	82	72,6	72,6	100,0
		Total	113	100,0	100,0	
Kaduha	Valid	No	17	25,0	25,0	25,0
		Yes	51	75,0	75,0	100,0
		Total	68	100,0	100,0	

Q65. Who gave you advice or treatment? Anyone else?

USE ALL.

COMPUTE filter_\$=(q64 = 1).

VARIABLE LABEL filter_\$ ' q64 = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q65A Q65B Q65C Q65D

/ORDER=ANALYSIS.

EXECUTE.

FREQUENCIES VARIABLES=Q65A Q65B Q65C Q65D

/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment			Q65A	Q65B	Q65C	Q65D
Kigeme	N	Valid	82	82	82	82
		Missing	0	0	0	0
Kaduha	N	Valid	52	52	52	52
		Missing	0	0	0	0

Frequency Table

Q65A. Doctor

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	81	98,8	98,8	98,8
		Yes	1	1,2	1,2	100,0
		Total	82	100,0	100,0	
Kaduha	Valid	No	52	100,0	100,0	100,0

Q65B. Nurse

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	No	37	45,1	45,1	45,1
		Yes	45	54,9	54,9	100,0
		Total	82	100,0	100,0	
Kaduha	Valid	No	34	65,4	65,4	65,4
		Yes	18	34,6	34,6	100,0
		Total	52	100,0	100,0	

Q65C. Community Health Worker

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	48	58,5	58,5	58,5
		Yes	34	41,5	41,5	100,0
		Total	82	100,0	100,0	
Kaduha	Valid	No	25	48,1	48,1	48,1
		Yes	27	51,9	51,9	100,0
		Total	52	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q66 = 1 and CalcAgeChild >6).

VARIABLE LABEL filter_\$ 'q66 = 1 and CalcAgeChild >6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q69

/ORDER=ANALYSIS.

Q65D. Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	75	91,5	91,5	91,5
		Yes	7	8,5	8,5	100,0
		Total	82	100,0	100,0	
Kaduha	Valid	No	42	80,8	80,8	80,8
		Yes	10	19,2	19,2	100,0
		Total	52	100,0	100,0	

q66. Has (NAME) had diarrhea in the last 2 weeks?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q66

/ORDER=ANALYSIS.

Frequencies

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Statistics

q66

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360

Statistics

q66

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q66. Has (NAME) had diarrhea in the last 2 weeks?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	288	80,0	80,0	80,0
		Yes	72	20,0	20,0	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	320	88,9	88,9	88,9
		Yes	40	11,1	11,1	100,0
		Total	360	100,0	100,0	

Q67. What was given to treat the diarrhea?

USE ALL.

COMPUTE filter_\$=(q66 = 1).

VARIABLE LABEL filter_\$ 'q66 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q67A Q67B Q67C Q67D Q67E Q67F Q67G Q67H Q67X

/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment			Q67A	Q67B	Q67C	Q67D	Q67E	Q67F	Q67G	Q67H	Q67X
Kigeme	N	Valid	72	72	72	72	72	72	72	72	72
		Missing	0	0	0	0	0	0	0	0	0
Kaduha	N	Valid	40	40	40	40	40	40	40	40	40
		Missing	0	0	0	0	0	0	0	0	0

Frequency Table

Q67A. NOTHING

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	60	83,3	83,3	83,3
		Yes	12	16,7	16,7	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	28	70,0	70,0	70,0
		Yes	12	30,0	30,0	100,0
		Total	40	100,0	100,0	

Q67B. FLUID FROM ORS PACKET

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	53	73,6	73,6	73,6
		Yes	19	26,4	26,4	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	27	67,5	67,5	67,5
		Yes	13	32,5	32,5	100,0
		Total	40	100,0	100,0	

Q67C. Home-made fluid

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	64	88,9	88,9	88,9
		Yes	8	11,1	11,1	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	37	92,5	92,5	92,5
		Yes	3	7,5	7,5	100,0
		Total	40	100,0	100,0	

Q67D. Pill or syrup, zinc

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	57	79,2	79,2	79,2
		Yes	15	20,8	20,8	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	34	85,0	85,0	85,0
		Yes	6	15,0	15,0	100,0
		Total	40	100,0	100,0	

Q67E. Pill or syrup, no zinc

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	66	91,7	91,7	91,7
		Yes	6	8,3	8,3	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	39	97,5	97,5	97,5
		Yes	1	2,5	2,5	100,0
		Total	40	100,0	100,0	

Q67F. Injection

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	72	100,0	100,0	100,0
Kaduha	Valid	No	38	95,0	95,0	95,0
		Yes	2	5,0	5,0	100,0
		Total	40	100,0	100,0	

Q67G. (IV) Intravenous

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	71	98,6	98,6	98,6
		Yes	1	1,4	1,4	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	40	100,0	100,0	100,0
		Yes				
		Total				

Q67H. Home remedies

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	63	87,5	87,5	87,5
		Yes	9	12,5	12,5	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	37	92,5	92,5	92,5
		Yes	3	7,5	7,5	100,0
		Total	40	100,0	100,0	

Q67X. Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	57	79,2	79,2	79,2
		Yes	15	20,8	20,8	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	30	75,0	75,0	75,0
		Yes	10	25,0	25,0	100,0
		Total	40	100,0	100,0	

q68. When (name of child) was sick, was s/he offered more breastmilk than usual, about the same amount, or less than usual?

FREQUENCIES VARIABLES=q68

/ORDER=ANALYSIS.

Frequencies

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Statistics

q68

Kigeme	N	Valid	72
		Missing	0
Kaduha	N	Valid	40
		Missing	0

q68. When (name of child) was sick, was s/he offered more breastmilk than usual, about the same amount, or less than usual?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Less than usual	18	25,0	25,0	25,0
		Same amount	13	18,1	18,1	43,1
		More than usual	41	56,9	56,9	100,0
		Total	72	100,0	100,0	

Kaduha	Valid	Less than usual	8	20,0	20,0	20,0
		Same amount	7	17,5	17,5	37,5
		More than usual	25	62,5	62,5	100,0
		Total	40	100,0	100,0	

q69. When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?

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Statistics

q69

Kigeme	N	Valid	63
		Missing	0
Kaduha	N	Valid	35
		Missing	0

q69. When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Less than usual	27	42,9	42,9	42,9
		Same amount	9	14,3	14,3	57,1
		More than usual	27	42,9	42,9	100,0
		Total	63	100,0	100,0	
Kaduha	Valid	Less than usual	18	51,4	51,4	51,4
		Same amount	4	11,4	11,4	62,9
		More than usual	13	37,1	37,1	100,0
		Total	35	100,0	100,0	

q70. When (name of child) was sick, was s/he offered more than usual to eat, about the same amount, or less than usual to eat?

FREQUENCIES VARIABLES=q70

/ORDER=ANALYSIS.

Frequencies

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Statistics

q70

Kigeme	N	Valid	63
		Missing	0
Kaduha	N	Valid	35
		Missing	0

q70. When (name of child) was sick, was s/he offered more than usual to eat, about the same amount, or less than usual to eat?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Less than usual	42	66,7	66,7	66,7
		Same amount	10	15,9	15,9	82,5
		More than usual	11	17,5	17,5	100,0
		Total	63	100,0	100,0	

Kaduha	Valid	Less than usual	18	51,4	51,4	51,4
		Same amount	7	20,0	20,0	71,4
		More than usual	10	28,6	28,6	100,0
		Total	35	100,0	100,0	

Q71. Was s/he given any of the following to drink at any time s/he started having diarrhea?

FREQUENCIES VARIABLES=Q71A Q71B Q71C

/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment			Q71A	Q71B	Q71C
Kigeme	N	Valid	63	63	63
		Missing	0	0	0
Kaduha	N	Valid	35	35	35
		Missing	0	0	0

Frequency Table

Q71A. A fluid made from a special packet called (local name for ORS packet)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	45	71,4	71,4	71,4
		Yes	18	28,6	28,6	100,0
		Total	63	100,0	100,0	
Kaduha	Valid	No	22	62,9	62,9	62,9
		Yes	13	37,1	37,1	100,0
		Total	35	100,0	100,0	

Q71B. Cereal based ORT (rice water, maize water)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	35	55,6	55,6	55,6
		Yes	28	44,4	44,4	100,0
		Total	63	100,0	100,0	
Kaduha	Valid	No	25	71,4	71,4	71,4
		Yes	10	28,6	28,6	100,0
		Total	35	100,0	100,0	

Q71C. Other home available fluids

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	41	65,1	65,1	65,1
		Yes	22	34,9	34,9	100,0
		Total	63	100,0	100,0	
Kaduha	Valid	No	26	74,3	74,3	74,3
		Yes	9	25,7	25,7	100,0
		Total	35	100,0	100,0	

Q72. Did you seek advice or treatment from someone outside of the home for (NAME'S) diarrhea?

```

USE ALL.
COMPUTE filter_$=(q66 = 1).
VARIABLE LABEL filter_$ 'q66 = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q72
/ORDER=ANALYSIS.

```

Frequencies

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Statistics

q72

Kigeme	N	Valid	72
		Missing	0
Kaduha	N	Valid	40
		Missing	0

q72. Did you seek advice or treatment from someone outside of the home for (NAME'S) diarrhea?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	28	38,9	38,9	38,9
		Yes	44	61,1	61,1	100,0
		Total	72	100,0	100,0	
Kaduha	Valid	No	16	40,0	40,0	40,0
		Yes	24	60,0	60,0	100,0
		Total	40	100,0	100,0	

q73. Where did you first go for advice or treatment?

```

USE ALL.
COMPUTE filter_$=(q66 = 1and q72 = 1).
VARIABLE LABEL filter_$ 'q66 = 1and q72 = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q73
/ORDER=ANALYSIS.

```

Frequencies

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Statistics

q73

Kigeme	N	Valid	44
		Missing	0
Kaduha	N	Valid	24
		Missing	0

q73. Where did you first go for advice or treatment?

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	Health center	9	20,5	20,5	20,5
		Health post	1	2,3	2,3	22,7
		Community Health Worker	23	52,3	52,3	75,0
		Friend/Relative	8	18,2	18,2	93,2
		Other	3	6,8	6,8	100,0
		Total	44	100,0	100,0	
Kaduha	Valid	Health center	4	16,7	16,7	16,7
		Community Health Worker	16	66,7	66,7	83,3
		Friend/Relative	2	8,3	8,3	91,7
		Other	2	8,3	8,3	100,0
		Total	24	100,0	100,0	

Q74. Who decided that you should go there for (NAME'S) diarrhea?

FREQUENCIES VARIABLES=Q74A Q74B Q74C Q74D Q74E Q74X

/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment			Q74A	Q74B	Q74C	Q74D	Q74E	Q74X
Kigeme	N	Valid	44	44	44	44	44	44
		Missing	0	0	0	0	0	0
Kaduha	N	Valid	24	24	24	24	24	24
		Missing	0	0	0	0	0	0

Frequency Table

Q74A. RESPONDENT

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	15	34,1	34,1	34,1
		Yes	29	65,9	65,9	100,0
		Total	44	100,0	100,0	
Kaduha	Valid	No	7	29,2	29,2	29,2
		Yes	17	70,8	70,8	100,0
		Total	24	100,0	100,0	

Q74B. HUSBAND/PARTNER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	21	47,7	47,7	47,7
		Yes	23	52,3	52,3	100,0
		Total	44	100,0	100,0	
Kaduha	Valid	No	18	75,0	75,0	75,0
		Yes	6	25,0	25,0	100,0
		Total	24	100,0	100,0	

Q74C. RESPONDENT'S MOTHER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	38	86,4	86,4	86,4
		Yes	6	13,6	13,6	100,0
		Total	44	100,0	100,0	
Kaduha	Valid	No	19	79,2	79,2	79,2
		Yes	5	20,8	20,8	100,0
		Total	24	100,0	100,0	

Q74D. MOTHER-IN-LAW

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	44	100,0	100,0	100,0
Kaduha	Valid	No	24	100,0	100,0	100,0

Q74E. FRIENDS/NEIGHBORS

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	43	97,7	97,7	97,7
		Yes	1	2,3	2,3	100,0
		Total	44	100,0	100,0	
Kaduha	Valid	No	24	100,0	100,0	100,0

Q74X. OTHER

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	44	100,0	100,0	100,0
Kaduha	Valid	No	24	100,0	100,0	100,0

q75. Since (NAME) has been recovering from diarrhea, did you give him/her less than usual to eat, about the same to eat, or more than usual to eat?

USE ALL.

COMPUTE filter_\$=(q66 = 1and CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'q66 = 1and CalcAgeChild >= 6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q75

/ORDER=ANALYSIS.

Frequencies

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Statistics

q75

Kigeme	N	Valid	66
		Missing	0
Kaduha	N	Valid	37
		Missing	0

q75. Since (NAME) has been recovering from diarrhea, did you give him/her less than usual to eat, about the same to eat, or more than usual to eat?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Less	14	21,2	21,2	21,2
		Same	25	37,9	37,9	59,1
		More	24	36,4	36,4	95,5
		Still has diarrhea	3	4,5	4,5	100,0
		Total	66	100,0	100,0	
Kaduha	Valid	Less	8	21,6	21,6	21,6
		Same	10	27,0	27,0	48,6
		More	16	43,2	43,2	91,9
		Still has diarrhea	3	8,1	8,1	100,0
		Total	37	100,0	100,0	

SORT CASES BY Hospital/Catchment.

SPLIT FILE LAYERED BY Hospital/Catchment.

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q76

/ORDER=ANALYSIS.

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q76

/ORDER=ANALYSIS.

Q76. Do you treat your water in any way to make it safer for drinking

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Statistics

q76

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q76. Do you treat your water in any way to make it safer for drinking?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	113	31,4	31,4	31,4
		Yes	247	68,6	68,6	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	73	20,3	20,3	20,3
		Yes	287	79,7	79,7	100,0
		Total	360	100,0	100,0	

Q77. IF YES: What do you usually do to the water to make it safer to drink?

```

USE ALL.
COMPUTE filter_$=(q76 = 1).
VARIABLE LABEL filter_$ 'q76 = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=Q77A Q77B Q77C Q77D Q77E Q77F Q77H
/ORDER=ANALYSIS.

```

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Hospital/Catchment			Q77A	Q77B	Q77C	Q77D	Q77E	Q77F	Q77H
Kigeme	N	Valid	247	247	247	247	247	247	247
		Missing	0	0	0	0	0	0	0
Kaduha	N	Valid	287	287	287	287	287	287	287
		Missing	0	0	0	0	0	0	0

Frequency Table

Q77A.Let It Stand And Settle

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	235	95,1	95,1	95,1
		Yes	12	4,9	4,9	100,0
		Total	247	100,0	100,0	
Kaduha	Valid	No	284	99,0	99,0	99,0
		Yes	3	1,0	1,0	100,0
		Total	287	100,0	100,0	

Q77B.Strain It Through Cloth

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	247	100,0	100,0	100,0
Kaduha	Valid	No	287	100,0	100,0	100,0

Q77C.Boil

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	46	18,6	18,6	18,6
		Yes	201	81,4	81,4	100,0
		Total	247	100,0	100,0	
Kaduha	Valid	No	65	22,6	22,6	22,6
		Yes	222	77,4	77,4	100,0
		Total	287	100,0	100,0	

Q77D.Add Bleach/Chlorine

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	180	72,9	72,9	72,9
		Yes	67	27,1	27,1	100,0

<i>Total</i>			247	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	180	62,7	62,7	62,7
		<i>Yes</i>	107	37,3	37,3	100,0
		<i>Total</i>	287	100,0	100,0	

Q77E.Water Filter (Ceramic, Sand, Composite)

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	242	98,0	98,0	98,0
		<i>Yes</i>	5	2,0	2,0	100,0
		<i>Total</i>	247	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	287	100,0	100,0	100,0

Q77F.Solar Disinfection/

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	247	100,0	100,0	100,0
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	287	100,0	100,0	100,0

Q77H.Other/

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	247	100,0	100,0	100,0
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	287	100,0	100,0	100,0

Q78. When do you wash your hands?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=Q78A Q78B Q78C Q78D Q78E Q78F

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

<i>Hospital/Catchment</i>			<i>Q78A</i>	<i>Q78B</i>	<i>Q78C</i>	<i>Q78D</i>	<i>Q78E</i>	<i>Q78F</i>
<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	360	360	360	360	360	360
		<i>Missing</i>	0	0	0	0	0	0
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	360	360	360	360	360	360
		<i>Missing</i>	0	0	0	0	0	0

Frequency Table

Q78A.Never

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	360	100,0	100,0	100,0
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	360	100,0	100,0	100,0

Q78B.Before Food Preparation

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	100	27,8	27,8	27,8

	Yes	260	72,2	72,2	100,0
	Total	360	100,0	100,0	
Kaduha	Valid	No	26	7,2	7,2
		Yes	334	92,8	100,0
	Total	360	100,0	100,0	

Q78C.Before Feeding Child

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	284	78,9	78,9	78,9
		Yes	76	21,1	21,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	338	93,9	93,9	93,9
		Yes	22	6,1	6,1	100,0
		Total	360	100,0	100,0	

Q78D.After Defecation/Visiting The Toilet

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	346	96,1	96,1	96,1
		Yes	14	3,9	3,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	353	98,1	98,1	98,1
		Yes	7	1,9	1,9	100,0
		Total	360	100,0	100,0	

Q78E.After attending to a child who has defecated/soiled

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	358	99,4	99,4	99,4
		Yes	2,6	,6		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	355	98,6	98,6	98,6
		Yes	5	1,4	1,4	100,0
		Total	360	100,0	100,0	

Q78F.Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	288	80,0	80,0	80,0
		Yes	72	20,0	20,0	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	310	86,1	86,1	86,1
		Yes	50	13,9	13,9	100,0
		Total	360	100,0	100,0	

Q79.Can you show me where you usually wash your hands and what you use to wash hands?

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav
 FREQUENCIES VARIABLES=q79
 /ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q79

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q79.Can you show me where you usually wash your hands and what you use to wash hands?

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid Inside/Near Toilet Facility	52	14,4	14,4	14,4
Inside/Near Kitchen/Cooking Place	31	8,6	8,6	23,1
Elsewhere in Yard	211	58,6	58,6	81,7
Outside Yard	14	3,9	3,9	85,6
No Specific Place	52	14,4	14,4	100,0
Total	360	100,0	100,0	
Kaduha Valid Inside/Near Toilet Facility	39	10,8	10,8	10,8
Inside/Near Kitchen/Cooking Place	33	9,2	9,2	20,0
Elsewhere in Yard	252	70,0	70,0	90,0
Outside Yard	12	3,3	3,3	93,3
No Specific Place	24	6,7	6,7	100,0
Total	360	100,0	100,0	

Q80a.OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent

FREQUENCIES VARIABLES=q80
 /ORDER=ANALYSIS.

Frequencies

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Statistics

q80a

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q80a.OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid Soap	316	87,8	87,8	87,8
Mud/Sand	8	2,2	2,2	90,0
None	36	10,0	10,0	100,0

<i>Total</i>			360	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>Soap</i>	326	90,6	90,6	90,6
		<i>Ash</i>	1,3	,3		90,8
		<i>Mud/Sand</i>	9	2,5	2,5	93,3
		<i>None</i>	24	6,7	6,7	100,0
		<i>Total</i>	360	100,0	100,0	

Q80b. OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=Q80bA Q80bB Q80bC Q80bD Q80bE Q80bF Q80bG

/ORDER=ANALYSIS.

Frequencies

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Statistics

<i>Hospital/Catchment</i>			Q80bA	Q80bB	Q80bC	Q80bD	Q80bE	Q80bF	Q80bG
<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	360	360	360	360	360	360	360
		<i>Missing</i>	0	0	0	0	0	0	0
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	360	360	360	360	360	360	360
		<i>Missing</i>	0	0	0	0	0	0	0

Frequency Table

Q80bA.Tippy tap

<i>Hospital/Catchment</i>			Frequency	Percent	Valid Percent	Cumulative Percent
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	301	83,6	83,6	83,6
		<i>Yes</i>	59	16,4	16,4	100,0
		<i>Total</i>	360	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	305	84,7	84,7	84,7
		<i>Yes</i>	55	15,3	15,3	100,0
		<i>Total</i>	360	100,0	100,0	

Q80bB.Basin

<i>Hospital/Catchment</i>			Frequency	Percent	Valid Percent	Cumulative Percent
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	50	13,9	13,9	13,9
		<i>Yes</i>	310	86,1	86,1	100,0
		<i>Total</i>	360	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	46	12,8	12,8	12,8
		<i>Yes</i>	314	87,2	87,2	100,0
		<i>Total</i>	360	100,0	100,0	

Q80bC.Jerry can

<i>Hospital/Catchment</i>			Frequency	Percent	Valid Percent	Cumulative Percent
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	310	86,1	86,1	86,1

		Yes	50	13,9	13,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	317	88,1	88,1	88,1
		Yes	43	11,9	11,9	100,0
		Total	360	100,0	100,0	

Q80bD.Pan / pot

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	354	98,3	98,3	98,3
		Yes	6	1,7	1,7	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	356	98,9	98,9	98,9
		Yes	4	1,1	1,1	100,0
		Total	360	100,0	100,0	

Q80bE.Sink

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	360	100,0	100,0	100,0
Kaduha	Valid	No	360	100,0	100,0	100,0

Q80bF.None

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	355	98,6	98,6	98,6
		Yes	5	1,4	1,4	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	358	99,4	99,4	99,4
		Yes	2,6	,6		100,0
		Total	360	100,0	100,0	

Q80bG.Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	335	93,1	93,1	93,1
		Yes	25	6,9	6,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	344	95,6	95,6	95,6
		Yes	16	4,4	4,4	100,0
		Total	360	100,0	100,0	

Q80C.(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing?


```

USE ALL.
COMPUTE filter_$=(Q80bB = 1 or Q80bD = 1).
VARIABLE LABEL filter_$ 'Q80bB = 1 or Q80bD = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q80cA
/ORDER=ANALYSIS.
[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KP

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FREQUENCIES VARIABLES=q80cA q80cB q80cC q80cD
/ORDER=ANALYSIS.

```

Frequencies

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Statistics

Hospital/Catchment			q80cA	q80cB	q80cC	q80cD
Kigeme	N	Valid	311	311	311	311
		Missing	0	0	0	0
Kaduha	N	Valid	317	317	317	317
		Missing	0	0	0	0

Frequency Table

q80cA.Nothing else

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	280	90,0	90,0	90,0
		Yes	31	10,0	10,0	100,0
		Total	311	100,0	100,0	
Kaduha	Valid	No	244	77,0	77,0	77,0
		Yes	73	23,0	23,0	100,0
		Total	317	100,0	100,0	

q80cB.Food preparation

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	286	92,0	92,0	92,0
		Yes	25	8,0	8,0	100,0
		Total	311	100,0	100,0	
Kaduha	Valid	No	305	96,2	96,2	96,2
		Yes	12	3,8	3,8	100,0
		Total	317	100,0	100,0	

q80cC.Laundry

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	40	12,9	12,9	12,9
		Yes	271	87,1	87,1	100,0
		Total	311	100,0	100,0	

Kaduha	Valid	No	85	26,8	26,8	26,8
		Yes	232	73,2	73,2	100,0
		Total	317	100,0	100,0	

q80cD.Other

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	273	87,8	87,8	87,8
		Yes	38	12,2	12,2	100,0
		Total	311	100,0	100,0	
Kaduha	Valid	No	288	90,9	90,9	90,9
		Yes	29	9,1	9,1	100,0
		Total	317	100,0	100,0	

Q81.What kind of toilet facility do you have? Can I see it?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q81

/ORDER=ANALYSIS.

Frequencies

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Statistics

q81

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q81

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No toilet facility	29	8,1	8,1	8,1
		Open latrine	210	58,3	58,3	66,4
		Closed latrine	120	33,3	33,3	99,7
		Flush toilet	1,3	,3	,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No toilet facility	33	9,2	9,2	9,2
		Open latrine	208	57,8	57,8	66,9
		Closed latrine	119	33,1	33,1	100,0
		Total	360	100,0	100,0	

Q82.The last time (NAME) passed stools, where were the feces disposed of?

FREQUENCIES VARIABLES=q82

/ORDER=ANALYSIS.

Frequencies

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Statistics

q82

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Disposed into a latrine or toilet facility	322	89,4	89,4	89,4
		Disposed into a garbage /trash bin	18	5,0	5,0	94,4
		Dug and buried - near the house or in the yard	5	1,4	1,4	95,8
		Dug and buried -far from the house or yard	8	2,2	2,2	98,1
		Did not bury -near the house or yard	1	,3	,3	98,3
		Did not bury -far from the house or yard	2	,6	,6	98,9
		Other	4	1,1	1,1	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	Disposed into a latrine or toilet facility	304	84,4	84,4	84,4
		Disposed into a garbage /trash bin	9	2,5	2,5	86,9
		Dug and buried - near the house or in the yard	10	2,8	2,8	89,7
		Dug and buried -far from the house or yard	15	4,2	4,2	93,9
		Did not bury -near the house or yard	1	,3	,3	94,2
		Did not bury -far from the house or yard	4	1,1	1,1	95,3
		Other	17	4,7	4,7	100,0
		Total	360	100,0	100,0	

Q83.Did you receive a card or child health booklet where (name of child's) vaccinations and Vitamin A doses can be written down? If so, can I see the card?

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Statistics

q83

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q83

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	Yes,interviewer sees the card	346	96,1	96,1	96,1
		Yes,but card is missing or lost	11	3,1	3,1	99,2
		No,never had a card	3,8	,8		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	Yes,interviewer sees the card	328	91,1	91,1	91,1
		Yes,but card is missing or lost	28	7,8	7,8	98,9
		No,never had a card	4	1,1	1,1	100,0
		Total	360	100,0	100,0	

Q84.Copy the following vaccination dates from the card or booklet. If vaccines are not recorded in the child booklet, fill in 99/99/9999 /

USE ALL.

COMPUTE filter_\$=(q83 = 1).

VARIABLE LABEL filter_\$ 'q83 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q84bcg

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84BCG

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84BCG

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	346	100,0	100,0	100,0
Kaduha	Valid	Yes	328	100,0	100,0	100,0

FREQUENCIES VARIABLES=q84po0

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84 Polio O

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84Polio O

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	1,2	1,2	1,2

		Yes	342	98,8	98,8	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	5	1,5	1,5	1,5
		Yes	323	98,5	98,5	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84po1
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84Polio 1

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84 Polio 1

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	26	7,5	7,5	7,5
		Yes	320	92,5	92,5	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	22	6,7	6,7	6,7
		Yes	306	93,3	93,3	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84po2
/ORDER=ANALYSIS.

Frequencies

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Statistics

q84 Polio2

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84 Polio2

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	47	13,6	13,6	13,6
		Yes	299	86,4	86,4	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	37	11,3	11,3	11,3
		Yes	291	88,7	88,7	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84po3

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84 Polio3

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84 Polio3

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	67	19,4	19,4	19,4
		Yes	279	80,6	80,6	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	50	15,2	15,2	15,2
		Yes	278	84,8	84,8	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84_PENTA1

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84_PENTA1

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84_PENTA1

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	27	7,8	7,8	7,8
		Yes	319	92,2	92,2	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	25	7,6	7,6	7,6
		Yes	303	92,4	92,4	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84_PENTA2

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84_PENTA2

Kigeme	N	Valid	346
		Missing	0

Kaduha	N	Valid	328
		Missing	0

q84_PENTA2

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	47	13,6	13,6	13,6
		Yes	299	86,4	86,4	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	37	11,3	11,3	11,3
		Yes	291	88,7	88,7	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84_PENTA3
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84_PENTA3

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84_PENTA3

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	67	19,4	19,4	19,4
		Yes	279	80,6	80,6	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	50	15,2	15,2	15,2
		Yes	278	84,8	84,8	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84PPneumo1
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84Pneumo1

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84Pneumo1

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	27	7,8	7,8	7,8

			Yes	319	92,2	92,2	100,0
			Total	346	100,0	100,0	
Kaduha	Valid	No		26	7,9	7,9	7,9
		Yes		302	92,1	92,1	100,0
		Total		328	100,0	100,0	

FREQUENCIES VARIABLES=q84Pin2
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84Pneumo2

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84Pneumo2

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	47	13,6	13,6	13,6
		Yes	299	86,4	86,4	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	37	11,3	11,3	11,3
		Yes	291	88,7	88,7	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=q84Pin3
/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84Pneumo3

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

q84Pneumo3

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	69	19,9	19,9	19,9
		Yes	277	80,1	80,1	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	51	15,5	15,5	15,5
		Yes	277	84,5	84,5	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=Q84Rota1

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

Q84Rota1

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

Q84Rota1

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	29	8,4	8,4	8,4
		Yes	317	91,6	91,6	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	33	10,1	10,1	10,1
		Yes	295	89,9	89,9	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=Q84Rota2

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

Q84Rota2

Kigeme	N	Valid	346
		Missing	0
Kaduha	N	Valid	328
		Missing	0

Q84Rota2

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	50	14,5	14,5	14,5
		Yes	296	85,5	85,5	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	48	14,6	14,6	14,6
		Yes	280	85,4	85,4	100,0
		Total	328	100,0	100,0	

FREQUENCIES VARIABLES=Q84Rota3

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

Q84Rota3

Kigeme	N	Valid	346
		Missing	0

Kaduha	N	Valid	328
		Missing	0

Q84Rota3

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	70	20,2	20,2	20,2
		Yes	276	79,8	79,8	100,0
		Total	346	100,0	100,0	
Kaduha	Valid	No	62	18,9	18,9	18,9
		Yes	266	81,1	81,1	100,0
		Total	328	100,0	100,0	

USE ALL.

COMPUTE filter_\$=(q83 = 1and CalcAgeChild >= 12).

VARIABLE LABEL filter_\$ 'q83 = 1and CalcAgeChild >= 12 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q84mea1_Rub

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84measles1_Rub

Kigeme	N	Valid	141
		Missing	0
Kaduha	N	Valid	142
		Missing	0

q84measles1_Rub

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	11	7,8	7,8	7,8
		Yes	130	92,2	92,2	100,0
		Total	141	100,0	100,0	
Kaduha	Valid	No	8	5,6	5,6	5,6
		Yes	134	94,4	94,4	100,0
		Total	142	100,0	100,0	

Frequencies

USE ALL.

COMPUTE filter_\$=(q83 = 1and CalcAgeChild >= 15).

VARIABLE LABEL filter_\$ 'q83 = 1and CalcAgeChild >= 15 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q84mea2

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84measles2

<i>Kigeme</i>	<i>N</i>	<i>Valid</i>	<i>103</i>
		<i>Missing</i>	<i>0</i>
<i>Kaduha</i>	<i>N</i>	<i>Valid</i>	<i>94</i>
		<i>Missing</i>	<i>0</i>

q84measles2

<i>HospitalCatchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	<i>20</i>	<i>19,4</i>	<i>19,4</i>	<i>19,4</i>
		<i>Yes</i>	<i>83</i>	<i>80,6</i>	<i>80,6</i>	<i>100,0</i>
		<i>Total</i>	<i>103</i>	<i>100,0</i>	<i>100,0</i>	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	<i>37</i>	<i>39,4</i>	<i>39,4</i>	<i>39,4</i>
		<i>Yes</i>	<i>57</i>	<i>60,6</i>	<i>60,6</i>	<i>100,0</i>
		<i>Total</i>	<i>94</i>	<i>100,0</i>	<i>100,0</i>	

USE ALL.

COMPUTE filter_\$=(q83 = 1and CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'q83 = 1and CalcAgeChild >= 6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q84vita1

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84vita recent dose1

Kigeme	N	Valid	257
		Missing	0
Kaduha	N	Valid	247
		Missing	0

q84vita recent dose

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	158	61,5	61,5	61,5
		Yes	99	38,5	38,5	100,0
		Total	257	100,0	100,0	
Kaduha	Valid	No	145	58,7	58,7	58,7
		Yes	102	41,3	41,3	100,0
		Total	247	100,0	100,0	

FREQUENCIES VARIABLES=q84vitap

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\KPC_VACCINATION.sav

Statistics

q84vita previous dose

Kigeme	N	Valid	257
		Missing	0
Kaduha	N	Valid	247
		Missing	0

q84vita previous dose

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	238	92,6	92,6	92,6
		Yes	19	7,4	7,4	100,0
		Total	257	100,0	100,0	
Kaduha	Valid	No	227	91,9	91,9	91,9
		Yes	20	8,1	8,1	100,0
		Total	247	100,0	100,0	

Q85.Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given during immunization campaigns?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q85

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

FREQUENCIES VARIABLES=q85

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q85

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q85

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	351	97,5	97,5	97,5
		Yes	9	2,5	2,5	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	341	94,7	94,7	94,7
		Yes	14	3,9	3,9	98,6
		Don't know	5	1,4	1,4	100,0
		Total	360	100,0	100,0	

Q86. Please tell me if (NAME) received BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?

USE ALL.

COMPUTE filter_\$=(q85 = 1).

VARIABLE LABEL filter_\$ 'q85 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q86

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q86

Kigeme	N	Valid	9
		Missing	0
Kaduha	N	Valid	14
		Missing	0

q86. BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	1	11,1	11,1	11,1
		Yes	6	66,7	66,7	77,8
		Don't know	2	22,2	22,2	100,0
		Total	9	100,0	100,0	
Kaduha	Valid	No	5	35,7	35,7	35,7
		Yes	9	64,3	64,3	100,0
		Total	14	100,0	100,0	

Q87. Please tell me if (NAME) received Polio vaccine, that is, drops like these, in the mouth?

USE ALL.

COMPUTE filter_\$=(q85 = 1).

VARIABLE LABEL filter_\$ 'q85 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q87

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q87

Kigeme	N	Valid	9
		Missing	0
Kaduha	N	Valid	14
		Missing	0

q87

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	1	11,1	11,1	11,1
		Yes	6	66,7	66,7	77,8
		Don't Know	2	22,2	22,2	100,0
		Total	9	100,0	100,0	
Kaduha	Valid	No	5	35,7	35,7	35,7
		Yes	9	64,3	64,3	100,0
		Total	14	100,0	100,0	

Q88. When was the first polio vaccine received? [In the first two weeks after birth or later?

USE ALL.

COMPUTE filter_\$=(q87 = 1).

VARIABLE LABEL filter_\$ 'q87 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q88

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q88

Kigeme	N	Valid	6
		Missing	0
Kaduha	N	Valid	9
		Missing	0

q88

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	First Two Weeks After Birth	6	100,0	100,0	100,0
Kaduha	Valid	First Two Weeks After Birth	6	66,7	66,7	66,7
		Later	3	33,3	33,3	100,0
		Total	9	100,0	100,0	

Q89.How many times was the polio vaccine received?

USE ALL.

COMPUTE filter_\$=(q87 = 1).

VARIABLE LABEL filter_\$ 'q87 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q89

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q89

Kigeme	N	Valid	6
		Missing	0
		Mean	2,67
		Median	1,00
		Std. Deviation	2,875
Kaduha	N	Valid	9
		Missing	0
		Mean	2,67
		Median	3,00
		Std. Deviation	1,225

q89

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	yes	4	66,7	66,7	66,7
		4 times	1	16,7	16,7	83,3
		88 Don't Know	1	16,7	16,7	100,0

<i>Total</i>			6	100,0	100,0	
Kaduha	Valid	yes	2	22,2	22,2	22,2
		2 times	2	22,2	22,2	44,4
		3 times	2	22,2	22,2	66,7
		4 times	3	33,3	33,3	100,0
		<i>Total</i>	9	100,0	100,0	

Q90. Has (NAME) received DTP vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?

USE ALL.

COMPUTE filter_\$=(q87 = 1).

VARIABLE LABEL filter_\$ 'q87 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q90

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q90

Kigeme	N	Valid	6
		Missing	0
Kaduha	N	Valid	9
		Missing	0

q90

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	6	100,0	100,0	100,0
Kaduha	Valid	Yes	9	100,0	100,0	100,0

Q91.How many times?

USE ALL.

COMPUTE filter_\$=(q87 = 1).

VARIABLE LABEL filter_\$ 'q87 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q91

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

FREQUENCIES VARIABLES=q91

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q91

Kigeme	N	Valid	6
		Missing	0
	Mean		2,67
	Median		3,00
	Std. Deviation		,816
Kaduha	N	Valid	9
		Missing	0
	Mean		3,00
	Median		3,00
	Std. Deviation		2,062

q91

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	1	16,7	16,7	16,7
		3 times	5	83,3	83,3	100,0
		Total	6	100,0	100,0	
Kaduha	Valid	Yes	2	22,2	22,2	22,2
		2 times	1	11,1	11,1	33,3
		3 times	5	55,6	55,6	88,9
		88 Don't know	1	11,1	11,1	100,0
		Total	9	100,0	100,0	

Q92a.Did (name of child) ever receive an injection in the arm to prevent Measles?

Frequencies

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 12 and q85 = 1).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 12 and q85 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q92a

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q92a

Kigeme	N	Valid	5
		Missing	0
Kaduha	N	Valid	9
		Missing	0

q92a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	5	100,0	100,0	100,0

Kaduha	Valid	No	2	22,2	22,2	22,2
		Yes	7	77,8	77,8	100,0
	Total		9	100,0	100,0	

Q92b.Did (name of child) ever receive a dose of vitamin A?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >=6 and q85 = 1).

VARIABLE LABEL filter_\$ 'CalcAgeChild >=6 and q85 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q92b

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q92b

Kigeme	N	Valid	9
		Missing	0
Kaduha	N	Valid	13
		Missing	0

q92b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	1	11,1	11,1	11,1
		Yes	8	88,9	88,9	100,0
		Total	9	100,0	100,0	
Kaduha	Valid	No	1	7,7	7,7	7,7
		Yes	12	92,3	92,3	100,0
		Total	13	100,0	100,0	

Q93. May I weigh (name of child)?

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q93

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q93 Child weight

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	360	100,0	100,0	100,0
Kaduha	Valid	Yes	360	100,0	100,0	100,0

Q93. Child Weight

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q93weightavg

Kigeme	N	Valid	360
		Missing	0
	Mean		7,889
	Median		8,000
	Std. Deviation		2,1093
Kaduha	N	Valid	360
		Missing	0
	Mean		8,131
	Median		8,400
	Std. Deviation		2,1814

q93weightavg

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	3	1,3		,3	,3
		3.1	1,3		,3	,6
		3.4	1,3		,3	,8
		3.5	4	1,1	1,1	1,9
		3.6	2,6		,6	2,5
		3.8	1,3		,3	2,8
		3.9	4	1,1	1,1	3,9
		4	2,6		,6	4,4
		4.1	1,3		,3	4,7
		4.2	2,6		,6	5,3
		4.3	3,8		,8	6,1
		4.4	5	1,4	1,4	7,5
		4.5	2,6		,6	8,1
		4.6	1,3		,3	8,3
		4.7	4	1,1	1,1	9,4
		4.9	2,6		,6	10,0
		5	1,3		,3	10,3
		5.1	4	1,1	1,1	11,4
		5.3	3,8		,8	12,2
		5.4	6	1,7	1,7	13,9
		5.5	6	1,7	1,7	15,6
		5.6	5	1,4	1,4	16,9
		5.7	2,6		,6	17,5
		5.8	4	1,1	1,1	18,6
		5.9	2,6		,6	19,2

6	5	1,4	1,4	20,6
6.1	6	1,7	1,7	22,2
6.2	5	1,4	1,4	23,6
6.3	3,8	,8		24,4
6.4	3,8	,8		25,3
6.5	5	1,4	1,4	26,7
6.6	5	1,4	1,4	28,1
6.7	2,6	,6		28,6
6.8	6	1,7	1,7	30,3
6.9	6	1,7	1,7	31,9
7	3,8	,8		32,8
7.1	6	1,7	1,7	34,4
7.2	7	1,9	1,9	36,4
7.3	6	1,7	1,7	38,1
7.4	9	2,5	2,5	40,6
7.5	8	2,2	2,2	42,8
7.6	7	1,9	1,9	44,7
7.7	2,6	,6		45,3
7.8	10	2,8	2,8	48,1
7.9	4	1,1	1,1	49,2
8	6	1,7	1,7	50,8
8.1	6	1,7	1,7	52,5
8.2	9	2,5	2,5	55,0
8.3	13	3,6	3,6	58,6
8.4	6	1,7	1,7	60,3
8.5	7	1,9	1,9	62,2
8.6	2,6	,6		62,8
8.7	6	1,7	1,7	64,4
8.8	6	1,7	1,7	66,1
8.9	3,8	,8		66,9
9	5	1,4	1,4	68,3
9.1	10	2,8	2,8	71,1
9.2	9	2,5	2,5	73,6
9.3	5	1,4	1,4	75,0
9.4	7	1,9	1,9	76,9
9.5	6	1,7	1,7	78,6
9.6	3,8	,8		79,4
9.7	4	1,1	1,1	80,6
9.8	3,8	,8		81,4
9.9	2,6	,6		81,9
10	4	1,1	1,1	83,1

		10.1	2,6	,6		83,6
		10.2	6	1,7	1,7	85,3
		10.3	2,6	,6		85,8
		10.4	4	1,1	1,1	86,9
		10.5	6	1,7	1,7	88,6
		10.6	1,3	,3		88,9
		10.7	2,6	,6		89,4
		10.8	4	1,1	1,1	90,6
		10.9	5	1,4	1,4	91,9
		11	7	1,9	1,9	93,9
		11.1	2,6	,6		94,4
		11.2	3,8	,8		95,3
		11.4	3,8	,8		96,1
		11.5	3,8	,8		96,9
		11.6	1,3	,3		97,2
		11.7	1,3	,3		97,5
		11.8	2,6	,6		98,1
		11.9	3,8	,8		98,9
		12	1,3	,3		99,2
		12.3	1,3	,3		99,4
		12.6	1,3	,3		99,7
		12.7	1,3	,3		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	2.6	1,3	,3	,3	
		3	1,3	,3	,6	
		3.2	3,8	,8		1,4
		3.4	2,6	,6		1,9
		3.5	3,8	,8		2,8
		3.7	2,6	,6		3,3
		3.8	1,3	,3		3,6
		3.9	1,3	,3		3,9
		4	2,6	,6		4,4
		4.1	2,6	,6		5,0
		4.2	1,3	,3		5,3
		4.3	3,8	,8		6,1
		4.4	3,8	,8		6,9
		4.5	4	1,1	1,1	8,1
		4.6	1,3	,3		8,3
		4.7	1,3	,3		8,6
		4.8	3,8	,8		9,4
		4.9	1,3	,3		9,7
		5	4	1,1	1,1	10,8

5.1	1,3	,3		11,1
5.2	5	1,4	1,4	12,5
5.3	2,6	,6		13,1
5.4	3,8	,8		13,9
5.6	1,3	,3		14,2
5.7	1,3	,3		14,4
5.8	7	1,9	1,9	16,4
5.9	4	1,1	1,1	17,5
6	3,8	,8		18,3
6.1	4	1,1	1,1	19,4
6.2	1,3	,3		19,7
6.3	1,3	,3		20,0
6.4	5	1,4	1,4	21,4
6.5	5	1,4	1,4	22,8
6.7	2,6	,6		23,3
6.8	4	1,1	1,1	24,4
6.9	6	1,7	1,7	26,1
7	6	1,7	1,7	27,8
7.1	5	1,4	1,4	29,2
7.2	7	1,9	1,9	31,1
7.3	4	1,1	1,1	32,2
7.4	5	1,4	1,4	33,6
7.5	10	2,8	2,8	36,4
7.6	3,8	,8		37,2
7.7	4	1,1	1,1	38,3
7.8	3,8	,8		39,2
7.9	6	1,7	1,7	40,8
8	9	2,5	2,5	43,3
8.1	12	3,3	3,3	46,7
8.2	5	1,4	1,4	48,1
8.3	4	1,1	1,1	49,2
8.4	13	3,6	3,6	52,8
8.5	12	3,3	3,3	56,1
8.6	4	1,1	1,1	57,2
8.7	6	1,7	1,7	58,9
8.8	7	1,9	1,9	60,8
8.9	7	1,9	1,9	62,8
9	9	2,5	2,5	65,3
9.1	7	1,9	1,9	67,2
9.2	10	2,8	2,8	70,0
9.3	6	1,7	1,7	71,7
9.4	9	2,5	2,5	74,2
9.5	9	2,5	2,5	76,7
9.6	2,6	,6		77,2

9.7	3,8	,8		78,1
9.8	10	2,8	2,8	80,8
9.9	3,8	,8		81,7
10	7	1,9	1,9	83,6
10.1	2,6	,6		84,2
10.2	5	1,4	1,4	85,6
10.3	3,8	,8		86,4
10.4	5	1,4	1,4	87,8
10.5	4	1,1	1,1	88,9
10.7	3,8	,8		89,7
10.8	3,8	,8		90,6
10.9	2,6	,6		91,1
11	5	1,4	1,4	92,5
11.1	2,6	,6		93,1
11.2	2,6	,6		93,6
11.3	1,3	,3		93,9
11.4	2,6	,6		94,4
11.5	3,8	,8		95,3
11.7	1,3	,3		95,6
11.8	2,6	,6		96,1
12	4	1,1	1,1	97,2
12.1	1,3	,3		97,5
12.4	1,3	,3		97,8
12.5	1,3	,3		98,1
12.6	1,3	,3		98,3
13	1,3	,3		98,6
13.2	2,6	,6		99,2
13.5	1,3	,3		99,4
14	1,3	,3		99,7
14.1	1,3	,3		100,0
Total	360	100,0	100,0	

Q94.May I use MUAC Tape with (name of child)?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q94

/ORDER=ANALYSIS.

EXECUTE.

FREQUENCIES VARIABLES=q94

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q94

Kigeme	N	Valid	270

		Missing	0
Kaduha	N	Valid	270
		Missing	0

q94 Child MUAC

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid Yes	270	100,0	100,0	100,0
Kaduha Valid Yes	270	100,0	100,0	100,0

q94. Child MUAC

FREQUENCIES VARIABLES=q94muacavg

/STATISTICS=STDDEV MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q94muacavg

Kigeme	N	Valid	270
		Missing	0
	Mean		14,091
	Median		14,000
	Std. Deviation		1,1210
Kaduha	N	Valid	270
		Missing	0
	Mean		14,346
	Median		14,100
	Std. Deviation		1,1020

q94 Child MUAC

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid 11.0	1,4	,4	,4	
11.4	1,4	,4	,7	
11.5	1,4	,4		1,1
11.8	2,7	,7		1,9
12.0	5	1,9	1,9	3,7
12.1	1,4	,4		4,1
12.2	1,4	,4		4,4
12.3	1,4	,4		4,8
12.4	1,4	,4		5,2
12.5	4	1,5	1,5	6,7
12.6	4	1,5	1,5	8,1
12.7	3	1,1	1,1	9,3
12.8	3	1,1	1,1	10,4
12.9	3	1,1	1,1	11,5

		13.0	22	8,1	8,1	19,6
		13.1	11	4,1	4,1	23,7
		13.2	4	1,5	1,5	25,2
		13.3	4	1,5	1,5	26,7
		13.4	1,4	,4		27,0
		13.5	18	6,7	6,7	33,7
		13.6	9	3,3	3,3	37,0
		13.7	3	1,1	1,1	38,1
		13.8	2,7	,7		38,9
		13.9	3	1,1	1,1	40,0
		14.0	40	14,8	14,8	54,8
		14.1	11	4,1	4,1	58,9
		14.2	3	1,1	1,1	60,0
		14.3	6	2,2	2,2	62,2
		14.4	5	1,9	1,9	64,1
		14.5	20	7,4	7,4	71,5
		14.6	3	1,1	1,1	72,6
		14.7	2,7	,7		73,3
		14.9	5	1,9	1,9	75,2
		15.0	17	6,3	6,3	81,5
		15.1	7	2,6	2,6	84,1
		15.2	4	1,5	1,5	85,6
		15.3	2,7	,7		86,3
		15.4	4	1,5	1,5	87,8
		15.5	6	2,2	2,2	90,0
		15.6	2,7	,7		90,7
		15.7	2,7	,7		91,5
		15.8	2,7	,7		92,2
		15.9	1,4	,4		92,6
		16.0	7	2,6	2,6	95,2
		16.1	3	1,1	1,1	96,3
		16.2	2,7	,7		97,0
		16.3	1,4	,4		97,4
		16.5	2,7	,7		98,1
		16.7	1,4	,4		98,5
		16.9	1,4	,4		98,9
		17.0	2,7	,7		99,6
		17.5	1,4	,4		100,0
		Total	270	100,0	100,0	
Kaduha	Valid	11.5	1,4	,4	,4	
		12.0	3	1,1	1,1	1,5

12.1	1,4	,4		1,9
12.4	1,4	,4		2,2
12.5	1,4	,4		2,6
12.6	1,4	,4		3,0
12.7	1,4	,4		3,3
12.8	2,7	,7		4,1
12.9	6	2,2	2,2	6,3
13.0	19	7,0	7,0	13,3
13.1	7	2,6	2,6	15,9
13.2	8	3,0	3,0	18,9
13.3	4	1,5	1,5	20,4
13.4	1,4	,4		20,7
13.5	23	8,5	8,5	29,3
13.6	5	1,9	1,9	31,1
13.7	2,7	,7		31,9
13.8	2,7	,7		32,6
13.9	1,4	,4		33,0
14.0	42	15,6	15,6	48,5
14.1	6	2,2	2,2	50,7
14.2	5	1,9	1,9	52,6
14.3	2,7	,7		53,3
14.4	3	1,1	1,1	54,4
14.5	21	7,8	7,8	62,2
14.6	2,7	,7		63,0
14.7	2,7	,7		63,7
14.8	1,4	,4		64,1
14.9	2,7	,7		64,8
1.05	29	10,7	10,7	75,6
15.1	7	2,6	2,6	78,1
15.2	7	2,6	2,6	80,7
15.3	4	1,5	1,5	82,2
15.4	1,4	,4		82,6
15.5	10	3,7	3,7	86,3
15.6	2,7	,7		87,0
15.9	1,4	,4		87,4
16.0	18	6,7	6,7	94,1
16.1	3	1,1	1,1	95,2
16.3	1,4	,4		95,6
16.4	1,4	,4		95,9
16.5	6	2,2	2,2	98,1
17.0	4	1,5	1,5	99,6
17.5	1,4	,4		100,0
Total	270	100,0	100,0	

Q95. May I measure length for (name of child)?

FREQUENCIES VARIABLES=q95

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q95

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q95 Child Length

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	360	100,0	100,0	100,0
Kaduha	Valid	Yes	360	100,0	100,0	100,0

q95. Child Length

FREQUENCIES VARIABLES=q95lengthavg

/ORDER=ANALYSIS.

Frequencies

Statistics

q95lengthavg

Kigeme	N	Valid	360
		Missing	0
	Mean		68,412
	Median		69,000
	Std. Deviation		8,6880
Kaduha	N	Valid	360
		Missing	0
	Mean		68,861
	Median		69,500
	Std. Deviation		8,5419

q95 child length(cm)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	47.0	1,3	,3	,3	,3
		48.4	1,3	,3	,3	,6
		49.0	2,6	,6	,6	1,1
		50.0	4	1,1	1,1	2,2
		50.1	2,6	,6	,6	2,8
		51.0	4	1,1	1,1	3,9
		51.2	1,3	,3	,3	4,2
		52.0	3,8	,8	,8	5,0

	52.5	1,3	,3		5,3
	53.0	1,3	,3		5,6
	53.2	1,3	,3		5,8
	53.5	2,6	,6		6,4
	53.9	1,3	,3		6,7
	54.0	3,8	,8		7,5
	54.1	1,3	,3		7,8
	54.3	1,3	,3		8,1
	54.8	1,3	,3		8,3
	55.0	2,6	,6		8,9
	55.3	1,3	,3		9,2
	55.4	1,3	,3		9,4
	56.0	5	1,4	1,4	10,8
	56.1	2,6	,6		11,4
	56.3	2,6	,6		11,9
	57.0	2,6	,6		12,5
	57.1	2,6	,6		13,1
	57.2	1,3	,3		13,3
	57.4	2,6	,6		13,9
	57.6	1,3	,3		14,2
	58.0	2,6	,6		14,7
	58.1	1,3	,3		15,0
	58.4	1,3	,3		15,3
	58.5	1,3	,3		15,6
	58.8	1,3	,3		15,8
	59.0	4	1,1	1,1	16,9
	59.2	2,6	,6		17,5
	59.5	3,8	,8		18,3
	60.0	7	1,9	1,9	20,3
	60.1	1,3	,3		20,6
	60.2	1,3	,3		20,8
	60.5	3,8	,8		21,7
	60.6	1,3	,3		21,9
	61.0	3,8	,8		22,8
	61.3	1,3	,3		23,1
	61.6	1,3	,3		23,3
	61.7	1,3	,3		23,6
	61.8	1,3	,3		23,9
	62.0	3,8	,8		24,7
	62.1	1,3	,3		25,0
	63.0	3,8	,8		25,8

63.1	1,3	,3		26,1
63.3	1,3	,3		26,4
63.4	2,6	,6		26,9
63.5	1,3	,3		27,2
63.9	1,3	,3		27,5
64.0	7	1,9	1,9	29,4
64.1	2,6	,6		30,0
64.2	1,3	,3		30,3
64.4	2,6	,6		30,8
64.5	2,6	,6		31,4
64.6	2,6	,6		31,9
65.0	1,3	,3		32,2
65.1	7	1,9	1,9	34,2
65.2	1,3	,3		34,4
65.3	1,3	,3		34,7
65.5	2,6	,6		35,3
65.6	1,3	,3		35,6
66.0	7	1,9	1,9	37,5
66.1	1,3	,3		37,8
66.2	1,3	,3		38,1
66.4	1,3	,3		38,3
66.5	2,6	,6		38,9
66.6	2,6	,6		39,4
67.0	9	2,5	2,5	41,9
67.3	2,6	,6		42,5
67.5	1,3	,3		42,8
67.6	2,6	,6		43,3
67.8	1,3	,3		43,6
68.0	9	2,5	2,5	46,1
68.1	3,8	,8		46,9
68.2	1,3	,3		47,2
68.3	1,3	,3		47,5
68.4	2,6	,6		48,1
68.6	1,3	,3		48,3
68.7	2,6	,6		48,9
68.8	1,3	,3		49,2
68.9	1,3	,3		49,4
69.0	5	1,4	1,4	50,8
69.1	1,3	,3		51,1
69.2	1,3	,3		51,4
69.5	1,3	,3		51,7

69.9	1,3	,3		51,9
70.0	7	1,9	1,9	53,9
70.1	2,6	,6		54,4
70.5	1,3	,3		54,7
70.6	2,6	,6		55,3
71.0	6	1,7	1,7	56,9
71.1	5	1,4	1,4	58,3
71.2	1,3	,3		58,6
71.3	3,8	,8		59,4
71.4	1,3	,3		59,7
71.9	1,3	,3		60,0
72.0	4	1,1	1,1	61,1
72.2	2,6	,6		61,7
72.4	1,3	,3		61,9
72.5	2,6	,6		62,5
72.7	1,3	,3		62,8
73.0	8	2,2	2,2	65,0
73.1	4	1,1	1,1	66,1
73.3	2,6	,6		66,7
73.5	1,3	,3		66,9
73.6	1,3	,3		67,2
74.0	11	3,1	3,1	70,3
74.1	1,3	,3		70,6
74.2	2,6	,6		71,1
74.4	2,6	,6		71,7
74.5	3,8	,8		72,5
74.8	1,3	,3		72,8
74.9	1,3	,3		73,1
75.0	10	2,8	2,8	75,8
75.1	4	1,1	1,1	76,9
75.3	1,3	,3		77,2
75.5	2,6	,6		77,8
75.6	1,3	,3		78,1
76.0	6	1,7	1,7	79,7
76.1	1,3	,3		80,0
76.2	1,3	,3		80,3
76.3	2,6	,6		80,8
76.6	1,3	,3		81,1
76.9	1,3	,3		81,4
77.0	6	1,7	1,7	83,1
77.1	2,6	,6		83,6

		77.2	1,3	,3		83,9
		77.3	1,3	,3		84,2
		77.4	1,3	,3		84,4
		77.8	2,6	,6		85,0
		78.0	5	1,4	1,4	86,4
		78.1	1,3	,3		86,7
		78.2	2,6	,6		87,2
		78.4	2,6	,6		87,8
		78.5	1,3	,3		88,1
		79.0	6	1,7	1,7	89,7
		79.1	1,3	,3		90,0
		79.2	1,3	,3		90,3
		79.3	1,3	,3		90,6
		79.5	1,3	,3		90,8
		79.6	1,3	,3		91,1
		79.8	1,3	,3		91,4
		80.0	4	1,1	1,1	92,5
		80.1	1,3	,3		92,8
		80.2	1,3	,3		93,1
		80.5	2,6	,6		93,6
		80.7	1,3	,3		93,9
		80.8	1,3	,3		94,2
		81.0	8	2,2	2,2	96,4
		81.1	1,3	,3		96,7
		82.0	2,6	,6		97,2
		82.1	2,6	,6		97,8
		83.0	1,3	,3		98,1
		83.1	1,3	,3		98,3
		83.4	1,3	,3		98,6
		83.5	1,3	,3		98,9
		84.1	1,3	,3		99,2
		85.0	1,3	,3		99,4
		85.1	1,3	,3		99,7
		86.3	1,3	,3		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	45.5	1,3	,3	,3	
		48.0	1,3	,3	,6	
		49.5	1,3	,3	,8	
		50.0	5	1,4	1,4	2,2
		51.0	1,3	,3		2,5
		51.1	1,3	,3		2,8

51.4	1,3	,3		3,1
52.0	2,6	,6		3,6
52.1	1,3	,3		3,9
53.0	2,6	,6		4,4
53.2	2,6	,6		5,0
54.0	4	1,1	1,1	6,1
54.3	1,3	,3		6,4
54.9	1,3	,3		6,7
55.0	5	1,4	1,4	8,1
55.1	1,3	,3		8,3
55.5	2,6	,6		8,9
55.7	1,3	,3		9,2
55.8	1,3	,3		9,4
56.0	6	1,7	1,7	11,1
56.4	1,3	,3		11,4
56.9	1,3	,3		11,7
57.0	1,3	,3		11,9
57.2	1,3	,3		12,2
57.3	2,6	,6		12,8
57.4	1,3	,3		13,1
58.0	1,3	,3		13,3
58.1	2,6	,6		13,9
58.7	2,6	,6		14,4
59.0	4	1,1	1,1	15,6
59.1	1,3	,3		15,8
59.5	3,8	,8		16,7
60.0	4	1,1	1,1	17,8
60.2	1,3	,3		18,1
60.5	2,6	,6		18,6
60.7	1,3	,3		18,9
61.0	4	1,1	1,1	20,0
61.1	1,3	,3		20,3
61.2	1,3	,3		20,6
61.8	1,3	,3		20,8
62.0	5	1,4	1,4	22,2
62.9	1,3	,3		22,5
63.0	5	1,4	1,4	23,9
63.1	2,6	,6		24,4
63.5	2,6	,6		25,0
63.7	1,3	,3		25,3
64.0	5	1,4	1,4	26,7
64.1	3,8	,8		27,5
64.5	1,3	,3		27,8
64.9	1,3	,3		28,1

	65.0	8	2,2	2,2	30,3
	65.2	3,8	,8		31,1
	65.3	1,3	,3		31,4
	65.4	1,3	,3		31,7
	65.6	1,3	,3		31,9
	66.0	7	1,9	1,9	33,9
	66.1	1,3	,3		34,2
	66.4	1,3	,3		34,4
	66.5	2,6	,6		35,0
	66.7	1,3	,3		35,3
	66.8	1,3	,3		35,6
	66.9	1,3	,3		35,8
	67.0	6	1,7	1,7	37,5
	67.1	2,6	,6		38,1
	67.4	1,3	,3		38,3
	67.6	1,3	,3		38,6
	68.0	10	2,8	2,8	41,4
	68.1	1,3	,3		41,7
	68.3	3,8	,8		42,5
	68.5	2,6	,6		43,1
	68.8	1,3	,3		43,3
	68.9	1,3	,3		43,6
	69.0	15	4,2	4,2	47,8
	69.1	2,6	,6		48,3
	69.2	3,8	,8		49,2
	69.3	1,3	,3		49,4
	69.4	1,3	,3		49,7
	69.5	2,6	,6		50,3
	69.7	1,3	,3		50,6
	70.0	17	4,7	4,7	55,3
	70.1	3,8	,8		56,1
	70.2	1,3	,3		56,4
	70.3	1,3	,3		56,7
	71.0	9	2,5	2,5	59,2
	71.1	1,3	,3		59,4
	71.2	1,3	,3		59,7
	71.3	1,3	,3		60,0
	71.4	1,3	,3		60,3
	71.5	2,6	,6		60,8
	71.7	1,3	,3		61,1
	71.9	1,3	,3		61,4
	72.0	10	2,8	2,8	64,2
	72.1	1,3	,3		64,4
	72.3	1,3	,3		64,7

72.4	2,6	,6		65,3
72.7	1,3	,3		65,6
73.0	7	1,9	1,9	67,5
73.1	2,6	,6		68,1
73.2	2,6	,6		68,6
73.3	2,6	,6		69,2
73.5	1,3	,3		69,4
73.7	1,3	,3		69,7
74.0	8	2,2	2,2	71,9
74.1	2,6	,6		72,5
74.2	1,3	,3		72,8
74.4	1,3	,3		73,1
74.5	3,8	,8		73,9
74.8	1,3	,3		74,2
75.0	10	2,8	2,8	76,9
75.1	1,3	,3		77,2
75.4	1,3	,3		77,5
75.8	1,3	,3		77,8
75.9	1,3	,3		78,1
76.0	3,8	,8		78,9
76.1	4	1,1	1,1	80,0
76.2	2,6	,6		80,6
76.4	1,3	,3		80,8
76.5	4	1,1	1,1	81,9
76.8	1,3	,3		82,2
77.0	5	1,4	1,4	83,6
77.1	1,3	,3		83,9
77.5	2,6	,6		84,4
77.9	1,3	,3		84,7
78.0	6	1,7	1,7	86,4
78.3	1,3	,3		86,7
78.5	3,8	,8		87,5
78.8	1,3	,3		87,8
79.0	2,6	,6		88,3
79.1	1,3	,3		88,6
79.4	1,3	,3		88,9
79.6	1,3	,3		89,2
80.0	9	2,5	2,5	91,7
80.1	1,3	,3		91,9
80.3	1,3	,3		92,2
80.8	1,3	,3		92,5
81.0	5	1,4	1,4	93,9
81.1	1,3	,3		94,2
81.5	2,6	,6		94,7

82.0	3,8	,8	95,6
82.2	1,3	,3	95,8
82.3	1,3	,3	96,1
83.0	3,8	,8	96,9
83.1	1,3	,3	97,2
84.0	2,6	,6	97,8
84.4	1,3	,3	98,1
85.0	2,6	,6	98,6
85.1	1,3	,3	98,9
85.5	1,3	,3	99,2
86.0	1,3	,3	99,4
87.5	1,3	,3	99,7
88.1	1,3	,3	100,0
Total	360	100,0	100,0

Q95a. Check if (name of child) has oedema in both feet

Statistics

q95a

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q95a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	358	99,4	99,4	99,4
		Yes	2,6	,6		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	359	99,7	99,7	99,7
		Yes	1,3	,3		100,0
		Total	360	100,0	100,0	

Q96. May I use MUAC Tape with you?

USE ALL.

COMPUTE filter_\$=(BiologicalMother = 1).

VARIABLE LABEL filter_\$ 'BiologicalMother = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q96

/ORDER=ANALYSIS.

Statistics

q96

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357

Statistics

q96

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	357
		Missing	0

q96 Maternal MUAC

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	360	100,0	100,0	100,0
Kaduha	Valid	Yes	357	100,0	100,0	100,0

Q96. Maternal MUAC

Frequencies

[DataSet1] C:\Users\World Relief RWANDA\Desktop\KPC RAW DATA\WRR YEAR4 KPC 04242015.sav

Statistics

q96muacavg

Kigeme	N	Valid	360
		Missing	0
	Mean		25,904
	Median		26,000
	Std. Deviation		2,4124
Kaduha	N	Valid	357
		Missing	0
	Mean		25,568
	Median		25,500
	Std. Deviation		2,3410

q96 Maternal MUAC (cm)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	19.1	1	,3	,3	,3
		21.0	1	,3	,3	,6
		21.5	3	,8	,8	1,4
		21.7	1	,3	,3	1,7
		21.8	1	,3	,3	1,9
		22.0	6	1,7	1,7	3,6
		22.1	1	,3	,3	3,9
		22.2	2	,6	,6	4,4
		22.3	1	,3	,3	4,7
		22.4	3	,8	,8	5,6
		22.5	2	,6	,6	6,1
		22.6	6	1,7	1,7	7,8
		22.8	1	,3	,3	8,1
		22.9	2	,6	,6	8,6

23.0	7	1,9	1,9	10,6
23.1	5	1,4	1,4	11,9
23.2	5	1,4	1,4	13,3
23.5	13	3,6	3,6	16,9
23.6	2,6	,6		17,5
23.7	3,8	,8		18,3
23.8	1,3	,3		18,6
23.9	2,6	,6		19,2
24.0	19	5,3	5,3	24,4
24.1	7	1,9	1,9	26,4
24.2	3,8	,8		27,2
24.3	2,6	,6		27,8
24.4	5	1,4	1,4	29,2
24.5	11	3,1	3,1	32,2
24.6	7	1,9	1,9	34,2
24.8	1,3	,3		34,4
25.0	17	4,7	4,7	39,2
25.1	5	1,4	1,4	40,6
25.2	1,3	,3		40,8
25.3	2,6	,6		41,4
25.4	2,6	,6		41,9
25.5	18	5,0	5,0	46,9
25.6	5	1,4	1,4	48,3
25.9	2,6	,6		48,9
26.0	27	7,5	7,5	56,4
26.1	4	1,1	1,1	57,5
26.2	5	1,4	1,4	58,9
26.3	3,8	,8		59,7
26.4	5	1,4	1,4	61,1
26.5	15	4,2	4,2	65,3
26.6	2,6	,6		65,8
26.7	2,6	,6		66,4
26.8	2,6	,6		66,9
26.9	3,8	,8		67,8
27.0	18	5,0	5,0	72,8
27.1	7	1,9	1,9	74,7
27.2	1,3	,3		75,0
27.4	2,6	,6		75,6
27.5	12	3,3	3,3	78,9
27.6	4	1,1	1,1	80,0
27.7	1,3	,3		80,3

		27.8	2,6	,6		80,8
		28.0	11	3,1	3,1	83,9
		28.1	7	1,9	1,9	85,8
		28.2	2,6	,6		86,4
		28.3	2,6	,6		86,9
		28.5	10	2,8	2,8	89,7
		28.6	3,8	,8		90,6
		29.0	5	1,4	1,4	91,9
		29.1	4	1,1	1,1	93,1
		29.5	4	1,1	1,1	94,2
		30.0	4	1,1	1,1	95,3
		30.1	1,3	,3		95,6
		30.2	2,6	,6		96,1
		31.0	2,6	,6		96,7
		31.2	1,3	,3		96,9
		31.4	1,3	,3		97,2
		31.6	1,3	,3		97,5
		32.0	3,8	,8		98,3
		32.1	1,3	,3		98,6
		32.6	1,3	,3		98,9
		33.1	1,3	,3		99,2
		35.0	2,6	,6		99,7
		35.4	1,3	,3		100,0
		Total	360	100,0	100,0	
Kaduha	Valid	19.9	1,3	,3	,3	
		20.0	2,6	,6	,8	
		20.5	2,6	,6		1,4
		21.0	1,3	,3		1,7
		21.3	1,3	,3		2,0
		21.4	1,3	,3		2,2
		21.5	2,6	,6		2,8
		21.6	1,3	,3		3,1
		21.7	1,3	,3		3,4
		22.0	7	2,0	2,0	5,3
		22.1	2,6	,6		5,9
		22.3	1,3	,3		6,2
		22.4	3,8	,8		7,0
		22.5	3,8	,8		7,8
		22.6	2,6	,6		8,4
		23.0	20	5,6	5,6	14,0
		23.1	3,8	,8		14,8
		23.2	2,6	,6		15,4

23.3	2,6	,6		16,0
23.4	2,6	,6		16,5
23.5	11	3,1	3,1	19,6
23.6	1,3	,3		19,9
23.7	3,8	,8		20,7
23.8	1,3	,3		21,0
24.0	26	7,3	7,3	28,3
24.1	2,6	,6		28,9
24.2	1,3	,3		29,1
24.3	2,6	,6		29,7
24.4	3,8	,8		30,5
24.5	22	6,2	6,2	36,7
24.6	2,6	,6		37,3
24.7	1,3	,3		37,5
24.8	2,6	,6		38,1
24.9	2,6	,6		38,7
25.0	27	7,6	7,6	46,2
25.1	2,6	,6		46,8
25.2	4	1,1	1,1	47,9
25.3	6	1,7	1,7	49,6
25.4	1,3	,3		49,9
25.5	16	4,5	4,5	54,3
25.6	2,6	,6		54,9
25.7	4	1,1	1,1	56,0
25.8	1,3	,3		56,3
25.9	3,8	,8		57,1
26.0	31	8,7	8,7	65,8
26.1	3,8	,8		66,7
26.2	2,6	,6		67,2
26.3	4	1,1	1,1	68,3
26.4	2,6	,6		68,9
26.5	9	2,5	2,5	71,4
26.6	1,3	,3		71,7
26.7	3,8	,8		72,5
26.8	3,8	,8		73,4
26.9	2,6	,6		73,9
27.0	14	3,9	3,9	77,9
27.1	6	1,7	1,7	79,6
27.2	2,6	,6		80,1
27.3	1,3	,3		80,4
27.4	1,3	,3		80,7
27.5	8	2,2	2,2	82,9
27.6	1,3	,3		83,2
28.0	10	2,8	2,8	86,0

28.1	2,6	,6		86,6
28.2	2,6	,6		87,1
28.3	1,3	,3		87,4
28.5	4	1,1	1,1	88,5
28.6	2,6	,6		89,1
28.7	1,3	,3		89,4
28.8	1,3	,3		89,6
28.9	2,6	,6		90,2
29.0	12	3,4	3,4	93,6
29.1	2,6	,6		94,1
29.3	1,3	,3		94,4
29.4	1,3	,3		94,7
29.5	4	1,1	1,1	95,8
29.8	3,8	,8		96,6
30.0	4	1,1	1,1	97,8
30.6	1,3	,3		98,0
30.8	1,3	,3		98,3
31.0	2,6	,6		98,9
31.3	1,3	,3		99,2
33.7	1,3	,3		99,4
34.0	1,3	,3		99,7
37.5	1,3	,3		100,0
Total	357	100,0	100,0	

Total	357	100,0	100,0

Q97.In the past 6 months, have you participated in a week-long training on child feeding and food preparation?

USE ALL.

COMPUTE filter_\$=(HospitalCatchment = 2).

VARIABLE LABEL filter_\$ 'HospitalCatchment = 2 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q97

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q97

Kaduha	N	Valid	360
		Missing	0

q97

HospitalCatchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kaduha Valid No	41	11,4	11,4	11,4

Yes	319	88,6	88,6	100,0
Total	360	100,0	100,0	

98.IF YES: How many times?

USE ALL.

COMPUTE filter_\$=(HospitalCatchment = 2 and q97 = 1).

VARIABLE LABEL filter_\$ 'HospitalCatchment = 2 and q97 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q98

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q98

Kaduha	N	Valid	319
		Missing	0

q98

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kaduha	Valid	Once	12	3,8	3,8	3,8
		Twice	57	17,9	17,9	21,6
		Tree or more	250	78,4	78,4	100,0
		Total	319	100,0	100,0	

Q99. When was the most recent time you participated in such a week-long training? Statistics

q99. When was the most recent time you participated in such a week-long training?

Kaduha	N	Valid	319
		Missing	0

q99. When was the most recent time you participated in such a week-long training?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kaduha	Valid	March 2015	314	98,4	98,4	98,4
		December 2014	2,6	,6		99,1
		March 2014	3,9	,9		100,0
		Total	319	100,0	100,0	

Q100. The most recent time, how many of the days did you participate?

FREQUENCIES VARIABLES=Q100

/ORDER=ANALYSIS.

Statistics

Q100. The most recent time, how many of the days did you participate?

Kaduha	N	Valid	319
		Missing	0

Q100. The most recent time, how many of the days did you participate?

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kaduha	Valid	Once	15	4,7	4,7	4,7
		Twice	21	6,6	6,6	11,3
		3 times	42	13,2	13,2	24,5
		4 times	75	23,5	23,5	48,0
		5 times	166	52,0	52,0	100,0
		Total	319	100,0	100,0	

101. Did you receive a visit related to health in the past month?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q101

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

q101

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

q101

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	200	55,6	55,6	55,6
		Yes	159	44,2	44,2	99,7
		Don't know	1,3	,3	,3	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	No	134	37,2	37,2	37,2
		Yes	226	62,8	62,8	100,0
		Total	360	100,0	100,0	

Q101a. If yes, who visited you?

USE ALL.

COMPUTE filter_\$=(q101 = 1).

VARIABLE LABEL filter_\$ 'q101 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q101A Q101B Q101C Q101D Q101E

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Hospital/Catchment			Q101A	Q101B	Q101C	Q101D	Q101E
Kigeme	N	Valid	159	159	159	159	159
		Missing	0	0	0	0	0
Kaduha	N	Valid	226	226	226	226	226
		Missing	0	0	0	0	0

Frequency Table

Q101A. Care group member

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	19	11,9	11,9	11,9
		Yes	140	88,1	88,1	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	6	2,7	2,7	2,7
		Yes	220	97,3	97,3	100,0
		Total	226	100,0	100,0	

Q101B. Health facilities staff

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	141	88,7	88,7	88,7
		Yes	18	11,3	11,3	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	218	96,5	96,5	96,5

Yes	8	3,5	3,5	100,0
Total	226	100,0	100,0	

Q101C. Local government staff

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	145	91,2	91,2	91,2
		Yes	14	8,8	8,8	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	199	88,1	88,1	88,1
		Yes	27	11,9	11,9	100,0
		Total	226	100,0	100,0	

Q101D. Others?/

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	148	93,1	93,1	93,1
		Yes	11	6,9	6,9	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	223	98,7	98,7	98,7
		Yes	3	1,3	1,3	100,0
		Total	226	100,0	100,0	

Q102. If yes, can you tell me what the purpose of the visit was?

USE ALL.

COMPUTE filter_\$=(q101 = 1).

VARIABLE LABEL filter_\$ 'q101 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q102A Q102B Q102C Q102D Q102E Q102F Q102G

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Hospital/Catchment			Q102A	Q102B	Q102C	Q102D	Q102E	Q102F	Q102G
Kigeme	N	Valid	159	159	159	159	159	159	159
		Missing	0	0	0	0	0	0	0
Kaduha	N	Valid	226	226	226	226	226	226	226
		Missing	0	0	0	0	0	0	0

Frequency Table

Q102A. FOLLOW UP ON SICK CHILD

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	121	76,1	76,1	76,1
		Yes	38	23,9	23,9	100,0
		Total	159	100,0	100,0	

Kaduha	Valid	No	194	85,8	85,8	85,8
		Yes	32	14,2	14,2	100,0
		Total	226	100,0	100,0	

Q102B. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	111	69,8	69,8	69,8
		Yes	48	30,2	30,2	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	164	72,6	72,6	72,6
		Yes	62	27,4	27,4	100,0
		Total	226	100,0	100,0	

Q102C. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	111	69,8	69,8	69,8
		Yes	48	30,2	30,2	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	167	73,9	73,9	73,9
		Yes	59	26,1	26,1	100,0
		Total	226	100,0	100,0	

Q102D. PROVIDE HEALTH EDUCATION ON PNEUMONIA

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	127	79,9	79,9	79,9
		Yes	32	20,1	20,1	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	185	81,9	81,9	81,9
		Yes	41	18,1	18,1	100,0
		Total	226	100,0	100,0	

Q102E. PROVIDE HEALTH EDUCATION ON NUTRITION

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	65	40,9	40,9	40,9
		Yes	94	59,1	59,1	100,0
		Total	159	100,0	100,0	
Kaduha	Valid	No	71	31,4	31,4	31,4
		Yes	155	68,6	68,6	100,0
		Total	226	100,0	100,0	

Q102F. PROVIDE HEALTH EDUCATION ON IMMUNIZATION

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	127	79,9	79,9	79,9

	Yes	32	20,1	20,1	100,0
	Total	159	100,0	100,0	
Kaduha	Valid	No	180	79,6	79,6
		Yes	46	20,4	100,0
	Total	226	100,0	100,0	

Q102G. OTHER

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	103	64,8	64,8
		Yes	56	35,2	100,0
	Total	159	100,0	100,0	
Kaduha	Valid	No	174	77,0	77,0
		Yes	52	23,0	100,0
	Total	226	100,0	100,0	

Q103. Did you receive any health information from a CHW in the last month? If yes, where did you receive that health information?

USE ALL.

COMPUTE filter_\$=(Q103A = 1).

VARIABLE LABEL filter_\$ 'Q103A = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=Q103A Q103B Q103C Q103D Q103E Q103F Q103G Q103H Q103I

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Hospital/Catchment		Q103A	Q103B	Q103C	Q103D	Q103E	Q103F	Q103G	Q103H	Q103I
Kigeme	N	Valid	129	129	129	129	129	129	129	129
		Missing	0	0	0	0	0	0	0	0
Kaduha	N	Valid	127	127	127	127	127	127	127	127
		Missing	0	0	0	0	0	0	0	0

Frequency Table

Q103A. Home visit

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	yes	129	100,0	100,0
Kaduha	Valid	yes	127	100,0	100,0

Q103B. Community Meeting

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	98	76,0	76,0
		yes	31	24,0	100,0

<i>Total</i>			129	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	107	84,3	84,3	84,3
		<i>yes</i>	20	15,7	15,7	100,0
		<i>Total</i>	127	100,0	100,0	

Q103C. Health Facility

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	115	89,1	89,1	89,1
		<i>yes</i>	14	10,9	10,9	100,0
		<i>Total</i>	129	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	118	92,9	92,9	92,9
		<i>yes</i>	9	7,1	7,1	100,0
		<i>Total</i>	127	100,0	100,0	

Q103D. Growth Monitoring and Counseling

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	101	78,3	78,3	78,3
		<i>yes</i>	28	21,7	21,7	100,0
		<i>Total</i>	129	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	98	77,2	77,2	77,2
		<i>yes</i>	29	22,8	22,8	100,0
		<i>Total</i>	127	100,0	100,0	

Q103E. Nutrition Week

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	120	93,0	93,0	93,0
		<i>yes</i>	9	7,0	7,0	100,0
		<i>Total</i>	129	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	65	51,2	51,2	51,2
		<i>yes</i>	62	48,8	48,8	100,0
		<i>Total</i>	127	100,0	100,0	

Q103F. Other

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	127	98,4	98,4	98,4
		<i>yes</i>	2	1,6	1,6	100,0
		<i>Total</i>	129	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	126	99,2	99,2	99,2
		<i>yes</i>	1	,8	,8	100,0
		<i>Total</i>	127	100,0	100,0	

Q103G. Did not receive any health information from a CHW last month.

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	128	99,2	99,2	99,2
		yes	1,8	,8	,8	100,0
		Total	129	100,0	100,0	
Kaduha	Valid	No	125	98,4	98,4	98,4
		yes	2	1,6	1,6	100,0
		Total	127	100,0	100,0	

Q104. Did you receive any health information from a church in the last month? If yes, what was the information?

USE ALL.

COMPUTE filter_\$=(Q104A = 1).

VARIABLE LABEL filter_\$ 'Q104A = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.

EXECUTE.

EXECUTE.

EXECUTE.

EXECUTE.

FREQUENCIES VARIABLES=Q104A Q104B Q104C Q104D Q104E Q104F Q104G Q104H Q104I

/ORDER=ANALYSIS.

Frequencies

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Statistics

Hospital/Catchment			Q104A	Q104B	Q104C	Q104D	Q104E	Q104F	Q104G	Q104H	Q104I
Kigeme	N	Valid	13	13	13	13	13	13	13	13	13
		Missing	0	0	0	0	0	0	0	0	0
Kaduha	N	Valid	15	15	15	15	15	15	15	15	15
		Missing	0	0	0	0	0	0	0	0	0

Frequency Table

Q104A. Ante-Natal Care or Post-Natal Care

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	13	100,0	100,0	100,0
		Missing	0	0	0	0
Kaduha	Valid	Yes	15	100,0	100,0	100,0
		Missing	0	0	0	0

Q104B. Pneumonia

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	10	76,9	76,9	76,9
		Yes	3	23,1	23,1	100,0
		Total	13	100,0	100,0	
Kaduha	Valid	No	15	100,0	100,0	100,0
		Missing	0	0	0	0

Q104C. Water treatment

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	11	84,6	84,6	84,6
		Yes	2	15,4	15,4	100,0
Kaduha	Valid	No	15	100,0	100,0	100,0
		Missing	0	0	0	0

<i>Total</i>			13	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	8	53,3	53,3	53,3
		<i>Yes</i>	7	46,7	46,7	100,0
		<i>Total</i>	15	100,0	100,0	

Q104D. Hand Washing

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	11	84,6	84,6	84,6
		<i>Yes</i>	2	15,4	15,4	100,0
		<i>Total</i>	13	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	14	93,3	93,3	93,3
		<i>Yes</i>	1	6,7	6,7	100,0
		<i>Total</i>	15	100,0	100,0	

Q104E. Diarrhea

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	13	100,0	100,0	100,0
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	13	86,7	86,7	86,7
		<i>yes</i>	2	13,3	13,3	100,0
		<i>Total</i>	15	100,0	100,0	

Q104F. Breastfeeding

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	11	84,6	84,6	84,6
		<i>yes</i>	2	15,4	15,4	100,0
		<i>Total</i>	13	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	15	100,0	100,0	100,0

Q104G. Nutrition

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	9	69,2	69,2	69,2
		<i>yes</i>	4	30,8	30,8	100,0
		<i>Total</i>	13	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	15	100,0	100,0	100,0

Q104H. Other

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	11	84,6	84,6	84,6
		<i>yes</i>	2	15,4	15,4	100,0
		<i>Total</i>	13	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	15	100,0	100,0	100,0

Q104I. Did not receive any health information from a church in the last month

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	13	100,0	100,0	100,0
Kaduha Valid No	15	100,0	100,0	100,0

Q105.Do you own a kitchen garden?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=Q105a

/ORDER=ANALYSIS.

Frequencies

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Statistics

Q105a

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

Q105a

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No	159	44,2	44,2	44,2
	201	55,8	55,8	100,0
	360	100,0	100,0	
Kaduha Valid No	103	28,6	28,6	28,6
	257	71,4	71,4	100,0
	360	100,0	100,0	

105b.If "Yes", do you sell the vegetables or eat the vegetables, or both?

USE ALL.

COMPUTE filter_\$=(Q105a = 1).

VARIABLE LABEL filter_\$ 'Q105a = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=105b

/ORDER=ANALYSIS.

FREQUENCIES VARIABLES=Q105b

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Q105b

Kigeme	N	Valid	201
		Missing	0
Kaduha	N	Valid	257

Statistics

Q105b

Kigeme	N	Valid	201
		Missing	0
Kaduha	N	Valid	257
		Missing	0

Q105b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Eat	197	98,0	98,0	98,0
		Sell and eat	4	2,0	2,0	100,0
		Total	201	100,0	100,0	
Kaduha	Valid	Eat	255	99,2	99,2	99,2
		Sell and eat	2,8	,8		100,0
		Total	257	100,0	100,0	

Q105c.If you sell some or all of the vegetables (if 105b: A or C), what do you spend the money on?

Frequencies

USE ALL.

COMPUTE filter_\$=(Q105b ~= A or Q105b ~= C).p{color:0;font-family:Monospaced;font-size:13pt;font-style:normal;font-weight:normal;text-decoration:none}

>Error # 4285 in column 30. Text: A

>Incorrect variable name: either the name is more than 64 characters, or it is

>not defined by a previous command.

>This command not executed.

VARIABLE LABEL filter_\$ 'Q105b ~= A or Q105b ~= C (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.

EXECUTE.

EXECUTE.

EXECUTE.

EXECUTE.

FREQUENCIES VARIABLES=Q105cA Q105cB Q105cC

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Hospital/Catchment			Q105cA	Q105cB	Q105cC
Kigeme	N	Valid	4	4	4
		Missing	197	197	197
Kaduha	N	Valid	2	2	2
		Missing	255	255	255

Frequency Table

Q105cA. Food

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	4	2,0	100,0	100,0
	Missing	System	197	98,0		

	Total		201	100,0		
Kaduha	Valid	Yes	2,8		100,0	100,0
	Missing	System	255	99,2		
	Total		257	100,0		

Q105cB. Healthcare

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	2,0	100,0	100,0
	Missing	System	197	98,0		
	Total		201	100,0		
Kaduha	Valid	No	1,4		50,0	50,0
		Yes	1,4		50,0	100,0
		Total	2,8		100,0	
	Missing	System	255	99,2		
	Total		257	100,0		

Q105cC. Other (specify)

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	2,0	100,0	100,0
	Missing	System	197	98,0		
	Total		201	100,0		
Kaduha	Valid	No	1,4		50,0	50,0
		Yes	1,4		50,0	100,0
		Total	2,8		100,0	
	Missing	System	255	99,2		
	Total		257	100,0		

Q105 d. If you eat some or all of the vegetables (if 105b: B or C), who in the household eats the vegetables?

USE ALL.

COMPUTE filter_\$=(Q105b ~= B or Q105b ~= C).p{color:0;font-family:Monospaced;font-size:13pt;font-style:normal;font-weight:normal;text-decoration:none}

>Error # 4285 in column 30. Text: B

>Incorrect variable name: either the name is more than 64 characters, or it is

>not defined by a previous command.

>This command not executed.

VARIABLE LABEL filter_\$ 'Q105b ~= B or Q105b ~= C (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 FILTER BY filter_\$.
 EXECUTE.
 FREQUENCIES VARIABLES=Q105d
 /ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Q105d

Kigeme	N	Valid	201
		Missing	0
Kaduha	N	Valid	257
		Missing	0

Q105d

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	A	1	,5	,5	,5
		B	6	3,0	3,0	3,5
		C	194	96,5	96,5	100,0
		Total	201	100,0	100,0	
Kaduha	Valid	A	7	2,7	2,7	2,7
		B	4	1,6	1,6	4,3
		C	246	95,7	95,7	100,0
		Total	257	100,0	100,0	

Q106 .Do you raise small animals at home?/

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=Q106a

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

FREQUENCIES VARIABLES=Q106a

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Q106

Kigeme	N	Valid	360
		Missing	0
Kaduha	N	Valid	360
		Missing	0

Q106

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0	155	43,1	43,1	43,1
		1	205	56,9	56,9	100,0
		Total	360	100,0	100,0	
Kaduha	Valid	0	165	45,8	45,8	45,8
		1	195	54,2	54,2	100,0
		Total	360	100,0	100,0	

Q106b.If "Yes", do you sell the animals or eat the animals, or both?/

USE ALL.

COMPUTE filter_\$=(Q106a = 1).

```
VARIABLE LABEL filter_$ 'Q106a = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=Q106b
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Q106b

Kigeme	N	Valid	205
		Missing	0
Kaduha	N	Valid	195
		Missing	0

Q106b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Sell	119	58,0	58,0	58,0
		Eat	40	19,5	19,5	77,6
		Sell and Eat	46	22,4	22,4	100,0
		Total	205	100,0	100,0	
Kaduha	Valid	Sell	89	45,6	45,6	45,6
		Eat	68	34,9	34,9	80,5
		Sell and Eat	38	19,5	19,5	100,0
		Total	195	100,0	100,0	

Q106C.If you sell some or all of the animals (if 106b: A or C), what do you spend the money on?

USE ALL.

```
COMPUTE filter_$=(Q106b ~= A or Q106b ~= C).p{color:0;font-family:Monospaced;font-size:13pt;font-style:normal;font-weight:normal;text-decoration:none}
```

>Error # 4285 in column 28. Text: A

>Incorrect variable name: either the name is more than 64 characters, or it is

>not defined by a previous command.

>This command not executed.

```
VARIABLE LABEL filter_$ 'Q106b ~= A or Q106b ~= C (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=Q106cA
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Q106cA

Kigeme	N	Valid	165
		Missing	40
Kaduha	N	Valid	127
		Missing	68

Q106cA

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent

Additional and Replacement Documentation

Kigeme	Valid	No	25	12,2	15,2	15,2
		Yes	140	68,3	84,8	100,0
		Total	165	80,5	100,0	
	Missing	System	40	19,5		
		Total	205	100,0		
Kaduha	Valid	No	15	7,7	11,8	11,8
		Yes	112	57,4	88,2	100,0
		Total	127	65,1	100,0	
	Missing	System	68	34,9		
		Total	195	100,0		

Q106d. If you eat some or all of the animals (if 106b: B or C), who in the household eats the animals?/

USE ALL.

COMPUTE filter_\$(Q106b ~= B or Q106b ~= C).p{color:0;font-family:Monospaced;font-size:13pt;font-style:normal;font-weight:normal;text-decoration:none}

>Error # 4285 in column 28. Text: B

>Incorrect variable name: either the name is more than 64 characters, or it is

>not defined by a previous command.

>This command not executed.

VARIABLE LABEL filter_\$(Q106b ~= B or Q106b ~= C (FILTER)).

VALUE LABELS filter_\$(0 'Not Selected' 1 'Selected').

FORMAT filter_\$(f1.0).

FILTER BY filter_\$(.

EXECUTE.

FREQUENCIES VARIABLES=Q106d

/ORDER=ANALYSIS.

Frequencies

[DataSet1] C:\Users\wrr\Desktop\WRR YEAR4 KPC 04242015.sav

Statistics

Q106d

Kigeme	N	Valid	205
		Missing	0
Kaduha	N	Valid	195
		Missing	0

Q106d

Hospital/Catchment		Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	119	58,0	58,0	58,0
	Children	22	10,7	10,7	68,8
	Adults	3	1,5	1,5	70,2
	Children & Adults	61	29,8	29,8	100,0
	Total	205	100,0	100,0	
Kaduha	Valid	88	45,1	45,1	45,1
	Children	14	7,2	7,2	52,3
	Adults	1,5	,5	,5	52,8
	Children & Adults	92	47,2	47,2	100,0
	Total	195	100,0	100,0	

ANNEX V. COMMUNITY HEALTH WORKER TRAINING MATRIX

Project Area (Name of District Or Community)	Type of CHW	Official Government CHW or Grantee-Developed Cadre	Paid or Volunteer	Number Trained Over Life of Project		Focus of Training
				Male	Female	
Nyamagabe District	Child Health "Binome" Community health worker	Government	Paid	536	536	Maternal, Infant and Young Child Feeding practices (trained in MOH Community Based Nutrition Protocol standard curriculum Counseling and CB data collection/analysis Nutrition Weeks facilitation (as part of Village Nutrition Committee (VNC))
Nyamagabe District	Maternal health workers (Agente San Maternelle-ASM)	Government	Paid	0	536	Maternal and Newborn Care (MOH standard curriculum for ASM CHWs) Nutrition Weeks facilitation (as part of VNC)
Nyamagabe District	Village Nutrition Committee members (5 members including 3 CHWs)	Government	Volunteer	1,072 (including Binome)	1,608 (including Binome and ASM)	Nutrition Weeks facilitation
Nyamagabe District	Integrated Care Group members (local leaders, non-VNC members)	Grantee-Developed Cadre	Volunteer	2144	536	Maternal and child nutrition, maternal and newborn care, hygiene and control of diarrheal disease, pneumonia control (cascade training from Binome CHWs who led Integrated Care Groups)

ANNEX VI. EVALUATION SCOPE OF WORK

Terms of Reference for Final Evaluator External Consultant for the *Tangiraneza “Start Well” Innovation Child Survival Project* in Nyamagabe District, Rwanda

May 14, 2015

I. Introduction

World Relief will hire an independent consultant to conduct a final performance evaluation for the Tangiraneza “Start Well” Innovation Child Survival Project funded by USAID’s Child Survival and Health Grants Program (CSHGP) [Cooperative Agreement #AID-OAA-A-11-00056, October 2011-September 2015, Grant: \$1,750,000, Match: \$583,333] in Nyamagabe District, Rwanda. Contact: Rachel Hower, rhower@wr.org; Debbie Dortzbach, ddortzbach@wr.org; Allison Flynn, aflynn@wr.org. USAID’s CSHGP supports community-oriented projects implemented by U.S. private voluntary organizations (PVOs) and nongovernmental organizations (NGOs) and their local partners. The purpose of this program is to contribute to sustained improvements in child survival and health outcomes by supporting the innovations of PVOs/NGOs and their in-country partners in reaching vulnerable populations.

This document describes the final evaluator’s SOW for the *Tangiraneza* Project final evaluation.

The overall goal of the Tangiraneza “Start Well” Innovation Child Survival Project (ICSP) is to reduce morbidity, mortality, and underlying undernutrition of children under five and pregnant women in the Nyamagabe District, Southern Province, Rwanda. The project’s objective is to improve capacity of Ministry of Health (MOH) staff and Community Health Workers (CHWs) to implement high impact maternal, newborn and child health interventions at the community level. Its strategy is to support MOH implementation of community health interventions related to nutrition (40% level of effort), maternal newborn care (35%), diarrhea (15%) and pneumonia (10%).

Intermediate Results include:

1. Improved geographic access to and demand for high-quality maternal, newborn and child health (MNCH) services
2. Improved coordination and impact of community health activities
3. Develop Nutrition Weeks Innovation and conduct Operations Research to test effectiveness

II. Background

The overall goal of the Tangiraneza “Start Well” Innovation Child Survival Project (ICSP) is to reduce morbidity, mortality, and underlying undernutrition of children under five and pregnant women in the Nyamagabe district, Southern Province, Rwanda. Nyamagabe district is divided into 17 sectors, 92 cells and 536 villages. Ninety-five percent of families rely on subsistence agriculture. The project’s objective is to improve capacity of MOH staff and CHWs to

implement high impact maternal, newborn and child health interventions at the community level. ICSP's strategy is to support MOH implementation of community health interventions related to nutrition (40% level of effort), maternal and newborn care (35%), diarrhea (15%) and pneumonia (10%).

The project has partnered closely with the MOH from the planning and formative research stages through implementation/capacity building and monitoring. ICSP staff meet monthly with CHWs and quarterly with health center staff, CHW cell coordinators, village nutrition committees and religious leaders. In addition, the project meets regularly with higher level coordination groups (e.g., the National Food and Nutrition Technical Working Group and the Community Health Technical Working Group). Most project activities are implemented through Modified Care Groups (described below), whose members are all officially recognized by the MOH or other government agency for a specific role in the community.

As noted, project activities are implemented primarily through Modified Care Groups (MCGs), which were established by the project in the entire Nyamagabe District, both Kaduha and Kigeme hospital zones. MCGs are comprised of three CHWs, the head of the village, one religious leader, one village leader in charge of social affairs, one women's leader, one village leader in charge of information, one village leader in charge of community development and one representative of a hygiene club. MCGs meet with ICSP staff monthly to learn/review health lessons/key messages and to discuss challenges. MCGs implement a package of high impact interventions across both Kaduha and Kigeme hospital zones, including the standard Rwanda MOH Community Based Nutrition Program (CBNP). MCG members reinforce key behavior change communication (BCC) messages through home visits and community meetings, promoting healthy behaviors such as care seeking, utilization of MOH services like Growth Monitoring and Promotion (GMP) sessions and kitchen gardens.

In addition, with the University of British Columbia (UBC) and the MOH as research partners (Dr. Judy Mclean from UBC and Dr. Fidele Ngabo from MOH as Principal Investigators), the project is conducting Operations Research by implementing an innovative intervention called "Nutrition Weeks" in Kaduha only, with the Kigeme hospital zone as a comparison area. Nutrition Weeks use a supportive group education technique heavily based on aspects of the Positive Deviance/Hearth Nutrition program, but targets all children in the first 1,000 days of life, rather than just malnourished children. Nutrition Week cycles are conducted by the Village Nutrition Committees, made up of five members: three CHWs, the head of the village and village leader in charge of social affairs. Over time, the project tapered off food support to Nutrition Week sessions, so that by the end of FY2014 all contributions came from the community and none came from the project. Often, the Nutrition Week ingredients come from beneficiaries' kitchen gardens or are purchased with money from sales of small animals or garden produce raised in associations that have been formed in the project area. While not an official project activity, project staff has provided technical assistance to many groups of community members wanting to form associations for food production and/or income generation.

III. Project Population

BENEFICIARIES	Kaduha Zone	Kigeme Zone	TOTAL: Nyamagabe District
Total Population	161,743	168,767	330,510
<i>Source: Nyamagabe District Statistics 2011</i>			
Total Neonates	324	338	
.08 x 0-11m population			
Children 0-59m**	20,218	21,096	41,314
.125 x population			
0-11m	4,044	4,219	8,263
12-23m	4,044	4,219	8,263
24-35m	4,044	4,219	8,263
36-47m	4,044	4,219	8,263
48-59m	4,044	4,219	8,263
WRA 15-49*	54,531	56,900	111,431
.613 x .55 x population			
Expected Pregnancies***	3,381	3,528	6,909
Community Health Workers, disaggregated by sex (includes Maternal and Child Health CHWs)		M	F
		536	1072
Health Facilities (Hospital to Sub Health Post)		Hospitals	Health Centers
		2	16
Modified Care Groups			536
Village Nutrition Committees			536
Associations for MCGs			536
Associations for NW participants			47
Associations for vulnerable families with malnourished children			13
Association for Pastors			3

*2007 Census reported that 55% of Nyamagabe District population was female and 61.3% ages 15-49; these proportions were applied to the population figures from Nyamagabe District Statistics 2011.

**2007 Census reported that 12.5% of Nyamagabe District population was under five years of age; no data were provided on the relative breakdown of children under five—for simplicity it was assumed above to be equally divided amongst each 12-month sub-age category.

***Nyamagabe is in the South Province, where 6.2% of women aged 15-49 were currently pregnant at the time of the 2010 DHS

IV. Partners

The project has partnered closely with the Rwanda MOH from the planning and formative research stages through implementation/capacity building and monitoring. Dr. Fidele Ngabo of the MOH is one of the Principal Investigators of the project's Operations Research.

The project also partners with Dr. Judy Mclean of the University of British Columbia, another Principal Investigator for the project's Operations Research.

V. Key Activities

Project Goal: To reduce morbidity, mortality and underlying nutrition of children under five and pregnant women in Nyamagabe District of Rwanda.		
Strategic Objective: Improve capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.		
IR 1. Improved geographic access to and demand for high-quality MNCH services	IR 2. Improved coordination and impact of community health activities	IR 3. Develop Nutrition Weeks Innovation and conduct OR to test effectiveness
Activities:	Activities:	Activities:
5) Build capacity of Community Health Supervisor and Hygienists from all 16 Health Centers as TOT trainers who will train Care Groups in all CSP interventions. 6) Train Cell-Coordination and Cell Social Affairs in-charges to supervise modified Care Groups comprised of CHWs, village and religious leaders. (3-10 modified CGs per cell) 7) Train leaders of modified Care Groups to train their peers in BCC for all interventions: Nutrition, MNC, Diarrhea and Pneumonia (see table of activities below for details). The Social Affairs in-charge at the cell level will train CHWs for Nutrition Weeks, and support the CHW Coordinator in BCC/ community mobilization. 8) Train Kaduha area CBN Village Committees with the 'Nutrition Week' innovation. 9) Train 536 maternal health CHWs (ASM) in MNC package.	4) CHWs, religious leaders and community representatives meet monthly in modified CG to: • Make action plans based on data reported by CHWs ; • Cross-train in BCC for key family practices based on barrier analysis and BCC strategy; • Coordinate regular home visits • Improve referral to appropriate CHW and/or health facility. 5) Build capacity of Sector and Cell level In-Charge of Social Affairs to support BCC. 6) Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.	4) Conduct Operations Research comparing standard CBNP activities vs. CBNP plus 'Nutrition Weeks' intervention. Evaluate impact with regard to cost and feasibility for scale-up. 5) Participate in National Food and Nutrition Technical Working Group; solicit input and share findings. 6) Improve CHWs records and reporting system for nutrition.

VI. Purpose of the Final Evaluation

The purpose of USAID's CSHGP is to contribute to advancing the health system strengthening goals of Ministries of Health toward achieving sustained improvements in child survival and health outcomes, particularly among vulnerable populations, by supporting the innovative, integrated community-oriented programming of PVOs/NGOs and their in-country partners. CSHGP cooperative agreements offer unique opportunities to demonstrate the links between specific delivery strategies and measured outcomes. The final evaluation is intended as a performance evaluation but should be broadly accessible to various audiences including Ministries of Health (MOHs), and findings will contribute evidence relevant to global initiatives such as the Global Health Initiative and Feed the Future.¹ It is important that the final evaluator consider the audiences listed below, when conducting the evaluation and writing the report.

The final evaluation provides an opportunity for all project stakeholders to take stock of accomplishments to date and to listen to the beneficiaries at all levels, including mothers and caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, other organizations, and donors. The evaluation report will be used by the following audiences as a source of evidence to help inform decisions about future program designs and policies:

In-country partners at national, regional, and local levels (e.g., MOH and other relevant ministries, district health team, local organizations, communities in project areas).

USAID (CSHGP, Global Health Bureau, USAID Missions), and other CSHGP grantees.

The international global health community. The report will be posted for public use at <http://www.mchipngo.net> and the USAID Development Experience Clearinghouse at <https://dec.usaid.gov>.

VII. Methodology

The evaluation methodology consists of a mixed-methods approach using both quantitative and qualitative data. The approach comprises both a desk review of secondary data sources and the collection of qualitative data to complement existing data. The written design of the evaluation must be further defined and specified by the final evaluator (e.g., number of key informant interviews, focus groups discussions, observations, and locations) and must be shared with project stakeholders and implementing partners for comment before the evaluation commences. World Relief will facilitate this sharing and feedback.

¹ For more information on these two initiatives, visit <http://www.usaid.gov> and <http://www.feedthefuture.gov>.

Secondary Data:

The final evaluator will review project reports (e.g., Detailed Implementation Plan (DIP); annual reports; knowledge, practice, and coverage baseline and monitoring surveys; and final survey and any monitoring reports) to assess the quality of quantitative and qualitative data and make assessments of project results in relation to the project design and targets set. The final evaluator should also review key U.S. Government/USAID strategic documents at the global and national levels relevant to the content of project. All relevant policy and strategy documents at the national level (e.g., MOH policies and strategies) are also crucial and should be used and referenced.

Qualitative Data:

In-depth qualitative interviews or focus group discussions may be conducted with stakeholders, including project staff, MOH, local NGOs and community-based organizations, district health teams, community- and facility-based health workers, community members, community leaders, and mothers (exit interviews). If possible, the assessment will also include observations of activities supported by the project. This will involve site visits to one or more implementation areas. It is recommended that the final evaluator randomly select communities to visit from a list provided by World Relief. However, purposive sampling may be warranted in addition to explore certain areas in more depth to investigate particular results (e.g., high or low performance or unexpected results).

Limitations:

The evaluation report must include a discussion of the methodological limitations of the evaluation.

Additional guidance on reporting format is provided in the CSHGP *Guidelines for Final Evaluations*, specifically in the “Final Evaluation Report Template” included therein.

VIII. Evaluation Questions

The final evaluator and the evaluation team will use existing data collected or compiled during the life of the project, as well as additional data collected during the evaluation to answer the following questions:

1. To what extent did the project accomplish and/or contribute to the results (goals/objectives) stated in the DIP?
 - What is the quality of evidence for project results?
 - How were results achieved? If the project improved coverage of high-impact interventions simultaneously, what types of integration enabled this? Specifically, refer to project strategies and approaches and construct a logic model describing inputs, process/activities,

outputs, and outcomes. Describe the extent to which the project was implemented as planned, any changes to the planned implementation, and why those changes were made.

What were the key strategies and factors, including management issues, that contributed to what worked or did not work?

- What were the contextual factors (such as socioeconomic factors, gender, demographic factors, environmental characteristics, baseline health conditions, health services characteristics,² and so forth) that affected implementation and outcomes?
- What capacities were built, and how?
- Were gender considerations adequately incorporated into the project, either at the design phase or midway through the project? If so, how? Are there any specific gender-related outcomes? Are there any unintended consequences (positive and negative) related to gender?

Which elements of the project have been or are likely to be sustained or expanded (e.g., through institutionalization or policies)?

- Analyze the elements of scaling-up and types of scaling-up that have occurred or could likely occur (dissemination and advocacy, organizational process, costs and/resource mobilization, monitoring and evaluation using the ExpandNet resource for reference).³
- Analyze the costs and resources associated with implementation relevant for replication or expansion, as well as estimated cost per beneficiary (using *Marginal Budgeting for Bottlenecks, Lives Saved Tool*, *Cost Benefit Analysis: A Primer for Community Health Workers*,⁴ or other tools).

These questions above are required for framing the evaluation but should be tailored to the specific project context and address the needs of in-country government and USAID stakeholders by World Relief and/or USAID when the evaluation methodology is shared for comment.

Additional Questions:

1. How effective are Modified Care Groups in helping achieve changes in maternal and child health outcomes in their communities? Should MCGs be replicated? What modifications would increase their effectiveness?
 - a. Are the members of the MCGs doing what is expected of them, including home visits? (Even the different local leaders?) If not, is a different profile of member

²See Table 1 in the document here: http://heapol.oxfordjournals.org/content/20/suppl_1/i18.long

³<http://expandnet.net/PDFs/ExpandNet-WHO%20Nine%20Step%20Guide%20published.pdf>

⁴<https://apps.publichealth.arizona.edu/CHWToolkit/PDFs/Framework/costbene.pdf>

needed, or possibly differentiation made between different types of members and their expected duties? (Perhaps some are included because of their influence in other realms and others are included because they will actually be the boots on the ground? Are all households reached?)

The MOH is looking for ways that heavily burdened CHWs can leverage the energy of others in the community (not just anyone, but “existing structures” – which the MCGs do). Learning from this has the potential to influence the work that MCSP is currently planning in Rwanda as well.

2. Did Nutrition Weeks add value to the MOH Community Based Nutrition Protocol, and if so, what were the key elements that made them work?
 - a. Were there significant improvements in nutrition outcomes among the households exposed to MCGs alone compared to the households exposed to MCGs and NWs? If so, what are they?
 - b. Did Nutrition Weeks improve functioning of the CBNP? If so, how? Considering all Ministry priorities, is there a cost benefit to NWs?
 - c. Which parts of the NW curriculum are most effective? Are there certain parts that have greater impact than others?
 - d. Is nutrition information reinforced differently by MCGs in Kaduha compared to Kigeme (since Kaduha has the NW experience)? If so, how?

IX. Final Evaluator Characteristics and Expected Timeline

The consultant will serve as the evaluation team leader and is welcome to propose additional evaluation team members to round out the evaluation team’s skill set in order to ensure adequate representation of evaluation, technical, geographic, cultural and language skills. Team members, their affiliations, and disclosure of conflicts of interest must be listed in an annex to the evaluation report. The consultant will coordinate closely with the World Relief team regarding tool finalization, evaluation methodology, timeline, and draft report finalization.

The Lead Evaluator is a former WR employee (from 10 years ago). A statement of disclosure of conflict of interests will be included in the final version of this SOW.

Requirements:

The consultant must be approved by USAID CSHGP and should meet the following minimum requirements:

- Proven expertise and leadership in

- integrated community-oriented reproductive, maternal, newborn, and child health projects
 - conduct of evaluations (baseline, endline) using mixed methods
- Experience using applied research methods in an international program context. This includes quantitative and qualitative research and program design, hypothesis testing, large-scale data collection and analysis (including statistical analysis) and scientific report writing. Familiarity with public health system in Rwanda
- Demonstrated ability to communicate with and lead a team of stakeholders, staff, and national experts in participatory evaluation
- Familiarity with USAID programming
- Skill or familiarity with cost analysis methods for program assessments
- Excellent analytical and writing skills (English)
- Signed statement explaining any conflict of interest⁵

Key Tasks of the Evaluation Team Leader:

- Review project documents and resources to understand the project (see Annex 1)
- Refine the evaluation objectives and key questions based on the CSHGP guidelines in coordination with World Relief team and its partners
- Develop the field evaluation schedule and assessment tools
- Train enumerators and team members on objective and process of the evaluation including evaluation tools
- Lead the team to complete the collection, analysis, and synthesis of supplemental information regarding the program performance
- Interpret both quantitative and qualitative results and draw conclusions, lessons learned, and recommendations regarding project outcome
- Lead an in-country debriefing meeting with key stakeholders, including MCSP Rwanda staff, with a PowerPoint slideshow deliverable, no longer than 20 slides (with USAID/Washington, DC, participation remotely, as able)

⁵ CSHGP grantees are required to hire an external evaluator for the final evaluation. That fiduciary relationship creates a conflict of interest that is minimized by the CSHGP requirement of submission of a draft evaluation report directly to the CSHGP.

- Prepare draft report in line with the CSHGP guidelines and submit to World Relief for review and feedback.
- Respond to grantee feedback in the Statement of Differences, if applicable, and make any final revisions prior to grantee submission of the final report which is due to USAID CSHGP GH/HIDN/NUT office on or before 90 days after the end of the project.

Timeline:

The Final Evaluation will take place between May 15 and August 30, 2015, with approximately 10 working days in the field. The following timeline will be amended when exact travel dates are determined, and is subject to change depending on feedback from the Lead Evaluator.

The evaluator agreed to this assignment when the first draft of the final evaluation report was due 30 days before the end of the grant (approximately August 30th). This due date has since been changed to 30 days after field work is completed (approximately June 30th). World Relief asks that flexibility be given to the evaluator regarding the due date, although she has been made aware of the modified requirement.

<i>Date</i>	<i>Activity</i>
<i>May 18, 2015</i>	<i>FE team briefing</i>
<i>May 19, 2015</i>	<i>Pre-FE preparation such as review of evaluation instruments</i>
<i>May 20 – May 21, 2015</i>	<i>Project site-visits; FE team may be divided up into two sub-teams.</i>
<i>May 22 – May 23, 2015</i>	<i>Each sub-team analyses the data from their designated sites.</i>
<i>May 24, 2015</i>	<i>Prepare for debriefing, Program leadership discussions</i>
<i>May 25, 2015</i>	<i>Dissemination of findings and recommendations from all FE sites in Nyamagabe</i>
<i>May 26, 2015</i>	<i>In-country debriefing and presentation</i>
<i>May 27, 2015</i>	<i>Reflection of results, recommendations and future propositions with WR</i>
<i>June 30, 2015</i>	<i>First draft of FE report submitted to WR</i>
<i>August 15, 2015</i>	<i>Input and response to Lead Evaluator's draft report by World Relief.</i>
<i>December 31, 2015</i>	<i>Report submission by World Relief</i>

X. Final Evaluation Report

The FE report should follow the outline in USAID CSHGP's Guidelines for Final Evaluations. A draft and final report, written by the final evaluator, must be submitted to World Relief. World Relief is responsible for submission of the final draft to the CSHGP and other required parties as indicated in the guidelines.

XI. Budget

The FE budget is not yet finalized, but the expected expenses are as follows:

Evaluator Level of effort: 18 - 21 days (3-4 travel days, 10 field days, 5-7 writing days)
Budget: \$14,514 - \$16,933

Additional Covered Expenses (international and local travel, lodging, meals):
Budget: \$2500

XII. Deliverables

At the conclusion of the consultancy period, the consultant is expected to complete the following deliverables:

Lead an in-country debriefing meeting with key stakeholders, including MCSP Rwanda staff, (and remote participation by USAID/Washington, DC) with a PowerPoint presentation no longer than 20 slides for distribution

Prepare a draft report in line with the CSHGP guidelines and submit to World Relief for review and feedback

Prepare the final report in time for formal submission by the grantee. The final report with all annexes is due at the USAID CSHGP GH/HIDN/NUT office on or before 90 days after the end of the project.

Annex 1. Preliminary List of Documents for Evaluator Review

1. Project Proposal
2. 3rd Annual Report (FY2014)
3. USAID reporting template and Final Evaluation Guidelines
4. Theory of Change slides
5. DIP with baseline KPC
6. Midterm KPC report
7. Map of project area
8. Final KPC results and report
9. Preliminary final qualitative data and report
10. Operations Research Report and findings

ANNEX VII. EVALUATION METHODS AND LIMITATIONS

Mixed methods evaluation designs have become increasingly popular in both clinical and management research as the quantitative outcome data can be complemented by qualitative research contributions that provide a more in-depth understanding of contextual and other factors that led to the success or failures of the interventions and offer valuable insights for understanding program performance and value of the interventions provided by strategic stakeholders. Hence, in compliance with the USAID evaluation policy, the project team designed a mixed methods evaluation which systematically integrated the standard Knowledge Practice Coverage (KPC) survey and formative research.

Quantitative Data Collection

The endline KPC survey was conducted using the KPC 2000+ modules which integrated the 2008 Rapid Catch indicators. The KPC evaluation was performed by the WVR project staff and health center staff and results shared prior to the evaluator's visit. Together with the Principal Investigators, the project designed a quasi-experimental operations research study to test the effectiveness of the NW strategy using standard statistical measures for determining sample size with adequate power, based on the selected outcome measures: proportion of infants and young children 6-23m receiving minimum acceptable diet based on WHO standards (i.e., Minimum Acceptable Diet), number of food groups consumed for a 24h period (i.e., Minimum Dietary Diversity), minimum meal frequency, timely introduction of complementary food, and proportion of children 6-23m actively fed by caregivers. The evaluation instruments were jointly designed with the stakeholders, translated and field tested prior to the evaluation. IRB approvals were obtained annually from the Rwanda National Ethics Committee to ensure compliance to all ethical considerations for human subjects research.

The KPC survey used a sample of 360 in each area at baseline and final to ensure an adequate sample of children 0-5 months needed for certain indicators. The survey used 30-cluster sampling to provide a sample that is expected to have the precision available from a random sample half as large. Even with cluster sampling the principles of randomness continue to be applicable. However, every individual in the community may not have the chance of being selected if sampling proceeds in a randomly determined direction from a central starting point and includes the next cluster of households. It is likely that residents at the periphery of the community, who may belong to the poorest wealth quintile, may not be selected if this method is employed. Inherent bias due to the purposive selection and subjective responses from formative research, non-random selection of participants are known, though formative findings from stakeholder perspectives on program effectiveness and value make valuable contributions to compliment and triangulate information obtained from quantitative findings. A brief summary of evaluation methods and sample for each stakeholder is provided in Table 5.

Table 1. Sample Frame for KPC and Final Formative Evaluation

KPC Evaluation – Caretakers of Children Under 2y	Sample Size
Baseline and Final Evaluation	720 (2 30X12 Cluster surveys)
Year2, and 3	600 (2 30X10 Cluster Surveys)

Final Qualitative Evaluation Stakeholders	Kigeme	Kaduha	Total Participants
NW participants - Mothers (FGD)	-	3	30
NW participants - Fathers (FGD)	-	3	29
NW non-participants – Fathers (FGD)	-	3	30
Fathers (FGD)	2	3	48
Mothers (FGD)	2	3	49
ICG (FGD)	2	3	47 (25F, 22M)
Village Nutrition Committee (FGD)	-	3	13 (7F, 6M)
Sector and Cell leaders (FGD)	2	3	42 (13F, 29M)
Religious leaders (FGD)	2	3	48 (7F, 41M)
Head of Health Center (KII)	2	3	5 (2F, 3M)
Health Center Staff (FGD)	2	3	29 (17F, 12M)
Hospital Teams (Director, nutritionist, CHS) (FGD)	1	1	5 (1F, 4M)
DHMT/Vice Mayor, District Health officer		2 (1M, 1F)	

Sample Size Calculations

$$n = D [(Z\alpha + Z\beta)^2 * (P1 (1 - P1) + P2 (1 - P2)) / (P2 - P1)^2]$$

Where,

$$D = 2; Z\alpha = 1.645; Z\beta = 0.84; \alpha = 0.05; \beta = 0.80$$

Table 2. Sample Size Calculations based on Primary Outcome Indicator (M.A.D.)

Proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices* in sample 1	Proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices in sample 2	Δ	$n1 = n2$	N
p1	p2			
0.37**	0.47	0.10	596	1191
0.37	0.52	0.15	265	530
0.37	0.57	0.20	148	295
0.37	0.67	0.30	62	125
0.37	0.77	0.40	32	63
0.37	0.87	0.50	17	34

*At the time of sample size calculation, 'minimum appropriate feeding practices' was the closest indicator to minimum acceptable diet available. The final 2010 DHS report with calculation of MAD was not available until later.

** Source: Addendum to the 2005 Rwanda DHS (IYCF).

http://www.measuredhs.com/pubs/pdf/FR183/Rwanda_IYCF_KM-2005.pdf

From the above calculation, in order to detect a 15% or greater difference in the proportion of infants and young children of ages 6m-23m fed according to the minimum acceptable diet between baseline and end of study in the intervention area and in the comparison area, with $\alpha = 0.05$ and 80% power, we would need a total of 530 infants and young children of ages 6m-23m, with a minimum of 265 in each arm. In

order to have a consistent number of children 6-23m in each of 30 clusters, 265 was rounded up to 270 per arm yielding 9 children 6-23m per cluster.

In order to measure indicators like exclusive breastfeeding, limited to infants 0-5 months, a minimum sample of 75 infants was recommended by MCHIP at baseline. However, that number was increased to 90 in order to be evenly divisible by 30, so as to have the same number in each cluster. Another benefit to increasing the sample of 0-5 months to 90 was that with 270 6-23 month-olds, the sample for each age group would be proportional to the approximate composition of children under two years (assuming no infant mortality, for simplicity). As such, when calculating indicators based on children 0-23 months, neither sub-age group is inherently over-represented.

In summary, the sample in each hospital zone totaled 360 mothers; 90 with children 0-5 months and 270 with children 6-23 months. The two 30x12 cluster samples combined totaled 720 interviews with mothers of children under two years of age.

Qualitative Mixed Methods Data Collection

Focus Group Discussion (FGD) and Key Informant Interview (KII) guides were designed based on project interventions and type of stakeholder with engagement by the WR staff and the final evaluator and were submitted to the Rwanda National Ethics Committee (IRB) for review and approval [Annex IX]. The final evaluation team for the formative assessments was comprised of project stakeholders, including representatives from the MOH district team, Kaduha and Kigeme hospitals, a representative from the pastor's committee, USAID Maternal and Child Survival Project, Concern Worldwide, University of Rwanda, Anglican Church in Rwanda (EAR), African Christian Church Community (CESA) and Catholic Relief Services (CRS) aside from the WR team. A thirty-six member team participated in the final evaluation and teams were assigned to perform assessments in both the hospital zones. The field evaluation schedule is illustrated in Annex XVII A. The evaluator conducted a three day training on principles and methods of qualitative assessments, field survey and quality control procedures.

The measurement instruments focused on multi-stakeholder perspectives and value of the project interventions, potential and challenges to scale up and sustainability, other health care environment factors, and lessons learned for continuing project interventions. Site visits were conducted by the evaluation teams to the hospitals, health facilities and communities to perform FGD and KII, with Care Groups, leaders, village nutrition committees, participants and non participants of interventions. There were no major impediments to the field implementation schedules and all selected sites were visited. It is also important to note that the Rwandan government had decided to conduct the national nutrition survey during this period and other key stakeholders who had indicated interest in participating in the evaluation were engaged in the planning and execution of the survey. As the final evaluation was planned in advance, the team solicited the support and permission from the Ministry of Health to conduct the ICSP final evaluation and ensured that there would be no disruption to ongoing national evaluation.

Analysis

Means or percentages with confidence intervals were generated for the descriptive analysis and linear probability model and p-values were calculated for select nutrition indicators. Since clustering was not accounted for, and sample size estimates were not generated for all 40 indicators, p-values were not generated for all indicators, but 95% confidence intervals were provided and design effect of two was used for sampling. The KPC report (Annex V) provides detailed information about the sampling strategy and selection of households and participants, indicating full compliance to standard procedures. There were no major issues with data quality in the collection, analysis and reporting for data, as VWR has extensive experience in conducting these surveys since 2000. All the data used in this report was generated from primary data collection in this project. Although anecdotal information was obtained from the district mayor's office, hospitals and health centers on service utilization, referral etc, the survey teams refrained from disrupting the activities of the ongoing nutrition surveys, and did not examine district or health records. Additional supportive supervision and mentoring measures were instituted to facilitate the activities in communities and cells that experienced greater challenges due to remote locations or inability to acquire ingredients for the cooking demonstrations etc. Income generating schemes through kitchen gardens, rearing small animals etc, were innovated to support community solidarity, ownership and long term sustainability and address some of the community specific bottlenecks in project implementation.

ANNEX VIII DATA COLLECTION INSTRUMENTS

Qualitative Tools

FGD Guide with Mothers in Kigeme/ Ibibazo bibazwa ababyeyi muri zone ya Kigeme

- a. Did you participate in the Growth Monitoring and Promotion (GMP) sessions held in your village? / *Mwaba mwaritabiriye gahunda yo gupima no gukurikirana imikurire y'umwana ibera mu mudugudu?*
- b. What did you learn about Nutrition from the GMP sessions?/ *Ni iki mwize ku mirire muri gahunda yo gupima no gukurikirana imikurire y'abana ?*
- c. What did you like about the GMP sessions? Benefits?/ *Ni iki cyabashimishije muri gahunda yo gupima no gukurikirana imikurire y'abana ? Ni iki mwahungukiye ?*
- d. What did you not like about the GMP sessions?/ *Ni iki kitabashimishije muri gahunda yo gupima no gukurikirana imikurire y'abana ?*
- e. What other nutrition activities have taken place in your village? *Ni ibihe bikorwa bindi birebana n'imirire byabereye mu mudugudu wanyu?*
- f. What did you change in your family based on training received in GMP or other nutrition activities?/ *Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe muri gahunda yo gupima no gukurikirana imikurire y'abana ?*
- g. What are the challenges you are facing to implement new nutrition teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance. *Ni izihe mbogamizi muhura nazo mugushyira mubikorwa ibyo mwigishijwe muri gahunda yo gupima no gukurikirana imikurire y'abana? Komeza ubabaze kugira ngo umenye niba hari imbogamizi bahura nazo (zirebana n' ibiribwa bitaboneka, badashobora kugura cyangwa batemerewe kurya) .*
 - h. How did you respond to the challenges? *Ibyo bibazo mwabikemuye mute?*
- i. Who in your family support you in the application of the new behavior? How? *Ni bande bo mu muryango wanyu babafasha gushyira mu bikorwa inyigisho nshya ? Babafasha bate?*
- j. What else could be done to improve nutrition in your village? *Ni ibihe bikorwa bindi byakorwa kugira ngo biteze imbere imirire mu mudugudu wanyu?*
- k. Is there anything you would like to tell me about how to improve GMP sessions or other nutrition activities? We are very interested in your opinions to change to make it better./ *Ese hari ikintu mwumva mwatubwira cyateza imbere gahunda yo gupima no gukurikirana imirire y'abana ? Ibitekerezo byanyu ni ingenzi mu gutuma habaho impinduka.*

FGD Guide with Fathers in Kigeme/ IBIBAZO BIGENEWE ITSINDA RY'ABAGABO BITABIRIYE GAHUNDA YO GUPIMA NO GUKURIKIRANA IMIKURIRE Y'ABANA MU MUDUGUDU

- a. Did you participate in the GMP sessions or any other nutrition activities held in your village? Which activities? / Mwaba mwaritabiriye gahunda yo gupima no gukurikirana imikurire y'abana mu mudugudu wanyu?
- b. What did you learn about Nutrition from the nutrition activities?/Ni iki mwize ku mirire mu gihe cya gahunda yo gupima no gukurikirana imikurire y'abana mu mudugudu?
- c. What did you like about the GMP sessions or other nutrition activities? Benefits?/ Ni iki cyabashimishije muri gahunda yo gupima no gukurikirana imikurire y'abana ? Ni iki mwahungukiye ?
- d. What did you not like about the GMP sessions/other nutrition activities?/ Ni iki kitabashimishije muri gahunda yo gupima no gukurikirana imikurire y'abana ?
- e. What did you change in your family based on training received in GMP sessions or other nutrition activities?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe muri gahunda yo gupima no gukurikirana imikurire y'abana cyangwa ibindi bikorwa by'imirire?
- f. How men in this village are involved in child feeding? Probe to know more./Mu mudugudu wanyu, nigute abagabo bagira uruhare mu kugaburira abana? Komeza ubabaze kugirango umenye byinshi.
- g. What are the challenges you are facing to feed properly your children?/Ni izihe ngorane muhura nazo mu kugaburira abana banyu neza?
- h. What can be done to improve men participation in children's nutrition?/ Ni iki cyakorwa kugira ngo abagabo barusheho kugira uruhare mu mirire y'abana ?
- i. What can be done to improve participation in GMP? / Ni iki cyakorwa kugira ngo abagabo barusheho kwitabira ibikorwa byo gupima no gukurikirana imikurire y'abana babo ?
- j. What can be done to improve nutrition in your community? Ni iki cyakorwa kugira ngo imirire irusheho gutera imbere mu mudugudu wanyu?

FGD Guide with Modified Care Groups in Kigeme/ Ibibazo bibazwa abagize amatsinda y'ubuzima (CG) avuguruye.

- a. What are your main responsibilities in Community health?/Ni izihe nshingano z'ingenzi mufite kubijyanye n'ubuzima bw'abaturage?
- b. How do you collaborate (Binome CHW & ASM & Religious & Local Leaders) to mobilize community for behavior change? Probe to get details and more examples on their collaboration. /Mukorana mute (n'abajyanama b'ubuzima n'abahagarariye amadini ndetse n'abayobozi b'inze z'ibanze) kugirango mushishikarize abantu guhindura imyifatire? Komeza ubabaze kugira ngo baguhe ubusobanuro n'ingero zifatika zijyanye n'uko bakorana.
- c. How do you appreciate the CG member's attendance? Probe to estimate the attendance?/ Mubona mute ubwitabire bw'abagize itsinda ? Komeza ubabaze kugirango umenye ikigereranyo cy'ubwitabire.
- d. What are the main barriers that prevent volunteers to attend CG trainings? What can be done to improve CG attendance? / Ni izihe mbogamizi zituma abagize amatsinda batitabira cyane? Hakorwa iki kugira ngo ubwitabire bwiye?
- e. To what extent people or families apply in their lives the health messages they received from CHWs? What is the most challenging health behavior? How do you face to that challenge? / Ni gute mubona imiryango ishyira mu

bikorwa inyigisho z'ubuzima bigishijwe n'Umujiyanama w'ubuzima? Ni uwuhe mwifato mubona uruhije guhindura kuruta iyindi? Mubyifatamo gute?

- f. In what ways has the CG training impacted you and your family's health? Probe to learn more changes occurred? / Ni gute inyigisho muhabwa mu matsinda zagize impinduka kuri mwe no ku miryango yanyu? Komeza ubabaze kugirango bavuge n'izindi mpinduka zabaye.
- g. Based on the report provided by the CHWs, the # of households visited monthly is still low. What are the main challenge CG members are facing that prevent them to accomplish more home visits? Probe to learn more about how the CG members share the HHs, and if no many HHs per each. / Duhereye kuri raporo zitangwa n'abajyanama b'ubuzima, umubare w'ingo zisurwa mu kwezi uracyari hasi. Ni ibihe bibazo bibangamira abagize amatsinda bikababaza gusura ingo nyinshi ? Komeza ubabaze neza kugirango umenye uburyo abagize amatsinda bagabana ingo no kumenya niba badafite ingo nyinshi.

Program Implementation Review Meeting Guide with Health Center and Hospital staff in Kigeme

- a. Have you observed any health changes in the community since last year? What? Probe to learn more. / Uhereye umwaka ushize kugeza ubu, haba hari ibyo mwabonye byahindutse mungo? Ni ibihe? Komeza ubabaze kugirango bakubwire ibyahindutse byose.
- b. Have you visited GMP sessions? How many visit this year? / Mwigaze musura aho gahunda yo gupima no gukurikirana imikurire y'abana mu mudugudu ibera? Mwahasuye incuro zingahe muri uyu mwaka?
- c. Since GMP sessions began in your community what changes have you notice? (Only for Kaduha participants) / Kuva aho gahunda yo gupima no gukurikirana imikurire y'abana yatangiye mu mudugudu yanyu, Hari impinduka mumaze kubona?
- d. Have you visited CGs? How many visit in last three months? / Mwaba mwarasuye amatsinda y'ubuzima (C.G) ? Mwayasuye inshuro zingahe mu mezi atatu ashize?
- e. What are the main barriers that prevent you to supervise CHWs effectively? What can be done in order to improve supervisions to CHWs? / Ni izihe nzitizi zituma rimwe na rimwe mudasura uko bikwiye ibikorwa by' abajyanama b'ubuzima? Ni iki cyakorwa murwego rwo kuzamura ikurikirana bikorwa ry'abajyanamab'ubuzima?
- f. What community health concerns do you believe need to be better addressed? / Ni ibihe bibazo by'ubuzima bw'abaturage mubona bikwiye kwitabwaho by'umwihariko?
- g. What can be done to better involve communities in health promotion? Hakorwa iki kugira ngo abaturage barusheho kugira uruhare mu bukangurambaga bw'ubuzima mu mudugudu?
- h. What can be done to better train communities in Health promotion? / Ni iki cyakorwa kugirango abantu bigishwe kurutaho ku bijyana n'ubuzima
- i. What can be done to sustain community health programs? / Ni iki cyakorwa ngo ibikorwa by'ubuzima mu mudugudu birusheho kuramba?

Guide for Program Implementation Review Meeting with Sector and Cell Leaders in Kigeme/ Ibibazo bizifashishwa mu nama n’abayobozi b’akagali n’umurenge

- a. Now, what are your responsibilities in community health?/ Ubu ni izihe nshingano mufite kubirebana n’ubuzima bw’abaturage?
- b. Since BCC and GMP sessions began in your sector, what changes have you observed? Probe to learn more. / Guhera aho ubukangurambaga na gahunda z’icyumweru cy’imirire zatangiriye mu murenge wanyu, ni izihe mpinduka mwabonye. Komeza ubabaze kugira ngo ubashe kumenya byinshi.
- c. Have you visited CGs ? GMP sessions? How many visits in last three months? / Mwigaze musura amatsinda y’ubuzima (CG)? Ibikorwa byo gupima no gukurikirana imikurire y’abana mu mudugudu? Mwasuye inshuro zingaha mu mezi atatu ashize?
- d. What are the main barriers that prevent you to supervise CG effectively? What can be done in order to improve supervisions to CHWs?/ Ni izihe nzitizi muhura nazo mu gusura amatsinda y’ubuzima (CG) cyangwa gusura ibikorwa byo gupima no gukurikirana imikurire y’abana uko bikwiye? Ni iki cyakorwa kugirango ibikorwa by’isura birusheho kugenda neza?
- e. What is an area of need for health promotion in your sector/cell?/ Ni iki mwifuza ko cyatezwa imbere byumwihariko kubirebana n’ubukangurambaga bw’ubuzima muri uyu murenge/akagali?
- f. What could be done differently to meet your sector need?/ Ni ibihe bikorwa bitandukanye byakorwa kugira ngo haboneke ibisubizo by’ibibazo umurenge wanyu ufite?
- g. What are if any barriers faced when addressing your sector about health promotion? / Ni izihe nzitizi mwahuye nazo mu guteza imbere ubuzima mu murenge wanyu?
- h. What can be done to sustain community health programs?/ Ni iki cyakorwa kugira ngo hashimangirwe gahunda y’ubuzima bw’abaturage mu buryo burambye?

Guide for Program Implementation Review Meeting with Religious Leaders in Kigeme/Ibibazo bizifashishwa mu nama n’abahagarariye amatorero

- a. As the church leaders, how are you involved in health promotion activities? Nk’abantu bahagarariye amatorero/amadini, mwibona cyangwa mwisanga gute mu bikorwa byo guteza imbere ubuzima bw’abaturage?
- b. In your community health role, with who do you collaborate more? And How? Ku birebana n’inshingano zanyu mu by’ubuzima bw’abaturage, ni bande mukorana kenshi? Kandi mukorana mute?
- c. Since BCC and GMP began in your community r, what changes have you observed? Probe to learn more./ Kuva aho ubukangurambaga na gahunda yo gupima no gukurikirana imikurire y’abana

zatangiriye mu midugudu, ni izihe mpinduka mwabonye? Komeza ubabaze kugira ngo urusheho kumenya byinshi.

- d. What are the main challenges you are facing to promote health? What did you do or can be done to respond to the challenges?/ Ni izihe ngorane zikomeye muhura nazo mu guteza imbere ubuzima? Ni iki mwakoze cyangwa mubona cyakorwa kugira ngo izo ngorane zikemuke?
- e. What can be done to sustain community health programs?/ Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambwe?

Focus Group Discussion Guide with CHWs in Kigeme/ Ibibazo bigenewe abajyanama b'ubuzima muri zone ya Kigeme

- a. What did you like about the CBNP (GMP sessions, etc.)? Benefits? What did you not like about it? / Ni iki cyabashimishije ku bijyanye na Gahunda y'Imirire Ishingiyiye ku Mudugudu (gupima no gukurikirana imikurire y'abana, igikoni cy'umudugudu,...)? Ni iki kitabashimishije muri izo gahunda?
- b. What did you change in your family based on training received for CBNP/GMP? / Nyuma yo guhabwa amahugurwa kubijyanye na Gahunda y'Imirire Ishingiyiye ku Mudugudu /gahunda yo gupima no gukurikirana imikurire y'abana, ni iki mwahinduye mu muryango?
- c. What are the challenges you are facing to implement nutrition activities in your community? Probe to know all challenges. How do you respond to each challenge? / Ni izihe ngorane muhura nazo mu gushyira mu bikorwa inyigisho zirebana na Gahunda y'Imirire Ishingiyiye ku Mudugudu? Komeza ubabaze kugirango bavuge ingorane zose. Ni iki mukora kuri buri kibazo?
- d. What need of training you feel in order to improve your skills for leading nutrition activities?/ Ni ayahe mahugurwa mwumva mwahabwa mu rwego rwo kongera ubumenyi bwanyu mu kuyobora ibikorwa by'imirire?
- e. Who support you more during the implementation of CBNP/GMP? or from whom you ask advice for implementing them? How often does he/she visit you? / Ninde ubaha ubufasha cyane mu gushyira mu bikorwa Gahunda y'Imirire Ishingiyiye ku Mudugudu/ Gahunda yo gupima no gukurikirana imikurire y'umwana mu mudugudu? Cyangwa ninde musaba inama zibafasha gushyira mu bikorwa Gahunda y'Imirire Ishingiyiye ku Mudugudu/ Gahunda yo gupima no gukurikirana imikurire y'umwana mu mudugudu? Yabasuye kangahe muri gahunda iherutse?
- f. After GMP, have you visited the families that attended GMP or other nutrition activities? What are the behaviors taught they applied more and what behaviors they did not apply?/ Mwigaze musura ababyeyi bitabiriye gahunda yo gupima no gukurikirana imikurire y'abana mu ngo zabo? Ni ibiki mwasanze bashyira mu bikorwa cyane mu nyigisho bahawe? Ni ibiki mwasanze badashyira mu bikorwa
- g. What more could be done to improve nutrition in your village? Ni ikihe gikorwa kindi cyakorwa kugira ngo imirire irusheho gutera imbere mu mudugudu wanyu?
- h. Is there anything you would like to tell me about how to improve nutrition activities? We are very interested in your opinions to change to make it better./ Ni ikihe gitekerezo mwatanga mu rwego rwo kurushaho guteza imbere ibikorwa by'imirire? Twifuza cyane kumenya ibitekerezo byanyu byatuma gahunda yo gupima no gukurikirana imirire y'abana irushaho kugenda neza.

Interview Guide with Mothers Participants in NW (had Exit interview)/ Ibibazo byo kongera kubaza ababyeyi bitabiriye icyumweru cy'imirire

- a. How many children do you have?/Ufite abana bangahe?
- b. What did you learn about Nutrition from the Nutrition Week?/Ni iki mwize ku mirire mugihe cy'icyumweru cyahariwe imirire?
- c. What did you like about the Nutrition Week? Benefits?/Ni iki cyabashimishije mugihe cy'icyumweru cy'imirire? Ni iki byabunguye?
- d. What did you not like about the Nutrition Week?/Ni iki kitabashimishije mu cyumweru cy'imirire?
- e. What did you change in your family based on training received in NW?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe mugihe cy'icyumweru cy'imirire ?
- f. What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance./Ni izihe ngorane muhura nazo mugushyira mubikorwa ibyo mwigishijwe mu cyumweru cy'imirire?Komeza ubabaze kugira ngo umenye niba hari ingorane bahura nazo (zirebana n' ibiribwa bitaboneka, badashobora kugura cyangwa batemerewe kurya) . How did you respond to the challenges? / byo bibazo mwabicyemuye mute?
- g. Who in your family support you in the application of the new behavior? How? Ni bande bo mu muryango wanyu babafasha gushyira mubikorwa imyifatire mishya? babafasha bate?
- h. Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better./ Ese hari ikintu mwumva mwatubwira cyateza imbere imirimo y'amatsinda mu gihe cy'icyumweru cy'imirire? Ibitekerezo byanyu ni ingenzi mugutuma habaho impinduka.

FGD Guide with Mothers Participants in NW (did not have prior exit interview)/ Ibibazo bibaza ababyeyi bitabiriye icyumweru cy'imirire ariko batabajijwe

- a. Did you participate in the NW held in your village? / Mwaba mwaritabiriye icyumweru cy'imirire mu mudugudu wanyu?
- b. What did you learn about Nutrition from the Nutrition Week?/Ni iki mwize ku mirire mugihe cy'icyumweru cyahariwe imirire?
- c. What did you like about the Nutrition Week? Benefits?/Ni iki cyabashimishije mugihe cy'icyumweru cy'imirire? Ni iki byabunguye?
- d. What did you not like about the Nutrition Week?/Ni iki kitabashimishije mu cyumweru cy'imirire?
- e. What did you change in your family based on training received in NW?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe mugihe cy'icyumweru cy'imirire ?
- f. What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance./Ni izihe ngorane muhura nazo mugushyira mubikorwa ibyo mwigishijwe mu cyumweru cy'imirire? Komeza

ubabaze kugira ngo umenye niba hari ingorane bahura nazo (zirebana n' ibiribwa bitaboneka, badashobora kugura cyangwa batemerewe kurya) .

- a. How did you respond to the challenges? /*Ibyo bibazo mwabicyemuye mute?*
- g. Who in your family support you in the application of the new behavior? How?
 - a. Ni bande bo mu muryango wanyu babafasha gushyira mubikorwa imyifatire mishya? Babafasha bate?
- h. Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better./ *Ese hari ikintu mwumva mwatubwira cyateza imbere imirimo y'amatsinda mu gihe cy'icyumweru cy'imirire? Ibitekerezo byanyu ni ingenzi mugutuma habaho impinduka.*

FGD Guide with Father participants in NW/ ITSINDA RY'ABAGABO BITABIRIYE ICYUMWERU CYIMIRIRE CYO MUMUDUGUDU

- a. Did you participate in the NW held in your village? / *Mwaba mwaritabiriye icyumweru cy'imirire mu mudugudu wanyu?*
- b. What did you learn about Nutrition from the Nutrition Week?/*Ni iki mwize ku mirire mugihe cy'icyumweru cyahariwe imirire?*
- c. What did you like about the Nutrition Week? Benefits?/*Ni iki cyabashimishije mugihe cy'icyumweru cy'imirire? Ni iki byabunguye?*
- d. What did you not like about the Nutrition Week?/*Ni iki kitabashimishije mu cyumweru cy'imirire?*
- e. What did you change in your family based on training received in NW?/*Ni iki mwahinduye mu muryango wanyu mushingiye ku nyigisho mwahawe mugihe cy'icyumweru cy'imirire ?*
- f. How men in this village are involved in child feeding? Probe to know more./*Mu mudugudu wanyu, nigute abagabo bagira uruhare mu kugaburira abana? Komeza ubabaze kugirango umenye byinshi.*
- g. What are the challenges you are facing to feed properly your children?/*Ni izihe ngorane muhura nazo mu kugaburira abana banyu neza?*
- h. What can be done to improve men participation to NW sessions in the community?/*Ni iki cyakorwa kugirango abagabo barusheho kwitabira icyumweru cy'imirire mu mudugudu wanyu?*
- i. What can be done to improve NW participation and to implement successfully NW sessions in the community? / *Ni iki cyakorwa kugirango icyumweru cy'imirire kirusheho kwitabirwa no gushyirwa mu bikorwa neza mu mudugudu?*

FGD Guide with Father non-participants in NW

- a. Did you hear about the NW held in your village? What did you learn about Nutrition Week? /*Mwigeze mwumva bavuga iby' icyumweru cy'imirire cyabereye mu mudugudu wanyu? Mwabyumvisaho iki?*

- b. Did you participate to NW sessions? What are the challenges that prevent you to attend the NW?/ Mwaba mwaritabiriye icyumweru cy'imirire cyo mumudugu? Ni iki cyatumye mutitabira icyumweru cy'imirire?
- c. How men in this village are involved in child feeding? Probe to know more. Mu mudugudu wanyu, abagabo bagira uruhe ruhare mu kugaburira abana? Komeza ubabaze kugirango bakubwire n'ibindi.
- d. What are the challenges you are facing to feed properly your children?/ Ni ibihe bibazo muhura nabyo bishobora gutuma mutagaburira abana banyu neza?
- e. What can be done to improve men participation to NW sessions in the community?/ Hakorwa iki kugirango abagabo barushaho kwitabira icyumweru cy'imirire mu mudugudu?
- f. What can be done to improve NW participation and to implement successfully NW sessions in the community? / Ni iki cyakorwa kugira ngo icyumweru cy'imirire kirusheho kwitabirwa no gushyirwa mu bikorwa neza mu mudugudu?

FGD Guide with Modified Care Groups

- a. What are your main responsibilities in Community health?/Ni izihe nshingano z'ingenzi mufite kubijyanye n'ubuzima bw'abaturage?
- b. How do you collaborate (Binome CHW & ASM & Religious & Local Leaders) to mobilize community for behavior change? Probe to get details and more examples on their collaboration. /Mukorana mute (n'abajyanama b'ubuzima n'abahagarariye amadini ndetse n'abayobozi b'inzego z'ibanze) kugirango mushishikarize abantu guhindura imyifatire? Komeza ubabaze kugira ngo baguhe ubusobanuro n'ingero zifatika zijyanye n'uko bakorana.
- c. How do you appreciate the CG member's attendance? Probe to estimate the attendance?/ Mubona mute ubwitabire bw'abagize itsinda ? Komeza ubabaze kugirango umenye ikigereranyo cy'ubwitabire.
- d. What are the main barriers that prevent volunteers to attend CG trainings? What can be done to improve CG attendance? / Ni izihe mbogamizi zituma abagize amatsinda batitabira cyane? Hakorwa iki kugira ngo ubwitabire bwiyoungere?
- e. To what extent people or families apply in their lives the health messages they received from CHWs? What is the most challenging health behavior? How do you face to that challenge? / Ni gute mubona imiryango ishyira mu bikorwa inyigisho z'ubuzima bigishijwe n'Umujyanama w'ubuzima? Ni uwuhe mwifato mubona uruhije guhindura kuruta iyindi? Mubyifatamo gute?
- f. In what ways has the CG training impacted you and your family's health? Probe to learn more changes occurred? / Ni gute inyigisho muhabwa mu matsinda zagize impinduka kuri mwe no ku miryango yanyu? Komeza ubabaze kugirango bavuye n'izindi mpinduka zabaye.
- g. Based on the report provided by the CHWs, the # of households visited monthly is still low. What are the main challenge CG members are facing that prevent them to accomplish more home visits? Probe to learn more about how the CG members share the HHs, and if no many HHs per each./ Duherewe kuri raporo zitangwa n'abajyanama b'ubuzima, umubare w'ingo zisurwa mu kwezi uracyari hasi. Ni ibihe bibazo bibangamira abagize amatsinda bikababura gusura ingo nyinshi ? Komeza ubabaze neza kugirango umenye uburyo abagize amatsinda bagabana ingo no kumenya niba badafite ingo nyinshi.

Program Implementation Review Meeting Guide with Health Center and Hospital staff

- a. Have you observed any health changes in the community since last year? What? Probe to learn more. /Uhereye umwaka ushize kugeza ubu, haba hari ibyo mwabonye byahindutse mungo? Ni ibihe? Komeza ubabaze kugirango bakubwire ibyahindutse byose.
- b. Have you visited NW? How many visit this year? (Only for Kaduha participants) / Mwigaze musura amatsinda yo mu cyumweru cy'imirire? Mwayasuye incuro zingahe muri uyu mwaka? (iki kibazo kibazwa ab'i Kaduha gusa).
- c. Since NW began in your community what changes have you notice? (Only for Kaduha participants)/ Kuva icyumweru cy'imirire cyatangira mu midugudu yanyu, Hari impinduka mumaze kubona?(iki kibazo kibazwa ab'i Kaduha gusa).
- d. Have you visited CGs? How many visit in last three months?/ Mwaba mwarasuye amatsinda y'ubuzima (C.G) ? Mwayasuye inshuro zingahe mu mezi atatu ashize?
- e. What are the main barriers that prevent you to supervise CHWs effectively? What can be done in order to improve supervisions to CHWs?/ Ni izihe nzitizi zituma rimwe na rimwe mudasura uko bikwiye ibikorwa by' abajyanama b'ubuzima? Ni iki cyakorwa murwego rwo kuzamura ikurikirana bikorwa ry'abajyanamab'ubuzima?
- f. What community health concerns do you believe need to be better addressed?/ Ni ibihe bibazo by'ubuzima bw'abaturage mubona bikwiye kwitabwaho by'umwihariko?
- g. What can be done to better involve communities in health promotion? Hakorwa iki kugira ngo abaturage barusheho kugira uruhare mu bukangurambaga bw'ubuzima mu mudugudu?
- h. What can be done to better train communities in Health promotion?/ Ni iki cyakorwa kugirango abantu bigishwe kurutaho ku bijyana n'ubuzima
- i. What can be done to sustain community health programs?/ Ni iki cyakorwa ngo ibikorwa by'ubuzima mu mudugudu birusheho kuramba?

Guide for Program Implementation Review Meeting with Sector and Cell Leaders/ Ibibazo bizifashishwa mu nama n'abayobozi b'akagali n'umurenge

- a. Now, what are your responsibilities in community health?/ Ubu ni izihe nshingano mufite kubirebana n'ubuzima bw'abaturage?

- b. Since BCC and NW began in your sector, what changes have you observed? Probe to learn more. / Guhera aho ubukangurambaga na gahunda z'icyumweru cy'imirire zatangiriye mu murenge wanyu, ni izihe mpinduka mwabonye. Komeza ubabaze kugira ngo ubashe kumenya byinshi.
- c. Have you visited CGs ? NW? How many visits in last three months? / Mwigeze musura amatsinda y'ubuzima (CG)? Icyumweru cy'imirire? Mwasuye inshuro zingahe mu mezi atatu ashize?
- d. What are the main barriers that prevent you to supervise CG or NW effectively? What can be done in order to improve supervisions to CHWs?/ Ni izihe nzitizi muhura nazo mu gusura amatsinda y'ubuzima (CG) cyangwa gusura amatsinda y'icyumweru cy'imirire uko bikwiye? Ni iki cyakorwa kugirango ibikorwa by'isura birusheho kugenda neza?
- e. What is an area of need for health promotion in your sector/cell?/ Ni iki mwifuza ko cyatezwa imbere byumwihariko kubirebana n'ubukangurambaga bw'ubuzima muri uyu murenge/akagali?
- f. What could be done differently to meet your sector need?/ Ni ibihe bikorwa bitandukanye byakorwa kugira ngo haboneke ibisubizo by'ibibazo umurenge wanyu ufite?
- g. What are if any barriers faced when addressing your sector about health promotion? / Ni izihe nzitizi mwahuye nazo mu guteza imbere ubuzima mu murenge wanyu?
- h. What can be done to sustain community health programs?/ Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambye?

Guide for Program Implementation Review Meeting with Religious Leaders Ibibazo bizifashishwa mu nama n'abahagarariye amatorero

- a. As the church leaders, how are you involved in health promotion activities? Nk'abantu bahagarariye amatorero/amadini, mwibona cyangwa mwisanga gute mu bikorwa byo guteza imbere ubuzima bw'abaturage?
- b. In your community health role, with who do you collaborate more? And How? Ku birebana n'inshingano zanyu mu by'ubuzima bw'abaturage, ni bande mukorana kenshi? Kandi mukorana mute?
- c. Since BCC and NW began in your community r, what changes have you observed? Probe to learn more./ Kuva aho ubukangurambaga na gahunda z'icyumweru cy'imirire zatangiriye mu midugudu, ni izihe mpinduka mwabonye? Komeza ubabaze kugira ngo urusheho kumenya byinshi.
- d. What are the main challenges you are facing to promote health? What did you do or can be done to respond to the challenges?/ Ni izihe ngorane zikomeye muhura nazo mu guteza imbere ubuzima? Ni iki mwakoze cyangwa mubona cyakorwa kugira ngo izo ngorane zikemuke?
- e. What can be done to sustain community health programs?/ Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambwe?

Focus Group Discussion Guide with CHWs on NW implementation/ Ibibazo bigenewe abajyanama b'ubuzima ku mirimo y'icyumweru cy'imirire

- a. Have you learned about NW? What did you like about the Nutrition Week? Benefits? What did you not like about the Nutrition Week? /MWigeze MUbona inyigisho zijyanye n'icyumweru cy'imirire? Ni iki cyabashimishije ku bijyanye n'icyumweru cy'imirire? Ni iki kitabanyuze mu bijyanye n'icyumweru cy'imirire?
- b. What did you change in your family based on training received in NW? / Nyuma yo guhabwa amahugurwa kubijyanye n'icyumweru cy'imirire, ni iki mwahinduye mu muryango?
- c. What are the challenges you are facing to implement NW in your community? Probe to know all challenges. How do you respond to each challenge? / Ni izihe ngorane muhura nazo mugushyira mubikorwa icyumweru cy'imirire mu mudugudu? Komeza ubababaze kugirango bavuge ingorane zose. Ni iki mukora kuri buri kibazo?
- d. What need of training you feel in order to improve your skills for leading NW activities?
- e. Mwumva mwahabwa ayahe mahugurwa murwego rwo kongera ubushobozi bwanyu mu bikorwa by'icyumweru cy'imirire?
- f. Who support you more during the implementation of the five-day NW? or from whom you ask advice for implementing NW? How often he/she visited you during the last implementation of NW? / Ninde ubaha ubufasha cyane mugihe cy'iminsi itanu y'icyumweru cy'imirire? Ninde musaba inama zibafasha muri gahunda y'icyumweru cy'imirire? Yabasuye kangahe mu cyumweru cy'imirire giheruka?
- g. After NW, have you visited the families that attended NW? What are the behaviors taught they applied more and what behaviors they did not apply?
- h. Nyuma y'icyumweru cy'imirire mwaba mwarasuye ingo zacyitabiriye? Ni ibiki mwasanze bakora cyane, Ni ibiki mwabonye badakora?
- i. Is there anything you would like to tell me about how to improve NW? We are very interested in your opinions to change to make it better./ Ni ikihe gitekerezo mwatanga mu rwego rwo kurushaho gutunganya icyumweru cy'imirire? Twifuza cyane kumenya ibitekerezo byanyu byatuma icyumweru cy'imirire kirushaho kugenda neza

Focus Group Discussion Guide with I CSP Staff/bibazo bibazwa abakozi ba ICSP Tangiraneza

- a. What are the main ICSP accomplishments have you observe in the project areas? What were the big challenges?/ Ni ibihe bikorwa by'ingenzi umushinga ICSP wagezeho? Ingorane zikomeye mwahuye nazo ni izihe?
- b. How the I CSP planning process was and what effect did this have on the implementation process?/Ese iteganyabikorwa ry'umushinga ryari rimeze gute? Ese ryagize uruhe ruhare mu gutangiza ibikorwa?

- c. To what extent was the work plan practical? What could be added to the Work Plan that would have strengthened the implementation? / *Ese iteganyabikorwa mwabonye kurishyira mubikorwa bikoreka? Ni iki cyakongerwa ku iteganya bikorwa gishobora kongerera ingufu ibirebana no gutangiza ibikorwa?*
- d. What were the gaps in the Work Plan and how were they addressed by the project staff? / *Ni ibihe bibazo mwahuye nabyo mu iteganyabikorwa kandi mwabyitwayemo gute?*
- e. What change is there in the knowledge, skills and competencies of the project and Partner's staff? Is there evidence that the staff has applied these skills both within the project? / *Ni ibiki byahindutse mu bumenyi n'ubushobozi by'abakozi b'umushinga ndetse n'abafatanyabikorwa? Ese hari icyemeza ko abakozi bakoresheje neza ibyo bize mu mushinga?*
- f. What will you do differently in terms of planning, training, partnership, human resources, financial management in order to improve the program delivery quality? *Ni iki mwakora (kinyuranye n'ibyo mwakoraga) kubijyanye no Guteganya, Guhugura, ubufatanyabikorwa, kuyobora abakozi no gucunga umutungo kugirango ibikorwa bya porogaramu birusheho kugenda neza?*
- g. What are some strategies that can be used to help strengthen the link between community and facility in delivering MCH programs in a sustainable way? *Ni izihe ngamba zafatwa kugirango ubufatanye bw'ikigo nderabuzima n'abaturage bugire ingufu mu rwego rwo kubungabunga ubuzima bw'umwana n'umubyeyi mu buryo burambye?*
- h. What are some strategies for effectively engaging churches, and other behavioral influencers in health promotion? / *Ni izihe ngamba zafatwa kugirango itorero hamwe n'abandi bafite ubushobozi bwo guhindura barusheho kuzamura ubuzima mugiturage?*

Focus Group Discussion with I CSP Manager

- a. How has the project contributed to improving MCH coverage in Nyamagabe District? / *Ni gute umushinga wagize uruhare mu kugeza gahunda zo kwita ku buzima bw'umwana n'umubyeyi mu karere ka Nyamagabe.*
- b. The project wants to facilitate health staff and District staff in the implementation of the behavior change strategies through CG and NW interventions. Do you think using the modified CG, Church leaders and community leaders have been effective to promote new behaviors? What were the strengths and the weaknesses? / *Umushinga urashaka gufasha abakozi b'ibigo nderabuzima n'ab'akarere gushyiraho ingamba zo guhindura imyifatire binyujijwe mu matsinda (CG) no muri gahunda z'icyumweru cy'imire. Mutekereza ko kwifashisha amatsinda, abahagarariye amadini n'abayobozi b'inzego z'ibanze byaba byarafashije mu gutuma habaho impinduka nshya? Ibyagenze neza ni ibihe? Ibitaragenze neza ni ibihe?*
- c. How can the project more effectively facilitate the Health staff to integrate all MCH activities at the community-level through modified CG network in order to reduce missed opportunities? / *Ni gute umushinga warushaho gufasha abakozi ba Ministeri y'ubuzima mu gushyira mu bikorwa ibikorwa birebana no kwita ku buzima bw'umwana n'umubyeyi ku rwego rw'umudugudu binyujijwe mu matsinda (CG) kugira ngo hatagira ikiburizwamo?*

- d. What are the overall lessons learned from the project, in terms of integrating CCM, MNC, Nutrition and crosscutting Community Mobilization and M&E interventions? / Ni ayahe masomo mwigiyeye ku mushinga ku bijyanye no guhuriza hamwe ibi bikorwa: (Ubuwuzi bw'ibanze, Kwita ku buzima bw'umwana n'umubyeyi, Imirire, ubukangurambaga no kugenzura no gukurikirana ibikorwa)
- e. What are some other strategies that can be used to help strengthen the link between community and facility in implementing Nutrition Weeks? / Ni ubuhe buri buri bwakoresheye kugirango hongere imbaraga mu guhuza imidugudu n'amavuriro mu gushyiraho icyumweru cy'imirire?
- f. What are some strategies for effectively engaging churches, and other behavioral influencers in MCH activities? / Ni ubuhe buryo bwakoresheye kugira ngo amatorero n'abandi bavugaga rikijyane bagire ibikorwa by'ubuzima bw'umwana n'umubyeyi ibyabo?

Year 4 KPC Survey Questionnaire with Translation
World Relief Rwanda Tangiraneza Innovation Child Survival Project, 2014

i. RESPONDENT IDENTIFICATION/ UMWIRONDO W'USUBIZA	
0) Hospital catchment area / Aho ibitaro bikorera	Kigeme..... 1 Kaduha..... 2
i1) Cluster No. / Nimero y'itsinda	_ _ _
i2) Household No. / Nimero y'urugo	_ _ _ _
i4) Interviewer Name/ Amazina y'ubaza	_____
i5) Sector/ Umurenge	
i6) Cell/ Akagali	

i7) Village/ Umudugudu	
i8) Health center/ Ikigo Nderabuzima	
i9) Date of Interview/ Itariki y'ibazwa	2015 - ____ - ____ MM - DD
i10) Was consent received? Ubazwa yabyemeye?	Yes/ Yego 1 → i12 No/ Oya 2
i11) If no, why not? Niba ari Oya, kubera iki?	Unavailable/ Ntaboneka 1 → End/ Iherezo Unwilling/ Ntameze neza 2 → End/ Iherezo Child not Home/ Umwana ntahari 3 → End/ Iherezo Other/ Ibindi 4 → End/ Iherezo _____ (Specify/ Sobanura)
i12) <i>What are the name, sex, and date of birth of your youngest child that is still alive?</i> <i>Umwana wawe muto ufite yitwa nde?</i> <i>Yavutse ryari? Igitsina cye ni ikihe?</i>	i12a) NAME OF THE CHILD LESS THAN 24 MONTHS AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24 _____ i12b) SEX OF CHILD (1=MALE, 2=FEMALE/

	IGITSINA CY'UMWANA(1=GABO, 2=GORE).....1.....2 i12c) DATE OF BIRTH IGIHE YAVUKIYE ____ / ____ / ____ Y Y Y Y / M M / D D i12d) AGE OF THE CHILD (IN MONTHS) __ __ IMYAKA Y'UMWANA (MU MEZI)
i13) Ask the mother: What is your name? / Baza umubyeyi w'umwana: Witwa nde?	_____
i14) Ask the mother: What is your age in years? / Baza umubyeyi w'umwana: Ufite imyaka ingahe?	__ __
i15) Are you the biological mother of the child? / Ni wowe wabyaye uyu mwana?	YES/ YEGO.....1 NO/ OYA.....0
i16) Time interview began / Isaha ibazwa ryatangiriye	AM/ Mbere ya saasita ____ : ____ PM/ Nyuma ya saasita ____ : ____
SECTION I: SOCIO-DEMOGRAPHICS / IGICE CYA 1: IMIBEREHO RUSANGE	
INSTRUCTIONS: Ask the questions exactly as they are written. Do not read responses unless directed to do so. Words in Italics are instructions for the interviewer and should not be read aloud. Follow skip patterns as directed. Write answers in the box unless otherwise directed.	
AMABWIRIZA: Baza ibibazo nkuko byanditse. Irinde kumu somera ibisubizo. Amagambo yanditse mu	

buryo buberamye ni amabwiriza y'ubaza ntabwo ugomba kuyasomera ubazwa. Aho ugomba gu simbuka hasimbuke. Andika igisubizo mu kazu kabugenewe.

#	Questions Ibibazo	Responses Ibisubizo bishoboka	Skip Simbuka	Answer/ gisubizo atanzwe
1.	Have you ever attended school? Mwaba mwarageze mu ishuri?	Yes/ Yego.....1 No/ Oya.....2 Don't know/ Simbizi.....88	S →3 →3	
2.	If yes, then ask: What is the highest grade or level of school you have completed? Niba ari yego, mubaze uti: Warangije ayahe mashuri?	None/ Did not complete primary Ntayo/Ntiyarangije amashuri abanza.....0 Primary/ Amashuri abanza 1 Secondary/ Amashuri yisumbuye.....2 Past Secondary/ Amashuri makuru...3 Other/ Ibindi.....4 (Specify/ Sobanura)		
3.	How many people live in your household? Muri uru rugo mubamo muri bangahe?	Number/ Umubare..... _ _ _ Don't know/ Simbizi.....88		
4	What is your <i>ubudehe</i> category according to the participatory poverty assessment as defined by MINALOC? Read options if needed.	1. Umutindi nyakujya (those in abject poverty).....1 2. Umutindi (the very poor).....2		

Mwashyizwe mu kihe cyiciro cy'ubudehe nyuma y'ubushakashatsi bwakozwe na MINALOC kubijanye n'ubukire cyangwa ubukene? Musomere ibyiciro niba atabizi <i>If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINALOC.</i> <i>Niba ubazwa atazi icyiciro arimo, ubaza ajye kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciro by'ingo zose, Niba ubazwa ajya impaka ku cyiciro yashyizwemo, koresha icyiciro kiri ku ilisiti ya MINALOC</i> Are you using health insurance? Ese waba uri mu bwisungane mu kwivuza? <i>If yes: Can I see your member card?</i> Niba ari yego, nshobora kureba ikarita yawe y'ubwisungane mu kwivuza?	3. Umukene (the poor) 3 4. Umukene wifashije (the resourceful poor).....4 5. Umukungu (the food rich).....5 6. Umukire (the money rich).....6 8. Simbizi (don't know).....88 (Source: Government of Rwanda Poverty Reduction-Strategy Paper, June 2002 – p.15.) Yes/ Yego.....1 No/ Oya.....0 Card available/ Ikarita irahari.....1 No card/ Ikarita ntayo afite.....0	→5	

SECTION II: MATERNAL AND NEWBORN CARE/ IGICE CYA KABIRI KWITA K'UMUBYEYI NURUHINJA

#	Questions Ibibazo	Responses/ Ibisubizo bishoboka	Skip Simbuka	Answer Igi subizo atanzwe
5	How long should you wait after the birth of your child before you try to become pregnant again? Uzategereza igihe kingana iki kugirango wongere gusama indi nda?	LESS THAN 2 YEARS MUNSI Y'IMYAKABIRI.....1 2 TO 5 YEARS HAGATI Y'IBIRI N'ITANU.....2 MORE THAN 5 YEARS HEJURU Y'IMYAKA ITANU.....3 DON'T KNOW SIMBIZI..... 88		
6	What are the risks of getting pregnant too soon after the birth of a child? Ni izihe ngorane zishobora kuboneka mugihe umubyeyi akurikije hakiri kare? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. IRINDE KUMUSOMERA IBISUBIZO. ANDIKA IBYO AGUSUBIJE BYOSE.	BABY BORN TOO SMALL.....A UMWANA AVUKANA IBIRO BIDASHYITSE BABY BORN TOO EARLY.....B UMWANA AVUKA ATAGEJEJE KU GIHE MOTHER CAN DIE.....C UMUBYEYI ASHOBOGA GUPFA MOTHER CAN HAVE MISCARRIAGE.....D UMUBYEYI ASHOBOGA GUKURAMO INDA MOTHER CAN SUFFER ANEMIA.....E UMUBYEYI ASHOBOGA KUBURA AMARASO OTHER / IBINDI.....X _____ (SPECIFY/ SOBANURA)		
7	Are you currently doing something or using any method to delay or avoid getting pregnant? Hari uburyo ukoreshe ngo wirinde gusama?	YES/ YEGO.....1 NO/ OYA.....0		

	<i>Which method are you (or your husband/ partner) using?</i> Ni ubuhe buryo ukoresha (cyangwa umugabo wawe)? DO NOT READ RESPONSES. CODE ONLY ONE RESPONSE. IRINDE KUMUSOMERA IBISUBIZO. SHYIRA AKAMENYETSO KUCYO AKUBWIYE. IF MORE THAN ONE METHOD IS MENTIONED, ASK, / NIBA AKUBWIYE UBURYO BURENZE BUMWE, MUBAZE UTI <i>What is your MAIN method that you (or your husband/ partner) use to delay or avoid getting pregnant?"</i> Ni ubuhe buryo, wowe cyangwa umugabo wawe mukoresha kurusha ubundi kugirango wirinde gusama? IF RESPONDENT MENTIONS BOTH CONDOMS AND STANDARD DAYS METHOD, CODE "12" FOR STANDARD DAYS METHOD. AGAKINGIRIZO N'UBURYO BWA KAMERE SHYIRA AKAMENYETSO KURI "12" IF RESPONDENT MENTIONS BREASTFEEDING,	FEMALE STERILIZATION KWIFUNGISHA BURUNDU KU MUGORE 1 MALE STERILIZATION KWIFUNGISHA BURUNDU KU MUGABO.....2 PILL/ IBININI.....3 IUD/ AGAPIRA MU MUMURA.....4 INJECTABLES URUSHINGE.....5 IMPLANTS/ AGAPIRA MU KABOKO.....6 CONDOM AGAKINGIRIZO K'ABAGABO 7 FEMALE CONDOM AGAKINGIRIZO K'ABAGORE.....8 DIAPHRAGM AGAPIRA KO KU NKONDO Y'UMURA.....9 FOAM/JELLYAMAVUTA.....10 LACTATIONAL AMEN. METHOD KONSA GUSA.....11 STANDARD DAYS METHOD/ CYCLEBEADS KUBARA IMINSI Y'UBURUMBUKE.....12 RHYTHM METHOD (OTHER THAN STANDARD DAYS)		

	CODE “15” FOR OTHER AND RECORD BREASTFEEDING./NIBA AVUZE UBURYO BWO KONSA SHYIRA AKAMENYETSO KURI “15” “KANDI UBYANDIKE NO MUMAGAMBO IF RESPONDENT MENTIONS ABSTINENCE OR ISOLATION, CODE “15” FOR OTHER AND RECORD RESPONSE IN SPACE PROVIDED. NIBA AVUZE UBURYO BWO KWIFATA SHYIRA AKAMENYETSO KURI “15” KANDI UBYANDIKE NO MUMAGAMBO.	UBUNDI BURYO BWO KUBARA.....13 WITHDRAWAL/KWIYAKANA.....14 OTHER/ IBINDI.....15 _____ (SPECIFY/ BISOBANURE)		
9	<i>During your pregnancy with (Name), did you see anyone for antenatal care?</i> Mugihe wari utwite Kanaka (Izina ry’ umwana muto) waba warigeze wipimisha inda ?	YES/ YEGO.....1 NO/ OYA.....0		
9	<i>IF YES: Whom did you see? Anyone else?</i> NIBA AVUZE YEGO MUBAZE UTI : Ninde wagusuzumye ? Ntawundi? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN. MUSOBANUZE NEZA WUMVE NIBA YARASUZUMWE N’UMUNTU UBUFITIYE UBUSHOBOZI	DOCTOR/MEDICAL ASSISTANT MUGANGA/ UMUFASHA WE.....A NURSE/UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C TRADITIONAL BIRTH ATTENDANT UMUBYAZA WA GIHANGA.....D OTHER / ABANDI.....X (SPECIFY/ BAVUGE) NO ONE NTA NUMWE.....Y	→16	

1	During your pregnancy with (Name), where did you receive antenatal care? Mugihe wari utwite Kanaka (Izina ry'umwana muto) ni hehe wipimishirije inda? <i>CIRCLE ALL MENTIONED.</i> SHYIRA AKAZIGA KUGISUBIZO AGUHAYE <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i> NIBA ARI KUBITARO, KUKIGO NDERABUZIMA CYANGWA KU IVURIRO RYIGENGA ,ANDIKA UKO HITWA. MUSOBANUZE NEZA KUGIRA NGO WANDIKE IGISUBIZO CY'UKURI (NAME OF PLACE/ IZINA RYAHU YABYARIYE)	<u>HOME/ MURUGO</u> YOUR HOME/ IWAVE A MIDWIFE/TBA HOME/ MURUGO RW'UMUBYAZA.....B OTHER HOME/ MURUNDI RUGO.....C <u>PUBLIC SECTOR/ IVURIRO RYA</u> <u>LETA</u> HOSPITAL/ IBITARO D HEALTH CENTER IKIGO NDERABUZIMA.....E HEALTH POST IVURIRO RYUNGIRIJE F OUTREACH/ KU MUDUGUDU/ STRATEGIE AVANCEE.....G OTHER PUBLIC ANDI MAVURIRO YA LETA.....H (SPECIFY/SOBANURA_____) <u>PRIVATE SECTOR/ AMAVURIRO</u> <u>YIGENGA</u> PRIVATE HOSPITAL IBITARO BYIGENGA I	

		PRIVATE CLINIC KIRINIKE YIGENGA J OTHER PRIVATE IRINDI VURIRO RYIGENGA.....K (SPECIFY/ RIVUGE.....) OTHER/ AHANDI.....X (SPECIFY/ HAVUGE.....)		
1	During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care? Mugihe wari utwite kanaka (Izina ry'umwana) wagiye kwipimisha bwa mbere inda ifite amezi angahe?	MONTHS/ AMEZI..... DON'T KNOW/ SIMBIZI.....88		
1	During your pregnancy with (Name), how many times did you receive antenatal care? Mugihe wari utwite kanaka (Izina ry'umwana) wipimishije inda inshuro zingahe ?	TIMES/ INSHURO..... DON'T KNOW/ SIMBIZI.....88		
1	As part of your antenatal care during this pregnancy, were any of the following done at least once? Hari ibintu by'ingenzi bakorera umugore utwite iyo agiye kwipimisha,inda,muri ibi bikurikira ni iki baba baragukoreye nibura inshuro imwe ? A. Was your height taken?/ Bagupimye uburerebure? B. Was your blood pressure measured? Bagufatiye umuvuduko w'amaraso? C. Did you give a urine sample?/ Wigeze	YES/YEGO NO/OYA A. HEIGHT/ UBUREBURE.....1 0 B. BP/ UMUVUDUKO W'AMARASO 1 0 C. URINE/ INKARI.....1 0 D. BLOOD/ AMARASO.....1 0		

	utanga ikizami cy'inkali? D. Did you give a blood sample?/Hari ikizami cy'amaraso wigeze utanga?			
1	During (any of) your antenatal care visits, were you told about the signs of pregnancy complications? Mugihe wajyaga kwipimisha inda bigeze bakubwira ibimenyetso mpuruza kumugore utwite ?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88	→16 →16	
1	Were you told where to go if you had any of these complications? Bigeze bakubwira aho wajya mugihe ubonye kimwe muri ibyo bimenyetso?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88		
1	<i>During pregnancy, woman may encounter severe problems or illnesses and should go or be taken immediately to a health facility.</i> Iyo umugore atwite ashobora guhura n'ibibazo cyangwa se uburwayi bishobora gutuma yihutira kujya kwa muganga. <i>What types of symptoms would cause you to seek immediate care at a health facility (right away)?</i> Ni ibihe bimenyetso by'uburwayi bishobora kugutera kwihutira kujya kwa muganga mu gihe utwite? <i>ASK: Anything else?</i>	VAGINAL BLEEDING KUVIRA KU NDA.....A FAST/DIFFICULT BREATHING/ GUHUMEKA BIMUGOYE.....B FEVER/ UMURIRO.....C SEVERE ABDOMINAL PAIN/ KUBABARA MU NDA CYANE.....D HEADACHE/BLURRED VISION KURIBWA UMUTWE/ KUTABONA NEZA.....E CONVULSIONS/ KUGAGARA.....F FOUL SMELLING DISCHARGE/FLUID FROM VAGINA		

	BAZA UTI: Nta bindi? <i>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</i> IRINDE KUMUSOMERA IBISUBIZO, SHYIRA AKAMENYETSO KU BISUBIZO AGUHAYE BYOSE.	KUZANA IBINTU BY'URUZI BINUKA.....G BABY STOPS MOVING INDA NTIYONKA.....H LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA KUZANA IBINTU BY'URUZI BISA N'IKIGINA CYANGWA ICYATSI KIBISI.....I OTHER / IBINDI X (SPECIFY/ BISOBANURE)		
1	During your pregnancy with (Name of the child) did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? Mugihe wari utwite kanaka (Izina ry'umwana) wigeze ubona urukingo ku kaboko rukingira umwana tetanus(agakwega) kugagara?	YES/ YEGO.....1 NO/ OYA 0 DON'T KNOW/ SIMBIZI.....88	→19 →19	
1	While pregnant with (name of the child), how many times did you receive such an injection? Igihe wari utwite kanaka (Izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE INCURO 3 CYANGWA ZIRENGA.....3 DON'T KNOW/ SIMBIZI.....88		
1	Did you receive any tetanus toxoid injection at any time before that pregnancy, including during a previous pregnancy or between pregnancies? Mbere yo gutwita (Izina ry'umwana muto) wigeze uhabwa urukingo rwa	YES/ YEGO.....1 NO/OYA.....0 DON'T KNOW/ SIMBIZI.....88	→21 →21	

	tetanus ushyizemo mu gihe wari utwite iyabanjirije iy'uyu mwana cyangwa se mu gihe cyo hagati y'izo nda?			
2	Before the pregnancy with (Name of the child), how many times did you receive a tetanus injection? Mbere yo gutwita kanaka (izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE INCURO 3 CYANGWA ZIRENGA.....3 DON'T KNOW/ SIMBIZI.....8		
21	If biological mother (i15) ask: During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup? Mubaze iki kibazo niba ariwe wabyaye uyu mwana (i15): Mu gihe wari utwite (izinary'umwana muto) wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongera amaraso? SHOW TABLETS/ BIMWEREKE	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88 →29	→29 →29	
22	During the whole pregnancy, for how many days did you take the tablets/syrup? <i>If the answer is not numeric, probe for the approximate number of days.</i> Igihe wari utwite, ibyo binini bya feri wabifashe mu minsi ingahe? <i>Niba igisubizo aguhaye Atari umubare, komeza umubaze agereranye mu mibare.</i>	DAYS/ IMINSI..... _ _ DON'T KNOW/ SIMBIZI.....888		
23.	Who assisted with the delivery of (Name)? Ni nde wakubyaje kanaka(izina	DOCTOR/ DOGITERI.....A		

	ry'umwana muto) ? Anyone else?/Ntawundi <i>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</i> KOMEZA UMUBAZE KUGIRA NGO UMENYE NIBA YARABYAJWE N'UMUNTU WABIHUGURIWE <i>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</i> NIBA AVUZE KO NTAWWE, KOMEZA UMUBAZE UMENYE NIBA HARI UMUNTU MUKURU WARI UHARI MU GIHE YABYARAGA.	NURSE/ UMUFOROMO B MIDWIFE/ UMUBYAZA.....C AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA.....D OTHER HEALTH STAFF W/ MIDWIFERY SKILLS UNDI MUFOROMO UZI KUBYAZA ...E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE.....F TRAINED COMMUNITY HEALTH WORKER/UMUJYANAMA W'UBUZIMA WAHUGUWE.....G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE.....H COMMUNITY HEALTH WORKER UMUJYANAMA W'UBUZIMA UTARAHUGUWE.....I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/INSHUTI/ UMUTURANYI J NO ONE/ NTA N'UMWE.....Y		
24.	<i>Was (NAME) dried (wiped) immediately after birth before the placenta was delivered?</i> Nyuma y'uko kanaka(Izina ry'umwana) avuka,yaba yarahanaguwe, agafubikwa ako kanya nyuma yo kuvuka mbere yuko iyanyuma isohoka?	YES/YEGO.....1 NO/ OYA.....0		

		DON'T KNOW/ SIMBIZI.....88		
25.	<i>Was (NAME) wrapped in a warm cloth or blanket immediately after birth before the placenta was delivered?</i> Kanaka (Izina) yaba yarafubitswe mubintu bishyushye(lmyenda cg ikiringiti) akimara kuvuka?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI..... 88		
26.	<i>After (Name) was born, did any health care provider or traditional birth attendant check on (Name's) health?</i> Nyuma yo kuvuka kwa, Kanaka hari ibindi uwagufashije/uwafashije nyina amubyara yaba yarakoreye uwo mwana mu rwego rwo kwita ku buzima bwe?	YES/YEGO.....1 NO/ OYA.....0	→29	
27.	<i>How many hours, days or weeks after the birth of (Name) did the first check take place?</i> Kanaka (amazina) yaba yarasuzumwe nyuma y'igihe kingana iki amaze kuvuka? <i>IF LESS THAN ONE DAY, CIRCLE 0 AND RECORD HOURS; IF ONE TO SIX DAYS CIRCLE 1 AND RECORD DAYS; IF MORE THAN 6 DAYS CIRCLE 2 AND RECORD WEEKS.</i> NIBA ARI MUNSI Y'UMUNSI UMWE SHYIRA AKAMENYETSO KURI "0" KANDI WANDIKE "Amasaha", NIBA ARI HAGATI Y'IMINSI UMWE KUGERA KURI ITANDATU SHYIRA AKAMENYETSO KURI RIMWE	HOURS / AMASAHA 0 DAYS/ IMINSI 1 WEEKS/ IBYUMWERU 2 DON'T KNOW/ SIMBIZI.....88		

	WANDIKE “Iminsi”, NIBA ARI HEJURU Y’IMINSI ITANDATU SHYIRA AKAMENYETSO KURI 2 KANDI WANDIKE IBYUMWERU.			
28.	Who checked on (Name’s) health at that time? Muri icyo gihe ninde wasuzumye uko ubuzima bwe bumeze? Anyone else?/Ntawundi? <i>PROBE FOR THE MOST QUALIFIED PERSON AND RECORD ALL MENTIONED.KOMEZA UMUBAZE WUMVE KO ARI UMUNTU UBIFITIYE UBUMENYI WAMUSUZUMYE KANDI ABO AKUBWIRA BOSE UBANDIKE.</i>	DOCTOR/ DOGITERI.....A NURSE/ UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C AUXILIARY MIDWIFE/ UMUFASHA W’UMUBYAZA.....D OTHER HEALTH STAFF WITH MIDWIFERY SKILLS. / UNDI MUFOROFO UZI KUBYAZA E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE.....F TRAINED COMMUNITY HEALTH WORKER/ UMUJYANAMA W’UBUZIMA WAHUGUWE G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE.....H COMMUNITY HEALTH WORKER/ UMUJYANAMA W’UBUZIMA UTARAHUGUWE.....I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/ INSHUTI/ UMUTURANYI.....J		

		NO ONE/ NTA N'UMWE Y		

SECTION III: BREASTFEEDING AND CHILD NUTRITION / KONSA NO KUGABURIRAUMWANA				
29	<i>Did you ever breastfeed (NAME)?</i> <i>Wigeze wonsa (izinary'umwana muto)?</i>	YES/ YEGO 1 NO/ OYA 0	→36	
30	<i>How long after birth did you first put (NAME) to the breast?</i> IF LESS THAN 1 HOUR, CIRCLE '000' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. <i>Ukimara kubyara kanaka (izinary'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse?</i> NIBA ARI MUNSI Y'ISAHU IMWE SHYIRA AKAZIGA KURI 000,NIBA ARI MUNSI Y'AMASAHU 24, ANDIKA UMUBARE W'AMASAHU, NIBA ARI HEJURU Y'AMASAHU 24, ANDIKA IMINSI.	<i>Less than 1 hour /</i> <i>Igihe kitageze ku isaha 0 0 0</i> <i>or / cyangwa</i> <i>Hours / Amasaha..... __ __ </i> <i>or / cyangwa</i> <i>Days / Iminsi __ __ </i>		
31	<i>During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?</i> <i>Mu minsi itatu ya mbere umaze kubyara, waba waronkeje (IZINA RY'UMWANA MUTO)?</i>	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI..... 88		

32	<i>During the first three days after delivery, was (NAME) given anything to drink other than breast milk?</i> <i>Mu minsi itatu ya mbere umaze kubyara, hari ikinyobwa wahaye kanaka kitari amashereka?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW/ SIMBIZI 88</i>	→ 34 → 34
33	<i>What else was (NAME) given to drink during the first three days?</i> <i>Ni ibihe binyobwa bindi wahaye (IZINA RY'UMWANA MUTO) mu minsi itatu ya mbere?</i> <i>Anything else? Nta kindi?</i> DO NOT READ THE LIST NTUMUSOMERE IBISUBIZO. RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED SHYIRA AKAZIGA KUCYO AKUBWIYE	<i>MILK (OTHER THAN BREAST MILK)</i> <i>AMATA (ATARI AMASHEREKA.....A</i> <i>PLAIN WATER / AMAZI.....B</i> <i>SUGAR OR GLUCOSE WATER /</i> <i>AMAZI ARIMO ISUKARI.....C</i> <i>HOME REMEDY/ IMITI YATEGURIWE</i> <i>MU RUGO ITARI IYO KWA</i> <i>MUGANGA.....D</i> <i>SUGAR-SALT-WATER SOLUTION /</i> <i>AMAZI ARIMO UMUNYU</i> <i>N'ISUKARI.....E</i> <i>FRUIT JUICE/</i> <i>UMUTOBE W'IMBUTO F</i> <i>INFANT FORMULA / AMATA Y'ABANA YO MU</i> <i>BIKOMBE.....G</i> <i>TEA / ICYAYI.....H</i> <i>HONEY/ UBUKI I</i> <i>OTHER/ IBINDI.....X</i> _____ <i>(SPECIFY/ SOBANURA)</i>	

34	<i>Was (NAME) breastfed yesterday during the day or at night?</i> <i>(Izinary'umwana muto) waramwonkeje ejo kumanywa cyangwa nijoro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI 88</i>	→36	
35	<i>Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby.</i> <i>Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?</i> <i>Rimwe n arimwe abana bahabwa amashereka mu buryo butandukanye, urugero: kukayiko, mu gikombe cg mu icupa. Ibyo bishobora kuba iyo umubyeyi adashoboye kuba ari kumwe n'umwana we. Bishobora no kuba iyo umubyeyi adashobora konsa umwana we.</i> <i>Mbese (KANAKA) yaba yarahawe amashereka ejo kumanywa cg nijoro hakoreshajwe bumwe muri ubwo buryo maze kukubwira?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI..... 88</i>		
36	<i>Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i>		

	<i>night?</i> <i>Ubu ndashaka kukubaza ibyerekeranye n'imiti cyangwa amavitamini ajya ahabwa abana. Ese (KANAKA) yaba yarahawe ibitonyanga bya vitamin cyangwa indi miti ejo ku manywa cg nijoro?</i>	<i>DON'T KNOW / SIMBIZI. 88</i>		
37	<i>Was (NAME) given ORS yesterday during the day or at night?</i> <i>Haba hari uruvange rw'imyunyu n'isukari(SRO) waba warahaye (izinary'umwanamuto) ejo kumanywa cg nijoro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI..... 88</i>		
38	<i>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</i> <i>(Izinary'umwana muto) yaba yaranywesheje bibero ejo kumanywa cyangwa iri joro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI..... 88</i>		

Read out Q.39 below. Read the list of liquids one by one and mark 'yes' or 'no', accordingly. After you have completed the list, follow by asking Q. 40. [See far right hand column for those items (40B, 40C, and/or 40F) where the respondent replied 'YES'.]

Soma ibibazo biri hasi, Birebana n'ikibazo cya 39. Soma urutonde rw'ibinyobwa kimwe kimwe ushyireho yego cyangwa oya, nyuma yo kurangiza urutonde, komeza ubaze ikibazo cya 40 [reba ibyanditse iburyo (40B, na 40C/cyangwa 40F) aho igisubizo ari 'YEGO'].

No.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE			QUESTIONS AND CODING CATEGORIES/ IBIBAZO N'IBISUBIZO BITEGEREJWE
39	Next I would like to ask you about some liquids that (Name) may have had yesterday during the	YES YEGO	NO OYA	DK SINZI	40 READ QUESTION 40 FOR ITEMS B, C AND F, IF CHILD CONSUMED THE

	<i>day or at night. Did (Name) have any (ITEM FROM LIST)?</i> READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.' Noneho ndifuza kukubaza ibinyobwa waba wahaye umwana wawe ejo kumanywa cg nijoro. Hari ibyo waba wamuhaye? (IBIRI KU ILISTI) SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".				ITEM. RECORD 88 for DON'T KNOW. <i>How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)?</i> SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO YASHUBIJE SIMBIZI. <i>Ibi binyobwa kanaka (izinary'umwanamuto) yabifashe inshuro zingahe ku muni haba ku manywa cyangwa nijoro?</i>
A	<i>Plain water?</i> Amazi ?	1	0	88	
B	<i>Infant formula such as Kigozi, Rinda and others?</i> Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi?	1	0	88	B. TIMES/ Inshuro I _ I _ I
C	<i>Milk such as tinned, powdered or fresh animal milk?</i> Amata yo mu dukarito, ay'ifu cyangwa inshyushyu(y'inka, ihene)?	1	0	88	C. TIMES/ Inshuro I _ I _ I
D	<i>Juice or juice drinks?</i> Umutobe w'ibitoke cyangwa ubundi bwoko bw'imitobe?	1	0	88	

E	<i>Clear broth?</i> <i>Isupu imeze nk'amazi?</i>	1	0	88	
F	<i>Yogurt?</i> <i>Yawurute?</i>	1	0	88	F. TIMES/ Inshuro <u> </u> <u> </u> <u> </u>
G	<i>Thin porridge?</i> <i>Igikoma kidafashe?</i>	1	0	88	
H	<i>Any other water-based liquids such as (insert local) sorghum juice?</i> <i>Ibindi binyobwa nk' umusururu ?</i>	1	0	88	
I	<i>Any other liquids?</i> <i>Ibindi binyobwa?</i>	1	0	88	
41	<i>Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.</i> a) Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION b). b) What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. <i>REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.</i> c) IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE: What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.				

AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW WRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW:

Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?

Mwatubwira ibiribwa (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa ahandi

a) Tekereza mugihe (kanaka) yamaragakubyuka ,hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA NTACYO, KOMEZA KUKIBAZO CYA b).

b) Nyuma yibyo (kanaka) yakoze iki? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI.

SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA K'UWUNDI MUNSI.

c) NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI: Ni ibihe biribwa byari muri iyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Nta cyindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI.

UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHU IKIMENYETSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI"1" MU KUMBA KEGEREYE ITSINDA RY"IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE

	AHAGENEWE ITSINDA RY'IBIRUNGO. MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE< SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHYIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0" NIBA ASHUBIJE OYA, KURI "88" NIBA ASHUBIJE SIMBIZI: <i>Ejo kumanywa cyangwa nijoro, ese (Kanaka) yaba yarariye cyangwa yaranyoye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRO)?</i>			
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.			
NO.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE		
		YES/ YEGO	NO/ OYA	DK/ SIMBIZI
A	<i>Thicker porridge, bread, rice, noodles, or other foods made from grains</i> <i>Igikoma gifashe, umugati, umuceri, amakaroni, cyangwa ibindi biribwa bikomoka kubinyampeke</i>	1	0	88
B	<i>Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside</i> <i>Ibihaza, karoti, ibijumba by' umuhondo cyangwa bya orange</i>	1	0	88
C	<i>White potatoes, white yams, cassava, or any other foods made from roots</i> <i>Ibirayi, ibikoro, imyumbati, cyangwa ibindi biribwa bikomoka kubinyabijumba.</i>	1	0	88
D	<i>Any dark or green leafy vegetables</i> <i>Imboga z'icyatsi kibisi cyane, Imboga rwatsi</i>	1	0	88
E	<i>Ripe mangoes, ripe papayas or ripe guava</i>	1	0	88

	<i>Imyembe ihishije,ipapayi ihishije, cyangwa amapera ahishije</i>			
F	<i>Any other fruits or vegetables (such as avocado)</i> <i>Hari izindi mbuto cyangwa imboga uha umwana zitavuzwe haruguru (nka avoka)</i>	1	0	88
G	<i>Liver, kidney, heart or other organ meats</i> <i>Umwijima, impyiko, umutima, cyangwa izindi nyama zo munda</i>	1	0	88
H	<i>Any meat, such as beef, pork, lamb, goat, chicken or duck</i> <i>Izindinyama / Iz'inka, ingururube, intama, ihene, inkoko cyangwa imbata</i>	1	0	88
I	<i>Eggs / Amagi</i>	1	0	88
J	<i>Fresh or dried fish, shellfish or seafood</i> <i>Amafi mabisi cyangwa yumye,isambaza ,injanga/indagara</i>	1	0	88
K	<i>Any foods made from beans, peas, lentils, nuts or seeds</i> <i>Ibindi biribwank'ibishyimbo, amashaza, lantiye, ubunyobwa</i>	1	0	88
L	<i>Cheese, yogurt, or other milk products</i> <i>foromage,yawurute,cyangwa ibindi bikomoka ku mata</i>	1	0	88
M	<i>Any oil, fats or butter, or foods made with any of these</i> <i>Andi mavuta,ibinure cyangwa mayonese, cyangwa ibiribwa bikomoka kubyo tuvuze.</i>	1	0	88
N	<i>Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits</i> <i>Ibindi biribwa birimo isukari nka shokora, bombo, shikareti, gato cyangwa biswi</i>	1	0	88
O	<i>Condiments for flavor, such as chilies, spices, herbs or fish powder</i>	1	0	88

	<i>ibiribwaby'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara</i>			
P	<i>Grubs, snails or insects</i> <i>inswa ,isenani cyangwa utundi dusimba duto tuguruka</i>	1	0	88
Q	<i>Foods made with red palm oil, red palm nut or red palm nut pulp sauce</i> <i>Ibiribwa byatekeshejwe amamesa</i>	1	0	88
R	<i>Other foods not recorded on the list</i> <i>Ibindi biryo bitavuzwe haruguru</i>	1	0	88
<i>Check categories A-Q / GENZURA IBYICIRO A-Q</i>		<i>IF ALL "NO" or "DK" → GO TO 42</i> <i>IF AT LEAST ONE "YES" → GO TO 43</i> NIBA BYOSE ARI "OYA" CYANGWA "SIMBIZI" →JYA KURI 42 NIBA BYIBUZE KIMWE MURI BYO ARI "YEGO" →JYA KURI 43		

42	<i>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</i> <i>IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat?</i> <i>Ese (KANAKA) yigeze aya ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye ejocyangwa ijoro ryakeye?</i>	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI.....88 GO BACK TO Q41 AND RECORD	→44	

	NIBA ARI YEGO KOMEZA UBAZE UTI: Ni ubuhe bwoko bw' ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye yafashe?	<i>FOODS EATEN THEN CONTINUE.</i> <i>Subira kukibazo cya 41 umusubiriremo byabibazo nyuma ukomeze</i>	→44	
43	<i>How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?</i> <i>Such as pureed cassava, potatoes, avocado or other pureed foods?</i> WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED. LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID. USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY <i>Ibiryo bikomeye ,bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitarink'amazi yabifashe inshuro zingahe ejo kumanywa cyangwa nijoro?</i> <i>Urugero: Ese mwamuhaye inombe y'imyumbati, y'ibijumba? Y'avoka? Cyangwa inombe y'ibindi biryo?</i> TURIFUZA KUMENYA UMUBARE W'INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N'UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE. IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK'AMAZI N'IBINDI BIRYO BIMEZE NK'AMAZI CYANGWA BINYOBWA. KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA	<i>No. OF TIMES/ INSHURO..... _ _ </i> <i>DON'T KNOW/ SIMBIZI 88</i>		

	INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W'EJO.			

44	(If yes to 41 or 42) At what age did (NAME) begin eating solid, semi-solid, or soft foods? (NIBA ARI YEGO)(kanaka) yanganaga iki mutangira kumuha ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?	Age (months)/ Imyaka mumezi..... __ __ DON'T KNOW/ SIMBIZI.....88		
44a	(If yes to 41 or 42) Does (NAME) eat from his/her own separate bowl/cup? (Niba ari yego) Ese (Izina ry'umwana) yaba arira cyangwa agaburirwa ku gasahane/ mu gakombe ke?	YES/ YEGO.....1 NO/ OYA.....0		
45	Are you or someone in your family helping (NAME) eat? (ie. physically feeding them) Ujya ufasha (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mu muryango umufasha?	YES/ YEGO.....1 NO/ OYA.....0	→46b	
46a	IF NO: At what age did (NAME) start eating by himself/herself? NIBA ARI OYA: ni ku yahe mezi izina ry'umwanamuto) yatangiye kwigaburira ubwe?	Age (months)/ Imyaka mumezi..... __ __ DON'T KNOW/ SIMBIZI.....88		
46b	Do you encourage (NAME) to eat/feed (including when you breastfeed)? Mbese ujya ushishikariza (IZINA RY'UMWANA) kurya (no mu gihe umwonsa)?	YES/ YEGO.....1 NO/ OYA.....0		
47.	Has (NAME) ever received a vitamin A dose (like this/any of these)? Kanaka (IZINA RY'UMWANA MUTO) yigeze ahabwa ikinini	YES/ YEGO..... 1	→49	

	cya Vitamini A? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS MWEREKE IKININI CYA VITAMINI A GISANZWE GIKORESHWA	NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→49	
48.	If Yes, did (NAME) receive a vitamin A dose within the last 6 months? Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe akanini ka Vitamini A mu mezi atandatu ashize	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI..... 88		
49.	Has (NAME) taken any drug for intestinal worms in the past 6 months? Kanaka (izinary'umwana Muto) yaba hari utunini tw'inzoka zomunda yahawe mu mezi atandatu ashize? Show example of drug for worms Mwereke urugero rw'ibinini by'inzoka	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88		
49.a	Has (NAME) ever received any MNP packets, like these? Kanaka (izinary'umwana Muto) yaba hari udupaki twa Ongeru intungamubiri nk'utu yahawe?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	→50 →50	
49b.	If yes, did (NAME) receive it in the last 3 months? Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe Ongeru intungamubiri mu mezi atatu ashize?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88		

SECTION IV: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS/

UBUVUZIBUKOMATANIJE BW'INDWARAZ'ABANA

A. DANGER SIGNS/IBIMENYETSO MPURUZA

50.	<i>Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment?</i> <i>Rimwe na rimwe abana bajya barwara bagakenera ubufasha cyangwa kuvurwa, ni ibihe bimenyetso byakwereka ko umwana wawe urwaye akeneye kuvuzwa?</i> RECORD ALL MENTIONED. ANDIKA IBYO AKUBWIYE BYOSE.	<i>Don't Know/ Simbizi A</i> <i>Looks Unwell Or Not Playing Normally/Kwigunga cg kudakina n'abandi.....B</i> <i>Not Eating Or Drinking/Ntabasha kurya/kunywa.....C</i> <i>Lethargic Or Difficult To Wake</i> <i>Gucika intege bikabije.....D</i> <i>High Fever/ Umuriro mwinshi.....E</i> <i>Fast Or Difficult Breathing/ Guhumeka insigane cg bimugoye.....F</i> <i>Vomits Everything/ Kuruka ibintu byose.....G</i> <i>Convulsions/ Kugagara.....H</i> <i>Gets worse despite home care</i> <i>Kurushaho kuremba I</i> <i>Looks dehydrated (dry mouth or no tears)/Amazi yamushizemo (iminywa</i>	

		yumye, cg nta turira).....J Other/ Ibindi K (Specify/ Sobanura)	
B. CONTROL OF MALARIA/GUKURIKIRANA MALARIYA			
51.	Has (Name) been ill with fever at any time in the last 2 weeks? Kanaka (izina ry'umwana muto) yigeze agira umuriro mubyumweru bibiri bishize?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	➔57 ➔57
52.	Did you seek advice or treatment for (NAME'S) fever? Waba waragiriwe inama cyangwa waravuje kanaka (izina ry'umwana muto) igihe yari afite umuriro?	YES/ YEGO.....1 NO/ OYA 0	➔57
53	Where did you first go for advice or treatment for fever? Nihe wabanje kujya kugisha inama cyangwa kumuvuza?	Hospital/ Ku bitaro bikuru 01 Health Center Ku kigo nderabuzima.....02 Health Post/ Poste de Sante 03 Community Health Worker Umujyamana w'ubuzima binome...04 Traditional Practitioner Umuvuzi wa gihanga.....05 Shop/ Mu Isoko.....06	

		<i>Pharmacy/ Farumasi.....07</i> <i>Friend/Relative</i> <i>Inshuti/Abavandimwe 08</i> <i>Other/ Ahandi.....09</i> <i>(Specify/ Sobanura)</i>	
54.	<i>How long after you noticed (NAME'S) fever did you seek treatment?</i> <i>Wamuvuje amaze igihe kingana iki afashwe n'umuriro?</i>	<i>Same Day/ Uwo munsu.....0</i> <i>Next Day/ Umunsi ukurikiyeho.....1</i> <i>Two Days/ Nyuma y'iminsi 2.....2</i> <i>Three Or More Days/</i> <i>Nyuma y'iminsi 3/irenga 3</i> <i>Don't Know/ Simbizi 88</i>	
55.	<i>At any time during the illness, did (Name) take any drugs for the fever?</i> <i>Hari imiti y'umuriro Kanaka (Izina ry'umwana) yahawe mu gihe yari arwaye?</i>	<i>YES/ YEGO 1</i> <i>NO/ OYA 0</i> <i>DON'T KNOW/ SIMBIZI.....88</i>	→57 →57
56.	<i>Which medicines were given to (NAME) for his/her fever?</i> <i>Ni iyihe miti yahawe kubera impanvu z'umuriro?</i> <i>CIRCLE ALL MEDICINES THAT WERE GIVEN.</i> <i>SHYIRA AKAZIGA KU MUTI WOSE AKUBWIYE KO</i>	<i>ANTI-MALARIAL DRUGS/IMITI IRWANYA MALARIYA</i> A. <i>Coartem/ Primo.....0 1 2 3 8</i>	

YAHawe <i>IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU. IF SHE IS UNABLE TO SHOW YOU THEM, SHOW HER TYPICAL ANTI-MALARIALS AND HAVE HER IDENTIFY WHICH WERE GIVEN.</i> NIBA UMUBYEYI ADASHOBOYE KUKUBWIRA IYO MITI, MUSABE AYIKWEREKE, NIBA ADASHOBOYE KUYIKWERERA MWEREKE IMITI YA MALARIYA ITANDUKANYE AKWEREKE IYO YAKORESHEJE. <i>FOR EACH ANTI-MALARIAL MEDICINE ASK:</i> KURI BURI MUTI WA MALARIYA, MUBAZE UTI: <i>How long after the fever started did (NAME) start taking the medicine?</i> Yatangiye kuwufata amaze igihe kingana iki afashwe n'umuriro? <i>CIRCLE THE APPROPRIATE CODE/</i> SHYIRA AKAZIGA KU GISUBIZO AKUBWIYE . <u>CODES/ KODE:</u> SAME DAY/UWO MUNSI= 0 NEXT DAY AFTER THE FEVER UMUNSI UKURIKIYEHO = 1 TWO DAYS AFTER THE FEVER NYUMA Y'IMINSI 2 = 2 THREE OR MORE DAYS AFTER THE FEVER	B. Quinine/kinini.....0 1 2 3 8 <u>Other Drugs/ Indi miti</u> C. Paracetamol Parasitamolu.....0 1 2 3 8 D. Unknown Drug/ Ntuzwi...0 1 2 3 8 E. Other/ Undi _____ 0 1 2 3 8 (Specify/ Sobanura)

	NYUMA Y'IMINSI 3 CYANGWA IRENGA = 3 <i>DON'T KNOW/ SIMBIZI =88</i>		
57.	<i>Does your household have any mosquito nets that can be used while sleeping?</i> Mu rugo rwawe mufite inzitiramibu mukoresha?	YES/ YEGO.....1 NO/ OYA 0	→62
58.	<i>Who slept under a bed net last night?</i> Ni bande baraye mu nzitiramibu iri joro ryakeye? RECORD ALL MENTIONED SHYIRA IKIMENYETSO KU BO AKUBWIYE IF ANYONE OTHER THAN THE CHILD OF INTEREST IS MENTIONED, CIRCLE "OTHER." NIBA HARI ABANDI BAYIRAYEMO BATARI UWO MWANA, SHYIRA IKIMENYETSO KURI "ABANDI"	No One/ Nta numwe..... 0 Child (Name)/ Umwana.....1 Nyina w'umwana.....2 Other/ Undi.....3	→62 →59
59.	<i>Which brand of bed net did (Name) sleep under last night?</i> Ni ubuhe bwoko bw'inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro ryakeye? READ THE PIECE OF PAPER ON THE BEDNET WHICH SHOWS THE BRAND OF THIS BEDNET SOMA KU GAPAPURO KARI KU NZITIRAMIBU GASOBANURA UBWOKO BWAYO BRAND OPTIONS NEED TO MATCH WHAT IS LOCALLY AVAILABLE IN EACH CATEGORY. THE PURPOSE OF	<u>LONG LASTING NET/ INZITIRA MIBU</u> <u>IKORANYWE UMUTI</u> Permanet.....1 Olyset.....2 Netprotect.....3 DON'T KNOW/ SIMBIZI 88 <u>PRETREATED NETS/ INZITIRAMIBU</u> <u>IKARISHYWA</u>	→62 →62

	THIS QUESTION IS TO IDENTIFY WHAT TYPE OF NET IS BEING USED BURI BWOKO BWOKO KURI IYI LISTI BUGOMBA GUHUZWA N'UBWOKO BW' INZITIRAMIBU BUBONEKA MURI AKO GACE. IMPAMVU Y'IKI KIBAZO NI UKUGIRA NGO TUMENYE NEZA UBWOKO BW'INZITIRAMIBU BUKORESHA	No tag/Nta gapapuro.....4 DON'T KNOW/ SIMBIZI 88 <u>OTHER NET (UNTREATED)/ IZINDI NZITIRAMIBU ZIDAKARISHIJE</u> OTHER NET/ IZINDI.....5 Specify/ Sobanura 6 DON'T KNOW/ SIMBIZI 88	→62
60.	Was the bed net that (Name) slept under last night ever soaked or dipped in a liquid treated to repel mosquitoes or bugs? Inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro yigeze ikarishywa?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→62 →62
61.	How long ago was the net last soaked or dipped in a liquid treated to repel mosquitoes or bugs? Iyo nzitiramibu imaze igihe kingana iki ikarihijwe? IF LESS THAN ONE MONTH AGO, RECORD 00 MONTHS. NIBA IMAZE IGIHE KIRI MUNSI Y'UKWEZI KUMWE, ANDIKA AMEZI 00 IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. PROBE FOR EXACT NUMBER OF MONTHS. NIBA ICYO GIHE KIRI MUNSI Y'IMYAKA IBIRI, ANDIKA UMUBARE W'AMEZI ASHIZE. KOMEZA UMUBAZE	MONTHS/ AMEZI I _ I _ I MORE THAN 2 YEARS AGO/ HEJURU Y'IMYAKA IBIRI 2 DON'T KNOW/ SIMBIZI.....88	

UMENYE NEZA UMUBARE W'AMEZI ASHIZE.

C. PNEUMONIA/GUKURIKIRANA UMUSONGA

62.	<i>Has (Name) had an illness with a cough that comes from the chest at any time in the last two weeks? Kanaka (Amazina y'umwana) yaba yarigeze arwara inkorora no kubabara mu gatuza igihe icyo aricyo cyose mu byumweru bibiri bishize?</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI 88	→66 →66
63.	<i>When (Name) had an illness with a cough, did s/he have trouble breathing or breath faster than usual with short, fast breath?</i> <i>Mu gihe kanaka (izina ry'umwana muto) yari arwaye inkorora, yahumekaga insigane cyangwa yahumekaga bimugoye?</i>	YES/ YEGO.....1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→66
64.	<i>Did you seek advice or treatment for the cough/fast breathing?</i> <i>Wigeze usaba inama cyangwa ushaka umuti w' inkorora, guhumeka insigane cyangwa guhumeka bimugoye?</i>	YES/ YEGO.....1 NO/ OYA 0	→66
65.	<i>Who gave you advice or treatment? Anyone else? Record all mentioned.</i> <i>Ninde waba yarakugiriye inama cyangwa akaguha umuti? Ntawundi? ANDIKA ABO AKUBWIYE BOSE.</i>	Doctor/ Dogiteri.....A Nurse/ Umuforomo.....B Community Health Worker Umujyanama w'ubuzima binome.....C Other/Undi.....D Sobanura	

D. CONTROL OF DIARRHEAL DISEASES/GUKURIKIRANA INDWARA Z'IMPISWI

66.	<i>Has (NAME) had diarrhea in the last 2 weeks?</i> Kanaka (izina ry'umwana muto) yigeze arwara impiswi mu byumweru bibiri bishize Bavugako umwana arwaye impiswi iyo agiye ku musarane inshuro zirenze 3 ku munsu kandi yituma umusarani w'amazi.	<i>YES/ YEGO 1</i> <i>NO/ OYA 0</i> <i>DON'T KNOW/ SIMBIZI 88</i>	→76 →76
67.	<i>What was given to treat the diarrhea?</i> Ni iki wamuhaye kugira ngo impiswi ihagarare ? <i>Anything else?/Ntakindi ?</i> <i>If answer pill or syrup, show local packaging for zinc and ask if the child received this medicine.</i> Niba ari ibinini cg imiti y'amazi, mwereke ibinini bya zinc noneho umubaze niba umwana yarahawe iyo miti. RECORD ALL MENTIONED. ANDIKA IBO AVUZE BYOSE.	<i>NOTHING/ NTACYO.....A</i> <i>FLUID FROM ORS PACKET/ URUVANGE RW'IMYUNYU.....B</i> <i>HOME-MADE FLUID/ IBYO KUNYWA BITEGURIWE IMUHIRA C</i> <i>PILL OR SYRUP,ZINC/ IKININI,UMUTI W' AMAZI, ZINC D</i> <i>PILL OR SYRUP, NOT ZINC/ IBININI,UMUTI W'AMAZI NTA ZINC.....E</i> <i>INJECTION/ URUSHINGE.....F</i> <i>(IV) INTRAVENOUS/ SERUMU.....G</i> <i>HOME REMEDIES/ HERBAL MEDICINES/ IMITI Y'IBYATSI.....H</i> <i>OTHER/ IBINDI..... X</i> <i>(SPECIFY/ BISOBANURE)</i>	

68.	<i>If the child is exclusively breastfed (only taking breastmilk), ask only this question and then skip to Q 71</i> Niba umwana yonka gusa baza gusa iki kibazo noneho uhite ujya ku kibazo cya 71 <i>When (name of child) was sick, was s/he offered more breastmilk than usual, about the same amount, or less than usual?</i> Mu gihe Kanaka (izina ry'umwana muto) yari arwaye, yonkejwe inshuro nyinshi kuruta ubusanzwe, zingana cyangwa nkeya kubusanzwe?	<i>Less than usual/Nkeya k'ubusanzwe...A</i> <i>Same amount/ Zingana B</i> <i>More than usual/ Ziruta ubusanzwe C</i>	
69.	<i>When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink?</i> Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibinyobwa bike, bingana cyangwa biruta ibyo yarasanzwe anywa?	<i>Less than usual/Nkeya k'ubusanzwe...A</i> <i>Same amount/ Zingana B</i> <i>More than usual/ Ziruta ubusanzwe C</i>	
70.	<i>When (name of child) was sick, was s/he offered more than usual to eat, about the same amount, or less than usual to eat? Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibyo kurya bike, bingana cyangwa biruta ibyo yarasanzwe arya?</i>	<i>Less than usual/Nkeya k'ubusanzwe...A</i> <i>Same amount/ Zingana B</i> <i>More than usual/ Ziruta ubusanzwe C</i>	
71.	<i>Was s/he given any of the following to drink at any time s/he started having diarrhea?</i> Mugihe Kanaka yari atangiye kugira impiswi hari ibyo wamuhaye muri ibi binyobwa bikurikira:	<i>A fluid made from a special packet called (local name for ORS packet)</i> Uruvange rw'imyunyu (SRO).....A	

	Read the choices to the mother and circle all mentioned: Bimusomere maze ushyire akaziga kubyo akubwiye byose	<i>Cereal based ORT (rice water, maize water)</i> Amazi avura impiswi (Amazi y'umuceri).....B <i>Other home available fluids/</i> Ibindi binyobwa byateguriwe imuhira C Bisobanure	
72.	<i>Did you seek advice or treatment from someone outside of the home for (NAME'S) diarrhea?</i> Igihe Kanaka yari arwaye impiswi,wigezeushaka inama cyangwa umuti hanze y'urugo?	<i>YES/ YEGO..... 1</i> <i>NO/ OYA 2</i>	→75
73.	<i>Where did you first go for advice or treatment?</i> 3 Washakiye inama cyangwa wamuvurije he bwa mbere? <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</i> NIBA AHO YAKUYE IMITI ARI KUBITARO,KU KIGO NDERABUZIMA CG MU IVURIRO RYIGENGA , ANDIKA IZINA RYAHU. _____ _____	<u>HEALTH FACILITY/ AMAVURIRO</u> <i>HOSPITAL/ IBITARO BIKURU 01</i> <i>HEALTH CENTER/</i> <i>IKIGO NDERABUZIMA 02</i> <i>HEALTH POST/</i> <i>IVURIRO RYUNGIRIJE 03</i> <i>CHW / UMUJYANAMA W'UBUZIMA 06</i> <i>OTHER HEALTH FACILITY/ IRINDI VURIRO</i> _____ 07 (SPECIFY/RISOBANURE) <u>OTHER SOURCE/ AHANDI YAKUYE IMITI</u>	

	<i>(NAME OF PLACE/ IZINA RY' AHO HANTU)</i>	<i>TRADITIONAL PRACTITIONER</i> <i>UMUVUZI WA GIHANGA.....08</i> <i>SHOP/ MU IDUKA.....09</i> <i>PHARMACY/ FARUMASI.....10</i> <i>FRIEND/RELATIVE</i> <i>INSHUTI CG UМУVANDIMWE 12</i> <i>OTHER/ ABANDI.....88</i> <i>(SPECIFY/ BAVUGE)</i>	
74.	<i>Who decided that you should go there for (NAME'S) diarrhea?</i> Ninde wafashe icyo cyemezo cyo kumujyanayo (kumuvuza)? RECORD ALL MENTIONED. ANDIKA IBYO AKUBWIYE BYOSE.	<i>RESPONDENT/ USUBIZA..... A</i> <i>HUSBAND/PARTNER/ UMUGABO..... ..B</i> <i>RESPONDENT'S MOTHER/ NYINA</i> <i>W'USUBIZA..... C</i> <i>MOTHER-IN-LAW</i> <i>NYIRABUKWE W'USUBIZA D</i> <i>FRIENDS/NEIGHBORS</i> <i>INSHUTI/ABATURANYI E</i> <i>OTHER/ABANDI.....X</i> <i>(SPECIFY/ BASOBANURE)</i>	
75.	<i>Since (NAME) has been recovering from diarrhea, did you give him/her less than usual to eat, about the same to eat, or more than usual to eat?</i> Mugihe umwana yari akimara gukiruka impiswi, mbese mwamuhaye ibyo kurya	<i>LESS/ BIKE.....1</i> <i>SAME/ BINGANA.....2</i>	

	<i>bike, bingana cyangwa byinshi kuruta ibyo yari asanzwe ahabwa?</i>	MORE/ <i>BIRUTA</i>.....3 STILL HAS DIARRHEA/ <i>ARACYAHITWA</i> ... 4 DON'T KNOW/ <i>SIMBIZI</i>.....88	

SECTION V: WATER & SANITATION / AMAZI N'ISUKURA

76.	Do you treat your water in any way to make it safer for drinking? Hari uburyo mukoresha mu gutu nganya amazi yokunywa?	YES/ YEGO.....1 NO/ OYA.....0	→ 78
77.	IF YES: What do you usually do to the water to make it safer to drink? Niba ariYego: ubikora ute ngo wize reko amazi ari meza yokunyobwa? (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE	Let It Stand And Settle/ Sedimentation kuyatereka akiyungurura.....A Strain It Through Cloth Kuyayunguruza agatambaro.....B Boil/ kuyateka.....C Add Bleach/Chlorine Kuyashyiramo sur'eau/kolorine.....D Water Filter (Ceramic, Sand, Composite) Kuyayunguruza filitire(iyakizungu, amakara, umucanga.....E Solar Disinfection/ Kwica udukoko ukoresheje izuba.....F	

	NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	<i>Don't Know/ simbizi</i>.....G <i>Other/ Ikindi</i>.....H (Specify/ Sobanura)	
78.	<i>When do you wash your hands?</i> <i>Ni ryari ukaraba intoki?</i> DO NOT PROMPT. CIRCLE ALL MENTIONED. NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA BYOSE.	<i>Never / nta narimwe</i> A <i>Before Food Preparation / Mbere yogutegura amafunguro</i>.....B <i>Before Feeding Child / Mbere yo konsa/ mbereyo kugaburira umwana</i>.....C <i>After Defecation/Visiting The Toilet / Nyuma yo ku kuva ku musarane</i> D <i>After attending to a child who has defecated/soiled / Nyuma yo gutunganya/guhanagura umwana umaze kwituma</i>.....E <i>Other/ Ikindi ihe</i>.....F (Specify/ Sobanura)	→81
79	<i>Can you show me where you usually wash your hands and what you use to wash hands?</i> Mushobora kunyereka aho mukarabira intoki n'icyo mukoresha mukaraba intoki? ASK TO SEE AND OBSERVE	<i>Inside/Near Toilet Facility/</i> <i>Mu musarane imbere cyangwa hafi yawo</i>.....1 <i>Inside/Near Kitchen/Cooking Place/ mu gikoni, Iruhande rwacyo/ aho batekera</i>..... 2 <i>Elsewhere In Yard</i> <i>Ahantu aho ari ho hose mu rugo</i>.....3 <i>Outside Yard/ inyumay'urugo</i>.....4	

	MUSABE ABIKWEREKE NAWWE WITEGEREZE.	<i>No Specific Place</i> <i>Nta mwanya wihariye uhari.....5</i> <i>No Permission To See</i> <i>Ntakwemereye kuhareba 8</i>	
80a.	OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent? <i>This item should be either in place or brought by the interviewee within one minute. If the item is not present within one minute check none, even if brought out later.</i> (ONLY CHECK MORE THAN ONE IF SEVERAL CLEANING AGENTS ARE USED) ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki? <i>Icyo gikoreshe gishobora kuba gihari cyangwa kikazanwa n'umubyeyi mu gihe cy'umunota umwe gusa. Niba kitabonetse mu munota umwe, kibarwa nk'ikidahari.</i> (SHYIRA IKIMENYETSO KU GIKORESHO CYOSE)	<i>Soap/ Isabune isanzwe.....A</i> <i>Detergent/ Isabune y'ifu nka omo.....B</i> <i>Ash/ Ivu.....C</i> <i>Mud/Sand/ Icyondo/ Akabuye.....D</i> <i>None/ Ntanakimwe.....E</i> <i>Other/ Ikindi _____ F</i> <i>(Specify/ Sobanura)</i>	

	YIFASHISHA AKARABA INTOKI)		
80b	OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any? (ONLY CHECK MORE THAN ONE IF SEVERAL FACILITIES ARE USED) ITEGEREZE GUSA: Bakoresha ibihe bikoresho bakaraba? (SHYIRA IKIMENYETSO KU GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)	<i>Tippy tap / Kandagira ukarabe A</i> <i>Basin/ Ibase..... B</i> <i>Jerry can / jug: injerekani / ijage.....C</i> <i>Pan / pot / : Isafuliya/ Inkono D</i> <i>Sink / Lavabo E</i> <i>None/ Nta nakimwe F</i> <i>Other/ Ikindi_____G</i> <i>(Specify/ Sobanura)</i>	
80c.	(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing? (ONLY CHECK MORE THAN ONE IF SEVERAL ARE PRACTICED) (Niba ari isafuliya,inkono cyangwa ibase) mubaze undi murimo akoresha ibi bikoresho utari gukaraba	<i>Nothing else/ Ntakindi.....A</i> <i>Food preparation/ Gutegura Amafunguro.....B</i> <i>Laundry/ Kumesa.....C</i> <i>Other/ Ibindi_____D</i> <i>(Specify/ Sobanura)</i>	

	intoki? (SHYIRA IKIMENYETSO KU BYO AKUBWIYE BYOSE)		
81.	<i>What kind of toilet facility do you have? Can I see it?</i> <i>Umusarane mukoresha umeze ute? Nshobora kuwureba ?</i>	<i>No toilet facility/ Nta musarane 1</i> <i>Open latrine/ Umusarane udapfundikiye 2</i> <i>Closed latrine/ umusarane upfundikiye.....3</i> <i>Flush toilet/ umusarane wa kizungu.....4</i> <i>No permission to see/ ntiyakwemereye kureba....5</i>	
82.	<i>The last time (NAME) passed stools, where were the feces disposed of?</i> <i>Igihe cyashize (izina ry'umwana) amaze kwituma umwanda we wawushyize he?</i> <i>Probe to find the location.</i> <i>Komeza umubaze wumve aho yaba ashya umwanda w'umwana.</i>	<i>Disposed into a latrine or toilet facility</i> <i>Yawushyize mu musarane 1</i> <i>Disposed into a garbage/ trash bin</i> <i>yawushyize mu kintu kijyamo imyanda cyangwa ahagenewe imyanda.....2</i> <i>Dug and buried – near the house or in the yard?/ Yawushyize iruhande rwinzu cyangwa kure yayo 3</i> <i>Dug and buried – far from the house or yard?/ Yawushyize cyangwa yawutabye kure yinzu cyangwa ahandi.....4</i> <i>Did not bury – near the house or yard / Ntiyawutabye hafi yinzu cyangwa ahandi.....5</i> <i>Did not bury – far from the house or yard / Ntiyawutabye kure yinzu cyangwa ahandi 6</i>	

		<i>Don't know/ Simbizi</i> 7 <i>Other/ Ahandi</i> 8 <i>(Specify/ Sobanura)</i>	

SECTION VI: IMMUNIZATION/ IKINGIRA

83.	<i>Did you receive a card or child health booklet where (name of child's) vaccinations and Vitamin A doses can be written down? If so, can I see the card?</i> <i>Ese ufite igipande kanaka(izina ry'umwana) yakingiriweho, yanaherewehe vitamine A? Niba gihari wakinyereka?</i>	Yes, interviewer sees the card Yego, ubaza abonye igipande A Yes, but card is missing or lost Yego, ariko igipande ntagihari B No, never had a card Oya, nta gipande afite.....C Don't know / Simbizi D	→86 →86 →86																																																																						
84.		<table border="1"> <thead> <tr> <th colspan="10"><i>Date of Immunization/ Itariki y'ikingira</i></th> </tr> <tr> <th></th> <th colspan="2"><i>DAY/</i> <i>UMU</i> <i>NSI</i></th> <th colspan="2"><i>MONT</i> <i>H/UKW</i> <i>EZI</i></th> <th colspan="3"><i>YEAR/UMW</i> <i>AKA</i></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><i>BCG/ IGITUNTU</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><i>POLIO 0 / IMBASA 0</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><i>(POLIO GIVEN AT BIRTH OR BEFORE 6 WEEKS</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><i>URUKINGO RW'IMBASA</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><i>RUTANZWE UMWANA</i></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	<i>Date of Immunization/ Itariki y'ikingira</i>											<i>DAY/</i> <i>UMU</i> <i>NSI</i>		<i>MONT</i> <i>H/UKW</i> <i>EZI</i>		<i>YEAR/UMW</i> <i>AKA</i>					<i>BCG/ IGITUNTU</i>										<i>POLIO 0 / IMBASA 0</i>										<i>(POLIO GIVEN AT BIRTH OR BEFORE 6 WEEKS</i>										<i>URUKINGO RW'IMBASA</i>										<i>RUTANZWE UMWANA</i>										
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		PENTA-1														
		PENTA-2														
		PENTA-3														
		HEPATITE B 1														
		HEPATITE B 2														
		HEPATITE B 3														
		Measles/ Iseru														
		Vitamin A (most recent dose Akanini aherutse kubona)														
		Vitamin A (previous dose Akanini kabanjirije agaheruka)														
85.	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given during immunization campaigns? Kanaka hari urundi rukingo yaba yarahawe	Yes/ Yego 1 No/ Oya.....0											→93			

	<i>rutari kugipande, ushyizemo n'izo yaherewe mu ikingira rusange?</i>	<i>Don't Know/ Simbizi..... 88</i>	➔93
86.	<i>Please tell me if (NAME) received any of the following vaccinations:</i> <i>Ndabasaba kumbwira niba (KANAKA) yarahawe izi nkingo zikurikira:</i> BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? Urukingo rw'igituntu, rumwe bakingira umwana kukaboko cg ku rutugu rukamusigiraho inkovu?	<i>Yes/ Yego 1</i> <i>No/ Oya..... 0</i> <i>Don't Know/ Simbizi 88</i>	
87.	<i>Polio vaccine, that is, drops like these, in the mouth?</i> Urukingo rw'imbasa Igitonyanga baha umwana mukanwa? <i>SHOW THE EXAMPLE OF POLIO DROPS</i> MWEREKE URUGERO RW' IGITONYANGA.	<i>Yes/ Yego 1</i> <i>No/ Oya..... 0</i> <i>Don't Know/ Simbizi 88</i>	➔90 ➔90
88.	<i>When was the first polio vaccine received? [In the first two weeks after birth or later? Niryari umwana yahawe urukingo rwa mbere rw'imbasa?(Mu byumweru bibiri bya mbere amaze kuvuka cg nyuma yabyo)</i>	<i>First Two Weeks After Birth</i> Mubyumweru bibiri bya mbere avutse 1 <i>Later/ Nyuma yaho.....2</i> <i>Don't Know/ Simbizi.....88</i>	
89.	<i>How many times was the polio vaccine received?</i>	<i>Number Of Times/ Incuro </i>	

	Urukingo rw'imbasa yarubonye inshuro zingahe?	<i>Don't Know/</i> ☐ <i>Simbizi</i> 88	
90.	<i>DTP vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?</i> Urukingo batera ku kibero akenshi batangira rimwe n'urw'imbasa yararuhawe?	<i>Yes/ Yego</i> 1 <i>No/ Oya</i> 0 <i>Don't Know/ Simbizi</i> 88	→92 →92
91.	<i>How many times?</i> Yaruhawe inshuro zingahe?	<i>Number Of Times/ Incuro</i> <i>Don't Know/ Simbizi</i> 88	
92a.	<i>Did (name of child) ever receive an injection in the arm to prevent Measles?</i> Ese Kanaka (Izina ry'umwana muto) yaba yarakingiwe urukingo rw'iseru?	<i>Yes/ Yego</i> 1 <i>No/ Oya</i> 0 <i>Don't Know/ Simbizi</i> 88	
92b.	<i>Did (name of child) ever receive a dose of vitamin A?</i> Ese Kanaka (Izina ry'umwana muto) yaba yarahawe ikanini cya Vitamini A?	<i>Yes/ Yego</i> 1 <i>No/ Oya</i> 0 <i>Don't Know/ Simbizi</i> 88	→93 →93
92c.	<i>When was the last dose of vitamin A?</i> Ikinini cya vitamin A aherutse kugihabwa ryari?	<i>Less than 6 months/ Amezi 6 ntarashira</i> 1 <i>More than 6 months/ Amezi 6 ararenga</i> 2 <i>Don't Know/ Simbizi</i> 88	

SECTION VII: ANTHROPOMETRICS/ IBIPIMO

93	<i>May I weigh (name of child)?</i> Nshobora gupima (izinary'umwana muto) ibiro? Measure twice. If difference in weight is more than 0.5 KG, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'ibiro by'umwana ari inusu(500 gs) ongera umupime bwa gatatu	<i>Yes/ Yego 1st _____</i> Kilograms/ Ibiro <i>2nd _____</i> Kilograms/ Ibiro <i>3rd _____</i> Kilograms/ Ibiro <i>No/ Oya.....0</i>
94	<i>May I use MUAC Tape with (name of child)?</i> Nshobora gupima umuzenguruko w'ikizigira (izinary'umwanamuto)? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira by'umwana ari 0.5 cm ongera umupime bwa gatatu	<i>Yes / Yego.....1st _____</i> cm/ santimetero <i>2nd _____</i> cm/ santimetero <i>3rd _____</i> cm/ santimetero <i>No/ Oya.....0</i>

95.	<i>May I measure length for (name of child)?</i> Nshobora gupima uburebure bw'umwana? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'uburebure bw'umwana ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetero 2nd _____ cm/ santimetero 3rd _____ cm/ santimetero No/ Oya.....0
95a.	Check if (name of child) has oedema in both feet / Suzuma urebe niba (Izina ry'umwana muto) yaba afite edeme ku maguru yombi.	Yes/ Yego.....1 No/ Oya.....0
96	<i>May I use MUAC Tape with you?</i> Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawo? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umubyeyi inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira cy'umubyeyi ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetero 2nd _____ cm/ santimetero 3rd _____ cm/ santimetero No/ Oya.....0

SECTION VIII: BEHAVIOR CHANGE COMMUNICATION//IKIGANIRO KIGAMIJE GUHINDURA IMYITWARIRE

97.	<i>In the past 6 months, have you participated in a week-long training on child feeding and food preparation?</i> <i>Mu mezi 6 ashije , waba warigeze witabira inyigisho zimara icyumweru zijyanye no kugaburira umwana no gutegura amafunguro mu mudugudu?</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	→ 101 → 101
98.	<i>IF YES: How many times?</i> NIBA ARI YEGO: wazigiyemo inshuro zingahe ?	Once/ Rimwe.....1 Twice/ Kabiri.....2 Three or more/ Gatatu cyangwa karenga.....3	
99.	<i>When was the most recent time you participated in such a week-long training?</i> <i>Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?</i>	Month/Ukwezi _____ Year/ Umwaka _____	
100.	<i>The most recent time, how many of the days did you participate?</i> <i>Izo uherutse wazitabiriye iminsi ingahe?</i>	Number / Umubare..... __ __ Don't know/ Simbizi.....88 No response/ Nta gisubizo.....99	
101.	<i>Did you receive a visit related to health in the past month?</i> <i>Hari uwaba yaragusuye mu byerekeranye</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	

	<i>n'ubuzima mu kwezi gushize?</i>		
101a.	<i>If yes, who visited you?</i> <i>Niba ari yego ni nde?</i> <i>Do not prompt; Circle all that apply.</i> Wimuca mu ijamba andika ibyo akubwiye aho bigomba kujya.	Care group member/ Uri mu itsinda ry'ubuzima (care group).....A Health facilities staff/ Umukozi w'ivuriro.....B Local government staff/ Umuyobozi mu nzego z'ibanze.....C Others?/ Abandi?.....D (Specify/ Sobanura)	
102	<i>If yes, can you tell me what the purpose of the visit was?</i> <i>Niba ari yego, wambwira icyamugenzaga?</i> <i>Do not prompt; Circle all that apply.</i> Wimuca mu ijamba andika ibyo akubwiye aho bigomba kujya.	A. FOLLOW UP ON SICK CHILD GUKURIKIRANA UMWANA URWAYE B. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA MALARIYA C. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA IMPISWI D. PROVIDE HEALTH EDUCATION ON PNEUMONIA GUTANGA INYIGISHO KUNDWARA Y'UMUSONGA E. PROVIDE HEALTH EDUCATION ON NUTRITION GUTANGA INYIGISHO KU MIRIRE F. PROVIDE HEALTH EDUCATION ON IMMUNIZATION GUTANGA INYIGISHO KU IKINGIRA G. OTHER/ IKINDI: _____ (Specify/ Sobanura)	

103.	<i>Did you receive any health information from a CHW in the last month? If yes, where did you receive that health information?</i> <i>Hari inyigisho wigeze uhabwa n'umujyanama w'ubuzima muri uku kwezi gushize? Niba ari yego, izo nyigisho waziboneyehe?</i>	A. <i>Home visit</i> Mu isura ry'ingo.....A B. <i>Community Meeting/Mu nama</i> y'umudugudu cg iy'Akagali.....B C. <i>Health Facility</i> Ku Kigo Nderabuzima.....C D. <i>Growth Monitoring and Counseling</i> Mu gihe cyo gukurikirana imikurire y'abana mu Akagali.....D E. <i>Nutrition Week/ Mu cyumweru</i> cy'Imirire.....E F. <i>Other/Ahandi</i>.....F <i>(Specify/Sobanura)</i> G. <i>Did not receive any health information from a CHW last month. Ntabwo yigeze ahabwa inyigisho z'ubuzima n'Umujiyanama w'ubuzima mu kwezi gushize</i>.....G	
	<i>Time interview ended/ Igihe ibazwa ryarangiriye</i>	AM Mbere ya saasita ____ : ____ PM Nyuma ya saasita ____ : ____	

Thank you. Murakoze.

ANNEX IX. SOURCES OF INFORMATION

Documents accessed for the evaluation include:

1. Project Proposal
2. 3rd Annual Report (FY2014)
3. USAID reporting template and Final Evaluation Guidelines
4. MCSP Theory of Change slides
5. DIP with baseline KPC
6. Midterm KPC report
7. Map of project area
8. Final KPC results and report
9. Preliminary final qualitative data and report
10. Operations Research Report and findings
11. Operations Research Protocol submitted to Rwanda National Ethics Committee

Stakeholder FGDs and KII participants are detailed in the table below:

Stakeholder	Kigeme	Kaduha	Total Participants
NW participants - Mothers (FGD)	-	3	30
NW participants - Fathers (FGD)	-	3	29
NW non-participants – Fathers (FGD)	-	3	30
Fathers (FGD)	2	3	48
Mothers (FGD)	2	3	49
ICG members (FGD)	2	3	47 (25F, 22M)
Village Nutrition Committee (FGD)	-	3	13 (7F, 6M)
Sector and Cell leaders (FGD)	2	3	42 (13F, 29M)
Religious leaders (FGD)	2	3	48 (7F, 41M)
Head of Health Center (KII)	2	3	5 (2F, 3M)
Health Center Staff (FGD)	2	3	29 (17F, 12M)
Hospital Teams (Director, nutritionist, in-charge of Community health) (FGD)	1	1	5 (1F, 4M)
DHMT/Vice Mayor, District Health officer	2		1M, 1F
NGO staff from CWW and WVI (KII)	1		2

Sites visited as part of the qualitative data collection are detailed below. For information on locations of data collection in the KPC survey, please see Annex IV.

Hospital Zone	Sector	Cell	Village
Kigeme	Cyanika	Kiyumba	Gikomero Kagarama
	Kitabi	Mukungu	Uwurunazi Karambi
Kaduha	Gatare	Mukongoro	Ruhereko Kageyo
	Mugano	Ruhinga	Gitarama Kabuye
	Mushubi	Gashwati	Muhembe Mushubi

ANNEX X. DISCLOSURE OF ANY CONFLICTS OF INTEREST

ANNEX XI. STATEMENT OF DIFFERENCES

World Relief concurs with the evaluation, and does not have any differences to state.

ANNEX XII. EVALUATION TEAM MEMBERS, AFFILIATION AND TITLE

Names	Organization	Roles
Melene KABADEGE	World Relief	MCH Regional Technical Advisor
Debbie Dortzbach	World Relief	Director of Health Programs, WR
Beatrice NYIRANZEYIMANA	World Relief	<i>Tangiraneza</i> Monitoring & Evaluation Officer
Egide NKURIKIYINKA	World Relief	<i>Tangiraneza</i> Program Coordinator
Camarade RUTAMBWE	World Relief	<i>Tangiraneza</i> Monitoring and Evaluation Officer
Umutoni Grace Carmen	World Relief	<i>Tangiraneza</i> Project Manager
Emily IYAKAREMYE	World Relief	WR Rwanda Documentation and Learning Specialist
NGIRUWONSANGA Narcisse	World Relief	<i>Tangiraneza</i> Nutrition Officer
Jean Marie Vianney	World Relief	<i>Tangiraneza</i> Promoter
Ruth NSENGIYUMVA	World Relief	WR Monitoring and Evaluation Officer
Germaine RUSAGARA	World Relief	<i>Tangiraneza</i> Maternal, Newborn & Child Health Officer
Clemence NKURIKIYINKA	World Relief	WR Rwanda Research & Development Manager
Jean HABYARIMANA	World Relief	<i>Tangiraneza</i> Promoter
Christelle UMUHOZA	World Relief	Assistant to WRR Director of Programs
Rhona MURUNGI	World Relief	WR Rwanda Director of Programs
MUSAFILI Jean Baptiste	World Relief	<i>Tangiraneza</i> Maternal, Newborn & Child Health Officer
FIDELE NTAWUKURIRYAYO	World Relief	<i>Tangiraneza</i> Community Mobilization Officer
ERIC MUSEGIMANA	UR	
Paulin NTIRUSHWA	UR	
Jean de dieu IRANKUNDA	UR	
Gloriose ABAYISENGA	MCSP	
Theoneste MBAZIBOSE	CECA	
Jean Claude RUTAJOGA	Concern Worldwide	
Emmanuel NSENGIMANA	CRS/ Caritas Gikongoro	
THEOGENE KIRENGA	World Vision	
CELESTIN NZABAMWITA	EAR Muse Parish	
Gaspard BIZIMUNGU	Kigeme Hospital	
Innocent BISETSA	Kaduha Hospital	
Bernard NKURUNZIZA	Cyanika Sector	
Cecile MUKAMANA	Mugano Sector	
Augustin HITIYAREMYE	Mushubi sector	
Daniel TWAGIRAYEZU	Gatare sector	
Bernadette HABWIMPUNDU	Kitabi Sector	
Marcel IRADUKUNDA	Nyamagabe District	
Anbrasi Edward	Johns Hopkins University	Final Evaluator

ANNEX 13. OPERATIONS RESEARCH REPORT



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Improvements in child feeding practices through Nutrition Weeks: a participatory community-based education initiative in Rwanda

**Tangiraneza (Start Well) Innovation Child Survival Project
World Relief
Nyamagabe, Rwanda**

Melene Kabadege, Senior Health and Nutrition Advisor, World Relief

Judy McLean, PhD, University of British Columbia

Dr. Alexis Muzindutsi, Rwanda Ministry of Health Nutrition Desk

Rachel Hower, Senior Health and Nutrition Advisor, World Relief

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Deborah Dortzbach, Director of Health and Social Development, World Relief

October 2011 - September 2015

Tangiraneza (Start Well) Innovation Child Survival Project in Nyamagabe District, Rwanda is supported by the American people through the United States Agency for International Development (USAID) through its Child Survival and Health Grants Program. The Tangiraneza Innovation Child Survival Project is managed by World Relief Corporation under Cooperative Agreement No. AID-OAA-A-11-00056. The views expressed in this material do not necessarily reflect the views of USAID or the United States Government.

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Nutrition Week active
feeding

Key Findings:

Nutrition Weeks is an effective, feasible community-based nutrition approach. Compared to control group, interventions achieved:

- **23% increase in acceptable diet**
- **30% increase in diet diversity**

Improvements in child feeding practices through Nutrition Weeks: a participatory community-based education initiative in Rwanda

This operations research was funded by the U.S. Agency for International Development through the Child Survival and Health Grants Program from October, 2011-September, 2015

Background and Setting

World Relief, with technical assistance from the University of British Columbia, conducted a quasi-experimental two-arm study comparing the standard MOH Community Based Nutrition Program to the CBNP plus an additional participatory nutrition education and practice intervention called Nutrition Weeks. Two hospital zones in Nyamagabe District, Rwanda each received the standard Community Based Nutrition Program (CBNP) interventions, implemented through Rwanda Ministry of Health Community Health Workers (CHWs) and community leaders organized into Integrated Care Groups. The zone with slightly weaker nutrition indicators (measured by the baseline knowledge, practice, and coverage (KPC) survey) was assigned as the intervention area to receive Nutrition Weeks in addition to the standard CBNP. Nutrition Weeks targeted all pregnant women and mothers of children under two years.

Problem

Almost half (44%) of Rwanda's children under five are stunted¹ and the rate in Nyamagabe District is 53.5%.² Stunting produces poor long-term health outcomes and affects brain development and cognition. In Rwanda 12.7% of all repetitions in primary school are associated with stunting, and these children achieve 1.1 fewer years in school than their

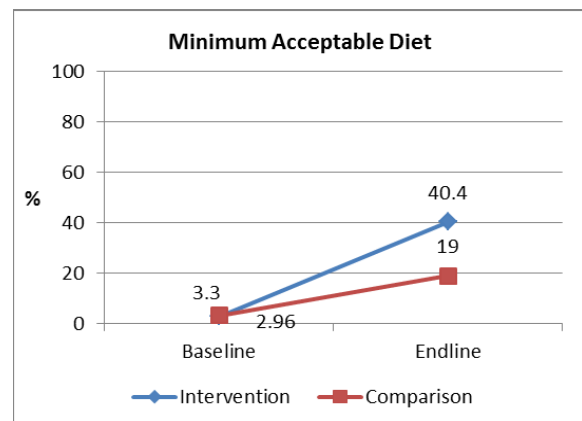
non-stunted counterparts.³

Interventions and Methods

All households with pregnant women or children under two were targeted with the additional Nutritional Weeks interventions three times per year. This involved participatory small group education sessions for two hours every day for five days. Caregivers learned and practiced ideal feeding and health practices to prevent malnutrition and improve nutritional status. A quasi-experimental, two-arm study compared two approaches to nutrition interventions implemented in two hospital catchment areas of the same district. The comparison area implemented the standard Community Based Nutrition Program (CBNP) utilized by the Ministry of Health (MOH) Community Health Workers (CHWs). Community leaders and CHWs were organized into supportive groups called Integrated Care Groups (ICG), an adaptation of the Care Group Model. The intervention area utilized the same CBNP program with an additional intervention called Nutrition Weeks. Annual cross-sectional surveys were conducted from 2012 to 2015 using cluster sampling in each zone to measure key indicators, such as Minimum Acceptable Diet (MAD), Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Age-appropriate Introduction of Complementary Foods (AICF) and Responsive Feeding practices (RF). A difference-in-differences approach was used by applying linear probability models in Stata 10 to compare the change in each outcome in the intervention and comparison areas. All p-values <.05 are reported as statistically significant.

Findings

Out of five main outcomes, three demonstrated significant differences between intervention and comparison areas: MAD, MDD and RF. The two other main outcomes changed in a positive direction, but were not significantly different. The probability of achieving MAD was 23% greater when a child was exposed to Nutrition Weeks ($p<0.001$). Likewise, compared to not being exposed to NW, the probability of achieving MDD was 30% greater when a child was exposed to NW ($p<0.001$). While RF in the NW intervention area increased to 100% at endline, the amount of improvement was greater in the comparison area due to a lower baseline level; thus, compared to not being exposed to NW, the probability of achieving RF was 14% lower when a child was exposed to NW ($p<0.001$). Two indicators were not statistically significant between the intervention and comparison area, although they demonstrated positive change. MMF increased from 7% to 67% in the intervention area and 7% to 66% in the comparison area, and AICF increased from 52% to 93% in the intervention area and 59% to 87% in the comparison area.



Conclusions

Nutrition Weeks is an effective and feasible community-based nutrition program implemented by CHWs and community leaders to improve key infant and young child feeding (IVCF) practices. Nutrition Weeks can improve MAD and MDD more than the standard CBNP alone, likely due to the mothers' hands-on practice cooking foods and feeding young children in a new way. Opportunity cost for MOH staff (due to time spent training and supervising CHWs implementing Nutrition Weeks), financial investment, and

magnitude of expected improvements in nutrition indicators should be considered in weighing decisions for scale up. Future research should investigate barriers to dietary diversity and explore the effectiveness of Nutrition Weeks when implemented by MOH CHWs and community leaders who are not organized into Integrated Care Groups.

Recommendations

Nutrition Weeks approach should be considered to improve IYCF practices and nutrition outcomes. Opportunity cost for MOH staff (training, supervision of CHWs implementing Nutrition Weeks), financial investment, and magnitude of expected improvements in nutrition indicators should be considered in scale ups. Future research should investigate barriers to dietary diversity and explore the effectiveness of Nutrition Weeks when implemented by MOH CHWs and community leaders who are not organized into Integrated Care Groups.

Use of Evidence

- *Integration of Nutrition Weeks into community-based nutrition programming*
- *Use of Integrated Care Group approach to strengthen community engagement and capacity and effectiveness of MOH CHW nutrition interventions.*

The Tangiraneza Innovation Child Survival Project in Nyamagabe District, Rwanda is supported by the American people through the United States Agency for International Development (USAID) through its Child Survival and Health Grants Program. The Tangiraneza Innovation Child Survival Project is managed by World Relief Corporation under Cooperative Agreement No. AID-OAA-A-11-00056. The views expressed in this material do not necessarily reflect the views of USAID or the United States Government.

For more information about World Relief visit: www.worldrelief.org

ACKNOWLEDGEMENTS

This operations research was funded by the U.S Agency for International Development through the Child Survival and Health Grants Program. This study was made possible through the support and collaboration of the Rwanda Ministry of Health, the University of British Columbia, the government leaders, community health workers, health center staff and people of Nyamagabe District, the hospital staff of Kaduha and Kigeme Hospitals and World Relief. Special thanks to final evaluator, Dr. Ambrasi Edwards, Bloomberg School of Public Health, Johns Hopkins University.

STUDY TEAM

Dr. Judy McLean, University of British Columbia, Primary Investigator, Dr. Alexis Munzindutsi, Rwanda Ministry of Health Nutrition Desk, Co-Investigator, Melene Kabadege, Co-Investigator, Rachel Hower, Allison Flynn and Deborah Dortzbach, World Relief, Dr. Alexis Muzindutsi, Co-Investigator, Rwanda Ministry of Health Nutrition Desk, Dr. Fidele Ngabo, former PI and Director of MCH, Rwanda Ministry of Health, and Dr. Alphohinse Nyiransabimana, former Co-Investigator and Head of Rwanda Ministry of Health Nutrition Desk

Introduction

Almost half (44%) of Rwanda's children under five are stunted⁴ and the rate in Nyamagabe District is even higher at 53.5%.⁵ There is much evidence connecting stunting and poor long-term health outcomes, affecting not only one's height, but also brain development and cognition—in fact, in Rwanda 12.7% of all repetitions in primary school are associated with stunting, and these children achieve 1.1 fewer years in school than their non-stunted counterparts.⁶ The annual cost of undernutrition is 503.6 billion Rwandan Francs—equivalent to 11.5% of GDP.⁷ Under-nutrition in Rwanda is not just a problem of poverty or food insecurity; more than a quarter (26%) of children in the richest households are stunted.⁸ This indicates that the issue may also be due to caring practices and illness. Stunted women are more likely to have stunted children.⁹ Therefore, if stunting can be prevented, the children of today will have a better chance of having healthy children whose growth is not interrupted.

The prevalence of stunting in Rwanda peaks at 55% in children 18-23 months, with little reduction as they reach age five.¹⁰ The first thousand days of a child's life—from conception to 23 months—is a key time in a child's life when stunting can be prevented through healthy behaviors surrounding nutrition.¹¹

The Government of Rwanda (GoR) has put great emphasis on eliminating malnutrition, which has contributed to the nation's rates of acute malnutrition falling from 3.9% in 2005¹² to only 3% in 2012.¹³ Among the priorities of the Rwanda National Multi-Sectoral Strategic Plan to Eliminate Malnutrition (NSEM) is to “strengthen and scale-up community-based nutrition interventions/programs [including the Community Based Nutrition Program, or CBNP] to prevent and manage malnutrition in children under the age of five years, with particular focus on those aged less than two years, and in pregnant and lactating mothers.”¹⁴

The CBNP, developed and implemented by the Ministry of Health (MOH) and UNICEF based on best practices from UNICEF experience in the region, includes training government CHWs in nutrition education and growth monitoring and promotion (GMP). However, the quality and amount of training that CHWs receive varies by region. CHWs are responsible to conduct GMP sessions monthly in their communities where they share information with a large group of mothers and children that can be reinforced at an individual level after weighing each child and/or during home visits. Along with a group education session, GMP sessions include cooking demonstrations for mothers to learn about optimal

complementary feeding practices. UNICEF and the MOH commissioned an external evaluation of CBNP¹⁵ which showed uneven implementation due to lack of protocols and district support. Most importantly, the evaluation showed that while CBNP appears to have reduced wasting in the districts where it has been implemented, it had no impact on the rate of stunting.

To strengthen implementation of the CBNP and other community-based health interventions, WR introduced an Integrated Care Group (ICG) structure to both hospital zones of Nyamagabe District. Existing MOH CHWs, other government-recognized community volunteers, and religious leaders were organized into groups for peer support and enhanced behavior change communication (BCC) targeting every household in the target population in the district. A traditional Care Group (CG), after which this ICG is modeled, is a group of 10-15 volunteer community-based health educators who regularly meet together with project staff for training and supervision.¹⁶ This project modified the structure by using existing MOH CHWs and government-appointed volunteers rather than drawing new volunteers from the community. Meeting together monthly at the village level for training, coordination, supervision and peer support, the members of the ICGs divided up geographic responsibility for monthly home visits. In this way, every household with a pregnant woman or children under two was reached without overburdening CHWs.

To fill in the gaps of the CBNP and focus on the prevention of stunting, World Relief (WR), in partnership with MOH, designed an intervention called Nutrition Weeks that is based on Positive Deviance (PD)/Hearth, but with the goal to prevent, rather than treat, malnutrition. PD/Hearth is an established approach to community-based nutrition rehabilitation used successfully in many countries that brings mothers of malnourished children together in a supportive small group to learn healthy feeding behaviors. The mothers cook a rehabilitative meal together using local foods and feed it to their malnourished children every day for two weeks.¹⁷ PD/Hearth is used to rehabilitate malnourished children rather than prevent malnutrition, although there is some evidence that PD/Hearth can play a role in preventing malnutrition in the younger siblings of those treated with it.^{18,19,20, 21}

Use of participatory techniques to improve nutrition is supported by data. Results of a meta-analysis of 16 nutrition programs, successful in improving infant growth in different countries, showed that a key factor for success was that the programs not only gave messages on **what** to feed, but also included counseling, home visits or other activities that showed mothers **how** to feed their child.²² In Rwanda, between 2008 and 2010, WR rehabilitated 90% of 2,204 children with Moderate Acute Malnutrition (MAM) who participated in a PD/Hearth program. While WR measured success only in terms of recuperation, other studies have looked at additional impact. In Vietnam, Save the Children's prospective study using PD/Hearth with 232 children documented behavior changes in hygiene practices which led to significantly lower rates of morbidity.²³ A study conducted with Emory University funded by the LINKAGES project, found that mothers participating in PD/Hearth resulted in adoption of positive feeding behaviors including frequency, quantity, and type of foods that mothers sustained one year later.²⁴ In a review of their nutrition programs worldwide, Child Fund International (then Christian Children's Fund) documented that PD/Hearth cycles held just once a year in West Bengal, India were sufficient to change feeding and hygiene behaviors. Severe malnutrition was eliminated and moderate malnutrition (weight for age) was significantly reduced during the following 11 months in all but the most food insecure communities.²⁵

The intervention, Nutrition Weeks, incorporated many of the techniques of PD/Hearth. However, the goal was to prevent malnutrition, so it did not target children who were already malnourished. Rather, Nutrition Weeks targeted all households in the 1,000 day period—pregnant women and children under two years. Three times per year, households came together in small groups of 10-12 mothers for two hours every day for five days. During these education sessions caregivers learned and practiced ideal

feeding and health behaviors aimed at improving nutrition status and preventing malnutrition. In addition, rather than just inviting primary care givers, Nutrition Weeks involved fathers and grandmothers to increase family support. We believed that the hands-on practical learning and the family support of new behaviors would result in improvements in five indicators that served as a proxy for nutritional status: Minimum Acceptable Diet (MAD), Minimum Dietary Diversity (MDD), Minimum Meal Frequency (MMF), Age-appropriate Introduction of Complementary Foods (AICP) and Responsive Feeding (RF). Due to the relatively short duration of the Nutrition Weeks intervention (three years), we did not expect to see measurable differences in stunting rates.

Justification: Current approaches had not adequately addressed stunting. WR designed and tested an intervention known as Nutrition Weeks to fill gaps in the CBNP and improve feeding practices that could prevent stunting. Nutrition Weeks used supportive small groups for participatory nutrition education as well as hands-on cooking and feeding practice.

Objectives: The objective was to determine if the addition of community-based participatory education sessions known as Nutrition Weeks improved key Infant and Young Child Feeding practices among children 6-23 months more than standard CBNP interventions alone in Nyamagabe District, Rwanda.

Proxy indicators for nutrition status used were:

1. Proportion of infants and young children age 6m-23m fed according to the Minimum Acceptable Diet, as defined by the WHO.* **(Primary Outcome)**
2. Proportion of infants and young children age 6m-23m fed according to the Minimum Dietary Diversity.†
3. Proportion of infants and young children age 6m-23m fed according to the Minimum Meal Frequency. ‡
4. Proportion of infants and young children having age-appropriate introduction of complementary foods.§
5. Proportion of infants and young children who are actively fed (whether someone assists the child with feeding).**

* WHO 2008 Definition: BF children 6-23 months who had at least the minimum dietary diversity and minimum meal frequency during previous day. Non-BF children who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the min meal frequency during previous day

† Proportion of children 6-23 m who consume at least 4 of the following food groups the previous day: 1 Grains, roots and tubers, 2 Legumes and nuts, 3 Dairy products (milk, yogurt, cheese), 4 Flesh foods (meat, fish ,poultry and liver/organ meats), 5 Eggs, 6 Vitamin-A rich fruits and vegetables, 7 Other fruits and vegetables

‡ Proportion of BF and non-BF children 6-23 m who receive solid, semi-solid, or soft foods the minimum number of times or more the previous day. For BF children, the minimum number of times varies with age (2 times if 6-8 mos.; 3 times if 9-23 mos.). For non-BF children, the number of times does not vary by age (4 times for all non-BF children 6-23 mos.) Dairy products only count toward the numerator for the non-BF children.

§ Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods

** Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods)

Methods

DESIGN, PARTICIPANTS AND INFORMED CONSENT

World Relief, with technical assistance from the University of British Columbia, conducted a quasi-experimental two-arm study comparing the standard MOH Community Based Nutrition Program to the CBNP plus an additional participatory nutrition education and practice intervention called Nutrition Weeks. The two hospital zones of Nyamagabe District each received the standard MOH CBNP interventions, implemented through CHWs and community leaders organized into Integrated Care Groups. The zone with slightly weaker nutrition indicators (measured by the baseline KPC survey) was assigned as the intervention area to receive Nutrition Weeks in addition to the standard CBNP. Nutrition Weeks targeted all pregnant women and mothers of children under two years. Fathers and grandmothers were also invited to participate. Institutional Review Board (IRB) approval for the study was applied for and granted annually by the Rwanda National Ethics Committee, and participation in the intervention was voluntary. A community meeting was held before each Nutrition Weeks cycle (implemented three times per year) to introduce the intervention to families, including mothers, fathers and grandparents. Written consent was given by beneficiaries when selected to participate in annual KPC surveys, focus group discussions and exit interviews about their participation in the intervention. Population data for Nyamagabe District can be found in Table 1.

Table 1. Population data (2011) for Nyamagabe district by hospital catchment area

	Kaduha Zone	Kigeme Zone	Nyamagabe District
Total Population	161,743	168,767	330,510
Source: Nyamagabe District Statistics 2011			
WRA 15-49*	54,531	56,900	111,431
.613 x .55 x population			
Children 0-59m**	20,218	21,096	41,314
.125 x population			
0-11m	4,044	4,219	8,263
12-23m	4,044	4,219	8,263
24-59m	12,132	12,657	24,789

*2007 Census reported that 55% of Nyamagabe District population was female and 61.3% ages 15-49; these proportions were applied to the population figures from Nyamagabe District Statistics 2011.

**2007 Census reported that 12.5% of Nyamagabe District population was under five years of age; no data were provided on the relative breakdown of children under five—for simplicity it was assumed above to be equally divided amongst each 12-month sub-age category.

INTERVENTION

The tested intervention, Nutrition Weeks, targeted all pregnant women and mothers of children under two, bringing together small groups of 10-12 women. The groups met for two hours a day for five days, three times per year. During the Nutrition Weeks sessions, the women learned and practiced ideal feeding behaviors and healthy practices aimed at improving nutrition status and preventing malnutrition. In addition, fathers and grandmothers were included in some activities to increase family support.

The project set the stage for Nutrition Weeks by first strengthening the CBNP. The project established 536 Integrated Care Groups (ICG), one in each village of Nyamagabe District, including both the intervention and comparison areas, to support CBNP activities. ICG members included ten members. Three of the members were MOH CHWs. Two of the CHWs, one male and one female, known as Binomes, were trained in child health. Another CHW, the animatrice de santé maternelle (ASM), was trained in and primarily responsible for maternal and newborn health. Additional members included community representatives most closely associated with behavior change. These were the Social Affairs In-Charge at village level (under the Ministry of Local Government [MINALOC]), the elected village

leader (usually male), the village Information and Training In-Charge, the village Community Development Leader, the Women's Group Leader, a member of the Village Hygiene Club, and a religious leader. The ICG members met together monthly to support each other. They also divided up the households in their village to make monthly home visits for purposes of health education to every home with pregnant women or children under the age of 2.

The project facilitated extensive trainings for MOH staff, CHWs, and village leaders. Early in the project, all 1,072 child health CHWs in both the intervention and comparison areas were trained for 10 days in the MOH Maternal, Infant and Young Child Feeding (MIYCF) curriculum. Later they were given an additional five-day refresher training to strengthen the monthly CBNP activities in both intervention and comparison areas. Additionally, CHWs were trained in behavior change communication (BCC) for 3 days at the beginning of the project and attended ongoing quarterly refresher trainings with health center staff, the In-Charge of Socio-economic Development and project staff. CHWs led monthly ICG meetings in which they trained the other ICG members in the BCC lessons they had learned in the aforementioned quarterly meetings. Topics included nutrition, maternal and newborn care, malaria, diarrhea, pneumonia.

The ICGs and trainings strengthened the quality of CBNP activities and helped to ensure fidelity to the CBNP design in both zones. Thus, both zones received support for monthly GMP sessions for children under five and pregnant and lactating women using the MOH MIYCF curriculum. Additional interventions during GMP sessions included measuring weight, MUAC screening and referrals of women and children, individualized nutrition counseling (done when the child was weighed), provision of micronutrient powder (MNP), hygiene education and monthly supervision of CHWs by the MOH In-Charge of CHWs and WR staff (after the project ended, the MOH staff and the In-Charge of Social Affairs continued this supervision). The CHWs also promoted kitchen gardens and taught health and nutrition lessons from the MOH curriculum during GMP sessions, but since all mothers with children under five assemble for GMP, the groups were usually too large (about 30 mothers) to hear well or conduct participatory discussions. The project supported the CBNP cooking demonstrations that occurred during the monthly GMP sessions by providing pots and utensils. In the intervention areas, the cooking demonstrations were conducted monthly except when the cooking component of Nutrition Weeks replaced them three times per year in the intervention area. In both the intervention and comparison areas, the project helped the mothers of children discovered to be malnourished at the project midterm to form associations for the production or purchase of food for their children. The project also provided fruit trees in both areas. See Table 2 for a comparison of activities between the two zones.

Table 2. *Project Activities by Intervention and Comparison Area*

Activities	Comparison Area (Kigeme)	Intervention Area (Kaduha)
Integrated Care Groups	✓	✓
Monthly Growth Monitoring and Promotion sessions, nutrition counseling and MNP	✓	✓
MUAC screening and appropriate referral for children and pregnant women	✓	✓
Promotion of kitchen gardens	✓	✓
Provision of fruit trees	✓	✓
MOH Maternal, Infant and Young Child Feeding Curriculum	✓	✓

Monthly supervision by MOH in charge of CHWs and WR staff	✓	✓
Formation of associations for food production for mothers of children found to be malnourished at midline	✓	✓
Nutrition Weeks		✓
Formation of associations among some (about 17%) Nutrition Weeks members for food production or purchase (unintended activity)		✓

To identify the key nutrition messages and practices to be incorporated into the Nutrition Weeks curriculum, the project engaged in a rigorous formative research process, including positive deviance inquiry, market assessments, and focus group discussions with care givers. Input was also obtained from the Primary Investigators and Co-Investigators, the national Nutrition Technical Working Group and District stakeholders. The Nutrition Weeks curriculum was then developed, field tested, and revised.

Key messages identified for Nutrition Weeks:

- Prepare thicker porridge with palm oil and three different kinds of flour
- Give animal foods if possible
- Increase feeding frequency

Key practices identified:

- Making and eating thicker porridge
- Eating fat and animal-based foods
- Increasing frequency of meals
- Eating a variety of foods
- Improving hygiene practices
- Infant stimulation and feeding
- Increasing food intake for pregnant women
- Increasing rest for pregnant women

When the Nutrition Weeks curriculum was ready, it was taught in a cascade fashion in the intervention area only. Health facility Master Trainers trained the In Charges of CHWs at the Health Center level who in turn trained the 566 CHWs in the intervention area. The CHWs trained the members of the Village Nutrition Committees. Village Nutrition Committees are part of Rwanda's MOH structure and are made up of the village leader, village-level Social Affairs representative and the three CHWs, all of whom were also members of the ICGs. The Village Nutrition Committees also received a one day refresher training before each Nutrition Weeks cycle. The remaining ICG members who were not part of Village Nutrition Committees were trained in key nutrition messages as part of routine monthly ICG meetings.

In the intervention area, Nutrition Weeks was implemented by CHWs with the support of the other members of the Village Nutrition Committee. Three times per year, pregnant women and mothers of children under two were brought together in small groups of 10-12 for two hours every day for five days. During each session, mothers engaged in a participatory nutrition lesson, cooked a nutritious dish together and practiced responsive feeding with their children. Mothers attended daily sessions, with fathers and grandmothers (and other alternate caregivers) invited for specific days of the Nutrition Weeks session to participate and learn.

Nutrition Weeks provided repeated, hands-on skills building with group support—a key element that helps bring about changes in social norms related to child care. The focus was the use of local foods, responsive feeding and the improvement of hygiene practices. With the support and encouragement of the CHW, the mothers prepared the food using a simple approach of colors or food groups with local measures of ingredients to plan the menus. This was an approach that the mothers could continue to follow at home. At the end of the week, participants were given a small poster as a reminder about the feeding behaviors they practiced during the Nutrition Weeks sessions. These posters included images of a variety of foods and also showed meal frequency suggestions as per child's age. During the Nutrition Weeks session, the mothers practiced good hygiene and responsive feeding techniques with their children, building self-efficacy in the process. By working together in small groups, mothers had opportunity to discuss among themselves solutions to barriers they faced in feeding their children or practicing key behaviors. Through repeated daily practice, they learned to prepare nutritious food and practice skills in related topics like hand washing.

The project initially provided ingredients for the participatory cooking activities in Nutrition Weeks, but phased this out after one year of implementation. Households were responsible to bring the ingredients after the first year to decrease dependency and work towards sustainability. As a result, some Nutrition Weeks participants (about 17%) formed community associations to produce and purchase ingredients for the Nutrition Weeks sessions. These were not planned as part of the intervention, but developed organically from the community to respond to this felt need.

Community mobilization was conducted throughout the intervention area to encourage participation in Nutrition Weeks, especially concentrated around the three annual cycles. Pastors and religious leaders (some of whom were members of the village ICG) encouraged women to attend Nutrition Weeks. Male members of the ICG used their relationship with fathers of children under two and husbands of pregnant women to encourage their participation on select days. Furthermore, community meetings were held before each Nutrition Weeks cycle to explain the activity to the community and get buy-in from household decision makers so women could attend.

The added value of Nutrition Weeks as compared with the CBNP program alone lies in the hands-on practice with real foods (as opposed to listening to a flip-chart lecture or watching a cooking demonstration), the interaction and communication among mothers (not only from the teacher to the mothers), and a realistic acknowledgement and discussion of the barriers most mothers face in adopting recommended IYCF practices.

INTERVENTION MONITORING

The project employed a number of methods to monitor implementation of the Nutrition Weeks intervention. Attendance and participation was tracked at trainings and Nutrition Weeks sessions, and qualitative data collection was done to see a bigger picture of how implementation was proceeding, allowing for course correction of the intervention as needed.

Attendance at various trainings of trainers (master trainers, HC staff, CHWs, Village Nutrition Committees) was recorded. CHWs and Village Nutrition Committee members were given pre- and post-tests from their trainings on Nutrition Weeks to assure transfer of knowledge and that they had the knowledge they needed to lead Nutrition Weeks sessions. Meetings were held to solicit feedback on the pilot training experience and gather suggested revisions for scale up to all of the Kaduha catchment area.

Qualitative methods were used along with experiences from Village Nutrition Committees, CHWs, MOH staff and World Relief staff to identify how Nutrition Weeks could be improved after each cycle.

Project records were kept to track who attended Nutrition Weeks sessions (percentages of pregnant women, children, lactating women, mothers, fathers and grandmothers attending Nutrition Weeks) and the number of days they attended. Fathers and grandmothers were targeted for fewer days. Exit interviews were conducted on the last day of each Nutrition Weeks cycle and one month later to capture the experience of mothers who attended, to understand what they learned and to note reported behavior changes in the home as a result of Nutrition Weeks. ICG members made home visits to more than half (usually about 60%) of Nutrition Weeks participants at the conclusion of each Nutrition Weeks cycle to reinforce recommended feeding practices, identify barriers and track the new behaviors. Focus group discussions were also held with Nutrition Weeks participants (mothers and fathers) and with fathers in households that did not participate in Nutrition Weeks. Interviews and focus groups were conducted annually with CHWs, hospital and health center staff, ICSP staff, sector and cell leaders and religious leaders. Table 3 contains further information on qualitative data collection.

Table 3. Qualitative Monitoring of Intervention

	When Conducted	Number of Groups/ Interviews/ Visits			Respondent/ Participant
		Year 1	Year 2	Year 3	
Focus Group Discussions	Annually	112	128	144	Pregnant women and mothers and fathers of children under two years (participating and non-participating)
	Annually	45	20	20	CHWs and Village Nutrition Committee members (Nutrition Weeks implementers)
	Annually	28	32	36	ICG members
	Annually	38	38	20	HC and hospital staff participating in monitoring Nutrition Weeks sessions
	Annually	12	12	12	ICSP staff training and monitoring Nutrition Weeks sessions
	Annually	53	30	15	Religious leaders
	Annually	60	60	30	Sector and cell leaders
Exit Interviews	The last day of each Nutrition Weeks cycle	9	4	4	Selected mothers of children under 2 who participated in Nutrition Weeks
	1 month after each Nutrition Weeks cycle	9	4	4	Selected mothers of children under 2 who participated in Nutrition Weeks
Home Visits	Within 2 months after each Nutrition Weeks cycle	4035	7644	5791	Households who participated in Nutrition Weeks

DEPENDENT MEASURES

The key dependent variables for this OR are as follows:

1. Proportion of infants and young children age 6m-23m fed according to the Minimum Acceptable Diet, as defined by WHO. **(Primary Outcome)**
2. Proportion of infants and young children age 6m-23m fed according to the Minimum Dietary Diversity.

3. Proportion of infants and young children age 6m-23m fed according to the Minimum Meal Frequency.
4. Proportion of infants and young children having age-appropriate introduction of complementary foods.
5. Proportion of infants and young children who are actively fed (someone assists the child with feeding).

The primary outcome of the OR is the 2008 WHO indicator for Minimum Acceptable Diet, based on minimum dietary diversity and minimum meal frequency for children 6-23 months, according to child's age and breastfeeding status. This captures the dietary diversity in the diet of infants and young children which has been shown to be associated with undernutrition, particularly stunting.²⁶

DATA COLLECTION METHODS & ANALYTIC STRATEGY

These outcomes were measured by annual household KPC surveys. Each year, two KPC surveys were done (one in the intervention area, one in the comparison area) to assure enough power to accurately compare the two groups. The surveys used cluster sampling, which consisted of 30x12 clusters at baseline and final and 30x10 clusters in monitoring years (Table 4).

Survey data were entered into an Excel database and were then transferred into Stata 10 for analysis. New variables were created for composite indicators. A design effect of two was used to calculate confidence intervals as this is most conservative. Epi Info Emergency Nutrition Assessment (ENA) for anthropometry was used to obtain z-scores. A linear probability model (LPM) was used for comparing differences in MDD, MMF, MAD, RF and AICF from baseline to endline between Kaduha (intervention area) and Kigeme (comparison area). Robust standard errors were used to correct for misspecification caused by using a linear model for binary outcomes. All five nutritional outcomes were also assessed according to the child's age group and socioeconomic status (SES) using logistic regression. Children were divided into three age groups (6-11 months, 12-17 months, and 18-23 months) and households were divided into four SES categories.^{††} Chi-squared tests and t-tests were used to compare other independent variables between populations.

Table 4. Summary of Data Collection Methods

Data Collection Method	When Collected	Respondent/ Participant	Sample Size
Household KPC Survey including OR questions and anthropometry	Baseline	Mothers of children under two	720 (two 30x12 cluster surveys)
	Year 2	Mothers of children under two	600 (two 30x10 cluster surveys)
	Year 3	Mothers of children under two	600 (two 30x10 cluster surveys)
	Endline	Mothers of children under two	720 (two 30x12 cluster surveys)

^{††} Although there were six SES categories, the three highest levels were combined due to the small number of respondents in those categories for this analysis.

Results

INTERVENTION IMPLEMENTATION DATA

Overall, the intervention went largely as planned. Tangiraneza aimed to reach 80% of the population of the Kaduha zone with the Nutrition Weeks intervention. This was measured in the annual KPC as the proportion of respondents who had participated in a Nutrition Week cycle in the prior six months for at least four of the five days. The proportion of participants increased from 53% in the first two years of implementation to 75.6% of mothers in the EOP survey. See Table 5 for further detail.

Table 5. Planned Versus Actual Interventions

Planned Intervention	Actual Intervention
<i>Establish 536 Integrated Care Groups (one per village in Nyamagabe District)</i>	536 Integrated Care Groups established
<i>MOH Maternal, Infant and Young Child Feeding (MIYCF) training for all 1,072 child health CHWs—10 Day initial training, 5 day refresher</i>	1,072 CHWs trained (& refresher trained) in MIYCF (10 day training, 5 day refresher)
<i>Conduct formative research to identify key messages for Nutrition Weeks curriculum development</i>	PD Inquiry, Market Assessment and focus group discussions completed in intervention area, advice given by National Nutrition Technical Working Group
<i>Field Testing of Nutrition Weeks Curriculum</i>	Nutrition Weeks pilot held in one village of Kaduha in December 2012
<i>3 day Master training for HF trainers</i>	3 day Master training for HF trainers held
<i>2 day training of in-charge of CHWs at Health Center level (by HF Master Trainers)</i>	2 day training of CHW in-charge at HC led by HF Master Trainers
<i>5 day CHW Nutrition Week training (by In-Charge of CHWs from Health Center)</i>	5 day Nutrition Weeks trainings held for all CHWs, led by CHW in-charge (566 CHWs from 283 villages)
<i>2 day training for Village Nutrition Committees (all of whom are ICG members) to support CHWs to lead Nutrition Weeks sessions in each cycle</i>	2 day trainings for Village Nutrition Committees in each sector completed, included post-test to confirm knowledge transfer
<i>1 day refresher training for Village Nutrition Committees prior to each Nutrition Weeks cycle</i>	1 day refresher training given to half of the Village Nutrition Committee members prior to each Nutrition Weeks cycle (alternating the members quarterly)
<i>ICG members not part of Village Nutrition Committee trained in nutrition messages during routine ICG meetings and attend Nutrition Weeks sessions</i>	ICG members trained in nutrition messages during regular monthly ICG meetings prior to each Nutrition Weeks cycle and attend Nutrition Weeks sessions to support Village Nutrition Committees
<i>Nutrition Weeks implemented three times a year in each village of intervention area</i>	Nutrition Weeks held in all 283 villages of Kaduha zone three times each year
<i>Supervision of Nutrition Weeks and follow-up by MOH in charge of CHWs and WR staff</i>	MOH In-Charge of CHWs accompanied WR staff to supervise Nutrition Weeks, conduct follow-up supervision on CHWs after Nutrition Weeks reinforcing lessons learned
<i>Follow up home visits to Nutrition Weeks participants</i>	ICG members visit Nutrition Weeks participants at home to reinforce new behaviors and identify barriers
<i>Pre and Post-Tests for CHWs and Social Affairs</i>	CHWs and Village SA completed pre/post tests

Post- Nutrition Weeks interviews with CHWs, MOH staff and CSP staff	Post- Nutrition Weeks interviews conducted with CHWs, HC/HF staff, CSP Staff ²⁷
Exit interviews with Nutrition Weeks participants, FGDs with mothers, fathers (participating and non-participating), Village Nutrition Committee, sector and cell leaders, religious leaders	Exit interviews completed with Nutrition Weeks participants and relevant FGDs held (see ARs for results)

CHALLENGES IN MONITORING

After the first Nutrition Weeks cycle, FGDs with Nutrition Weeks supervisors revealed challenges in monitoring the large number of groups, so subsequent Nutrition Weeks sessions used about 25% fewer groups and staggered them over a longer time to improve supervision and intervention quality.

FGDs with Nutrition Weeks participants appreciated and accepted the key practice of making thicker porridge. However, families could not afford the recommended combination of three different types of flours, so the project reviewed the ingredients and allowed the use of just one type of flour (whichever was available) in a thicker porridge in order to address the financial barrier.

Interviews were done annually with husbands of women who did not participate in Nutrition Weeks. After the first year of implementation, these interviews found that the men did not see the value of Nutrition Weeks. To address this as well as low attendance of fathers in the Nutrition Weeks sessions, the project engaged community leaders to mobilize men through community meetings that encouraged participation in Nutrition Weeks. In response to low attendance in some groups, Nutrition Weeks facilitators began visiting the household of each Nutrition Weeks participant at least once during the Nutrition Weeks cycle to encourage their participation and attendance improved.

After two years of implementation, the Nutrition Weeks curriculum was reviewed in light of the qualitative inquiry and was revised to include new lessons on breastfeeding and family planning.

EQUIVALENCE OF GROUPS

The two groups had no significant differences in measured characteristics. T-tests showed no significant differences in mothers' age ($p=0.25$) or household size ($p=0.057$). A chi-squared test showed that there was no significant difference in education level ($p=0.068$) or poverty level ($p=0.188$) between groups. Table 6 contains data on the equivalence of groups at baseline.

Table 6. KPC survey demographics at baseline by catchment area

	Kigeme (Comparison)	Kaduha (Intervention)
	Baseline	Baseline
Mean Age of Mother	28.59	29.49
Mean Household Size	5.26	5.11
Poverty level (Ubudehe category)*		
1. Those in abject poverty	6.4%	6.9%
2. The very poor	33.9%	32.5%
3. The poor	46.9%	51.7%
4. The resourceful poor	12.2%	8.6%
5. The food rich	0.6%	0%

6. The money rich	0%	0.3%
Education Levels		
No education/ Did not complete primary	38.3%	44.6%
Primary	47.6%	47.9%
Secondary	13.4%	7.2%
Past Secondary	0.7%	0.3%

* as designated by the Rwanda Ministry of Local Government

KEY FINDINGS

Nutrition Weeks interventions significantly influenced MAD and MDD—two major indicators used as a proxy to nutritional status. MMF increased in both project areas, but the differences between the two were not significant. Children in the Nutrition Week intervention area were 23% more likely to reach MAD and 30% more likely to reach dietary diversity from baseline to endline. See Table 7 for complete results and data points for each primary outcome.

After three years of implementation, the intervention area saw statistically significant improvement in Minimum Acceptable Diet among infants and young children 6-23 months compared to the comparison area (Figure 1). Compared to not being exposed to Nutrition Weeks, the probability of achieving the MAD was 23% greater when a child was exposed to Nutrition Weeks ($p<0.001$), controlling for time and location.

Minimum Dietary Diversity (MDD) more than doubled in the intervention area from baseline to endline, but declined in the comparison area (Figure 2). The change in MDD from baseline to endline in the intervention area was 30% greater than the comparison area ($p<0.001$), controlling for time and location.

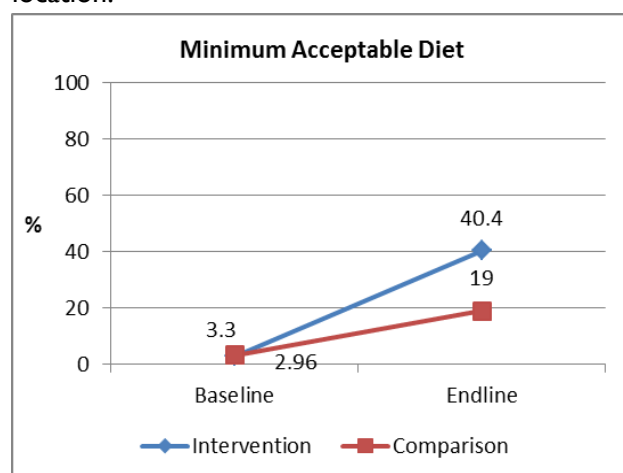


Figure 1

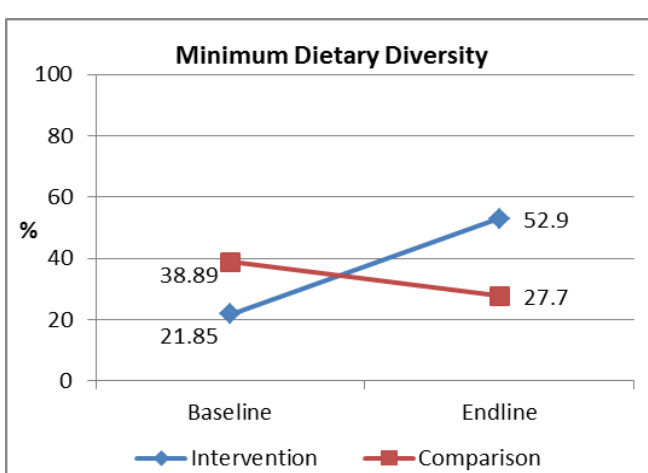


Figure 2

The proportion of infants and young children who were responsively fed (RF) increased in both areas (Figure 3). While RF in the NW intervention area increased to 100% at endline, the amount of improvement was greater in the comparison area due to a lower baseline level; thus, compared to not being exposed to NW, the probability of achieving AF was 14% lower when a child was exposed to NW ($p<0.001$), controlling for time and location.

Minimum Meal Frequency (MMF) increased in both areas, but the difference between intervention and comparison areas was not statistically significant (see Figure 4). The change in MMF from baseline to endline in the intervention area was 4% greater than the comparison area ($p=0.482$), controlling for time and location.

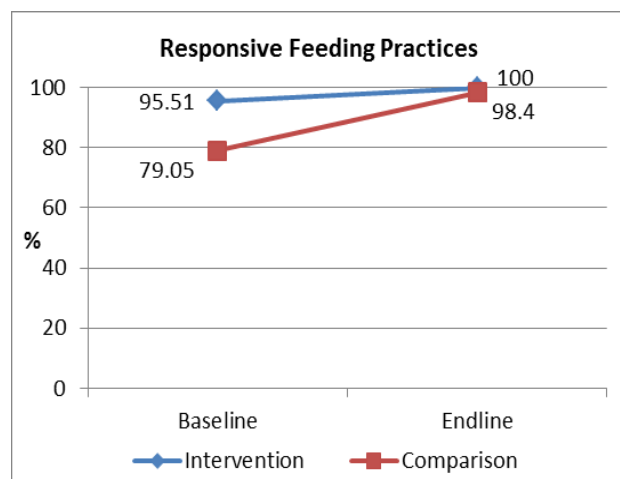


Figure 3

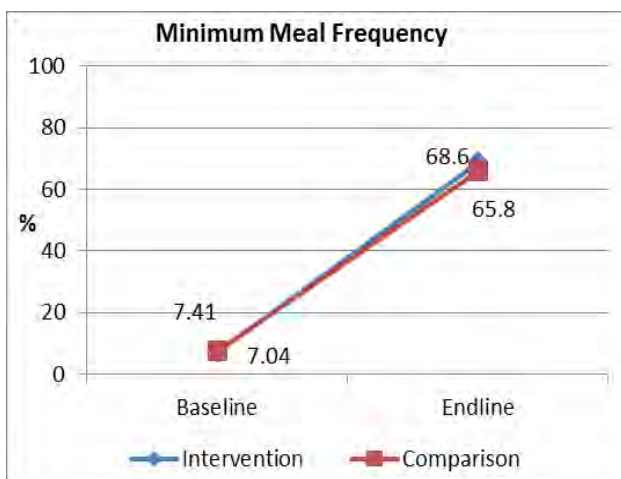


Figure 4

Age-appropriate introduction of complementary foods (AICF) increased in both areas. Though not statistically significant, the change in AICF from baseline to endline in the intervention area was 6% greater than the comparison area ($p=0.612$), controlling for time and location.

The study analyzed each nutritional outcome by socio-economic status and age. Across all nutrition indicators, with one exception, children in older age groups (12-17 months and 18-23 months) achieved greater results than younger children (6-11 months), controlling for time and location. Children in older age groups appeared to be less likely to be actively fed, but this was not statistically significant. Children in higher SES categories appeared to have better nutritional outcomes than children in lower SES categories, but, with the exception of the third SES category (“the poor”), there was no statistically significant difference between the groups, mostly due to power limitations. Children in the third SES category were more likely than the lowest SES category to achieve AICF ($p=0.04$) and MDD ($p=0.008$).

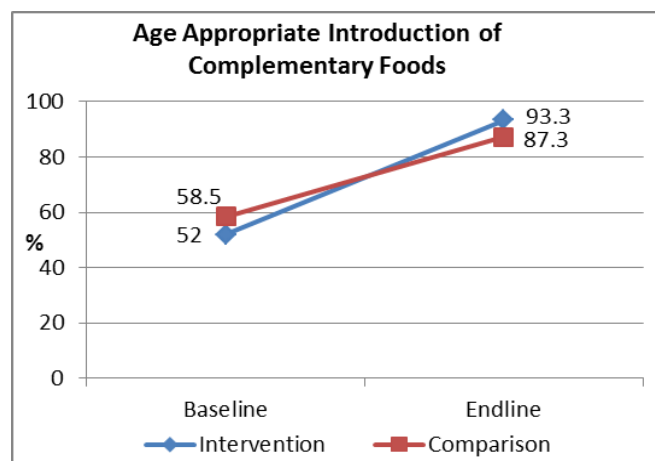


Figure 5

The project did not conduct an in depth cost analysis. However, using estimated costs of Nutrition Weeks inputs, a rough cost-per-beneficiary was calculated. The estimated costs for the following Nutrition Weeks expenses were included: printing and transporting Nutrition Weeks materials, introductory meetings with the community, trainings and meetings for Village Nutrition Committees including CHWs, trainings and meetings with Nutrition Weeks supervisors, supervision activities (including communication fees provided to partners and transport, accommodation and meals for staff monitoring in remote areas), and supplies (pots and spoons). Dividing this sum by the total number of participants in seven cycles of Nutrition Weeks yielded an estimated cost-per-beneficiary household of

\$2.74 per beneficiary per Nutrition Week cycle. Staff time for curriculum development and project support, and the costs of related activities that may have contributed to the impact of Nutrition Weeks, such as promotion of kitchen gardens, were not included.

Table 7. Knowledge, Practice and Coverage Results for the Five Primary Outcomes

	Kigeme (Comparison)		Kaduha (Intervention)		EOP Target
	Baseline	Endline	Baseline	Endline	
Proportion of infants and young children aged 6-23m fed according to the Minimum Acceptable Diet (Primary Outcome)	3.3% (1.19-5.47)	19.0% (14.2-24.7)	2.96% (0.92-4.94)	40.4% (33.9-47.1)	50% (both zones)
Percentage of infants and young children age 6-23 months fed according to Minimum Dietary Diversity	38.9% (33.08-44.7)	27.7% (22.0-34.0)	21.85% (16.92-26.78)	52.9% (46.1-59.6)	60% (Kaduha) 55% (Kigeme)
Percentage of infants and young children age 6-23 months fed according to the Minimum Meal Frequency	7.41% (4.07-10.21)	65.8% (59.3-71.9)	7.04% (3.99-10.09)	68.6% (62.1-74.6)	55% (Kaduha) 60% (Kigeme)
Proportion of infants and young children having age appropriate introduction of complementary foods	58.5% (45.23-71.77)	87.3% (75.5-94.7)	52.0% (38.15-65.85)	93.3% (77.9-99.2)	75% (both zones)
Proportion of infants and young children 6-23 months who are actively fed (someone assists the child with feeding)	79.05% (74.00-84.10)	98.40% (96.82-99.97)	95.51% (92.90-98.12)	100.0% (100.0-100.0)	

Discussion and Recommendations

The study demonstrated that Nutrition Weeks is more effective than the standard CBNP alone at improving the diet of children under two years. Children 6-23 months in the intervention area achieved MAD, the primary outcome of this research, at twice the rate of children in the comparison area. Forty percent of children in the intervention area achieved MAD. Minimum Acceptable Diet is a composite indicator made up of MMF and MDD. While the two areas achieved similar increases in MMF, there were significant differences in MDD.

Minimum Dietary Diversity more than doubled in the intervention area, but decreased in the comparison area, although not significantly in the latter, where the 95% confidence intervals from baseline to endline overlapped. Dietary diversity is important because higher dietary diversity has been shown to reduce stunting.²⁸ It is somewhat surprising that MDD declined in the comparison area, since indicators for other optimal feeding practices (MMF, AICF, RF) increased, which could suggest differences in food security between the two areas or differences in the effectiveness of the two intervention approaches to change this specific behavior. Though the poverty levels of the two areas were not statistically different at baseline, a food security comparison was not conducted. The two

areas had similar topography (located in the same district and sharing a border) and very similar nutrition indicators at baseline, so it is unlikely that food security was very different between the two. Alternatively, the difference may have been due to behavior rather than food availability. Likely the opportunity to practice cooking in a new way (using new, more varied ingredients) during Nutrition Weeks sessions reinforced nutrition lessons and enabled mothers to make greater behavior changes (including better incorporating new foods and styles of preparation) than mothers in the comparison area who passively listened to messages and simply observed demonstrations.

Responsive Feeding improved to 100% in the intervention area and to 98% in the comparison area. The bigger change was in the comparison area because the baseline, while still relatively high at 79%, was lower there than in the intervention area. The results suggest that the CBNP and ICG structure are effective at achieving RF even without Nutrition Weeks.

Nutrition Weeks enabled mothers to practice cooking with diverse local foods and responsively feed their children with peer support. The intervention was associated with a greater impact on feeding practices than that observed among mothers in the comparison area. This is consistent with findings from a study on a PD/Hearth program (daily cooking and feeding practice is part of PD/Hearth), where mothers participating in PD/Hearth adopted positive feeding behaviors including the types of foods used.²⁹ Perhaps it was easier for the mothers in the comparison area to adopt other optimal feeding practices (RF, MMF, AICF) without hands-on practice, while some aspect of the behaviors needed to increase dietary diversity was more challenging. One aspect could be the perceived acceptability of new foods introduced in Nutrition Weeks. Nutrition Week sessions mostly used unique recipes, though MOH-curated recipes from GMP cooking demonstrations were incorporated toward the end of implementation. As children in the comparison area did not get to taste the recipes from Nutrition Weeks, their mothers did not have the opportunity to see if they liked the food, which might make mothers more apt to try and incorporate a greater variety of foods in their cooking. Future research could target barriers to dietary diversity in particular.

The intervention and comparison areas both achieved large increases for MMF and AICF. Though slightly greater progress was made in the intervention area, the differences between the two areas were not statistically significant for these two indicators. This suggests that the CBNP and ICG structure are effective at affecting these behavior changes without Nutrition Weeks.

While not directly comparable, the results of Nutrition Weeks are similar to PD/Hearth results, in that Nutrition Weeks is successful in improving child diet, which is a proxy measure for nutritional status, and PD/Hearth is successful in improving nutritional status measured directly. However, the level of impact of Nutrition Weeks is somewhat lower (40% success in reaching MAD, where WR's PD/Hearth efforts have been successful in rehabilitating around 90% of acutely malnourished children^{##} in a Rwandan context). It is difficult to speculate the reasons for this difference. Nutrition Weeks is less intensive than PD/Hearth—only one week instead of two (with two weeks of follow-up at home visits)—and the participants are different. It could be that mothers/households with children identified as malnourished (as with PD/Hearth) are more motivated to go to extraordinary lengths to improve their children's diet as compared to mothers/households with children who are not specifically in a 'crisis' situation. Furthermore, stunting is more difficult to see than wasting or more visibly dramatic forms of malnutrition, and children may seem to be healthy though they are shorter than normal. Perhaps when mothers see their children as 'healthy' it is harder to be motivated to change feeding behaviors. Alternatively, PD/Hearth is not recommended in contexts with prolonged food insecurity³⁰;

^{##} "Acutely malnourished" was measured per weight-for-age or MUAC screening. See Rwanda EIP FE Report (2011) for details.

perhaps the context of the current research was less food secure than the context in which WR achieved high rates of rehabilitation with PD/Hearth. Another possibility is that children enrolled in PD/Hearth may be able to gain enough weight to be considered rehabilitated without eating the adequate number of meals and food groups required for MAD.

Limitations of the study include its quasi-experimental design, contamination due to the geographic proximity of the intervention and comparison areas, and the fact that the study compared the intervention to an ideally implemented standard CBNP, rather than a typically implemented CBNP (as the CBNP in the comparison area was implemented with the support of the ICG structure), which may have obscured the impact of Nutrition Weeks. Nutrition indicators increased in both areas; improvement in some indicators may have been driven more by ICGs, and some more by Nutrition Weeks. The intervention and comparison areas shared a border, and Nutrition Weeks participants may have shared the new information and behaviors with their neighbors in the comparison zone nearby. In addition, health staff from both areas met quarterly for HC coordination meetings when Nutrition Weeks was often discussed. Health staff in the comparison area may have used Nutrition Weeks practices learned during these meetings in their monthly GMP sessions. Future research could investigate whether Nutrition Weeks is effective when implemented by CHWs who are not organized into Integrated Care Groups.

PROGRAM IMPACT

Final Operations Research results and KPC survey results were shared with stakeholder groups, as has been done annually. Furthermore, Nutrition Weeks has already been adapted for use in World Relief programming in Malawi and Indonesia. Results of this OR have been shared with the MOH, but it is not clear whether Nutrition Weeks will be added to the CBNP. This study provides evidence that CBNP with Nutrition Weeks is more effective than CBNP alone at improving MAD and MDD, however, competing health priorities will have to be considered when deciding whether to make an investment of this magnitude that is directed to one intervention. Nutrition Weeks and Care Groups were included in a 2015 USAID Rwanda Mission RFA for eight districts, so the feasibility of broad scale up may be tested in the near future.

PROGRAM RECOMMENDATIONS/IMPLICATIONS

The study suggests that Nutrition Weeks is a valuable addition to Rwanda's standard CBNP for improving nutrition outcomes. After three years of implementation, Nutrition Weeks was twice as effective in improving the Minimum Acceptable Diet of children under two years as the standard CBNP. However, the time and financial costs of Nutrition Weeks may make it difficult to scale. Opportunity cost for MOH staff (due to time spent training and supervising CHWs implementing Nutrition Weeks), financial investment and magnitude of expected improvements in nutrition indicators should be considered in weighing the decision for scale up.

¹ Rwanda Demographic and Health Survey, 2010.

² Ibid.

³ United Nations World Food Program. 2013. *The Cost of Hunger in Rwanda: The Social and Economic Impact of Child Undernutrition in Rwanda, Implications on National Development and Vision 2020.*

⁴ Rwanda DHS, 2010

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- ⁵ Ibid.
- ⁶ United Nations World Food Program. 2013.
- ⁷ Ibid.
- ⁸ Rwanda DHS, 2010
- ⁹ United Nations World Food Program, 2013.
- ¹⁰ Rwanda DHS, 2010
- ¹¹ The Thousand Days Partnership: <http://www.thousanddays.org/>
- ¹² Rwanda Demographic and Health Survey, 2005
- ¹³ United Nations World Food Program, 2013.
- ¹⁴ United Nations World Food Program. 2012. *Comprehensive Food Security and Vulnerability Analysis and Nutrition Report Survey: Rwanda*.
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- ²⁷ Results can be found in Tangiraneza ICSP's Annual Reports
- ²⁸ Rah JH et al. 2010. "Low dietary diversity is a predictor of child stunting in rural Bangladesh." *European Journal of Clinical Nutrition*, 64:1393-1398.
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ANNEX I. OPERATIONS RESEARCH PROTOCOL



Report on the Protocol of Data Collection for Assessments and Operations Research Related To The World Relief Rwanda Innovation Child Survival Project Nyamagabe District, Rwanda

Funding Agency and Duration

USAID Child Survival and Health Grants Program
October 2011-September 2015

Research Partners

Ministry of Health
University of British Columbia
District of Nyamagabe

Submitted to the National Ethics Committee

Original: February 13, 2012; Corrected 29 March 2012; Amended: 14 May
2013, 21 May 2014 & 30 January 2015



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I. Progress Report Form

A. Main Form

1. Name of Principal Investigator (Co-Principal Investigators)
 - Dr. Judy McLean, University of British Columbia, Canada
 - Dr. Fidele Ngabo, Ministry of Health, Rwanda

2. **Title of study:**

Data Collection for Assessments and Operations Research Related to the World Relief Rwanda Child Survival Project, Nyamagabe District, Rwanda

3. Date of RNEC approval: **April 2, 2012, June 19, 2013 and July 12, 2014**
4. Briefly describe the purpose of the study, 2 or 3 sentences in non- technical language:

The protocol relates to 1) the monitoring and evaluation of the World Relief Rwanda Tangiraneza Child Survival Project overall (with interventions in Nutrition, Diarrhea, Pneumonia and Maternal and Newborn Care) and 2) Operations Research designed to evaluate “Nutrition Weeks,” an innovation that aims to prevent under-nutrition and stunting in children during the critical first 1000 days of life.

5. Has the study started? **Yes** Starting Date of Study: **April 3, 2012**

6. Number of local research sites recruited:

Proposed: 1 – Nyamagabe District, Kigeme and Kaduha Hospital Catchment Areas

Actual: 1- Nyamagabe District, Kigeme and Kaduha Hospital Catchment Areas

7. Number of participants recruited into study:

KPC Survey

The Year 3 KPC survey sampled a total of 600 mothers, half in Kaduha and half in Kigeme. The Survey also completed anthropometry on 600 children (300 in each study area) 0-23 months-old.

Participants in Nutrition Weeks Intervention

Areas	NW Participants					
	NW Sessions (NW)	Lactating mothers	Lactating mothers (attendance: 4 days or more)	Pregnant women	# Fathers for Under 2	# Grand mothers
Kaduha Hospital Zone	NW 1 FY2013	5650	5528	898	1533	1290
	NW 2 FY2013	3092	2982	566	1009	731
	NW 1 FY 2014	4374	3918	894	1623	1352
	NW 2 FY2014	5492	4815	1171	1673	1276
	NW3 FY2014	5492	3154	854	1639	1003
	NW1 FY2015	4596	4431	925	1966	1131

Exit Interviews

Exit interviews with mothers who participated in Nutrition Weeks have been conducted with over 268 women in the first week following their participation.

8. Number of participants completing study: **N/A**

Study is ongoing

9. Number of withdrawals: **N/A**

There have not been any withdrawals in the study per se. As this is not a cohort study, we are not studying the same individuals over time. Rather, data is cross-sectional.

All invited participants in the KPC baseline survey agreed and continue to participate.

Data (above) on completion of the Nutrition Weeks intervention by participants is one aspect of the process evaluation.

10. Have there been any difficulties in recruiting participants to the study? **No**

If yes, please give details: **N/A**

11. Have there been any adverse events? **No**

If yes, have these been notified to the committee? **N/A**

Please give details: **N/A**

12. Have there been any amendments to the study? **No**

If yes, have these been notified to the committee? **N/A**

Please give details

13. Has the study been completed? **No**

If no, what is the expected completion date? **September 30, 2015**

If the study will not be completed, please give reason(s) **N/A**

14. Results- please include details of outcomes and conclusions so far, attach a

Separate page if necessary

Findings thus far have been included in the third Annual Report covering the period from October 1, 2012-September 30, 2014. This report was submitted to USAID and shared with the Ministry of Health. This full report is available upon request.

Please see below the summaries of selected results:

- Formative Research summary findings
- Evaluative Research
 - o M&E table with baseline and Year 3 indicator data

15. Have the findings been disseminated? **Yes**

If yes, how?

Results from the project were shared at the National Nutrition Summit February 11-13, 2014. On March 8th, 2014 the ICSP Manager and WRR country director presented the ICSP progress at USAID Rwanda mission office in Kigali, to share project updates. On July 30, 2014, the Regional Technical Advisor presented the project, including NW methodology, to a graduate class from the Future Generations Master's program peacebuilding class. On September 25, 2014, a Health Advisor from WR Home Office presented the project, including NW, to a Covenant College class on Women's and Children's health and Development.

National Ethics Committee Progress Report

The Year 3 results were shared in the October 2014 Annual Report with USAID in Washington DC and USAID in Rwanda and while USAID staff were visiting ICSP on December 3 2014. All findings to date have been documented in reports shared with USAID with copies to Ministry of Health. The KPC results from years 1 and 2 have been shared with Church leaders; local leaders and Health leaders during the feedback meetings in order to get their comments and all of them were excited with the Nutrition week results. The KPC for year 3 will be shared with MOH Nutrition Technical Working Group meeting for Quarter two and with church, local and health leaders in February 2015.

16. Please give details of any publications and send copies when available

The ICSP has been supporting the MOH to develop a **nutrition recipes booklet**. The first draft was developed by the ICSP and WR financed the workshop reviewing the first draft. The second draft was reviewed by MOH nutritionists and staff, the USAID nutrition specialist and the Family Health Project nutrition staff. The booklet was then presented to the Nutrition Technical Working Group. In collaboration with Global Communities, photos have been added; in collaboration with the Garden for Health, the booklet has been tested in the community. In December 2014 the booklet was approved by the Minister of Health and is ready for use at the national level.

17. Any complaints about the research? **No**

Signature of Principal Investigator:.....

Print name: Dr. Fidele Ngabo

Postal Address:.....

Tel. No. 0788 304750

E-mail: ngabog@yahoo.fr

Date of submission: May 22, 2014

B. Progress Report: Summary of Results

1. Operational Research : Formative Research

The objective of the formative research phase of the OR study was to refine development of Nutrition Weeks intervention content, including the corresponding curriculums and reminder materials that were used to train CHW's and mothers throughout the three Nutrition week cycles of the implementation happened during FY 2014. *Complete findings from year three were included in the project's Year 3 Annual Report, available upon request.*

a. Pre Nutrition Week meetings

The ICSP Manager met with the Vice Mayor of Social Affairs, the health officer in charge of health at district and the district monitoring and evaluating officer. This meeting was to inform them of the upcoming Nutrition Week sessions and facilitate their involvement in the program.

Before the implementation of each 2014 Nutrition week cycles, eighty TOT had a 1-day meeting since they had already been trained in 2013; Then these 80 TOT met with 562 VNC members for 1 day. The Pre-NW meeting provided training as well as opportunities for problem-solving, planning for community mobilization, and organizing contributions of soap, pans, some food, and other details.

Cell-level and village-level pre-NW meetings for mothers, fathers and grandmothers were held to increase awareness of the upcoming NW. The Sector-level nutrition committee members were not TOT, but were important for mobilizing attendance at the Pre-NW meetings at cell and village level and at Nutrition week sessions.

Nutrition Week sessions

The three cycles of Nutrition were held in each village of Kaduha Hospital zone, 282 villages, for two hours each day, lasting five days. The mothers were very excited about some of the messages, such as the thicker porridges and are applying at home the skills gotten during Nutrition week sessions. The lactating mothers and pregnant women had very good attendance (average 89 % for lactating mothers; 79.5% for pregnant women in both NW Cycles) as did the grandmothers. The attendance rates to NW sessions for fathers have been increasing: 48 % & 50% & 49% & 63% respectively in 2014 NW cycle 1 & 2 & 3 and 2015 NW Cycle 1.

Assessing Nutrition Week sessions

a. Supervision of Nutrition Week

Supervision of Nutrition Week Pilot was done by 7 different individuals:

- Social Affairs officer in charge of cell level

- Social affair officer in charge of sector level
- Officer in charge of community health at health center level
- Nutritionist at health center level
- 2 ICSP staff

The supervision of nutrition week revealed some activities with the highest satisfaction including the presence of beneficiaries and their involvement; the contribution of food and other materials by participants was increasing; the community health workers with other VNC members were able to lead the nutrition week sessions appropriately, the attendance to NW for the father was steadily increasing and the improvement of hygiene was observable. However some challenges should be addressed such as the decrease in the attendance for pregnant women and some unexpected community activities that disturb the plan for NW sessions.

Learning from previous cycles, there were fewer sites (only 2 per village) to make it easier for the CHW and VNC to supervise. Also, the number of participants was limited to 12 per site, to improve quality and make it more manageable. The timing was also different. Last year, WR selected skilled MOH staff to coordinate activities at the sector level. WR has been involving more partners as their capacity has been built—they are performing well and need less WR support, so it was possible to take only 1 week to implement NW sessions in each sector.

b. Mothers exit Interview

Maternal exit interviews had been conducted one week and one month after nutrition week sessions. They displayed a considerable amount of appreciation for the new behaviors learned. Mothers testified that they like the ambiance in the nutrition week sessions, the discussions and the collaborative problem solving. They love a lot the discussions with their husbands on child feeding and appreciate the husbands' participation to the NW as well as the participation of grandmothers. Mothers testified that after NW trainings they had changed many things in they families such as Hygiene improved; they built kitchen garden, they are feeding their children with fruits. Following are quotations for two women after NW sessions

“Even if we have a lot of duties to perform at home, now as I am pregnant I manage to take a short rest during the day. My husband supports me and helps me at home as we learnt together the topic about pregnant woman.” (Pregnant woman from Mugano sector, Yonde cell, Nyarusiza village)

“After NW sessions things have changed at home, my husband purchases enough food for us, he helps me to cook food, he built kitchen garden; we are raising chicken and rabbits and he feed children with egg as he attended many NW sessions”
(Lactating mother from Musange Sector, Masizi cell, Rwankango Village)C.

C. Evaluative Research Summary Findings – Year 3

Summary of Monitoring Abridged KPC Survey (2014)

Population of interest: Rwanda is a small, mountainous and densely populated country. The population is over 80% rural and most people rely on agriculture to meet their basic needs.⁸ The 2010 DHS Survey Final Report revealed that the Nyamagabe District has some of the highest rates of malnutrition, anemia and stunting nationwide⁹. Moreover, rates of stunting, which is symptomatic of undernutrition during the key developmental period between conception and two years of age, commonly referred to as the ‘1000 days’, was reported by the DHS as 44% nationwide. Malnutrition of varying degrees gravely affects the cognitive and physical development of children and the well-being and productivity of women with serious consequences for the intergenerational cycle of poverty and undernutrition in Rwanda persisting without effective interventions being implemented¹⁰.

The project and methodology: In October 2011, World Relief (WR) was awarded a four year grant from the United States Agency for International Development (USAID) Child Survival and Health Grants Program to improve the health and underlying nutrition of children under five and pregnant women in Nyamagabe District, Southern Province in Rwanda. The WR Innovation CSP is designed to help the government of Rwanda achieve it’s Millennium Development Goals (MGDs) related to maternal and child health, and particularly the elimination of malnutrition. The targeted population of Nyamagabe District is 330,510, according to Nyamagabe District Statistics 2011. The *total number of women beneficiaries is 111,431 and total number of children under five years of age is 41,314 children* (12.5% of total population in 2011).

The estimated **Level of Effort** per intervention is: Nutrition 40%, Maternal Newborn Care 35%, Diarrhea 15%, and Pneumonia 10%.

In Year 3, the project carried out an abridged Knowledge, Practices and Coverage (KPC) survey with a focus on nutrition and hygiene, for monitoring purposes. This survey used 30-cluster methodology to collect information from mothers of children 0-23 months in

⁸ US Department of State Background Note. Accessed November 14, 2011. <http://www.state.gov/r/pa/ei/bgn/2861.htm>

⁹ 2010 DHS Survey Final Report, published in February 2012.

¹⁰ Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, et al. What works? Interventions for maternal and child undernutrition and survival. *Lancet*. 2008; **371**(9610): 417-40.

June 2014. Two separate, 30x10 cluster samples were randomly selected in each of two hospital zones that comprise Nyamagabe District. The combined sample included 600 households.

The primary objectives of the survey were:

1. To monitor indicators related to the project's nutrition interventions, including USAID Key Indicators.
2. To collect monitoring values for USAID Rapid CATCH indicators related to nutrition (some of which overlap with the project indicators).
3. To collect monitoring data for indicators related to the project's operations research on the Nutrition Weeks innovation.

The innovation: Nutrition Weeks innovation has been introduced into the Community Based Nutrition Protocol (CBNP) in the intervention area, Kaduha hospital zone, while using the Kigeme hospital zone as the comparison group. This intervention is expected to improve the nutritional status of pregnant, lactating women, and children aged 0-23 months in the intervention area, as a result of enhanced Infant and Young Child Feeding (IYCF) practices. CHWs have received training and a step-by-step guide to implement Nutrition Weeks, which is scheduled three times a year. Nutrition Weeks includes all women with children under two and pregnant women. Mothers participate in a week long, two-hour nutrition education session modeled after Hearth, with a goal of learning about foods, feeding practices, and other behaviors that will prevent under-nutrition.

Results of Abridged KPC Survey: After 3 years of programming, there appear to be marked improvements in nutrition practices. In Kaduha, the Nutrition Weeks intervention area, Minimum Meal Frequency improved from 7% - 70% (in Kigeme from 7% - 61%). Furthermore, the percentages of children who met the minimum acceptable diet improved from was 3% to 39% in Kaduha and from 3% to 24% in Kigeme.

Breastfeeding practices are extremely important for good infant and child nutrition.¹¹ The percentage of infant put to the breast within one hour of birth increased from 48% to 82% in Kaduha, and from 51% to 79% in Kigeme. Also measured was the rates of prelacteal feedings since introduction of liquids other than breast milk in early life can put a child at risk for infection. The percentage of infants given liquids before breastfeeding decreased from 11% to 4% in Kaduha and from 11% to 2% in Kigeme. Exclusive breastfeeding, a key

¹¹Filteau SM. Role of breast-feeding in managing malnutrition and infectious disease. *Proc Nutr Soc.* 2000; 59(4): 565-72.

indicator corresponding to optimal growth of a child, remained high in both areas (93% Kaduha; 94% Kigeme).

An indicator used to identify proper handwashing behavior was the percentage of mothers of children aged 0-23 months who washed hands with soap at the key four times. This behavior improved from 3% to 30% in Kaduha and from 5% to 15% in Kigeme.

D. Monitoring and Evaluation Table-Summary of Year 3 Results for project and OR indicators

Rows shaded in gray are CSP objectives with targets. Additional indicators that will also be tracked for Rapid CATCH, or otherwise, are un-shaded.

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
I. Breastfeeding and Nutrition (40% LOE)									
IR3	Improve breastfeeding practices	<u>Immediate breastfeeding of newborns:</u> Percent of children 0-23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)	OR; MTE KPC, FE KPC	Annually	Kaduha 48.32% (CI: 43.14- 53.50%)	Kaduha 71.4% (CI: 66.26- 76.54%)	Kaduha 82.3% (CI: 76.6- 88.0%)	70%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 51.1% (CI: 45.94- 56.26%)	Kigeme 72.6% (CI: 67.52- 77.68%)	Kigeme 78.7% (CI: 72.9-84.4%)	70%	
		<u>Prelacteal feeding</u> Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.	OR; MTE KPC, FE KPC	Annually	Kaduha 10.99% (CI: 7.74- 14.24%)	Kaduha 6.4% (CI: 3.6-9.1%)	Kaduha 3.7% (CI : 0.8-6.5%)	3%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 10.70% (CI:7.42- 13.92%)	Kigeme 9.1% (CI: 5.8- 12.3%)	Kigeme 2.0% (CI: 0.5-3.5%)	3%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
IR3	Exclusive Breastfeeding (tracking only)	Percent of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC)	OR; MTE KPC, FE KPC	Annually	Kaduha 91.11% (CI:85.23- 96.99%) By age: 0-1m: 64.0% 2-3m: 86.2% 4-5m: 63.6% 0-3m:87.0%	Kaduha 90.1% (CI: 83.96- 96.24) By age: 0-1 m: 91.7% 2-3 m: 91.7% 4-5 m: 87.1% 0-3 m: 91.7%	Kaduha 92.9% (CI: 85.1-97.3%) By age: 0-1 m: 91.4% 2-3 m: 94.3% 4-5 m: 84.0% 0-3 m: 93.1%	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 98.89% (CI:96.73- 100.00%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	Kigeme 83.8% (CI: 75.41- 92.19%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	Kigeme 94.3% (CI: 86.0-98.4) By age: 0-1 m: 96.0% 2-3 m: 96.8% 4-5 m: 80.0% 0-3 m: 95.7%	N/A	
IR3	Continued breastfeeding at 1 year (tracking only)	Percent of children 12-15 months who are still breastfeeding.	OR; MTE KPC, FE KPC	Annually	Kaduha 85.42% (CI:5.44- 95.40%)	Kaduha 100.0% (CI: 100.0- 100.0%)	Kaduha 93.0% (CI: 85.2-100%)	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 93.44% (87.23- 99.65%)	Kigeme 97.9% (CI: 93.8- 101.9%)	Kigeme 98.0% (CI: 93.9-100%)	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	Continued breastfeeding at 2 years (tracking only)	Percent of children 20-23 months who are still breastfeeding.			Kaduha 86.79% (CI: 77.67- 95.91%)	Kaduha 97.4% (CI: 92.4- 102.3%)	Kaduha 87.9% (CI: 75.8-99.9%)	N/A	
					Kigeme 90.91% (CI: 82.42- 99.40%)	Kigeme 88.4% (CI: 78.8- 97.9%)	Kigeme 93.3% (CI: 83.9-100%)	N/A	
IR3	Improve Infant and Young Child Feeding Practices	% infants and young children age 6-23 months fed according to the Minimum Dietary Diversity (OR)	OR; MTE KPC, FE KPC	Annually	Kaduha 21.85% (CI: 16.92- 26.78%) By age: 6-11m: 0.0% 12-17m: 31.7% 18-23m: 40%	Kaduha 38.8% (CI: 32.1- 45.4 %) By age: 6-11m: 32.2% 12-17m: 36.8% 18-23m: 51.9%	Kaduha 49.4% (CI: 42.0-56.9%) By age: 6-11m: 41.0% 12-17m: 54.9% 18-23m: 54.8%	60%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 38.89% (CI: 33.08- 44.70%) By age: 6-11m: 0.0% 12-17m: 50.6% 18-23m: 51.6%	Kigeme 31.0% (CI: 24.9- 37.0%) By age: 6-11m: 22.2% 12-17m: 38.5% 18-23m: 34.2%	Kigeme 39.3% (CI: 32.6-46.3%) By age: 6-11m: 36.3% 12-17m: 41.9% 18-23m : 38.5%	55%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		% infants and young children age 6-23 months fed according to the Minimum Meal Frequency (OR)			Kaduha 7.04% (CI: 3.99- 10.09%)	Kaduha 66.5% (CI: 58.7 -74.3%)	Kaduha 70.4% (CI: 63.3-67.8%)	55%	
					Kigeme 7.41% (CI: 4.07- 10.21%)	Kigeme 50.9% (CI: 44.0-57.8%)	Kigeme 60.6% (CI: 53.6-67.3%)	60%	
		% infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition			Kaduha 2.96% (CI: 0.92- 4.94%)	Kaduha 32.5% (CI: 24.9-40.2%)	Kaduha 38.6% (CI: 31.6 – 46.0%)	50%	
		(OR, RC*)			Kigeme 3.33% (CI: 1.19- 5.47%)	Kigeme 22.8% (CI: 16.1-29.5%)	Kigeme 24.5% (CI: 18.8-30.9%)	50%	
IR3	Consumption of iron-rich foods	% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)	OR; MTE KPC, FE KPC	Annually	Kaduha 15.19% (CI: 10.91- 19.47%)	Kaduha 15.3% (CI: 10.4- 20.1%)	Kaduha 25.4% (CI: 17.2-33.6%)	50%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 23.33% (CI: 18.29- 28.37%)	Kigeme 12.8% (CI: 8.4- 17.1%)	Kigeme 12.0% (CI: 6.3-17.7%)	50%	
IR3	Age appropriate	Proportion of infants	OR;	Annually	Kaduha	Kaduha	Kaduha	75%	BCC through

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	introduction of semi-solid foods	6–8 months of age who receive solid, semi-solid or soft foods.	MTE KPC, FE KPC		52.00% (CI: 38.15- 65.85%)	81.0% (CI: 69.1- 92.8%)	78.9% (CI: 55.3-100%)		MCG, Churches, Community meetings, Home visit & NW
					Kigeme 58.50% (CI: 45.23- 71.77%)	Kigeme 79.1% (CI: 66.9- 91.2%)	Kigeme 75.0% (CI: 57.5-92.5%)	75%	
IR3	Responsive feeding	Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods)	OR; MTE KPC, FE KPC	Annually	Kaduha 6.93% (CI:3.65- 10.21%)	Kaduha 95.5% (CI: 92.6- 98.3%)	Kaduha 96.7% (CI: 93.8-99.6%)	TBD	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 13.08% (CI:8.97- 17.37%)	Kigeme 92.1% (CI: 88.4- 95.7%)	Kigeme 95.0% (CI: 89.9-100%)	TBD	
IR3	Self- Feeding (tracking only)	Percent of children who consume soft, semi-solid or solid foods) who are self- feeding			Kaduha 94.81% (CI:91.95- 97.67%)	Kaduha 4.5% (CI:1.6-7.3%)	Kaduha 3.3% (CI: 0.4-6.2%)	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 87.34% (CI: 83.11- 91.57%)	Kigeme 7.9% (CI: 4.9- 11.5%)	Kigeme 5.0% (CI: 0-10.1%)	N/A	
IR3	Vitamin A Supplementation in the last 6 months	Percent of children age 6-23 months who received a dose of Vitamin A in	MCH week report OR report	Bi-annually	Kaduha 70.37% (CI:64.92- 75.82%)	Not included in abridged survey	Not included in abridged survey	N/A	BCC through MCG, Churches, Community

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		the last 6 months: card verified or mother's recall. (RC 8, OR)			Kigeme 77.04% (CI: 72.02- 82.06%)	Not included in abridged survey	Not included in abridged survey	N/A	meetings, Home visits NW; support to HC for MCH week
Anthropometry									
IR3	Underweight for Age (tracking only)	Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population)	Monthly Growth Monitor-ing, OR	Monthly Annually	Kaduha 17.8% (CI:14.00- 22.50%) Severe: 7.2% (CI: 4.8- 10.8%) Moderate: 10.6%(CI:7.9- 14.1%)	Kaduha 21.7% (CI : 17.0 – 27.2%) Severe : 5.7% (CI : 3.3-9.6%) Moderate : 16.0% (CI : 11.9-21.1%)	Kaduha : 10.8% (CI : 7.1-16.1%) Severe : 3.2% (CI : 1.5-6.9%) Moderate : 7.6% (CI :4.6-12.3%) Yr 3 indicator calculated for 6-23 mos	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
		Disaggregate underweight by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD) (RC)			Kigeme 8.9% (CI:6.6- 15.0%) Severe: 2.2% (CI: 1.2- 4.2%) Moderate: 6.7%(CI:4.5- 9.9%)	Kigeme 16.0% (CI: 11.4-22.1%) Severe: 3.0% (CI: 1.5-5.8%) Moderate: 13.0% (CI: 9.2-18.1%)	Kigeme 17.6% (CI: 12.0- 24.9%) Severe : 2.1% (CI: 0.8-5.5%) Moderate : 15.4% (CI: 10.5-22.2%) Yr 3 indicator calculated for 6-23	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
							mos		
IR3	Acute Malnutrition / Wasting (tracking only)	% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population) Disaggregate wasting by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD) (OR)	OR	Annually	Kaduha 7.6% (CI: 4.9- 11.6%) Severe 3.9% (CI:2.3-6.8%) Moderate 3.7% (CI:2.2- 5.9%)	Kaduha 8.7% (CI : 5.4-13.6%) Severe 2.3% (CI : 1.0- 5.2%) Moderate 6.3% (CI : 3.6-11.0%)	Kaduha 6.5% (CI : 3.7- 11.0%) Severe : 1.1% (CI : 0.3-3.9%) Moderate : 5.4% (CI : 3.0-9.7%) Yr 3 indicator calculated for 6-23 mos	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 6.1% (CI:4.1 - 9.1%) Severe 2.2% (CI:1.1-4.6%) Moderate: 3.9% (CI:2.3- 6.4%)	Kigeme 2.7% (CI : 1.2- 6.0%) Severe : 1.0% (CI: 0.2- 4.4%) Moderate : 1.7% (CI: 0.7- 3.9%)	Kigeme 5.9 % (CI: 2.8 - 11.9) Severe : 0.5 % (CI: 0.1 - 3.9) Moderate : 5.3% (CI: 2.6-10.4%) Yr 3 indicator calculated for 6-23 mos	N/A	
IR3	Acute Malnutrition (tracking only)	Percent of children 6-23 months acutely malnourished as measured by MUAC	Monthly Growth Monitoring Report	Monthly Annually	Kaduha 8.3% (CI: 5.3- 12.7%)	Kaduha 9.6% (CI: 5.8- 15.3%)	Kaduha 0.5% (CI: 0.1-3.0%) Severe : 0.0% (CI : 0.0-2.0%)	N/A	BCC through MCG, Churches, Community

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		Disaggregate by 'at risk', moderate and severe acute malnutrition	OR		1.5% severe 6.8% mod. 18.52% at- risk	Severe 2.4% (CI: 1.0-5.5%) Moderate 7.2% (CI: 4.1- 12.4%)	Moderate : 0.5% (CI : 0.1-3.0%) Yr 3 indicator calculated for 6-23 mos		meetings, Home visit NW Counseling through GMP
					Kigeme 5.2% (CI: 3.0- 8.9%) 0.4% severe 4.8% mod. 20.37% at- risk	Kigeme: 4.0% (CI: 2.0-7.6%) Severe 0.0% (CI: 0.0-0.0%) Moderate: 4.0% (CI: 2.0- 7.6%)	Kigeme 5.3% (CI: 2.8-9.8%) Severe : 0.0% (CI : 0.0-0.0%) Moderate : 5.3% (2.8-9.8%) Yr 3 indicator calculated for 6-23 mos	N/A	
IR3	Stunting (tracking only)	Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population)	OR	Annually	Kaduha 44.3% (CI:37.6- 51.2%) Severe 25.1% Moderate 19.2%	Kaduha 33.3% (CI: 26.1-41.3%) Severe: 13.3% (CI: 9.3-18.8%) Moderate: 20.0% (CI: 14.8-26.4%)	Kaduha 34.1% (CI: 27.6- 41.1%) Severe : 13.0% (CI : 8.9-18.6%) Moderate : 21.1% (CI : 15.8-27.5%) Yr 3 indicator calculated for 6-23 mos	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		Disaggregate stunting by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD)			Kigeme 33.4% (CI:27.1- 40.4%) Severe 12.5% Moderate 20.9%	Kigeme 34.0% (CI: 26.9-41.9%) Severe: 11.7% (CI: 8.4-16.0%) Moderate: 22.3% (CI: 17.6-27.9%)	Kigeme 33.0% (CI: 26.2- 40.5%) Severe : 13.3% (CI: 8.4-20.4%) Moderate : 19.7% (CI: 14.5-26.2%) Yr 3 indicator calculated for 6-23 mos	N/A	
IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
Maternal & Newborn Care (35% LOE)									
IR1	Increase % of mothers who have 4+ ANC visits	% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child.	MT KPC Final KPC	Y3&4	Kaduha 45.5% (CI: 40.34- 50.66%)	Not included in abridged survey	Not included in abridged survey	75%	Training ASM CHWs for MNC; BCC; household visit
					Kigeme 48.9%	Not included in abridged	Not included in abridged survey	75%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		(RC1)			(CI: 43.74- 54.06%)	survey			
IR1	Increase % of mothers who have ANC in their first trimester (tracking only)	% mothers of children age 0-23 months who had antenatal visit in the first trimester when they were pregnant with the youngest child	MT KPC Final KPC		Kaduha 54.5% (CI: 49.34- 59.56%)	Not included in abridged survey	Not included in abridged survey	N/A	ASM training, BCC, household visit
					Kigeme 54.7% (CI: 49.56- 59.84%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	Increase % of mothers who get at least two TT	%mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 68.43% (CI: 63.58- 73.22%)	Not included in abridged survey	Not included in abridged survey	80%	ASM training, BCC, household visit
					Kigeme 68.33% (CI: 63.49- 73.11%)	Not included in abridged survey	Not included in abridged survey	80%	
IR1	Increase skilled birth attendance	% children age 0-23 months whose births	MT KPC	Y3&4	Kaduha 83.0%	Not included in abridged	Not included in abridged survey	N/A	ASM training,

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	(tracking only)	were attended by skilled personnel. (RC3)	Final KPC ASM monthly report	Monthly	(CI: 79.11- 86.89%) Kigeme 91.7% (CI: 88.85- 94.55%)	survey Not included in abridged survey	 Not included in abridged survey	 N/A	BCC, household visit
IR1	Increase % of newborns who get a post-natal check-up within 2 days of birth (RC 4)	% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth. (RC4)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 37.70% (CI: 32.68- 42.72%) Kigeme 44.2% (CI: 39.07- 49.33%)	Not included in abridged survey Not included in abridged survey	Not included in abridged survey Not included in abridged survey	60% 60%	ASM training, BCC, household visit
	Current Contraceptive Use Among Mothers of Young Children (tracking only)	% mothers of children 0-23 months who are using a modern contraceptive method. (RC5)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 57.5% (CI: 52.38- 62.62%) Kigeme 62.5%	Not included in abridged survey Not included in abridged	Not included in abridged survey Not included in abridged survey	N/A N/A	ASM training, BCC, community mobilization to use CBP

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
					(CI: 57.5-67.5%)	survey			
IR1	Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)	MT KPC Final KPC OR	Annually	Kaduha 80.4% received (CI: 72.29-84.51%) Average days: 35.37	Kaduha 69.4% received (CI: 64.1-76.6%) Average days: 39.88	Kaduha 81.0% (CI: 74.2-87.8%) Average days: 41.53	90% 60 days	ASM training, BCC, household visit, advocacy to improve quality of ANC
					Kigeme 81.4% received (CI: 77.38-85.42%) Average days: 33.45	Kigeme 70.9% received (CI: 65.7-76.0%) Average days: 33.45	Kigeme 83.7% (CI: 79.3-88.0%) Average days: 42.00	90% 60 days	
	Control of Diarrheal Diseases (15% LOE)								
IR1	Prevention Increase % of households that treat water effectively	POU Water Tx: Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	MT KPC Final KPC	Y3&4	Kaduha 50.0% (CI: 44.83-55.17%)	Kaduha 98.3% (CI: 96.6-99.9%)	Kaduha 75.7% (CI: 68.3-83.0%)	65%	
					Kigeme	Kigeme	Kigeme	65%	

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					56.4% (CI: 51.28- 61.52%)	97.6% (CI: 95.2- 99.9%)	57.0% (CI: 48.6-65.4)		
IR2	Improve appropriate hand washing practices	Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)	MT KPC Final KPC	Y3&4	Kaduha 38.6% (CI:33.57- 43.63)	Kaduha 78.1% (CI:72.9- 83.2%)	Kaduha 73.7% (CI: 63.5-83.9)	65%	BCC, Home Visit, Hygiene Club rep in Care Group
					Kigeme 43.9% (CI: 38.77- 49.03)	Kigeme 89.4% (CI: 85.4- 93.3%)	Kigeme 73.0% (CI: 63.2-82.8%)	65%	
IR2	Hand Washing at Appropriate times (tracking only)	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	MT KPC Final KPC	Y3&4	Kaduha 2.8% (CI: 1.40- 5.20%)	Kaduha 21.0% (CI: 16.3- 25.6%)	Kaduha 29.7% (CI: 19.7-39.6%)	N/A	BCC, Home Visit, Hygiene Club rep in Care Group
					Kigeme 5.0% (CI: 3.10- 7.90%)	Kigeme 9.7% (CI: 6.3- 13.0%)	Kigeme 15.3% (CI: 9.5-21.2%)	N/A	
IR2		Percentage of	MT KPC	Y3&4	Kaduha	Kaduha	Kaduha	N/A	BCC, Home

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	Latrine/toilet in good condition (tracking only)	households of children age 0-23 months that have a toilet facility in appropriate condition	Final KPC		15.0% (CI: 11.31- 18.69%)	20.7% (CI: 16.1- 25.2%)	27.3% (CI : 19.3-35.4%)		visit, CHW, use church channel to mobilize for hygiene
					Kigeme 26.9% (CI: 22.32- 31.48%)	Kigeme 14.0% (CI: 10.0- 17.9%)	Kigeme 23.3% (CI : 17.1-29.6%)	N/A	
IR2	Safe feces disposal (tracking only)	Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time a stool passed. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 71.4% (CI: 66.73- 76.07%)	Kaduha 69.0% (CI: 63.7- 74.2%)	Kaduha 80.7% (CI: 74.9-86.5%)	N/A	BCC, Home visit, CHW, use church channel to mobilize for hygiene
					Kigeme 82.8% (CI: 78.90- 86.70%)	Kigeme 76.3% (CI: 71.4- 81.1%)	Kigeme 81.0% (CI: 75.6-86.4%)	N/A	
IR1	Prevalence Two week prevalence of diarrhea	Percentage of children 0-23 months with diarrhea in the	MT KPC Final KPC	Y3&4	Kaduha 17.2% (CI: 13.30- 21.10%)	Not included in abridged survey	Not included in abridged survey	N/A	BCC, Home visit, CHW, use church channel to

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	(tracking only)	previous two weeks (Key Indicator)			Kigeme 19.4% (CI: 15.32- 23.48%)	Not included in abridged survey	Not included in abridged survey	N/A	mobilize for hygiene
IR1	Improve home management of diarrhea (ORT use, increased fluids and continued feeding)	Percentage of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids. (RC13)	MT KPC Final KPC	Y3&4	Kaduha 23.1% (CI: 12.85- 33-35%)	Not included in abridged survey	Not included in abridged survey	70%	CHW refresher training on CCM, BCC, household visit
					Kigeme 22.9% (CI: 13.06- 32.74%)	Not included in abridged survey	Not included in abridged survey	70%	
IR2		Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 36.9% (CI: 25.17- 48.63%)	Not included in abridged survey	Not included in abridged survey	70%	CHW refresher training on CCM, BCC, household visit
					Kigeme 40.0% (CI: 28.52- 51.48%)	Not included in abridged survey	Not included in abridged survey	70%	
IR2		Percentage of children 0-23 months with diarrhea in the last two weeks who	MT KPC Final KPC	Y3&4	Kaduha 63.1%	Not included in abridged survey	Not included in abridged survey	75%	
					(CI: 51.37-				

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		were offered the same amount or more food during the illness. (Key Indicator)			74.83%) Kigeme 64.3% (CI: 53.08- 75.52%)			75%	
IR1	Zinc Treatment Increase use of zinc to treat diarrhea	Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	MT KPC Final KPC CHW monthly rport	Y3&4 monthly	Kaduha 24.6% (CI: 14.13- 35.07%) Kigeme 10.0% (CI: 2.97- 17.03%)	Not included in abridged survey	Not included in abridged survey	70%	
IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)			EOP Target	Related Activities

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
Pneumonia Case Management (LOE 10%)									
IR1	Prevalence Two week prevalence of suspected pneumonia (tracking only)	Percent of children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey	MT KPC Final KPC	Y3&4	Kaduha 23.9% (CI: 19.49- 28.31%)	Not included in abridged survey	Not included in abridged survey	N/A	BCC, Home visit, CHW, use church channel to mobile for hygiene, promote improved stove
					Kigeme 31.4% (CI: 26.61- 36.19%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	Care Seeking Improve appropriate care seeking for pneumonia	Percent of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider. (RC14)	MT KPC Final KPC	Y3&4	Kaduha 44.2% (CI: 33.70- 54.70%)	Not included in abridged survey	Not included in abridged survey	70%	BCC, Home visit, CHW, use church channel to mobile for hygiene, promote improved stove
					Kigeme 45.1% (CI: 35.93- 54.27%)	Not included in abridged survey	Not included in abridged survey	70%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	Immunization – Not an intervention; Rapid CATCH Only								
	Measles vaccination (tracking only)	Percentage of children age 12-23 months who received a measles vaccination.(RC9)	MT KPC Final KPC	Y3&4	Kaduha 87.4% (CI: 81.2- 92.10%)	Not included in abridged survey	Not included in abridged survey	N/A	Community mobilization, support HC out reach
					Kigeme 83.4% (CI: 76.49- 89.10%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Access to immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey . (RC10)	MT KPC Final KPC	Y3&4	Kaduha 89.3% (CI: 83.40- 93.60%)	Not included in abridged survey	Not included in abridged survey	N/A	
					Kigeme 86.9% (CI: 80.30- 91.90%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Health System Performance	Percentage of children aged 12-23 months who	MT KPC Final KPC	Y3&4	Kaduha 84.3%	Not included in abridged survey	Not included in abridged survey	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	regarding Immunization services (tracking only)	received Pentavalent-3 (DTP3 with HepB and Hib) according to the vaccination card or mother's recall by the time of the survey. (RC)			(CI: 77.0- 89.7%) Kigeme 84.1% (CI: 77.20- 89.70%)				
	Malaria – Not an official intervention; Rapid CATCH								
IR1	Prevention LLIN/ITN use	Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)	MT KPC Final KPC	Y3&4	Kaduha 66.9% (CI: 61.80- 71.80%) Kigeme 66.9% (CI: 61.80- 71.80%)	Not included in abridged survey Not included in abridged survey	Not included in abridged survey Not included in abridged survey	N/A N/A	Support HC to distribute ITN , BCC,
	Prevalence Two week prevalence of fever	Percent of children 0-23m with fever in the past two weeks.	MT KPC Final KPC		Kaduha: 20.8% (CI: 16.61- 24.99%)	Not included in abridged survey	Not included in abridged survey	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	(tracking only)				Kigeme: 23.9% (CI: 19.49- 28.31%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Treatment of fever Treatment of Fever in Malarious Zones (tracking only) NOTE: Because of Rapid Diagnostic Testing, only children with a positive test should receive a drug. This is not reflected in Rapid Catch Indicator.	Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti- malarial drug within 24 hours after the fever began. (RC12)	MT KPC Final KPC	Y3&4	Kaduha 14.0% (CI: 7.60- 24.70%) Kigeme 1.2% (CI: 0.0- 6.3%)	Not included in abridged survey Not included in abridged survey	Not included in abridged survey Not included in abridged survey	N/A N/A	CHW refresher training on integrated CCM, BCC, Home visit
IR1	Care-seeking	Percentage of children age 0-23 months with a febrile	Final KPC	Y4	Kaduha 53.30% (CI: 42.01-	Not included in abridged survey	Not included in abridged survey	N/A	CHW refresher training on

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	for fever (Measured because of RDT issues explained above.)	episode during the last two weeks who sought treatment from appropriate provider.	CCM monthly report	Monthly	64.59%) Kigeme 52.3% (CI 41.74- 62.86%)	 Not included in abridged survey	 Not included in abridged survey	 N/A	integrated CCM, BCC, Home visit
Process Indicators related to CHWs and Nutrition Weeks									
IR2	Contact with CHW for health education: Percent of households with children 0- 23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counseling, Nutrition Week, etc.)		Final KPC	Y4					
IR2	CHW Home Visits Percent of households with children 0- 23 months that received a visit from a CHW in the past month, according to reported purpose		MT KPC Final KPC	Y3&4	Kaduha 26.7% (CI: 22.13- 31.27%) Kigeme 21.9% (CI 17.63-	Kaduha 52.2% (CI: 46.3- 57.6%) Kigeme 27.7% (CI 22.6-	Kaduha 61.7% (CI: 53.6-69.8%) Kigeme 36.7%	75% 75%	CHWs and Local leaders plan in MCG home visits, Care Group visit homes monthly

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
					26.17%)	32.7%)	(CI: 28.2-45.1%)		
IR3	Participation in Nutrition Weeks: Percentage of mothers with children 0- 23 months who participated in “Nutrition Week” intervention at least once in the past 6 months for 4 or more days.		MT KPC Final KPC	Y3&4 Quarter-ly	Kaduha	Kaduha 53.0% (CI: 47.3- 58.6%)	Kaduha 53.0% (CI : 44.3-61.7%)	80%	Community mobilization, organize NW,
					Kigeme N/A	Kigeme N/A	Kigeme N/A	NA	

E. Evaluative Plan for Operations Research, IR3

Objective/Sub-Objectives	Key Indicators	Data Source and frequency
OR objective: Identify a feasible way to reduce and prevent undernutrition in infants and young children of ages 6 months to 23 months in Nyamagabe District, Rwanda (To assess the effectiveness of Nutrition Weeks in reducing and preventing undernutrition)	Proportion of infants and young children age 6m-23m fed according to the Minimum Acceptable Diet (WHO 2008) (<i>Primary Outcome</i>) Increase in number of food groups consumed in 24 hours for breastfeeding and non-breastfeeding children 6-23 months. Meal frequency (per day). Proportion of infants and young children having timely introduction of complementary foods. Proportion of infants and young children who are actively fed (whether someone assists the child with feeding).	KPC and monitoring surveys, annual
SO 1: Identify key messages to develop the content, key messages and format of the <i>Nutrition Week</i> intervention.	Desk Review Completed	Annex to DIP – May 2012
	Market Surveys Conducted	Annex to DIP-May 2012
	Positive Deviance Inquiries conducted	Annex to DIP-May 2012
	Input obtained from Primary Investigator and Co-PI and Co-Investigators, Nutrition Technical Working Group and District stakeholders	Project records – July 2012

SO 2: Train MOH and CHWs/local leaders in how to run Nutrition Weeks	Curriculum and lesson plans developed, including field testing	Project Records
	Number of training sessions implemented	Project Records
	Pre and Post-Tests for CHWs and Social Affairs	Project Records
SO3: Implement Nutrition Weeks 3 times per year	Number of Nutrition Weeks implemented per year	Project Records
SO4: Revise Curriculum	Meetings to solicit feedback on pilot training experience and suggested revisions	Report from feedback meeting, following pilot implementation
	Exit interviews with mothers for feedback on their experience in nutrition weeks	Exit interview report, After pilot test
	Input received from MOH Nutrition Technical Working Group	Meeting notes
	Revised Curriculum	Curriculum
SO5: Scale up to all of Kaduha Zone	Number of sectors with Nutrition Weeks implementation	Project Records

II. Amendments to May 21, 2014 version of Protocol

A. Summary of Changes

Please note the following amendments to the original protocol, as detailed below and reflected in the version of the protocol included for this annual review:

1. The study will add screening for edema to the survey to assess malnutrition, and will add a question regarding access to MicroNutrient Powder.
2. The KPC surveys will also add a question related to the location that CHWs are delivering health education messages.
3. Because Ms. Alphonsine Nyirahabineza, who was a co-investigator, resigned from the Nutrition Desk at the Ministry of Health, the new co-investigator is Mr. Alexis Mucumbitsi. Mr. Mucumbitsi's CV is included.
4. In addition to the operations research, World Relief requests approval from the National Ethics Committee to conduct a Final Evaluation of the project, which includes qualitative and quantitative review for both Kigeme and Kaduha. The results from the quantitative KPC surveys and qualitative tools (focus groups, meetings, interviews) conducted for the Operations Research will inform the evaluation. Additional qualitative inquiry will take place in Kigeme, where Nutrition Weeks was not implemented. An external evaluator will join World Relief staff in making field visits and meeting with stakeholders for qualitative inquiry. The evaluator may not be able to attend all of the visits and meetings. The tools planned to be used for this evaluation are included in the protocol. The evaluator will review the quantitative data collected by the two KPC surveys (one in Kigeme and one in Kaduha). Please see a more detailed description of the Final Evaluation, below.

B. Additional and Replacement Documentation

Description of Final Evaluation

Timeline for Year 4 January - August 2015

Budget for Year 4

Additional CV for Co-Investigator

Qualitative Tools for Kigeme, for Final Evaluation

Updated KPC Survey Questionnaire

Final Evaluation: Child Survival and Health Grants Program-- USAID

In addition to the operations research, World Relief requests approval from the National Ethics Committee to conduct a Final Evaluation of the project. The Child Survival and Health Grants Program of USAID (the funder of this project) requires a final evaluation at the end of the project to show program achievements and contribute to the evidence base to improve future programming and policy actions. The FE provides an opportunity for all project stakeholders to take stock of accomplishments to date and to listen to the beneficiaries at all levels, including mothers and caregivers, other community members and opinion leaders, community- and facility-based health workers, health system administrators, local partners, other organizations, and donors.

The evaluation will include qualitative and quantitative review for both Kigeme and Kaduha. The results from the quantitative KPC surveys and qualitative tools (focus groups, meetings, interviews) conducted for the Operations Research will inform the evaluation. Additional qualitative inquiry will take place in Kigeme, where Nutrition Weeks was not implemented. An external evaluator will join World Relief staff in making field visits and meeting with stakeholders for qualitative inquiry. The evaluator may not be able to attend all of the visits and meetings. The evaluator will assess how the project implementation process and contextual factors contributed to the success or failure of project results. The evaluator will also review the quantitative data collected by the two KPC surveys (one in Kigeme and one in Kaduha). The tools planned to be used for this evaluation are included in this protocol.

The FE will draw upon existing data collected or compiled during the project cycle, as well as additional data collected during the evaluation for the following purposes:

Additional and Replacement Documentation

- *To provide an overview of project goals, objectives, and key intervention strategies implemented*
- *To determine the extent to which the project accomplished the results outlined in the Detailed Implementation Plan and to present evidence of these accomplishments*
- *To describe key factors that contributed to what worked or did not work regarding some or all aspects of the program*
- *To demonstrate how the project contributed to learning and evidence that is directly relevant to improving MOH policies and practices, as well as global learning about community-oriented health programming*
- *To provide a record of the results obtained by the project and the process by which they were achieved, so USAID can share these results with others outside of the CSHGP—including the U.S. Congress and in-country partners—and help others understand what should be done if they want to reproduce these results*

During the evaluation, the final evaluator should:

- *visit the study site(s) with the evaluation team to observe project activities to better understand the context and interview beneficiaries;*
- *conduct data analyses;*
- *collect additional data to fill gaps identified during document reviews through site visits, key informants interviews, and/or focus group discussions to understand the project implementation process and its outcomes;*
- *hold an in-country presentation of preliminary findings and discussion (must include relevant ministries, U.S. Government stakeholders/USAID Mission);*

Along with assessing improvements in outcomes (e.g., minimum acceptable diet), the evaluator will analyze issues such as stakeholder and partner opinions on the importance of the project; the community's perspective of the project; the process of project implementation; how the project addressed contextual factors that changed over the life of the project (e.g., deteriorating security situation, change in government); the effectiveness of the overall project strategy; and lessons learned for future activities. The final evaluator is required to make a presentation to in-country stakeholders (with remote USAID/Washington DC, participation as able).

ICSP Tangiraneza Year 4 Final KPC & OR Timeline, January - August, 2015

Activity	Jan			Feb				Mar				Apr				May				June				July				August				September		
	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3
Meeting with MOH Co-Investigator to prepare OR																																		
Stakeholder’s meeting to provide updates on OR																																		
Develop study protocol including consent forms, draft questionnaires, Interview & FGD guides and sampling frame:																																		
Submit protocol to MOH for sign-off – Jan 30, 2015																																		
Submit protocol to RNEC for ethical approval – Feb 16, 2015																																		
Prepare electronic data collection software –																																		

	Jan			Feb				Mar				Apr				May				June				July				August				September		
Activity	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3
March 2015																																		
Prepare enumerator training: March 2015																																		
Train ICSP M&E Officers :March, 2015																																		
Train Supervisors March, 2015																																		
Train data collection teams March, 2015																																		
Conduct pilot exercise March, 2015																																		
Revise questionnaire and software for electronic data collection – March, 2015																																		
Field data collection for KPC March – April, 2015																																		
Data cleaning April 2015																																		
Data analysis April 2015																																		

Activity	Jan			Feb				Mar				Apr				May				June				July				August				September		
	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3				
Train teams collecting Qualitative information April, 2015																																		
Conduct Qualitative assessment April - May, 2015 (Kaduha)																																		
Qualitative Data Analysis and Reporting May 2015																																		
Presentation of KPC preliminary results to MOH and partners June, 2015																																		
Arrival of the Evaluator and meetings with MOH; Project staff and stakeholders																																		
Final Evaluation led by the consultant																																		
ICSP Final OR and Final Evaluation Report writing June –August 2015																																		

Activity	Jan			Feb				Mar				Apr				May				June				July				August				September		
	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3				
Submit the Final Evaluation report to MoH & USAID																																		
Share the Final Evaluation results with Nutrition Technical Working Group																																		
Disseminate the FE findings to District Stakeholders																																		
Disseminate the Final Evaluation results to community leaders and Modified Care Groups																																		

ICSP Year 4 Evaluation Budget - Actual Costs					
ACTIVITIES	Units	Quantity	Days	Rate	TOTAL (RwFrs)
I. Household Survey					
Training of supervisors on HH Survey					
Supervisors from District	Person	1	1	5,000	5,000
Supervisors from I-CSP	Person	3			
Research Coordinator	Person	1			
Tea break for Participants		5	1	1,500	7,500
Lunch for Participants	Lunch	5	1	3,000	15,000
Water	bottle	5	1	400	2,000
					29,500
Training of surveyors on HH Survey					
Enumerators from Health Facilities & Sectors	Person	26	3	19,500	1,521,000
Enumerators from I- CSP	Person	6			
Supervisors from District	Person	1	3	5,000	15,000
Supervisors from I-CSP	Person	3			
Research Coordinator	Person	1			
Tea break for Participants		37	3	1,500	166,500
Lunch for Participants	Lunch	37	3	3,000	333,000
Transport cost for HC & Sector participants	Person	26	2	10,000	520,000
Transport cost for participants: field gtest	Car	2	1	60,000	120,000
Water	bottle	37	3	400	44,400
					2,719,900
Household Survey					
Enumerators from Health Facilities & Sectors	Person	26	8	15,000	3,120,000
Transport cost for HC & Sector participants	Motobikes	10	8	15,000	1,200,000
Supervisors from District	Person	1	8	15,000	120,000
Lunch for Project surveyors	Lunch	3	8	2,000	48,000
Overnights for Project surveyors -HH Survey	Overnight	6	8	12,000	576,000
Research Coordinator		1			
Water	bottle	74	8	400	236,800
Community guides	person	60	1	3000	180,000
					5,480,800
II. Interviews & Focus Group Discussions					
Training of surveyors on Qualitative research					
Surveyors from Kaduha Health Facilities & Sectors	Person	10	2	19,500	390,000
Surveyors from Kigeme Health Facilities & Sectors	Person	10	2	5,000	100,000
Surveyors from ICSP	Person	9			
Research Coordinator	Person	1			
Tea break for Participants		30	2	1,500	90,000
Lunch for Participants	Lunch	30	2	3,000	180,000
Transport cost for HC & Sector participants	Person	20	2	10,000	400,000
Water	bottle	30	2	400	24,000
					1,184,000

Data collection- Interviews & FGDs					
Surveyors from Kaduha Health Facilities & Sectors	<i>Person</i>	10	4	5,000	200,000
Surveyors from Kigeme Health Facilities & Sectors	<i>Person</i>	10	4	5,000	200,000
Lunch for Project surveyors	<i>Lunch</i>	9	1	2,000	18,000
Research Coordinator	<i>Person</i>	1			
Water	<i>bottle</i>	30	6	400	72,000
Refreshment for FGD participants	<i>person</i>	120	1	3,000	360,000
					850,000
Supplies & Logistics					
flipchart	<i>pc</i>	3	1	6,000	18,000
markers	<i>pc</i>	2	1	3,500	7,000
pens	<i>pc</i>	50	1	100	5,000
folders and Note books	<i>pc</i>	50	1	3,500	175,000
vehicle rental- HH survey	<i>veh</i>	2	8	100,000	1,600,000
vehicle rental-QA	<i>veh</i>	2	6	100,000	1,200,000
phone cards	<i>card</i>	50	1	2,000	100,000
Renewal fees		1	1	425,000	425,000
					3,530,000
Total					13,794,200

CURRICULUM VITAE

Identification

Name: MUCUMBITSI HABİYAMBERE

First name: Alexis

Born: 1966 Bukavu/RDC

Marital status: Married

Phone: 07 88 58 53 33

Email: mucumbitsi2002@yahoo.fr

Education:

May 2012– 2014 Masters in Public Health /International Health

Mount Kenya University, Kigali Rwanda

2007– 2009 Degree in Public Health /Human Nutrition

School of Public Health, National University of Rwanda, Kigali, Rwanda

1993– 1995 Bachelor in Nutrition and Dietetics

Institute of Medical Technology Bukavu/RDC

Professional Experience:

2013 – Present Head of Nutrition Desk

Ministry of Health, Kigali, Rwanda

2009 – 2013	Maternal and Child Health Supervisor Ministry of Health, Kigali, Rwanda
1996 – 2009	Hospital Supervisor In charge of all Minimum and Complementary activities package in Health Center and Hospital District Ministry of Health/ Kiziguro Hospital

Language Skills

- Kinyarwanda (native speaker), French (fluent), Swahili (fluent), English (Not fluent)

Current Professional Affiliations:

1. Allied Health Professionals ‘Council- Ministry of Health (Member)
2. Maternal and Child Health Technical Working Group (Member)
3. Food and Nutrition Technical Working Group (Member)
4. Sectoral Committee on Health for the East African Community (Member)
5. National Steering committee of Harvest plus (Member)
6. National fortification alliance (Member)
7. Steering committee for One Cup of Milk per child program (Member)

Training gained

December 2011: Training of trainers on the management of severe malnutrition
Rwamagana District/ Rwanda

November 2011: Training of trainers on Mother Infant Young Children Nutrition (MIYCN)
Musanze District/Rwanda
Additional and Replacement Documentation

- August 2011: Training of trainers on integrated management of childhood illness (IMCI clinical) in Huye District/ Rwanda
- August 2011: Training of trainers on the use of misoprostol for postpartum hemorrhage at the community level. Musanze District/ Rwanda
- April 2011: Training of trainers on new vaccine introduction against the cervical cancer (Gardasil) Musanze District/ Rwanda
- June 2010: Training of trainers on Rapid SMS and mU buzima
Huye District/ Rwanda

Contributions to Nutrition Desk in Ministry of Health

- ✓ Coordination of Nutrition activities and the Nutrition Technical working Group (NTWG;
- ✓ Elaboration food and nutrition policy and nutrition strategy 2013-2018
- ✓ The National Food and Nutrition Strategic Plan for the years 2013 – 2018
- ✓ National Strategy to Eliminate Micronutrients Deficiencies 2013 – 2018
- ✓ Conduct Public awareness on 1000 days Nutrition campaign
- ✓ Organize 1st,2rd and 3rd National Nutrition Summit
- ✓ Organize Maternal Child Health week
- ✓ Conduct supervision of Nutrition activities;
- ✓ Assist the districts in plan and implementation of DPEM ;
- ✓ Implementation and Monitoring/ Evaluation of policies, strategies ,standards and guidelines in the field of Nutrition
- ✓ Update management tools in the field of nutrition

- ✓ Prepare timely plans and reports of Nutrition desk and submit to the Head of the unit;
- ✓ Capacity building at all the level of the Health system (HD,HC and community)
- ✓ Analyze data from Health facilities at all levels and give recommendations and feedback.

Contributions to National and EAC Documents

1. National Community Health Policy of Rwanda, 2008
2. Protocol of Community Base Nutrition Program (CBNP)
3. National Nutrition Food and Policy 2013-2018
4. Elaboration Food and Nutrition Strategy 2013-2018
5. Elaboration of EAC Food and Nutrition Security Policy
6. National Strategy to Eliminate Micronutrients Deficiencies 2013 – 2018
7. National Strategy to Mother Infant Young Children Feeding 2014
8. National manual on "Nutritional care for prevention and treatment of NCDs 2014
9. National cook and recipes booklet 2014
10. Annual Nutrition Report

Computer skills

- Advanced knowledge of Office package (Word, Excel, Access, and PowerPoint).
- Advanced knowledge of SPSS, Epi-info, ENA

Other skills

I have a Rwandese-driving license, A&B category

I certify that information contained in these curriculum vitae is true and complete.

Signature:

Date:

Draft Qualitative Tools (Interview and Focus Group Discussion Guides) to be used in Kigeme for Final Evaluation (results from the OR qualitative tools for Kaduha will also be considered in the final evaluation)

*1. Draft FGD Guide with Mothers in **Kigeme**/ Ibibazo bibazwa ababyeyi muri zone ya Kigeme*

- a. Did you participate in the Growth Monitoring and Promotion (GMP) sessions held in your village? / Mwaba mwaritabiriye gahunda yo gupima no gukurikirana imikurire y'umwana ibera mu mudugudu?
- b. What did you learn about Nutrition from the GMP sessions?/Ni iki mwize ku mirire muri gahunda yo gupima no gukurikirana imikurire y'abana ?
- c. What did you like about the GMP sessions? Benefits?/Ni iki cyabashimishije muri gahunda yo gupima no gukurikirana imikurire y'abana ? Ni iki mwahungukiye ?
- d. What did you not like about the GMP sessions?/ Ni iki kitabashimishije muri gahunda yo gupima no gukurikirana imikurire y'abana ?
- e. What other nutrition activities have taken place in your village? Ni ibihe bikorwa bindi birebana n'imirire byabereye mu mudugudu wanyu?
- f. What did you change in your family based on training received in GMP or other nutrition activities?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe muri gahunda yo gupima no gukurikirana imikurire y'abana ?
- g. What are the challenges you are facing to implement new nutrition teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance. Ni izihe mbogamizi muhura nazo mugushyira mubikorwa ibyo mwigishijwe

muri gahunda yo gupima no gukurikirana imikurire y’abana? *Komez ubabaze kugira ngo umenye niba hari imbogamizi bahura nazo (zirebana n’ ibiribwa bitaboneka, badashobora kugura cyangwa batemerewe kurya) .*

How did you respond to the challenges? /*Ibyo bibazo mwabikemuye mute?*

- h. Who in your family support you in the application of the new behavior? How?

Ni bande bo mu muryango wanyu babafasha gushyira mu bikorwa inyigisho nshya ? Babafasha bate?

- i. What else could be done to improve nutrition in your village? *Ni ibihe bikorwa bindi byakorwa kugira ngo biteze imbere imirire mu mudugudu wanyu?*
- j. Is there anything you would like to tell me about how to improve GMP sessions or other nutrition activities? We are very interested in your opinions to change to make it better./ *Ese hari ikintu mwumva mwatubwira cyateza imbere gahunda yo gupima no gukurikirana imirire y’abana ? Ibitekerezo byanyu ni ingenzi mu gutuma habaho impinduka.*

2. Draft FGD Guide with Fathers in Kigeme/ IBIBAZO BIGENEWE ITSINDA RY’ABAGABO BITABIRIYE GAHUNDA YO GUPIMA NO GUKURIKIRANA IMIKURIRE Y’ABANA MU MUDUGUDU

- a. Did you participate in the GMP sessions or any other nutrition activities held in your village? Which activities? / *Mwaba mwaritabiriye gahunda yo gupima no gukurikirana imikurire y’abana mu mudugudu wanyu?*
- b. What did you learn about Nutrition from the nutrition activities?/*Ni iki mwize ku mirire mu gihe cya gahunda yo gupima no gukurikirana imikurire y’abana mu mudugudu?*
- c. What did you like about the GMP sessions or other nutrition activities? Benefits?/ *Ni iki cyabashimishije muri gahunda yo gupima no gukurikirana imikurire y’abana ? Ni iki mwahungukiye ?*
- d. What did you not like about the GMP sessions/other nutrition activities?/ *Ni iki kitabashimishije muri gahunda yo gupima no gukurikirana imikurire y’abana ?*

- e. What did you change in your family based on training received in GMP sessions or other nutrition activities?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe muri gahunda yo gupima no gukurikirana imikurire y’abana cyangwa ibindi bikorwa by’imirire?
- f. How men in this village are involved in child feeding? Probe to know more./Mu mudugudu wanyu, nigute abagabo bagira uruhare mu kugaburira abana? Komeza ubabaze kugirango umenye byinshi.
- g. What are the challenges you are facing to feed properly your children?/Ni izihe ngorane muhura nazo mu kugaburira abana banyu neza?
- h. What can be done to improve men participation in children’s nutrition?/ Ni iki cyakorwa kugira ngo abagabo barusheho kugira uruhare mu mirire y’abana ?
- i. What can be done to improve participation in GMP? / Ni iki cyakorwa kugira ngo abagabo barusheho kwitabira ibikorwa byo gupima no gukurikirana imikurire y’abana babo ?
- j. What can be done to improve nutrition in your community? Ni iki cyakorwa kugira ngo imirire irusheho gutera imbere mu midugudu yanyu?

3. Draft FGD Guide with Modified Care Groups in Kigeme/ Ibibazo bibazwa abagize amatsinda y’ubuzima (CG) avuguruye.

- a. What are your main responsibilities in Community health?/Ni izihe nshingano z’ingenzi mufite kubijyanye n’ubuzima bw’abaturage?
- b. How do you collaborate (Binome CHW & ASM & Religious & Local Leaders) to mobilize community for behavior change? Probe to get details and more examples on their collaboration. /Mukorana mute (n’abajyanama b’ubuzima n’abahagarariye amadini ndetse n’abayobozi b’inzego z’ibanze) kugirango mushishikarize abantu guhindura imyifatire? Komeza ubabaze kugira ngo baguhe ubusobanuro n’ingero zifatika zijyanye n’uko bakorana.
- c. How do you appreciate the CG member’s attendance? Probe to estimate the attendance?/ Mubona mute ubwitabire bw’abagize itsinda ? Komeza ubabaze kugirango umenye ikigereranyo cy’ubwitabire.

- d. What are the main barriers that prevent volunteers to attend CG trainings? What can be done to improve CG attendance? / *Ni izihe mbogamizi zituma abagize amatsinda batitabira cyane? Hakorwa iki kugira ngo ubwitabire bwiyongere?*
- e. To what extent people or families apply in their lives the health messages they received from CHWs? What is the most challenging health behavior? How do you face to that challenge? / *Ni gute mubona imiryango ishyira mu bikorwa inyigisho z'ubuzima bigishijwe n'Umujyanama w'ubuzima? Ni uwuhe mwifato mubona uruhije guhindura kuruta iyindi? Mubyifatamo gute?*
- f. In what ways has the CG training impacted you and your family's health? Probe to learn more changes occurred? / *Ni gute inyigisho muhabwa mu matsinda zagize impinduka kuri mwe no ku miryango yanyu? Komeza ubabaze kugirango bavuge n'izindi mpinduka zabaye.*
- g. Based on the report provided by the CHWs, the # of households visited monthly is still low. What are the main challenge CG members are facing that prevent them to accomplish more home visits? Probe to learn more about how the CG members share the HHs, and if no many HHs per each./ *Duhereye kuri raporo zitangwa n'abajyanama b'ubuzima, umubare w'ingo zisurwa mu kwezi uracyari hasi. Ni ibihe bibazo bibangamira abagize amatsinda bikababuzaga gusurura ingo nyinshi? Komeza ubabaze neza kugirango umenye uburyo abagize amatsinda bagabana ingo no kumenya niba badafite ingo nyinshi.*

4. Draft Program Implementation Review Meeting Guide with Health Center and Hospital staff in Kigeme

- a. Have you observed any health changes in the community since last year? What? Probe to learn more. / *Uhereye umwaka ushize kugeza ubu, haba hari ibyo mwabonye byahindutse mungu? Ni ibihe? Komeza ubabaze kugirango bakubwire ibyahindutse byose.*
- b. Have you visited GMP sessions? How many visit this year? / *Mwigeze musura aho gahunda yo gupima no gukurikirana imikurire y'abana mu mudugudu ibera? Mwahasuye incuro zingahe muri uyu mwaka?*
- c. Since GMP sessions began in your community what changes have you notice? (Only for Kaduha participants)/ *Kuva aho gahunda yo gupima no gukurikirana imikurire y'abana yatangiye mu mudugudu yanyu, Hari impinduka mumaze kubona?*

- d. Have you visited CGs? How many visit in last three months?/ Mwaba mwarasuye amatsinda y'ubuzima (C.G) ? Mwayasuye inshuro zingahe mu mezi atatu ashize?
- e. What are the main barriers that prevent you to supervise CHWs effectively? What can be done in order to improve supervisions to CHWs?/ Ni izihe nzitizi zituma rimwe na rimwe mudasura uko bikwiye ibikorwa by' abajyanama b'ubuzima? Ni iki cyakorwa murwego rwo kuzamura ikurikirana bikorwa ry'abajyanamab'ubuzima?
- f. What community health concerns do you believe need to be better addressed?/ Ni ibihe bibazo by'ubuzima bw'abaturage mubona bikwiye kwitabwaho by'umwihariko?
- g. What can be done to better involve communities in health promotion?
Hakorwa iki kugira ngo abaturage barusheho kugira uruhare mu bukungurambaga bw'ubuzima mu mudugudu?
- h. What can be done to better train communities in Health promotion?/ Ni iki cyakorwa kugirango abantu bigishwe kurutaho ku bijyana n'ubuzima
- i. What can be done to sustain community health programs?/ Ni iki cyakorwa ngo ibikorwa by'ubuzima mu mudugudu birusheho kuramba?

5. Draft Guide for Program Implementation Review Meeting with Sector and Cell Leaders *in Kigeme/ Ibibazo bizifashishwa mu nama n'abayobozi b'akagali n'umurenge*

- a. Now, what are your responsibilities in community health?/ *Ubu ni izihe nshingano mufite kubirebana n'ubuzima bw'abaturage?*
- b. Since BCC and GMP sessions began in your sector, what changes have you observed? Probe to learn more. / *Guhera aho ubukangurambaga na gahunda z'icyumweru cy'imirire zatangiye mu murenge wanyu, ni izihe mpinduka mwabonye. Komeza ubabaze kugira ngo ubashe kumenya byinshi.*
- c. Have you visited CGs ? GMP sessions? How many visits in last three months? / *Mwigeze musura amatsinda y'ubuzima (CG)? Ibikorwa byo gupima no gukurikirana imikurire y'abana mu mudugudu? Mwasuye inshuro zingahe mu mezi atatu ashize?*
- d. What are the main barriers that prevent you to supervise CG effectively? What can be done in order to improve supervisions to CHWs?/ *Ni izihe nzitizi muhura nazo mu gusura amatsinda y'ubuzima (CG) cyangwa gusura ibikorwa byo gupima no gukurikirana imikurire y'abana uko bikwiye? Ni iki cyakorwa kugirango ibikorwa by'isura birusheho kugenda neza?*
- e. What is an area of need for health promotion in your sector/cell?/ *Ni iki mwifuza ko cyatezwa imbere byumwihariko kubirebana n'ubukangurambaga bw'ubuzima muri uyu murenge/akagali?*
- f. What could be done differently to meet your sector need?/ *Ni ibihe bikorwa bitandukanye byakorwa kugira ngo haboneke ibisubizo by'ibibazo umurenge wanyu ufite?*
- g. What are if any barriers faced when addressing your sector about health promotion? / *Ni izihe nzitizi mwahuye nazo mu guteza imbere ubuzima mu murenge wanyu?*
- h. What can be done to sustain community health programs?/ *Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambye?*

6. Draft Guide for Program Implementation Review Meeting with Religious Leaders in Kigeme/Ibibazo bizifashishwa mu nama n'abahagarariye amatorero

- a. As the church leaders, how are you involved in health promotion activities? *Nk'abantu bahagarariye amatorero/amadini, mwibona cyangwa mwisanga gute mu bikorwa byo guteza imbere ubuzima bw'abaturage?*
- b. In your community health role, with who do you collaborate more? And How?
Ku birebana n'inshingano zanyu mu by'ubuzima bw'abaturage, ni bande mukorana kenshi? Kandi mukorana mute?
- c. Since BCC and GMP began in your community r, what changes have you observed?
Probe to learn more./ *Kuva aho ubukangurambaga na gahunda yo gupima no gukurikirana imikurire y'abana zatangiriye mu midugudu, ni izihe mpinduka mwabonye? Komeza ubabaze kugira ngo urusheho kumenya byinshi.*
- d. What are the main challenges you are facing to promote health? What did you do or can be done to respond to the challenges?/ *Ni izihe ngorane zikomeye muhura nazo mu guteza imbere ubuzima? Ni iki mwakoze cyangwa mubona cyakorwa kugira ngo izo ngorane zikemuke?*
- e. What can be done to sustain community health programs?/ *Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambwe?*

7. Draft Focus Group Discussion Guide with CHWs in Kigeme/ Ibibazo bigenewe abajyanama b'ubuzima muri zone ya Kigeme

- a. What did you like about the CBNP (GMP sessions, etc.)? Benefits? What did you not like about it? / Ni iki cyabashimishije ku bijyanye na Gahunda y'Imirire Ishingiye ku Mudugudu (gupima no gukurikirana imikurire y'abana, igikoni cy'umudugudu,...)? Ni iki kitabashimishije muri izo gahunda?
- b. What did you change in your family based on training received for CBNP/GMP? / Nyuma yo guhabwa amahugurwa kubijyanye na Gahunda y'Imirire Ishingiye ku Mudugudu /gahunda yo gupima no gukurikirana imikurire y'abana, ni iki mwahinduye mu muryango?
- c. What are the challenges you are facing to implement nutrition activities in your community? Probe to know all challenges. How do you respond to each challenge? / Ni izihe ngorane muhura nazo mu gushyira mu bikorwa inyigisho zirebana na Gahunda y'Imirire Ishingiye ku Mudugudu? Komeza ubababaze kugirango bavuge ingorane zose. Ni iki mukora kuri buri kibazo?
- d. What need of training you feel in order to improve your skills for leading nutrition activities?/ Ni ayahe mahugurwa mwumva mwahabwa mu rwego rwo kongera ubumenyi bwanyu mu kuyobora ibikorwa by'imirire?
- e. Who support you more during the implementation of CBNP/GMP? or from whom you ask advice for implementing them? How often does he/she visit you? / Ninde ubaha ubufasha cyane mu gushyira mu bikorwa Gahunda y'Imirire Ishingiye ku Mudugudu/ Gahunda yo gupima no gukurikirana imikurire y'umwana mu mudugudu? Cyangwa ninde musaba inama zibafasha gushyira mu bikorwa Gahunda y'Imirire Ishingiye ku Mudugudu/ Gahunda yo gupima no gukurikirana imikurire y'umwana mu mudugudu? Yabasuye kangahe muri gahunda iherutse?
- f. After GMP, have you visited the families that attended GMP or other nutrition activities? What are the behaviors taught they applied more and what behaviors they did not apply?/ Mwigeze musura ababyeyi bitabiriye gahunda yo gupima no gukurikirana imikurire y'abana mu ngo zabo? Ni ibiki mwasanze bashyira mu bikorwa cyane mu nyigisho bahawe? Ni ibiki mwasanze badashyira mu bikorwa
- g. What more could be done to improve nutrition in your village? Ni ikihe gikorwa kindi cyakorwa kugira ngo imirire irushaho gutera imbere mu mudugudu wanyu?

- h. Is there anything you would like to tell me about how to improve nutrition activities? We are very interested in your opinions to change to make it better./ Ni ikihe gitekerezo mwatanga mu rwego rwo kurushaho guteza imbere ibikorwa by'imirire? Twifuza cyane kumenya ibitekerezo byanyu byatuma gahunda yo gupima no gukurikirana imirire y'abana irushaho kugenda neza.

Year 4 KPC Survey Questionnaire with Translation

World Relief Rwanda Tangiraneza Innovation Child Survival Project, 2014

i. RESPONDENT IDENTIFICATION/ UMWIRONDO RO W'USUBIZA	
0) Hospital catchment area / Aho ibitaro bikorera	Kigeme..... 1 Kaduha..... 2
i1) Cluster No. / Nimero y'itsinda	_ _ _
i2) Household No. / Nimero y'urugo	_ _ _ _
i4) Interviewer Name/ Amazina y'ubaza	_____
i5) Sector/ Umurenge	
i6) Cell/ Akagali	
i7) Village/ Umudugudu	
i8) Health center/ Ikigo Nderabuzima	
i9) Date of Interview/ Itariki y'ibazwa	2015 - ____ - ____ MM - DD
i10) Was consent received?	Yes/ Yego.....1 → i12

Ubazwa yabyemeye?	No/ Oya.....2
i11) If no, why not? Niba ari Oya, kubera iki?	Unavailable/ Ntaboneka.....1 →End/ Iherezo Unwilling/ Ntameze neza.....2 →End/ Iherezo Child not Home/ Umwana ntahari.....3 →End/ Iherezo Other/ Ibindi.....4 →End/ Iherezo (Specify/ Sobanura)
i12) What are the name, sex, and date of birth of your youngest child that is still alive? Umwana wawe muto ufite yitwa nde? Yavutse ryari? Igitsina cye ni ikihe?	i12a) NAME OF THE CHILD LESS THAN 24 MONTHS AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24 i12b) SEX OF CHILD (1=MALE, 2=FEMALE/ IGITSINA CY'UMWANA(1=GABO, 2=GORE).....1.....2 i12c) DATE OF BIRTH IGIHE YAVUKIYE ____/____/____ Y Y Y Y / M M / D D i12d) AGE OF THE CHILD (IN MONTHS) __ __

	IMYAKA Y'UMWANA (MU MEZI)
i13) <i>Ask the mother: What is your name?</i> / <i>Baza umubyeyi w'umwana: Witwa nde?</i>	
i14) <i>Ask the mother: What is your age in years?</i> / <i>Baza umubyeyi w'umwana: Ufite imyaka ingahe?</i>	
i15) <i>Are you the biological mother of the child?</i> / <i>Ni wowe wabyaye uyu mwana?</i>	
i16) <i>Time interview began /</i> <i>Isaha ibazwa ryatangiriye</i>	
SECTION I: SOCIO-DEMOGRAPHICS / IGICE CYA 1: IMIBEREHO RUSANGE	
INSTRUCTIONS: <i>Ask the questions exactly as they are written. Do not read responses unless directed to do so. Words in Italics are instructions for the interviewer and should not be read aloud. Follow skip patterns as directed. Write answers in the box unless otherwise directed.</i> AMABWIRIZA: <i>Baza ibibazo nkuko byanditse. Irinde kumu somera ibisubizo. Amagambo yanditse mu buryo buberamye ni amabwiriza y'ubaza ntabwo ugomba kuyasomera ubazwa. Aho ugomba gu simbuka hasimbuke. Andika igisubizo mu kazu kabugenewe.</i>	

#	Questions Ibibazo	Responses Ibisubizo bishoboka	Skip Simbu ka	Ans wer/I gisu bizo atan ze
1.	Have you ever attended school? Mwaba mwarageze mu ishuri?	Yes/ Yego.....1 No/ Oya.....2 Don't know/ Simbizi.....88	S →3 →3	
2.	If yes, then ask: What is the highest grade or level of school you have completed? Niba ari yego, mubaze uti: Warangije ayahe mashuri?	None/ Did not complete primary Ntayo/Ntiyarangije amashuri abanza.....0 Primary/ Amashuri abanza 1 Secondary/ Amashuri yisumbuye.....2 Past Secondary/ Amashuri makuru...3 Other/ Ibindi.....4 (Specify/ Sobanura)		
3.	How many people live in your household? Muri uru rugo mubamo muri bangahe?	Number/ Umubare..... _ _ Don't know/ Simbizi.....88		
4	What is your <i>ubudehe</i> category according to the participatory poverty assessment as defined by MINALOC? <i>Read options if needed.</i>	1. Umutindi nyakujya (those in abject poverty).....1 2. Umutindi (the very poor).....2		

	Mwashyizwe mu kihe cyiciro cy'ubudehe nyuma y'ubushakashatsi bwakozwe na MINALOC kubijanye n'ubukire cyangwa ubukene? Musomere ibyiciro niba atabizi <i>If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINALOC.</i> Niba ubazwa atazi icyiciro arimo, ubaza ajye kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciro by'ingo zose, Niba ubazwa ajya impaka ku cyiciro yashyizwemo, koresha icyiciro kiri ku ilisiti ya MINALOC Are you using health insurance? Ese waba uri mu bwisungane mu kwivuza? <i>If yes: Can I see your member card?</i> Niba ari yego, nshobora kureba ikarita yawe y'ubwisungane mu kwivuza?	3. Umukene (the poor) 3 4. Umukene wifashije (the resourceful poor).....4 5. Umukungu (the food rich).....5 6. Umukire (the money rich).....6 8. Simbizi (don't know).....88 (Source: Government of Rwanda Poverty Reduction-Strategy Paper, June 2002 – p.15.) Yes/ Yego.....1 No/ Oya.....0 Card available/ Ikarita irahari.....1 No card/ Ikarita ntayo afite.....0	→5	

4				

SECTION II: MATERNAL AND NEWBORN CARE/ IGICE CYA KABIRI KWITA

K'UMUBYEYI NURUHINJA

#	Questions Ibibazo	Responses/ Ibisubizo bishoboka	Skip Simbuka	Answer/Igi subizo atanzwe
5	How long should you wait after the birth of your child before you try to become	LESS THAN 2 YEARS MUNSI Y'IMYAKABIRI.....1		

	pregnant again? Uzategereza igihe kingana iki kugirango wongere gusama indi nda?	2 TO 5 YEARS HAGATI Y'IBIRI N'ITANU.....2 MORE THAN 5 YEARS HEJURU Y'IMYAKA ITANU.....3 DON'T KNOW SIMBIZI..... 88		
6	What are the risks of getting pregnant too soon after the birth of a child? Ni izihe ngorane zishobora kuboneka mugihe umubyeyi akurikije hakiri kare? <i>DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED.</i> <i>IRINDE KUMUSOMERA IBISUBIZO. ANDIKA IBYO AGUSUBIJE BYOSE.</i>	BABY BORN TOO SMALL.....A UMWANA AVUKANA IBIRO BIDASHYITSE BABY BORN TOO EARLY.....B UMWANA AVUKA ATAGEJEJE KU GIHE MOTHER CAN DIE.....C UMUBYEYI ASHOBORA GUPFA MOTHER CAN HAVE MISCARRIAGE.....D UMUBYEYI ASHOBORA GUKURAMO INDU MOTHER CAN SUFFER ANEMIA.....E UMUBYEYI ASHOBORA KUBURA AMARASO OTHER / IBINDI.....X _____ (SPECIFY/ SOBANURA)		
7	Are you currently doing something or using any method to delay or avoid getting pregnant? Hari uburyo ukoresha ngo wirinde	YES/ YEGO.....1		

	gusama?	NO/ OYA.....0		
	Which method are you (or your husband/ partner) using? Ni ubuhe buryo ukoresha (cyangwa umugabo wawe)? DO NOT READ RESPONSES. CODE ONLY ONE RESPONSE. IRINDE KUMUSOMERA IBISUBIZO. SHYIRA AKAMENYETSO KUCYO AKUBWIYE. IF MORE THAN ONE METHOD IS MENTIONED, ASK, I NIBA AKUBWIYE UBURYO BURENZE BUMWE, MUBAZE UTI What is your MAIN method that you (or your husband/ partner) use to delay or avoid getting pregnant?" Ni ubuhe buryo, wowe cyangwa umugabo wawe mukoresha kurusha ubundi kugirango wirinde gusama? IF RESPONDENT MENTIONS BOTH CONDOMS AND STANDARD DAYS METHOD, CODE "12" FOR STANDARD DAYS METHOD. AGAKINGIRIZO N'UBURYO BWA KAMERE SHYIRA AKAMENYETSO KURI "12" IF RESPONDENT MENTIONS	FEMALE STERILIZATION KWIFUNGISHA BURUNDU KU MUGORE 1 MALE STERILIZATION KWIFUNGISHA BURUNDU KU MUGABO.....2 PILL/ IBININI.....3 IUD/ AGAPIRA MU MUMURA.....4 INJECTABLES URUSHINGE.....5 IMPLANTS/ AGAPIRA MU KABOKO.....6 CONDOM AGAKINGIRIZO K'ABAGABO 7 FEMALE CONDOM AGAKINGIRIZO K'ABAGORE.....8 DIAPHRAGM AGAPIRA KO KU NKONDO Y'UMURA.....9		

	<i>BREASTFEEDING, CODE “15” FOR OTHER AND RECORD BREASTFEEDING./NIBA AVUZE UBURYO BWO KONSA SHYIRA AKAMENYETSO KURI “15” KANDI UBYANDIKE NO MUMAGAMBO</i> <i>IF RESPONDENT MENTIONS ABSTINENCE OR ISOLATION, CODE “15” FOR OTHER AND RECORD RESPONSE IN SPACE PROVIDED.</i> NIBA AVUZE UBURYO BWO KWIFATA SHYIRA AKAMENYETSO KURI “15” KANDI UBYANDIKE NO MUMAGAMBO.	FOAM/JELLY AMAVUTA.....10 LACTATIONAL AMEN. METHOD KONSA GUSA.....11 STANDARD DAYS METHOD/ CYCLEBEADS KUBARA IMINSI Y’UBURUMBUKE.....12 RHYTHM METHOD (OTHER THAN STANDARD DAYS) UBUNDI BURYO BWO KUBARA.....13 WITHDRAWAL/KWIYAKANA.....14 OTHER/ IBINDI.....15 _____ (SPECIFY/ BISOBANURE)		
9	During your pregnancy with (Name), did you see anyone for antenatal care? Mugihe wari utwite Kanaka (Izina ry’ umwana muto) waba warigeze wipimisha inda ?	YES/ YEGO.....1 NO/ OYA.....0		
9	IF YES: Whom did you see? Anyone else? NIBA AVUZE YEGO MUBAZE UTI : Ninde	DOCTOR/MEDICAL ASSISTANT		

	wagusuzumye ? Ntawundi? <i>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</i> MUSOBANUZE NEZA WUMVE NIBA YARASUZUMWE N'UMUNTU UBUFITIYE UBUSHOBOZI	MUGANGA/ UMUFASHA WE.....A NURSE/UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C TRADITIONAL BIRTH ATTENDANT UMUBYAZA WA GIHANGA.....D OTHER / ABANDI.....X (SPECIFY/ BAVUGE) NO ONE NTA NUMWE.....Y	→16	
1	During your pregnancy with (Name), where did you receive antenatal care? Mugihe wari utwite Kanaka (Izina ry'umwana muto) ni hehe wipimishirije inda? <i>CIRCLE ALL MENTIONED.</i> SHYIRA AKAZIGA KUGISUBIZO AGUHAYE <i>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</i>	<u>HOME/ MURUGO</u> YOUR HOME/ IWawe A MIDWIFE/TBA HOME/ MURUGO RW'UMUBYAZA.....B OTHER HOME/ MURUNDI RUGO.....C		

NIBA ARI KUBITARO, KUKIGO NDERABUZIMA CYANGWA KU IVURIRO RYIGENGA ,ANDIKA UKO HITWA. MUSOBANUZE NEZA KUGIRA NGO WANDIKE IGISUBIZO CY'UKURI _____ (NAME OF PLACE/ IZINA RYAHU YABYARIYE)	<u>PUBLIC SECTOR/ IVURIRO RYA LETA</u> HOSPITAL/ IBITARO D HEALTH CENTER IKIGO NDERABUZIMA.....E HEALTH POST IVURIRO RYUNGIRIJE F OUTREACH/ KU MUDUGUDU/ STRATEGIE AVANCEE.....G OTHER PUBLIC ANDI MAVURIRO YA LETA.....H (SPECIFY/SOBANURA_____) <u>PRIVATE SECTOR/ AMAVURIRO YIGENGA</u> PRIVATE HOSPITAL IBITARO BYIGENGA I		

		PRIVATE CLINIC KIRINIKE YIGENGA J OTHER PRIVATE IRINDI VURIRO RYIGENGA.....K (SPECIFY/ RIVUGE_____) OTHER/ AHANDI.....X (SPECIFY/ HAVUGE_____)		
1	During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care? Mugihe wari utwite kanaka (Izina ry'umwana) wagiye kwipimisha bwa mbere inda ifite amezi angahe?	MONTHS/ AMEZI..... DON'T KNOW/ SIMBIZI.....88		
1	During your pregnancy with (Name), how many times did you receive antenatal care?/Mugihe wari utwite kanaka (Izina ry'umwana) wipimishije inda inshuro zingahe ?	TIMES/ INSHURO..... DON'T KNOW/ SIMBIZI.....88		
1	As part of your antenatal care during this pregnancy, were any of the following done at least once?	YES/YEGO NO/OYA		

	Hari ibintu by'ingenzi bakorera umugore utwite iyo agiye kwipimisha,inda,muri ibi bikurikira ni iki baba baragukoreye nibura inshuro imwe ? A. Was your height taken?/ Bagupimye uburerebure? B. Was your blood pressure measured?/ Bagufatiye umuvuduko w'amaraso? C. Did you give a urine sample?/ Wigeze utanga ikizami cy'inkali? D. Did you give a blood sample?/ Hari ikizami cy'amaraso wigeze utanga?	A. HEIGHT/ UBUREBURE.....1 0 B. BP/ UMUVUDUKO W'AMARASO 1 0 C. URINE/ INKARI.....1 0 D. BLOOD/ AMARASO.....1 0		
1	During (any of) your antenatal care visits, were you told about the signs of pregnancy complications? Mugihe wajyaga kwipimisha inda bigeze bakubwira ibimenyetso mpuruza kumugore utwite ?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88	→16 →16	
1	Were you told where to go if you had any of these complications? Bigeze bakubwira aho wajya mugihe ubonye kimwe muri ibyo bimenyetso?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88		
1	During pregnancy, woman may encounter severe problems or illnesses and should go or be taken immediately to a health facility.	VAGINAL BLEEDING KUVIRA KU NDA.....A		

	Iyo umugore atwite ashobora guhura n'ibibazo cyangwa se uburwayi bishobora gutuma yihutira kujya kwa muganga. What types of symptoms would cause you to seek immediate care at a health facility (right away)? Ni ibihe bimenyetso by'uburwayi bishobora kugutera kwihutira kujya kwa muganga mu gihe utwite? ASK: Anything else? BAZA UTI: Nta bindi? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. IRINDE KUMUSOMERA IBISUBIZO, SHYIRA AKAMENYETSO KU BISUBIZO AGUHAYE BYOSE.	FAST/DIFFICULT BREATHING/ GUHUMEKA BIMUGOYE.....B FEVER/ UMURIRO.....C SEVERE ABDOMINAL PAIN/ KUBABARA MU NDA CYANE.....D HEADACHE/BLURRED VISION KURIBWA UMUTWE/ KUTABONA NEZA.....E CONVULSIONS/ KUGAGARA.....F FOUL SMELLING DISCHARGE/FLUID FROM VAGINA KUZANA IBINTU BY'URUZI BINUKA.....G BABY STOPS MOVING INDA NTIYONKA.....H LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA KUZANA IBINTU BY'URUZI BISA N'IKIGINA CYANGWA ICYATSI		

		KIBISI.....I OTHER / IBINDI X _____ (SPECIFY/ BISOBANURE)		
1	During your pregnancy with (Name of the child) did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? Mugihe wari utwite kanaka (Izina ry'umwana) wigeze ubona urukingo ku kaboko rukingira umwana tetanus(agakwega) kugagara?	YES/ YEGO.....1 NO/ OYA 0 DON'T KNOW/ SIMBIZI.....88	→19 →19	
1	While pregnant with (name of the child), how many times did you receive such an injection? Igihe wari utwite kanaka (Izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE INCURO 3 CYANGWA ZIRENGA.....3 DON'T KNOW/ SIMBIZI.....88		
1	Did you receive any tetanus toxoid injection at any time before that pregnancy, including during a previous pregnancy or between pregnancies? Mbere yo gutwita (Izina ry'umwana muto)	YES/ YEGO.....1 NO/OYA.....0	→21	

	wigeze uhabwa urukingo rwa tetanus ushyizemo mu gihe wari utwite iyabanjirije iy'uyu mwana cyangwa se mu gihe cyo hagati y'izo nda?	DON'T KNOW/ SIMBIZI.....88	→21	
2	Before the pregnancy with (Name of the child), how many times did you receive a tetanus injection? Mbere yo gutwita kanaka (izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE INCURO 3 CYANGWA ZIRENGA.....3 DON'T KNOW/ SIMBIZI.....8		
21	If biological mother (i15) ask: During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup? Mubaze iki kibazo niba ariwe wabyaye uyu mwana (i15): Mu gihe wari utwite (izinary'umwana muto) wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongera amaraso? SHOW TABLETS/ BIMWEREKE	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88 →29	→29 →29	
22	During the whole pregnancy, for how many days did you take the tablets/syrup?	DAYS/ IMINSI..... _ _		

	<i>If the answer is not numeric, probe for the approximate number of days.</i> Igihe wari utwite, ibyo binini bya feri wabifashe mu minsi ingahe? <i>Niba igisubizo aguhaye Atari umubare, komeza umubaze agereranye mu mibare.</i>	DON'T KNOW/ SIMBIZI.....888		
23.	Who assisted with the delivery of (Name)? Ni nde wakubyaje kanaka(izina ry'umwana muto) ? <i>Anyone else?/Ntawundi</i> <i>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</i> KOMEZA UMUBAZE KUGIRA NGO UMENTYE NIBA YARABYAJWE N'UMUNTU WABIHUGURIWE <i>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</i> NIBA AVUZE KO NTawe, KOMEZA UMUBAZE UMENTYE NIBA HARI UMUNTU MUKURU WARI UHARI MU GIHE YABYARAGA.	DOCTOR/ DOGITERI.....A NURSE/ UMUFOROMO B MIDWIFE/ UMUBYAZA.....C AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA.....D OTHER HEALTH STAFF W/ MIDWIFERY SKILLS UNDI MUFOROMO UZI KUBYAZA ...E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE.....F TRAINED COMMUNITY HEALTH WORKER/UMUJYANAMA W'		

		UBUZIMA WAHUGUWE.....G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE.....H COMMUNITY HEALTH WORKER UMUJYANAMA W'UBUZIMA UTARAHUGUWE.....I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/INSHUTI/ UMUTURANYI J NO ONE/ NTA N'UMWE.....Y		
24.	Was (NAME) dried (wiped) immediately after birth before the placenta was delivered? Nyuma y'uko kanaka(Izina ry'umwana) avuka,yaba yarahanaguwe, agafubikwa ako kanya nyuma yo kuvuka mbere yuko iyanyuma isohoka?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88		
25.	Was (NAME) wrapped in a warm cloth or blanket immediately after birth before the placenta was delivered? Kanaka (Izina) yaba yarafubitswe mubintu bishyushye(Imyenda cg ikiringiti) akimara kuvuka?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI..... 88		
26.	After (Name) was born, did any health care provider or traditional birth attendant check on	YES/YEGO.....1	→29	

	(Name's) health? Nyuma yo kuvuka kwa, Kanaka hari ibindi uwagufashije/uwafashije nyina amubyara yaba yarakoreye uwo mwana mu rwego rwo kwita ku buzima bwe?	NO/ OYA.....0		
27.	How many hours, days or weeks after the birth of (Name) did the first check take place? Kanaka (amazina) yaba yarasuzumwe nyuma y'igihe kingana iki amaze kuvuka? IF LESS THAN ONE DAY, CIRCLE 0 AND RECORD HOURS; IF ONE TO SIX DAYS CIRCLE 1 AND RECORD DAYS; IF MORE THAN 6 DAYS CIRCLE 2 AND RECORD WEEKS. NIBA ARI MUNSI Y'UMUNSI UMWE SHYIRA AKAMENYETSO KURI "0" KANDI WANDIKE "Amasaha", NIBA ARI HAGATI Y'IMINSI UMWE KUGERA KURI ITANDATU SHYIRA AKAMENYETSO KURI RIMWE WANDIKE "Iminsi", NIBA ARI HEJURU Y'IMINSI ITANDATU SHYIRA AKAMENYETSO KURI 2 KANDI WANDIKE IBYUMWERU.	HOURS / AMASAHA 0 DAYS/ IMINSI 1 WEEKS/ IBYUMWERU 2 DON'T KNOW/ SIMBIZI.....88		
28.	Who checked on (Name's) health at that time? Muri icyo gihe ninde wasuzumye uko ubuzima bwe bumeze? Anyone else?/Ntawundi? <i>PROBE FOR THE MOST QUALIFIED</i>	DOCTOR/ DOGITERI.....A NURSE/ UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA.....D		

	<i>PERSON AND RECORD ALL MENTIONED.</i>KOMEZA UMUBAZE WUMVE KO ARI UMUNTU UBIFITIYE UBUMENYI WAMUSUZUMYE KANDI ABO AKUBWIRA BOSE UBANDIKE.	OTHER HEALTH STAFF WITH MIDWIFERY SKILLS. / UNDI MUFOROFO UZI KUBYAZA E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE.....F TRAINED COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA WAHUGUWE G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE.....H COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA UTARAHUGUWE.....I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/ INSHUTI/ UMUTURANYI.....J NO ONE/ NTA N'UMWE Y		

SECTION III: BREASTFEEDING AND CHILD NUTRITION / KONSA NO KUGABURIRAUMWANA

29	Did you ever breastfeed (NAME)? Wigeze wonsa (izinary'umwana muto)?	YES/ YEGO..... 1 NO/ OYA 0	→36
30	How long after birth did you first put (NAME) to the breast? <i>IF LESS THAN 1 HOUR, CIRCLE '000' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.</i> Ukimara kubyara kanaka (izinary'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse? NIBA ARI MUNSI Y'ISAHU IMWE SHYIRA AKAZIGA KURI 000,NIBA ARI MUNSI Y'AMASAHU 24, ANDIKA UMUBARE W'AMASAHU, NIBA ARI HEJURU Y'AMASAHU 24, ANDIKA IMINSI.	Less than 1 hour / Igihe kitageze ku isaha 0 0 0 or / cyangwa Hours / Amasaha..... __ __ or / cyangwa Days / Iminsi __ __	
31	During the first three days after delivery, did you give (NAME) the liquid that came from your breasts? Mu minsi itatu ya mbere umaze kubyara, waba waronkeje (IZINA RY'UMWANA MUTO)?	YES/ YEGO..... 1 NO / OYA 0 DON'T KNOW/ SIMBIZI..... 88	

32	During the first three days after delivery, was (NAME) given anything to drink other than breast milk? Mu minsi itatu ya mbere umaze kubyara, hari ikinyobwa wahaye kanaka kitari amashereka?	YES/ YEGO..... 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 88	→ 34 → 34	
33	What else was (NAME) given to drink during the first three days? Ni ibihe binyobwa bindi wahaye (IZINA RY'UMWANA MUTO) mu minsi itatu ya mbere? Anything else? Nta kindi? <i>DO NOT READ THE LIST</i> <i>NTUMUSOMERE IBISUBIZO.</i> <i>RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED</i> <i>SHYIRA AKAZIGA KUCYO AKUBWIYE</i>	MILK (OTHER THAN BREAST MILK) AMATA (ATARI AMASHEREKA.....A PLAIN WATER / AMAZI.....B SUGAR OR GLUCOSE WATER / AMAZI ARIMO ISUKARI.....C HOME REMEDY/ IMITI YATEGURIWE MU RUGO ITARI IYO KWA MUGANGA.....D SUGAR-SALT-WATER SOLUTION / AMAZI ARIMO UMUNYU N'ISUKARI.....E FRUIT JUICE/ UMUTOBE W'IMBUTO F INFANT FORMULA / AMATA Y'ABANA YO		

		MU BIKOMBE.....G TEA / ICYAYI.....H HONEY/ UBUKI I OTHER/ IBINDI.....X _____ (SPECIFY/ SOBANURA)		
34	Was (NAME) breastfed yesterday during the day or at night? (Izinary'umwana muto) waramwonkeje ejo kumanywa cyangwa nijoro?	YES/ YEGO 1 NO / OYA..... 0 DON'T KNOW / SIMBIZI 88	→36	
35	Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby. Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?	YES/ YEGO 1 NO / OYA..... 0 DON'T KNOW / SIMBIZI..... 88		

	Rimwe n arimwe abana bahabwa amashereka mu buryo butandukanye, urugero: kukayiko, mu gikombe cg mu icupa. Ibyo bishobora kuba iyo umubyeyi adashoboye kuba ari kumwe n'umwana we. Bishobora no kuba iyo umubyeyi adashobora konsa umwana we. Mbese (KANAKA) yaba yarahawe amashereka ejo kumanywa cg nijoro hakoreshejwe bumwe muri ubwo buryo maze kukubwira?			
36	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or night? Ubu ndashaka kukubaza ibyerekeranye n'imiti cyangwa amavitamini ajya ahabwa abana. Ese (KANAKA) yaba yarahawe ibitonyanga bya vitamin cyangwa indi miti ejo ku manywa cg nijoro?	YES/ YEGO 1 NO / OYA..... 0 DON'T KNOW / SIMBIZI..... 88		
37	Was (NAME) given ORS yesterday during the day or at night? Haba hari uruvange rw'imyunyu n'isukari(SRO) waba warahaye (izinary'umwanamuto) ejo kumanywa cg nijoro?	YES/ YEGO 1 NO / OYA..... 0 DON'T KNOW / SIMBIZI..... 88		
38	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? (Izinary'umwana muto) yaba yaranywesheje	YES/ YEGO 1		

	bibero ejo kumanywa cyangwa iri joro?	NO / OYA..... 0		
		DON'T KNOW / SIMBIZI..... 88		

Read out Q.39 below. Read the list of liquids one by one and mark 'yes' or 'no', accordingly. After you have completed the list, follow by asking Q. 40. [See far right hand column for those items (40B, 40C, and/or 40F) where the respondent replied 'YES'.]

Soma ibibazo biri hasi, Birebana n'ikibazo cya 39. Soma urutonde rw'ibinyobwa kimwe kimwe ushyireho yego cyangwa oya, nyuma yo kurangiza urutonde, komeza ubaze ikibazo cya 40 [reba ibyanditse iburyo (40B, na 40C/cyangwa 40F) aho igisubizo ari 'YEGO'].

No.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE			QUESTIONS AND CODING CATEGORIES/ IBIBAZO N'IBISUBIZO BITEGEREJWE
	39 Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM FROM LIST)? <i>READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.'</i> Noneho ndifuza kukubaza ibinyobwa waba wahaye umwana wawe ejo kumanywa cg nijoro. Hari ibyo waba wamuhaye?	YES YEGO	NO OYA	DK SINZI	40 <i>READ QUESTION 40 FOR ITEMS B, C AND F, IF CHILD CONSUMED THE ITEM. RECORD 88 for DON'T KNOW.</i> How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)? SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO

	(IBIRI KU ILISTI) SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".				YASHUBIJE SIMBIZI. Ibi binyobwa kanaka (izinary'umwanamuto) yabifashe inshuro zingahe ku muni haba ku manywa cyangwa nijoro?
A	Plain water? Amazi ?	1	0	88	
B	Infant formula such as Kigozi, Rinda and others? Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi?	1	0	88	B. TIMES/ Inshuro I__I__I
C	Milk such as tinned, powdered or fresh animal milk? Amata yo mu dukarito, ay'ifu cyangwa inshyushyu(y'inka, ihene)?	1	0	88	C. TIMES/ Inshuro I__I__I
D	Juice or juice drinks? Umutobe w'ibitoke cyangwa ubundi bwoko bw'imitobe?	1	0	88	
E	Clear broth? Isupu imeze nk'amazi?	1	0	88	
F	Yogurt? Yawurute?	1	0	88	F. TIMES/ Inshuro I__I__I
G	Thin porridge? Igikoma kidafashe?	1	0	88	
H	Any other water-based liquids such as	1	0	88	

	(insert local) sorghum juice? Ibindi binyobwa nk' umusururu ?				
I	Any other liquids? Ibindi binyobwa?	1	0	88	
41	Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home. a) Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION b). b) What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. <i>REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.</i> c) IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE: What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. <i>AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW WRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.</i> <i>ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW:</i>				

Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?

Mwatubwira ibiribwa (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa ahandi

a) Tekereza mugihe (kanaka) yamaragakubuyuka ,hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA NTACYO, KOMEZA KUKIBAZO CYA b).

b) Nyuma yibyo (kanaka) yakoze iki? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI.

SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA K'UWUNDI MUNSI.

c) NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI: Ni ibihe biribwa byari muri iyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Nta cyindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI.

UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHU IKIMENYETSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI "1" MU KUMBA KEGEREYE ITSINDA RY'IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBYANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE AHAGENEWE ITSINDA RY'IBIRUNGO.

MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE< SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHYIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0" NIBA ASHUBIJE OYA, KURI "88" NIBA ASHUBIJE SIMBIZI:

Ejo kumanywa cyangwa nijoro, ese (Kanaka) yaba yarariye cyangwa yaranyoye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRO)?

OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW

	IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.			
NO.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE		
		YES/ YEGO	NO/ OYA	DK/ SIMBIZI
A	Thicker porridge, bread, rice, noodles, or other foods made from grains Igikoma gifashe, umugati, umuceri, amakaroni, cyangwa ibindi biribwa bikomoka kubinyampeke	1	0	88
B	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside Ibihaza, karoti, ibijumba by' umuhondo cyangwa bya orange	1	0	88
C	White potatoes, white yams, cassava, or any other foods made from roots Ibirayi, ibikoro, imyumbati, cyangwa ibindi biribwa bikomoka kubinyabijumba.	1	0	88
D	Any dark or green leafy vegetables Imboga z'icyatsi kibisi cyane, Imboga rwatsi	1	0	88
E	Ripe mangoes, ripe papayas or ripe guava Imyembe ihishije, ipapayi ihishije, cyangwe amapera ahishije	1	0	88
F	Any other fruits or vegetables (such as avocado) Hari izindi mbuto cyangwa imboga uha umwana zitavuzwe haruguru (nka avoka)	1	0	88
G	Liver, kidney, heart or other organ meats Umwijima, impyiko, umutima, cyangwa izindi nyama zo munda	1	0	88
H	Any meat, such as beef, pork, lamb, goat, chicken or duck	1	0	88

	Izindinyama / Iz'inka, ingururube, intama, ihene, inkoko cyangwa imbata			
I	Eggs / Amagi	1	0	88
J	Fresh or dried fish, shellfish or seafood Amafi mabisi cyangwa yumye, isambaza, injanga/indagara	1	0	88
K	Any foods made from beans, peas, lentils, nuts or seeds Ibindi biribwank'ibishyimbo, amashaza, lantiye, ubunyobwa	1	0	88
L	Cheese, yogurt, or other milk products foromage, yawurute, cyangwa ibindi bikomoka ku mata	1	0	88
M	Any oil, fats or butter, or foods made with any of these Andi mavuta, ibinure cyangwa mayonese, cyangwa ibiribwa bikomoka kubyo tuvuze.	1	0	88
N	Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits Ibindi biribwa birimo isukari nka shokora, bombo, shikareti, gato cyangwa biswi	1	0	88
O	Condiments for flavor, such as chilies, spices, herbs or fish powder ibiribwaby'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara	1	0	88
P	Grubs, snails or insects inswa, isenani cyangwa utundi dusimba duto tuguruka	1	0	88
Q	Foods made with red palm oil, red palm nut or red palm nut pulp sauce Ibiribwa byatekeshejwe amamesa	1	0	88
R	Other foods not recorded on the list Ibindi biryo bitavuzwe haruguru	1	0	88
Check categories A-Q / GENZURA IBYICIRO A-Q		IF ALL "NO" or "DK" → GO TO 42		

		IF AT LEAST ONE “YES” → GO TO 43 NIBA BYOSE ARI “OYA” CYANGWA “SIMBIZI” →JYA KURI 42 NIBA BYIBUZE KIMWE MURI BYO ARI “YEGO” →JYA KURI 43

42	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF ‘YES’ PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat? Ese (KANAKA) yigeze arya ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye ejocyangwa ijoro ryakeye? NIBA ARI YEGO KOMEZA UBAZE UTI: Ni ubuhe bwoko bw’ ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye yafashe?	YES/ YEGO 1 NO / OYA 0 DON’T KNOW/ SIMBIZI.....88 GO BACK TO Q41 AND RECORD FOODS EATEN THEN CONTINUE. Subira kukibazo cya 41 umusubiriremo byabibazo nyuma ukomeze	→44 →44	
43	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	No. OF TIMES/ INSHURO..... _ _		

	Such as pureed cassava, potatoes, avocado or other pureed foods? <i>WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.</i> <i>LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID.</i> <i>USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY</i> Ibiryo bikomeye ,bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitarink'amazi yabifashe inshuro zingahe ejo kumanywa cyangwa nijoro? Urugero: Ese mwamuhaye inombe y'imyumbati, y'ibijumba? Y'avoka? Cyangwa inombe y'ibindi biryo? <i>TURIFUZA KUMENYA UMUBARE W'INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N'UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE.</i> <i>IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK'AMAZI N'IBINDI BIRYO BIMEZE NK'AMAZI CYANGWA BINYOBWA.</i>	DON'T KNOW/ SIMBIZI 88		

	KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W'EJO.			

44	(If yes to 41 or 42) At what age did (NAME) begin eating solid, semi-solid, or soft foods? (NIBA ARI YEGO)(kanaka) yanganaga iki mutangira kumuha ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?	Age (months)/ Imyaka mumezi..... __ __ DON'T KNOW/ SIMBIZI.....88		
44a	(If yes to 41 or 42) Does (NAME) eat from his/her own separate bowl/cup? (Niba ari yego) Ese (Izina ry'umwana) yaba arira cyangwa agaburirwa ku gasahane/ mu gakombe ke?	YES/ YEGO.....1 NO/ OYA.....0		
45	Are you or someone in your family helping (NAME) eat? (ie. physically feeding them) Ujya ufasha (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mu muryango umufasha?	YES/ YEGO.....1 NO/ OYA.....0	→46b	
46a	IF NO: At what age did (NAME) start eating by himself/herself? NIBA ARI OYA: ni ku yahe mezi izina ry'umwanamuto) yatangiye kwigaburira ubwe?	Age (months)/ Imyaka mumezi..... __ __ DON'T KNOW/ SIMBIZI.....88		
46b	Do you encourage (NAME) to eat/feed (including when you breastfeed)? Mbese ujya ushishikariza (IZINA RY'UMWANA) kurya (no mu gihe umwonsa)?	YES/ YEGO.....1 NO/ OYA.....0		
47.	Has (NAME) ever received a vitamin A dose (like this/any of these)? Kanaka (IZINA RY'UMWANA MUTO) yigeze ahabwa	YES/ YEGO.....1		

	ikinini cya Vitamini A? <i>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS</i> MWEREKE IKININI CYA VITAMINI A GISANZWE GIKORESHWA	NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→49 →49	
48.	If Yes, did (NAME) receive a vitamin A dose within the last 6 months? Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe akanini ka Vitamini A mu mezi atandatu ashize	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88		
49.	Has (NAME) taken any drug for intestinal worms in the past 6 months? Kanaka (izinary'umwana Muto) yaba hari utunini tw'inzoka zomunda yahawe mu mezi atandatu ashize? <i>Show example of drug for worms</i> Mwereke urugero rw'ibinini by'inzoka	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88		
49.a	Has (NAME) ever received any MNP packets, like these? Kanaka (izinary'umwana Muto) yaba hari udupaki twa Ongera intungamubiri nk'utu yahawe?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	→50 →50	
49b.	If yes, did (NAME) receive it in the last 3 months?	YES/ YEGO.....1		

	Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe Ongerera intungamubiri mu mezi atatu ashize?	NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88		

SECTION IV: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS/

UBUVUZIBUKOMATANIJE BW'INDWARAZ'ABANA

A. DANGER SIGNS/IBIMENYETSO MPURUZA

50.	Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment? Rimwe na rimwe abana bajya barwara bagakenera ubufasha cyangwa kuvurwa, ni ibihe bimenyetso byakwerekana ko umwana wawe urwaye akeneye kuvuzwa? <i>RECORD ALL MENTIONED.</i> <i>ANDIKA IBYO AKUBWIYE BYOSE.</i>	Don't Know/ Simbizi A Looks Unwell Or Not Playing Normally/Kwigunga cg kudakina n'abandi.....B Not Eating Or Drinking/Ntabasha kurya/kunywa.....C Lethargic Or Difficult To Wake Gucika intege bikabije.....D High Fever/ Umuriro mwinshi.....E Fast Or Difficult Breathing/ Guhumeka insigane cg		

		bimugoye.....F Vomits Everything/ Kuruka ibintu byose.....G Convulsions/ Kugagara.....H Gets worse despite home care Kurushaho kuremba / Looks dehydrated (dry mouth or no tears)/Amazi yamushizemo (iminywa yumye, cg nta turira).....J Other/ Ibindi K (Specify/ Sobanura)	

B. CONTROL OF MALARIA/GUKURIKIRANA MALARIYA

51.	Has (Name) been ill with fever at any time in the last 2 weeks? Kanaka (izina ry'umwana muto) yigeze agira umuriro mubyumweru bibiri bishize?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	 →57 →57
52.	Did you seek advice or treatment for (NAME'S)	YES/ YEGO..... 1	

	fever? Waba waragiriwe inama cyangwa waravuje kanaka (izina ry'umwana muto) igihe yari afite umuriro?	NO/ OYA..... 0	→57
53	Where did you first go for advice or treatment for fever? Nihe wabanje kujya kugisha inama cyangwa kumuvuza?	Hospital/ Ku bitaro bikuru 01 Health Center Ku kigo nderabuzima.....02 Health Post/ Poste de Sante 03 Community Health Worker Umujiyimana w'ubuzima binome...04 Traditional Practitioner Umuvuze wa gihanga.....05 Shop/ Mu Isoko.....06 Pharmacy/ Farumasi.....07 Friend/Relative Inshuti/Abavandimwe 08 Other/ Ahandi.....09 (Specify/ Sobanura)	
54.	How long after you noticed (NAME'S) fever did you seek treatment? Wamuvuje amaze igihe kingana iki afashwe	Same Day/ Uwo muni.....0	

	n'umuriro?	Next Day/ Umunsi ukurikiyeho.....1 Two Days/ Nyuma y'iminsi 2.....2 Three Or More Days/ Nyuma y'iminsi 3/irenga 3 Don't Know/ Simbizi 88	
55.	At any time during the illness, did (Name) take any drugs for the fever? Hari imiti y'umuriro Kanaka (Izina ry'umwana) yahawe mu gihe yari arwaye?	YES/ YEGO 1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88	→57 →57
56.	Which medicines were given to (NAME) for his/her fever? Ni iyihe miti yahawe kubera impanvu z'umuriro? CIRCLE ALL MEDICINES THAT WERE GIVEN. SHYIRA AKAZIGA KU MUTI WOSE AKUBWIYE KO YAHawe IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU. IF SHE IS UNABLE TO SHOW YOU THEM, SHOW HER TYPICAL ANTI-MALARIALS AND HAVE HER IDENTIFY WHICH WERE GIVEN. NIBA UMUBYEYI ADASHOBOYE KUKUBWIRA IYO MITI, MUSABE AYIKWEREKE, NIBA ADASHOBOYE KUYIKWERERA MWEREKE IMITI YA MALARIYA ITANDUKANYE AKWEREKE IYO YAKORESHEJE.	ANTI-MALARIAL DRUGS/IMITI IRWANYA MALARIYA A. Coartem/ Primo.....0 1 2 3 8 B. Quinine/kinini.....0 1 2 3 8 <u>Other Drugs/ Indi miti</u> C. Paracetamol Parasitamolu.....0 1 2 3 8 D. Unknown Drug/ Ntuzwi...0 1 2 3 8	

	FOR EACH ANTI-MALARIAL MEDICINE ASK: KURI BURI MUTI WA MALARIYA, MUBAZE UTI: How long after the fever started did (NAME) start taking the medicine? Yatangiye kuwufata amaze igihe kingana iki afashwe n’umuriro? CIRCLE THE APPROPRIATE CODE/ SHYIRA AKAZIGA KU GISUBIZO AKUBWIYE CODES/ KODE: SAME DAY/UWO MUNSI= 0 NEXT DAY AFTER THE FEVER UMUNSI UKURIKIYEHO = 1 TWO DAYS AFTER THE FEVER NYUMA Y’IMINSI 2 = 2 THREE OR MORE DAYS AFTER THE FEVER NYUMA Y’IMINSI 3 CYANGWA IRENGA = 3 DON’T KNOW/ SIMBIZI =88	E. Other/ Undi _____ 0 1 2 3 8 (Specify/ Sobanura)	
57.	Does your household have any mosquito nets that can be used while sleeping? Mu rugo rwawe mufite inzitiramibu mukoresha?	YES/ YEGO..... 1 NO/ OYA 0	→62

58.	Who slept under a bed net last night? Ni bande baraye mu nzitiramibu iri joro ryakeye? RECORD ALL MENTIONED SHYIRA IKIMENYETSO KU BO AKUBWIYE IF ANYONE OTHER THAN THE CHILD OF INTEREST IS MENTIONED, CIRCLE "OTHER." NIBA HARI ABANDI BAYIRAYEMO BATARI UWO MWANA, SHYIRA IKIMENYETSO KURI "ABANDI"	No One/ Nta numwe..... 0 Child (Name)/ Umwana.....1 Nyina w'umwana.....2 Other/ Undi.....3	→62 →59
59.	Which brand of bed net did (Name) sleep under last night? Ni ubuhe bwoko bw'inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro ryakeye? READ THE PIECE OF PAPER ON THE BEDNET WHICH SHOWS THE BRAND OF THIS BEDNET SOMA KU GAPAPURO KARI KU NZITIRAMIBU GASOBANURA UBWOKO BWAYO BRAND OPTIONS NEED TO MATCH WHAT IS LOCALLY AVAILABLE IN EACH CATEGORY. THE PURPOSE OF THIS QUESTION IS TO IDENTIFY WHAT TYPE OF NET IS BEING USED BURI BWOKO BWOKO KURI IYI LISTI BUGOMBA GUHUZWA N'UBWOKO BW' INZITIRAMIBU BUBONEKA MURI AKO GACE. IMPAMVU Y'IKI KIBAZO NI UKUGIRA NGO TUMENYE NEZA UBWOKO BW'INZITIRAMIBU BUKORESHA	<u>LONG LASTING NET/ INZITIRA MIBU</u> <u>IKORANYWE UMUTI</u> Permanet.....1 Olyset.....2 Netprotect.....3 DON'T KNOW/ SIMBIZI 88 <u>PRETREATED NETS/ INZITIRAMIBU</u> <u>IKARISHYWA</u> No tag/Nta gapapuro.....4 DON'T KNOW/ SIMBIZI 88 <u>OTHER NET (UNTREATED)/ IZINDI</u> <u>NZITIRAMIBU ZIDAKARISHIJE</u> OTHER NET/ IZINDI.....5 Specify/ Sobanura 6	→62 →62 →62

		DON'T KNOW/ SIMBIZI 88	
60.	Was the bed net that (Name) slept under last night ever soaked or dipped in a liquid treated to repel mosquitoes or bugs? Inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro yigeze ikarishywa?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→62 →62
61.	How long ago was the net last soaked or dipped in a liquid treated to repel mosquitoes or bugs? Iyo nzitiramibu imaze igihe kingana iki ikarihijwe? IF LESS THAN ONE MONTH AGO, RECORD 00 MONTHS. NIBA IMAZE IGIHE KIRI MUNSI Y'UKWEZI KUMWE, ANDIKA AMEZI 00 IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. PROBE FOR EXACT NUMBER OF MONTHS. NIBA ICYO GIHE KIRI MUNSI Y'IMYAKA IBIRI, ANDIKA UMUBARE W'AMEZI ASHIZE. KOMEZA UMUBAZE UMENTYE NEZA UMUBARE W'AMEZI ASHIZE.	MONTHS/ AMEZI I _ I _ I MORE THAN 2 YEARS AGO/ HEJURU Y'IMYAKA IBIRI 2 DON'T KNOW/ SIMBIZI.....88	

C. PNEUMONIA/GUKURIKIRANA UMUSONGA

62.	Has (Name) had an illness with a cough that comes from the chest at any time in the last two weeks? Kanaka (Amazina y'umwana) yaba yarigeze arwara inkorora no kubabara mu gatuza igihe icyo aricyo cyose mu byumweru bibiri	YES/ YEGO.....1 NO/ OYA.....0	

	bishize?	DON'T KNOW/ SIMBIZI 88	→66 →66
63.	When (Name) had an illness with a cough, did s/he have trouble breathing or breath faster than usual with short, fast breath? Mu gihe kanaka (izina ry'umwana muto) yari arwaye inkorora, yahumekaga insigane cyangwa yahumekaga bimugoye?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→66
64.	Did you seek advice or treatment for the cough/fast breathing? Wigeze usaba inama cyangwa ushaka umuti w' inkorora, guhumeka insigane cyangwa guhumeka bimugoye?	YES/ YEGO 1 NO/ OYA 0	→66
65.	Who gave you advice or treatment? Anyone else? Record all mentioned. Ninde waba yarakugiriye inama cyangwa akaguha umuti? Ntawundi? ANDIKA ABO AKUBWIYE BOSE.	Doctor/ Dogiteri.....A Nurse/ Umuforomo.....B Community Health Worker Umujyanama w'ubuzima binome.....C Other/Undi.....D Sobanura	

D. CONTROL OF DIARRHEAL DISEASES/GUKURIKIRANA INDWARA Z'IMPISWI

66.	Has (NAME) had diarrhea in the last 2 weeks? Kanaka (izina ry'umwana muto) yigeze arwara impiswi mu byumweru bibiri bishize Bavugako umwana arwaye impiswi iyo agiye ku musarane inshuro zirenze 3 ku munsu kandi yituma umusarani w'amazi.	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88	→76 →76
67.	What was given to treat the diarrhea? Ni iki wamuhaye kugira ngo impiswi ihagarare ? Anything else?/Ntakindi ? If answer pill or syrup, show local packaging for zinc and ask if the child received this medicine. Niba ari ibinini cg imiti y'amazi, mwereke ibinini bya zinc noneho umubaze niba umwana yarahawe iyo miti. RECORD ALL MENTIONED. ANDIKA IBO AVUZE BYOSE.	NOTHING/ NTACYO.....A FLUID FROM ORS PACKET/ URUVANGE RW'IMYUNYU.....B HOME-MADE FLUID/ IBYO KUNYWA BITEGURIWE IMUHIRA C PILL OR SYRUP,ZINC/ IKININI,UMUTI W' AMAZI, ZINC D PILL OR SYRUP, NOT ZINC/ IBININI,UMUTI W'AMAZI NTA ZINC.....E INJECTION/ URUSHINGE.....F	

		(IV) INTRAVENOUS/ SERUMU.....G HOME REMEDIES/ HERBAL MEDICINES/ IMITI Y'IBYATSI.....H OTHER/ IBINDI _____ X (SPECIFY/ BISOBANURE)	
68.	If the child is exclusively breastfed (only taking breastmilk), ask only this question and then skip to Q 71 Niba umwana yonka gusa baza gusa iki kibazo noneho uhite ujya ku kibazo cya 71 When (name of child) was sick, was s/he offered more breastmilk than usual, about the same amount, or less than usual? Mu gihe Kanaka (izina ry'umwana muto) yari arwaye, yonkejwe inshuro nyinshi kuruta ubusanzwe, zingana cyangwa nkeya kubusanzwe?	Less than usual/Nkeya k'ubusanzwe...A Same amount/ Zingana B More than usual/ Ziruta ubusanzwe C	
69.	When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink? Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibinyobwa bike, bingana cyangwa biruta ibyo yarasanzwe anywa?	Less than usual/Nkeya k'ubusanzwe...A Same amount/ Zingana B More than usual/ Ziruta ubusanzwe C	
70.	When (name of child) was sick, was s/he offered more than usual to eat, about the same amount, or less than usual to eat? Mu gihe Kanaka (izina ry'umwana	Less than usual/Nkeya k'ubusanzwe...A Same amount/ Zingana B	

	muto) yari arwaye impiswi, yahawe ibyo kurya bike, bingana cyangwa biruta ibyo yarasanzwe aya?	More than usual/ Ziruta ubusanzwe C	
71.	Was s/he given any of the following to drink at any time s/he started having diarrhea? Mugihe Kanaka yari atangiye kugira impiswi hari ibyo wamuhaye muri ibi binyobwa bikurikira: <i>Read the choices to the mother and circle all mentioned:</i> Bimusomere maze ushyire akaziga kubyo akubwiye byose	A fluid made from a special packet called (local name for ORS packet) Uruvange rw'imyunyu (SRO).....A Cereal based ORT (rice water, maize water) Amazi avura impiswi (Amazi y'umuceri).....B Other home available fluids/ Ibindi binyobwa byateguriwe imuhira C Bisobanure	
72.	Did you seek advice or treatment from someone outside of the home for (NAME'S) diarrhea? Igihe Kanaka yari arwaye impiswi,wigezeushaka inama cyangwa umuti hanze y'urugo?	YES/ YEGO 1 NO/ OYA 2	→75
73.	Where did you first go for advice or treatment? 3 Washakiye inama cyangwa wamuvurije he bwa mbere? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE	<u>HEALTH FACILITY/ AMAVURIRO</u> HOSPITAL/ IBITARO BIKURU 01 HEALTH CENTER/ IKIGO NDERABUZIMA 02 HEALTH POST/ IVURIRO RYUNGIRIJE 03	

	NAME OF THE PLACE. NIBA AHO YAKUYE IMITI ARI KUBITARO,KU KIGO NDERABUZIMA CG MU IVURIRO RYIGENGA , ANDIKA IZINA RY AHO. _____ _____ (NAME OF PLACE/ IZINA RY' AHO HANTU)	CHW / UMUJYANAMA W'UBUZIMA 06 OTHER HEALTH FACILITY/ IRINDI VURIRO _____ 07 (SPECIFY/ RISOBANURE) OTHER SOURCE/ AHANDI YAKUYE IMITI TRADITIONAL PRACTITIONER UMUVUZI WA GIHANGA.....08 SHOP/ MU IDUKA.....09 PHARMACY/ FARUMASI.....10 FRIEND/RELATIVE INSHUTI CG UMUVANDIMWE 12 OTHER/ ABANDI_____ 88 (SPECIFY/ BAVUGE)	
74.	Who decided that you should go there for (NAME'S) diarrhea? Ninde wafashe icyo cyemezo cyo kumujyanayo (kumuvuza)?	RESPONDENT/ USUBIZA..... A HUSBAND/PARTNER/ UMUGABO..... ..B RESPONDENT'S MOTHER/ NYINA W'USUBIZA..... C	

	<i>RECORD ALL MENTIONED.</i> ANDIKA IBYO AKUBWIYE BYOSE.	MOTHER-IN-LAW NYIRABUKWE W'USUBIZA D FRIENDS/NEIGHBORS INSHUTI/ABATURANYI E OTHER/ABANDI X (SPECIFY/ BASOBANURE)	
75.	Since (NAME) has been recovering from diarrhea, did you give him/her less than usual to eat, about the same to eat, or more than usual to eat? Mugihe umwana yari akimara gukiruka impiswi, mbese mwamuhaye ibyo kurya bike, bingana cyangwa byinshi kuruta ibyo yari asanzwe ahabwa?	LESS/ BIKE.....1 SAME/ BINGANA.....2 MORE/ BIRUTA.....3 STILL HAS DIARRHEA/ ARACYAHITWA ... 4 DON'T KNOW/ SIMBIZI.....88	

SECTION V: WATER & SANITATION / AMAZI N'ISUKURA

76.	Do you treat your water in any way to make it safer for drinking? Hari uburyo mukoresha mu gutu nganya amazi yokunywa?	YES/ YEGO.....1 NO/ OYA.....0	→ 78
77.	IF YES: What do you usually do to	Let It Stand And Settle/	

	the water to make it safer to drink? Niba ariYego: ubikora ute ngo wize reko amazi ari meza yokunyobwa? (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	Sedimentation kuyatereka akiyungurura.....A Strain It Through Cloth Kuyayunguruza agatambaro.....B Boil/ kuyateka.....C Add Bleach/Chlorine Kuyashyiramo sur'eau/kolorine.....D Water Filter (Ceramic, Sand, Composite) Kuyayunguruza filitire(iyakizungu, amakara, umucanga.....E Solar Disinfection/ Kwica udukoko ukoresheje izuba.....F Don't Know/ simbizi.....G Other/ Ikindi_____H (Specify/ Sobanura)	
78.	When do you wash your hands? Ni ryari ukaraba intoki?	Never / nta narimwe A Before Food Preparation / Mbere yogutegura	➔81

	<i>DO NOT PROMPT. CIRCLE ALL MENTIONED.</i> NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA BYOSE.	amafunguro.....B Before Feeding Child / Mbere yo konsa/ mbereyo kugaburira umwana.....C After Defecation/Visiting The Toilet / Nyuma yo ku kuva ku musarane D After attending to a child who has defecated/soiled / Nyuma yo gutunganya/guhanagura umwana umaze kwituma.....E Other/ Ikindi ihe.....F (Specify/ Sobanura)	
79	Can you show me where you usually wash your hands and what you use to wash hands? Mushobora kunyereka aho mukarabira intoki n'icyo mukoresha mukaraba intoki? ASK TO SEE AND OBSERVE MUSABE ABIKWEREKE NAWWE WITEGEREZE.	Inside/Near Toilet Facility/ Mu musarane imbere cyangwa hafi yawo.....1 Inside/Near Kitchen/Cooking Place/ mu gikoni, Iruhande rwacyo/ aho batekera..... 2 Elsewhere In Yard Ahantu aho ari ho hose mu rugo.....3 Outside Yard/ inyumay'urugo.....4 No Specific Place Nta mwanya wihariye uhari.....5	

		No Permission To See Ntakwemereye kuhareba 8	
80a.	OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent? <i>This item should be either in place or brought by the interviewee within one minute. If the item is not present within one minute check none, even if brought out later.</i> (ONLY CHECK MORE THAN ONE IF SEVERAL CLEANING AGENTS ARE USED) ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki? <i>Icyo gikoreshe gishobora kuba gihari cyangwa kikazanwa n'umubyeyi</i>	Soap/ Isabune isanzwe.....A Detergent/ Isabune y'ifu nka omo.....B Ash/ Ivu.....C Mud/Sand/ Icyondo/ Akabuye.....D None/ Ntanakimwe.....E Other/ Ikindi_____F (Specify/ Sobanura)	

	<i>mu gihe cy'umunota umwe gusa.</i> <i>Niba kitabonetse mu munota</i> <i>umwe, kibarwa nk'ikidahari.</i> (SHYIRA IKIMENYETSO KU GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)		
80b	OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any? (ONLY CHECK MORE THAN ONE IF SEVERAL FACILITIES ARE USED) ITEGEREZE GUSA: Bakoresha ibihe bikoresho bakaraba? (SHYIRA IKIMENYETSO KU	Tippy tap / Kandagira ukarabe A Basin/ Ibase..... B Jerry can / jug: injerekani / ijage.....C Pan / pot / : Isafuliya/ Inkono D Sink / Lavabo E None/ Nta nakimwe F Other/ Ikindi_____G (Specify/ Sobanura)	

	GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)		
80c.	(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing? (ONLY CHECK MORE THAN ONE IF SEVERAL ARE PRACTICED) (Niba ari isafuliya, inkono cyangwa ibase) mubaze undi murimo akoresha ibi bikoresho utari gukaraba intoki? (SHYIRA IKIMENYETSO KU BYO AKUBWIYE BYOSE)	Nothing else/ Ntakindi.....A Food preparation/ Gutegura Amafunguro.....B Laundry/ Kumesa.....C Other/ Ibindi_____D (Specify/ Sobanura)	
81.	What kind of toilet facility do you have? Can I see it? Umusarane mukoresha umeze ute?	No toilet facility/ Nta musarane 1 Open latrine/ Umusarane udapfundikiye 2	

	Nshobora kuwureba ?	Closed latrine/ umusarane upfundikiye.....3 Flush toilet/ umusarane wa kizungu.....4 No permission to see/ ntiyakwemereye kureba....5	
82.	The last time (NAME) passed stools, where were the feces disposed of? Igihe cyashize (izina ry'umwana) amaze kwituma umwanda we wawushyize he? <i>Probe to find the location.</i> Komeza umubaze wumve aho yaba ashyira umwanda w'umwana.	Disposed into a latrine or toilet facility Yawushyize mu musarane 1 Disposed into a garbage/ trash bin yawushyize mu kintu kijyamo imyanda cyangwa ahagenewe imyanda.....2 Dug and buried – near the house or in the yard?/ Yawushyize iruhande rwinzu cyangwa kure yayo 3 Dug and buried – far from the house or yard?/ Yawushyize cyangwa yawutabye kure yinzu cyangwa ahandi.....4 Did not bury – near the house or yard / Ntiyawutabye hafi yinzu cyangwa ahandi.....5 Did not bury – far from the house or yard / Ntiyawutabye kure yinzu cyangwa ahandi 6 Don't know/ Simbizi.....7	

		Other/ Ahandi _____ 8 (Specify/ Sobanura)	

SECTION VI: IMMUNIZATION/ IKINGIRA

83.	Did you receive a card or child health booklet where (name of child's) vaccinations and Vitamin A doses can be written down? If so, can I see the card? Ese ufite igipande kanaka(izina ry'umwana) yakingiriweho, yanahereweho vitamine A? Niba gihari wakinyereka?	Yes, interviewer sees the card Yego, ubaza abonye igipande A Yes, but card is missing or lost Yego, ariko igipande ntagihari B No, never had a card Oya, nta gipande afite.....C Don't know / Simbizi D	→86 →86 →86																																							
84.		<table border="1"> <thead> <tr> <th colspan="10">Date of Immunization/ Itariki y'ikingira</th> </tr> <tr> <th></th> <th>DAY/ UMU NSI</th> <th>MONT H/UK WEZI</th> <th colspan="7">YEAR/UM WAKA</th> </tr> </thead> <tbody> <tr> <td>BCG/ IGITUNTU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> POLIO 0 / IMBASA 0 (POLIO GIVEN AT BIRTH OR BEFORE 6 WEEKS URUKINGO RW'IMBASA RUTANZWE UMWANA AKIVUKA CYANGWA MBERE Y'IBYUMWERU BIBIRI) </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Date of Immunization/ Itariki y'ikingira											DAY/ UMU NSI	MONT H/UK WEZI	YEAR/UM WAKA							BCG/ IGITUNTU										POLIO 0 / IMBASA 0 (POLIO GIVEN AT BIRTH OR BEFORE 6 WEEKS URUKINGO RW'IMBASA RUTANZWE UMWANA AKIVUKA CYANGWA MBERE Y'IBYUMWERU BIBIRI)									
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85.	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given during immunization campaigns? Kanaka hari urundi rukingo yaba yarahawe rutari kugipande, ushyizemo n'izo yaherewe mu ikingira rusange?	Yes/ Yego.....1 No/ Oya 0	→93 →93																																																																																																																																												

		Don't Know/ Simbizi 88	
86.	Please tell me if (NAME) received any of the following vaccinations: Ndabasaba kumbwira niba (KANAKA) yarahawe izi nkingo zikurikira: BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? Urukingo rw'igituntu, rumwe bakingira umwana kukaboko cg ku rutugu rukamusigiraho inkovu?	Yes/ Yego..... 1 No/ Oya 0 Don't Know/ Simbizi 88	
87.	Polio vaccine, that is, drops like these, in the mouth? Urukingo rw'imbasa Igitonyanga baha umwana mukanwa? SHOW THE EXAMPLE OF POLIO DROPS MWEREKE URUGERO RW'IGITONYANGA.	Yes/ Yego..... 1 No/ Oya 0 Don't Know/ Simbizi 88	→90 →90
88.	When was the first polio vaccine received? [In the first two weeks after birth or later? Niryari umwana yahawe urukingo rwa mbere rw'imbasa?(Mu byumweru bibiri bya mbere amaze kuvuka cg nyuma yabyo)	First Two Weeks After Birth Mubyumweru bibiri bya mbere avutse 1 Later/ Nyuma yaho.....2 Don't Know/ Simbizi.....88	
89.	How many times was the polio vaccine received? Urukingo rw'imbasa yarubonye	Number Of Times/ Incuro Don't Know/ Simbizi.....88	

	inshuro zingahe?		
90.	DTP vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops? Urukingo batera ku kibero akenshi batangira rimwe n'urw'imbasa yararuhawe?	Yes/ Yego..... 1 No/ Oya 0 Don't Know/ Simbizi 88	→92 →92
91.	How many times? Yaruhawe inshuro zingahe?	Number Of Times/ Incuro..... Don't Know/ Simbizi.....88	
92a.	Did (name of child) ever receive an injection in the arm to prevent Measles? Ese Kanaka (Izina ry'umwana muto) yaba yarakingiwe urukingo rw'iseru?	Yes/ Yego..... 1 No/ Oya 0 Don't Know/ Simbizi.....88	
92b.	Did (name of child) ever receive a dose of vitamin A? Ese Kanaka (Izina ry'umwana muto) yaba yarahawe ikanini cya Vitamini A?	Yes/ Yego..... 1 No/ Oya 0 Don't Know/ Simbizi.....88	→93 →93
92c.	When was the last dose of vitamin A? Ikinini cya vitamin A aherutse kugihabwa ryari?	Less than 6 months/ Amezi 6 ntarashira.....1 More than 6 months/ Amezi 6 ararenga.....2 Don't Know/ Simbizi.....88	

SECTION VII: ANTHROPOMETRICS/ IBIPIMO

93	May I weigh (name of child)? Nshobora gupima (izinary'umwana muto) ibiro?	Yes/ Yego 1 st _____

	<i>Measure twice. If difference in weight is more than 0.5 KG, measure a third time.</i> Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'ibiro by'umwana ari inusu(500 gs) ongera umupime bwa gatatu	Kilograms/ Ibiro 2nd _____ Kilograms/ Ibiro 3rd _____ Kilograms/ Ibiro No/ Oya.....0
94	May I use MUAC Tape with (name of child)? Nshobora gupima umuzenguruko w'ikizigira (izinary'umwanamuto)? <i>Measure twice. If difference in length is more than 0.5 CM, measure a third time.</i> Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira by'umwana ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetero 2nd _____ cm/ santimetero 3rd _____ cm/ santimetero No/ Oya.....0

95.	May I measure length for (name of child)? Nshobora gupima uburebure bw'umwana? <i>Measure twice. If difference in length is more than 0.5 CM, measure a third time.</i> Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'uburebure bw'umwana ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetro 2nd _____ cm/ santimetro 3rd _____ cm/ santimetro No/ Oya.....0
95a.	Check if (name of child) has oedema in both feet / Suzuma urebe niba (Izina ry'umwana muto) yaba afite edeme ku maguru yombi.	Yes/ Yego.....1 No/ Oya.....0
96	May I use MUAC Tape with you? Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawe? <i>Measure twice. If difference in length is more than 0.5 CM, measure a third time.</i> Pima umubyeyi inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira cy'umubyeyi ari 0.5 cm ongera umupime bwa gatatu	Yes / Yego.....1st _____ cm/ santimetro 2nd _____ cm/ santimetro 3rd _____

		cm/ santimetro	
		No/ Oya.....0	
SECTION VIII: BEHAVIOR CHANGE COMMUNICATION/IKIGANIRO KIGAMIJE GUHINDURA IMYITWARIRE			
97.	In the past 6 months, have you participated in a week-long training on child feeding and food preparation? Mu mezi 6 ashije , waba warigeze witabira inyigisho zimara icyumweru zijyanye no kugaburira umwana no gutegura amafunguro mu mudugudu?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	→ 101 → 101
98.	IF YES: How many times? NIBA ARI YEGO: wazigiyemo inshuro zingahe ?	Once/ Rimwe.....1 Twice/ Kabiri.....2 Three or more/ Gatatu cyangwa karenga.....3	
99.	When was the most recent time you participated in such a week-long training? Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?	Month/Ukwezi _____ Year/ Umwaka _____	
100.	The most recent time, how many of the days did you participate? Izo uherutse wazitabiriye iminsi ingahe?	Number / Umubare..... _ _ Don't know/ Simbizi.....88 No response/ Nta gisubizo.....99	

101.	Did you receive a visit related to health in the past month? Hari uwaba yaragusuye mu byerekeranye n'ubuzima mu kwezi gushize?	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88	
101a.	If yes, who visited you? Niba ari yego ni nde? <i>Do not prompt; Circle all that apply.</i> <i>Wimuca mu ijambo andika ibyo akubwiye aho bigomba kujya.</i>	Care group member/ Uri mu itsinda ry'ubuzima (care group).....A Health facilities staff/ Umukozi w'ivuriro.....B Local government staff/ Umuyobozi mu nzego z'ibanze.....C Others?/ Abandi? _____ D (Specify/ Sobanura)	
102	If yes, can you tell me what the purpose of the visit was? Niba ari yego, wambwira icyamugenzaga? <i>Do not prompt; Circle all that apply.</i> <i>Wimuca mu ijambo andika ibyo akubwiye aho bigomba kujya.</i>	A. FOLLOW UP ON SICK CHILD GUKURIKIRANA UMWANA URWAYE B. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA MALARIYA C. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA IMPISWI D. PROVIDE HEALTH EDUCATION ON PNEUMONIA GUTANGA INYIGISHO KUNDWARA Y'UMUSONGA	

		E. PROVIDE HEALTH EDUCATION ON NUTRITION GUTANGA INYIGISHO KU MIRIRE F. PROVIDE HEALTH EDUCATION ON IMMUNIZATION GUTANGA INYIGISHO KU IKINGIRA G. OTHER/ IKINDI: _____ (Specify/ Sobanura)	
103.	Did you receive any health information from a CHW in the last month? If yes, where did you receive that health information? Hari inyigisho wigeze uhabwa n'umujyanama w'ubuzima muri uku kwezi gushize? Niba ari yego, izo nyigisho waziboneyehe?	A. Home visit Mu isura ry'ingo.....A B. Community Meeting/Mu nama y'umudugudu cg iy'Akagali.....B C. Health Facility Ku Kigo Nderabuzima.....C D. Growth Monitoring and Counseling Mu gihe cyo gukurikirana imikurire y'abana mu Akagali.....D E. Nutrition Week/ Mu cyumweru cy'Imirire.....E F. Other/Ahandi.....F _____ (Specify/Sobanura) G. Did not receive any health information	

		from a CHW last month. Ntabwo yigeze ahabwa inyigisho z'ubuzima n'Umujiyanama w'ubuzima mu kwezi gushize.....G	
	Time interview ended/ Igihe ibazwa ryarangiriye	AM Mbere ya saasita ____ ____ : ____ ____ PM Nyuma ya saasita ____ ____ : ____ ____	

Thank you. Murakoze.

III.Previously Approved Amendments to May 13, 2013 & May 21, 2014 versions of Protocol

A. Summary of Changes Made in 2013

Please note the following amendments to the original protocol, as detailed below and reflected in the version of the protocol:

Cover page

- Addition of UBC logo
- Repositioning of logos
- Notation of revision

Acronyms and Abbreviations(Protocol, p. 5)

- Removal of ICG – “Integrated Care Group” in favor of “modified Care Groups” so as not to confuse with alternate use of the term “integrated care group” being used in Burundi by another organization.

Contact Persons

- Updated World Relief Home Office contacts in Baltimore, MD, USA (Protocol, p.7)
 - o Removed Monisha Jayakumar and Olga Wollinka, who are not currently employed by World Relief

Synopsis(Protocol, p.8)

- Frequency of Nutrition Weeks increased from twice to thrice per year, per recommendation of Nutrition Working Group (Protocol p.8 and elsewhere)
- Reference to 33-cluster surveys corrected to 30-cluster (Protocol p. 8 and elsewhere)

Overall Project Strategy (Protocol, p.13)

- Changed term from “Integrated Care Groups” to “modified Care Groups” (Protocol, p.13)

Formative Research

- **Table 4: Market Survey Findings** (Protocol, p. 21): Combined headings for fat and carbohydrate into one column labeled “energy”.
- **Exit interviews** with mother participants in Nutrition Weeks (Protocol. 25); timing of follow up interview changed from four weeks post-intervention to “at least” four weeks post intervention.
- Please see below for additional qualitative methods that will be used to assess implementation and continue to shape design of the Nutrition Weeks and other interventions.

Evaluation Methods – KPC Sampling (Protocol p. 29-30)

- For monitoring surveys in years two and three, the sample was adjusted to two, 30x10 cluster samples in each arm (from 30 x 12 used at baseline), without parallel sampling. This was deemed sufficient for monitoring purposes and a better use of limited resources.

Logistics (Protocol, p.33)

- **Table 7. Roles and Responsibilities**(Protocol, p.33): updated to reflect changing individuals and responsibilities. Changes highlighted in yellow.
- **Table 4: FY 2,3 and 4 Timeline *as of Year 1***.(Protocol, p. 36)
 - Please see addendum below for a more detailed, updated table for May-December 2013
- **Budget** (Protocol, p. 37)
 - Please see addendum below for the Year 2 Budget.

Annex A: CVs for Principal Investigators and Co-Investigators (Protocol, p. 38)

- CVs for Principal Investigators Dr. Judy McLean and Dr. Fidele Ngabo, and for Co-Investigator Ms. Melene Kabadage were already included in Annex A.
- Please see addendum below for the CV for Co-Investigator Ms. Alphonsine Nyirahabineza

Annex B. Project Indicators Table

- **Table 5: Proposed Project and OR Indicators to be measured by KPC Surveys** (p.45) Please see below for a revised indicator table that re-orders the indicators, adds an additional process indicator related to home visits, and shifts timing of measurement of some indicators from Y2 to Y3.

Annex E. KPC Survey Draft Questionnaire

- The KPC Survey Draft Questionnaire included in the original protocol (p.60) was for the baseline survey. For monitoring purposes in Year 2, an abridged version of the survey will be used that focuses on the operations research indicators (nutrition and control of diarrheal disease).
- The Year 2 KPC Monitoring Survey is included with the additions below; it will use the same consent form that was already approved for the baseline KPC in Year 1 (p.59)

Annex I. Standard KPC Survey Methodology(Protocol, p. 117)

- The KPC Monitoring Survey will largely follow the “standard” KPC 30 clusters x 10 households methodology as described in the original Annex I. Minor changes include the following:
 - In households with more than one child 0-23 months-old, instead of systematically selecting the younger child (to favor data collection on exclusive breastfeeding), the child to be included will be randomly selected by flipping a coin or drawing straws (in the rare event of three children 0-23 months).
 - The number of interviewers (Protocol, p. 118) will be 32
 - The anticipated time for completing the questionnaire (Protocol, p. 119) will be 40 minutes.

B. Additional Tools for Year 2 Data Collection, Quantitative and Qualitative

A number of additional data collection instruments will be used in Year 2, included below and summarized in the following table.

Summary of Year 2 data collection				
	Sample size			Comments
	Kaduha	Kigeme	Total	
HH KPC survey interviews with mothers, abridged from baseline to focus on OR indicators	300	300	600	
NW Exit Interviews with Mothers: Part two of exit interviews to follow up with a sample of mothers who participated in exit interviews one week after Nutrition Week intervention.	4		4	All mothers participating to NW were interviewed but not all Sites. We will select randomly one NW per HC
Focus group discussions with mother participants to NW who did not participate in exit interviews one week post NW	4		4	1 FGD/HC
Focus group discussion with Village Nutrition Committees to understand implementation issues with NW	4		4	1 FGD after each NW cycle
Focus Groups Discussions with modified Care Groups for BCC, nutrition & data reporting	4	4	8	
Feedback meeting with health Staff: Director of Hospital; Head of HC; Hospital & HC In charge of Community Health activities	1	1	2	Kaduha: 18 Participants Kigeme: 20 Participants
Feedback meeting with Sector & Cell Leaders	1	1	2	Kaduha: 8 participants from sectors + only 22 from cell= 30 participants Kigeme: 9 participants from sectors + only 21 from cell= 30 participants
Feedback meeting with religious leaders	1	1	2	Kaduha: 18 Participants Kigeme: 35 Participants
Focus Group Discussion with Tangiraneza I-CSP staff			All	
Interview with Tangiraneza I-CSP Manager			1	

Year 2 KPC Monitoring Survey Questionnaire with Translation

World Relief Rwanda Tangiraneza Innovation Child Survival Project

RESPONDENT IDENTIFICATION/UMWIRONDORO W'USUBIZA	
Cluster Number/ Nimero y'itsinda	
Household Number/ Nimero y'urugo	
Record Number/ Nimero y'ubazwa	
Interviewer Name/ Amazina y'ubaza	
Sector/ Umurenge	
Cell/ Akagali	
Village/ Umudugudu	
Health center/ Ikigo nderabuzima	
NAME OF THE MOTHER / AMAZINA Y'UMUBYEYI AGE OF THE MOTHER IN YEARS IMYAKA Y'UMUBYEYI	What is the name, sex, date of birth of your youngest child that you gave birth to and that is still alive? Umwana wawe muto wabyaye kandi ukiriho yitwa nde? Igitsina cye? Yavutse ryari? NAME OF THE CHILD LESS THAN 24 MONTHS AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24

IS THE RESPONDENT THE BIOLOGICAL MOTHER OF THE CHILD? UBAZWA NI WE NYINA W'UMWANA WAMUBYAYE? YES/YEGO.....1 NO/OYA.....0		SEX OF CHILD (1=MALE, 2=FEMALE).....1.....2 IGITSINA CY'UMWANA(1=GABO, 2=GORE) DATE OF BIRTH ____/____/____ IGIHE YAVUKIYE AGE OF THE CHILD (IN MONTHS) IMYAKA Y'UMWANA (MU MEZI)		
Date of Interview/ Itariki y'ibazwa		/...../.....		
Did the mother give consent? Ubazwa yemeye ubwumvikane?		Yes/ Yego.....1 No/ Oya.....2		
If no, why? Niba ari Oya, kubera iki?		Unavailable/ Ntaboneka.....1 →End/Iherezo Unwilling/ Ntameze neza.....2 →End/Iherezo Child not Home/ Umwana ntahari.....3 →End/Iherezo Other/ Ibindi.....4 →End/Iherezo		
Time interview began/ Isaha ibazwa ryatangiriye		AM Mbere ya saa sita PM Nyuma ya saa sita		
Time interview ended/ Igihe ibazwa ryarangiriye		AM Mbere ya saa sita PM Nyuma ya saa sita		
#	Questions Ibibazo	Responses Ibisubizo bishoboka	Skip Simbu ka	Answer/ Igisubiz o

				atanze
SECTION I: SOCIO-DEMOGRAPHICS / IGICE CYA 1: IMIBEREHO RUSANGE				
INSTRUCTIONS: ASK THE QUESTIONS EXACTLY AS THEY ARE WRITTEN. DO NOT READ RESPONSES UNLESS DIRECTED TO DO SO. WORDS IN <i>ITALICS</i> ARE INSTRUCTIONS FOR THE INTERVIEWER AND SHOULD NOT BE READ ALOUD. FOLLOW SKIP PATTERNS AS DIRECTED. WRITE ANSWERS IN THE ANSWER BOX UNLESS OTHERWISE DIRECTED. AMABWIRIZA: BAZA IBIBAZO NKUKO BYANDITSE. IRINDE KUMUSOMERA IBISUBIZO. AMAGAMBO YANDITSE MUBURYO BUBERAMYE NI AMABWIRIZA Y'UBAZA NTABWO UGOMBA KUYASOMERA UBAZWA. AHO UGOMBA GUSIMBUKA HASIMBUKE. ANDIKA IGISUBIZO MU KAZU KABUGENEWE.				
1	Have you ever attended school? Mwaba mwarageze mu ishuri?	Yes/ Yego.....1 No/ Oya.....2 Don't know/ Simbizi.....88	→3 →3	
2	<i>If yes, then ask:</i> What is the highest grade or level of school you have completed? <i>Niba ari yego, mubaze uti:</i> Warangije ayahe mashuri?	None/ Did not complete primary Ntayo/Ntiyarangije amashuri abanza.....0 Primary/ Amashuri abanza 1 Secondary/ Amashuri yisumbuye.....2 Past Secondary/ Amashuri makuru.....3 Other/ Ayandi.....4		
3	How many people live in your household? Muri uru rugo mubamo muri bangahe?	Number/ Umubare..... Don't know/ Simbizi.....88		
4	What is your <i>ubudehe</i> category according to the participatory poverty assessment as defined by	7. Umutindi nyakuja (those in abject poverty).....1 8. Umutindi(the very poor).....2 9. Umukene(the poor) 3		
4.a				

	MINALOC? Mwashyizwe mu kihe cyiciri cy'ubudehe nyuma y'ubushakashatsi bwakozwe na MINALOC ku bijanye n'ubukire cyangwa ubukene? 1. Umutindi nyakujya (those in abject poverty) 2. Umutindi (the very poor) 3. Umukene (the poor) 4. Umukene wifashije (the resourceful poor) 5. Umukungu (the food rich) 6. Umukire (the money rich) (Source: <i>Government of Rwanda Poverty Reduction- Strategy Paper</i>, June 2002 – p.15.)	10. Umukene wifashije (the resourceful poor).....4 11. Umukungu(the food rich).....5 12. Umukire(the money rich).....6 13. Don't know/ imbizi.....88 If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINALOC. Niba ubazwa atazi icyiciri arimo, ubaza ajye kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciri by'ingo zose, Niba ubazwa ajya impaka ku cyiciri yashyizwemo, koresha icyiciri kiri kuri listi ya MINALOC		
4.b	Are you using health insurance? Ese waba uri mu bwisungane mu kwivuza?	Yes/Yego.....1 No/Oya.....0		
4.c	If yes, can I see your member card? Niba ari yego, nshobora kureba ikarita yawe y'ubwisungane mu kwivuza?	Card available/ikarita irahari.....1 No card/ikarita ntayo afite.....0	→21	

SECTION II: MATERNAL AND NEWBORN CARE/ IGICE CYA KABIRI KWITA K'UMUBYEYI NURUHINJA				
5-20	Q5-20 removed for Y2		All →21	
21	During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup? Mu gihe wari utwite Kanaka (izina ry'umwana muto) wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongerera amaraso? SHOW TABLETS/ BIMWEREKE	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....88	→29	→29
22	During the whole pregnancy, for how many days did you take the tablets/syrup? Igihe wari utwite, ibyo binini bya feri wabifashe mu minsi ingahe? IF THE ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. NIBA IGISUBIZO AGUHAYE ATARI UMUBARE, KOMEZA UMUBAZE AGERERANYE MU MIBARE.	DAYS/IMINSI..... DON'T KNOW/ SIMBIZI.....88		
23-28	Q23-28 removed for Y2		All →29	

III: BREASTFEEDING AND CHILD NUTRITION/ **KONSA NO KUGABURIRAUMWANA**

29	Did you ever breastfeed (NAME)? Wigeze wonsa kanaka (izina ry'umwana muto)?	YES/ YEGO..... 1 NO/ OYA 0	→36	
30	How long after birth did you first put (NAME) to the breast?Ukimara kubyara kanaka (izina ry'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. NIBA ARI MUNSI Y'ISAHU IMWE SHYIRA AKAMENYETSO KURI 00, NIBA ARI MUNSI Y'AMASAHU 24, ANDIKA UMUBARE W'AMASAHU, NIBA ARI HEJURU Y'AMASAHU 24, ANDIKA IMINSI.	HOURS/ IGIHE KITAGEZE KU ISAHU 00 __ __ HOURS/ AMASAHU 1 __ __ DAYS/ IMINSI 2 __ __		
31	During the first three days after delivery, did you give (NAME) the liquid that came from your	YES/ YEGO 1		

	breasts? Mu minsi itatu ya mbere umaze kubyara, waba waronkeje Kanaka (IZINARY'UMWANA MUTO)?	NO / OYA 0 DON'T KNOW/ SIMBIZI 88		
32	In the first three days after delivery, was (NAME) given anything to drink other than breast milk? Mu minsi itatu ya mbere umaze kubyara, hari ikindi kinyobwa wahaye KANAKA (Izina ry'umwana muto) kitari amashereka?	YES/ YEGO..... 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 88	→ 34 → 34	
33	What was (NAME) given to drink? Ni bihe binyobwa wahaye Kanaka (IZINARY'UMWANA MUTO)? Anything else? Ntakindi? DO NOT READ THE LIST NTUMUSOMERE IBISUBIZO. RECORD ALL MENTIONED BY CIRCLING LETTER FOR	MILK (OTHER THAN BREASTMILK) AMATA (ATARI AMASHEREKA).....A PLAIN WATER / AMAZI.....B SUGAR OR GLUCOSE WATER AMAZI ARIMO ISUKARI.....C GRYPE WATER/ AMAZIYOMUNGANDA D SUGAR-SALT-WATER SOLUTION / AMAZI ARIMO UMUNYU N'ISUKARI.....E FRUIT JUICE/ UMUTOBE W'IMBUTO F		

	EACH ONE MENTIONED SHYIRA AKAZIGA KUCYO AKUBWIYE	INFANT FORMULAAMATA Y'ABANA YO MU BIKOMBE.....G TEA / INFUSIONS / ICYAYI.....H HONEY/ UBUKI I OTHER/IBINDI.....X _____ (SPECIFY/ SOBANURA)		
34	Was (NAME) breastfed yesterday during the day or at night?Kanaka (Izina ry'umwana muto) waramwonkeje ejo ku manywa cyangwa nijoro?	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 88	→36 →36	
35	Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby. Rimwe na rimwe abana bahabwa amashereka mu buryo butandukanye, urugero bagahabwa amashereka ku kayiko,	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 88		

	mu gikombe cg mu icupa. Ibyo bishobora kuba iyo umubyeyi adashoboye kuba ari kumwe n'umwana we. Bishobora no kuba iyo umubyeyi adashobora konsa umwana we. Did (NAME) consume breast milk in any of these ways yesterday during the day or at night? Mbese (KANAKA) yaba yarahawe amashereka)ejo kumanywa cg nijoro hakoreshejwe bumwe muri ubwo buryo maze kukubwira?			
36	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (Name) given any vitamin drops or other medicines as drops yesterday during the day or night? Ubunda shaka kukubaza ibyerekerwa nye n'imiti cyangwa amavitamini ajya ahabwa abana. Ese (KANAKA) yaba yarahawe ibitonyanga bya vitamin cyangwa indi miti ejo ku manywa cg nijoro?	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 88		

37	Was (Name) given ORS yesterday during the day or at night? Haba hari uruvange rw'imyunyu n'isukari(SRO) waba warahaye kanaka (izinary'umwana muto) ejo kumanywa cg nijoro?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88		
38	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? Kanaka (izina ry'umwana muto) yaba yaranywesheje BIBERO ejo kumanywa cyangwa iri joro?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW / SIMBIZI 88		

READ THE QUESTIONS BELOW PERTAINING TO Q. 39. READ THE LIST OF LIQUIDS ONE BY ONE AND MARK YES OR NO, ACCORDINGLY. AFTER YOU HAVE COMPLETED THE LIST, CONTINUE BY ASKING QUESTION 40 [SEE FAR RIGHT HAND COLUMN) FOR THOSE ITEMS (40B, 40C, AND/OR 40F) WHERE THE RESPONDENT REPLIED 'YES'].

SOMA IKIBAZO KIRI HASI. SOMA URUTONDE RW'IBINYOBWA KIMWE KIMWE USHYIREHO YEGO CYANGWA OYA,NYUMA YO KUMVA URUTONDE, KOMEZA UBAZE IKIBAZO CYA 40 [KURI IBI BIBAZO (40B, 40C, NA 40D/CYANGWA 40F) AHO IGISUBIZO ARI 'YEGO'].

No.	QUESTIONS AND FILTERS/IBIBAZO	CODING CATEGORIES/IBISUBIZO BITEGEREJWE			QUESTIONS AND CODING CATEGORIES/IBIBAZO N'IBISUBIZO BITEGEREJWE
	39				40

	Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM FROM LIST)? Noneho ndiifuza kukubaza ibinyobwa waba warahaye umwana wawe ejo ku manywa cg nijoro. Hari ibyo waba waramuhaye?(IBIRI KURI LISTI) READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.' SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".	YES YEGO	NO OYA	DK SINZI	How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)? Ibi binyobwa kanaka (izina ry'umwana muto) yabifashe inshuro zingahe ku munsi haba ku manywa cyangwa nijoro?: READ QUESTION 40 FOR ITEMS B, C AND F, IF CHILD CONSUMED THE ITEM. RECORD 88 for DON'T KNOW. SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO YASHUBIJE SIMBIZI.
A	Plain water? Amazi gusa?	1	0	88	
B	Infant formula such as [INSERT LOCAL EXAMPLES]? Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi?	1	0	88	B. TIMES/ Inshuro I _ I _ I
C	Milk such as tinned, powdered or fresh animal milk? Amata yo mu dukarito, ay'ifu cyangwa inshyushyu (y'inka, ihene)?	1	0	88	C. TIMES/ Inshuro I _ I _ I
D	Juice or juice drinks? Umutobe w'ibitoke cyangwa	1	0	88	

	ubundi bwoko bw'imitobe?				
E	Clear broth? Isupu imeze nk'amazi?	1	0	88	
F	Yogurt? Yawurute?	1	0	88	F. TIMES/InshuroI__I__I
G	Thin porridge? Igikoma kidafashe?	1	0	88	
H	Any other liquids such as [LIST other water-based liquids available in the local setting]? Ibindi binyobwa nk'umutobe, umusururu n'ibindi?	1	0	88	
I	Any other liquids? Ibindi binyobwa?	1	0	88	
41	Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home. Mwatubwira ibiribwa (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa ahandi. d) Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION Tekereza mu gihe (kanaka) yamaraga kubyuka ,hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA ARI NTACYO, KOMEZA KUKIBAZO CYA b). e) What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. Nyuma y'ibyo (kanaka) yakoze iki? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA				

ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Ntakindi? KUGEZA UBWO ASUBIZA KO NTA KINDI.

REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY. IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE:

SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA KU WUNDI MUNSI. NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI:

f) What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.

Ni ibihe biribwa byari muri iyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Nta kindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI.

AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOWWRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.

UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHOKUKIMENYETSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI"1" MU KUMBA KEGEREYE ITSINDA RY"IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBYANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE AHAGENEWE ITSINDA RY'IBIRUNGO.

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW:

Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?

MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE< SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHYIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0"

	NIBA ASHUBIJE OYA, KURI “88” NIBA ASHUBIJE SIMBIZI: Ejo ku manywa cyangwa nijoro, ese (Kanaka) yaba yarariye cyangwa yaranyoye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRO)?			
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.			
NO.	QUESTIONS AND FILTERS/IBIBAZO	CODING CATEGORIES/IBISUBIZO BITEGEREJWE		
		YES/ YEGO	NO/OYA	DK/ SIMBIZI
A	Porridge, bread, rice, noodles, or other foods made from grains Igikoma, umugati, umuceri, amakaroni, cyangwa ibindi biribwa bikomoka ku binyampeke.	1	0	88
B	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside Ibihaza, karoti, ibijumba by' umuhondo cyangwa bya orange	1	0	88
C	White potatoes, white yams, cassava, or any other foods made from roots Ibirayi, ibikoro, imyumbati, cyangwa ibindi biribwa bikomoka ku binyabijumba.	1	0	88
D	Any dark or green leafy vegetables/ Imboga z'icyatsi kibisi cyane, Imboga rwatsi	1	0	88
E	Ripe mangoes, ripe papayas or (INSERT OTHER LOCAL VITAMIN A_RICH FRUITS) Imyembe ihishije, ipapayi ihishije, cyangwa	1	0	88

	(ONGERAMO IZINDI MBUTO ZIKUNGAHAYE KURI VITAMINE A)			
F	Any other fruits or vegetables Izindi mbuto cyangwa imboga	1	0	88
G	Liver, kidney, heart or other organ meats Umwijima, impyiko, umutima, cyangwa izindi nyama zo munda	1	0	88
H	Any meat, such as beef, pork, lamb, goat, chicken or duck Izindi nyama: iz'inka, ingururube, intama, ihene, inkoko cyangwa imbata	1	0	88
I	Eggs/Amagi	1	0	88
J	Fresh or dried fish, shellfish or seafood Amafi mabisi cyangwa yumye, isambaza, injanga /indagara	1	0	88
K	Any foods made from beans, peas, lentils, nuts or seeds Ibindi biribwa nk'ibishyimbo, amashaza, lantiye, ubunyobwa	1	0	88
L	Cheese, yogurt, or other milk products foromage, yawurute, cyangwa andi mata	1	0	88
M	Any oil, fats or butter, or foods made with any of these Andi mavuta, ibinure cyangwa mayonese, cyangwa ibiribwa bikomoka kw'ibyo tuvuze.	1	0	88
N	Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits Ibindi biribwa birimo isukari nka shokora, bombo, shikareti, gato cyangwa biswi	1	0	88

O	Condiments for flavor, such as chilies, spices, herbs or fish powder Ibiribwa by'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara	1	0	88
P	Grubs, snails or insects Inswa ,isenani cyangwa utundi dusimba duto tuguruka	1	0	88
Q	Foods made with red palm oil, red palm nut or red palm nut pulp sauce Ibiribwa byatekeshejwe amamesa	1	0	88
R	Other foods not recorded on the list Ibindi biryo bitavuzwe haruguru	1	0	88
Check categories A-Q/GENZURA IBYICIRO A-Q		IF ALL 'No' → GO TO 41/ NIBA BYOSEARI OYA →JYA KURI 41 IF AT LEAST ONE "YES" or ALL "DK": → GO TO 42/ NIBA KIMWE MURI BYO ARI YEGO CYANGWA BYOSE ARI "SIMBIZI": →JYA KURI 42		
42	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? Ese (Izina ry'umwana) yigeze aya ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye ejo cyangwa ijoro ryakeye? IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat? NIBA ARI YEGO KOMEZA UBAZE UTI: NI	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI.....88 GO BACK TO Q41 AND RECORD FOODS EATEN THEN CONTINUE. Subira ku kibazo cya 41 umusubiriremo bya kibazo	→45 →45	

	ubuhe bwoko bw' ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye yafashe?	nyuma ukomeze		
43	How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? Ibiryo bikomeye cyangwa bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitari nk'amazi yabifashe inshuro zingahe ejo kumanywa cyangwa nijoro? ADAPT THIS QUESTION TO USE LOCAL WORDS FOR THE SEMI-SOLID FOODS THAT ARE GIVEN. INCLUDE MASHED OR PUREED FOOD, ALONG WITH PORRIDGES, PAPS, THICK GRUELS, STEWS, ETC. SOLID FOODS – E. G., FAMILY FOODS, BANANAS, MANGOES, POTATOES, BREAD – SHOULD ALSO BE INCLUDED GERAGEZA GUKORESHA AMAGAMBO ASANZWE AKORESHWA MURI AKO GACE KU MAZINA Y'IBIRYO BIDAKOMEYE CYANE BIHABWA UMWANA. UBARIREMO INOMBE, IBISEYE, IGIKOMA, IBIRYO BYOKEJWE, IBITETSE, N'IBINDI; URUGERO RW'IBIRYO BIKOMEYE: IBIRYO BY'UMURYANGO WOSE. IMINEKE, IMYEMBE, IBIJUMBA, UMUGATI BISHOBORA KUBARIRWAMO. WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES	NUMBER OF TIMES/ INSHURO..... _ _ DON'T KNOW/ SIMBIZI 88 GO BACK TO Q.41 TO RECORD FOOD EATEN YESTERDAY SUBIRA INYUMA KU KIBAZO CYA 41 KUGIRA NGO USHYIRE AKAZIGA KU BIRIBWA UMWANA YARIYE		

	OF MOTHER’S OR SISTER’S FOOD SHOULD NOT BE COUNTED. TURIFUZA KUMENYA UMUBARE W’INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N’UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE. LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID. IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK’AMAZI N’IBINDI BIRYO BIMEZE NK’AMAZI CYANGWA BINYOBWA. USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W’EJO.			

	IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat? NIBA ARI "YEGO" MUBAZE UTI: Ni ibihe biribwa bikomeye, bidakomeye cyane cyangwa byoroshye kanaka (amazinay'umwana) yagaburiwe?	GO BACK TO Q.41 TO RECORD FOOD EATEN YESTERDAY SUBIRA INYUMA KU KIBAZO CYA 41 KUGIRA NGO USHYIRE AKAZIGA KU BYO UMWANA YARIYE UMUNSI W'EJO.
44	(IF YES) At what age did (Name) begin solid, semi-solid, or soft foods? (NIBA ARI YEGO) (kanaka) yanganaga iki mutangira kumuha ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?	Age in months/ Imyakamumez DON'T KNOW/ SIMBIZI 88
45	Are you or someone in your family helping (NAME) eat? Ujya ufasha Kanaka (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mu muryango umufasha?	YES/ YEGO 1 NO/ OYA 0→49
46	IF NO:At what age did (Name) start eating by himself/herself? NIBA ARI OYA: ni ku yahe mezi Kanaka (izina ry'umwana muto) yatangiye kwirisha ubwe?	Age in months/ Amezi DON'T KNOW/ SIMBIZI 88
47-48	Q47- 48 removed for Y2	
49	Has (NAME) taken any drug for intestinal worms in the past 6 months? Kanaka (izina ry'umwana muto) yaba hari utunini tw'inzoka zo mu nda yahawe mu mezi atandatu ashize?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 88
SECTION IV: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS/ UBUVUZI BUKOMATANIJE BW'INDWARA Z'ABANA		
A. DANGER SIGNS/ IBIMENYETSO MPURUZA		
50-75	Q51-75 removed for Y2	All →76

SECTION V: WATER AND SANITATION/AMAZI N'ISUKURA				
76	Do you treat your water in any way to make it safer for drinking? Hari uburyo mukoresha mu gutunganya amazi yo kunywa?	Yes/ Yego 1 No/ Oya 0	➔78	
77	IF YES, what do you usually do to the water to make it safer to drink? Niba ari Yego, ubikora ute ngo wizere ko amazi ari meza yo kunyobwa? (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	Let It Stand And Settle/Sedimentation Kuyatereka akiyungurura.....A Strain It Through Cloth Kuyayunguruza agatambaro.....B Boil/ kuyateka.....C Add Bleach/Chlorine/ Kuyashyiramo sur'eau/kolorine.....D Water Filter (Ceramic, Sand, Composite) Kuyayunguruza filitire (iyakizungu, amakara, mucanga).....E Solar Disinfection/ Kwica udukoko ukoresheje izuba.....F Don't Know/ simbizi.....G Other/ Ikindi..... H		

		(Specify/ Sobanura)		
78	When do you wash your hands? Ni ryari ukaraba intoki? DO NOT PROMPT. CIRCLE ALL MENTIONED. NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA BYOSE.	Never/ nta na rimwe A Before Food Preparation/Mbere yo gutegura amafunguro.....B Before Feeding Child Mbere yo konsa/ mbere yo kugaburira umwana.....C After Defecation/Visiting The Toilet Nyuma yo kuva ku musarane D After Attending To A Child Who Has Defecated/Soiled Nyuma yo gutunganya/guhanagura umwana umaze kwituma.....E Other/ Ikindi gihe..... F (Specify/ Sobanura)	→81	

79	Can you show me where you usually wash your hands and what you use to wash hands? Mushobora kunyereka aho mukarabira intoki n'icyo mukoresha mukaraba intoki? ASK TO SEE AND OBSERVE MUSABE ABIKWEREKE NAWWE WITEGEREZE.	Inside/Near Toilet Facility/ Mu musarane imbere cyangwa hafi yawo.....1 Inside/Near Kitchen/Cooking Place/ Mu gikoni/ Iruhande rwacyo/ aho batekera..... 2 Elsewhere In Yard/ Ahantu aho ari ho hose mu rugo.....3		

		Outside Yard/ Inyumay'urugo.....4 No Specific Place Nta mwanya wihariye uhari.....5 No Permission To See/Ntakwemereye kuhareba 8		
80	OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent? ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki? <i>This item should be either in place or brought by the interviewee within one minute. If the item is not present within one minute check none, even if brought out later.</i> <i>Icyo gikoreshe gishobora kuba gihari cyangwa kikazanwa n'umubyeyi mu gihe cy'umunota umwe gusa. Niba kitabonetse mu munota umwe, kibarwa nk'ikidahari.</i>	Soap/ Isabune isanzwe.....1 Detergent/ Isabune y'ifu nka omo.....2 Ash/ Ivu.....3 Mud/Sand/ Icyondo/ Akabuye.....4 None/ Nta na kimwe.....5 Other/ Ikindi 6 (Specify/ Sobanura)		
81	What kind of toilet facility do you have? Can I see it? Umusarane mukoreshe umeze ute? Nshobora kuwureba ?	No toilet facility/ Ntamusarane A Open latrine/ Umusarane udapfundikiye..... B Closed latrine/ Umusarane upfundikiye.....C Flush toilet/ Umusarane wa kizungu.....D No permission to see/		

		Ntiyakwemere yekureba.....E		
82-92	Q82 - 92 removed for Y2		All → 93	

SECTION VII: ANTHROPOMETRICS/ IBIPIMO				
93	May I weigh (name of child)? Nshobora gupima kanaka (izina ry'umwana muto) ibiro?	Yes/ Yego 1 → _____ Kilograms/ Ibiro No/ Oya.....0		
94	May I use MUAC Tape with (name of child)? Nshobora gupima umuzenguruko w'ikizigira wa (izina ry'umwana muto)?	Yes/ Yego 1 → _____ mm/ mirimetero No/ Oya.....0		
95	May I measure length for (name of child)? Nshobora gupima uburebure bw'umwana?	Yes / Yego 1 → _____ cm/ santimetero No/ Oya.....0		
96	May I use MUAC Tape with you?	Yes / Yego 1 →		

	Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawe?	_____ cm/ santimetero No/ Oya.....0		
SECTION VIII: BEHAVIOR CHANGE COMMUNICATION/IKIGANIRO KIGAMIJE GUHINDURA IMYITWARIRE				
97	In the past year, have you participated in a week-long training on child feeding and food preparation led by a CHW? Mu mezi 12 ashize, waba warigeze witabira inyigisho zitangwa n'abajyanama b'ubuzima zimara icyumweru zijyanye no kugaburira umwana no gutegeza amafunguro mu mudugudu?	Yes/ Yego 1 No/Oya 0 Don't Know/ Simbizi.....88	→101 →101	
98	(IF YES) How many times? NIBA ARI YEGO ,wazigiyemo inshuro zingahe ?	Once/ Rimwe.....1 Twice/ Kabiri.....2 Three or more/Gatatu cyangwa karenga.....3		
99	When was the most recent time you participated in such a week-long training?	Month/Ukwezi _____		

	Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?	Year/ Umwaka _____		
100	How many of the days did you participate? Wazitabiriye iminsi ingahe?	Number / Umubare..... Don't know/ Simbizi.....88 No response/ Ntagisubizo.....9		
101	Did you receive a visit from your CHW in the past month? Waba warigeze usurwa n'umujyanama w'ubuzima muri uku kwezi gushize?	Yes/ Yego..... 1 No/ Oya 0 Don't Know/ Simbizi.....88	→End/ Iherezo →End Iherezo	
102	If yes, what was the purpose of the visit? Niba ari yego,ni iki cyamugenzaga?	H. FOLLOW UP ON SICK CHILD,/ GUKURIKIRANA UMWANA URWAYE I. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA MALARIYA J. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA IMPISWI K. PROVIDE HEALTH EDUCATION ON PNEUMONIA GUTANGA INYIGISHO KU NDWARA Y'UMUSONGA L. PROVIDE HEALTH EDUCATION		

		ON NUTRITION GUTANGA INYIGISHO KU MIRIRE M. PROVIDE HEALTH EDUCATION ON IMMUNIZATION GUTANGA INYIGISHO KU IKINGIRA N. OTHER/ IKINDI: _____.		

Thank you. [Murakoze.](#)

Draft Interview and Focus Group Discussion Guides with Translation

8. Draft Interview Guide with Mothers Participants in NW (had Exit interview)/ Ibibazo byo kongera kubaza ababyeyi bitabiriye icyumweru cy'imirire

- a. How many children do you have?/Ufite abana bangahe?
- b. What did you learn about Nutrition from the Nutrition Week?/Ni iki mwize ku mirire mugihe cy'icyumweru cyahariwe imirire?
- c. What did you like about the Nutrition Week? Benefits?/Ni iki cyabashimishije mugihe cy'icyumweru cy'imirire? Ni iki byabunguye?
- d. What did you not like about the Nutrition Week?/Ni iki kitabashimishije mu cyumweru cy'imirire?
- e. What did you change in your family based on training received in NW?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe mugihe cy'icyumweru cy'imirire ?
- f. What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance.Ni izihe ngorane muhura nazo mugushyira mubikorwa ibyo mwigishijwe mu cyumweru cy'imirire?Komeza ubabaze kugira ngo umenye niba hari ingorane bahura nazo (zirebana n' ibiribwa bitaboneka, badashobora kugura cyangwa batemerewe kurya) .
How did you respond to the challenges? / byo bibazo mwabicyemuye mute?
- g. Who in your family support you in the application of the new behavior? How? Ni bande bo mu murungano wanyu babafasha gushyira mubikorwa imyifatire mishya? babafasha bate?
- h. Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better./ Ese hari ikintu mwumva mwatubwira cyateza imbere imirimo y'amatsinda mu gihe

cy'icumweru cy'imirire? Ibitekerezo byanyu ni ingenzi mugutuma habaho impinduka.

**9. Draft FGD Guide with Mothers Participants in NW (did not have prior exit interview)/
*Ibibazo bibaza ababyeyi bitabiriye icyumweru cy'imirire ariko batabajijwe***

- a. Did you participate in the NW held in your village? / Mwaba mwaritabiriye icyumweru cy'imirire mu mudugudu wanyu?
- b. What did you learn about Nutrition from the Nutrition Week?/Ni iki mwize ku mirire mugihe cy'icumweru cyahariwe imirire?
- c. What did you like about the Nutrition Week? Benefits?/Ni iki cyabashimishije mugihe cy'icumweru cy'imirire? Ni iki byabunguye?
- d. What did you not like about the Nutrition Week?/Ni iki kitabashimishije mu cyumweru cy'imirire?
- e. What did you change in your family based on training received in NW?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe mugihe cy'icumweru cy'imirire ?
- f. What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance.Ni izihe ngorane muhura nazo mugushyira mubikorwa ibyo mwigishijwe mu cyumweru cy'imirire? *Komeza ubabaze kugira ngo umenye niba hari ingorane bahura nazo (zirebana n' ibiribwa bitaboneka, badashobora kugura cyangwa batemerewe kurya) .*
How did you respond to the challenges? /Ibyo bibazo mwabicyemuye mute?
- g. Who in your family support you in the application of the new behavior? How? Ni bande bo mu muryango wanyu babafasha gushyira mubikorwa imyifatire mishya? Babafasha bate?
- h. Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better./ Ese hari ikintu mwumva mwatubwira cyateza imbere imirimo y'amatsinda mu gihe

cy'icumweru cy'imirire? Ibitekerezo byanyu ni ingenzi mugutuma habaho impinduka.

10. Draft FGD Guide with Father participants in NW/ ITSINDA RY'ABAGABO BITABIRIYE ICYUMWERU CYIMIRIRE CYO MUMUDUGUDU

- a. Did you participate in the NW held in your village? / Mwaba mwaritabiriye icyumweru cy'imirire mu mudugudu wanyu?
- b. What did you learn about Nutrition from the Nutrition Week?/Ni iki mwize ku mirire mugihe cy'icumweru cyahariwe imirire?
- c. What did you like about the Nutrition Week? Benefits?/Ni iki cyabashimishije mugihe cy'icumweru cy'imirire? Ni iki byabunguye?
- d. What did you not like about the Nutrition Week?/Ni iki kitabashimishije mu cyumweru cy'imirire?
- e. What did you change in your family based on training received in NW?/ Ni iki mwahinduye mu miryango yanyu mushingiye ku nyigisho mwahawe mugihe cy'icumweru cy'imirire ?
- f. How men in this village are involved in child feeding? Probe to know more./Mu mudugudu wanyu, nigute abagabo bagira uruhare mu kugaburira abana? Komeza ubabaze kugirango umenye byinshi.
- g. What are the challenges you are facing to feed properly your children?/Ni izihe ngorane muhura nazo mu kugaburira abana banyu neza?
- h. What can be done to improve men participation to NW sessions in the community?/ Ni iki cyakorwa kugirango abagabo barusheho kwitabira icyumweru cy'imirire mu mudugudu wanyu?
- i. What can be done to improve NW participation and to implement successfully NW sessions in the community? / Ni iki cyakorwa kugirango icyumweru cy'imirire kirusheho kwitabirwa no gushyirwa mu bikorwa neza mu mudugudu?

11. Draft FGD Guide with Father non-participants in NW

- a. Did you hear about the NW held in your village? What did you learn about Nutrition Week? /Mwigeze mwumva bavuga iby' icyumweru cy'imirire cyabereye mu mudugudu wanyu? Mwabyumvisaho iki?
- b. Did you participate to NW sessions? What are the challenges that prevent you to attend the NW?/ Mwaba mwaritabiriye icyumweru cy'imirire cyo mumudugu? Ni iki cyatumye mutitabira icyumweru cy'imirire?
- c. How men in this village are involved in child feeding? Probe to know more. Mu mudugudu wanyu, abagabo bagira uruhe ruhare mu kugaburira abana? Komeza ubabaze kugirango bakubwire n'ibindi.
- d. What are the challenges you are facing to feed properly your children?/ Ni ibihe bibazo muhura nabyo bishobora gutuma mutagaburira abana banyu neza?
- e. What can be done to improve men participation to NW sessions in the community?/ Hakorwa iki kugirango abagabo barusheho kwitabira icyumweru cy'imirire mu mudugudu?
- f. What can be done to improve NW participation and to implement successfully NW sessions in the community? / Ni iki cyakorwa kugira ngo icyumweru cy'imirire kirusheho kwitabirwa no gushyirwa mu bikorwa neza mu mudugudu?

12. Draft FGD Guide with Modified Care Groups

- h. What are your main responsibilities in Community health?/Ni izihe nshingano z'ingenzi mufite kubijyanye n'ubuzima bw'abaturage?
- i. How do you collaborate (Binome CHW & ASM & Religious & Local Leaders) to mobilize community for behavior change? Probe to get details and more examples on their collaboration. /Mukorana mute (n'abajyanama b'ubuzima n'abahagarariye amadini ndetse n'abayobozi b'inzego z'ibanze) kugirango mushishikarize abantu guhindura imyifatire? Komeza ubabaze kugira ngo baguhe ubusobanuro n'ingero zifatika zijyanye n'uko bakorana.
- j. How do you appreciate the CG member's attendance? Probe to estimate the attendance?/ Mubona mute ubwitabire bw'abagize itsinda ? Komeza ubabaze kugirango umenye ikigereranyo cy'ubwitabire.
- k. What are the main barriers that prevent volunteers to attend CG trainings? What can be done to improve CG attendance? / Ni izihe mbogamizi zituma abagize amatsinda batitabira cyane? Hakorwa iki kugira ngo ubwitabire bwiye?
- l. To what extent people or families apply in their lives the health messages they received from CHWs? What is the most challenging health behavior? How do you face to that challenge? / Ni gute mubona imiryango ishyira mu bikorwa inyigisho z'ubuzima bigishijwe n'Umujyanama w'ubuzima? Ni uwuhe mwifato mubona uruhije guhindura kuruta iyindi? Mubyifatamo gute?
- m. In what ways has the CG training impacted you and your family's health? Probe to learn more changes occurred? / Ni gute inyigisho muhabwa mu matsinda zagize impinduka kuri mwe no ku miryango yanyu? Komeza ubabaze kugirango bavuge n'izindi mpinduka zabaye.
- n. Based on the report provided by the CHWs, the # of households visited monthly is still low. What are the main challenge CG members are facing that prevent them to accomplish more home visits? Probe to learn more about how the CG members share the HHs, and if no many HHs per each./ Duherye kuri raporo zitangwa n'abajyanama b'ubuzima, umubare w'ingo zisurwa mu kwezi uracyari hasi. Ni ibihe bibazo bibangamira abagize amatsinda bikababuzaga gusurura ingo nyinshi ? Komeza ubabaze neza kugirango umenye uburyo abagize amatsinda bagabana ingo no kumenya niba badafite ingo nyinshi.

13. Draft Program Implementation Review Meeting Guide with Health Center and Hospital staff

- a. Have you observed any health changes in the community since last year? What? Probe to learn more. /Uhereye umwaka ushize kugeza ubu, haba hari ibyo mwabonye byahindutse mungo? Ni ibihe? Komeza ubabaze kugirango bakubwire ibyahindutse byose.
- b. Have you visited NW? How many visit this year? (Only for Kaduha participants) / Mwigaze musura amatsinda yo mu cyumweru cy'imire? Mwayasuye incuro zingahe muri uyu mwaka? (iki kibazo kibazwa ab'i Kaduha gusa).
- c. Since NW began in your community what changes have you notice? (Only for Kaduha participants)/ Kuva icyumweru cy'imire cyatangira mu midugudu yanyu, Hari impinduka mumaze kubona?(iki kibazo kibazwa ab'i Kaduha gusa).
- d. Have you visited CGs? How many visit in last three months?/ Mwaba mwarasuye amatsinda y'ubuzima (C.G) ? Mwayasuye inshuro zingahe mu mezi atatu ashize?
- e. What are the main barriers that prevent you to supervise CHWs effectively? What can be done in order to improve supervisions to CHWs?/ Ni izihe nzitizi zituma rimwe na rimwe mudasura uko bikwiye ibikorwa by' abajyanama b'ubuzima? Ni iki cyakorwa murwego rwo kuzamura ikurikirana bikorwa ry'abajyanamab'ubuzima?
- f. What community health concerns do you believe need to be better addressed?/ Ni ibihe bibazo by'ubuzima bw'abaturage mubona bikwiye kwitabwaho by'umwihariko?
- g. What can be done to better involve communities in health promotion? Hakorwa iki kugira ngo abaturage barusheho kugira uruhare mu bukungurambaga bw'ubuzima mu mudugudu?
- h. What can be done to better train communities in Health promotion?/ Ni iki cyakorwa kugirango abantu bigishwe kurutaho ku bijyana n'ubuzima
- i. What can be done to sustain community health programs?/ Ni iki cyakorwa ngo ibikorwa by'ubuzima mu mudugudu birusheho kuramba?

14. Draft Guide for Program Implementation Review Meeting with Sector and Cell Leaders/ Ibibazo bizifashishwa mu nama n'abayobozi b'akagali n'umurenge

- a. Now, what are your responsibilities in community health?/ Ubu ni izihe nshingano mufite kubirebana n'ubuzima bw'abaturage?
- b. Since BCC and NW began in your sector, what changes have you observed? Probe to learn more. / Guhera aho ubukangurambaga na gahunda z'icyumweru cy'imirire zatangiye mu murenge wanyu, ni izihe mpinduka mwabonye. *Komeza ubabaze kugira ngo ubashe kumenya byinshi.*
- c. Have you visited CGs ? NW? How many visits in last three months? / Mwigeze musura amatsinda y'ubuzima (CG)? Icyumweru cy'imirire? Mwasuye inshuro zingahe mu mezi atatu ashize?
- d. What are the main barriers that prevent you to supervise CG or NW effectively? What can be done in order to improve supervisions to CHWs?/ Ni izihe nzitizi muhura nazo mu gusura amatsinda y'ubuzima (CG) cyangwa gusura amatsinda y'icyumweru cy'imirire uko bikwiye? Ni iki cyakorwa kugirango ibikorwa by'isura birusheho kugenda neza?
- e. What is an area of need for health promotion in your sector/cell?/ Ni iki mwifuza ko cyatezwa imbere byumwihariko kubirebana n'ubukangurambaga bw'ubuzima muri uyu murenge/akagali?
- f. What could be done differently to meet your sector need?/ Ni ibihe bikorwa bitandukanye byakorwa kugira ngo haboneke ibisubizo by'ibibazo umurenge wanyu ufite?
- g. What are if any barriers faced when addressing your sector about health promotion? / Ni izihe nzitizi mwahuye nazo mu guteza imbere ubuzima mu murenge wanyu?
- h. What can be done to sustain community health programs?/ Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambye?

15. Draft Guide for Program Implementation Review Meeting with Religious Leaders
Ibibazo bizifashishwa mu nama n'abahagarariye amatorero

- a. As the church leaders, how are you involved in health promotion activities?
Nk'abantu bahagarariye amatorero/amadini, mwibona cyangwa mwisanga gute mu bikorwa byo guteza imbere ubuzima bw'abaturage?
- b. In your community health role, with who do you collaborate more? And How?
Ku birebana n'inshingano zanyu mu by'ubuzima bw'abaturage, ni bande mukorana kenshi? Kandi mukorana mute?
- c. Since BCC and NW began in your community, what changes have you observed? Probe to learn more./ Kuva aho ubukangurambaga na gahunda z'icyumweru cy'imirire zatangiye mu midugudu, ni izihe mpinduka mwabonye? Komeza ubabaze kugira ngo urusheho kumenya byinshi.
- d. What are the main challenges you are facing to promote health? What did you do or can be done to respond to the challenges?/ Ni izihe ngorane zikomeye muhura nazo mu guteza imbere ubuzima? Ni iki mwakoze cyangwa mubona cyakorwa kugira ngo izo ngorane zikemuke?
- e. What can be done to sustain community health programs?/ Ni iki cyakorwa kugira ngo hashimangirwe gahunda y'ubuzima bw'abaturage mu buryo burambwe?

16. Draft Focus Group Discussion Guide with CHWs on NW implementation/ Ibibazo bigenewe abajyanama b'ubuzima ku mirimo y'icyumweru cy'imirire

- i. Have learn about NW? What did you like about the Nutrition Week? Benefits? What did you not like about the Nutrition Week? /MWigeze MUbona inyigisho zijyanye n'icyumweru cy'imirire? Ni iki cyabashimishije ku bijyanye n'icyumweru cy'imirire? Ni iki kitabanyuze mu bijyanye n'icyumweru cy'imirire?
- j. What did you change in your family based on training received in NW? / Nyuma yo guhabwa amahugurwa kubijyanye n'icyumweru cy'imirire, ni iki mwahinduye mu muryango?
- k. What are the challenges you are facing to implement NW in your community? Probe to know all challenges. How do you respond to each challenge? / Ni izihe ngorane muhura nazo mugushyira mubikorwa icyumweru cy'imirire mu mudugudu? Komeza ubababaze kugirango bavuge ingorane zose. Ni iki mukora kuri buri kibazo?
- l. What need of training you feel in order to improve your skills for leading NW activities?
- m. Mwumva mwahabwa ayahe mahugurwa murwego rwo kongera ubushobozi bwanyu mu bikorwa by'icyumweru cy'imirire?
- n. Who support you more during the implementation of the five-day NW? or from whom you ask advice for implementing NW? How often he/she visited you during the last implementation of NW? / Ninde ubaha ubufasha cyane mugihe cy'iminsi itanu y'icyumweru cy'imirire? Ninde musaba inama zibafasha muri gahunda y'icyumweru cy'imirire? Yabasuye kangahe mu cyumweru cy'imirire giheruka?
- o. After NW, have you visited the families that attended NW? What are the behaviors taught they applied more and what behaviors they did not apply?
- p. Nyuma y'icyumweru cy'imirire mwaba mwarasuye ingo zacyitabiriye? Ni ibiki mwasanze bakora cyane, Ni ibiki mwabonye badakora?
- q. Is there anything you would like to tell me about how to improve NW? We are very interested in your opinions to change to make it better./ Ni ikihe gitekerezo mwatanga mu rwego rwo

kurushaho gutunganya icyumweru cy'imirire? Twifuza cyane kumenya ibitekerezo byanyu byatuma icyumweru cy'imirire kirushaho kugenda neza

17. Draft Focus Group Discussion Guide with ICSP Staff/Ibibazo bibazwa abakozi ba ICSP Tangiraneza

- a. What are the main ICSP accomplishments have you observe in the project areas? What were the big challenges?/ Ni ibihe bikorwa by'ingenzi umushinga ICSP wagezeho? Ingorane zikomeye mwahuye nazo ni izihe?
- b. How the ICSP planning process was and what effect did this have on the implementation process?/Ese iteganyabikorwa ry'umushinga ryari rimeze gute? Ese ryagize uruhe ruhare mu gutangiza ibikorwa?
- c. To what extent was the work plan practical? What could be added to the Work Plan that would have strengthened the implementation? / Ese iteganyabikorwa mwabonye kurishyira mubikorwa bikoreka? Ni iki cyakongerwa ku iteganya bikorwa gishobora kongerera ingufu ibirebana no gutangiza ibikorwa?
- d. What were the gaps in the Work Plan and how were they addressed by the project staff? / Ni ibihe bibazo mwahuye nabyo mu iteganyabikorwa kandi mwabyitwayemo gute?
- e. What change is there in the knowledge, skills and competencies of the project and Partner's staff? Is there evidence that the staff has applied these skills both within the project?/ Ni ibiki byahindutse mu bumenyi n'ubushobozi by'abakozi b'umushinga ndetse n'abafatanyabikorwa? Ese hari icyemeza ko abakozi bakoresheje neza ibyo bize mu mushinga?
- f. What will you do differently in terms of planning, training, partnership, human resources, financial management in order to improve the program delivery quality? Ni iki mwakora (kinyuranye n'ibyo mwakoraga) kubijyanye no Guteganya, Guhugura,ubufatanyabikorwa, kuyobora abakozi no gucunga umutungo kugirango ibikorwa bya porogaramu birusheho kugenda neza?
- g. What are some strategies that can be used to help strengthen the link between community and facility in delivering MCH programs in a sustainable way? Ni izihe ngamba zafatwa kugirango ubufatanye bw'ikigo nderabuzima n'abaturage bugire ingufu mu rwego rwo kubungabunga ubuzima bw'umwana n'umubyeyi mu buryo burambye?

- h. What are some strategies for effectively engaging churches, and other behavioral influencers in health promotion? / Ni izihe ngamba zafatwa kugirango itorero hamwe n'abandi bafite ubushobozi bwo guhindura barusheho kuzamura ubuzima mugiturance?

18. Draft Focus Group Discussion with I CSP Manager

- a. How has the project contributed to improving MCH coverage in Nyamagabe District? / Ni gute umushinga wagize uruhare mu kugeza gahunda zo kwita ku buzima bw'umwana n'umubyeyi mu karere ka Nyamagabe.
- b. The project wants to facilitate health staff and District staff in the implementation of the behavior change strategies through CG and NW interventions. Do you think using the modified CG , Church leaders and community leaders have been effective to promote new behaviors? What were the strengths and the weaknesses?/ Umushinga urashaka gufasha abakozi b'ibigo nderabuzima n'ab'akarere gushyiraho ingamba zo guhindura imyifatire binyujijwe mu matsinda (CG) no muri gahunda z'icyumweru cy'imire. Mutekereza ko kwifashisha amatsinda, abahagarariye amadini n'abayobozi b'inzego z'ibanze byaba byarafashije mu gutuma habaho impinduka nshya? Ibyagenze neza ni ibihe? Ibitaragenze neza ni ibihe?
- c. How can the project more effectively facilitate the Health staff to integrate all MCH activities at the community-level through modified CG network in order to reduce missed opportunities? / Ni gute umushinga warushaho gufasha abakozi ba Ministeri y'ubuzima mu gushyira mu bikorwa ibikorwa birebana no kwita ku buzima bw'umwana n'umubyeyi ku rwego rw'umudugudu binyujijwe mu matsinda (CG) kugira ngo hatagira ikiburizwamo?
- d. What are the overall lessons learned from the project, in terms of integrating CCM, MNC, Nutrition and crosscutting Community Mobilization and M&E interventions?/ Ni ayahe masomo mwigiyeye ku mushinga ku bijyanye no guhuriza hamwe ibi bikorwa: (Ubuwuzi bw'ibanze, Kwita ku buzima bw'umwana n'umubyeyi, Imirire, ubukangurambaga no kugenzura no gukurikirana ibikorwa?)
- e. What are some other strategies that can be used to help strengthen the link between community and facility in implementing Nutrition Weeks? / Ni ubuhe bundi buryo bwakoreshwa kugirango hongere imbaraga mu guhuza imidugudu n'amavuriro mu gushyiraho icyumweru cy'imire?
- f. What are some strategies for effectively engaging churches, and other behavioral influencers in MCH activities? / Ni ubuhe buryo bwakoreshwa kugira ngo amatorero n'abandi bavugira rikijyana bagire ibikorwa by'ubuzima bw'umwana n'umubyeyi ibyabo?

Consent Forms – English (Kinyarwanda translations follow)

1. Written Consent for Interviews with Mothers

(on KPC survey or on Nutrition Week)

Instruction

In the case of respondents who are not able to read, this form is to be read aloud by someone other than the interviewer, preferably by a Community Health Worker.

Introduction

This consent form will explain the study that we would like you to join. I will go over this form with you in detail. You can ask questions about the study before you agree to join. You can also ask questions at any time after you join the study.

Why is this study being done? The Nutrition Innovation Child Survival Program is jointly implemented with the district Ministry of Health to improve the health and nutrition of children in Nyamagabe District. This interview will be used to assess nutrition practices using a detailed interview of mothers in the region about their nutrition practices. From these, we will adapt the “Nutrition Week” curriculum as well as the implementation of NW, a hands-on Nutrition program in the community. In this interview we will ask you questions about how you feed your babies and children, and some related health practices, such as hygiene.

What are the interview procedures? What will I be asked to do? If you agree to help with this study, you will be asked to respond to questions in your home, and we will also observe feeding and hygiene practices in your home. This will last about one hour. We will take notes on the discussions that we will keep for our records.

What are the risks or inconveniences of the interview? You will not face many risks by being in this study. We do not expect that you will be stigmatized by sharing your experiences.

What are the benefits of the survey? Your answers will be put together with the answers from mothers in other sectors/cellules/communities. You may benefit from this survey because the information you share with us during will be used to help improve the Nutrition Weeks curriculum.

Will I receive payment for participation? You will not be paid to be in this interview.

Are there costs to participate? There are no costs to you to participate in this interview.

How will my personal information be protected? If you agree to participate, all information about you will be kept as private as possible. No personal information such as your name will be reported.

Can I stop being in this survey and what are my rights? You do not have to be in this survey if you do not want to. If you agree to be in the survey, but later change your mind, you may contact us. You also may choose to skip any questions that you do not wish to answer. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Who do I contact if I have questions about the study? We will be happy to answer any questions you have about this survey. If you have further questions about this survey, want to voice concerns or complaints about the research, or if you have a research-related problem, you may contact Melene Kabadege, research team member, at telephone number 250788306586. Or, if you have questions about the research, you may call the Innovation CSP office in Nyamagabe District at telephone number 0788307570.

If you would like to discuss your rights as a research participant, discuss problems, concerns or questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research, you may also contact the Rwanda National Ethics Committee by calling Dr. Justin Wane, Chairperson of the ethics committee, at 0788500499 or Dr. Emmanuel Nkeramihigo, Secretary of the Ethics Committee, at 0788557273

I will provide you a copy of this information should you have any other questions.

Comments/Questions:

Are you willing to participate? Interviewer circle: YES NO

Documentation of Consent:

This consent document has been read and explained to me and I have decided that I will participate in the survey described above. Its purpose, what I will be asked to do and all possible risks and inconveniences have been explained to me. I understand that I can withdraw at any time. My signature or thumb print also indicates that I have received a copy of the contact information.

Respondent	Date

Guardian (if respondent is under age 21)	Date

Person Obtaining Consent	Date

1. Written Consent for Focus Group Discussions with Mothers; Fathers; Care Groups; or Community Health Workers

Instruction

In the case of respondents who are not able to read, this form is to be read aloud by someone other than the interviewer, preferably by a Community Health Worker.

Introduction

This consent form will explain the study that we would like you to join. I will go over this form with you in detail. You can ask questions about the study before you agree to join. You can also ask questions at any time after you join the study.

Why is this study being done? The Nutrition Innovation Child Survival Program is jointly implemented with the district Ministry of Health to improve the health and nutrition of children in Nyamagabe District. The Group discussions with mothers, fathers, CHWs and Care Groups will be used to assess the nutrition practices and the Nutrition Week program implemented in this District. Then, key recommendations will be developed in order to improve NW curriculum and NW program implementation. In this survey we will ask the group questions on your ideas, thoughts and experiences with child feeding and Nutrition Week program.

What are the interview procedures? What will I be asked to do? If you agree to help with this study, you will be asked to respond to questions and to provide ideas on Nutrition program. This will last about one hour. We will take notes on the discussions that we will keep for our records.

What are the risks or inconveniences of the interview? You will not face many risks by being in this study. We do not expect that you will be stigmatized by sharing your experiences.

What are the benefits of the survey? Your answers will be put together with the answers from mothers in other sectors/cellules/communities. You may benefit from this survey because the information you share with us during will be used to help improve the Nutrition Week Program.

Will I receive payment for participation? You will not be paid to be in this survey.

Are there costs to participate? There are no costs to you to participate in this survey.

How will my personal information be protected? If you agree to participate, we will keep all the information that we collect from you private. Only study team members will have access to the

information. We will write out the discussions. We will also erase any information that could identify you by name from the discussions. We will destroy the notes of the discussions when we have completed the study.

Can I stop being in this survey and what are my rights? You do not have to be in this survey if you do not want to. If you agree to be in the survey, but later change your mind, you may contact us. You also may choose to skip any questions that you do not wish to answer. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Who do I contact if I have questions about the study? We will be happy to answer any questions you have about this survey. If you have further questions about this survey, want to voice concerns or complaints about the research, or if you have a research-related problem, you may contact Melene Kabadage, research team member, at telephone number 250788306586. Or, if you have questions about the research, you may call the Innovation CSP office in Nyamagabe District at telephone number 0788307570.

If you would like to discuss your rights as a research participant, discuss problems, concerns or questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research, you may also contact the Rwanda National Ethics Committee by calling Dr. Justin Wane, Chairperson of the ethics committee, at 0788500499 or Dr. Emmanuel Nkeramihigo, Secretary of the Ethics Committee, at 0788557273

I will provide you a copy of this information should you have any other questions.

Comments/Questions:

Are you willing to participate? Interviewer circle: YES NO

Documentation of Consent:

This consent document has been read and explained to me and I have decided that I will participate in the survey described above. Its purpose, what I will be asked to do and all possible risks and inconveniences have been explained to me. I understand that I can withdraw at any time. My signature or thumb print also indicates that I have received a copy of the contact information.

Names and Signatures of participants (Indicate Mothers; Fathers; CG or CHWs as appropriate)

☐ Mothers: _____ ☐ Fathers: _____
☐ Care Group: _____ ☐ CHWs : _____

No	Name	Are you willing to participate?	Signature	Date
1.		YES NO		
2.		YES NO		
3.		YES NO		
4.		YES NO		
5.		YES NO		
6.		YES NO		
7.		YES NO		
8.		YES NO		
9.		YES NO		
10.		YES NO		

If someone does not wish to sign or chooses NO, he or she may leave the FGD without negative comment by interviewers.

Name and signature of person obtaining consent

Date

Consent Forms – Kinyarwanda

Ubwumvikane bwanditse burebana n’ubushakashatsi ku mirire- Interview

Amabwiriza: Mu gihe ubazwa adashobora gusoma, uru rupapuro rw’ubwumvikane rusomerwa ubazwa. Akarusomerwa n’undi muntu utari mu itsinda ry’abashakashatsi, nk’ umujyanama w’ubuzima cyangwa undi.

Iriburiro

Ubu bwumvikane burasobanura iby’ ubushakashatsi twifuza ko wagiramo uruhare. Ngiye kugusobanurira ibibukubiyemo mumagambo arambuye. Ushobora kubaza ibibazo mbere yuko wemera kugira uruhare muri ubu bushakashatsi,ushobora no kubibaza nyuma.

Kuki ubu bushakashatsi bugiye gukorwa?

Uyu mushinga wita ku bana n’ababyeyi ushyirwa mubikorwa kubufatanye na Minisiteri y’Ubuzima mu rwego rwo guteza imbere ubuzima n’imirire myiza mu bana bari muni y’imyaka itanu bo mu karere ka Nyamagabe. Ubu bushakashatsi buzakorwa hakoreshejwe ikiganiro cyimbitse n’umubyeyi kigamije gusesengura uburyo agaburira abana be. Amakuru tuzabona azafasha mu kurushaho gutegura inyigisho ngiro zitangwa mu cyumweru cy’imirire myiza muri aka karere.Turi hano rero kugira ngo tukwigireho uko ugaburira abana bawe n’uko mwita k’ubuzima bwabo ,isuku n’ibindi.

Ubu bushakashatsi buzakorwa bute? Jye ndasabwa gukora iki?

Niba wemera gufasha muri ubu bushakashatsi , urasabwa gusubiza ibi bibazo no kutwemerera kureba uko mugaburira abana n’ibirebana n’isuku hano mu rugo rwanyu. Iki kiganiro kiramara nk’isaha imwe . Turandika ibyavuye mu kiganiro kuko tuzabikeneye.

Ni izihe ngorane cyangwa imbogamizi zo muri ubu bushakashatsi?

Nta ngorane uzahura nazo muri ubu bushakashatsi . Ntiduteganya ko uzahabwa akato kuberako twaganiriye kubyo uzi.

Ni izihe nyungu z’ubushakashatsi ?

Ibisubizo byawe bizashyirwa hamwe n’iby’abandi babyeyi bo mu yindi mirenge , utugali ndetse n’indi midugudu. Muri ubu bushakashatsi amakuru yanyu azafasha mu rwego rwo kuzamura gahunda y’imirire

mu karere. Ibyo muzatubwira bizadufasha kunoza inyigisho zizajya zitangwa mu cyumweru cy’ imirire myiza.

Hari igihembo nzahabwa ? Ntagihembo uzabona muri ubu bushakashatsi.

Hari ikiguzi mu kwitabira? Nta kiguzi kuri wowe muri ubu bushakashatsi.

Ni gute amakuru mbahaye azabungwabungwa?

Turakubaza amakuru ajyanye n’ubuzima bwawe bwite nk’imyirondoro yawe, igitsina, umwuga cyangwa amashuri wize. Tuzayabika mu buryo bw’ibanga. Uretse abakoze kuri ubu bushakashatsi niba bonyine bemerewe kumenya aya makuru. Tuzandika ibyo twaganiriye twirinde kugaragaza izina ryawe mu makuru azatangwa.

Ni nde nabaza ngize ikibazo kuri ubu bushakashatsi?

Turishimira kugusubiza ikibazo icyo aricyo cyose wagira kuri ubu bushakashatsi. Uramutse ugize ikindi kibazo kigendana n’ubu bushakashatsi wabaza Melene Kabadegge, umwe mubagize itsinda ry’ubushakashatsi, kuri numero ya telefoni 0788306586 cyangwa ubuyobozi bw’umushinga wa World Relief /Tangiraneza kuri telefoni 0788307570 .

Mugihe wifuza kugira icyo umenya ku burenganzira bwawe nk’uwagize uruhare mu bushakashatsi, cyangwa kumenyekanisha ibibazo bikomeye wagize wahamagara Dr. Justin Wane uhagarariye komite ishinze kurengera uburenganzira bw’abakoreweho ubushakashatsi mu Rwanda kuri terefone 0788500499, cyangwa Dr.Emmanuel Nkeramiheto, umunyamabanga wiyo komite kuri 0788557273.

Ndaguha kopi y’iyi nyandiko iriho numero mwahamagara mu gihe hari ikindi kibazo ugize.

Ibibazo/Ibitekerezo:

Mwemeye kuba mwagira uruhare muri ubu bushakashatsi?: YEGO / OYA

Amasezerano y'ubwumvikane

Aya masezerano y'ubwumvikane nayasomye / nayasomewe kandi ndayasobanukirwa, nemera kuja muri ubu bushakashatsi nkuko aya masezerano abivuga haruguru. Ibyo nzabazwa n'ingorane cyangwa imbogamizi zaboneka muri ubu bushakashatsi nabisobanuriwe. Nasobanukiwe ko nshobora kureka kugira uruhare muri ubu bushakashatsi igihe cyose mbishakiye. Umukono wanjye cyangwa igikumwe; byerekanako nahawe kopi y'aya masezerano y'ubwumvikane.

Amazina n'umukono by'uwitabiriye

Itariki

Amazina n'umukono by'uwishingiye ubazwa

Itariki

(Niba ubazwa atarageza ku myaka 21)

Amazina n'umukono by'uwakiriye inyandiko y'ubwumvikane

Itariki

Ubwumvikane bwanditse burebana n'ubushakashatsi ku mirire- FGDs

Amabwiriza

Mu gihe ubazwa adashobora gusoma, uru rupapuro rw'ubwumvikane rusomerwa ubazwa. Akarusomerwa n'undi muntu utari mu itsinda ry'abashakashatsi, nk' umujyanama w'ubuzima cyangwa undi.

Iriburiro

Ubu bwumvikane burasobanura ibyo ubushakashatsi twifuza ko wagiramo uruhare. Ngiye kugusobanurira ibikubiyemo mumagambo arambuye. Ushobora kubaza ibibazo mbere yuko wemera kugira uruhare muri ubu bushakashatsi. Ushobora no kubibaza nyuma.

Kuki ubu bushakashatsi ku matsinda bugiye gukorwa?

Uyu mushinga wita ku bana n'ababyeyi ushyirwa mubikorwa kubufatanye na Ministere y'Ubuzima murwego rwo guteza imbere ubuzima n'imirire myiza mubana bo mu Karere ka Nyamagabe. Ubu bushakashatsi buzakorwa hakoreshejwe ibiganiro bihuriweho n'ababyeyi, abagabo, abajyanama b'ubuzima cyangwa amatsinda yabo. Ibi biganiro bigamije gusesengura uburyo ababyeyi bagaburira abana babo n'uko umushinga urimo gushyirwa mu bikorwa. Amakuru tuzabona azafasha mu kurushaho gutezura inyigisho ngiro zizatangwa mu cyumweru kizaharirwa kwita ku mirire myiza muri aka karere. Turi hano rero kugira ngo mutuganirire uko mugaburira abana banyu ndetse n'uko mubona icyumweru cy'imirire n'uburyo cyarushaho kunozwa.

Ubu bushakashatsi buzakorwa bute? Jye nzasabwa gukora iki? ?

Niba mwemera gufasha muri ubu bushakashatsi, murasabwa gusubiza ibibibazo no kwemera gutanga ibitekerezo biganisha mu kunoza gahunda yo guteza imbere imirire myiza. Iki kiganro kiramara nk'isaha imwe. Turandika ibyavuye mu kiganiro kuko tuzabikenere.

Ni izihe ngorane cyangwa imbogamizi zo muri ubu bushakashatsi?

Nta ngorane muzahura nazo muri ubu bushakashatsi. Ntimuzahabwa akato kuberako twaganirirye kubyo muzi.

Ni izihe nyungu z'ubushakashatsi?

Ibisubizo byanyu bizashyirwa hamwe n'iby'abandi bo mu yindi Mirenge / Utugali ndetse n'indi Midugudu. Muri ubu bushakashatsi amakuru yanyu azafasha mu rwego rwo kuzamura gahunda y'imiririre mu karere. Ibyo muzatubwira bizadufasha kunoza inyigisho na gahunda zose z'icyumweru cyahariwe imirire myiza.

Hari igihembo tuzahabwa ? Ntagihembo muzabona muri ubu bushakashatsi.

Hari ikiguzi mu kwitabira? Ntagiguzi kuri mwe muri ubu bushakashatsi.

Ni gute amakuru tubahaye azabungwabungwa?

Turababaza amakuru ajyanye n’ubuzima bwanyu Tuzayabika mu buryo bw’ibanga. Uretse abakoze kuri ubu bushakashatsi nibo bonyine bemerewe kumenya aya makuru. Tuzandika ibyo twaganiriye twirinde kugaragaza amazina yanyu mu makuru azatangwa.

Ni nde mwaabaza mugize ikibazo kuri ubu bushakashatsi?

Turishimira kubasubiza ikibazo icyo aricyo cyose mwagira kubushakashatsi. Muramutse mugize ikindi kibazo kigendana n’ubu bushakashatsi mwabaza Melene Kabadegde, umwe mubagize itsinda ry’ubushakashatsi, kuri numero ya telefoni 0788306586 cyangwa ubuyobozi bw’umushinga wa World Relief: Tangiranezabwa kuri telefoni 0788307570

Mugihe mwifuza kugira icyo mumenya ku burenganzira bwanyu nk’abagize uruhare mu bushakashatsi cyangwa kumenyekanisha ibibazo bikomeye mwaba mwagizemwamahagara Dr. Justin Wane uhagarariye komite ishinze kurengera uburenganzira bw’abakoreweho ubushakashatsi mu Rwanda kuri terefone 0788500499, cyangwa Dr. Emmanuel Nkeramiheto, umunyamabanga wiyiyo komite kuri 0788557273.

Ndabaha kopi y’iyi nyandiko iriho numero mwamahagara mu gihe hari ikindi kibazo

Ibibazo/Ibitekerezo:

Mwemeye kuba mwagira uruhare muri ubu bushakashatsi?: YEGO / OYA

Amasezerano y’ubwumvikane

Aya masezerano y’ubwumvikane nayasomewe kandi ndayasobanurirwa, nemera kuja muri ubu bushakashatsi nkuko aya masezerano abivuga haruguru. Ibyo nzabazwa n’ingorane cyangwa imbogamizi zaboneka muri ubu bushakashatsi nabisobanuriwe. Nasobanukiwe ko nshobora kureka kugira uruhare muri ubu bushakashatsi igihe cyose mbishakiye. Umukono wanjye cyangwa igikumwe; byerekanako nahawe kopi y’aya masezerano y’ubwumvikane.

Amazina n’imikono y’abitabiriye

Shyira ikimenyetso kubo iki ikiganiro kigenewe

☐ Ababyeyi b'abagore

☐ Ababyeyi b'abagabo _____

☐ Abajyanama b'ubuzima: _____

☐ Amatsinda y'abajyanama b'ubuzima _____

Amazina	Wemeye kugira uruhare mu Kiganiro?	Umukono
1.	YEGO/OYA	
2.	YEGO/OYA	
3.	YEGO/OYA	
4.	YEGO/OYA	
5.	YEGO/OYA	
6.	YEGO/OYA	
7.	YEGO/OYA	
8.	YEGO/OYA	
9.	YEGO/OYA	
10.	YEGO/OYA	

Niba hari udashatse gushyiraho umukono we cyangwa niba hari usubije OYA, Ahite agenda kandi ntacyo mugomba kubivugaho kandi nta n'nkurikizi nimwe igomba kumugeraho.

Izina n'umukono by'uhawe ubwumvikane bwanditse

Italiki

C. Additional and Replacement Documentation

Timeline for Year 2 May-December

Budget for Year 2

Additional CV for Co-Investigator

Updated Table 5: Indicator Table

C. Additional and Replacement Documentation

ICSP Tangiraneza Year 2 KPC & OR Timeline, May – December, 2013

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Meeting with MOH Co-Investigator to prepare OR																																
Stakeholder’s meeting to provide updates on OR																																
Develop study protocol including consent forms, draft questionnaires, Interview & FGD guides and sampling frame: April-May 2013																																
Submit protocol to MOH for sign-off – May 14, 2013																																
Submit protocol to RNEC for ethical approval – May 17, 2013																																

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Prepare electronic data collection software - May – June 2013																																
Prepare enumerator training: May 20-24 2013																																
Train ICSP M&E Officers : May 28 – 29, 2013																																
Train Supervisors June 4-5, 2013																																
Train data collection teams June 10 - 12, 2013																																
Conduct pilot exercise June 13, 2013																																
Revise questionnaire and software for electronic data collection – June 14, 2013																																
Field data collection for KPC June 17-26, 2013																																

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Data cleaning July 1-5, 2013																																
Data analysis July 8-20																																
Train teams collecting Qualitative information July 8-9, 2013																																
Conduct Qualitative assessment July 10-12, 2013																																
Qualitative Data Analysis and Reporting July 15–26, 2013																																
Presentation of preliminary results to MOH and partners August 22, 2013																																
MT assessment Report writing August - September, 2013																																
ICSP Year-3 Report writing																																

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Share the results with Nutrition Technical Working Group																																
District Stakeholder meeting after the study to share results																																
Disseminate the study results with Sector Nutrition Committees																																
Disseminate the study results to Village Nutrition Committees and Modified Care Groups																																
Submit the Annual report including the study report to MoH & USAID																																

ICSP Year 2 Evaluation Budget

ACTIVITIES	Units	Quantity	Days	Rate	TOTAL (RwFrS)
I. Household Survey					
Training of supervisors on HH Survey					
Supervisors from District	Person	1	1	5,000	5,000
Supervisors from I-CSP	Person	3		salaried	
Research Coordinator	Person	1		salaried	
Tea break for Participants		5	1	1,500	7,500
Lunch for Participants	Lunch	5	1	3,000	15,000
Water	bottle	5	1	400	2,000
					29,500
Training of surveyors on HH Survey					
Enumerators from Health Facilities & Sectors	Person	26	3	19,500	1,521,000
Enumerators from I- CSP	Person	6			
Supervisors from District	Person	1	3	5,000	15,000
Supervisors from I-CSP	Person	3		salaried	
Research Coordinator	Person	1		salaried	
Tea break for Participants		37	3	1,500	166,500
Lunch for Participants	Lunch	37	3	3,000	333,000
Transport cost for HC & Sector participants	Person	26	2	10,000	520,000
Water	bottle	37	3	400	44,400
					2,599,900
Household Survey					
Enumerators from Health Facilities & Sectors	Person	26	8	15,000	3,120,000
Supervisors from District	Person	1	8	15,000	120,000
Lunch for Project surveyors	Lunch	3	8	2,000	48,000
Overnights for Project surveyors -HH Survey	Overnight	6	8	12,000	576,000
Research Coordinator		1		salaried	
Water	bottle	74	8	400	236,800
Community guides	person	16	8	3000	384,000
					4,484,800

ACTIVITIES (continued)	Units	Quantity	Days	Rate	TOTAL (RwFrS)
II. Interviews & Focus Group Discussions					
<i>Training of surveyors on Qualitative research</i>					
<i>Surveyors from Kaduha Health Facilities & Sectors</i>	Person	15	2	19,500	585,000
<i>Surveyors from Kigeme Health Facilities & Sectors</i>	Person	4	2	5,000	40,000
<i>Surveyors from ICSP</i>	Person	9		salaried	
<i>Research Coordinator</i>	Person	1		salaried	
<i>Tea break for Participants</i>		29	2	1,500	87,000
<i>Lunch for Participants</i>	Lunch	29	2	3,000	174,000
<i>Transport cost for HC & Sector participants</i>	Person	19	1	10,000	190,000
<i>Water</i>	bottle	38	2	400	30,400
					1,106,400
<i>Data collection- Interviews & FGDs</i>					
<i>Surveyors from Kaduha Health Facilities & Sectors</i>	Person	15	2	5,000	150,000
<i>Surveyors from Kigeme Health Facilities & Sectors</i>	Person	4	1	5,000	20,000
<i>Overnights for Project surveyors -QA</i>	Overnight	9	2	12,000	216,000
<i>Lunch for Project surveyors</i>	Lunch	4	1	2,000	8,000
<i>Research Coordinator</i>	Person	1		salaried	
<i>Water</i>	Bottle	33	8	400	105,600
					499,600
Supplies & Logistics					
<i>flipchart</i>	pc	2	1	6,000	12,000
<i>markers</i>	pc	1	1	3,500	3,500
<i>pens</i>	pc	37	1	100	3,700
<i>folders and Note books</i>	pc	37	1	3,500	129,500
<i>vehicle rental- HH survey</i>	veh	2	8	100,000	1,600,000
<i>vehicle rental-QA</i>	veh	1	2	100,000	200,000
<i>phone cards</i>	card	36	1	1,000	36,000
<i>Renewal fees</i>		1	1	425,000	425,000
					2,409,700

Grand Total

\$18,550 USD

CURRICULUM VITAE: ALPHONSINE NYIRAHABINEZA 2012

CURRICULUM VITAE

1. PERSONAL INFORMATION

Names: NYIRAHABINEZA ALPHONSINE

Date of birth: 09/ 09/ 1976

Telephone/cell phone: 0783280554

Email: nyiralphonsine@yahoo.fr

Citizenship: Rwandese

Gender: Female

Marital status: Married

Religion: Christian

Address: Kigali/ Rwanda

2. SPOKEN AND WRITTEN LANGUAGES

- Kinyarwanda : Mother tongue
- English: Fluent
- French: Fluent
- Kiswahili: little

3. EDUCATION

2006-2008: **Master of Sciences (M.SC)** in Applied Human Nutrition Program at the University of Nairobi, Kenya;

1998-2001: Bachelor of Sciences (**A0**) in Home Economics at Allahabad Agriculture Deemed University, India;

1991-1997: Secondary education (**A2**) in Biology and Chemistry at the "Institut Sainte Famille" de Nyamasheke; Cyangugu, Rwanda

1983-1991: Primary education at EPA school, Kigali; Rwanda

4. EMPLOYMENT HISTORY

- October 2009 to date: nutrition expert in the MOH/Rwanda
- July 2005- September 2009: Employed by the Ministry of Health/ Rwanda as a Professional in Charge of Nutrition.
- September 2002- February 2004: Employed by the Ministry of Gender and Women Promotion/Rwanda, in charge of Women Economic Development;

5. WORKING EXPERIENCES

Key responsibilities:

- o Head of the Nutrition Desk and Nutrition Technical Working Group in the Ministry of Health since 2005 up to now; serving as a NUTRITION EXPERT.

Key seminars/ Trainings and major activities:

- o I have been involved in different nutrition activities aiming at improving the nutrition status of the population especially women and children at the national level: trainings on different nutrition issues;
- o I have been participating in different meetings, seminars and workshops aiming at improving the nutrition and health status of the population;
- o Preparation and implementation of the 1st Rwandan Nutrition summit;
- o I have been involved in the elaboration of Nutrition curricula of secondary schools in Rwanda in September 2001;
- o I have been participating in different trainings in administration;
- o I had a two month attachment in Kenyatta National hospital (Kenya), in the Dietetics and Nutrition Department in the year 2008 and a two week attachment in M.P. Shah hospital (Kenya), in the Department of Dietetics and Nutrition;

Key documents produced

I participated in the elaboration of different national nutrition documents including:

- the national guidelines and protocols on food, nutritional support and care for People Living with HIV/AIDS,
- the National Nutrition Policy,
- the national protocol for the Management of Protein Energy Malnutrition,
- the national Code on marketing of breastfeeding substitutes,
- the Nutrition Profiles documents;
 - the National Multi-sectoral strategic plan to Eliminate Malnutrition,
 - production of BCC tools and programs on Nutrition;
 - the report on data corrected during the emergency plan to Eliminate Malnutrition

I have been working on the Initiation of Food Fortification in Rwanda since 2009;

I have been involved and coordinated the development of new national Mother, Infant and Young Child Nutrition tools designed for Community Health Workers in education mothers and other caregivers and other national current activities such as:

- The District Plans to eliminate malnutrition
- The Joint action Plan to eliminate Malnutrition
- And many others...

Presentation of papers:

Emergency plan to Eliminate malnutrition in Rwanda:

- o Food Fortification conference in Rwanda, January 2010

o MCH Conference Rwanda: July 2010

I did my Master's Project Dissertation on food and nutrition of people living with HIV/AIDS; the title of the dissertation being Utilization of National Guidelines for Food, Nutritional Support and Care for People with HIV/AIDS in Rwanda in the Capacity Project Supported Health Centers.

I have been involved in preparation and validation of different studies in nutrition.

I recently presented a paper in the 13th World congress on “**The Emergency in the Horn of Africa and Sahel, Food Availability and Public Health**” in Addis Ababa, Ethiopia, April 2012.

6. COMPUTER KNOWLEDGE

- Microsoft Word, Excel , Internet and Power Point
- SPSS

7. DRIVING EXPERIENCES

I am a holder of a Rwandan driving license of the B category.

I, NYIRAHABINEZA Alphonsine, certify that the above given information is true.

NYIRAHABINEZA Alphonsine

Table 5: Proposed Project and OR Indicators to be measured by KPC Surveys (updated from Protocol)

Proposed Indicators ("Key Indicators" are strongly recommended by USAID)	Required 2008 Rapid CATCH	OR Indicator	Additional Project Indicators	Source and Frequency of Collection
Nutrition and Breastfeeding (40% Level of Effort)				
<u>Maternal iron consumption during pregnancy:</u> Percentage of mothers who received tablets during last pregnancy; average number of days consumed of those who received pills.		OR	X	KPC Y1 Y2 Y3 Y4
<u>Early initiation of breastfeeding:</u> Percentage of children 0-5 months who were put to the breast within one hour of birth.		OR	X	KPC Y1 Y2 Y3 Y4
<u>Prelacteal feeding:</u> Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.			X	KPC Y1 Y2 Y3 Y4
<u>Exclusive breastfeeding:</u> Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours.	RC6	OR		KPC Y1 Y2 Y3 Y4
<u>Dietary diversity:</u> Percentage infants and young children age 6-23 months fed according to the Minimum Dietary Diversity	RC7	OR	X	KPC Y1 Y2 Y3 Y4
Meal frequency: percentage of infants and young children age 6-23 months fed according to the Minimum Meal Frequency		OR	X	KPC Y1 Y2 Y3 Y4
Minimum Acceptable Diet: infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition		OR	X	KPC Y1 Y2 Y3 Y4
<u>Consumption of iron-rich foods:</u> percentage of infants 6–23 months of age who consumed food rich in iron.			X	KPC Y1 Y2 Y3 Y4
<u>Age appropriate introduction of semi-solid foods:</u> Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods by mother's 24-hour recall		OR	X	KPC Y1 Y2 Y3 Y4
<u>Responsive feeding:</u> Caregiver assists child when eating (of children who consume soft, semi-solid or solid foods)		OR		KPC Y1 Y2 Y3 Y4
<u>Vitamin A Supplementation in the last 6 months:</u> Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall.	RC8			KPC Y1 Y4

<u>Underweight:</u> Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population)	RC18	OR	KPC Y1 Y2 Y3 Y4
<u>Wasted:</u> Percentage of children 0-23 months who are underweight for height (-2SD for the median height for age, according to WH0 reference population)		OR	KPC Y1 Y2 Y3 Y4
<u>Acute Malnutrition:</u> Percent of children 6-23 months and percent of pregnant mothers of children 0-23 months acutely malnourished as measured by MUAC		OR	KPC Y1 Y2 Y3 Y4
<u>Stunted:</u> Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population)		OR	KPC Y1 Y2 Y3 Y4
Maternal Newborn Care (35% Level of Effort)			
<u>Antenatal Care:</u> Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child.	RC1	X	KPC Y1 Y2 Y4
<u>ANC first trimester:</u> Percentage of mothers of children age 0-23 months who had antenatal visit in the first trimester when they were pregnant with the youngest child		X	KPC Y1 Y3 Y4
<u>Maternal TT Vaccination:</u> Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child.	RC2		KPC Y1 Y3Y4
<u>Skilled Birth Attendant:</u> Percentage of children age 0-23 months whose births were attended by skilled personnel.	RC3		KPC Y1 Y4 Y3
<u>Post-natal visit to check on newborn within the first 2 days after birth:</u> Percentage of children age 0-23 who received a post-natal visit from an appropriate trained health worker within two days after the birth of the youngest child.	RC4	X	KPC Y1 Y4 Y3
<u>Current Contraceptive Use Among Mothers of Young Children:</u> Percentage of mothers of children age 0-23 months who are using a modern contraceptive method.	RC5		KPC Y1 Y4
<u>Immediate breastfeeding of newborns:</u> percent of children 0-23 months put to the breast within one hour of delivery (Key Indicator)	See this same indicator listed above under Nutrition and Breastfeeding		
Comparison of Diarrheal Diseases (15% Level of Effort)			
<u>Point of Use (POU):</u> Percentage of households of children age 0-23 months that treat water effectively.	RC15	OR	KPC Y1 Y2 Y4
<u>Appropriate Hand washing Practices:</u> Percentage of mothers of children age 0-23 months who live in	RC16	OR	KPC Y1 Y2 Y3

Previously approved amendments to protocol

households with soap at the place for hand washing.		Y4
Hand washing at all four key times: Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	X	KPC Y1 Y2 Y3 Y4
Percentage of households of children age 0-23 months that have a toilet facility in appropriate	X	KPC Y1 Y2 Y3 Y4
<u>Safe feces disposal:</u> Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time s/he passed stool. (Key Indicator)	USAID Key Indicator	KPC Y1 Y3 Y4
<u>Two week prevalence of diarrhea:</u> Percentage of children 0-23 months with diarrhea in the previous two weeks	USAID Key Indicator	KPC Y1 Y2 Y3 Y4
<u>ORT use:</u> Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids. RC13		KPC Y1 Y2 Y3 Y4
<u>Increased fluid intake during diarrheal episode:</u> Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)	USAID Key Indicator	KPC Y1 Y2 Y3 Y4
<u>Continued feeding during a diarrheal episode:</u> Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)	USAID Key Indicator	KPC Y1 Y2 Y3 Y4
<u>Zinc:</u> Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	USAID Key Indicator	KPC Y1 Y2 Y3 Y4
Pneumonia Case Management (10% Level of Effort)		
<u>Appropriate Care Seeking for Pneumonia:</u> Percentage of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last two weeks who were taken to an appropriate health provider. RC14		KPC Y1 Y3 Y4
<u>Two week prevalence of suspected pneumonia:</u> children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey		KPC Y1 Y3 Y4
Immunization		
<u>Measles vaccination:</u> Percentage of children age 12-23 months who received a measles vaccination RC9		KPC Y1 Y4
<u>Access to immunization services:</u> Percentage of children aged 12-23 months who received DTP1 according to the vaccination card or mother's recall RC10		KPC Y1 Y4

by the time of the survey		
<u>Health System Performance regarding Immunization services:</u> Percentage of children aged 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey.	RC11	KPC Y1 Y4
Malaria		
<u>Treatment of Fever in Malarious Zones</u> Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began.	RC12	KPC Y1 Y4
<u>Child sleeps under an insecticide-treated bednet:</u> Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night.	RC17	KPC Y1 Y4
Process Indicators		
<u>Contact with CHW:</u> Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Nutrition Week)	OR	KPC Y1 Y2 Y3 Y4
<u>CHW home visits:</u> Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose	OR	KPC Y1 Y2 Y3 Y4
<u>Participation in Nutrition Weeks:</u> Percentage of mothers with children 0-23 months who participated in "Nutrition Week" intervention	OR	KPC Y1 Y2 Y3 Y4

A. Summary of Changes Made in 2014

Please note the following amendments to the original protocol, as detailed below and reflected in the version of the protocol included for this annual review:

- 1. Contact Persons:** Updated World Relief Home Office contacts in Baltimore, MD, USA. Removed Melanie Morrow, who is not currently employed by World Relief, and added Rachel Hower, Health Advisor at World Relief Home Office in Baltimore.
- 2. Roles and Responsibilities:** updated to reflect changing individuals and responsibilities. Changes made in 2014 highlighted in green.

Additional Documentation

Timeline for Year 3 May-December

Budget for Year 3

ICSP Tangiraneza Year 3 KPC & OR Timeline, May – December, 2014

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Meeting with MOH Co-Investigator to prepare OR																																
Stakeholder’s meeting to provide updates on OR																																
Develop study protocol including consent forms, draft questionnaires, Interview & FGD guides and sampling frame: April-May 2014																																
Submit protocol to MOH for sign-off – May 22, 2014																																
Submit protocol to RNEC																																

Previously approved ammendments to protocol

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
for ethical approval – May 26, 2014																																
Prepare electronic data collection software - May – June 2014																																
Prepare enumerator training: June 2014																																
Train ICSP M&E Officers : June, 2014																																
Train Supervisors June, 2014																																
Train data collection teams July, 2014																																
Conduct pilot exercise July, 2014																																
Revise questionnaire and software for electronic data collection – July, 2014																																
Field data collection for KPC July, 2014																																

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Data cleaning August 2014																																
Data analysis August – September 2014																																
Train teams collecting Qualitative information August, 2014																																
Conduct Qualitative assessment August, 2014																																
Qualitative Data Analysis and Reporting August – September 2014																																
Presentation of preliminary results to MOH and partners September, 2014																																
MT assessment Report writing August - September, 2014																																
ICSP Year-3 Report writing																																

Activity	May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Share the results with Nutrition Technical Working Group																																
District Stakeholder meeting after the study to share results																																
Disseminate the study results with Sector Nutrition Committees																																
Disseminate the study results to Village Nutrition Committees and Modified Care Groups																																
Submit the Annual report including the study report to MoH & USAID																																

ICSP Year 3 Evaluation Budget

ACTIVITIES	Units	Quantity	Days	Rate	TOTAL (RwFrs)
I. Household Survey					
<i>Training of supervisors on HH Survey</i>					
<i>Supervisors from District</i>	Person	1	1	5,000	5,000
<i>Supervisors from I-CSP</i>	Person	3		salaries	
<i>Research Coordinator</i>	Person	1		salaries	
<i>Tea break for Participants</i>		5	1	1,500	7,500
<i>Lunch for Participants</i>	Lunch	5	1	3,000	15,000
<i>Water</i>	bottle	5	1	400	2,000
					29,500
<i>Training of surveyors on HH Survey</i>					
<i>Enumerators from Health Facilities & Sectors</i>	Person	26	3	19,500	1,521,000
<i>Enumerators from I- CSP</i>	Person	6			
<i>Supervisors from District</i>	Person	1	3	5,000	15,000
<i>Supervisors from I-CSP</i>	Person	3		salaries	
<i>Research Coordinator</i>	Person	1		salaries	
<i>Tea break for Participants</i>		37	3	1,500	166,500
<i>Lunch for Participants</i>	Lunch	37	3	3,000	333,000
<i>Transport cost for HC & Sector participants</i>	Person	26	2	10,000	520,000
<i>Water</i>	bottle	37	3	400	44,400
					2,599,900
<i>Household Survey</i>					
<i>Enumerators from Health Facilities & Sectors</i>	Person	26	8	15,000	3,120,000
<i>Supervisors from District</i>	Person	1	8	15,000	120,000
<i>Lunch for Project surveyors</i>	Lunch	3	8	2,000	48,000
<i>Overnights for Project surveyors -HH Survey</i>	Overnight	6	8	12,000	576,000
<i>Research Coordinator</i>		1		salaries	
<i>Water</i>	bottle	74	8	400	236,800
<i>Community guides</i>	person	16	8	3000	384,000
					4,484,800

ACTIVITIES (continued)	Units	Quantity	Days	Rate	TOTAL (RwFrS)	
II. Interviews & Focus Group Discussions						
<i>Training of surveyors on Qualitative research</i>						
<i>Surveyors from Kaduha Health Facilities & Sectors</i>	Person	15	2	19,500	585,000	
<i>Surveyors from Kigeme Health Facilities & Sectors</i>	Person	4	2	5,000	40,000	
<i>Surveyors from ICSP</i>	Person	9		salaried		
<i>Research Coordinator</i>	Person	1		salaried		
<i>Tea break for Participants</i>		29	2	1,500	87,000	
<i>Lunch for Participants</i>	Lunch	29	2	3,000	174,000	
<i>Transport cost for HC & Sector participants</i>	Person	19	1	10,000	190,000	
<i>Water</i>	bottle	38	2	400	30,400	
					1,106,400	
<i>Data collection- Interviews & FGDs</i>						
<i>Surveyors from Kaduha Health Facilities & Sectors</i>	Person	15	2	5,000	150,000	
<i>Surveyors from Kigeme Health Facilities & Sectors</i>	Person	4	1	5,000	20,000	
<i>Overnights for Project surveyors -QA</i>	Overnight	9	2	12,000	216,000	
<i>Lunch for Project surveyors</i>	Lunch	4	1	2,000	8,000	
<i>Research Coordinator</i>	Person	1		salaried		
<i>Water</i>	Bottle	33	8	400	105,600	
					499,600	
Supplies & Logistics						
<i>flipchart</i>	pc	2	1	6,000	12,000	
<i>markers</i>	pc	1	1	3,500	3,500	
<i>pens</i>	pc	37	1	100	3,700	
<i>folders and Note books</i>	pc	37	1	3,500	129,500	
<i>vehicle rental- HH survey</i>	veh	2	8	100,000	1,600,000	
<i>vehicle rental-QA</i>	veh	1	2	100,000	200,000	
<i>phone cards</i>	card	36	1	1,000	36,000	
<i>Renewal fees</i>		1	1	425,000	425,000	
					2,409,700	
Grand Total					11,129,900	\$18,550 USD

IV. Prior Ethical Approval from RNEC

REPUBLIC OF RWANDA / REPUBLIQUE DU RWANDA				
				
NATIONAL ETHICS COMMITTEE / COMITE NATIONAL D'ETHIQUE				
Telephone: (250) 2 55 10 78 84 E-mail: info@rnecrwanda.org Web site: www.rnecrwanda.org			Ministry of Health P.O. Box. 84 Kigali, Rwanda.	
FWA Assurance No. 00001973 IRB 00001497 of IORG0001100				
			July 18, 2014 No. 200/RNEC/2014	
Dr. Judy McLean Dr. Fidel NGABO Principal Investigators				
Your Project title " <u>Annual renewal: DATA COLLECTION FOR ASSESSMENTS AND OPERATIONS RESEARCH RELATED TO THE WORLD RELIEF RWANDA CHILD SURVIVAL PROJECT, NYAMAGABE DISTRICT, RWANDA</u> " has been evaluated by the Rwanda National Ethics committee.				
Name	Institute	Yes	Involved in the decision	
			No (Reason)	
			Absent	Withdrawn from the proceeding
Dr. Jean-Baptiste MAZARATI	Biomedical Services (BIOES)	X		
Prof. Eugène HITEMBERA	University of Rwanda	X		
Dr. Lauretta NYIRAZINYOYE	University of Rwanda (school of public Health)	X		
Prof. Alexandre LYAMBAHARE	University of Rwanda	X		
Ms. Françoise UWINGABIRE	Lawyer at Musanze	X		
Dr. Egide KAYITARE	University of Rwanda	X		
Sr. Domitilla MUKANTABANA	Kabgayi Nursing and Midwife school	X		

Dr. Lisine TUYISENGE	Kigali Teaching Hospital		X	
Dr. Claude MUVINYI	Biomedical Services (BIOSS)	X		

After reviewing **amendments** to your protocol during the RNEC meeting of July 12, 2014 where quorum was met, **Continuation of Approval has been granted to your study.**

Please note that approval of the protocol and consent form is valid for **12 months**

You are responsible for fulfilling the following requirements:

1. Changes, amendments, and addenda to the protocol or consent form must be submitted to the committee for review and approval, prior to activation of the changes.
2. Only approved consent forms are to be used in the enrollment of participants
3. All consent forms signed by subjects should be retained on file. The RNEC may conduct audits of all study records, and consent documentation may be part of such audits.
4. A continuing review application must be submitted to the RNEC in a timely fashion and before expiry of this approval.
5. Failure to submit a continuing review application will result in termination of the study.
6. Notify the Rwanda National Ethics committee once the study is finished.

Sincerely,



Dr. Jean- Baptiste MAZARATI
Chairperson, Rwanda National Ethics Committee.

Date of Approval: July 12, 2014
Expiration date: July 11, 2015

E.C. Hon. Minister of Health
- The Permanent Secretary, Ministry of Health

REPUBLIC OF RWANDA/REPUBLIQUE DU RWANDA



NATIONAL ETHICS COMMITTEE / COMITE NATIONAL D'ETHIQUE

Telephone: (250) 2 55 10 78 84

E-mail: info@rncrwanda.org

Web site: www.rncrwanda.org

Ministry of Health

P.O. Box. 84

Kigali, Rwanda.

FWA Assurance No. 00001973

IRB 00001497 of IORG0001100

June 19, 2013

No.551/RNEC/ 2013

Myal Green

Principal Investigator

World Relief

Your Project title: **"DATA COLLECTION FOR ASSESSMENT AND OPERATION RESEARCH RELATED TO THE WORLD RELIEF RWANDA INNOVATION CHILD SURVIVAL PROJECT NYAMAGABE DISTRICT, RWANDA (Amendment and Annual Renewal)"** has been evaluated by the Rwanda National Ethics committee.

Name	Institute	Involved in the decision		
		Yes	No (Reason)	
			Absent	Withdrawn from the proceeding
Dr. Jean-Baptiste MAZARATI	National Referral Laboratory	X		
Prof. Eugène RUTEMBESA	National University of Rwanda	X		
Dr. Laetitia NYIRAZINYOYE	National University of Rwanda(school of public Health)	X		

Prof.Alexandre LYAMBABAJE	National University of Rwanda	X		
Ms.Françoise UWINGABIYE	Lawyer at Musanze	X		
Dr. Egide KAYITARE	National University of Rwanda	X		
Sr.Domitilla MUKANTABANA	Kabgayi Nursing and Midwife school		X	
Mr. David K. TUMUSIIME	Kigali Health institute	X		
Dr. Lisine TUYISENGE	Kigali Teaching Hospital	X		
Dr. Claude MUVUNYI	National Referral Laboratory		X	

After reviewing your protocol during the RNEC meeting of 08 June 2013 where quorum was met, and revisions made on the advice of the RNEC submitted on 18 June 2013, **Continuation of Approval letter has been granted to your study.**

Please note that approval of the protocol and consent form is valid for **12 months**.
You are responsible for fulfilling the following requirements:

1. Changes, amendments, and addenda to the protocol or consent form must be submitted to the committee for review and approval, prior to activation of the changes.
2. Only approved consent forms are to be used in the enrollment of participants
3. All consent forms signed by subjects should be retained on file. The RNEC may conduct audits of all study records, and consent documentation may be part of such audits.
4. A continuing review application must be submitted to the RNEC in a timely fashion and before expiry of this approval.
5. Failure to submit a continuing review application will result in termination of the study.

6. Notify the Rwanda National Ethics committee once the study is finished.

Sincerely,



Dr. Jean- Baptiste MAZARATI
Chairperson, Rwanda National Ethics Committee.

Date of Approval: June 19, 2013
Expiration date: June 18, 2014

C.C.

- Hon. Minister of Health.
- The Permanent Secretary, Ministry of Health.

APENDIX: Original Protocol from April 2012 – with minor updates



**Protocol on Data Collection for Assessments
And Operations Research Related To The
World Relief Rwanda
Innovation Child Survival Project
Nyamagabe District, Rwanda**

Funding Agency and Duration

USAID Child Survival and Health Grants Program
October 2011-September 2015

Research Partners

Ministry of Health
University of British Columbia
District of Nyamagabe

Submitted to the National Ethics Committee

Original: February 13, 2012; Corrected 29 March 2012

Amended: 14 May 2013



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Acronyms and Abbreviations

BCC	Behavior change communication
CATCH	Core assessment tool on child health
CBNP	Community-Based Nutrition Program
CG	Care Group
CHW	Community health worker
C-IMCI	Community-based integrated management of childhood illnesses
CSP	Child survival program
DHS	Demographic and Health Survey
EIP	Expanded Impact Child Survival Project
HC	Health center
IFA	Iron folic acid
INATEK	Institute of Agriculture, Technology and Education of Kibungo
KPC	Knowledge, Practice and Coverage
LOE	Level of effort
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MNP	Micronutrient powders
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
PASW	Predictive Analytics Software
PD/Hearth	Positive Deviance/Hearth
TOT	Training of trainers
WRR	World Relief Rwanda

Contact Persons

Principal Investigators

Dr. Judy McLean, PhD
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University of British Columbia
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Phone: 604-822-6195;
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Dr Fidele Ngabo, MD, MSc, PhD Candidate
Director of Maternal and Child Health Unit
Ministry of Health
Phone: 0788 304750
Email: ngabog@yahoo.fr

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Synopsis

World Relief Rwanda is a recipient of a USAID's Child Survival and Health Grants Program (CSHGP) Innovation Grant. The CSHGP is committed to contribute to sustained improvements in child survival and health outcomes, particularly within vulnerable populations, by supporting the innovative, integrated community oriented programming of private voluntary organizations/non-governmental organizations and their in-country partners. To this end, the overall goal of this World Relief Rwanda Innovation Child Survival Project is to reduce morbidity, mortality and underlying undernutrition of children under five and pregnant women in Nyamagabe District of Rwanda. The project's intervention areas and corresponding levels of effort are as follows: Nutrition and Breastfeeding (40%), Maternal and Newborn Care (35%), Control of Diarrheal Diseases (15%), and Pneumonia Case Management (10%).

The project will be conducted from October 1, 2011-September 30, 2015 by World Relief Rwanda, in collaboration with Rwanda Ministry of Health and University of British Columbia and District of Nyamagabe. The majority of the project's intervention activities focus on building the capacity of MOH staff to train and supervise government-sanctioned community health workers in the implementation of their community-based packages district-wide. However, as agreed to by the MOH and mandated by USAID, the project will also introduce an innovation and evaluate it using operations research.

In this case the innovation is a complement to the government's Community Based Nutrition Program intended to enhance the prevention of undernutrition during the first 1000 days of life. The "Nutrition Week" innovation will facilitate hands-on skill building and small group learning to boost the adoption of improved maternal, infant and young child feeding practices. The addition of thrice-yearly Nutrition Weeks to the standard CBNP will be compared to implementation of the standard CBNP alone. Both intervention and control areas (Kaduha Hospital catchment and Kigeme Hospital catchment, respectively) will also receive the aforementioned interventions in maternal and newborn care, control of diarrheal diseases and pneumonia case management.

This protocol outlines the plan for baseline assessments and evaluation related to implementation of the overall project, including the operations research component. Data collection includes a formative phase (desk review, market survey, positive deviant inquiry and exit interviews) and an evaluative phase (two 30-cluster household surveys). In order to maximize limited resources, the same household survey used to measure project objectives and indicators will also be used to measure indicators for the operations research. Results related to the project as a whole and to the OR study will be used both for management purposes and to contribute to learning about effective strategies for improving maternal-child health and nutrition.

The principal investigators for the OR component is from Rwanda Ministry of Health and the University of British Columbia. At all stages of the project and operational research, representatives from Nyamagabe District and the Ministry of Health are invited to contribute to the design, implementation, dissemination and application of findings such that the results will be relevant to Rwanda.

I. Background

A. Project Rationale

The 2010 Rwanda Demographic and Health Survey (DHS) showed that “Forty-four percent of children under five are short for their age; of those children, approximately two in five (17 percent) are severely stunted. Three percent of Rwandan children were found to be wasted at the time of the survey, including about one percent who were severely wasted. About one in ten children (11 percent) are underweight, including two percent who are severely underweight.”

The government of Rwanda has made a significant commitment to eradicate malnutrition among its people. The November 2011 Second National Nutrition Summit consensus statement stated Rwanda’s commitment to *“address the elimination of malnutrition especially in children in a holistic way and among other issues, prevention of acute and chronic malnutrition especially in children (presenting as stunting), through a multi-sectoral approach featuring multiple well proven and evidence-based interventions with a focus on community based nutrition programmes.”*¹²

In support of the government’s priority to eradicate malnutrition, WRR applied for and was awarded an Innovation Child Survival Project from USAID Washington for work in Nyamagabe District from October 1, 2011-September 30, 2015. The project’s goal is to reduce morbidity, mortality and underlying undernutrition of children under five and pregnant women in Nyamagabe District of Rwanda. The project will target all of Nyamagabe District, which has an estimated population of 337,116 people with 54,949 children under-five and 79,559 women 15-49 years-old.

The project’s Strategic Objective is “improved capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.” The project’s intermediate results are:

- IR 1) Improved geographic access to and demand for high quality MNCH services;
- IR 2) Improved coordination of and impact of community health activities; and
- IR 3) Innovation tested to improve the effectiveness of the Community Based Nutrition Program.

¹²Second National Nutrition Summit in Rwanda, 2011 Consensus Statement
<http://nns2rwanda.org/index.php/conference-information/nns2-consensus-statement>

The operations research outlined in this study protocol is the focal point of IR 3, though the project will be assisting the MOH to implement interventions across the following areas: Nutrition (40%), Maternal and newborn Care (35%), Diarrhea (15%) and Pneumonia 10%.

B. Problem Statement

Rwanda has developed numerous national policies and strategies to integrate food security and nutrition with poverty alleviation. In particular, there is a National Strategy to Eliminate Malnutrition (NSEM, 2010), Vision 2020, the Poverty Reduction Strategy Paper, the National Policy on Health, and the National Policy on Agriculture, all of which have a focus on the promotion of better nutrition for the population and introduce steps that will have an impact, particularly for young children.

As stated in the NSEM, “The nutritional situation in Rwanda remains persistently poor. For the last two decades, undernutrition remains a significant public health problem contributing to the high infant, child and maternal mortality.” The Nutrition Weeks methodology is designed to support government initiatives to reducing undernutrition with a focus on nutrition education, in particular to supplement the Community-based Nutrition Program (CBNP) with more hands-on practical learning.

Starting in 1998, UNICEF assisted the MOH to develop and implement the Community Based Nutrition Program with the objective to reduce by 30% all forms of malnutrition in Rwanda by 2013.¹³ However, the final evaluation reported that impact assessment of the program was not possible since most of the implementation districts did not have baseline data.

Given the high prevalence of undernutrition in Rwanda¹⁴ and the lack of quantitative data on the effectiveness of the CBNP, this operational research study aims to **identify** a feasible way to reduce and prevent undernutrition in the first 1000 days of life of children in Nyamagabe District, Rwanda through formative research, and then to **test** the innovated intervention, namely, “**Nutrition Weeks**” to evaluate if the addition of the intervention is more effective than the standard CBNP alone.

In addition, this operational research (OR) study will provide data not only from the intervention area but also from the comparison area where the standard CBNP will be implemented, thereby yielding data on the standard CBNP. If the OR findings indicate that the incorporation of the Nutrition Weeks intervention into CBNP is more effective than the standard CBNP, the data will inform the MoH’s decision-making process and will contribute to the international body of knowledge on feasible approaches to prevent undernutrition.

¹³ *Evaluation of processes and perceptions on the CBNP in Rwanda, 2010*

¹⁴ *Measure DHS, Rwanda 2005*

In summary, the problem in Rwanda is how to create an effective and feasible community-based nutrition program that the MOH can implement with CHWs, that will improve key infant and young child feeding (IYCF) beliefs and practices, and which can lead to overall improved nutritional status. The proposed OR is designed to address this problem.

C. Nutrition education, stunting, and self-efficacy

In the Lancet series on maternal and child undernutrition, Bhutta et al reviewed interventions for maternal and child undernutrition and nutrition related outcomes. They found that education about complementary feeding increased height-for-age Z scores by 0.25 (95% CI 0.01-0.49) in populations with sufficient food.¹⁵

Results of a meta-analysis of 16 nutrition programs successful in improving infant growth in different countries, showed that a key factor for success was that the programs not only gave messages on **what** to feed, but also included counseling, home visits or other activities that showed mothers **how** to feed their child.¹⁶ However, the standard CBNP protocol does not focus on activities that showed mothers *how* to feed their child.

Self-efficacy has been shown to be a modifiable factor that is positively associated with the duration of breastfeeding in a recent literature review¹⁷; however, the standard CBNP does not build self-efficacy or skills in mothers in infant and young child feeding practices. Moreover, the standard CBNP does not foster peer support among mothers.

D. The innovation

The proposed intervention, “Nutrition Weeks” will be developed by World Relief in collaboration with MOH and District based on findings from the formative research phase of the OR. This intervention will go through pre-testing, revisions and pilot-testing prior to implementation. Nutrition Weeks will be introduced into the CBNP in the intervention area. The CHWs will receive training and a step-by-step guide to implement Nutrition Week, which will be scheduled three times a year. The Nutrition Week will include all women with children under two and pregnant women who will spend two hours a day in

¹⁵Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider BA, Kirkwood B, Morris SS, Sachdev HP, Shekar M (2008). What works? Interventions for maternal and child undernutrition and survival. *The Lancet*. Vol 371 February 2, 2008.

¹⁶Caulfield, L, Huffman, S., Piwoz, E. (1999). Interventions to improve intake of complementary foods by infants 6 to 12 months of age in developing countries: Impact on growth and on the prevalence of malnutrition and potential contribution to child survival. *Food and Nutrition Bulletin*, Vol. 20, No. 2, 1999

¹⁷Meedya S, Fahy K, Kable A. (2010). Factors that positively influence breastfeeding duration to 6 months: a literature review. *Women Birth*. 2010 Dec;23(4):135-45. Epub 2010 Mar 17.

small groups of up to ten, participating in a session modeled after Hearth, with a goal of learning about foods, feeding practices, and other behaviors that will prevent undernutrition. This will engage mothers in active learning to build self-efficacy and empower the trained CHWs to more effectively promote behavior change. It will do this by giving the mothers an opportunity to practice behaviors instead of just hearing messages.

The study intervention is a hybrid of the Positive-Deviance Hearth (PD/H) model for community-based rehabilitation of malnourished children AND the 100% coverage and saturation-teaching method of the Care Group model. An important difference is that where PD/H focused on malnourished children, Nutrition Weeks will bring together ALL mothers in a village who are pregnant and/or have children under two years old to **prevent** undernutrition. The key IYCF practices that will be taught will be discovered from PD Inquiries during formative research, as well as from the MOH Community-based Nutrition Program curriculum. The difference between the CBNP program and Nutrition weeks lies in the practice with real foods (as opposed to listening to a flip-chart lecture), communication among mothers (not only from the teacher to the mothers), and a realistic acknowledgement and discussion of the barriers most mothers face to adopting these key IYCF practices.

E. Project/study location and population

The project and related studies will be conducted in Nyamagabe District of Rwanda. The project will target all of Nyamagabe District, which has an estimated population of 337,116, with 54,949 children under-five and 79,559 women 15-49; the OR will cover Kaduha Hospital catchment area (intervention arm) with an approximate total population of 159,195 and Kigeme Hospital catchment area (comparison arm) with an approximate total population of 166,581.

II. Aims, Objectives & Strategy

A. Aims

Overall Project Aim: The overall goal of the World Relief Rwanda Innovation Child Survival Project is to reduce morbidity, mortality and underlying undernutrition of children under five and pregnant women in Nyamagabe District of Rwanda.

Operational Research Aim: The aim of the operational research component of the project is to identify a feasible way to reduce and prevent undernutrition in the first 1000 days of life of children in Nyamagabe District, Rwanda. The results of the project will yield valuable data relevant to scaling up the approach in Rwanda and contribute to the international body of knowledge on feasible approaches to prevent undernutrition. WR with Health Centers will field test a practical hands-on nutrition curriculum for CHWs aimed at improving knowledge, attitudes and practices related to Infant and Young Child Feeding as a complement to the MOH Community Based Nutrition Protocol.

B. Objectives & Strategy

Overall Project Objective: The strategic objective of the project is to improve the capacity of MOH staff and CHWs in implementing high impact maternal, newborn and child health interventions at the community level. The intermediate results that are expected in the project are stated in Table 1. Project Results Framework.

Table 1: Project Results Framework

Project Goal: To reduce morbidity, mortality and underlying malnutrition of children under five and pregnant women in Nyamagabe District of Rwanda.		
Strategic Objective: Capacity of MOH staff and CHWs improved to implement high impact maternal, newborn and child health interventions at the community level.		
IR 1. Improved geographic access to and demand for high quality MNCH services	IR 2. Improved coordination of and impact of community health activities	IR 3. Innovation tested to improve the effectiveness of the Community Based Nutrition Protocol
Activities:	Activities:	Activities:
1) Build capacity of Community Health Supervisor and Hygienist from all 16 Health Centers to train and supervise CHWs using MOH protocols and tools. 2) Train 3,216 CHWs (<i>binome</i>, MNC/ASM, Soc Af. and palliative care) in CBNP. 3) Train CBN Village Committees on 'Nutrition Week' pilot (see below) 4) Train 536 maternal health CHWs (ASM) in MNC package.	1) CHWs, religious leaders and community representatives meet monthly to: • Make action plans based on data reported by CHWs ; • Cross-train in BCC for key family practices based on barrier analysis and BC strategy; • Coordinate regular home visits • Improve referral to appropriate CHW and/or health facility. 2) Build capacity of Sector and Cell level In-Charge of Social Affairs to support BCC. 3) Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.	1) Conduct Operations Research comparing standard CBNP activities vs. the addition of the 'Nutrition Week' intervention. Evaluate with regard to feasibility for scale up. 2) Participate in Nutrition Technical Working Group; Improve awareness, solicit input and share findings. 3) Improve CHW reporting system.

Overall Project Strategy:

Project resources will build the capacity of MOH staff to train and supervise government-sanctioned CHWs in the implementation of their community-based packages. WR will implement through the MOH staff rather than directly intervening in the communities. Integration of interventions at community

level and local problem solving will be enhanced by forming the MOH cadre of CHWs into groups with additional members drawn from local and religious leaders and a member of the Hygiene Club executive committee. These **modified Care Groups will meet monthly for one to two hour meetings** where they receive training in BCC on all intervention topics. Then, they will divide up the village geographically amongst themselves to facilitate more regular home visits for BCC. The CHWs will retain their specialized responsibilities, as defined by the MOH, yet they will work together and with the additional ICG members to more effectively mobilize the community for behavior change and appropriate care seeking.

The proposed project will include interventions as follows: Nutrition (40%), Maternal Newborn Care (35%), Diarrhea (15%), and Pneumonia (10%). The following table shows key activities for each intervention. These will be implemented at the community level by the CHWs under guidance of MOH staff responsible for the CHWs. World Relief staff with Supervisors from Hospital will train the HCstaff, and accompany them in providing intensive supportive supervision to the CHWs.

Table 2: Key Activities for the Selected High Impact Technical Interventions

Nutrition – 40% Level of Effort (LOE)
• Community-Based Growth Monitoring held every month with quality counseling based on weight for age growth plots • Underweight children screened with MUAC and severely underweight or GAM cases referred to health centers • Pregnant women screened with MUAC and referred for supplemental food if under 18.5 cm • Children enrolled in OTP and those discharged from IMU will be followed up by CHWs. • Integrated Care Groups use the Triple A process (per MOH protocol) to seek and implement solutions to malnutrition in community • Results of growth monitoring shared with churches to elicit specific support for families with malnourished children • Nutrition Weeks (described in Section 4 Innovation) held in each community 2 or 3 times per year including de-worming and Vitamin A • Promotion of Kitchen Gardens as recommended by the MOH and with technical assistance from government agronomists or NGOs in the district working in agriculture • Provision of rabbits and or guinea pigs for community breeding to improve access to animal-source foods (paid by matching funds)
Maternal Newborn Care – 35% LOE
• Support the MOH to train the maternal health CHWs (ASM) to identify and register WRA and pregnant women, promote ANC, birth preparedness, institutional deliveries, use of family planning, attend postnatal checks for mothers and newborns and refer women and newborns with danger signs to health facilities. • Orient the Integrated Care Groups to key MNC messages they will promote to women and men including: • Attending ANC, value of institutional deliveries • Recognition of danger signs in pregnancy, delivery, post-partum, in the newborn • Maternal nutrition and decreased work load during pregnancy • Consumption of Iron-folic acid (IFA) and acquisition of Vitamin A supplements post-partum • Child spacing • ASMs help families make a birth plan and promote savings for the related costs or <i>mutuelle</i> enrollment • Integrated Care Groups develop emergency transport plan and community savings for medical emergencies.
Diarrhea – 15% LOE
• Coordinate refresher training for CHWs in CCM with emphasis on use of zinc • Integrated Care Groups promote point of use water purification, Community-Led-Total Sanitation, and treatment seeking for diarrhea to improve utilization rates for zinc in addition to oral rehydration solution (ORS).

- Collaboration with Hygiene Clubs through participation of Executive Committee member in Integrated Care Group.
- Hygiene promotion through churches

Pneumonia – 10% LOE

- Collaboration with Ministry of Infrastructure and on-going projects to promote improved stoves to reduce indoor smoke
- Hygiene promotion to prevent transmission of respiratory infections
- Integrated Care Groups promote recognition of danger signs and prompt care-seeking based on C-IMCI package.

Operational Research Objective: The main objective of the operational research component is to document implementation of the Nutrition Weeks innovation when added to the standard CBNP.

The proposed intervention is expected to improve the nutritional status of infants and young children of ages 6m-23m from baseline to end of study in the intervention area compared to that of the comparison area, as a result of improved Infant and Young Child Feeding (IYCF) practices, assessed by surrogate indicators:

1. Increase in proportion of infants and young children of ages 6-23m fed according to minimum appropriate feeding practices. **(Primary Outcome)**
2. Increase in number of food groups consumed in 24 hours for breastfeeding and non-breastfeeding infants and young children 6-23 months in a 24 hour period.
3. Increase in meal frequency (per day).
4. Increase in proportion of infants and young children having timely introduction of complementary foods.
5. Increase in proportion of infants and young children who are actively fed (whether someone assists the child with feeding).

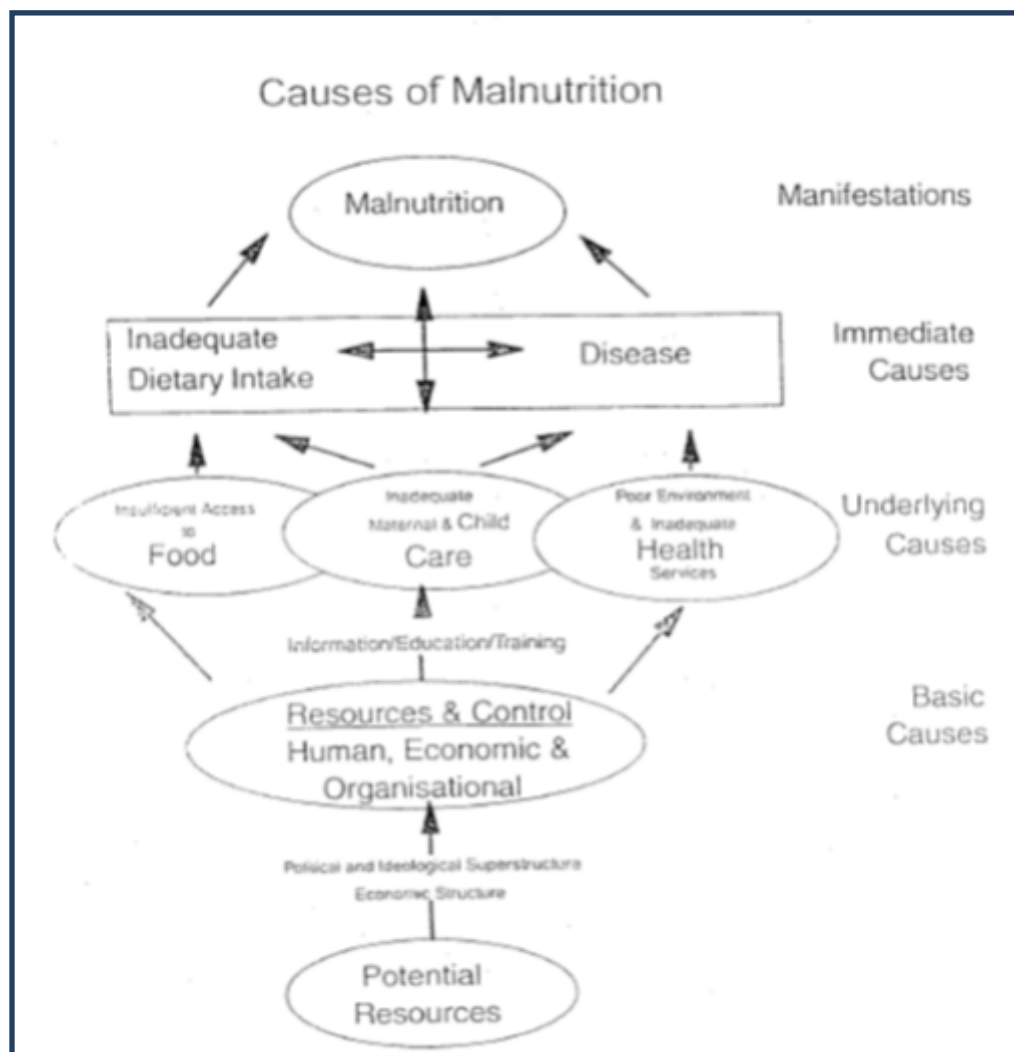
The project will also measure indicators related to maternal nutrition including the consumption of iron folic acid during pregnancy.

Operational Research Strategy: WR will help HC staff to train and to support CHWs in the Kaduha Hospital catchment area to implement the Nutrition Weeks curriculum. WR will also support the MOH in implementing the standard CBNP in both Kaduha and Kigeme Hospital catchment area. The comparison will be between CBNP + *Nutrition Weeks* in Kaduha and the standard CBNP in Kigeme.

III. Conceptual Framework for Innovation

Determinants of undernutrition are multi-factorial as illustrated in figure 1 but this study proposes to intervene at several levels in the pathway to undernutrition, by providing adequate and continuous training to CHWs to improve the knowledge, attitudes and practices of mothers with regards to infant and young child feeding, and building self-efficacy and skills in mothers in food preparation, practice of good hygiene and improved use of available foods.

Figure 1: UNICEF Conceptual Framework for Determinants of Nutritional Status



Source: Complementary feeding of young children in developing countries: a review of current scientific knowledge, WHO 1998.

The primary outcome of the OR is also a Core Indicator recommended by WHO as a summary for infant and young child feeding practices, which is, the proportion of infants and young children of ages 6-23m fed according to a minimum acceptable diet. In addition to meal frequency, this also captures the dietary diversity in the diet of infants and young children which has been shown to be associated with undernutrition, particularly stunting.

In a study by Rah JH et al¹⁸ indicated that among 165,111 children under five years of age in rural Bangladesh, dietary diversity is associated with overall quality and nutrient adequacy of the diet. Using a

¹⁸ Rah JH et al (2010). Low dietary diversity is a predictor of child stunting in rural Bangladesh. *European Journal of Clinical Nutrition* (2010) 64, 1393-1398.

dietary diversity score developed by the authors, the multivariate analyses showed a 15% reduction in stunting among children 6-11 months with high dietary diversity compared to those with low dietary diversity, a 26% reduction in stunting among children 12-23 months with high dietary diversity compared to those with low dietary diversity, and a 31% reduction in stunting in older children 24-59 months with high dietary diversity compared to those with low dietary diversity ((odds ratio (OR) = 0.85, 95% confidence interval (CI): 0.76–0.94; OR= 0.74, 95% CI: 0.69–0.79; OR= 0.69, 95% CI: 0.66–0.73).

In addition, the intervention addresses several gaps in the standard CBNP. First, CHWs will be provided adequate and continuous training based on a practical hands-on nutrition curriculum for CHWs aimed at improving knowledge, attitudes and practices related to Infant and Young Child Feeding as a complement to the MOH Community Based Nutrition Protocol. In addition, they will be provided a step-by-step guide to implement Nutrition Weeks. The proposed Nutrition Weeks for community learning differ from the existing CBNP in that they are interactive and skills-based, not limited to passive listening to messages, flip chart presentations, or even nutritional counseling that is divorced from actual practice - cooking and feeding the recommended food groups.

As the mothers prepare the food, practice good hygiene and feed their children with the encouragement of the CHW, self-efficacy to carry out these optimal behaviors is built in mothers. By working together in small groups, mothers have the opportunity to discuss among themselves solutions to barriers they face in feeding their child or practicing key behaviors. Through repeated daily practice, they will develop these skills of food preparation and infant and young child feeding, which were not imparted by the standard CBNP.

At all stages of the project and operational research, representatives from Nyamagabe District and the Ministry of Health, Rwanda will be engaged to ensure relevance, quality, dissemination and application of the project such that the results of the project will contribute to the national Community-Based Nutrition Program. The results of the study will inform the MoH's decision-making process in introducing Nutrition Weeks into the CBNP, which is scalable since it relies on present MOH staffing and CHWs to implement across a district of 337,116 after TOT training. In the future, a similar TOT team could roll out the program in each district in Rwanda in turn, starting with the 6 priority districts that have the highest malnutrition and stunting rates. WR in collaboration with the MOH will create a TOT manual for Master Trainers and step-by-step guide for CHWs to use as a job aid in implementing Nutrition Weeks to further facilitate replication by MOH and partners in other districts. Furthermore, the results of the study will contribute to the international body of knowledge on feasible approaches to prevent undernutrition.

IV. Operations Research, Formative Phase

A. Formative Research Objective

The objective of the formative research phase of the OR study is to refine development of the Nutrition Weeks intervention content, including the corresponding curriculum and reminder materials that will be used to train CHWs in its implementation.

Nutrition Weeks are patterned after Positive Deviance/Hearth because of said methodology's documented success in building the self-efficacy of caregivers to use locally available foods to rehabilitate moderately malnourished children in the community. However, adjustments to the methodology need to be made in order to 1) focus on the *prevention* of malnutrition; and 2) include all pregnant women and mothers with children under the age of two using existing human resources (CHWs and local leaders) for implementation.

In recent years, the Ministry of Health, in partnership with UNICEF, and the Kabeho Mwana Expanded Impact (of which World Relief was the EIP consortium partner responsible for leading behavior change communication) conducted considerable qualitative research on nutrition and health practices in all regions of the country in order to develop appropriate messages for community curriculum on C-IMCI.

UNICEF recently published Dr. Judy McLean's Phase 1 report online: *The Implementation of In-Home Fortification and Nutrition Education to Combat Anaemia and Micronutrient Deficiencies Among Children 6-23 Months in Rwanda*. Dr. McLean's work in Rwanda for the Micronutrient Powders (MNP) project shares some of the same formative research goals and findings with this WR Innovation project; please refer to this link for the full report: http://www.unicef.org/rwanda/events_10335.html. Selected findings included gaps in the following areas (emphasis added):

"Our findings make clear that caregivers' understanding of appropriate feeding practices for young children is **very limited with a highly apparent lack of knowledge regarding the importance of energy dense foods** or key foods important for reducing the risk of micronutrient deficiencies. Energy dense foods are particularly important in Rwanda as stunting is highly prevalent and fat intake is considered to be the lowest in the world. Stunting, low 'height for age', is commonly considered to be a physiological response to inadequate nutrition during the first '1000 days' of life, or conception to about 2 years of age. Early child growth is dependent on children being introduced to complementary foods that are timely, of adequate quantity, consistency, frequency, and quality."

"**The focus in Rwanda among mothers and caregivers is on a 'balanced diet', which may or may not meet the energy needs of a growing child. Of importance, the diet is very low in animal foods that are key sources of minerals, particularly iron, as well as providers of high quality protein and essential fatty acids.** It is clear that these foods are not accessible on a regular basis to most families making preventing deficiencies challenging... It is widely apparent that a strong complementary feeding education protocol is needed... Messages for caregivers will be targeted to the needs of young children for growth to include frequent feedings of energy dense thick porridge made from grains, with added foods such as meat, eggs, fish, ground nut paste, avocados, where available. Oil or other fat should be added to porridge every time in accordance with the current 'Essential Nutrition Actions'. Fruits and

vegetables add small amounts of micronutrients, and variety promotes a wider acceptance of food but they are generally lower in energy density and micronutrient bioavailability, other than vitamin C. Poverty is an obvious issue but nutrition knowledge can still play a role as foods such as oil may be present but family members may not know the high needs children have for fat in the diet. Similarly small amounts of organ meats, rich in iron and vitamin A, can be added to children's food and may be present but their value not known."

"Of importance, caregivers want clear and accurate information. Messages must be developed with that in mind and community healthworkers and health staff must be trained such that they can provide answers to caregivers' questions. Caregivers discussed important sources of information or where they would like to hear about MNP and (nutrition) recommendations included radio, community health workers and other health care providers. It is recognized that messages must be consistent, clear and frequently delivered if they are to be effective at changing behaviours."

The Phase 2 report on the pilot for the MNP project is being completed by Dr. McLean and will be available in the near future.

With so much existing information and experience related to maternal, infant and young child feeding practices, formative research on the Nutrition Weeks intervention will not seek to repeat collection of the same general information but rather to focus on identifying replicable solutions that enable caregivers to raise well-nourished children even in the face of limited resources.

B. Formative Research Questions

1. What key behaviors should be promoted in the Nutrition Weeks to have the greatest impact on child growth and nutrition from conception to age two years?
2. What locally available foods, feeding and other health-related practices do caregivers of well-nourished children 6-23 months employ?
3. What barriers and positive coping strategies exist to practice of ideal maternal and child feeding practices? Specifically:
 - a. Timely introduction of complementary foods
 - b. Adequate dietary diversity
 - c. Use of energy dense foods
 - d. Recommended feeding frequency
 - e. Appropriate preparation methods for children
 - f. Intake of iron/folic acid and additional food during pregnancy
 - g. Caregiver time, mothers' work outside the home, who cares for the child
4. What are the perceived characteristics and benefits of a well-nourished child?

5. Do the training of trainers curriculum and CHW reminder materials facilitate faithful implementation of the intervention? Is the content understood by trainers, CHWs and mothers?
6. Which strategies promoted by the Nutrition Weeks for achieving the appropriate minimum feeding practices (dietary diversity and frequency of feeding) prove to be the most readily adopted by participants in the program?

C. Phases of formative research

Phase 1) Design: Define priority information and behaviors related to the first 1000 days to target for initial inclusion in the Nutrition Weeks curriculum.

This phase will last 10 days beginning February 20, 2012 (pending IRB approval) and will contribute to answering research questions 1-4.

Method 1.1 Desk Review

Identify and review relevant international guidelines, including the WHO standards for IYCF, Essential Nutrition Actions and the Community Based Nutrition Protocol used in Rwanda. Identify and review existing documentation of local practices, using findings from the most recent Demographic and Health Survey, the MNP Project, other nutrition studies done in Rwanda, the project KPC and other findings on extant practices.

Analysis Plan 1.1

Data will be organized as demonstrated in the following illustrative table:

Table 3: Desk Review Matrix

Recommended practice	Prevalence in Rwanda (data source)	Impact on child growth and stunting (High, Medium, Low)

Application of Results 1.1

Practices with a high impact on child growth and relatively low levels of uptake will be recommended for particular emphasis in the curriculum; they will also inform development of instruments used in the community for qualitative data collection, to better understand what underlies the desired behavior or its absence, as the case may be.

Method 1.2 Market Survey to confirm local cost and availability of foodstuffs and related supplies.

Project staff will visit local markets to determine availability and pricing of foodstuffs and related supplies. They will be given a list of specific items to look for as well as note other finds. Food lists will include those rich in protein, fats, iron and other micronutrients. Additionally, they will note prices of supplies related to food preparation, water treatment and storage, and hand washing including soap.

Sampling 1.2

Three local markets will be purposely selected in the vicinity of the pilot intervention communities and visited by project staff.

Analysis Plan 1.2

Findings from the market survey will be compiled in a table such as the illustrative one that follows.

Table 4: Market Survey Findings

	Market 1:_____	Market 2:_____	Market 3:_____		Key Nutrient Contributions (+/-)			
	Date:	Date:	Date:					
Item	Price/Quantity	Price/Quantity	Price/Quantity	Average Cost	Protein	Energy	Iron	Vit A

After the items have been compiled, the team will circle the most affordable, nutritious options available at the time of the survey.

Application of Results 1.2

Findings from the market survey will be combined with information from positive deviance inquiries and other sources of foods that people produce themselves or otherwise have available in their home food stores. The most affordable, energy and nutrient dense foods will be incorporated into suggested recipes and promoted during the Nutrition Weeks, recognizing that season affects the price and availability of items. Recipe Creation/ Development exercises where caregivers modify traditional recipes to increase nutrient density (but still stay culturally acceptable) may also be done, if needed.

Method 1.3 Positive Deviance Inquiry using Semi-Structured Interviews and Observations

In the context of nutrition programming, “positive deviants” are mothers or families who manage to have well-nourished children despite their poverty. For a family to be considered a positive deviant for the purposes of this study, it must have a well-nourished child 6-23 months-old despite being of low economic status.

The PD Inquiry is an approach for conducting observations and semi-structured interviews related to child feeding and health care practices that was developed for use in PD/Hearth programming. The sample tool included in “**Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach**”<http://www.positivedeviance.org/pdf/fieldguide.pdf> is intended to be adapted to the local context and program needs.

The methodology recommended for PD/Hearth calls for interviewing six positive deviant, two negative deviant (wealthy household with malnourished child), and two non-deviant (undernourished child in a poor household) in a village. The findings from the different households are then compared and contrasted to identify positive behaviors and coping strategies that would be feasible for broad application in the community.

The traditional approach to PDI calls for repeating the process in every village where Hearth is to be implemented, even if the context is uniform, in order to stimulate a process of self-discovery. However, as that would be prohibitive for national scale up—the Nutrition Weeks methodology will instead limit use of the PDI to a sufficient number of positive deviant households to inform curriculum development, keeping in mind the extensive amount of data that has already been collected and even project staff experience implementing PD/Hearth in Nyamagabe District and elsewhere. Nonetheless, additional data collection is required when seasonality affects the viable coping strategies and before expanding to a heterogeneous region. Rather than fostering local discovery via the PDI process, the Nutrition Weeks curriculum will include opportunities for mothers to share experiences and discover from each other strategies for achieving optimal infant feeding.

The PDI will be conducted in Kaduha hospital zone by one team of 2-3 project staff. The Co-Investigator was originally trained in PD/Hearth and use of the PDI by Drs. Warren and Gretchen Berggren, early pioneers of the Hearth model. She has since implemented PDIs and trained others to do so on multiple occasions.

The PDI will take place four days in late March, upon completion of KPC survey data collection and entry (in order to use anthropometry data from the KPC to find PD children.)

Home visits for PDIs take up to two hours and are best conducted during meal preparation and feeding times to maximize opportunities for direct observation. The observation checklist includes practices related to hygiene, feeding, breastfeeding, family interactions, food preparation and water usage. The semi-structured interview includes general questions about the family, questions for mothers on feeding practices, caring practices and health seeking practices; and additional questions for older sibling caregivers, fathers and grandmothers. Data and observations are recorded on the interview form, including information on household composition and nutritional status of children 6-23 months-old.

Because the PDI is best suited for capturing present nutritional practices, appropriate weight for age and MUAC (rather than stunting) will be considered the pre-requisites for inclusion based on nutritional status.

Wealth classification will be based on a recent participatory poverty assessment led by the Ministry of Local Government (MINALOC) with support from the MoH and involvement of community members. The six strata are defined from lowest to highest as: abject poverty, the very poor, the poor, the resourceful poor, the food rich, and the money rich.

Sampling 1.3

Purposive sampling will be used to yield in-depth information about child feeding and care practices in low-income households with well-nourished children 6-23 months in age. The team will conduct PDI interviews in at least 5 households intentionally selected from five different health center catchment

areas, intended to capture any variation in predominant agricultural practices, livelihoods and any other factors thought to impact food availability.

To reduce time spent searching for eligible well-nourished children, anthropometric data from the KPC Survey and or other available sources will be used to identify possible candidates. Children on that list will be cross-referenced with the household's wealth ranking, as defined by the government into six levels.

To confirm the child/household's status as a positive deviant, the child's weight and MUAC score will be measured and along with the age in months, prior to proceeding with the rest of the interview.

Analysis Plan 1.3

Findings from the PDIs are reviewed by the team and compiled in a matrix to help analyze the findings.

Table 5: Sample Matrix to Analyze PD Findings

Household	Good Foods; Good Feeding	Good Child Care	Good Health Seeking Behavior

From amongst the positive practices identified, those foods and behaviors that should be accessible to the majority of people can be circled.

Application of Results 1.3

Those positive deviant foods, behaviors and coping strategies that should be widely applicable across the population will be recommended for inclusion in the Nutrition Weeks curriculum.

Phase 2) Materials development and pilot testing: Develop and pilot test materials and training with CHW trainers, CHWs and caregivers. Revise intervention based on user feedback (trainers and caregivers) for continuous improvement of intervention content and execution. This phase of the formative research will contribute to answering research questions 5-6 and will last twelve weeks from March 18 to June 8, 2012.

Following design of the training materials, the pilot phase will be implemented in Musebeya Health Center catchment area, specifically in five villages of Rusekera Cell of Musebeya Sector.

A Training of Trainers for ten participants (3 Innovation CSP staff, 1 HC nutritionist, 1 staff in-charge of social affairs at sector level and 5 staff in charge of social affairs at cell level) will be conducted from April 9-10, 2012. Additionally, the nutrition committees for each of the five villages (6 CHWs and 1 Village Head = 7 committee members/village) will be trained together (35 total participants) April 12-13, 2012.

The pilot Nutrition Weeks in each village will likely have 30 women divided into three groups. This will enable the 6 CHWs per village to work in pairs, each responsible for one group over the course of the week. Feedback from CHWs and participants will be used to refine curriculum prior to expansion to the

remaining health centers and villages in Kaduha Hospital catchment area, to take place June 10-July 27, 2012.

Method 2.1 Test of CHW knowledge after Nutrition Weeks training.

The CHWs will be given written pre- and post-tests related to the content and execution of the Nutrition Weeks curriculum before and after their training. The pilot training of CHWs will be April 12-13, 2012.

Sample 2.1

All CHWs participating in the Nutrition Weeks pilot will be given pre and post-tests. In the pilot phase this would be 30 CHWs.

Analysis Plan 2.1

Following the exams, the CHWs will rotate papers such that each assists with scoring the exam of a peer based on the percent of correct responses. The mean and median scores will be calculated for each class and cumulatively.

Application 2.1

The exam will serve multiple purposes. The pre-test will establish the baseline knowledge level of CHWs related to nutrition. The post-test will 1) allow for immediate discussion with the CHWs to clarify any common areas of misunderstanding; and 2) If common themes of weakness emerge, they will be used to reinforce aspects of the training in future cycles. Tracking results in CHW trainings after the pilot phase would also enable documentation of CHW proficiency prior to implementation of the intervention during expansion of the intervention to the remainder of the hospital catchment area.

Method 2.2 Feedback meetings with CHW trainers and CHWs

Following the pilot TOT and then pilot implementation of Nutrition Weeks, a feedback meeting will be held with participants the week of April 29th to capture feedback on their experience with the training and suggestions for improvement.

Sample 2.2

All ten trainers and 35 trainees.

Analysis Plan 2.2

Field staff will record feedback in written form; in discussion with HO tech support, recommendations will be made for revisions to the curriculum and implementation plan.

Application 2.2

Suggestions will be applied to revision of the Nutrition Weeks training content and materials.

Method 2.3 Maternal Exit Interviews following Nutrition Weeks intervention.

The purpose of these interviews is to learn about the experience of Nutrition Weeks participants, to improve the intervention and to understand the impact it is having on feeding and care practices in the households of participants. The interviews will examine what the participants learned, what they liked and disliked about the week, new behaviors they plan to adopt/have adopted and any factors that prevent them from practicing what they have learned at home.

The exit interviews will be conducted within one week of completion of the Nutrition Week then again **at least** 4 weeks later. As the Nutrition Week pilot is scheduled for the week of April 22, 2012, week one data would be collected April 27-May 4 and week five data May 24-31. The exit interviews will be used to create case studies of intervention participants. Interviews may be conducted by the two M&E Staff, two Nutrition staff and one Health Center staff. UBC graduate students will help with writing up the case studies in English.

Sample 2.3:

Two participants from each of the five Nutrition Week pilot groups will be interviewed at each time interval. Preferably the same individual would be interviewed at both time intervals to create a total of 10 case studies from the pilot group.

Analysis Plan 2.3:

Table 6: Responses of exit interviews will be reviewed and compiled, as in the sample matrix below

Respondent	Learned	Liked	Disliked	New foods/behaviors	Application at home

The responses will be reviewed for common themes and helpful insights. From this, a list of lessons learned and suggestions for modification of the intervention will be generated.

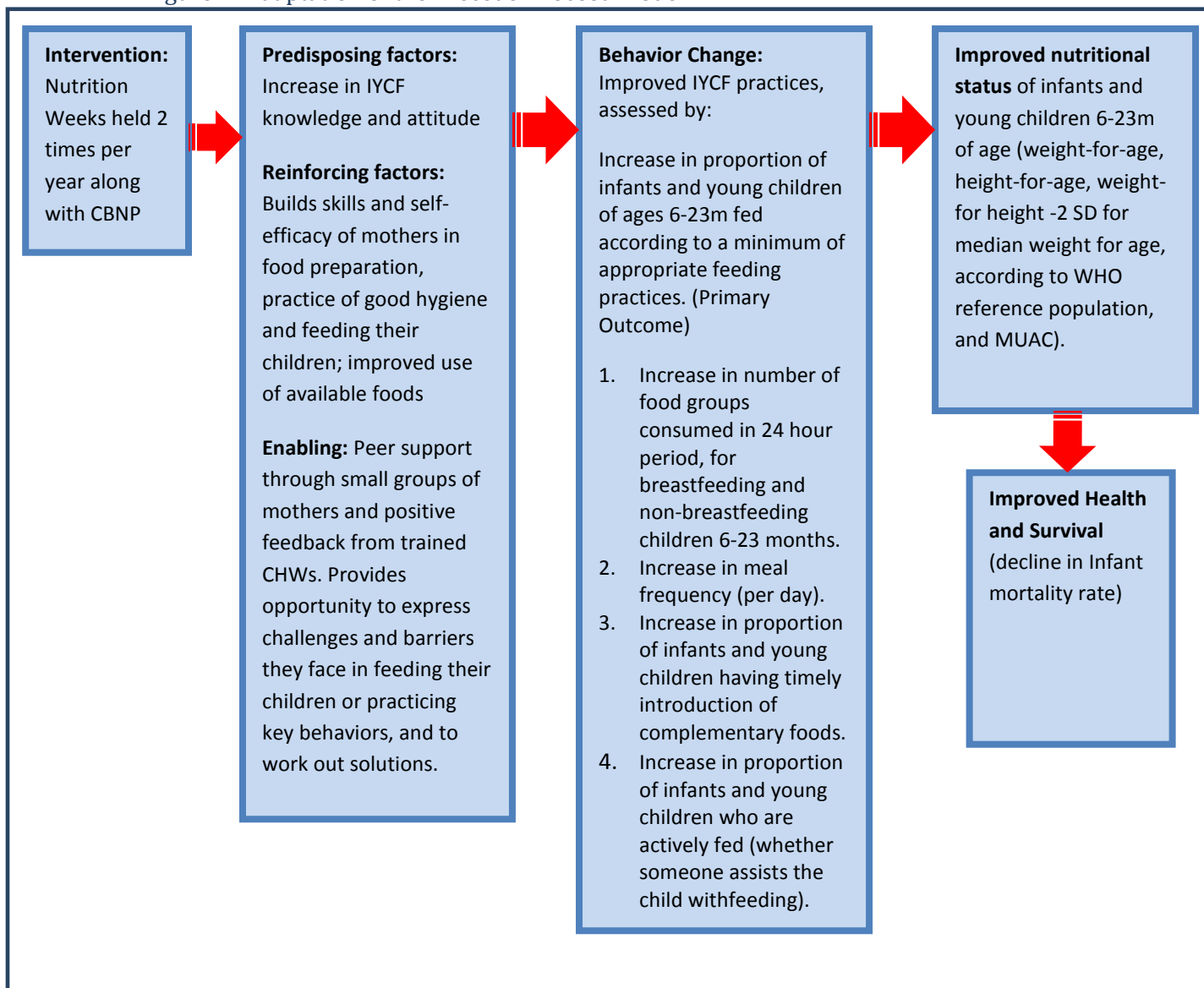
Application Plan 2.3

Findings from the exit interviews will be used to further refine the Nutrition Weeks intervention and also to understand how the participants are responding to the intervention. If the response is positive, the information will contribute to advocacy for scaling up the approach.

V. Operations Research, Evaluative Phase

In this section, the evaluative research component of the operational research will be described. The below figure illustrates the rationale informing the study objectives.

Figure 2: Adaptation of the Precede-Proceed Model



A. Operational Research Objective

The objective of the operational research component of the project is to identify a feasible way to reduce and prevent undernutrition in infants and young children of ages 6 months to 23 months in Nyamagabe District, Rwanda.

B. Operational Research Questions

6. Is there an improvement in nutritional status of infants and young children of ages 6m-23m from baseline to end of study in the intervention area compared to that of the comparison area, as a result of improved Infant and Young Child Feeding (IYCF) practices, assessed by surrogate indicators?

Surrogate indicators measured are:

- i. Proportion of infants and young children age 6m-23m fed according to a minimum acceptable diet. (**Primary Outcome**)
 - ii. Increase in number of food groups consumed in 24 hours for breastfeeding and non-breastfeeding children 6-23 months.
 - iii. Meal frequency (per day).
 - iv. Proportion of infants and young children having timely introduction of complementary foods.
 - v. Proportion of infants and young children who are actively fed (whether someone assists the child with feeding).
7. What is the cost in USD of the intervention package per child?
 8. What is the acceptance rate of the intervention package?
 9. What is the perception of the intervention package by participants and relevant stakeholders?

C. Type of study design

This is a quasi-experimental two-arm (CBNP + Nutrition Weeks compared with standard CBNP) design, with one intervention area (Kaduha Hospital catchment area) and a comparison area (Kigeme Hospital catchment area). Please refer to figure 3.

D. Limitations of the study

Random assignment to the intervention and comparison arms will not be employed due to lack of feasibility and likelihood of cross-contamination. However, we will compare key baseline sociodemographic characteristics in the two study areas to ensure that systemic bias (i.e., selection bias) was not introduced. Statistical adjustments will be made where group characteristics differ significantly on potential confounding variables. As the study is conducted in only one district in Rwanda, generalizability of results to the entire country may be limited. Finally, addressing other determinants of nutritional status such as poverty-alleviation and agricultural improvement is beyond the scope of this study.

E. Hypothesis

Hypothesis testing is based on the primary outcome.

H₀: The difference in proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices, from baseline to end of study in the intervention area is less than 15% than that of the comparison area.

H_a: The difference in proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices, from baseline to end of study in the intervention area is at least 15% more than that of the comparison area.

F. Study arms

This is a quasi-experimental two-arm (CBNP + *Nutrition Weeks* compared with standard CBNP) design, with one intervention area (Kaduha Hospital catchment area) and a comparison area (Kigeme Hospital catchment area). The intervention to be implemented and tested is “**Nutrition Weeks**” added to the MOH’s Community-Based Nutrition Program (CBNP).

World Relief staff and HC trainers will train and support CHWs in the intervention area to implement the Nutrition Weeks curriculum, which will be based on findings from our formative research. WR will also support the MOH in implementing the standard CBNP in both intervention and comparison areas.

The intervention area and comparison area will be similar except for the intervention tested, namely, Nutrition Weeks. All other project activities in nutrition, maternal newborn care, diarrhea, pneumonia will be implemented in both the intervention and comparison areas.

Random assignment to the intervention and comparison arms will not be employed due to reasons of feasibility and cross-contamination, rather participation of individuals in the intervention arm vs. comparison arm will be based on residency within the respective region. However, we will compare key baseline sociodemographic characteristics in the two study areas to ensure that systemic bias (i.e., selection bias) was not introduced. Statistical adjustments will be made where group characteristics differ significantly on potential confounding variables.

The comparison area will be benefited by all other project activities except for the intervention. However, if the results of the OR are positive and the OR yields valuable data on the success of the Nutrition Weeks intervention, this will be presented to the MOH to advocate for scaling up of the approach in Rwanda, thereby benefiting the comparison area as well. The results will also contribute to the international body of knowledge on feasible approaches to prevent undernutrition.

G. Study Population

Intervention area :all infants and young children of ages 6m-23m resident in Kaduha Hospital catchment area.

Comparison area :all infants and young children of ages 6m-23m resident in Kigeme Hospital catchment area.

Note that for purposes of also measuring additional project indicators, children 0-5 months will also be included in the samples of both the intervention and comparison areas.

H. Evaluation Methods

Data collection:Data collection for the OR study is nested within the KPC due to limited resources (see appendix for details on project indicators and KPC). However, adjustments to the standard 30-cluster sampling methodology with 10 households per cluster will be made, to ensure adequate sample sizes of two particular sub-groups of interest: children 6-23 months and children 0-5 months.

The sample size calculation for the OR study is based on the primary outcome indicator, proportion of infants and young children ages 6m-23m fed according to the minimum acceptable diet, a combination of dietary diversity and feeding frequency. This indicator is recommended by WHO in its 2008 guidance on Infant and Young Child Feeding (IYCF).

Formula used for sample size calculation:

$$n = D [(Z\alpha + Z\beta)^2 * (P1 (1 - P1) + P2 (1 - P2)) / (P2 - P1)^2]$$

Where,

D= 2; $Z\alpha = 1.645$; $Z\beta = 0.84$; $\alpha = 0.05$; $\beta = 0.80$

Table 1: Sample Size Calculations based on Primary Outcome and IYCF Indicator

Proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices in sample 1	Proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices in sample 2	Δ	n1 = n2	N
p1	p2			
0.37*	0.47	0.10	596	1191
0.37	0.52	0.15	265	530
0.37	0.57	0.20	148	295
0.37	0.67	0.30	62	125
0.37	0.77	0.40	32	63
0.37	0.87	0.50	17	34

* Source: Addendum to the 2005 Rwanda DHS (IYCF).http://www.measuredhs.com/pubs/pdf/FR183/Rwanda_IYCF_KM-2005.pdf

From the above calculation, in order to detect a 15% or greater difference in the proportion of infants and young children of ages 6m-23m fed according to a minimum of appropriate feeding practices between baseline and end of study in the intervention area and in the comparison area, with $\alpha = 0.05$ and 80% power, we would need a total of 530 infants and young children of ages 6m-23m. The non-response rate in KPC surveys is typically negligible, as household selection happens at the time of the interview, which is non-invasive and well-explained.

Adjustment of KPC sample size to accommodate project indicators for children 0-5 months: The project as a whole will be measuring indicators in addition to those required for the operations research; two of those indicators (exclusive breastfeeding and early initiation of breastfeeding) are based on a subsample of children 0-5 months. According to USAID's guidance on sampling for KPC surveys, a minimum of 75 children 0-5 months should be included in any given sample; this has been determined to be a reasonable tradeoff between precision and resources for project monitoring purposes.

In order to sample a minimum of 75 children 0-5 months and 265 children 6-23 months in each arm of the study, we will increase the typical 30x10 KPC survey sample to 30x12, such that each cluster will have 3 children 0-5 months and 9 children 6-23 months, all from unique households.

Note on Monitoring Surveys: To better use limited resources, monitoring surveys will use a sample of 30x 10 households with children 0-23 months and will not use parallel sampling to achieve pre-determined samples by sub age groups.

Timing and frequency of data collection: Data on proposed indicators will be collected at baseline and at the end of the study. In addition, since the OR study is nested within a larger project, in each year of the study period, data will be collected for monitoring of the overall project. The schedule of data collected is presented in table 6.

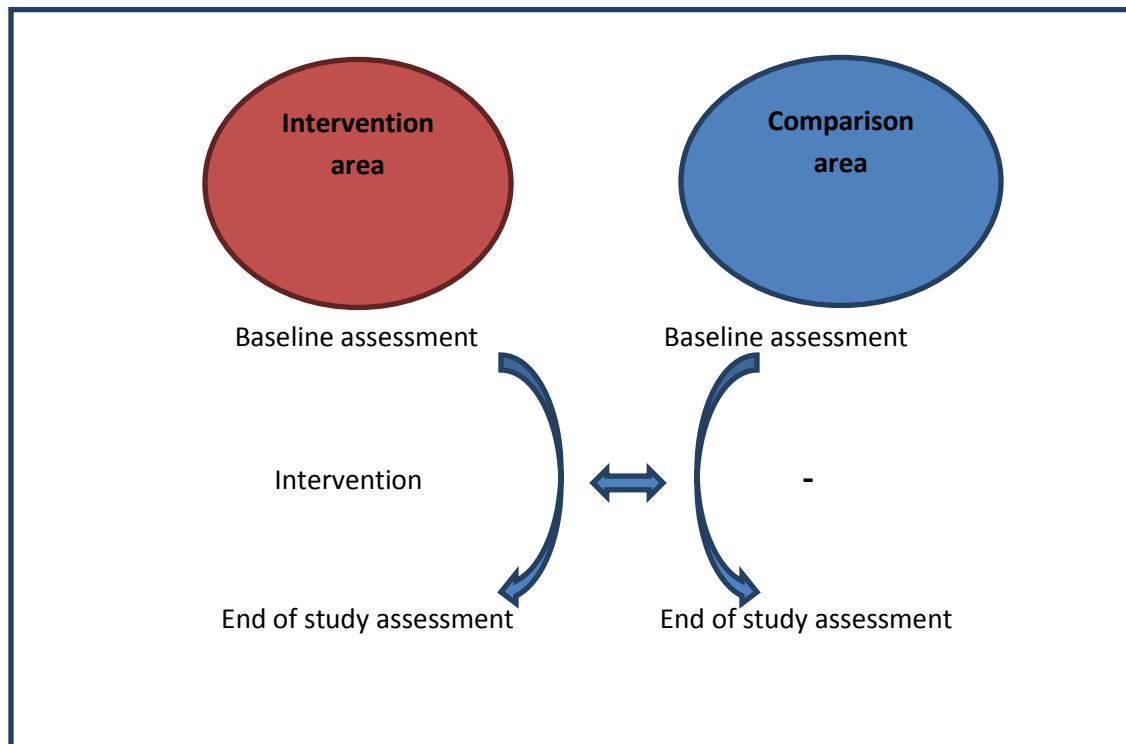
Table 2: Data collection schedule

Project Year	Project Activity	Survey
Year 1	Baseline	Double-30-cluster (30x12) KPC with OR questions, anthropometry; One each in Intervention and Control areas
Year 2	Monitoring	Double 30-cluster (30x10) KPC with OR questions, anthropometry in Intervention and Control areas.
Year 3	Monitoring	Abridged double 30-cluster (30x10) KPC with OR questions, anthropometry and additional project indicators in Intervention and Control areas.
Year 4	Final Evaluation	Double 30-cluster (30x12) KPC with OR questions, anthropometry, one each in Intervention and Control areas.

Data collection will be done using electronic devices (e.g. Windows Mobile HTC smart phones or similar) with technical support from MCHIP in Rwanda and in Washington, DC. This would remove the need for manual transfer of data from questionnaires to an electronic database. The feasibility of doing electronic data collection at baseline is contingent on the timely programming and successful pre-testing of the devices during the time allotted.

Data analysis: All data will be entered into an excel database and transferred into PASW statistics 20 (formerly SPSS) or STATA 10. The data set will be cleaned and checked for errors and inconsistencies. Exploratory analysis and descriptive analysis will be performed. Hypothesis testing will be undertaken by Z test and significance of all other proportions by χ^2 .

Figure 3: Framework of OR study design



VI. Process Documentation

It is important that the study provide information on how the intervention was implemented, changes made along the way, and community response to the intervention. This will enable future replication of the innovation being tested, and understanding of reasons for the success or failure of the intervention. The study will document the OR process as follows:

- How Formative Research (Positive-deviance Inquiries) contributed to developing the content, key messages and format of the *Nutrition Week* intervention.
- Complete curriculum content and lesson plans for the *Nutrition Week* intervention.
- Curriculum for training CHWs and program staff on how to run a *Nutrition Week*.
Reports on exit interviews conducted with caregivers who just completed a *Nutrition week (NW)* session (including their perceptions, family member's perceptions, and what they liked and did not like about the NW, including how they plan to change their own IYCF behaviors as a result of what they experienced during the NW).

VII. Ethical Considerations

There is minimal ethical risk associated with the research components of the project. All phases of data collection are non-invasive and data will only be collected on those participants who give informed consent. The comparison group will receive and benefit from the standard MoH CBNP protocols. Meanwhile, the minimal risk to participating in the Nutrition Week intervention is similar to activities of daily life associated with food preparation.

A. Confidentiality

Participant confidentiality and privacy will be assured through the use of a unique identifier number on all questionnaires. Soft copies of the data will be kept in a password encrypted file and hard copies of questionnaires in a locked filing cabinet in the offices of World Relief in Kigali.

B. Informed consent

All data collection will involve informed consent; examples of consent forms are in the annexes with the sample instruments.

C. Ethical approval

The Project is seeking approval from the Rwanda National Ethics Committee, and the study will be conducted after approval from the RNEC.

VIII. Logistics

A. Distribution of responsibilities

The project is being implemented by World Relief Rwanda in partnership with the Ministry of Health and the University of British Columbia. Please see the table below for roles and responsibilities of specific individuals.

Table 7: Roles and responsibilities: I-CSP Assessments

No	Names	Affiliation	Responsibilities
1.	Dr. Judy McLean	University of British Columbia	Principal Investigator; Responsible for developing the research design; Providing technical oversight to tool development and methodology for KPC baseline & OR; Oversight of quality data collection and analysis; Facilitate the development of a memorandum of understanding (MOU) with University of British Columbia and students; Disseminate the results beyond Rwanda.
2..	Dr. Fidele Ngabo	MOH	Principal Investigator; Responsible for engagement of national level stakeholders, research design and contextualization to Rwanda, quality of implementation, analysis and national dissemination of results.
3.	Melene Kabadege	World Relief	Lead Co-Investigator of Operations Research; provide technical assistant for tool and protocol development; Lead the KPC survey Implementation; overall coordination of data collection at field level, data analysis and reporting writing.
4.	Nutrition Desk, Alphonsine Nyiransabimana	MOH	MOH Nutrition specialist; provide input to research; follow the results to ensure that the findings are relevant; facilitate the finding dissemination throughout Nutrition Technical Working Group.
5.	District Health Team represented by the Director of Health or Medical Director	MOH	Implementing partner; Oversee the implementation of the survey in their respective district; provide surveyors and Supervisors; community mobilization.
6.	UBC Nutrition Students	University of British Columbia	Provide technical assistance for training, data collection, analysis and reporting
7.	Dr. Monisha Jayakumar	World Relief – Home Office	Provide technical assistance for protocol development and report writing in Year 1
8.	Melanie Morrow	World Relief – Home Office	Review protocol & tool development and report; Submit reports to USAID. (Years 1 – 2)
9.	Rachel Hower	World Relief – Home Office	Review protocol & tool development and report; Submit reports to USAID.
10.	Olga Wollinka	World Relief –	Provide technical assistance for tool, protocol development and reporting (Years 1-2) Develop MOU with UBC (Year 1)

		Home Office	
11.	Grace Carmen Umutoni	World Relief - Rwanda	Contribute to protocol development, data analysis, and report writing; liaison with the district and MOH central level; Lead questionnaire and consent form translation process into Kinyarwanda; responsible for budgeting, logistics; Community mobilization
12.	Maurice Kwizera	World Relief Rwanda	Submit study protocol to RNEC and KPC report to MOH. (Year 1-2)

B. Timetable

The key milestones for the project and OR study appear below.

Table 3: FY 1 (October 2011-September 2012) Timeline

Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
Hire staff, Begin OR refining with Principal Researcher	X	X	X									
Write and Finalize Study protocol		X	X	X								
Program data collection system (continues monthly)				X	X	X	X	X	X	X	X	X
Submit protocol to RNEC for ethical approval				X								
Presentation to Rwanda Ethics Committee						X						
Meeting with stakeholders three times annually Before OR (February) Before Nutrition Week (May) After OR to share results (August)					X			X			X	
Univ. of British Columbia Research assistants arrive to help with KPC data analysis quality assurance and data entry					X							
Prepare KPC and FG refresher training; Pilot data collection						X						
Refresher training for surveyors from district MoH, INATEK and ICSP, including pilot exercise for KPC.						X						
KPC Data collection – Control & Intervention areas						X						
Positive deviant Inquiries						X						
KPC data entry, cleaning and follow-up of data collection if necessary						X						
KPC data analysis						X						

Field Visit by Primary Investigator, Dr. Judy McLean, week of April 5.						X						
Participation in Nutrition Working Group, the last week of every month				X	X	X	X	X	X	X	X	X
Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
Draft KPC report						X	X					
Submit KPC report to MoH & USAID							X					
Nutrition Week Design, Field Testing and Translation (see rows below)					X	X	X	X				
Phase 1 Nutrition Week Design (Desk Review, Market Survey and PDI)					X							
Phase 2 Materials development and pilot testing (12 weeks total)						X	X	X	X			
Train CHW on Nutrition Interventions and program implementation CHW Pre- test							X		X	x		
TOT for CSP and HC staff and sector-level staff in-charge of social affairs							X	X				
TOT for Nutrition Committees for each of the five villages							X					
Feedback meetings with CHWs and Trainers							X					
Community mobilization: Meeting with Local Leaders, Religious Leaders, and Health Leaders and then community meetings. Two weeks before Nutrition week								X				
Nutrition Weeks Pilot in Rusekara Cell								X				
Expansion of Nutrition Weeks to rest of Kaduha Hospital catchment area									X	X		
Program data collection (ongoing, monthly)									X	X	X	X
Maternal Exit interviews for Caregivers 1 week and 4 weeks post-intervention.									X	X		
Feedback meetings with CHWs and Trainers									X			
Write First Annual Report											X	

Table 4: FY 2, 3 and 4 (October 2012- September 2015) Timelines of Year 1

Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
Program data collection system	X	X	X	X	X	X	X	X	X	X	X	
Visit by Principal Researcher (TBA) 1-2 times per year												
Stakeholder meetings after survey results and pilot to share results								X				
Nutrition Technical Working Group last week of every month.	X	X	X	X	X	X	X	X	X	X	X	X
KPC in Intervention and Control Areas, data entry and Analysis						X	X					
Draft KPC report							X					
Submit KPC report to MoH & USAID							X		X			
Refresher Training for CHW on Nutrition Week Program implementation Pre/Post test to CHW	X	X							X		X	
Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
Nutrition Week (The 1st nd Nutrition Week will be held in Jan-early Feb. The second one will be held during a week in June- August when it will not conflict with MCH Week).				X	X				X	X	X	
Exit interview for Caregivers; analysis of post-Nutrition Week data from community and CHW surveys				X	X				X	X	X	

C. Budget

The budget is US \$175,000 for 4 years.

Baseline Evaluation Budget

ACTIVITIES	Units	Quantity	DAY	RATE	TOTAL (RwFrS)
Training of surveyors and supervisors					
<i>Enumerators from HCs</i>	Person	8	3	19,500	468,000
<i>Enumerators from UNATEK</i>	Person	15	3	30,000	1,350,000
<i>Enumerators from former</i>					
<i>EIP</i>	Person	5	3	30,000	450,000
<i>Enumerators from I- CSP</i>	Person	8			
<i>Supervisors from District</i>	Person	3	3	19,500	175,500
<i>Supervisors from I-CSP</i>		2			
<i>Tea break for Participants</i>	Lunch	42	3	2,000	252,000
<i>Lunch for Participants</i>	Lunch	42	3	4,000	504,000
<i>Transport cost for HC</i>					
<i>participants</i>	Person	8	2	10,000	160,000
<i>Water</i>	bottle	42	3	300	37,800
					3,397,300
Field Survey					
<i>Enumerators from HCs</i>	Person	8	10	19,500	1,560,000
<i>Enumerators from UNATEK</i>	Person	15	10	30,000	4,500,000
<i>Enumerators from former</i>					
<i>EIP</i>	Person	5	10	30,000	1,500,000
<i>Supervisors from District</i>	Person	3	10	19,500	585,000
<i>Lunch for Project surveyors</i>	Lunch	12	10	4,000	480,000
<i>Transport cost for HC</i>					
<i>participants</i>	Person	8	2	10,000	160,000
<i>Water</i>	bottle	42	3	300	37,800
<i>Community guides</i>	person	15	10	3000	450,000
Data Entry & Cleaning					
<i>Non I-CSP Staff</i>	Person	4	10	19,500	780,000
					10,052,800
Supplies & Logistics					
<i>location conference room</i>	Room	1	3	40,000	120,000
<i>flipchart</i>	pc	1	1	6,000	6,000
<i>markers</i>	pc	1	1	3,500	3,500
<i>Pencil, rubber sharpner</i>	PC	40	1	250	10,000
<i>pens</i>	pc	40	1	100	4,000
<i>folders and Note books</i>	pc	40	1	3,500	140,000
<i>Printing of questionnaires</i>	pc	16	600	20	192,000
<i>vehicle rental</i>	veh	2	10	100,000	2,000,000
<i>phone cards (1 per team)</i>	card	8	1	10,000	80,000
<i>Review board fee</i>		1	1	850,000	850,000

	3,405,500	
Total	16,855,600	\$ 28,092.67

Annexes

Annex A: CVs for Principal Investigators and Co-Investigator

Judy A. McLean

Assistant Professor, Food Nutrition & Health

Teaching areas: Food, Nutrition and Health, Integrated Studies in Land and Food Systems

Contact: FNH 215-2205 East Mall, Vancouver, BC V6T 1Z4, Phone: 604-822-6195, Fax: 604-822-5143, Email: judy.mclean@ubc.ca, Website: InternationalNutrition

Education

Ph.D. (Human Nutrition) University of British Columbia
B.Sc. (Human Nutrition) University of British Columbia

Research Interests

Global problems in food and nutrition including the political, social and cultural factors underlying malnutrition in different contexts. Assessment of nutritional status, maternal infant and child feeding habits, nutrition knowledge, food intake and household food security as a basis for culturally appropriate nutrition intervention programs. Micronutrients and development issues. Of primary interest is the development, implementation and assessment of cost-effective, evidence based means of addressing malnutrition among young children, adolescents and reproductive-age women, and improving pregnancy outcomes.

Teaching

At UBC my teaching focus is on global problems in nutrition and food security; analysis of the political, social and cultural complexities of food habits and malnutrition in various cultures around the world as well as the relationships between diet and disease in both the developed and developing world. I have also prepared and presented introductory nutrition courses in Africa which are regionally specific with attention to food availability, related nutrient deficiencies, as well as the cultural and socioeconomic factors that impact on food security in each region. Our International Nutrition group is currently working to assist others countries in developing post graduate courses in nutrition as education is a vital component of the Millennium Development Goals. We work collaboratively with international organizations and governments on applied food security and nutrition intervention projects.

Courses

- FNH 355 — International Nutrition

- FNH 455 — Advanced International Nutrition
- ASTU 400D — An Examination of Post-Conflict Societies
- FNH 490 sec 004 — Food Science Applications to Address Nutrient Deficiencies in Developing Countries

Current and Recent Projects:

- Principal Investigator: *Ecological and socio-economic intensification for food security in smallholder agriculture in the Andes* – CIDA/IDRC Food Security Grant (2011-2015)
- WHO and the Asian Development Bank: Consultant on the *Development of Training Curriculum in Public Health Nutrition, Mongolia* to be incorporated into the medical school curriculum. (2011-current).
- WHO: Primary Consultant on the Development of the *National Policy and Implementation Guidelines on Preventing Micronutrient Deficiencies in Cambodia* (2010-2011). Completed: March 1, 2011.
- WHO: Consultant on the *Development of a Master's of Science in Nutrition at the NIPH, Cambodia* (2010-ongoing).
- WHO, WFP, UNICEF, UNESCO, ILO and FAO. Consultant to the UN Partners for the Baseline Survey *Joint Programme for Children, Food Security and Nutrition in Cambodia, Spanish MDG Fund (2009-2012)*
- International Nutrition and Food Security Initiative (TLEF grant funded). A stream is being developed that will provide UBC students with a unique undergraduate experience that will include international service learning, fieldwork, or research options in the first undergraduate program in International Nutrition in North America.
- Vitamin A and iron status of women and children pre and post interventions involving increasing homestead food production and nutrition education. With Helen Keller International, Cambodia.
- Implementation of the Baby Friendly Community Initiative in Samlaut, Cambodia. A project designed to reduce infant and child morbidity and mortality through improved feeding practices in cooperation with the MJP Foundation and the Ministry of Health, Cambodia.
- Maternal, infant and child feeding practices and food intake among the Batwa (community of potters), Rwanda. An assessment of current practices to provide baseline information for community based nutrition program for HDI Rwanda.

- Food Choices, Nutrition Knowledge and Food Security of Maasai Women in Rural Kenya. Assessment as the basis for recommendation for a school meal program and other nutrition interventions.

Recent Publications and Reports

Hien VT, Lam NT, Khan NC, Dung NT, Skeaff CM, Venn BJ, Walmsley T, George PM, McLean J, Brown MR, Green TJ. Folate and B12 Status of Women of Reproductive Age Living in Hanoi City and Hai Duong Province. Public Health Nutrition, 2008.

McLean J, Leah, J. Maternal, infant and child feeding practices, food intake and food security in Samlaut, Cambodia. (for the MJP Foundation) 2009.

McLean J. Weekly Iron/Folic Acid Supplementation Program Evaluation - Cambodia (for the WHO), 2009.

McLean J. Chen N. Food Choices, Nutrition Knowledge and Food Security of Maasai Women in Rural Kenya. (for Impiripiri, Kenya), 2009.

McLean J, Lutasingwa D, Kagaba, A. Maternal, infant and child feeding practices and food intake among the Batwa (community of potters), Rwanda. (in progress for HDI, Rwanda) 2009.

McLean J. Mayange, Rwanda School Meal Program Review. (for the Millennium Villages Project) 2008.

McLean J, Green T, Barckett A. Food intake, nutrition knowledge and food security among rural women of reproductive age in Kanyawegi, Kenya. (for GIVE and Kasow) 2008.

McLean J. Dertu: Report on Food Culture and Dietary Practices among Settled Pastoralists. (for the Millennium Villages Project) 2008.

McLean J, Green T, Berring E. Nutrition, Health, family planning, sanitation habits and beliefs of women in rural communities of the Department of La Paz, Honduras. (in progress for GHI)

CV of Dr. Fidele NGABO

Director of Maternal and Child Health Department, Ministry of Health, Rwanda

Personal Informations

Name : NGABO Fidele
Profession : Medical Doctor, MD, MSc, PhD Candidate
Date of birth : 07-05-1970
Sex : Male
Nationality : Rwandese
Civil status : Married
Tel. : +250-(0)788304750 (mobile Rwanda)
Email : ngabog@yahoo.fr
fidele.ngabo@moh.gov.rw

Education

November 2011 : **PhD Candidate, ULB Belgium**
July 2005 – September 2007 : **Masters degree in Public Health, Epidemiology**
School of Public Health/ National University of Rwanda.
2004-2005 : **University diploma in HIV/AIDS and STI in RH,**
University Paris VII BICHAT Claude Bernard/France
1995-2000 : **Diploma in General Medicine**
National University of Rwanda
Butare, Rwanda

Professional Work Experience

July 2008- March 2012 : Director of Maternal and Child Health Department in the
Ministry of Health
June 2005- June 2008 : Coordinator of Expanded Program of Immunization in the
Ministry of Health.
February 2004- Mai 2005 : Head of training and development of HIV and STI
guidelines.
February 2002- January 2004 : **Treatment and research on HIV/AIDS Center**
in : In Charge of Care and treatment for HIV positives patients
PACFA Project **Office of the First Lady**
July 2000- January 2002 : Physician in Emergency Department
Kigali teaching Hospital

Professional affiliations

1. Head of Maternal and Child Health Technical working group
2. Head of Family Planning Technical Working group

3. Head of Fistula care and prevention Working Group
4. Member of Rwanda Medical Association
5. Member of Rwanda Medical Council
6. Member of Injection safety Working Group
7. Head of Contraceptive logistic Committee

Research

1. Documenting the Incidence and Morbidity of Induced Abortion in Rwanda
2. Feasibility of immediate postpartum IUCD insertion
3. Integration of family planning into immunization services.
4. Barriers To Expanded Contraceptive Use in Rwanda
5. Evaluation of the access and use of Fertility Awareness Based Methods in Rwanda
6. A rapid assessment prior to the implementation of Community Based Distribution of DMPA in Rwanda
7. Haemophilus Influenza type B conjugate vaccine impact against purulent meningitis in Rwanda
8. Assessment of Sexual and Gender Based Violence in Rwanda
9. Triangulation of data on treatments in the community in six districts in Rwanda.
10. Malaria cases in under-five children treated by Community Health Workers and Health facilities in Rwanda.
11. Contribution of community health workers in the management of Malaria in Rwanda.
12. Association of delivery at a health facility and insurance coverage
13. Saving mothers and newborn lives at the community using rapidSMS technology
14. Community health worker supervision and supply management: results from a rapid evaluation in Rwanda.
15. Case Study: Introduction of Seven-Valent Pneumococcal Conjugate Vaccine (PCV7) in Rwanda

Selected review for publication.

1. Rwanda Demographic and Health Survey 2005
2. Interim Rwanda Demographic and Health Survey 2007
3. Rwanda Service Provision Assessment 2007
4. Universal access on family planning, key element for reproductive health service
5. Rwanda Demographic and Health Survey 2010

Selected conference and workshop presentation

1. Global Fund Financing of Condoms and Contraceptives for Reproductive Health Commodity Security
2. Food fortification and nutrition solution for Community Health in Rwanda
3. Integrating IEC messages on vaccination, birth spacing, and HIV in Rwanda
4. Community Health Workers in Rwanda Improve Access to care
5. Evaluation of the Maternal Death Audit in Rwanda
6. Reducing inequities: Ensuring Universal Access to Family Planning
7. Global New and Underutilized vaccines implementation meeting

Melene Kabadege

World Relief Maternal & Child Health Regional Technical Advisor

Summary of Professional Experience

Ms. Kabadege is a nurse and public health professional with extensive implementation experience related to community based nutrition and child survival programming. She has expertise in behavior change communication, community mobilization, monitoring and evaluation, Community-IMCI and Positive/Deviance Hearth. She has worked for World Relief since 2001, first as a Child Survival Program Manager and more recently building the capacity of others as a Regional Technical Advisor for Maternal and Child Health (MCH). She has provided Technical Assistance in PD/hearth to IntraHealth/Twubakane (2006) in Rwanda and to Management Sciences for Health in Burundi (2008-09); and also provided TA on Care Groups to the AXXES Project in DRC. Before joining World Relief, Ms. Kabadege worked as a health administrator, nurse manager and educator in Rwanda. Ms. Kabadege completed a Masters degree in Applied Community Change and Conservation from the Future Generations Graduate program and a Bachelor's Degree in Public Health from the National University of Rwanda. Ms. Kabadege speaks fluent French and Kinyarwanda in addition to proficient English. She has prepared abstracts and presented professionally in international forums.

Education

M.A. in Applied Community Change and Conservation, Future Generations Graduate Program, West Virginia, USA, 2007; *Master's research: Neonatal Deaths in Kibogora Health District.*

B.S. in Public Health, National University of Rwanda. 1999 *Student research: Household survey of Antenatal care practices in Kibogora Health District.*

Nursing Diploma, Nursing School in Rwamagana, Rwanda. 1976

Country Experience

Burundi, Democratic Republic of Congo, and Rwanda plus field training in Bhutan, India, Mozambique, Nepal, Peru and United States.

Professional Experience

2010-present Regional Technical Advisor for Maternal and Child Health
World Relief Corporation, Kigali, Rwanda and Bujumbura, Burundi

Provides first line technical support and training for World Relief MCH programs in Burundi, DR Congo and Rwanda. Develops new projects and reports for donors.

2006-2010 Community Mobilization Manager, Expanded Impact Child Survival Program (EICSP),
World Relief Rwanda, Kigali, Rwanda

Reported to the Project Team Leader as a member of project management team for USAID-funded EICSP and managed six Mobilization Officers working in six different districts. Led project-wide training and implementation of community mobilization and behavior change strategies for all six districts,

serving a total population in excess of 1.86 million people. Led adaptation of the Care Group Model for use with government CHWs; Led scale up of approach to include more than 13,000 CHWs in 648 groups. Facilitated formative research on diarrhea (2007-2008) and malaria, pneumonia, malnutrition, and maternal and newborn health (2008) in partnership with the MOH and Unicef. Developed community mobilization training manuals and counseling cards in the Behavior Change Communication sub-committee of the national Community-IMCI Technical Working Group of the MOH. Adapted and implemented monitoring and evaluation (M&E) tools for the Care Group Model in collaboration with M&E Manager. Prepared and managed program budget for Community Mobilization. Led BEHAVE Framework workshop; Kigali, Rwanda (2008). Facilitated Ministry of Health implementation of Integrated Community Case Management for Malaria, Diarrhea, Pneumonia and Nutrition.

2001-2006 Program Manager, Umucyo Child Survival Project,
World Relief Rwanda, Kibogora, Rwanda.

Led team of 50 staff members in implementation of the USAID-funded Umucyo Child Survival Project with interventions in hygiene and diarrhea case management, immunization, nutrition, malaria control, maternal and newborn care and HIV/AIDS prevention. Participated in development of project's Detailed Implementation Plan, annual reports and work plans. Managed curriculum development on Nutrition, Malaria, Diarrhea, Immunization, Neonatal and Maternal Care, and HIV used by Health Promoters and by CHWs. Conducted training and supervised senior staff in Child Survival Project. Oversaw implementation of 300 community Care Groups for community health education and behavior change. Coordinated training for implementation of Positive Deviance/Hearth program in Child Survival Program catchment area; Oversaw implementation of 480 Positive Deviance/Hearth groups for malnourished children and their caregivers. Oversaw successful pilot implementation of Home Based Management of Malaria in partnership with the MOH and other partners. Managed budget with USAID and World Relief matching funds.

2001-2001 Administrator, Kibogora Health District, Ministry of Health, Kibogora, Rwanda
1999-2001 Headmaster of the Frank Adamson Nursing School in Kibogora, Rwanda

1994-1996 Head of Karengera Health Center, Karengera, Rwanda

1976-1996 Head Nurse, Maternity Ward of Kigeme Hospital, Kigeme, Rwanda

Languages: *Kinyarwanda*, mother tongue, *French*, fluent, *English*, proficient

Professional Presentations

2011 Presenter, Community Mobilization Using the Care Group Model, International Conference on Community Health; Kigali, Rwanda

2010 Presenter, Community Health Worker Program in Rwanda, Technical Advisory Group Meeting of the CORE Group; Washington, DC

2008 Presenter, White House Faith-Based and Community Initiatives Conference on Public-Private Partnerships and Economic Development; Kigali, Rwanda

Annex B. Project Indicators

Table 5: Proposed Project and OR Indicators to be measured by KPC Surveys (Original; see update)

Proposed Indicators ("Key Indicators" are strongly recommended by USAID)	Required 2008 Rapid CATCH	OR Indicator	Additional Project Indicators	Source and Frequency of Collection
Nutrition and Breastfeeding (40% Level of Effort)				
(1) <u>Early initiation of breastfeeding</u> : Percentage of children 0-5 months who were put to the breast within one hour of birth.		OR		KPC Y1 Y2 Y3 Y4
(2) <u>Prelacteal feeds</u> : Percentage of children given liquids prior to the initiation of breastfeeding.				KPC Y1 Y2 Y3 Y4
(3) <u>Colostrum</u> : Percentage of children 0-5 months who were breastfed during the first three days of life.				KPC Y1 Y2 Y3 Y4
(4) <u>Exclusive breastfeeding</u> : Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours.	RC6	OR		KPC Y1 Y2 Y3 Y4
(5) <u>Infant and Young Child Feeding</u> : Percent of infants and young children age 6-23 months fed according to minimum acceptable diet (apart from breast milk). Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND Non-breastfed children 6–23 months of age who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day. Continued breastfeeding or feeding of milk or milk products; Feeding solid/semi-solid food the minimum number of times per day according to age and breastfeeding status; Related sub-indicators relate to the frequency; Feeding the minimum number of food groups per day according to breastfeeding status.) The IYCF indicator also allows for the calculation of consumption of food by type (rich in iron, vitamin A, animal protein) and frequency.	Similar to RC7 but based on WHO definition	OR		KPC Y1 Y2 Y3 Y4
(6) Age appropriate introduction of semi-solid foods: Age in months when semi-solid foods were introduced to the child (by mother's recall)		OR		KPC Y1 Y2 Y3 Y4
(7) <u>Responsive feeding</u> : Caregiver actively involved in feeding child 0-23 months		OR		KPC Y1 Y2 Y3 Y4
(8) <u>Underweight</u> : Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population)	RC18	OR		KPC Y1 Y2 Y3 Y4
(9) <u>Wasted</u> : Percentage of children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population)		OR		KPC Y1 Y2 Y3 Y4
(10) <u>Stunted</u> : Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population)		OR		KPC Y1 Y2 Y3 Y4

(11) <u>Acute Malnutrition</u> : Percent of children 6-23 months and percent of pregnant mothers of children 0-23 months acutely malnourished as measured by MUAC		OR	KPC Y1 Y2 Y3 Y4
(12) <u>Vitamin A Supplementation in the last 6 months</u> : Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall.	RC8		KPC Y1 Y2 Y4
Maternal Newborn Care (35% Level of Effort)			
(13) <u>Antenatal Care</u> : Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child.	RC1		KPC Y1 Y2 Y4
(14) <u>Maternal TT Vaccination</u> : Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child.	RC2		KPC Y1 Y2 Y4
(15) <u>Skilled Birth Attendant</u> : Percentage of children age 0-23 months whose births were attended by skilled personnel.	RC3		KPC Y1 Y2 Y4
(16) <u>Post-natal visit to check on newborn within the first 2 days after birth</u> : Percentage of children age 0-23 who received a post-natal visit from an appropriate trained health worker within two days after the birth of the youngest child.	RC4		KPC Y1 Y2 Y4
(17) <u>Current Contraceptive Use Among Mothers of Young Children</u> : Percentage of mothers of children age 0-23 months who are using a modern contraceptive method.	RC5		KPC Y1 Y2 Y4
(18) <u>Maternal Iron Supplementation During Pregnancy</u> : Percent of mothers who received tablets; number of days consumed.		OR	KPC Y1 Y2 Y3 Y4
(18) <u>Immediate breastfeeding of newborns</u> : percent of children 0-23 months put to the breast within one hour of delivery (Key Indicator)	See this same indicator listed above under Nutrition and Breastfeeding		
Control of Diarrheal Diseases (15% Level of Effort)			
(19) <u>ORT use</u> : Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids.	RC13		KPC Y1 Y2 Y4
(20) <u>Point of Use (POU)</u> : Percentage of households of children age 0-23 months that treat water effectively.	RC15	OR	KPC Y1 Y2 Y3 Y4
(21) <u>Appropriate Hand washing Practices</u> : Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing.	RC16	OR	KPC Y1 Y2 Y3 Y4
(22) <u>Increased fluid intake during diarrheal episode</u> : Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)		USAID Key Indicator	KPC Y1 Y2 Y4
(23) <u>Continued feeding during a diarrheal episode</u> : Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)		USAID Key Indicator	KPC Y1 Y2 Y3 Y4
(24) <u>Zinc</u> : Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)		USAID Key Indicator	KPC Y1 Y2 Y4

(25) <u>Use of medicine during diarrhea</u> : Percentage of children 0-23 months with diarrhea in last two weeks who were not treated with antidiarrheals or antibiotics. (Key Indicator)		USAID Key Indicator	KPC Y1 Y2 Y4
(26) <u>Safe feces disposal</u> : Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time s/he passed stool. (Key Indicator)		USAID Key Indicator	KPC Y1 Y2 Y4
(27) <u>Two week prevalence of diarrhea</u> : Percentage of children 0-23 months with diarrhea in the previous two weeks		USAID Key Indicator	KPC Y1 Y2 Y3 Y4
Pneumonia Case Management (10% Level of Effort)			
(28) <u>Appropriate Care Seeking for Pneumonia</u> : Percentage of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last two weeks who were taken to an appropriate health provider.	RC14		KPC Y1 Y2 Y4
(29) <u>Two week prevalence of suspected pneumonia</u> : children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey			KPC Y1 Y2 Y4
Immunization			
(30) <u>Measles vaccination</u> : Percentage of children age 12-23 months who received a measles vaccination	RC9		KPC Y1 Y4
(31) <u>Access to immunization services</u> : Percentage of children aged 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey	RC10		KPC Y1 Y4
(32) <u>Health System Performance regarding Immunization services</u> : Percentage of children aged 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey.	RC11		KPC Y1 Y4
Malaria			
(33) <u>Treatment of Fever in Malarious Zones</u> Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began.	RC12		KPC Y1 Y4
(34) <u>Child sleeps under an insecticide-treated bednet</u> : Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night.	RC17		KPC Y1 Y4
Process Indicators			
(35) <u>Contact with CHW</u> : Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Nutrition Week, etc.)		OR	KPC Y1 Y2 Y3 Y4
(36) <u>Participation in Nutrition Weeks</u> : Percentage of mothers with children 0-23 months who participated in "Nutrition Week" intervention		OR	KPC Y1 Y2 Y3 Y4

Annex C: Positive Deviance Inquiry (PDI)

C1. Written Consent form for Positive Deviance Inquiry

Instruction

In the case of respondents who are not able to read, this form is to be read aloud by someone other than the interviewer, preferably by a Community Health Worker.

Introduction

This consent form will explain the study that we would like you to join. I will go over this form with you in detail. You can ask questions about the study before you agree to join. You can also ask questions at any time after you join the study.

Why is this study being done?

The Nutrition Innovation Child Survival Program is jointly implemented with the district Ministry of Health to improve the health and nutrition of children in Nyamagabe District. This interview will be used to assess nutrition practices using a detailed interview of mothers in the region about their nutrition practices. From these, we will design a “Nutrition Week” curriculum for implementing a hands-on Nutrition program in the community. In this interview we will ask you questions about how you feed your babies and children, and some related health practices, such as hygiene.

What are the interview procedures? What will I be asked to do?

If you agree to help with this study, you will be asked to respond to questions in your home, and we will also observe feeding and hygiene practices in your home. This will last about one hour. We will take notes on the discussions that we will keep for our records.

What are the risks or inconveniences of the interview?

You will not face many risks by being in this study. We do not expect that you will be stigmatized by sharing your experiences.

What are the benefits of the survey?

Your answers will be put together with the answers from mothers in other sectors/cellules/communities. You may benefit from this survey because the information you share with us during will be used to help improve the Nutrition Weeks curriculum.

Will I receive payment for participation?

You will not be paid to be in this interview.

Are there costs to participate?

There are no costs to you to participate in this interview.

How will my personal information be protected?

We ask you for some personal information such as identification, gender, profession, or education level. We will keep all the information that we collect from you private. Only study team members will have access to the information. We will write out the discussions. We will also erase any information that could identify you by name from the discussions. We will destroy the notes of the discussions when we have completed the study.

Who do I contact if I have questions about the study?

We will be happy to answer any question you have about this study. If you have further questions about this study, want to voice concerns or complaints about the research, or if you have a research-related problem, you may contact Melene Kabadegé research team member at telephone no. 0788306586. Or, if you have questions about the research, you may call the WR Burundi office in at
T: +250.252.584664.

If you would like to discuss your rights as a research participant, discuss problems, concerns, and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research, you may also contact the Rwanda National Ethics Committee by calling Dr. Justin Wane, Chairperson of the ethics committee, at 0788500499 or Dr. Emmanuel Nkeramihigo, Secretary of the ethics committee, at 0788557273.

I will provide you a copy of this information should you have any other questions.

Documentation of Consent:

This consent document has been read and explained to me and I have decided that I will participate in the survey described above. Its general purposes, the particulars of involvement and possible risks and inconveniences have been explained to our satisfaction. We understand that we can withdraw at any time. Our signature or thumb print also indicates that we have received each a copy of the contact information.

Comments/Questions:

Are you willing to participate? Interviewer circle: YES NO

Documentation of Consent:

This consent document has been read and explained to me and I have decided that I will participate in the survey described above. Its purpose, what I will be asked to do and all possible risks and inconveniences have been explained to me. I understand that I can withdraw at any time. My signature or thumb print also indicates that I have received a copy of the contact information.

Respondent

Date

Guardian (if respondent is under age 21)

Date

Person Obtaining Consent

Date

C2. Positive Deviance Inquiry Data Collection Forms

OBSERVATION CHECKLIST FOR PDI

Name of Selected Child _____ Date _____

Name of Family _____ Community _____

Ubudehe category: _____

Child age: _____ Weight: _____ Height: _____ MUAC: _____

Select Category: (PD) (NPD) (ND)

Starting Time: _____ Ending Time: _____

I. Household Members:

Observations:

1. Selected Child

Is s/he well-nourished or malnourished?

What is the child like? (energetic, content?)

Is s/he clean or not? (body and clothes)

2. Primary Caregiver:

Who is s/he? (the mother?)

What is s/he like?

Is s/he clean or not?

3. Secondary Caregiver:

Who is s/he? (the grandmother?)

What is s/he like?

Is s/he clean or not?

4. Siblings of the Child:

Are they well-nourished or malnourished?

What are they like?

Are they clean or not?

5. Father of the Child:

Who is he? (the grandfather?)

What is he like?
Is he clean or not?

6. Other Family Members:

Who are they?
What are they like?
Are they clean or not?

II. Practices:

1. Feeding Practices

Wash hands before/after feeding child?
Child eats from food picked off ground?
Child eats food touched by animals?
Washes plates/dishes?

2. Active/Passive Feeding

Child is alone while eating?
Type of feeding?
What is the child eating?
Consistency of food?
Amount of food (in spoonfuls)?

3. Family Eating Practices

Family eating together?
Priority to males: quantity/frequency?

4. Interaction between Caregiver & Child

Supervision and care for child?
Loving behavior?
Teaching the child to walk, talk, play?

5. Interaction of Family Members & Child

Supervision and care for child?
Loving behavior?
Teaching the child to walk, talk, play?

6. Personal Hygiene

Bathing the child?
Child's nails trimmed?
Child away from animal excrement?
Mother washes hands after toileting child?
Mother's nails trimmed?

7. Food Preparation

Washes hands before preparing food?
Keep food covered before/after cooking?
Washes raw fruits and vegetables?

8. Water

Boiled drinking water?

Keep drinking water covered?

Clean water for bathing?

Source of water?

Water source, close or far? (give approx. distance/time to walk to source)

III. Food Availability

Quantity and variety of foods?

Foods from family garden?

Foods from animal origin?

Food storage?

Food preservation and processing

III. Home Environment

1. Home

What is kitchen like?

Sleeping quarters?

2. Latrine

If there is one, is it clean or not?

Is it close or far?

If no latrine, where is excrement disposed?

3. Animals

Do they come inside the house?

Are they in a pen?

Does the child play with them?

PDI SAMPLE SEMI-STRUCTURED INTERVIEW

PDI Guidelines:

Interviewing Caregivers during Home Visits

I. General Questions

1. How many people live in the house? How many eat meals together?
2. How many children are there? How old are they? How many children are under three?
3. Do the older children go to school? If not, why?
4. What do you do for a living? Father? Other family members?
5. How much does the family earn per day?
6. How long do they work? (Morning? Evening? All day? All night?)
7. Where do they work? How long does it take to travel there? Does the child accompany them?

II. Questions about Feeding Practices to Caregiver

8. Are you still breastfeeding this child? If yes, how often? At night?
9. What food do you give your child in addition to breastfeeding?

10. When did you start complementary feeding? What complementary food was used?
11. How many times a day do you feed your child?
12. How much food do you give your child? (Show with actual plate and spoon)
13. Who feeds the child and how does the child eat? (hand, spoon, chewing)
14. What have you fed your child so far today? (List food including breastfeeding.)
15. What will you feed your child this evening?
16. Does your child get fed by other people? Who? (older siblings, neighbor, etc.)
17. What do you do when your child does not want to eat or has a small low appetite?
18. In your opinion what foods are not good for very young children? Why?
19. When your child is sick with diarrhea, do you feed him/her the same, more or less food and liquids? Why?
20. Do you buy food for the child outside? If yes, what food? (snacks, fresh food)
21. From whom (specific food stall vendor) and why?
22. For lactating mothers only: What do you do about breastfeeding when you are sick?

III. Questions about Caring Practices

23. Beside you, with whom does your child interact? What do they do with the child?
24. When you are away, who looks after your child?
25. What advice do you give this person? (safety)
26. What do you do when your small child is naughty (dirty, breaks something, etc.)? Probing: How do you beat? Where? How often?
27. How do you put your child to sleep?
28. Do you encourage your child to play with other children? Why? Why not?
29. When do you play with your child? What do you do with him/her?
30. What do you feel is the most important thing a child needs?
31. What does your husband do for the children in the household?
32. How many children do you have? How many do you want?
33. Have you heard of child spacing? Are you interested in it?

IV. Questions about Health-Seeking Practices

34. How often do you bathe your child?
35. How do you toilet train your child?
36. What do you use water for? soap? (hand washing before eating?)
37. Is your child immunized?
38. What kind of illnesses does your child have most often?
39. What do you do when your child has a cold?
40. What do you do when your child has diarrhea?
41. Has your child had diarrhea in the past two weeks?
42. If yes, how did you treat it? If ORS, how to prepare?
43. When your child has diarrhea, what do you feed him?
44. What do you avoid feeding him?
45. What are the danger signs of pneumonia?
46. What do you do if your child has these signs?
47. How do you know your child is sick? (signs of sickness)
48. Whom do you consult first? Then whom?
49. Who decides what to do when there is a severe health problem at home?
50. What are the health problems for young children you are most concerned about?
51. How do you solve these problems?

V. Questions for older sibling caregiver

52. Do you go to school?
53. What do you do besides looking after your younger siblings?
54. What do you do with your younger sister/brother?
55. What do you do when he/she cries? Gets hurt? Is sick?

56. What do you do when the child is naughty?
57. What things do you like to do with your younger brother/sister? Why?
58. What things don't you like to do? Why?
59. Do you involve him/her in your games? Why?
60. How do you feed the child? (Probing)

VI. Questions for Father

61. In your opinion, how is your child?
62. How do you know your child is healthy?
63. How much time do you spend with your child every day?
64. What do you do when you are with your child during the day?
65. What do you do when your child is sick?
66. In your household, who decides what to do when your child is sick?
67. How many children do you have? How many do you want?
68. Have you heard of child spacing? Are you interested in it?

VII. Questions for Grandmother or Mother-in-Law

69. In your opinion, at what age should a child be given food in addition to breast milk?
70. What are good foods for children less than three years old? Why?
71. What foods should NOT be given to children less than 3 years old?
72. Include questions from sections above on Feeding Practices and Care Seeking Behavior.

Annex D: Maternal Exit Interview for Nutrition Weeks Innovation

This form describes the process for selecting random participants, obtaining informed consent, and questions to ask.

Purpose of Maternal Exit Interviews. The purpose of these interviews is to learn what Nutrition Weeks participants learned about infant and child feeding and how to prevent malnutrition.

Confidentiality and consent

- BEFORE beginning an interview, read the consent form to the interviewee and be sure that they understand all of it. After they have given consent to participate in the interview and you have signed the consent form, you can begin the interview.
- Do not write the name of the interviewee on your notes. Instead, mark in the notes the day of the week, your initials, and the number of the interview (1 if it's the first interview, 2 if it's the second, etc.).
- Please return all the notes and translations to the Program Director at the end of each day to assure confidentiality.

The interviews will examine:

- What participants learned about Nutrition during participating in Nutrition Week.
- What they liked about the Nutrition Week.
- What they did not like about the Nutrition Week.
- New behaviors they plan to adopt based on what they learned at the Nutrition Week session they attended.
- Their perspective on the feeding practices that they learned about.
- Factors that prevent them from changing behaviors to prevent malnutrition.

Notes to the interviewers

- Use open questions instead of yes/no questions to obtain more in-depth and detailed responses in the interviews. (For example, why did you decide to get your child weighed? How could you tell that your child was malnourished?)
- Probe for further comments in order to help the interviewee to add to their response; you want in-depth, detailed responses. Be comfortable with silence and give the interviewee time to think and to fully respond.
- Pose follow-up questions when the interviewee gives a short response or when you want more detailed or precise information. (Ex: Exactly what do you mean? When you said X earlier in the interview, what did you really mean? Tell me more about X.... etc.)

- Avoid using leading questions, questions which guide the interviewee toward a certain response. We want original ideas and words from the interviewee. (Ex: Why did you is ORS the best treatment for diarrhea?)

Interview theme: NUTRITION WEEK

Below are several themes and topics to be covered in the interview. Probe to thoroughly explore full responses to each question.

1. How many children do you have?
2. What did you learn about Nutrition from the Nutrition Week?
3. What did you like about the Nutrition Week? Benefits?
4. What did you not like about the Nutrition Week?
5. Are there any new feeding practices that you plan to do now that you learned how to do at the Nutrition Week?
6. Are any of the practices too difficult for you or your neighbors to do? Why?
7. What did your family think about the Nutrition Week? Was it difficult to get away from home for the entire week?
8. Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better.

Thank you for your time and opinions!

Annex E: Written Consent for KPC survey

Instruction

If the respondent does not read, this form is to be read aloud by someone other than the interviewer, preferably by a community health worker.

Introduction

You are invited to participate in a survey to learn more about the knowledge and practices of mothers of children under age five months in this community. This consent form will give you the information you will need to understand why this survey is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. We encourage you to take some time to think this over and to discuss it with your family or friends. For this survey, we will interview approximately 600 mothers of children under five years.

Why is this survey being done? World Relief has a project that has been helping to train community health workers to assess and treat children under five in this community. The purpose of the survey is to help us understand the health status of this community and how sick children are cared for.

What are the survey procedures? What will I be asked to do? The questions in the survey are about your home, your health, and the health of your child under 2 years or one of your children 6-59 months who has been sick in the past 2 weeks. The survey will last about 20 minutes. I will ask to look quickly inside your house.

What are the risks or inconveniences of the survey? There is a risk that some of the questions may make you feel uncomfortable. I want you to know that anything you tell me is completely confidential. We will not use your name in any of our materials or reports. We will not talk about particular children or families, but only about the situation overall in your district. No one will know who gave what answers.

What are the benefits of the survey? Your answers will be put together with the answers from many other families in this community and will help us find out the best ways to help families like you lead healthier, happier lives.

Will I receive payment for participation? You will not be paid to be in this survey.

Are there costs to participate? There are no costs to you to participate.

How will my personal information be protected? If you agree to participate, all information about you will be kept as private as possible. No personal information such as your name will be reported. Your name is not written anywhere on the forms containing your responses.

Can I stop being in this survey and what are my rights? You do not have to be in this survey if you do not want to. If you agree to be in the survey, but later change your mind, you may contact us. You also

may choose to skip any questions that you do not wish to answer. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Who do I contact if I have questions about the survey?

We will be happy to answer any questions you have about this survey. If you have further questions about this survey, want to voice concerns or complaints about the research, or if you have a research-related problem, you may contact Melene Kabadegge, research team member, at telephone number 250788306586. Or, if you have questions about the research, you may call the Innovation CSP office in Nyamagabe District at telephone number 0788307570.

If you would like to discuss your rights as a research participant, discuss problems, concerns or questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research, you may also contact the Rwanda National Ethics Committee by calling Dr. Justin Wane, Chairperson of the ethics committee, at 0788500499 or Dr. Emmanuel Nkeramihigo, Secretary of the Ethics Committee, at 0788557273.

I will provide you a copy of this information sheet with the contact information should you have any other questions.

Comments/Questions:

Are you willing to participate? Interviewer circle: YES NO

Documentation of Consent:

This consent document has been read and explained to me and I have decided that I will participate in the survey described above. Its purpose, what I will be asked to do and all possible risks and inconveniences have been explained to me. I understand that I can withdraw at any time. My signature or thumb print also indicates that I have received a copy of the contact information.

Respondent Date

Guardian (If respondent is under 21)

Date

Person Obtaining Consent

Date

Annex E: KPC Survey Draft Questionnaire

DRAFT Baseline KPC Survey Questionnaire – Not Yet Pre-Tested

RESPONDENT IDENTIFICATION	
Cluster Number/ Nimero y'itsinda	
Household Number/ Nimero y'urugo	
Informed consent obtained: Yes or No; If not, reason _____	
Record Number/ Nimero y'ubazwa	
Interviewer Name/ Amazina y'ubaza	
Sector/ Umurenge	
Village/ Umudugudu	
NAME OF THE MOTHER / AMAZINA Y'UMUBYEYI _____ AGE OF THE MOTHER (IN YEARS) IMYAKA Y'UMUBYEYI	What is the name, sex, date of birth of your youngest child that you gave birth to and that is still alive?Umwana wawe muto wabyaye kandi ukiriho yitwa nde? Igitsina ke? Yavutse ryari? NAME OF THE CHILD LESS THAN 24 MONTHS AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24 _____ SEX OF CHILD (1=MALE, 2=FEMALE) IGITSINA CY'UMWANA(1=GABO, 2=GORE) DATE OF BIRTH ____/____/____ IGIHE YAVUKIYE AGE OF THE CHILD (IN MONTHS)..... IMYAKA Y'UMWANA (MU MEZI)

Date of Interview/ Itariki y'ibazwa	/...../.....
Time interview began/ Isaha ibazwa ryatangiriye	AM Mbere ya saa sita PM Nyuma ya saa sita
Time interview ended/ Igihe ibazwa ryarangiriye	AM Mbere ya saa sita PM Nyuma ya saa sita

#	Questions/Ibibazo	Responses/Ibisubizo bishoboka	Skip/ Simbu ka	Answer/ Igisubizo atanze
SECTION I: SOCIO-DEMOGRAPHICS / Igice cya 1: imibereho rusange				
INSTRUCTIONS: ASK THE QUESTIONS EXACTLY AS THEY ARE WRITTEN. DO NOT READ RESPONSES UNLESS DIRECTED TO DO SO. WORDS IN <i>ITALICS</i> ARE INSTRUCTIONS FOR THE INTERVIEWER AND SHOULD NOT BE READ ALOUD. FOLLOW SKIP PATTERNS AS DIRECTED. WRITE ANSWERS IN THE ANSWER BOX UNLESS OTHERWISE DIRECTED.				
AMABWIRIZA: BAZA IBIBAZO NKUKO BYANDITSE. IRINDE KUMUSOMERA IBISUBIZO. AMAGAMBO YANDITSE MUBURYO BUBERAMYE NI AMABWIRIZA Y'UBAZA NTABWO UGOMBA KUYASOMERA UBZWA. AHO UGOMBA GUSIMBUKA HASIMBUKE. ANDIKA IGISUBIZO MU KAZU K ABUGENEWE.				
1.	Have you ever attended school? <i>Mwaba mwarageze mu ishuri?</i>	Yes/ <i>Yego</i> 1 No/ <i>Oya</i> 0 Don't know/ <i>Simbizi</i> 8	→3 →3	
2.	If yes, then ask: What is the highest grade or level of school you have completed? <i>Niba ari yego, mubaze uti:</i> <i>Warangije ayahe mashuri?</i>	None/ Did not complete primary 0 <i>Ntayo/Ntiyarangije amashuri abanza</i> Primary/ <i>Amashuri abanza</i> 1 Secondary/ <i>Amashuri yisumbuye</i> 2 Past Secondary/ <i>Amashuri makuru</i> 3 Other/ <i>Ayandi</i> 4 5		
3.	How many people live in your household? <i>Muri uru rugo mubamo muri bangahe?</i>	Number/ <i>Umubare</i> ## Don't know/ <i>Simbizi</i> 88		
4.	What is your <i>ubudehe</i> category according to the participatory poverty assessment as defined by MINELOC? <i>Mwashyizwe mukihe kiciri cy'ubudehe nyuma y'ubushakashatsi bwakozwe na MINALOC kubijanye n'ubukire cyangwa ubukene?</i> 7. <i>Umutindinyakuja</i> (those in abject poverty) 8. <i>Umutindi</i> (the very poor) 9. <i>Urukene</i> (the poor) 10. <i>Urukene wifashije</i> (the resourceful poor) 11. <i>Urukungu</i> (the food rich) 12. <i>Urukire</i> (the money rich) (Source: <i>Government of Rwanda Poverty Reduction- Strategy Paper</i> , June 2002 – p.15.)	14. <i>Umutindinyakuja</i> (those in abject poverty) 1 15. <i>Umutindi</i> (the very poor) 2 16. <i>Urukene</i> (the poor) 3 17. <i>Urukene wifashije</i> (the resourceful poor) 4 18. <i>Urukungu</i> (the food rich) 5 19. <i>Urukire</i> (the money rich) 6 Don't know/ <i>Simbizi</i> 8 If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINELOC. <i>Niba ubazwa atazi ikiciri arimo, ubaza aje kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciri by'ingo zose, Niba ubazwa aya mpaka ku kiciri yashyizwemo, koresha ikiciri kiri ku ilisti ya MINALOC.</i>		

Questions/Ibibazo	Responses/Ibisubizo bishoboka	Skip/ Simbuka	An we Igis biz ata e
SECTION II: MATERNAL AND NEWBORN CARE			
5.	How long should you wait after the birth of your child before you try to become pregnant again? Uzategereza igihe kingana iki kugirango wongere gusama indi nda?	LESS THAN 2 YEARS/ MUNSI Y' IMYAKA IBIRI.....1 2 TO 5 YEARS/ HAGATI Y'IBIRI N'ITANU 2 MORE THAN 5 YEARS/ 3 HEJURU Y'IMYAKA ITANU DON'T KNOW/ SIMBIZI..... 8	
6.	What are the risks of getting pregnant too soon after the birth of a child?/Ni izihe ngorane zishobora kuboneka mugihe umubyeyi akurikije hakiri kare? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED. IRINDE KUMUSOMERA IBISUBIZO. ANDIKA IBYO AGUSUBIJE BYOSE.	BABY BORN TOO SMALL.....A UMWANA AVUKANA IBIRO BIDASHYITSE BABY BORN TOO EARLY.....B UMWANA AVUKA ATAGEJEJE KU GIHE MOTHER CAN DIE.....C UMUBYEYI ASHOBOGA GUPFA MOTHER CAN HAVE MISCARRIAGE.....D UMUBYEYI ASHOBOGA GUKURAMO INDA MOTHER CAN SUFFER ANEMIA.....E UMUBYEYI ASHOBOGA KUBURA AMARASO OTHER / IBINDI.....X _____ (SPECIFY)/ (SOBANURA)	
7.	Are you currently doing something or using any method to delay or avoid getting pregnant? Hari uburyo ukoresha ngo wirinde gusama?	YES/ YEGO.....1 NO/ OYA.....0	→9

8. Which method are you (or your husband/ partner) using?/Ni ubuhe buryo ukoresha (cyangwa umugabo wawe)? DO NOT READ RESPONSES. CODE ONLY ONE RESPONSE. / IRINDE KUMUSOMERA IBISUBIZO. SHYIRA AKAMENYETSO KUCYO AKUBWIYE. IF MORE THAN ONE METHOD IS MENTIONED, ASK, / NIBA AKUBWIYE UBURYO BURENZE BUMWE, MUBAZE UTI What is your MAIN method that you (or your husband/ partner) use to delay or avoid getting pregnant?/ Ni ubuhe buryo, wowe cyangwa umugabo wawe mukoresha kurusha ubundi kugirango wirinde gusama? IF RESPONDENT MENTIONS BOTH CONDOMS AND STANDARD DAYS METHOD, CODE “12” FOR STANDARD DAYS METHOD/ AGAKINGIRIZO N’UBURYO BWA KAMERE SHYIRA AKAMENYETSO KURI “12” IF RESPONDENT MENTIONS BREASTFEEDING, CODE “15” FOR OTHER AND RECORD BREASTFEEDING./ NIBA AVUZE UBURYO BWO KONSA SHYIRA AKAMENYETSO KURI “15 “KANDI UBYANDIKE NO MUMAGAMBO IF RESPONDENT MENTIONS ABSTINENCE OR ISOLATION, CODE “15” FOR OTHER AND RECORD RESPONSE IN SPACE PROVIDED./NIBA AVUZE UBURYO BWO KWIFATA SHYIRA AKAMENYETSO KURI “15” KANDI UBYANDIKE NO MUMAGAMBO.	FEMALE STERILIZATION/KWIFUNGISHA BURUNDU KU MUGORE 1 MALE STERILIZATION/KWIFUNGISHA BURUNDI KU MUGABO.....2 PILL/ IBININI.....3 IUD/ AGAPIRA MU MUMURA.....4. INJECTABLES/ URUSHINGE.....5 IMPLANTS/ AGAPIRA MU KABOKO.....6 CONDOM/ AGAKINGIRIZO K’ABAGABO.....7 FEMALE CONDOM/ AGAKINGIRIZO K’ABAGORE.....8 DIAPHRAGM/ AGAPIRA INKONDO Y’UMURA.....9 FOAM/JELLY/ AMAVUTA.....10. LACTATIONAL AMEN. METHOD/ KONSA GUSA.....11. STANDARD DAYS METHOD/ CYCLEBEADS/ KUBARA IMINSI Y’UBURUMBUKE.....12 RHYTHM METHOD (OTHER THAN STANDARD DAYS) UBUNDI BURYO BWO KUBARA.....13. WITHDRAWAL/ KWIYAKANA.....14 OTHER/ IBINDI.....15 _____ (SPECIFY)/ (BISOBANURE)		
Appendix: Original Protocol from April 2012 with minor updates		A41	

9.	During your pregnancy with (Name), did you see anyone for antenatal care?//Mugihe wari utwite Kanaka (Izina ry' umwana muto) waba warigeze wipimisha inda ? IF YES: Whom did you see? Anyone else? NIBA AVUZE YEGO MUBAZE UTI : Ninde wagusuzumye ? Ntawundi? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN./ MUSOBANUZE NEZA WUMVE NIBA YARASUZUMWE N'UMUNTU UBUFITIYE UBUSHOBOZI	DOCTOR/MEDICAL ASSISTANT/ MUGANGA/ UMUFASHA WE.....A NURSE/ UMUFOROMO.....B MIDWIFE/ UMUBYAZA.....C TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA.....D OTHER / ABANDI X (SPECIFY/ BAVUGE) NO ONE/ NTA NUMWE.....Y	→16	

10.	During your pregnancy with (Name), where did you receive antenatal care?/Mugihe wari utwite Kanaka (Izina ry'umwana muto) ni hehe wipimishirije inda ? CIRCLE ALL MENTIONED./ SHYIRA AKAZIGA KUGISUBIZO AGUHAYE IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. NIBA ARI KUBITARO, KUKIGO NDERABUZIMA CYANGWA KU IVURIRO RYIGENGA ,ANDIKA UKO HITWA.MUSOBANUZE NEZA KUGIRA NGO WANDIKE IGISUBIZO CY'UKURI _____ (NAME OF PLACE/IZINA RYAHU YABYARIYE)	HOME/ <u>MURUGO</u> YOUR HOME/ <u>IWawe</u> A MIDWIFE/TBA HOME/ <u>MURUGO RW'UMUBYAZA</u> ...B OTHER HOME/ <u>MURUNDI RUGO</u>.....C <u>PUBLIC SECTOR/ IVURIRO RYA LETA</u> HOSPITAL/ <u>IBITARO</u> D HEALTH CENTER/ <u>IKIGO NDERABUZIMA</u> E HEALTH POST/ <u>IVURIRO RYUNGIRIJE</u> F OUTREACH/ <u>KU MUDUGUDU/STRATEGIE AVANCE</u>...G OTHER PUBLIC/ <u>ANDI MAVURIRO YA LETA</u> _____.....H (SPECIFY/<u>SOBANURA</u>) <u>PRIVATE SECTOR/ AMAVURIRO YIGENGA</u> PRIVATE HOSPITAL/ <u>IBITARO BYIGENGA</u> I PRIVATE CLINIC/ <u>KIRINIKE YIGENGA</u> J OTHER PRIVATE/ <u>IRINDI VURIRO RYIGENGA</u> _____.....K (SPECIFY/<u>RIVUGE</u>) OTHER/ <u>AHANDI</u> X (SPECIFY/<u>HAVUGE</u>)				
11.	During your pregnancy with (Name), how many months pregnant were you when you first received antenatal care?/Mugihe wari utwite kanaka (Izina ry'umwana) wagiye kwipimisha bwa mbere inda ifite amezi angahe?	MONTHS/ <u>AMEZI</u>..... <table><tr><td></td><td></td></tr></table> DON'T KNOW/ <u>SIMBIZI</u>.....88				

12.	During your pregnancy with (Name), how many times did you receive antenatal care?/ Mugihe wari utwite kanaka (Izina ry’umwana) wipimishije inda inshuro zingahe ?	TIMES/ INSHURO <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW/ SIMBIZI 88				
13.	As part of your antenatal care during this pregnancy, were any of the following done at least once? Hari ibintu by’ingenzi bakorera umugore utwite iyo agiye kwipimisha,inda,muri ibi bikurikira ni iki baba baragukoreye nibura inshuro imwe ? E. Was your height taken?/Bagupimye uburerebure? F. Was your blood pressure measured?Bagufatiye umuvuduko w’amaraso? G. Did you give a urine sample?/Wigeze utanga ikizami cy’inkali? H. Did you give a blood sample?/Hari ikizami cy’amaraso wigeze utanga?	YES/ YEGO NO/ OYA A. HEIGHT/ UBUREBURE 1 0 B. BP/ UMUVUDUKO W’AMARASO ...1 0 C. URINE/ INKARI 1 0 D. BLOOD/ AMARASO 1 0				
14.	During (any of) your antenatal care visits, were you told about the signs of pregnancy complications? Mugihe wajyaga kwipimisha inda bigeze bakubwira ibimenyetso mpuruza kumugore utwite ?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8	→16 →16			
15.	Were you told where to go if you had any of these complications?/Bigeze bakubwira aho wajya mugihe ubonye kimwe muri ibyo bimenyetso?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8				

16.	During pregnancy, woman may encounter severe problems or illnesses and should go or be taken immediately to a health facility. / Iyo umugore atwite ashobora guhura n'ibibazo cyangwa se uburwayi bishobora gutuma yihutira kujya kwa muganga . What types of symptoms would cause you to seek immediate care at a health facility (right away)?/Ni ibihe bimenyetso by'uburwayi bishobora kugutera kwihutira kujya kwa muganga mu gihe utwite? ASK: Anything else?/BAZA UTI: Nta bindi? DO NOT READ RESPONSES. RECORD ALL THAT ARE MENTIONED./ IRINDE KUMUSOMERA IBISUBIZO, SHYIRA AKAMENYETSO KU BISUBIZO AGUHAYE BYOSE	VAGINAL BLEEDING/ KUVIRA KU NDA A FAST/DIFFICULT BREATHING/ GUHUMEKA BIMUGOYE.....B FEVER/ UMURIRO C SEVERE ABDOMINAL PAIN/ KUBABARA MU NDA CYANE.....D HEADACHE/BLURRED VISION/ KURIBWA UMUTWE/ KUTABONA NEZA E CONVULSIONS/ KUGAGARA.....F FOUL SMELLING DISCHARGE/FLUID FROM VAGINA/ KUZANA IBINTU BY'URUZI BINUKA.....G BABY STOPS MOVING/ INDA NTIYONKA.....H LEAKING BROWNISH/GREENISH FLUID FROM THE VAGINA/ KUZANA IBINTU BY'URUZI BISA N'IKIGINA CYANGWA ICYATSI KIBISI.....I OTHER / IBINDI X (SPECIFY/ BISOBANURE)		
17.	During your pregnancy with (Name of the child) did you receive an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?/Mugihe wari utwite kanaka (Izina ry'umwana) wigeze ubona urukingo ku kaboko rukingira umwana tetanus(agakwega) kugagara?	YES/ YEGO.....1 NO/ OYA 0 DON'T KNOW/ SIMBIZI.....8	→19	→19
18.	While pregnant with (name of the child), how many times did you receive such an injection?/Igihe wari utwite kanaka (Izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE/ INCURO 3 CYANGWA ZIRENGA 3 DON'T KNOW/ SIMBIZI.....8		
19.	Did you receive any tetanus toxoid injection at any time before that pregnancy, including during a previous pregnancy or between pregnancies?/Mbere yo gutwita (Izina ry'umwana muto) wigeze uhabwa urukingo rwa tetanus ushyizemo mu gihe wari utwite iyabanjirije iy'uyu mwana cyangwa se mu gihe cyo hagati y'izo nda?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI.....8	→21	→21

20.	Before the pregnancy with (Name of the child), how many times did you receive a tetanus injection? Mbere yo gutwita kanaka (izina ry'umwana muto) urwo rukingo warutewe inshuro zingahe?	ONE/ RIMWE.....1 TWO/ KABIRI.....2 THREE OR MORE/ INCURO 3 CYANGWA ZIRENGA 3 DON'T KNOW/ SIMBIZI.....8		
21.	During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup?/Mu gihe wari utwite Kanaka (izina ry'umwana muto)wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongerera amaraso? SHOW TABLETS/ BIMWEREKE	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI..... 8	→23 →23	
22.	During the whole pregnancy, for how many days did you take the tablets/syrup? / Igihe wari utwite, ibyo binini ibyo binini bya feri wabifashe mu minsi ingahe? IF THE ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS./NIBA IGISUBIZO AGUHAYE ATARI UMUBARE, KOMEZA UMUBAZE AGERERANYE MU MIBARE.	DAYS/ IMINSI..... DON'T KNOW/ SIMBIZI.....888		

23.	Who assisted with the delivery of (Name)?/Ni nde wakubyaje kanaka(izina ry'umwana muto) ? Anyone else?/ Ntawundi PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. / KOMEZA UMUBAZE KUGIRA NGO UMENYE NIBA YARABYAJWE N'UMUNTU WABIHUGURIWE IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY./NIBA AVUZE KO NTAWE, KOMEZA UMUBAZE UMENYE NIBA HARI UMUNTU MUKURU WARI UHARI MU GIHE YABYARAGA.	DOCTOR/ DOGITERI A NURSE/ UMUFOROMO B MIDWIFE/ UMUBYAZA C AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA ...D OTHER HEALTH STAFF WITH MIDWIFERY SKILLS. / UNDI MUFOROFO UZI KUBYAZA E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE F TRAINED COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA WAHUGUWE.....G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE H COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA UTARAHUGUWE I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/INSHUTI/UMUTURANYI J NO ONE/ NTA N'UMWE Y		
24.	Was (NAME) dried (wiped) immediately after birth before the placenta was delivered? / Nyuma y'uko kanaka(Izina ry'umwana) avuka,yaba yarahanaguwe,agafubikwa ako kanya nyuma yo kuvuka mbere yuko iyanyuma isohoka	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI..... 8		
25.	Was (NAME) wrapped in a warm cloth or blanket immediately after birth before the placenta was delivered?/Kanaka (Izina) yaba yarafubitswe mubintu bishyushye(Imyenda cg ikiringiti) akimara kuvuka ?	YES/YEGO.....1 NO/ OYA.....0 DON'T KNOW/ SIMBIZI..... 8		

26.	After (Name) was born, did any health care provider or traditional birth attendant check on (Name's) health?/Nyuma yo kuvuka kwa, Kanaka hari ibindi uwafashije nyina amubyaba yaba yarakoreye uwo mwana mu rwego rwo kwita ku buzima bwe?	YES/YEGO.....1 NO/ OYA.....0	→29	
27.	How many hours, days or weeks after the birth of (Name) did the first check take place?/Kanaka (amazina) yaba yarasuzumwe nyuma y'igihe kingana iki amaze kuvuka? IF LESS THAN ONE DAY, CIRCLE 0 AND RECORD HOURS; IF ONE TO SIX DAYS CIRCLE 1 AND RECORD DAYS; IF MORE THAN 6 DAYS CIRCLE 2 AND RECORD WEEKS./ NIBA ARI MUNSI Y'UMUNSI UMWE SHYIRA AKAMENYETSO KURI "0" KANDI WANDIKE "Amasaha", NIBA ARI HAGATI Y'IMINSI UMWE KUGERA KURI ITANDATU SHYIRA AKAMENYETSO KURI RIMWE WANDIKE "Iminsi", NIBA ARI HEJURU Y'IMINSI ITANDATU SHYIRA AKAMENYETSO KURI 2 KANDI WANDIKE "IBYUMWERU	HOURS / AMASAHA 0 DAYS/IMINSI WEEKS/ IBYUMWERU 2 DON'T KNOW/ SIMBIZI.....88		

28.	Who checked on (Name's) health at that time?/Muri icyo gihe ninde wasuzumye uko ubuzima bwe bumeze? Anyone else?/Ntawundi? PROBE FOR THE MOST QUALIFIED PERSON AND RECORD ALL MENTIONED./ KOMEZA UMUBAZE WUMVE KO ARI UMUNTU UBIFITIYE UBUMENYI WAMUSUZUMYE KANDI ABO AKUBWIRA BOSE UBANDIKE.	DOCTOR/ DOGITERI A NURSE/ UMUFOROMO B MIDWIFE/ UMUBYAZA C AUXILIARY MIDWIFE/ UMUFASHA W'UMUBYAZA ...D OTHER HEALTH STAFF WITH MIDWIFERYSKILLS. / UNDI MUFOROFO UZI KUBYAZA E TRAINED TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA WAHUGUWE F TRAINED COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA WAHUGUWE.....G TRADITIONAL BIRTH ATTENDANT/ UMUBYAZA WA GIHANGA UTARAHUGUWE H COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA UTARAHUGUWE I RELATIVE/FRIEND/ UWO MUGIRA ICYO MUPFANA/INSHUTI/UMUTURANYI J NO ONE/ NTA N'UMWE Y		

SECTION III: BREASTFEEDING AND CHILD NUTRITION

29.	Did you ever breastfeed (NAME)?/Wigeze wonsa kanaka (izina ry'umwana muto)?	YES/ YEGO.....1 NO/ OYA 0	→36	

30.	How long after birth did you first put (NAME) to the breast?/Ukimara kubyara kanaka (izina ry'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. NIBA ARIMUNSI Y'ISAHU IMWE SHYIRA AKAMENYETSO KURI 00, NIBA ARI MUNSI Y'AMASAHU 24, ANDIKA UMUBARE W'AMASAHU, NIBA ARI HEJURU Y'AMASAHU 24, ANDIKA IMINSI.	' HOURS/ IGIHE KITAGEZE KU ISAHU 00 HOURS/ AMASAHU 1 DAYS/ IMINSI 2		
31.	During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?Muminsi itatu ya mbere umaze kubyara,waba waronkeje Kanaka (IZINA RY'UMWANA MUTO)?	YES/ YEGO.....1 NO / OYA 0 DON'T KNOW/ SIMBIZI 8		
32.	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?/Muminsi itatu ya mbere umaze kubyara, hari ikindi kinyobwa wahaye KANAKA kitari amashereka ?	YES/ YEGO.....1 NO / OYA 0 DON'T KNOW/ SIMBIZI 8	→ 34	

33.	What was (NAME) given to drink? Nibihe binyobwa wahaye Kanaka (IZINA RY'UMWANA MUTO) ? Anything else? Ntakindi ? DO NOT READ THE LIST/ NTUMUSOMERE IBISUBIZO. RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED / SHYIRA AKAZIGA KUCYO AKUBWIYE	MILK (OTHER THAN BREASTMILK) AMATA (ATARI AMASHEREKA) A PLAIN WATER / AMAZI.....B SUGAR OR GLUCOSE WATER / AMAZI ARIMO ISUKARI.....C GRYPE WATER/ AMAZI YO MUNGANDA D SUGAR-SALT-WATER SOLUTION / AMAZI ARIMO UMUNYU N'ISUKARI E FRUIT JUICE/ UMUTOBE W'IMBUTO.....F INFANT FORMULA/ AMATA Y'ABANA YO MU BIKOMBE G TEA / INFUSIONS / ICYAYI.....H HONEY/ UBUKI.....I OTHER/IBINDI _____X (SPECIFY/ SOBANURA)		
34.	Was (NAME) breastfed yesterday during the day or at night?/Kanaka (Izina ry'umwanamuto) waramwonkeje ejo ku muni cyangwa nijoro?	YES/ YEGO.....1 NO / OYA 0 DON'T KNOW/ SIMBIZI 8	-->36	

35.	Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby. / Rimwe na rimwe abana bonswa mu buryo butandukanye, urugero bagahabwa amashereka ku kayiko, mu gikombe cg mu icupa. Ibyo bishobora kuba uyo umubyeyi adashoboye kuba ari kumwe n'umwana we. Bishobora no kuba iyo umubyeyi adashobora konsa umwana we. Did (NAME) consume breast milk in any of these ways yesterday during the day or at night? Mbese KANAKA yaba yaronkejwe (yaranyoye amashereka) ejo kumanywa cg nijoro hakoreshejwe ubwo buryo maze kukubwira?	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 8		
36.	Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (Name) given any vitamin drops or other medicines as drops yesterday during the day or night? Ubu ndashaka kukubaza ibyerekeranye n'imiti cyangwa amavitamini ajya ahabwa abana. Ese KANAKA yaba yarahawe ibitonyanga bya vitamini cyangwa indi miti ejo ku manywa cg nijoro?	YES/ YEGO 1 NO / OYA 0 DON'T KNOW/ SIMBIZI 8		
37.	Was (Name) given ORS yesterday during the day or at night? Haba hari uruvange rw'imyunyu n'isukari(SRO) waba warahaye kanaka (izina ry'umwana muto) haba mugitondo cyangwa nimugoroba?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8		
38.	Did (NAME) drink anything from a bottle with a nipple yesterday or last night? Kanaka(izina ry'umwana muto) yaba yaranywesheje BIBERO ejo cyangwa iri joro ?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW / SIMBIZI 8		

READ THE QUESTIONS BELOW PERTAINING TO Q. 39. READ THE LIST OF LIQUIDS ONE BY ONE AND MARK YES OR NO, ACCORDINGLY. AFTER YOU HAVE COMPLETED THE LIST, CONTINUE BY ASKING QUESTION 40 (SEE FAR RIGHT HAND COLUMN) FOR THOSE ITEMS (40B, 40C, AND/OR 40F) WHERE THE RESPONDENT REPLIED 'YES'

SOMA IKIBAZO KIRI HASI. SOMA URUTONDE RW'IBINYOBWA KIMWE KIMWE USHYIREHO YEGO CYANGWA OYA,.NYUMA YO KUMVA URUTONDE, KOMEZA UBAZEIKIBAZO CYA 40, KURI IBI BIBAZO (40B, 40C, NA 40D/CYANGWA 40F) AHO IGISUBIZO ARI "YEGO".

No.	QUESTIONS AND FILTERS	CODING CATEGORIES				QUESTIONS AND CODING CATEGORIES
39	Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night . Did (Name) have any (ITEM FROM LIST)? Noneho ndiifuza kukubaza ibinyobwa waba wahaye umwana wawe ejo ku manywa cg nijoro. Hari ibyo waba wamuhaye? (IBIRI KU ILISTI) READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.' SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".		YES YEGO	NO OYA	DK SINZI	40 How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)?: Ibi binyobwa kanaka(izina ry'umwana muto) yabifashe inshuro zingahe ku munsu haba ku manywa cyangwa nijoro? READ QUESTION 40 FOR ITEMS B, C AND F, IF CHILD CONSUMED THE ITEM. RECORD 88 for DON'T KNOW. SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO YASHUBIJE SIMBIZI.
A	Plain water? Amazigusa?	A.....	1	0	8	
B	Infant formula such as [INSERT LOCAL EXAMPLES]? Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi	B.....	1	0	8	B. TIMES/ IGIHE I__I__I
C	Milk such as tinned, powdered or fresh	C.....	1	0	8	C. TIMES/ IGIHE I__I__I

	animal milk? Amata yo mu dukarito, ay'ifu cyangwa inshyushyu (y'inka, ihene).					
D	Juice or juice drinks? Umutobe w'ibitoke cyangwa ubundi bwoko bw'imitobe?	D.....	1	0	8	
E	Clear broth? Isupu imeze nk'amazi	E.....	1	0	8	
F	Yogurt? Yawurute?	F.....	1	0	8	F. TIMES/ IGIHE I__I__I
G	Thin porridge? Igikoma kidafashe?	G.....	1	0	8	
H	Any other liquids such as [LIST other water-based liquids available in the local setting]? Ibindi binyobwa nk'umutobe, umusururu n'ibindi	H.....	1	0	8	
I	Any other liquids? Ibindi binyobwa?	I.....	1	0	8	

41	Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home/ Mwatubwira ibiribwa kanaka (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa ahandi. . g) Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION b). Tekereza mugihe (kanaka) yamaraga kubyuka hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Ntakindi ? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA NTACYO, KOMEZA KUKIBAZO CYA b) h) What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. Nyuma yibyo (kanaka) yakoze iki ? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI.

	REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY. IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE: SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA K'UWUNDI MUNSI. NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI: i) What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. Ni ibihe biribwa byari muri iyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Ntacyindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW WRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP. UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHU IKIMENYATSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI "1" MU KUMBA KEGEREYE ITSINDA RY"IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBYANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE AHAGENEWE ITSINDA RY'IBIRUNGO ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW: Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)? ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW: Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)? MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0" NIBA ASHUBIJE OYA, KURI "8" NIBA ASHUBIJE SIMBIZI: Ejo ku manywa cyangwa nijoro, ese (Kankana) yaba yarariye cyangwa yaranyoye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRI)?

	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT

	MENTIONED BUT ARE NOT IN THE LIST BELOW: IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		
			YES/YEGO	NO/OYA	DK/SINZI
A	Porridge, bread, rice, noodles, or other foods made from/ grains Igikoma,umugati,umuceri,amakaroni,cyangwa ibindi biribwa bikomoka ku binyameke	A	1	0	8
B	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside/ Ibihaza,karoti,ibijumba by' umuhondo cyangwa bya orange	B	1	0	8
C	White potatoes, white yams, manioc, cassava, or any other foods made from roots/ Ibirayi,ibikoro,imyumbati,isombe,cyangwa ibindi biribwa bikomoka ku binyabijumba.	C	1	0	8
D	Any dark or green leafy vegetables/ Imboga z'icyatsi kibisi cyane, Imboga rwatsi	D	1	0	8
E	Ripe mangoes, ripe papayas or (INSERT OTHER LOCAL VITAMIN A_RICH FRUITS)/ Imyembe ihishije,ipapayi ihishije, cyangwa (ONGERAMO IZINDI MBUTO ZIKUNGAHAYE KURI VITAMINE A)	E	1	0	8
F	Any other fruits or vegetables/ Izindi mbuto cyangwa imboga	F	1	0	8
G	Liver, kidney, heart or other organ meats/ Umwijima,impyiko,umutima, cyangwa izindi nyama zo munda	G	1	0	8
H	Any meat, such as beef, pork, lamb, goat, chicken or duck/Izindi nyama iz'inka,ingururube,intama,ihene,inkoko cyangwa imbata	H	1	0	8
I	Eggs/Amagi	I	1	0	8
J	Fresh or dried fish, shellfish or seafood/Amafi mabisi cyangwa yumye,isambaza	J	1	0	8
K	Any foods made from beans, peas, lentils, nuts or seeds/Ibindi biribwa k'ibishyimbo,amashaza,lantiye,ubunyobwa	K	1	0	8
L	Cheese, yogurt, or other milk products/foromage,yawurute,cyangwa andi mata	L	1	0	8
M	Any oil, fats or butter, or foods made with any of these Andi mavuta,ibinure cyangwa mayonese, cyangwa ibiribwa	M	1	0	8

	bikomoka kwibyo tuvuze.				
N	Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits/ibindi biribwa birimo isukari nka shokora,bombo,shikareti,gato cyangwa biswi	N	1	0	8
O	Condiments for flavor, such as chilies, spices, herbs or fish powder/ibiribwa by'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara	O	1	0	8
P	Grubs, snails or insects/inswa ,isenane cyangwa utundi dusimba duto tuguruka	P	1	0	8
Q	Foods made with red palm oil, red palm nut or red palm nut pulp sauce/ibiribwa byatekeshejwe amamesa	Q	1	0	8
Check categories A-Q/GENZURA IBYICIRO A-Q		IF ALL 'No' → GO TO 41/NIBA BYOSE ARI OYA →JYA KURI 41 IF AT LEAST ONE "YES" or ALL "DK": → GO TO 42/NIBA KIMWE MURI BYO ARI YEGO CYANGWA BYOSE ARI "SIMBIZI": →JYA KURI 42			

42	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? Ese (Izina ry'umwana) yigeze aya ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye ejo cyangwa ijoro ryashije? IF 'YES' PROBE: What kind of solid, semi-solid, or soft foods did (NAME) eat? NIBA ARI YEGO KOMEZA UBAZEUTI: Ni ubuhe bwoko bw' ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye yafashe?	YES/ YEGO 1 GO BACK TO Q41 AND RECORD FOODS EATEN THEN CONTINUE. Subira kukibazo cya 41 umusubiriremo bya bibazo nyuma ukomeze NO / OYA 0 DON'T KNOW/ SIMBIZI.....8	→ 45 → 45	

How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?/
Ibiryo bikomeye cyangwa bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitari nk'amazi yabifashe inshuro zingahe ejo ku manywa cyangwa nijoro?

ADAPT THIS QUESTION TO USE LOCAL WORDS FOR THE SEMI-SOLID FOODS THAT ARE GIVEN. INCLUDE MASHED OR PUREED FOOD, ALONG WITH PORRIDGES, PAPS, THICK GRUELS, STEWS, ETC. SOLID FOODS – E. G., FAMILY FOODS, BANANAS, MANGOES, POTATOES, BREAD – SHOULD ALSO BE INCLUDED./ **GERAGEZA GUKORESHA AMAGAMBO ASANZWE AKORESHA MURI AKO GACE KU MAZINA Y'IBIRYO BIDADKOMEYE CYANE BIHABWA UMWANA. UBARIREMO INOMBE,IBISEYE, IGIKOMA, IBIRYO BYOKEJWE, IBITETSE, N'IBINDI; URUGERO RW'IBIRYO BIKOMEYE: IBIRYO BY'UMULYANGO WOSE. IMINEKE, IMYEMBE, IBIJUMBA, UMUGATI BISHOBORA KUBARIRWAMO.**

WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED. / **TURIFUZA KUMENYA UMUBARE W'INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N'UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE.**

LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID./ **IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK'AMAZI N'IBINDIBIRYO BIMEZE NK'AMAZI CYANGWA BINYOBWA.**

KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W'EJO.

USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL

NUMBER OF TIMES / **INSHURO**|_|_|

DON'T KNOW/ **SIMBIZI** 88

	IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat? / NIBA ARI "YEGO" MUBAZE UTI: Ni ibihe biribwa bikomeye, bidakomeye cyane cyangwa byoroshye kanaka(amazina y'umwana) yagaburiwe?	GO BACK TO Q.38 TO RECORD FOOD EATEN YESTERDAY/ SUBIRA INYUMA KU KIBAZO CYA 38 KUGIRA NGO USHYIRE AKAZIGA KU BYO UMWANA YARIYE UMUNSI W'EJO.		
44	(IF YES) At what age did (Name) begin solid, semi-solid, or soft foods?/(NIBA ARI YEGO)(kanaka) yanganaga iki mutangira kumuhaibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?	Age in months/ Imyaka mumezi DON'T KNOW/ SIMBIZI 88		
45	Are you or someone in your family helping (NAME) eat?Ujya ufasha Kanaka (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mumuryango umufasha?	YES/ YEGO 1 NO/ OYA 0	→47	
46	IF NO:At what age did (Name) start eating by himself/herself? / NIBA ARI OYA: nikuyahe mezi (izina ry'umwana muto) yatangiye kwirisha ubwe ?	Age in months/ Amezi DON'T KNOW/ SIMBIZI 88		
47	Has (NAME) ever received a vitamin A dose (like this/any of these)? /Kanaka(IZINA RY'UMWANA MUTO) yigezahabwa ikinini cya VitaminiA? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS/ MWEREKE IKININI CYA VITAMINI A GISANZWE GIKORESHA	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8	→49 →49	

48	If Yes, did (NAME) receive a vitamin A dose within the last 6 months?/ Niba ari Yego kanaka(izina ry'umwana muto) hari ubwo yahawe akanini ka Vitamini A mu mezi atandatu ashize	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8		
49	Has (NAME) taken any drug for intestinal worms in the past 6 months?/Kanaka (izina ry'umwana Muto)yaba hari utunini tw'inzoka zo munda yahawe mu mezi atandatu ashije?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8		
SECTION IV: IMCI				
B. DANGER SIGNS				

50	Sometimes children get sick and need to receive care or treatment for illnesses. What are the signs of illness that would indicate your child needs treatment? Rimwe na rimwe abana bajya barwara bagakenera ubufasha cyangwa kuvurwa, ni ibihe bimenyetso byakwereka ko umwana wawe urwaye akeneye kuvuzwa? RECORD ALL MENTIONED./ ANDIKA IBYO AKUBWIYE BYOSE.	Don't Know/ Simbizi A Looks Unwell Or Not Playing Normally/ Kwigunga cg kudakina n'abandi B Not Eating Or Drinking/ Ntabasha kurya/kunywa C Lethargic Or Difficult To Wake/ Gucika intege bikabije.....D High Fever/ Umuriro mwinshi.....E Fast Or Difficult Breathing/ Guhumeka insigane cg bimugoye.....F Vomits Everything/ Kuruka ibintu byose G Convulsions/ Kugagara.....H Gets worse despite home care/ Kurushaho kuremba I Looks dehydrated (dry mouth or no tears)/ Amazi yamushizemo (iminywa yumye, cg nta turira).....J Other/ Ibindi.....K (Specify/ Sobanura)		
C. CONTROL OF MALARIA				

51	Has (Name) been ill with fever at any time in the last 2 weeks?/ Kanaka (izina ry'umwana muto) yigeze agira umuriro mubyumweru bibiri bishize ?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8		
52	Did you seek advice or treatment for (NAME'S) fever?/ Waba waragiriwe inama cyangwa waravuye kanaka (izina ry'umwana muto) igihe yari afite umuriro?	YES/ YEGO 1 NO/ OYA 0	→57	
53	Where did you first go for advice or treatment for fever? ^{1/} Nihe wabanje kujya kugisha inama cyangwa kumuvuza?	Hospital/ Ku bitaro bikuru 01 Health Center/ Ku kigo nderabuzima 02 Health Post/ Poste de Sante 03 Community Health Worker/ Umujiyimana w'ubuzima binome 04 Traditional Practitioner/ Umuwuzi wa gihanga ...05 Shop/ Mu Isoko 06 Pharmacy/ Farumasi 07 Friend/Relative/ Inshuti/Abavandimwe 08 Other/ Ahandi _____ 09__ (Specify/ Sobanura)		
54	How long after you noticed (NAME'S) fever did you seek treatment?/ Wamuvuye amaze igihe kingana iki afashwe n'umuriro?	Same Day/ Uwo muni 0 Next Day/ Umuni ukurikiyeho 1 Two Days/ Nyuma y'iminsi 2 2 Three Or More Days/ Nyuma y'iminsi 3 /irenga 3 Don't Know/ Simbizi 8		

55	At any time during the illness, did (Name) take any drugs for the fever?/ Hari imiti y.umuriro Kanaka(Izina ry'umwana) yahawe mu gihe yari arwaye?	YES/ YEGO 1 NO/ OYA 0 DON'T KNOW/ SIMBIZI 8	→57 →57	

56	Which medicines were given to (NAME) for his/her fever?^{1/} <i>Ni iyihe miti yahawe kubera impanvu z'umuriro?</i> CIRCLE ALL MEDICINES THAT WERE GIVEN./ <i>SHYIRA AKAZIGA KU MUTI WOSE AKUBWIYE KO YAHawe</i> IF MOTHER IS UNABLE TO RECALL DRUG NAME(S), ASK HER TO SHOW THE DRUG(S) TO YOU. IF SHE IS UNABLE TO SHOW YOU THEM, SHOW HER TYPICAL ANTI-MALARIALS AND HAVE HER IDENTIFY WHICH WERE GIVEN. <i>NIBA UMUBYEYI ADASHOBOYE KUKUBWIRA IYO MITI, MUSABE AYIKWEREKE, NIBA ADASHOBOYE KUYIKWERERA MWEREKE IMITI YA MALARIYA ITANDUKANYE AKWEREKE IYO YAKORESHEJE.</i> FOR EACH ANTI-MALARIAL MEDICINE ASK:/ <i>KURI BURI MUTI WA MALARIYA, MUBAZE UTI:</i> How long after the fever started did (NAME) start taking the medicine?/ <i>Yatangiye kuwufata amaze igihe kingana iki afashwe n'umuriro?</i> CIRCLE THE APPROPRIATE CODE/ <i>SHYIRA AKAZIGA KU GISUBIZO AKUBWIYE</i> CODES/ <i>KODE:</i> SAME DAY <i>UWO MUNSI</i> = 0 NEXT DAY AFTER THE FEVER/ <i>UMUNSI UKURIKIYEHO</i> = 1 TWO DAYS AFTER THE FEVER/ <i>NYUMA Y'IMINSI 2</i> = 2 THREE OR MORE DAYS AFTER THE FEVER / <i>NYUMA Y'IMINSI 3 CYANGWA IRENGA</i> = 3 DON'T KNOW/ <i>SIMBIZI</i> =8	ANTI-MALARIAL DRUGS A. Amodiaquine + Artesunate....0 1 2 3 8 B. Quinine.....0 1 2 3 8 Other Drugs/ <i>Indi miti</i> C. Paracetamol 0 1 2 3 8 D. Unknown Drug/ <i>Ntuzwi</i> 0 1 2 3 8 E. Other/ <i>Udi</i> _____ 0 1 2 3 8 (Specify/ <i>Sobanura</i>)		

57	Does your household have any mosquito nets that can be used while sleeping?/ Murugo rwawe mufite inzitiramibu mukoresha	YES/ YEGO 1 NO/ OYA 0	→62	
58	Who slept under a bed net last night?/Ni bande baraye mu nzitiramibu iri joro ryakeye? RECORD ALL MENTIONED/ SHYIRA IKIMENYETSO KU BO AKUBWIYE IF ANYONE OTHER THAN THE CHILD OF INTEREST IS MENTIONED, CIRCLE "OTHER."/ NIBA HARI ABANDI BAYIRAYEMO BATARI UWO MWANA, SHYIRA IKIMENYETSO KURI "ABANDI"	No One/ Nta numwe 0 Child (Name)/ Umwana 1 Other/ Undi 2		
59	Which brand of bed net did (Name) sleep under last night? / Ni ubuhe bwoko bw'inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro ryakeye? SHOW PICTURES OF TYPICAL NET TYPES AND BRANDS/ MWEREKE AMAFOTO Y'AMOKO ATANDUKANYE Y'INZITIRAMIBU BRAND OPTIONS NEED TO MATCH WHAT IS LOCALLY AVAILABLE IN EACH CATEGORY. THE PURPOSE OF THIS QUESTION IS TO IDENTIFY WHAT TYPE OF NET IS BEING USED/ BURI BWOKO BWO KURI IYI LISTI BUGOMBA GUHUZWA N'UBWOKO BW' INZITIRAMIBU BUBONEKA MURI AKO GACE. IMPAMVU Y'IKI KIBAZO NI UKUGIRA NGO TUMENYE NEZA UBWOKO BW'INZITIRAMIBU BUKORESHWA..	<u>LONG LASTING NETS/ INZITIRA MIBU IKORANYWE UMUTI</u> BRAND A 1 BRAND B 2 <u>PRETREATED NETS/ INZITIRAMIBU IKARISHYWA</u> BRAND C 3 BRAND D 4 <u>OTHER NET (UNTREATED)/ IZINDI NZITIRAMIBU ZIDAKARISHIJE</u> OTHER NET/ IZINDI 5 DON'T KNOW BRAND/ BRAND NTIZWI 6	→62 →62	

60	Was the bed net that (Name) slept under last night ever soaked or dipped in a liquid treated to repel mosquitoes or bugs?/ <i>Inzitiramibu kanaka (amazina y'umwana) yarayemo iri joro yigeze ikarishywa?</i>	YES/ <i>YEGO</i> 1 NO/ <i>OYA</i> 0 DON'T KNOW/ <i>SIMBIZI</i> 8	→62 →62	
61	How long ago was the net last soaked or dipped in a liquid treated to repel mosquitoes or bugs? <i>Iyo nzitiramibu imaze igihe kingana iki ikarihijwe?</i> IF LESS THAN ONE MONTH AGO, RECORD 00 MONTHS. <i>NIBA IMAZE IGIHE KIRI MUNSI Y'UKWEZI KUMWE, ANDIKA AMEZI 00</i> IF LESS THAN 2 YEARS AGO, RECORD MONTHS AGO. PROBE FOR EXACT NUMBER OF MONTHS <i>NIBA ICYO GIHE KIRI MUNSI Y'IMYAKA IBIRI, ANDIKA UMUBARE W'AMEZI ASHIZE. KOMEZA UMUBAZE UMENTE NEZA UMUBARE W'AMEZI ASHIZE</i>	MONTHS/ <i>AMEZI</i> __ __ MORE THAN 2 YEARS AGO/ <i>HEJURU Y'IMYAKA IBIRI</i> 2 DON'T KNOW/ <i>SIMBIZI</i> 8		
D. PNEUMONIA MANAGEMENT				
62	Has (Name) had an illness with a cough that comes from the chest at any time in the last two weeks? <i>Kanaka (Amazina y'umwana) yaba yarigeze arwara inkorora no kubabara mu gatuza igihe icyo aricyo cyose mu byumweru bibiri bishize?</i>	YES/ <i>YEGO</i> 1 NO/ <i>OYA</i> 0 DON'T KNOW/ <i>SIMBIZI</i> 8	→66 →66	
63	When (Name) had an illness with a cough, did s/he have trouble breathing or breath faster than usual with short, fast breath? <i>Mu gihe kanaka (izina ry'umwana muto) yari arwaye inkorora, yahumekaga insigane cyangwa yahumekaga bimugoye?</i>	YES/ <i>YEGO</i> 1 NO/ <i>OYA</i> 0 DON'T KNOW/ <i>SIMBIZI</i> 8	→66 →66	

64	Did you seek advice or treatment for the cough/fast breathing? <i>Wigeze usaba inama cyangwa ushaka umuti w' inkorora, guhumeka insigane cyangwa guhumeka bimugoye?</i>	YES/ <i>YEGO</i> 1 NO/ <i>OYA</i> 0	66	
65	Who gave you advice or treatment? Anyone else? Record all mentioned. Ninde waba yarakugiriye inama cyangwa akaguha umuti? Ntawundi?ANDIKAABO AKUBWIYE BOSE.	Doctor/ <i>Dogiteri</i> A Nurse/ <i>Umuforomo</i> B Community Health Worker <i>binome/Umujoyanama w'ubuzima binome</i> C Other / <i>Undi</i> D		
E. CONTROL OF DIARRHEAL DISEASES				
66	Has (NAME) had diarrhea in the last 2 weeks? (Add definition) <i>Kanaka (izina ry'umwana muto) yigeze arwara impiswi mubyumweru bibiri bishize</i> Definition of diarrhea: <i>Bavugako umwana andwaye impiswi iyo agiye ku musarane inshuro zirenze 3 ku munsu kandi yituma umusarani w'amazi.</i>	YES/ <i>YEGO</i> 1 NO/ <i>OYA</i> 0 DON'T KNOW/ <i>SIMBIZI</i> 8	→76 →76	

67	What was given to treat the diarrhea? ²Ni iki wamuhaye kugira ngo impiswi ihagarare ? Anything else?/Ntakindi ? If answer pill or syrup, show local packaging for zinc and ask if the child received this medicine/Niba ari ibinini cg imiti y'amazi, mwereke ibinini bya zinc noneho umubaze niba umwana yarahawe icyo miti RECORD ALL MENTIONED.ANDIKA IBO AVUZE BYOSE	NOTHING/ NTACYO..... A FLUID FROM ORS PACKET/ URUVANGE RW'IMYUNYU B HOME-MADE FLUID/ IBYO KUNYWA BITEGURIWE IMUHIRA C PILL OR SYRUP, ZINC/ IKININI,UMUTI W'AMAZI, ZINC.....D PILL OR SYRUP, NOT ZINC/ IBININI,UMUTI W'AMAZI NTA ZINC.....E INJECTION/ URUSHINJE F (IV) INTRAVENOUS/ SERUMU G HOME REMEDIES/HERBAL MEDICINES/ IMITI Y'IBYATSI H OTHER/ IBINDI..... X (SPECIFY/ BISOBANURE)		
68	If the child is exclusively breastfed (only taking breastmilk), ask only this question and then skip to Q 71Niba umwana yonka gusa baza gusa iki kibazo noneho uhite ujya ku kibazo cya 71 When (name of child) was sick, was s/he offered more breastmilk than usual, about the same amount, or less than usual? / Mu gihe Kanaka (izina ry'umwana muto) yari arwaye, yonkejwe inshuro nyinshi kuruta ubusanzwe, zingana cyangwa nkeya kubusanzwe?	Less than usual Nkey k'ubusanzwe.....A Same amount/ Zingana B More than usual/ Ziruta ubusanzwe C	→71 →71 →71	

69	When (NAME) had diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink? Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibinyobwa bike cyangwa bingana cyangwa biruta ibyo yarasanzwe anywa?	Less than usual/ Bike ku bisanzwe A Same amount/ Bingana B More than usual/ Biruta ibisanzwe C		
70	When (name of child) was sick, was s/he offered more than usual to eat, about the same amount, or less than usual to eat? Mu gihe Kanaka (izina ry'umwana muto) yari arwaye impiswi, yahawe ibyo lurya bike cyangwa bingana cyangwa biruta ibyo yarasanzwe aya?	Less than usual/ Bike ku bisanzwe A Same amount/ Bingana B More than usual/ Biruta ibisanzwe C		
71	Was s/he given any of the following to drink at any time s/he started having diarrhea? Mu gihe Kanaka yari atangiye kugira impiswi hari ibbo wamuhaye muri ibi binyobwa bikurikira: Read the choices to the mother and circle all mentioned: Bimusomere maze ushyire akaziga kubyo akubwiye byose	A fluid made from a special packet called (local name for ORS packet) Uruvange rw'imyunyu (SRO) A Cereal based ORT (rice water, maize water) Amazi avura impiswi (Amazi y'umuceri, amazi y'ibigori) B Other home available fluids/ Ibindi binyobwa byateguriwe imuhira C		
72	Did you seek advice or treatment from someone outside of the home for (NAME'S) diarrhea? Igihe Kanaka yari arwaye impiswi, wigeze ushaka inama cyangwa umuti hanze y'urugo?	YES/ YEGO 1 NO/ OYA 2	→75	

73	Where did you first go for advice or treatment? ³Washakiye inama cyangwa wamuvurije he bwa mbere? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. NIBA AHO YAKUYE IMITI ARI KUBITARO, KU KIGO NDERABUZIMA CG MU IVURIRO RYIGENGA , ANDIKA IZINA RY AHO. _____ (NAME OF PLACE/ IZINA RY' AHO HANTU)	HEALTH FACILITY/ AMAVURIRO HOSPITAL/ IBITARO BIKURU 01 HEALTH CENTER/ IKIGO NDERABUZIMA 02 HEALTH POST/ IVURIRO RYUNGIRIJE 03 COMMUNITY HEALTH WORKER/ UMUJYANAMA W'UBUZIMA 06 OTHER HEALTH FACILITY/ IRINDI VURIRO _____ 07 (SPECIFY/ RISOBANURE) OTHER SOURCE/ AHANDI YAKUYE IMITI TRADITIONAL PRACTITIONER/ UMUVUVUZI WA GIHANGA.....08 SHOP/ MU IDUKA.....09 PHARMACY/ FARUMASI.....10 FRIEND/RELATIVE/ INSHUTI CG UMUVANDIMWE 12 OTHER/ ABANDI _____ 8 (SPECIFY/ BAVUGE)		

74	Who decided that you should go there for (NAME'S) diarrhea? Ninde ufata icyemezo igihe ari ngombwa kuvuza umwana arwaye impiswi ? RECORD ALL MENTIONED./ ANDIKA IBYO AKUBWIYE BYOSE	RESPONDENT/ USUBIZA A HUSBAND/PARTNER/ UMUGABO B RESPONDENT'S MOTHER/ NYINA W'USUBIZA C MOTHER-IN-LAW/ NYIRABUKWE W'USUBIZA D FRIENDS/NEIGHBORS/ INSHUTI/ABATURANYI E OTHER/ABANDI X (SPECIFY/ BASOBANURE)		
75	Since (NAME) has been recovering from diarrhea, did you give him/her less than usual to eat, about the same to eat, or more than usual to eat?/ Mugihe umwana yorohewe,mumuha ibyo kurya bike ,bingana cg byinshi kuruta ibo yarasanzwe ahabwa ?	LESS/ BIKE 1 SAME/ BINGANA 2 MORE/ BIRUTA 3 STILL HAS DIARRHEA/ ARACYAHITWA 4 DON'T KNOW/ SIMBIZI 8		
SECTION V: WATER AND SANITATION				
76	Do you treat your water in any way to make it safer for drinking? / Hari uburyo mukoresha mu gutunganya amazi yo kunywa?	Yes/ Yego 1 No/ Oya 0	→78	

77	IF YES, what do you usually do to the water to make it safer to drink? <i>Niba ari Yego, ubikora ute ngo wizere ko amazi ari meza yo kunyobwa?</i> (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) I SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	Let It Stand And Settle/Sedimentation/ <i>kuyatereka akiyungurura</i> A Strain It Through Cloth/ <i>kuyayunguruza agatambaro</i> B Boil/ <i>kuyateka</i> C Add Bleach/Chlorine/ <i>kuyashyiramo kilorine</i> D Water Filter (Ceramic, Sand, Composite)/ <i>kuyayunguruza filitere(iya kizungu, amakara, umucanga</i> E Solar Disinfection/ <i>kuyasukuza izuba</i> F Don't Know/ <i>simbizi</i> G Other/ <i>ikindi</i> H (Specify/ <i>Sobanura</i>)		
78	When do you wash your hands? <i>Ni ryari ukaraba intoki?</i> DO NOT PROMPT. CIRCLE ALL MENTIONED. NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA	Never/ <i>nta narimwe</i> A Before Food Preparation/ <i>mbere yo gutegura amafunguro</i> B Before Feeding Child/ <i>mbere yo konsa/ kugaburira umwana</i> C After Defecation/Visiting The Toilet/ <i>nyuma yo kuva ku musarane</i> D After Attending To A Child Who Has Defecated/Soiled./ <i>nyuma yo gutunganya/guhanagura umwana umaze kwituma</i> E Other/ <i>ikindi gihe.</i> F (Specify/ <i>Sobanura</i>)	→81	

79	Can you show me where you usually wash your hands and what you use to wash hands?/Mushobora kunyereka aho mukarabira intoki n'icyo mukoresha mukaraba intoki? ASK TO SEE AND OBSERVE/ MUSABE ABIKWEREKE NAWE WITEGEREZE.	Inside/Near Toilet Facility/ mu musarane imbere cyangwa hafi yawo 1 Inside/Near Kitchen/Cooking Place/ mu gikoni, iruhande rwacyo/ aho batekera..... 2 Elsewhere In Yard/ ahantu aho ari ho hose mu rugo 3 Outside Yard/ inyuma y'urugo 4 No Specific Place/ nta mwanya wihariye uhari..... 5 No Permission To See/ ntakwemereye kuhareba 8		
80	OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent? ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki? <i>This item should be either in place or brought by the interviewee within one minute. If the item is not present within one minute check none, even if brought out later.</i> icyo gikoreshe gishobora kuba gihari cyangwa kikazanwa n'umubyeyi mu gihe cy'umunota umwe gusa. niba kitabonetse mu munota umwe, kibarwa nk'ikidahari.	Soap/ Isabune isanzwe.....1 Detergent/ Isabune y'ifu nka omo.....2 Ash/ Ivu..... 3 Mud/Sand/ icyondo/ Akabuye 4 None/ Nta na kimwe 5 Other/ Ikindi _____ 6 (Specify/ Sobanura		
81	What kind of toilet facility do you have? Can I see it?Umusarani mukoresha umeze ute? Nshobora kuwureba ?	No toilet facility/ Nta musarane A Open latrine/ Umusarane udapfundikiye.....B Closed latrine/ umusarane upfundikiye C Flush toilet/ umusarane wa kizungu D No permission to see/ ntiyakwemereye kureba E		

82	The last time (name of child) passed stools, where were the feces disposed of? Igihe cyashize kanaka(izina ry'umwana)amaze kwituma umwanda we wawushyize he? Probe to find the location.<i>Komeza umubaze wumve aho yaba ashyira umwana w'umwana.</i>	Disposed into a latrine or toilet facility/ Yawushyize mu musarane A Disposed into a garbage/trash bin/ yawushyize mukuntu kijyamo imyanda cyangwa ahagenewe imyanda.....B Disposed of somewhere near the house/ Ahariho hose iruhande rw'inzu: Dug and buried?/ Yaracukuye arawutaba.....C1 Did not bury/ Ntiyawutabye.....C2 Disposed of somewhere far from the house/ yawushyize kure y'urugo: Dug and buried?/ Yaracukuye arawutaba.....D1 Did not bury/ Ntiyawutabye D2 Don't know/ Simbizi.....E Other/ Ahandi.....F		

SECTION VI: IMMUNIZATION

83	Did you receive a card or child health booklet where (name of child's) vaccinations and Vitamin A doses can be written down? If so, can I see the card? Ese ufite igipande kanaka(izina ry'umwana) yakingiriweho, yanahereweho vitamine A?Niba gihari wakinyereka?	Yes, interviewer sees the card/ Yego, ubaza abonye igipande A Yes, but card is missing or lost/ Yego, ariko igipande ntagihari B No, never had a card/ Oya, nta gipande afite.....C Don't know / Simbizi D	→86 →86 →86	

84	Copy the following vaccinations dates from the card or booklet. If Vaccines are not recorded in the child health card or booklet, fill in 99/99/9999. Reba ku gipande wandikure amatariki yaboneyeho buri rukingo. niba bitanditse kugipande andika 99/99/9999. IF ALL VACCINES ARE RECORDED IN THE CHILD HEALTH CARD OR BOOKLET, GO TO Q.93/ NIBA INKINGO ZOSE ZANDITSE KUGIPANDE, JYA KUKIBAZO CYA 93.	Date of Immunization/ Itariki y'ikingira											
				DAY		MONTH		YEAR					
		BCG/ IGITUNTU											
		POLIO 0 / IMBASA 0											
		(POLIO GIVEN AT BIRTH OR BEFORE 2 WEEKS/ URUKINGO RW'IMBASA RUTANZWE UMWANA AKIVUKA CYANGWA MBERE Y'IBYUMWERU BIBIRI)											
		POLIO 1											
		POLIO 2											
		POLIO 3											
		DTP 1											
		DTP 2											
		DTP 3											
		Measles/ Iseru											
		Vitamin A (most recent dose/ Akanini aherutse kubona)											
		Vitamin A (previous dose/ Akanini kabanjirije agaheruka)											
85	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations given during immunization campaigns? Kanaka hari urundi rukingo yaba yarahawe rutari kugipande, ushyizemo n'izo yaherewe mu ikingira ry'ihururu?	Yes/ Yego 1 No/ Oya 0 Don't Know/ Simbizi 8								→93 →93			

86	Please tell me if (NAME) received any of the following vaccinations:<i>Ndabasaba kumbwira niba (KANAKA) yarahawe izi nkingo zikurikira :</i> BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?<i>Urukingo rw'igituntu, rumwe bakingira umwana kukaboko cg ku rutugu rukamusigiraho inkovu?</i>	Yes/ <i>Yego</i> 1 No/ <i>Oya</i>..... 0 Don't Know/ <i>Simbizi</i>..... 8		
87	Polio vaccine, that is, drops like these, in the mouth?<i>Urukingo rw'imbasa igitonyanga baha umwana mukanwa?</i> <i>SHOW THE EXAMPLE OF POLIO DROPS/ MWEREKE URUGERO RW'IGITONYANGA.</i>	Yes/ <i>Yego</i> 1 No/ <i>Oya</i>..... 0 Don't Know/ <i>Simbizi</i>..... 8	→90 →90	
88	When was the first polio vaccine received? [In the first two weeks after birth or later?<i>Niryari umwana yahawe urukingo rwa mbere rw'imbasa?(Mu byumweru bibiri bya mbere amaze kuvuka cg nyuma yabyo)</i>	First Two Weeks After Birth/ <i>Mubyumweru bibiri bya mbere avutse</i>..... 1 Later/ <i>Nyuma yaho</i>..... 2 Don't Know/ <i>Simbizi</i>..... 8		
89	How many times was the polio vaccine received? <i>Urukingo rw'imbasa yarubonye inshuro zingahe?</i>	Number Of Times/ <i>Incuro zingahe</i> Don't Know/ <i>Simbizi</i>..... 8		
90	DTP vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?<i>Urukingo batera ku kibero akenshi batangira rimwe n'urw'imbasa yararuhawe?</i>	Yes/ <i>Yego</i> 1 No/ <i>Oya</i>..... 0 Don't Know/ <i>Simbizi</i>..... 8	→92 →92	
91	How many times?<i>Yaruhawe inshuro zingahe?</i>	Number Of Times/ <i>Incuro zingahe</i> Don't Know/ <i>Simbizi</i>..... 8		

92	Did (name of child) ever receive an injection in the arm to prevent Measles? Ese Kanaka (Izina ry'umwana muto) yaba yarakingiwe urukingo rw'iseru ?	Yes/ Yego 1 No/ Oya..... 0 Don't Know/ Simbizi.....8		

SECTION VII: ANTHROPOMETRICS

93	May I weigh (name of child)?/Nshobora gupima kanaka (izina ry'umwana muto) ibiro?	Yes/ Yego 1 → ____ . ____ Kilograms/ Ibiro No/ Oya.....0		
94	May I use MUAC Tape with (name of child)?/Nshobora gupima umuzenguruko w'ikizigira wa (izina ry'umwana muto)?	Yes/ Yego 1 → ____ mm/ mirimetro No/ Oya.....0		
95	May I measure length for (name of child)?/Nshobora gupima uburebure bw'umwana ?	Yes/ Yego.....1 → ____ cm/ santimetro No/ Oya.....0		
96	May I use MUAC Tape with you ?/Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawe?	Yes/ Yego.....A → ____ cm, santimetro No/ Oya.....B		

SECTION VIII: BEHAVIOR CHANGE COMMUNICATION

97	Have you ever participated in a week-long training on child feeding and food preparation led by a CHW? / Waba warigeze witabira inyigisho zitangwa n'abajyanama b'ubuzima zimara icyumweru zijyanye no kugaburira umwana no gutegura amafunguro mumudugudu ?	Yes/ Yego 1 No/ Oya..... 0 Don't Know/ Simbizi.....8	→ 101	
98	(IF YES) How many times?/NIBA ARI YEGO , wazigiyemo inshuro zingahe ?	Once/ Rimwe..... 1 Twice/ Kabiri..... 2 Three or more/ Gatatu cyangwa karenga..... 3		
99	When was the most recent time you participated in such a week-long training?Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?	Month/ Ukwezi ____ ____ Year/ Umwaka ____ ____ ____		
100	How many of the days did you participate?Wazitabiriye iminsi ingahe?	Number.....# Don't know/ Simbizi.....8 No response/ Nta gisubizo 9		
101	Did you receive a visit from your CHW in the past month?Waba warigeze usurwa n'umujyanama w'ubuzima muri uku kwezi gushize ?	Yes/ Yego 1 No/ Oya..... 0 Don't Know/ Simbizi.....8	→end →end	

102	If yes, what was the purpose of the visit? <i>Niba ari yego, niki cyamugenzaga ?</i>	O. FOLLOW UP ON SICK CHILD,/ <i>GUKURIKIRANA UMWANA URWAYE</i> P. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION/ <i>GUTANGA INYIGISHO ZO KWIRINDA MALARIYA</i> Q. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION/ <i>GUTANGA INYIGISHO ZO KWIRINDA IMPISWI</i> R. PROVIDE HEALTH EDUCATION ON PNEUMONIA/ <i>GUTANGA INYIGISHO KUNDWARA Y'UMUSONGA.</i> S. PROVIDE HEALTH EDUCATION ON NUTRITION/ <i>GUTANGA INYIGISHO KU MIRIRE</i> T. PROVIDE HEALTH EDUCATION ON IMMUNIZATION/ <i>GUTANGA INYIGISHO KU IKINGIRA</i> U. OTHER/ <i>IKINDI:</i> _____.		

Annex G: Population Lists of Communities by Hospital Catchment Area

Lists of communities for Kigeme hospital catchment area

	DISTRICT	SECTOR	HC	CELL	VILLAGE	POPULATION
1	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	BUTARE	441
2	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	GASEKE	369
3	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	GASHARU	541
4	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	GITEGA	557
5	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	KIGARAMA	408
6	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	MIKO	415
7	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	MUNYERERI	720
8	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	MUSASA	432
9	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	RWINGOMA	412
10	NYAMAGABE	CYANIKA	CYANIKA	GITEGA	RUSARASI	509
11	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	MUGARI	683
12	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	NYAMIRAMA	278
13	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	KARUVENYA	396
14	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	MBEHO	593
15	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	BIGAZI	612
16	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	GAFUHISHA	686
17	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	RUSENYI	488
18	NYAMAGABE	CYANIKA	CYANIKA	NYANZOZA	KAGARAMA	431
19	NYAMAGABE	CYANIKA	CYANIKA	NYANZA	BUHIGA	898
20	NYAMAGABE	CYANIKA	CYANIKA	NYANZA	KIBINGO	990
21	NYAMAGABE	CYANIKA	CYANIKA	NYANZA	MUGOMBWA	708
22	NYAMAGABE	CYANIKA	CYANIKA	NYANZA	RUGARAGARA	700
23	NYAMAGABE	CYANIKA	CYANIKA	NYANZA	MIRAMA	670
24	NYAMAGABE	CYANIKA	CYANIKA	NYANZA	NYABISINDU	629
25	NYAMAGABE	CYANIKA	CYANIKA	NGOMA	KAVUMU	456
26	NYAMAGABE	CYANIKA	CYANIKA	NGOMA	KAMUHIRWA	598
27	NYAMAGABE	CYANIKA	CYANIKA	NGOMA	KINGA	345
28	NYAMAGABE	CYANIKA	CYANIKA	NGOMA	KABARERA	531
29	NYAMAGABE	CYANIKA	CYANIKA	NGOMA	NYAMIRAMBO	711
30	NYAMAGABE	CYANIKA	CYANIKA	NGOMA	MURAMA	440
31	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	BIRAMBO	359
32	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	KARABA	724
33	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	KARAMA	528
34	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	MUGAMBA	690

Appendix: Original Protocol from April 2012 with minor updates

35	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	MUNYINYA	574
36	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	NYAMISAVE	338
37	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	NYANZA	1259
38	NYAMAGABE	CYANIKA	CYANIKA	KARAMA	RWAMAGANA	393
39	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	GATARE	358
40	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	GATENTWE	509
41	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	GIKOMERO	452
42	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	GISHIKE	386
43	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	KAGARAMA	474
44	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	NYARUCYAMU	544
45	NYAMAGABE	CYANIKA	CYANIKA	KIYUMBA	KAVIRI	448
46	NYAMAGABE	KIBILIZI	CYANIKA	KARAMBO	NYIRAKIRARO	589
47	NYAMAGABE	KIBILIZI	CYANIKA	KARAMBO	GITWA	469
48	NYAMAGABE	KIBILIZI	CYANIKA	KARAMBO	GISORO	448
49	NYAMAGABE	KIBILIZI	CYANIKA	KARAMBO	KAVUMU	769
50	NYAMAGABE	KIBILIZI	CYANIKA	KARAMBO	NYAMIRAMA	471
51	NYAMAGABE	KITABI	KITABI	KAGANO	BUSUSURUKE	1112
52	NYAMAGABE	KITABI	KITABI	KAGANO	UWARWUBATSI	609
53	NYAMAGABE	KITABI	KITABI	KAGANO	TURONZI	692
54	NYAMAGABE	KITABI	KITABI	KAGANO	UWINTYABIRE	896
55	NYAMAGABE	KITABI	KITABI	KAGANO	KINTOBO	1211
56	NYAMAGABE	KITABI	KITABI	KAGANO	UWABUMENYI	779
57	NYAMAGABE	KITABI	KITABI	MUJUGA	GAHANDE	942
58	NYAMAGABE	KITABI	KITABI	MUJUGA	GASASA	945
59	NYAMAGABE	KITABI	KITABI	MUJUGA	MUJUGA	639
60	NYAMAGABE	KITABI	KITABI	MUJUGA	MUKAKA	797
61	NYAMAGABE	KITABI	KITABI	MUJUGA	RWUFE	831
62	NYAMAGABE	KITABI	KITABI	MUJUGA	UWANYAKANYERI	835
63	NYAMAGABE	KITABI	KITABI	MUJUGA	UWINKA	842
64	NYAMAGABE	KITABI	KITABI	MUKUNGU	KARAMBI	856
65	NYAMAGABE	KITABI	KITABI	MUKUNGU	UWURUNAZI	450
66	NYAMAGABE	KITABI	KITABI	MUKUNGU	GAHIRA	558
67	NYAMAGABE	KITABI	KITABI	MUKUNGU	GATARE	728
68	NYAMAGABE	KITABI	KITABI	MUKUNGU	UWICURANGIRO	470
69	NYAMAGABE	KITABI	KITABI	SHABA	BITABA	807
70	NYAMAGABE	KITABI	KITABI	SHABA	GAKOKO	859
71	NYAMAGABE	KITABI	KITABI	SHABA	KUMUGANZA	1015
72	NYAMAGABE	KITABI	KITABI	SHABA	UWAKAGORO	783
73	NYAMAGABE	KITABI	KITABI	SHABA	UWINKA	859
74	NYAMAGABE	KITABI	KITABI	SHABA	MUYANGE	982
75	NYAMAGABE	KITABI	KITABI	UWINGUGU	GISARENDA	767
76	NYAMAGABE	KITABI	KITABI	UWINGUGU	KIGALI	999

77	NYAMAGABE	KITABI	KITABI	UWINGUGU	RUBUYE	854
78	NYAMAGABE	KITABI	KITABI	UWINGUGU	RUHANGA	726
79	NYAMAGABE	KITABI	KITABI	UWINGUGU	UWIMISIGATI	1019
80	NYAMAGABE	KITABI	KITABI	UWINGUGU	UWURUNAZI	860
81	NYAMAGABE	KAMEGELI	NYARUSIZA	KIREHE	KIGARAMA	832
82	NYAMAGABE	KAMEGELI	NYARUSIZA	KIREHE	RYANYIRATABA	480
83	NYAMAGABE	KAMEGELI	NYARUSIZA	KIREHE	GASHARU	701
84	NYAMAGABE	KAMEGELI	NYARUSIZA	KAMEGERI	SOVU	520
85	NYAMAGABE	KAMEGELI	NYARUSIZA	KAMEGERI	KINYOVU	878
86	NYAMAGABE	KAMEGELI	NYARUSIZA	KAMEGERI	RWERU	585
87	NYAMAGABE	KAMEGELI	NYARUSIZA	KAMEGERI	NTARUKA	932
88	NYAMAGABE	KAMEGELI	NYARUSIZA	KIZI	GAKOMEYE	650
89	NYAMAGABE	KAMEGELI	NYARUSIZA	KIZI	KINYANA	538
90	NYAMAGABE	KAMEGELI	NYARUSIZA	KIZI	KAGARAMA	553
91	NYAMAGABE	KAMEGELI	NYARUSIZA	BWAMA	GITWA	895
92	NYAMAGABE	KAMEGELI	NYARUSIZA	BWAMA	KIGARAMA	654
93	NYAMAGABE	KAMEGELI	NYARUSIZA	BWAMA	KAMIRO	856
94	NYAMAGABE	KAMEGELI	NYARUSIZA	RUSUSA	MUHEMBE	776
95	NYAMAGABE	KAMEGELI	NYARUSIZA	RUSUSA	BAHINA	501
96	NYAMAGABE	KAMEGELI	NYARUSIZA	RUSUSA	BARO	415
97	NYAMAGABE	KAMEGELI	NYARUSIZA	RUSUSA	KIGARAMA	546
98	NYAMAGABE	KAMEGELI	NYARUSIZA	NYARUSIZA	NYARUSIZA	409
99	NYAMAGABE	KAMEGELI	NYARUSIZA	NYARUSIZA	RUTUNA	635
100	NYAMAGABE	KAMEGELI	NYARUSIZA	NYARUSIZA	BANDE	664
101	NYAMAGABE	KAMEGELI	NYARUSIZA	NYARUSIZA	NYARUSANGE	409
102	NYAMAGABE	MBAZI	NGARA	MANWARI	KIBUMBA	707
103	NYAMAGABE	MBAZI	NGARA	MANWARI	KIGARAMA	502
104	NYAMAGABE	MBAZI	NGARA	MANWARI	KARAMBI	704
105	NYAMAGABE	MBAZI	NGARA	MANWARI	MUHORORO	497
106	NYAMAGABE	MBAZI	NGARA	MUTIWINGOMA	GATWA	713
107	NYAMAGABE	MBAZI	NGARA	MUTIWINGOMA	KABERE	507
108	NYAMAGABE	MBAZI	NGARA	MUTIWINGOMA	KABUGA	635
109	NYAMAGABE	MBAZI	NGARA	MUTIWINGOMA	MUDUHA	426
110	NYAMAGABE	MBAZI	NGARA	MUTIWINGOMA	NYAMIRAMA	490
111	NYAMAGABE	MBAZI	NGARA	NGAMBI	GASEKE	231
112	NYAMAGABE	MBAZI	NGARA	NGAMBI	KABEZA	428
113	NYAMAGABE	MBAZI	NGARA	NGAMBI	KIVOMO	564
114	NYAMAGABE	MBAZI	NGARA	NGAMBI	MAHERESHO	922
115	NYAMAGABE	MBAZI	NGARA	NGAMBI	MUNANIRA	528
116	NYAMAGABE	MBAZI	NGARA	NGARA	BUTARE	786
117	NYAMAGABE	MBAZI	NGARA	NGARA	GASHARU	687

Appendix: Original Protocol from April 2012 with minor updates

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118	NYAMAGABE	MBAZI	NGARA	NGARA	GISIZA	383
119	NYAMAGABE	MBAZI	NGARA	NGARA	GITUNTU	385
120	NYAMAGABE	MBAZI	NGARA	NGARA	NYAGISHUMBU	458
121	NYAMAGABE	MBAZI	NGARA	NGARA	RUSEKE	578
122	NYAMAGABE	GASAKA	KIGEME	KIGEME	MUNOMBE	1003
123	NYAMAGABE	GASAKA	KIGEME	KIGEME	NYENTANGA	953
124	NYAMAGABE	GASAKA	KIGEME	KIGEME	GITABA	832
125	NYAMAGABE	GASAKA	KIGEME	KIGEME	GAKOMA	1037
126	NYAMAGABE	GASAKA	KIGEME	NZEGA	NZEGA	774
127	NYAMAGABE	GASAKA	KIGEME	NZEGA	KADOMA	724
128	NYAMAGABE	GASAKA	KIGEME	NZEGA	GASAKA	950
129	NYAMAGABE	GASAKA	KIGEME	NZEGA	GITANTU	840
130	NYAMAGABE	KIBILIZI	KIGEME	RUHUNGA	GAKOMA	1103
131	NYAMAGABE	KIBILIZI	KIGEME	RUHUNGA	RUHURURA	660
132	NYAMAGABE	KIBILIZI	KIGEME	RUHUNGA	MUNOMBE	467
133	NYAMAGABE	KIBILIZI	KIGEME	RUHUNGA	NYAGISHUBI	825
134	NYAMAGABE	KIBILIZI	KIGEME	RUHUNGA	CYAMASHYA	770
135	NYAMAGABE	KIBILIZI	KIGEME	RUHUNGA	KABUGA	894
136	NYAMAGABE	UWINKINGI	UWINKINGI	MUNYEGE	BITABA	673
137	NYAMAGABE	UWINKINGI	UWINKINGI	MUNYEGE	NYARURAMBI	789
138	NYAMAGABE	UWINKINGI	UWINKINGI	MUNYEGE	KANYAMPONGO	695
139	NYAMAGABE	UWINKINGI	UWINKINGI	MUNYEGE	MUNYEGE	821
140	NYAMAGABE	UWINKINGI	UWINKINGI	MUNYEGE	GAHANGO	630
141	NYAMAGABE	UWINKINGI	UWINKINGI	MUNYEGE	KIMINA	690
142	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	KIBUGAZI	728
143	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	UWINKINGI	496
144	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	RUGEYO	716
145	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	GAHIRA	703
146	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	BUNYUNYU	689
147	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	GITITI	703
148	NYAMAGABE	UWINKINGI	UWINKINGI	GAHIRA	KUNYU	783
149	NYAMAGABE	UWINKINGI	UWINKINGI	MUDASOMWA	UWANJYOGORO	659
150	NYAMAGABE	UWINKINGI	UWINKINGI	MUDASOMWA	NSINDUKA	679
151	NYAMAGABE	UWINKINGI	UWINKINGI	MUDASOMWA	RUSHUBI	689
152	NYAMAGABE	UWINKINGI	UWINKINGI	MUDASOMWA	KARAMBO	796
153	NYAMAGABE	UWINKINGI	UWINKINGI	MUDASOMWA	GICACA	628
154	NYAMAGABE	UWINKINGI	UWINKINGI	BIGUMIRA	CYUMUGANZA	608
155	NYAMAGABE	UWINKINGI	UWINKINGI	BIGUMIRA	BIGUMIRA	578
156	NYAMAGABE	UWINKINGI	UWINKINGI	BIGUMIRA	GAKOKO	777
157	NYAMAGABE	UWINKINGI	UWINKINGI	BIGUMIRA	MAGUMIRA	705
158	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	CYUMUGANZA	608
159	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	KABUSEKURU	508

160	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	SEKERA	885
161	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	KAGANO	663
162	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	KABUGA	664
163	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	BISHYA	898
164	NYAMAGABE	UWINKINGI	UWINKINGI	KIBYAGIRA	SABAKE	809
165	NYAMAGABE	UWINKINGI	UWINKINGI	RUGOGWE	MABENDE	574
166	NYAMAGABE	UWINKINGI	UWINKINGI	RUGOGWE	SUBUKINIRO	715
167	NYAMAGABE	UWINKINGI	UWINKINGI	RUGOGWE	MUNINI	641
168	NYAMAGABE	UWINKINGI	UWINKINGI	RUGOGWE	RUGETI	614
169	NYAMAGABE	UWINKINGI	UWINKINGI	RUGOGWE	NYAMUGARI	559
170	NYAMAGABE	UWINKINGI	UWINKINGI	RUGOGWE	MWISHOGWE	176
171	NYAMAGABE	KIBILIZI	MBUGA	BUGARAMA	KAMINA	570
172	NYAMAGABE	KIBILIZI	MBUGA	BUGARAMA	KARANDURA	546
173	NYAMAGABE	KIBILIZI	MBUGA	BUGARAMA	KIVUMU	545
174	NYAMAGABE	KIBILIZI	MBUGA	BUGARAMA	MUNAZI	469
175	NYAMAGABE	KIBILIZI	MBUGA	BUGARAMA	NYABUSOZI	516
176	NYAMAGABE	KIBILIZI	MBUGA	BUGARAMA	KABARERA	425
177	NYAMAGABE	KIBILIZI	MBUGA	UWINDEKEZI	KARUMBI	851
178	NYAMAGABE	KIBILIZI	MBUGA	UWINDEKEZI	BIREMBO	523
179	NYAMAGABE	KIBILIZI	MBUGA	UWINDEKEZI	KIGARAMA	483
180	NYAMAGABE	KIBILIZI	MBUGA	UWINDEKEZI	GATOVU	766
181	NYAMAGABE	KIBILIZI	MBUGA	UWINDEKEZI	UWAMATABA	737
182	NYAMAGABE	KIBILIZI	MBUGA	UWINDEKEZI	MUGOTE	707
183	NYAMAGABE	TARE	MBUGA	NKUMBURE	BIRARO	484
184	NYAMAGABE	TARE	MBUGA	NKUMBURE	BIREKA	570
185	NYAMAGABE	TARE	MBUGA	NKUMBURE	KIBWIJE	547
186	NYAMAGABE	TARE	MBUGA	NKUMBURE	GAHEMBE	389
187	NYAMAGABE	TARE	MBUGA	NKUMBURE	MUBEZI	464
188	NYAMAGABE	TARE	MBUGA	NKUMBURE	MUHUMO	599
189	NYAMAGABE	TARE	MBUGA	NKUMBURE	RUKEREKO	391
190	NYAMAGABE	TARE	MBUGA	NKUMBURE	RUGETI	517
191	NYAMAGABE	TARE	MBUGA	NKUMBURE	UWUMUGETI	382
192	NYAMAGABE	TARE	MBUGA	NKUMBURE	VUMWE	465
193	NYAMAGABE	TARE	MBUGA	GATOVU	GASENGE	497
194	NYAMAGABE	TARE	MBUGA	GATOVU	MUHATI	480
195	NYAMAGABE	TARE	MBUGA	GATOVU	KIGUSA	704
196	NYAMAGABE	TARE	MBUGA	GATOVU	KIMINA	735
197	NYAMAGABE	TARE	MBUGA	GATOVU	RUZIBA	368
198	NYAMAGABE	TARE	MBUGA	NYAMIGINA	NGORORERO	472
199	NYAMAGABE	TARE	MBUGA	NYAMIGINA	NKOMERO	392
200	NYAMAGABE	TARE	MBUGA	NYAMIGINA	NYARUGETI	408
201	NYAMAGABE	TARE	MBUGA	NYAMIGINA	RUKOKO	558

202	NYAMAGABE	TARE	MBUGA	NYAMIGINA	GAKOMA	655
203	NYAMAGABE	TARE	MBUGA	NYAMIGINA	UWINYANA	340
204	NYAMAGABE	TARE	MBUGA	NYAMIGINA	MARYOHE	462
205	NYAMAGABE	TARE	MBUGA	GASARENDA	KAGARAMA	1195
206	NYAMAGABE	TARE	MBUGA	GASARENDA	KIMINAZI	521
207	NYAMAGABE	TARE	MBUGA	GASARENDA	KIVURUGA	618
208	NYAMAGABE	TARE	MBUGA	GASARENDA	MUSE	551
209	NYAMAGABE	TARE	MBUGA	GASARENDA	MWUFE	358
210	NYAMAGABE	TARE	MBUGA	GASARENDA	MURANGARA	771
211	NYAMAGABE	TARE	MBUGA	GASARENDA	UWINKOMO	351
212	NYAMAGABE	TARE	MBUGA	BUHORO	KIRWA	433
213	NYAMAGABE	TARE	MBUGA	BUHORO	NYABWOMA	409
214	NYAMAGABE	TARE	MBUGA	BUHORO	GISANZE	548
215	NYAMAGABE	TARE	MBUGA	BUHORO	RWUFE	383
216	NYAMAGABE	TARE	MBUGA	BUHORO	KANSEREGE	546
217	NYAMAGABE	TARE	MBUGA	BUHORO	RYARUBONDO	616
218	NYAMAGABE	TARE	MBUGA	BUHORO	GITOVU	740
219	NYAMAGABE	TARE	MBUGA	KAGANZA	BIVUMU	553
220	NYAMAGABE	TARE	MBUGA	KAGANZA	BUREMERA	638
221	NYAMAGABE	TARE	MBUGA	KAGANZA	RUGANZA	507
222	NYAMAGABE	TARE	MBUGA	KAGANZA	KANYIRANDORI	568
223	NYAMAGABE	TARE	MBUGA	KAGANZA	KIMICANGA	638
224	NYAMAGABE	GASAKA	NYAMAGABE	NGIRYI	KARAMBI	1506
225	NYAMAGABE	GASAKA	NYAMAGABE	NGIRYI	KITAZIGURWA	1280
226	NYAMAGABE	GASAKA	NYAMAGABE	NGIRYI	KIBANDA	573
227	NYAMAGABE	GASAKA	NYAMAGABE	NGIRYI	SUMBA	1803
228	NYAMAGABE	GASAKA	NYAMAGABE	NGIRYI	NGIRYI	484
229	NYAMAGABE	GASAKA	NYAMAGABE	NGIRYI	MUNYEGE	675
230	NYAMAGABE	GASAKA	NYAMAGABE	REMER	GITWA	848
231	NYAMAGABE	GASAKA	NYAMAGABE	REMER	NYAMIFUMBA	757
232	NYAMAGABE	GASAKA	NYAMAGABE	REMER	MURIRO	613
233	NYAMAGABE	GASAKA	NYAMAGABE	REMER	KABEZA	672
234	NYAMAGABE	GASAKA	NYAMAGABE	REMER	MURAMBI	495
235	NYAMAGABE	GASAKA	NYAMAGABE	NYABIVUMU	GASHARU	265
236	NYAMAGABE	GASAKA	NYAMAGABE	NYABIVUMU	RARO	598
237	NYAMAGABE	GASAKA	NYAMAGABE	NYABIVUMU	DUSEGO	393
238	NYAMAGABE	GASAKA	NYAMAGABE	NYABIVUMU	NYABIVUMU	391
239	NYAMAGABE	GASAKA	NYAMAGABE	NYAMUGALI	NYAMUGARI	821
240	NYAMAGABE	GASAKA	NYAMAGABE	NYAMUGALI	KARAMA	1030
241	NYAMAGABE	GASAKA	NYAMAGABE	NYAMUGALI	KIGARAMA	892
242	NYAMAGABE	GASAKA	NYAMAGABE	NYAMUGALI	NYARUSANGE	1258
243	NYAMAGABE	GASAKA	NYAMAGABE	NYAMUGALI	KABACUZI	1460

244	NYAMAGABE	GASAKA	NYAMAGABE	NYAMUGALI	KABAJOGO	1243
245	NYAMAGABE	KIBILIZI	NYAMAGABE	BUGARURA	MUYANGE	806
246	NYAMAGABE	KIBILIZI	NYAMAGABE	BUGARURA	UWINYANA	627
247	NYAMAGABE	KIBILIZI	NYAMAGABE	BUGARURA	NYAKIBYEYI	594
248	NYAMAGABE	KIBILIZI	NYAMAGABE	BUGARURA	KASEBUTURANYI	767
249	NYAMAGABE	KIBILIZI	NYAMAGABE	BUGARURA	KIRWA	574
250	NYAMAGABE	KIBILIZI	NYAMAGABE	GASHIHA	GASHARU	601
251	NYAMAGABE	KIBILIZI	NYAMAGABE	GASHIHA	MUDUHA	790
252	NYAMAGABE	KIBILIZI	NYAMAGABE	GASHIHA	RUKAMIRO	945
253	NYAMAGABE	KIBILIZI	NYAMAGABE	GASHIHA	NYABUBARE	894
254	NYAMAGABE	KIBILIZI	NYAMAGABE	GASHIHA	MUGANZA	873

166,581

Lists of communities for Kaduha hospital catchment area

	DISTRICT	SECTOR	HEALTH CENTER	CELL	VILLAGE	POPULATION
1	NYAMAGABE	KIBUMBWE	KIBUMBWE	BWENDA	MUNYINYA	735
2	NYAMAGABE	KIBUMBWE	KIBUMBWE	BWENDA	MURAMBI	441
3	NYAMAGABE	KIBUMBWE	KIBUMBWE	BWENDA	MURWA	521
4	NYAMAGABE	KIBUMBWE	KIBUMBWE	BWENDA	NYAGATOVU	464
5	NYAMAGABE	KIBUMBWE	KIBUMBWE	BWENDA	NYAMIRAMA	582
6	NYAMAGABE	KIBUMBWE	KIBUMBWE	GAKANKA	CYERU	556
7	NYAMAGABE	KIBUMBWE	KIBUMBWE	GAKANKA	GIKOMERO	511
8	NYAMAGABE	KIBUMBWE	KIBUMBWE	GAKANKA	MUNINI	532
9	NYAMAGABE	KIBUMBWE	KIBUMBWE	GAKANKA	NKURUBUYE	785
10	NYAMAGABE	KIBUMBWE	KIBUMBWE	GAKANKA	NYARUBUYE	531
11	NYAMAGABE	KIBUMBWE	KIBUMBWE	GAKANKA	RAMBYA	532
12	NYAMAGABE	KIBUMBWE	KIBUMBWE	KIBIBI	GATANDAGANYA	512
13	NYAMAGABE	KIBUMBWE	KIBUMBWE	KIBIBI	KABERE	514
14	NYAMAGABE	KIBUMBWE	KIBUMBWE	KIBIBI	KANYEGE	478
15	NYAMAGABE	KIBUMBWE	KIBUMBWE	KIBIBI	KIRWA	642
16	NYAMAGABE	KIBUMBWE	KIBUMBWE	KIBIBI	RWEZAMENYO	796
17	NYAMAGABE	KIBUMBWE	KIBUMBWE	KIBIBI	RYINGARURA	351
18	NYAMAGABE	KIBUMBWE	KIBUMBWE	NYAKIZA	DUSENYI	596
19	NYAMAGABE	KIBUMBWE	KIBUMBWE	NYAKIZA	KARAMBO	463

20	NYAMAGABE	KIBUMBWE	KIBUMBWE	NYAKIZA	KINYANA	357
21	NYAMAGABE	KIBUMBWE	KIBUMBWE	NYAKIZA	MURAMBI	529
22	NYAMAGABE	KIBUMBWE	KIBUMBWE	NYAKIZA	NYAKIZU	271
23	NYAMAGABE	KIBUMBWE	KIBUMBWE	NYAKIZA	ZIGATI	433
24	NYAMAGABE	MUGANO	MUGANO	RUHINGA	CYIBANDE	370
25	NYAMAGABE	MUGANO	MUGANO	RUHINGA	CYINZIRA	403
26	NYAMAGABE	MUGANO	MUGANO	RUHINGA	GITARAMA	579
27	NYAMAGABE	MUGANO	MUGANO	RUHINGA	KABUYE	658
28	NYAMAGABE	MUGANO	MUGANO	RUHINGA	KARAMBI	443
29	NYAMAGABE	MUGANO	MUGANO	RUHINGA	RUNYINYA	436
30	NYAMAGABE	MUGANO	MUGANO	YONDE	GISOVU	499
31	NYAMAGABE	MUGANO	MUGANO	YONDE	KANYEGENYEGE	661
32	NYAMAGABE	MUGANO	MUGANO	YONDE	NYARUSIZA	613
33	NYAMAGABE	MUGANO	MUGANO	YONDE	RUHAMIRA 1	395
34	NYAMAGABE	MUGANO	MUGANO	YONDE	RUHAMIRA 2	589
35	NYAMAGABE	MUGANO	MUGANO	SUTI	CYABUTE	446
36	NYAMAGABE	MUGANO	MUGANO	SUTI	GASIZA	296
37	NYAMAGABE	MUGANO	MUGANO	SUTI	MATYAZO	588
38	NYAMAGABE	MUGANO	MUGANO	SUTI	RWAMIKO	474
39	NYAMAGABE	MUGANO	MUGANO	SUTI	TURYANGO	672
40	NYAMAGABE	MUGANO	MUGANO	SOVU	KIGARAMA	913
41	NYAMAGABE	MUGANO	MUGANO	SOVU	NZIRANZIZA	751
42	NYAMAGABE	MUGANO	MUGANO	SOVU	RUGARAMA 1	637
43	NYAMAGABE	MUGANO	MUGANO	SOVU	RUGARAMA 2	982
44	NYAMAGABE	MUGANO	MUGANO	SOVU	RUHANGA	812
45	NYAMAGABE	MUGANO	MUGANO	GITONDORERO	GAKOMEYE	938
46	NYAMAGABE	MUGANO	MUGANO	GITONDORERO	GITONDORERO	936
47	NYAMAGABE	MUGANO	MUGANO	GITONDORERO	GITUNTU	888
48	NYAMAGABE	MUGANO	MUGANO	GITONDORERO	KARAMBI	534
49	NYAMAGABE	MUGANO	MUGANO	GITONDORERO	MASO	704
50	NYAMAGABE	MUGANO	MUGANO	GITWA	KABUHHORO	738
51	NYAMAGABE	MUGANO	MUGANO	GITWA	KIRENZI 1	450
52	NYAMAGABE	MUGANO	MUGANO	GITWA	KIRENZI 2	307
53	NYAMAGABE	MUGANO	MUGANO	GITWA	NYAKIBINGO	358
54	NYAMAGABE	MUGANO	MUGANO	GITWA	RUTABO	611
55	NYAMAGABE	MUGANO	MUGANO	GITWA	RYAMIGABO	619

56	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	BWERAMANA	563
57	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	CYOBE	409
58	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	GASEKE	523
59	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	GASHWATI	777
60	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	GITIKIREMA	485
61	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	GORWE	517
62	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	KAGORWE	449
63	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	KIZANGANYA	514
64	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	MUGUNDA	385
65	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	MUHEMBE	673
66	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	MUKO	336
67	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	MURAMBI	589
68	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	MUSHUBI	770
69	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	NGOMA	483
70	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	NYAGISUMO	498
71	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	NYAKABINGO	688
72	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	NYAKIBANDE	529
73	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	NYAKIRAMBO	426
74	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	NYARUSHIKE	639
75	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	REMERA	462
76	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	RUCUNDO	673
77	NYAMAGABE	MUSHUBI	MUSHUBI	GISHWATI	RUHINGA	324
78	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	RUSOYO	459
79	NYAMAGABE	MUSHUBI	MUSHUBI	CYOBE	RUTOYI	536
80	NYAMAGABE	MUSHUBI	MUSHUBI	BUTETERI	RWAMIKO	532
81	NYAMAGABE	NKOMANE	NYARWUNGO	NKOMANE	BANDA	682
82	NYAMAGABE	NKOMANE	NYARWUNGO	NKOMANE	RUHINGA	686
83	NYAMAGABE	NKOMANE	NYARWUNGO	NKOMANE	KAGANO	680
84	NYAMAGABE	NKOMANE	NYARWUNGO	NKOMANE	MUTARAMA	685
85	NYAMAGABE	NKOMANE	NYARWUNGO	NKOMANE	MUGALI	682
86	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	BUKERO	403
87	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	NYARWUNGO	237
88	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	NYARUHONDO	248
89	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	MARAMBO	431
90	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	RUTOYI	681
91	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	RANGI	585

92	NYAMAGABE	NKOMANE	NYARWUNGO	NYARWUNGO	BISHARARA	438
93	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	GATOROVE	421
94	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	MUSARABA	422
95	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	ROSOYO	378
96	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	RWIMPIRI	431
97	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	KIMBOGO	399
98	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	RUTARE	426
99	NYAMAGABE	NKOMANE	NYARWUNGO	MUSARABA	GIHUNGA	626
100	NYAMAGABE	NKOMANE	NYARWUNGO	MUTENGERI	KAVUMU	380
101	NYAMAGABE	NKOMANE	NYARWUNGO	MUTENGERI	TUBUYE	560
102	NYAMAGABE	NKOMANE	NYARWUNGO	MUTENGERI	MUTENGERI	373
103	NYAMAGABE	NKOMANE	NYARWUNGO	MUTENGERI	CYURWUFE	384
104	NYAMAGABE	NKOMANE	NYARWUNGO	MUTENGERI	KIVUMU	467
105	NYAMAGABE	NKOMANE	NYARWUNGO	MUTENGERI	GIHWAHWA	357
106	NYAMAGABE	NKOMANE	NYARWUNGO	TWIYA	KIBUGA	433
107	NYAMAGABE	NKOMANE	NYARWUNGO	TWIYA	TWIYA	479
108	NYAMAGABE	NKOMANE	NYARWUNGO	TWIYA	GISHENGE	415
109	NYAMAGABE	NKOMANE	NYARWUNGO	TWIYA	GAKOMEYE	375
110	NYAMAGABE	NKOMANE	NYARWUNGO	TWIYA	KARUKOMA	495
111	NYAMAGABE	NKOMANE	NYARWUNGO	BITANDARA	MUYANGE	416
112	NYAMAGABE	NKOMANE	NYARWUNGO	BITANDARA	MUNANIRA	496
113	NYAMAGABE	NKOMANE	NYARWUNGO	BITANDARA	BITANDARA	693
114	NYAMAGABE	NKOMANE	NYARWUNGO	BITANDARA	RUGEYO	606
115	NYAMAGABE	NKOMANE	NYARWUNGO	BITANDARA	BUHANZI	637
116	NYAMAGABE	MUSANGE	JENDA	MASANGANO	NYAKABUYE	548
117	NYAMAGABE	MUSANGE	JENDA	MASANGANO	GASAGARA	591
118	NYAMAGABE	MUSANGE	JENDA	MASANGANO	RUTUNTU	576
119	NYAMAGABE	MUSANGE	JENDA	MASANGANO	KIBUMBA	585
120	NYAMAGABE	MUSANGE	JENDA	MASANGANO	MUBUGA	593
121	NYAMAGABE	MUSANGE	JENDA	MASIZI	MUREHE	633
122	NYAMAGABE	MUSANGE	JENDA	MASIZI	KARAMA	563
123	NYAMAGABE	MUSANGE	JENDA	MASIZI	MUNINI	602
124	NYAMAGABE	MUSANGE	JENDA	MASIZI	RWINA	607
125	NYAMAGABE	MUSANGE	JENDA	MASIZI	RWANKANGO	621
126	NYAMAGABE	MUSANGE	JENDA	NYAGISOZI	KIBAGA	464
127	NYAMAGABE	MUSANGE	JENDA	NYAGISOZI	UWABARASHI	438

128	NYAMAGABE	MUSANGE	JENDA	NYAGISOZI	DUSENYI	522
129	NYAMAGABE	MUSANGE	JENDA	NYAGISOZI	RUHUGA	508
130	NYAMAGABE	MUSANGE	JENDA	NYAGISOZI	REMERA	493
131	NYAMAGABE	MUSANGE	JENDA	GASAVE	MURAMBI	532
132	NYAMAGABE	MUSANGE	JENDA	GASAVE	GASURA	564
133	NYAMAGABE	MUSANGE	JENDA	GASAVE	KABINGO	538
134	NYAMAGABE	MUSANGE	JENDA	GASAVE	NYAKABUYE	526
135	NYAMAGABE	MUSANGE	JENDA	GASAVE	NYABIVUMU	481
136	NYAMAGABE	MUSANGE	JENDA	GASAGARA	GITUNTU	463
137	NYAMAGABE	MUSANGE	JENDA	GASAGARA	MUHORORO	478
138	NYAMAGABE	MUSANGE	JENDA	GASAGARA	MUTAKARA	548
139	NYAMAGABE	MUSANGE	JENDA	GASAGARA	MUTUNTU	510
140	NYAMAGABE	MUSANGE	JENDA	GASAGARA	CYARUVUNGE	620
141	NYAMAGABE	MUSANGE	JENDA	GASAGARA	NYAGIHIMA	580
142	NYAMAGABE	MUSANGE	JENDA	GASAGARA	CYABASANA	441
143	NYAMAGABE	MUSANGE	JENDA	JENDA	KAYOGORO	979
144	NYAMAGABE	MUSANGE	JENDA	JENDA	KAVUMU	620
145	NYAMAGABE	MUSANGE	JENDA	JENDA	NYAKIRAMBI	601
146	NYAMAGABE	MUSANGE	JENDA	JENDA	NYAKIBUNGO	617
147	NYAMAGABE	MUSANGE	JENDA	JENDA	KABAKANNYI	906
148	NYAMAGABE	MUSANGE	JENDA	JENDA	CYABUGOMBA	512
149	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	KABAZIRO	616
150	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	KIREHE	539
151	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	KIVUMU	700
152	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	MUKONGORO	450
153	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	MUDUHA	493
154	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	NYABISINDU	638
155	NYAMAGABE	KADUHA	KADUHA	NYABISINDU	GITABAGE	473
156	NYAMAGABE	KADUHA	KADUHA	MURAMBI	NYARURYANGO	670
157	NYAMAGABE	KADUHA	KADUHA	MURAMBI	KIBIRARO	556
158	NYAMAGABE	KADUHA	KADUHA	MURAMBI	REBERO	719
159	NYAMAGABE	KADUHA	KADUHA	MURAMBI	KASEMANYANA	595
160	NYAMAGABE	KADUHA	KADUHA	NYAMIYAGA	GASHIRU	304
161	NYAMAGABE	KADUHA	KADUHA	NYAMIYAGA	NKOMERO	569
162	NYAMAGABE	KADUHA	KADUHA	NYAMIYAGA	RUHUHA	465
163	NYAMAGABE	KADUHA	KADUHA	NYAMIYAGA	CYUGARO	568

164	NYAMAGABE	KADUHA	KADUHA	NYAMIYAGA	RUKERI	508
165	NYAMAGABE	KADUHA	KADUHA	NYAMIYAGA	NYAKABINGO	661
166	NYAMAGABE	KADUHA	KADUHA	KAVUMU	BIZIGURO	570
167	NYAMAGABE	KADUHA	KADUHA	KAVUMU	KAREHE	1041
168	NYAMAGABE	KADUHA	KADUHA	KAVUMU	GATABA	539
169	NYAMAGABE	KADUHA	KADUHA	KAVUMU	KABUGA	510
170	NYAMAGABE	KADUHA	KADUHA	KAVUMU	BAMBA	546
171	NYAMAGABE	KADUHA	KADUHA	KAVUMU	JOMA	364
172	NYAMAGABE	KADUHA	KADUHA	KAVUMU	KAVUMU	641
173	NYAMAGABE	KADUHA	KADUHA	KAVUMU	GAHAMA	648
174	NYAMAGABE	KADUHA	KADUHA	MUSENYI	MUNINI	510
175	NYAMAGABE	KADUHA	KADUHA	MUSENYI	NYAKIRAMBI	684
176	NYAMAGABE	KADUHA	KADUHA	MUSENYI	KIRWA	486
177	NYAMAGABE	KADUHA	KADUHA	MUSENYI	BURENGO	628
178	NYAMAGABE	KADUHA	KADUHA	MUSENYI	RUGANDA	594
179	NYAMAGABE	KADUHA	KADUHA	MUSENYI	NGANZO	596
180	NYAMAGABE	KADUHA	KADUHA	MUSENYI	GATOKI	742
181	NYAMAGABE	GATARE	RUGEGE	BAKOPFU	KALAMBO	809
182	NYAMAGABE	GATARE	RUGEGE	BAKOPFU	MUHINGO	850
183	NYAMAGABE	GATARE	RUGEGE	BAKOPFU	TWIYA	580
184	NYAMAGABE	GATARE	RUGEGE	BAKOPFU	KALUMBI	663
185	NYAMAGABE	GATARE	RUGEGE	MUKONGORO	KAGEYO	479
186	NYAMAGABE	GATARE	RUGEGE	MUKONGORO	NYAKABUYE	580
187	NYAMAGABE	GATARE	RUGEGE	MUKONGORO	KAGANO	636
188	NYAMAGABE	GATARE	RUGEGE	MUKONGORO	RUKEREKO	677
189	NYAMAGABE	GATARE	RUGEGE	MUKONGORO	GIKUNGU	501
190	NYAMAGABE	GATARE	RUGEGE	MUNINI	MAGUMIRA	555
191	NYAMAGABE	GATARE	RUGEGE	MUNINI	KINYONZA	544
192	NYAMAGABE	GATARE	RUGEGE	MUNINI	RUKWANDU	660
193	NYAMAGABE	GATARE	RUGEGE	MUNINI	MATSINDA	640
194	NYAMAGABE	GATARE	RUGEGE	MUNINI	UWINZOVU	718
195	NYAMAGABE	GATARE	RUGEGE	MUNINI	GITOVU	704
196	NYAMAGABE	GATARE	RUGEGE	MUNINI	MUNINI	701
197	NYAMAGABE	GATARE	RUGEGE	SHYERU	BAZIRO	981
198	NYAMAGABE	GATARE	RUGEGE	SHYERU	RUHANGA	627
199	NYAMAGABE	GATARE	RUGEGE	SHYERU	BIMBA	662

200	NYAMAGABE	GATARE	RUGEGE	SHYERU	KAGUSA	507
201	NYAMAGABE	GATARE	RUGEGE	SHYERU	RUSHYARARA	602
202	NYAMAGABE	GATARE	RUGEGE	RUGANDA	GITUNTU	506
203	NYAMAGABE	GATARE	RUGEGE	RUGANDA	RUNABA	580
204	NYAMAGABE	GATARE	RUGEGE	RUGANDA	RWANGAMBIBI	705
205	NYAMAGABE	GATARE	RUGEGE	RUGANDA	GASHARU	455
206	NYAMAGABE	GATARE	RUGEGE	RUGANDA	MASANGANO	546
207	NYAMAGABE	GATARE	RUGEGE	RUGANDA	GITUNTU	506
208	NYAMAGABE	GATARE	RUGEGE	RUGANDA	KAMAMARA	492
209	NYAMAGABE	GATARE	RUGEGE	GATARE	UWISULI	950
210	NYAMAGABE	GATARE	RUGEGE	GATARE	RWAMAKARA	1149
211	NYAMAGABE	GATARE	RUGEGE	GATARE	GASHASHA	390
212	NYAMAGABE	GATARE	RUGEGE	GATARE	MUREMBO	401
213	NYAMAGABE	GATARE	RUGEGE	GATARE	KIYOVU	966
214	NYAMAGABE	Buruhukiro	MUSEBEYA	BUSHIGISHIGI	BUSHIGISHIGI	455
215	NYAMAGABE	Buruhukiro	MUSEBEYA	BUSHIGISHIGI	GIHARAYUMBU	513
216	NYAMAGABE	Buruhukiro	MUSEBEYA	BUSHIGISHIGI	MUGOTE	588
217	NYAMAGABE	Buruhukiro	MUSEBEYA	BUSHIGISHIGI	RUSEKERA	424
218	NYAMAGABE	Buruhukiro	MUSEBEYA	BYIMANA	BISHYIGA	501
219	NYAMAGABE	Buruhukiro	MUSEBEYA	BYIMANA	BUHORO	455
220	NYAMAGABE	Buruhukiro	MUSEBEYA	BYIMANA	GAKANGAGA	583
221	NYAMAGABE	Buruhukiro	MUSEBEYA	BYIMANA	GIHUMO	837
222	NYAMAGABE	Buruhukiro	MUSEBEYA	BYIMANA	RUKELI	500
223	NYAMAGABE	Buruhukiro	MUSEBEYA	GIFURWE	BITABA	668
224	NYAMAGABE	Buruhukiro	MUSEBEYA	GIFURWE	GIFURWE	329
225	NYAMAGABE	Buruhukiro	MUSEBEYA	GIFURWE	NGANZO	432
226	NYAMAGABE	Buruhukiro	MUSEBEYA	GIFURWE	NYAMABERE	662
227	NYAMAGABE	Buruhukiro	MUSEBEYA	GIFURWE	RURONZI	596
228	NYAMAGABE	Buruhukiro	MUSEBEYA	GIFURWE	UWANKIRIYE	511
229	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	GIKUNGU	597
230	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	GISHWATI	589
231	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	KAGANO	607
232	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	KINABA	753
233	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	MINAGA	364
234	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	MUJERENGE	793
235	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	TANTAMARA	807

236	NYAMAGABE	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	UWINZIRA	1017
237	NYAMAGABE	Buruhukiro	MUSEBEYA	RAMBYA	BURUHUKIRO	423
238	NYAMAGABE	Buruhukiro	MUSEBEYA	RAMBYA	KIBUBURO	533
239	NYAMAGABE	Buruhukiro	MUSEBEYA	RAMBYA	MPANGA	439
240	NYAMAGABE	Buruhukiro	MUSEBEYA	RAMBYA	NKAMBA	803
241	NYAMAGABE	Buruhukiro	MUSEBEYA	RAMBYA	RUSEKE	408
242	NYAMAGABE	Musebeya	MUSEBEYA	GATOVU	BISEREGANYA	370
243	NYAMAGABE	Musebeya	MUSEBEYA	GATOVU	GATOVU	590
244	NYAMAGABE	Musebeya	MUSEBEYA	GATOVU	GITOVU	495
245	NYAMAGABE	Musebeya	MUSEBEYA	GATOVU	KANYIRANZOGA	967
246	NYAMAGABE	Musebeya	MUSEBEYA	GATOVU	NYARUBANDE	719
247	NYAMAGABE	Musebeya	MUSEBEYA	GATOVU	RYANYAKAYAGA	874
248	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	CYABWIMBA	545
249	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	CYARWA	585
250	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	GATITI	826
251	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	GIHETA	864
252	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	KABERE	403
253	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	MUJYEJURU	387
254	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	NYARURAMBI	763
255	NYAMAGABE	Musebeya	MUSEBEYA	NYARURAMBI	RWABIGEYO	370
256	NYAMAGABE	Musebeya	MUSEBEYA	RUGANO	BUGARAMA	837
257	NYAMAGABE	Musebeya	MUSEBEYA	RUGANO	Busanza	757
258	NYAMAGABE	Musebeya	MUSEBEYA	RUGANO	GISIZA	462
259	NYAMAGABE	Musebeya	MUSEBEYA	RUGANO	KIBANDIRWA	409
260	NYAMAGABE	Musebeya	MUSEBEYA	RUGANO	RUGANO	654
261	NYAMAGABE	Musebeya	MUSEBEYA	RUGANO	RUKUNGU	336
262	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	BIGUGU	489
263	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	BITABA	743
264	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	GACUNDURA	501
265	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	GAKEREKO	613
266	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	NDOGONDWE	669
267	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	RUGANZA	525
268	NYAMAGABE	Musebeya	MUSEBEYA	RUNEGE	RUKARANKA	697
269	NYAMAGABE	Musebeya	MUSEBEYA	RUSEKERA	KARAMBO	570
270	NYAMAGABE	Musebeya	MUSEBEYA	RUSEKERA	NGOMA	347
271	NYAMAGABE	Musebeya	MUSEBEYA	RUSEKERA	REBERO	506

272	NYAMAGABE	Musebeya	MUSEBEYA	RUSEKERA	SHAKI	703
273	NYAMAGABE	Musebeya	MUSEBEYA	RUSEKERA	UWIMITUZA	384
274	NYAMAGABE	Musebeya	MUSEBEYA	SEKERA	MASINDE	373
275	NYAMAGABE	Musebeya	MUSEBEYA	SEKERA	MUGANO	462
276	NYAMAGABE	Musebeya	MUSEBEYA	SEKERA	Nkomero	1027
277	NYAMAGABE	Musebeya	MUSEBEYA	SEKERA	NYARUHURA	458
278	NYAMAGABE	Musebeya	MUSEBEYA	SEKERA	RUBUMBURI	563
279	NYAMAGABE	Musebeya	MUSEBEYA	SEKERA	RUGAZI	582
						159,195

Annex H: Baseline Characteristics of Study Arms

Characteristics	Intervention Area	Comparison Area
A. Demographic		
Population		
Population of <5 year olds		
Number of Homes		
Sex ratio		
Birth rate		
Infant Mortality Rate		
Under Five Mortality Rate		
Number of Persons Living with HIV/AIDS		
B. Health Services		
Number of hospitals		
Number of health centers		
Number of CHWs		
C. Socioeconomic		
Literacy Rate (M/F)		
Very poor		
Poor		
Averagely well to do		
Rich		
Very rich		

Annex I. Standard KPC Survey Methodology

The 30-cluster KPC survey is an industry standard for USAID child survival projects measuring the knowledge, practices and coverage of the common child survival indicators in a population. The project has already noted in the Evaluative Research section above how sampling will be adjusted to meet both the needs of the standard KPC to measure project objectives and to collect data for the operations research. The most notable adjustment, described above, is that of increasing the total number of interviews in each cluster to 12, with 3 from children 0-5 months and 9 from children 6-23 months, in order to achieve minimum samples by age group of 75 and 265, respectively. This will be followed in both arms of the study, for a sample size of 360 per arm.

The 30-cluster KPC Survey Methodology

The 30-cluster KPC survey is an industry standard for measuring the knowledge, practices and coverage of common child survival indicators in a population as compared to the project's targets.

The survey will be pre-tested in two villages from within the project area that are not going to be randomly selected to be a part of the sample. These villages are culturally, economically, and geographically similar to the rest of the project area. Survey staff will conduct 2 interviews each and then come back to discuss any problems with asking questions or coding responses; the survey instrument will be then adapted based on their experiences and the discussion. The questionnaire contains 99 questions that cover the topics listed in table 10.

Sampling Design for the 30-cluster KPC Surveys

Two stage random sampling will be used for the KPC surveys completed in each district. The survey team will use a standard 30-cluster sampling methodology with 10 households per cluster. The populations of all villages for both Hospital catchment areas has been listed by the District; 30 villages were randomly selected and then 10 households from each village will be randomly selected to participate in the survey. The total sample of 300 is large enough to provide adequate denominators for calculating indicators for subgroups (such as sick children or children within a particular age group). Children surveyed will also be weighed and measured, and, although this sample size (300 households) is not enough to measure a reduction in stunting, we will be able to weigh and measure children as part of the program's regular monitoring activities, and we will measure proxy indicators for stunting (such as feeding quality and quantity).

Sample Size Calculation for the 30-cluster KPC survey

Sample size was calculated using the following formula:

$$n = z^2(pq)d^2$$

Where n = sample size; z = statistical certainty chosen; p = estimated prevalence/coverage rate; q = 1 - p; and d = degree of precision.

The p value was defined by the coverage rate that requires the largest sample size ($p = 0.5$). The margin of error or d value was set at 0.1. The statistical certainty chosen was 95% ($z = 1.96$). The resulting sample size needed (n) was determined to be:

$$n = (1.96 \times 1.96) (.5 \times .5) / (.1 \times .1)$$

$$n = (3.84) (.25) /.01$$

$$n = 96$$

In order to compensate for bias which enters the survey from interviewing persons in clusters (rather than randomly selecting 96 persons), the sample size of 96 should be doubled. However, experience has shown that a minimum sample of 210 (7 per cluster) should be used with the given values of p, d and z. To further eliminate bias and to take into account possible non-respondents, the sample size of 300 was chosen (10 per cluster).

Confidence limits will be calculated using the following formula, assuming a conservative design effect of 2:

$P = p \pm z \sqrt{(pq/n')}$, where n' = the *effective sample size* of the sample or sub sample.

Effective Sample Size (n') = n/e , where:

n = size of survey sample or sub-sample

e = *design effect*.

The design effect is a value corresponding to how much the cluster survey departs from the assumptions of a simple random sample. The design effect is used to correct the value of n used to calculate the confidence limit of a cluster survey.

Household Selection for the 30-cluster KPC Surveys

The starting point for each cluster will be determined in the following manner: the survey team will ask village leaders to identify the center of the village. From that central point, a random direction will be selected by spinning a bottle. Surveyors then will walk in a straight line in the randomly chosen direction until they will reach a house with a child under 24 months, which became the first mother interviewed. The second and subsequent households will be selected by continuing in the same direction in a straight line, until a second house with a child under 24 months, then a third house, and so forth.

In each cluster, 10 mothers will be interviewed. In cases where the mother is not available at the time the interviewer arrived at the home, the interviewer will return to the same house later in the day. If the mother will still not available by the end of the day, then the house is skipped. In the case where there will be two children under 24 months, the child will be **randomly** selected. In the case of twins, the second born of the two will be selected. Mothers will be interviewed alone unless the husband will object in which case he will be allowed to be present as well.

Interviewer Recruitment for the 30-cluster KPC surveys

The approximately 30 interviewers will be HC staff in charge of community health activities, Sector staff in charge of social affairs, and WR Rwanda CSP staff. All surveyors will match the CSP job qualifications and have completed secondary school as well as some level of higher technical education. The interviewers will be between 20 and 40 years of age. All interviewers will be fluent in the local language. The surveyors will come from a wide range of professional backgrounds; some surveyors may even be experienced nurses with experience working in the community.

Interviewer and Supervisor Training for the 30-cluster KPC surveys

The WRR staff and some HC Community Health Supervisors were already trained from EIP and got refresher training in Year one on how to conduct a KPC survey, and Melene Kabadege, WR Regional Technical Advisor, will be overseeing the survey. WRR will hold refresher training for the Interviewers, covering the objectives of the KPC survey, the process and rationale of 30 cluster methodology, basic survey interview techniques and an in-depth review of the survey content. In pairs, surveyors will practice reading the questionnaire and coding responses accurately. In addition, supervisors will receive training on how to monitor interviewers and check for accurate coding on survey questionnaires.

Pre-testing of the questionnaire will take place in neighboring village, and will provide interviewers with an additional opportunity to practice conducting the survey and coding responses on the survey form. It also allows the supervisors to practice using the supervisor forms, to take note of potential problems that may be encountered in the field, and to strategize ways to overcome the identified challenges. An additional half day of training will be conducted after pre-testing to review the revised questionnaire form and to discuss problems that were observed in the field or in the coding of the questionnaires.

Data Collection and Analysis for the 30-cluster KPC surveys

Interviews required approximately 40 minutes per household to complete. A minimum of ten days will be needed to complete all the data collection for 600 households. (See the Timeline in annex H.) The five supervisors will review each completed KPC survey in the field before leaving the village in which data had been collected, in order to ensure the completeness and accuracy of the survey forms. In the event of missed data, interviewers will return to the households to gather the necessary information. The data entry and analysis team consists of the WR Rwanda, WR Home Office technical unit staff (CSP Specialists) and students from Inatek. Basic statistical analyses, primarily frequencies and ranges, will be conducted to identify any inconsistencies, so that the data could be cleaned accordingly. The Rapid Catch 2008 indicators and other project indicators will be then calculated.

Annex J: Letters of Support

REPUBLIC OF RWANDA



MINISTRY OF HEALTH

PO BOX 84 KIGALI

[www.moh.gov](http://www.moh.gov.rw)

Kigali, the..... 11th MAR 2011

N° 20/..... /CHD/ 2010
1064

The World Relief Rwanda Country Director

P.O BOX 6052

Kigali, Rwanda

Dear Sir,

Re: Support for World Relief Application for Child Survival in Rwanda

The Ministry of Health of Rwanda is pleased to support World Relief Rwanda's application for the * Child Survival Project to be implemented in Nyamagabe District.

World Relief has a long history of collaboration and partnership with the Ministry of Health. The present Kabehe Mwana Expanded Impact Project has supported Ministry of Health rollout of integrated Community Case Management for malaria, pneumonia and diarrhea in six districts.

The proposed new program would assist the Ministry of Health with its goal of reducing malnutrition rates by 30% while also supporting Ministry of Health rollout of additional high priority interventions at community level. Nyamagabe District was chosen because it has very high stunting rates of 58%; WR can also continue supporting CHW's in CCM who were initially trained by EIP.

The proposed project's Results Framework reflects key MOH priorities from the Health Sector Support Plan II. The project goal is to reduce the morbidity, mortality and underlying malnutrition of children under five years and pregnant women. The Strategic Objective is to build the capacity of MOH staff and CHWs to innovate and implement high impact Maternal, Newborn and Child Health interventions at community level.

We understand that World Relief proposes to test an innovation to the standard Community Based Nutrition Protocol, an innovation intended to *prevent* malnutrition in a way that CHWs can implement with replicable training. We

understand that World Relief is in discussion with the National University of Rwanda School of Public Health regarding the involvement of its faculty and students in the OR.

Program resources will build the capacity of MOH staff to train and supervise CHWs in the implementation of its community-based packages. CHWs will retain their specialized responsibilities as defined by the MOH, yet they will work together to more effectively mobilize the community. The program will respect standard MOH protocols with the exception of the nutrition innovation, as noted above.

The Ministry of Health of Rwanda fully supports the proposed program and is enthusiastic for the results to benefit the women and children of Rwanda.

Sincerely yours,



Dr. Agnes BINAGWAHO

Permanent Secretary in Ministry of Health

C.C:

- Minister of Health

Annex K: Changes to 2013 & 2014 versions of Protocol

2013

Cover page

- Addition of UBC logo
- Repositioning of logos
- Notation of revision

Acronyms and Abbreviations(Protocol, p. 5)

- Removal of ICG – “Integrated Care Group” in favor of “modified Care Groups” so as not to confuse with alternate use of the term “integrated care group” being used in Burundi by another organization.

Contact Persons

- Updated World Relief Home Office contacts in Baltimore, MD, USA (Protocol, p.7)
 - Removed Melanie Morrow, Monisha Jayakumar and Olga Wollinka, who are not currently employed by World Relief

Synopsis(Protocol, p.8)

- Frequency of Nutrition Weeks increased from twice to thrice per year, per recommendation of Nutrition Working Group (Protocol p.8 and elsewhere)
- Reference to 33-cluster surveys corrected to 30-cluster (Protocol p. 8 and elsewhere)

Overall Project Strategy (Protocol, p.13)

- Changed term from “Integrated Care Groups” to “modified Care Groups” (Protocol, p.13)

Formative Research

- **Table 4: Market Survey Findings** (Protocol, p. 21): Combined headings for fat and carbohydrate into one column labeled “energy”.
- **Exit interviews** with mother participants in Nutrition Weeks (Protocol. 25); timing of follow up interview changed from four weeks post-intervention to “at least” four weeks post intervention.
- Please see below for additional qualitative methods that will be used to assess implementation and continue to shape design of the Nutrition Weeks and other interventions.

Evaluation Methods – KPC Sampling (Protocol p. 29-30)

- For monitoring surveys in years two and three, the sample was adjusted to two, 30x10 cluster samples in each arm (from 30 x 12 used at baseline), without parallel sampling. This was deemed sufficient for monitoring purposes and a better use of limited resources.

Logistics (Protocol, p.33)

- **Table 7. Roles and Responsibilities** (Protocol, p.33): updated to reflect changing individuals and responsibilities. Changes highlighted in yellow (2013) and green (2014).
- **Table 4: FY 2,3 and 4 Timeline *as of Year 1.***(Protocol, p. 36)
 - Please see addendum for a more detailed, updated table for May-December 2013
- **Budget** (Protocol, p. 37)
 - Please see addendum for the Year 2 Budget.

Annex A: CVs for Principal Investigators and Co-Investigators (Protocol, p. 38)

- CVs for Principal Investigators Dr. Judy McLean and Dr. Fidele Ngabo, and for Co-Investigator Ms. Melene Kabadege were already included in Annex A.
- Please see addendum for the CV for Co-Investigator Ms. Alphonsine Nyirahabineza

Annex B. Project Indicators Table

- **Table 5: Proposed Project and OR Indicators to be measured by KPC Surveys** (p.45) Please see below for a revised indicator table that re-orders the indicators, adds an additional process indicator related to home visits, and shifts timing of measurement of some indicators from Y2 to Y3.

Annex E. KPC Survey Draft Questionnaire

- The KPC Survey Draft Questionnaire included in the original protocol (p.60) was for the baseline survey. For monitoring purposes in Year 2, an abridged version of the survey will be used that focuses on the operations research indicators (nutrition and control of diarrheal disease).
- The Year 2 KPC Monitoring Survey is included with the additions below; it will use the same consent form that was already approved for the baseline KPC in Year 1 (p.59)

Annex I. Standard KPC Survey Methodology(Protocol, p. 117)

- The KPC Monitoring Survey will largely follow the “standard” KPC 30 clusters x 10 households methodology as described in the original Annex I. Minor changes include the following:
 - In households with more than one child 0-23 months-old, instead of systematically selecting the younger child (to favor data collection on exclusive breastfeeding), the child to be included will be randomly selected by flipping a coin or drawing straws (in the rare event of three children 0-23 months).
 - The number of interviewers (Protocol, p. 118) will be 32
 - The anticipated time for completing the questionnaire (Protocol, p. 119) will be 40 minutes.

Additional data collection plans and instruments are included as an amendment to this protocol, including the draft year two monitoring survey.

2014

1. **Contact Persons:** Updated World Relief Home Office contacts in Baltimore, MD, USA. Removed Melanie Morrow, who is not currently employed by World Relief, and added Rachel Hower, Health Advisor at World Relief Home Office in Baltimore.
2. **Roles and Responsibilities:** updated to reflect changing individuals and responsibilities. Changes made in 2014 highlighted in green.

ANNEX XIV. STAKEHOLDER DEBRIEF POWERPOINT PRESENTATION






Innovating for Child Health in Rwanda

Tangiraneza Project Highlights

Republic of Rwanda



Child Survival Innovation Project, Nyamagabe District
MOH, Rwanda, World Relief
Dr Anbrasi. Edward, JHU
May 26, 2015

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Project Leadership

- Ministry of Health, Rwanda
 - Dr Fidele Ngabo, Head of MCCH Division - RBC, Principal Investigator
 - Alexis Mucumbitsi, In Charge of Nutrition, Co Investigator, OR
- Nyamagabe District
 - Vice Mayor in charge of Social Affairs
 - Directors of Kaduha & Kigeme Hospitals
- World Relief
 - Moses Ndahiro, Rwanda Country Director
 - Debbie Dortzbach, Global Director, Health & Social Development
 - Melene Kabadege, MCH Regional Technical Advisor
 - Rachel Hower, Senior Health Advisor, Allison Flynn, Health Advisor
 - Grace Carmen Umtoni, Project manager
- Dr Judy McLean, University of British Columbia, OR Investigator
- Dr Anbrasi Edward, Johns Hopkins University, Final Evaluation Lead

Final Evaluation Team

World Relief: Melene Kabadege, Debbie Dortzbach, Umtoni Grace Carmen, Beatrice Nyiranzeyimana, Egide Nkurikiyinka, Camarade Rutambwe, Emily Iyakaremye, Ngirowonsanga, Narcisse, Jean Marie Vianney Nshimyumukiza, Ruth Nsengiyumva, Germaine Rusagara, Clemence Nkurikiyinka, Jean Habyarimana, Christelle Umuhoza, Rhona Murungi, Musaffi Jean Baptiste, Paulin Ntirushwa, Fidele Ntawukuriyayo

University of Rwanda, Eric Musengimana, Jean de dieu Irankunda, Ntirushaw Paulin

Concern Worldwide, Jean Claude Rutajoga,

Local Government Bernadette Habwimpundu, Bernard Nkurunziza, Cecile Mukamana, Augustin Hityaremye, Daniel Twagirayezu

Anglican Church, Celestin Nzabamwita

CRS, Emmanuel Nsengimana

CECA church, Theoneste Mbazibose

World Vision, Theogene Kirenga

Maternal and Child Survival Program (MCSP) Glorioso Abayisenga

Kaduha Hospital, Innocent Bletsza, **Kigeme Hospital,** Gaspard Bizimungu,

One UN District Coordinator, Marcel Iradukunda

Acknowledgements

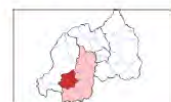
- Nyamagabe District Mayor and Vice Mayor
- USAID Washington, USAID Mission, MCHIP
- WR Country Director and Staff
- Partners, World Vision, MCSP, Concern WW, University of Rwanda (Nutrition school students)
- Hospital and Health Center Staff
- Sector and Cell Leaders, Religious leaders
- Village Nutrition Committees
- Care Groups; CHW and Village leaders
- Caretakers, Mothers, Fathers



Project Overview

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Project Overview



Project Area

Nyamagabe District, 17 Sectors,
92 Cells and 536 Villages
18 Health Centers
2 Hospitals



Population covered 330,510

Kaduha: 161,743
Kigeme: 168,767
Children <5y: 41,314
WCBA: 111,431

Project Goal and Objectives

Goal

"To reduce morbidity, mortality and improve nutrition of children under five and pregnant women in Nyamagabe District of Rwanda"

Objectives

SO1: Improve capacity of hospital and health center staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level

- IR1: Improved geographic access to and demand for high-quality MNCH services
- IR2: Improved coordination and impact of community health activities
- IR3: Develop Nutrition Weeks Innovation and conduct OR to test effectiveness

7

Project Activities IR1

- Build capacity of 18 health center community health teams and conduct Master Training for TOTs for Care group (CG) training in all maternal new born and child health interventions.
- Train CHW Cell-Coordinators and Cell Social Affairs in-charges to train and supervise CG comprised of CHWs, village and religious leaders. (3-10 CG/cell)
- Train CG leader to train their peers in BCC for all interventions: Nutrition, MNC, Diarrhea and Pneumonia
- Train Socio economic and development in-charge at the cell level to train CHWs on Nutrition Weeks, and support the CHW Coordinator in BCC/ community mobilization.
- Train Kaduha area Village Nutrition Committees on 'Nutrition Week' innovation.
- Train 536 maternal health CHWs (ASM) in MNC package.

8

Project Interventions

- Integrated Community Case Management
- Prevention of MN
- Maternal and New Born Health
- Cross Cutting Strategies; BCC, Monitoring and Evaluation

9

Operations Research

Objective: To determine the effectiveness of NW Strategies to reduce and prevent under nutrition in children 6 - 23m in Nyamagabe District, Rwanda.

Study Design

Quasi-experimental 2-arm study using annual cluster surveys (30x12 at baseline and final; 30x10 in monitoring years) in each zone.

Two hospital zones with standard MOH CBNP. Kaduha zone, with poorer nutrition indicators assigned to intervention group for Nutrition Weeks. All households with pregnant women or children <2y selected for the study and received 2h participatory education sessions, daily for 1w thrice a year

Measure key indicators: Minimum Acceptable Diet, Minimum Dietary Diversity, Minimum Meal Frequency, Timely Introduction of Complementary Foods and Active Feeding practices. Qualitative inquiry informed intervention design and periodic modifications such as key message revision.

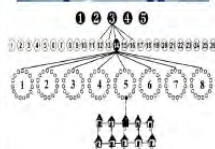
10

Nutrition Week Packaged Interventions

- Complement CBNP, provides hands-on learning and practicing ideal (and new) maternal and IYCF behaviors every day for 5 days, thrice a year
- Informed by local baseline PD inquiries, Market surveys, and other nutrition studies (TIPS, MNP reports, etc.).
- Community mobilization through Village Nutrition Committees. Male members engage community leaders and other men to support participation
- Reinforce application through group support. Fathers invited to participate in main decisions

11

The Care Group Model



- Originated by World Relief in Mozambique
- Scaled up in 27 countries by 23 NGOs; FFH, ARC, Salvation Army, Plan Int, ADRA etc
- Funding; USAID, WB, Unicef, CIDA, EC
- Volunteers Model
 - 10-15 neighboring HH
 - MNCH
 - BCC, CB information systems
 - \$3-7/beneficiary/year
 - Cost per death averted \$15-126

12

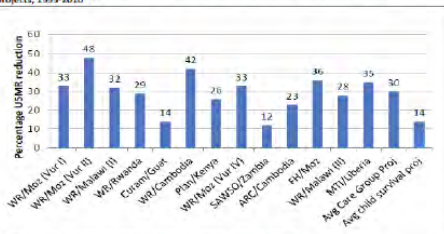
Evidence of CG

- Langston A, Weiss J, Landegger J, Pullum T, Morrow M, Kabadege M, Mugeni C, Samot E. (2014). Plausible role for CHW peer support groups in increasing care seeking in an integrated community case management project in Rwanda: a mixed methods evaluation. *Glob Health Sci Pract*. 2(3):342-354.
- Edward A, Ernst P, Taylor C, Becker S, Mazive E, Perry H. Examining the evidence of under-five mortality reduction in a community-based programme in Gaza, Mozambique. *Trans R Soc Trop Med Hyg* 2007; 101(8): 614-22.
- Perry H, Sivan O, Bowman G, et al. Averting childhood deaths in resource-constrained settings through engagement with the community: an example from Cambodia. In: Gofin J, Gofin R, eds. *Essentials of Community Health*. Sudbury, MA: Jones and Bartlett; 2010: 169-74.
- Davis T, Wetzel C, Hernandez Avilan E, et al. Reducing child global undernutrition at scale in Sofala Province, Mozambique, using Care Group Volunteers to communicate health messages to mothers. *Global Health: Science and Practice* 2013; 1(1): 35-51.
- Lindquist ED, George CM, Perin J, et al. A Cluster Randomized Controlled Trial to Reduce Childhood Diarrhea Using Hollow Fiber Water Filter and/or Hygiene-Sanitation Educational Interventions. *Am J Trop Med Hyg* 2014; 91(1): 190-7.
- Ricca J, Kureshy N, Leban K, Proszitz D, Ryan L. Community-based intervention packages facilitated by NGOs demonstrate plausible evidence for child mortality impact. *Health Policy Plan* 2013

13

Evidence of U5MR using the CG Strategy

Figure 1. The estimated decline in the under-5 mortality rate (U5MR) using the Lives Saved Tool (LST) for the first 13 USAID Child Survival and Health Grants Program (CSHGP)-supported projects using the Care Group approach in 8 countries implemented by 7 NGOs and that for all USAID/CSHGP-supported projects, 1999-2010**



**Note: Projects are listed in chronological order of initiation (from left to right)

Ricca J, Kureshy N, Leban K, Proszitz D, Ryan L. Community-based intervention packages facilitated by NGOs demonstrate plausible evidence for child mortality impact. *Health Policy Plan* 2013

14

Pioneering the CG Model in Rwanda



15

Participation in Policy Meetings

- Care Group Technical Advisory Group (TAG) meeting - Washington DC, May 29-30, 2014

"From Care Groups to CHW Peer Support Groups: Scaling up in Rwanda"

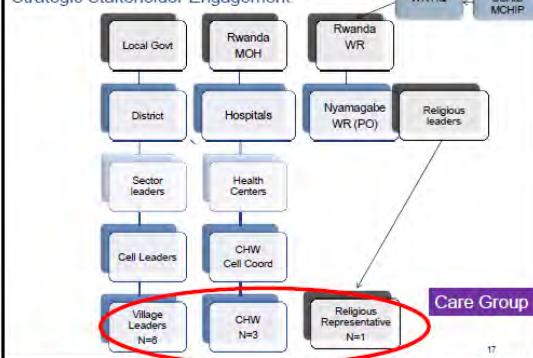
MCHIP Meeting: Scaling up Integrated Community Case Management with Interpersonal Social and Behavior Change Communication in Rwanda, Kabeho Mwana "Life for a Child" Expanded Impact Child Survival Project, 2006-2011

- International Conference on Community Health (Kigali, Rwanda, January, 2011).

3. *Effective Strategies to Mobilize Community Health Workers to Promote Behavior Change in Rwanda*. Presentation at 2011 International Summit on Community Health; Kigali, Rwanda.

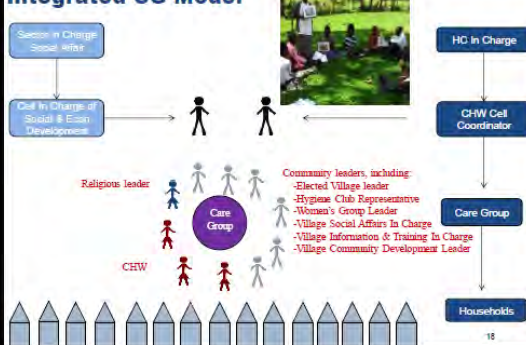
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Strategic Stakeholder Engagement



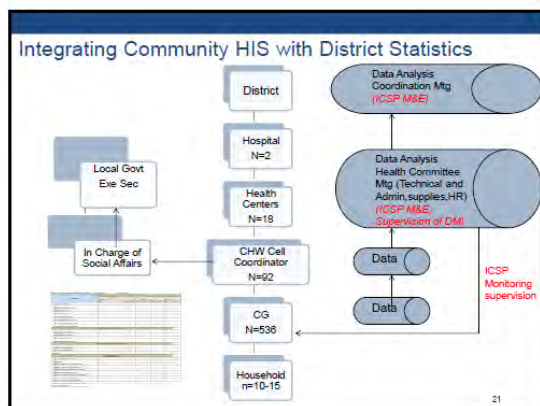
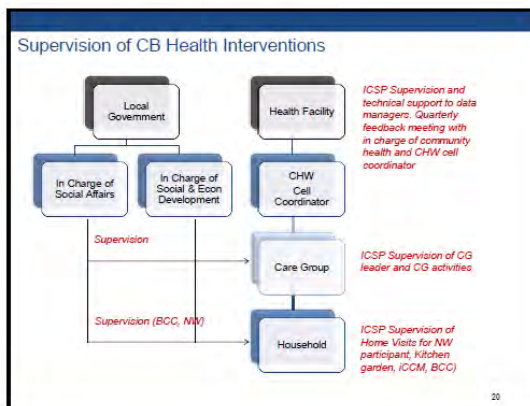
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Integrated CG Model



18

Project Stakeholders	Capacity Building Strategy
National MOH (2012, 2013)	Mebendazole supplies
Hospital Staff (CHS, Nutrition supervisor, M&E, data manager, Hygienist supervisor)	Master Trainer and TOT – Jointly with MOH Technical: MNCH package, ICGM, Nutrition including IYCF, GMP, NW (Kaduha) Care Group Leader Training Principles of Adult Education Community Mobilization Methods Community based information systems BCC Workshop for SMS reporting - mhealth Data Analysis
Health Center (In charge of CHW, Hygiene, data managers, nutritionist)	Supplies, Storage Cupboard, Mother counseling cards, posters, educational materials, weighing scale (unicef), record sheets, vessels for cooking demonstrations,
CHWs	Joint Supervision support and Home visits Incentives; Hoe, basins for hygiene, small animals; pig, goats
Care Group	Recipe for nutrition week participants Mothers association for animal husbandry Training of VNC for animal rearing
Community and associations (Hygiene Club, Women's Council, Social Affairs in Charge, Community In Charge, Developmental change)	



Mixed Methods Evaluation

Quantitative Assessments

- Annual 30 Cluster Surveys KPC

Formative Assessments

- Multi-Stakeholder Perspectives of Program Performance
 - FGD, KII

Evaluation Overview

- Review of Project Achievements: Performance Results
- Stakeholder Perspectives Project Strategies and Effectiveness
 - Evidence of project investments
 - Core competencies, Best practices
 - Effectiveness of ICG Model, NW, BCC strategies
 - Perceived limitations, challenges of strategies
 - Stakeholder engagement, community ownership
 - Phase out, scale up, sustainability

Formative Assessments - Sample

Stakeholder	Kigeme	Kaduha	Total Participants
NW participants - Mothers (FGD)	-	3	30
NW participants - Fathers (FGD)	-	3	29
NW non-participants – Fathers (FGD)	-	3	30
Fathers (FGD)	2	3	48
Mothers (FGD)	2	3	49
ICG (FGD)	2	3	47 (25F, 22M)
Village Nutrition Committee (FGD)	-	3	13 (7F, 6M)
Sector and Cell leaders (FGD)	2	3	42 (13F, 29M)
Religious leaders (FGD)	2	3	48 (7F, 41M)
Head of Health Center (KII)	2	3	5 (2F, 3M)
Health Center Staff (FGD)	2	3	29 (17F, 12M)
Hospital Teams (Director, nutritionist, CHS) (FGD)	1	1	5 (1F, 4M)
DHMT/Vice Mayor, District Health officer	2		1M, 1F

Selected Highlights of Project Performance

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Project Performance

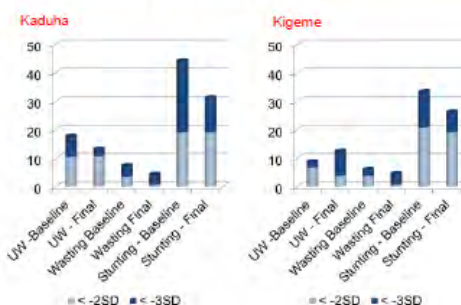
Indicator	Kaduha		Diff	Kigeme		Diff
	B	F		B	F	
Immediate BF of newborns (<1h)	48.3	82.2	33.9	51.1	86.7	35.6
Prelacteal feeding	10.9	0.28	-10.6	10.7	1.69	-9.01
EBF 0-5m infants (past 24h)	91.1	96.7	5.6	98.8	88.8	-10
Continued BF at 1y (12-15m)	85.4	94	8.6	93.4	89.8	-3.6
Continued BF at 2y (20-23m)	86.8	91.5	4.7	90.9	89.7	-1.2
Meet dietary diversity stds (6-23m)	21.85	52.9*	31.1	38.9	27.7	-11.2
Meet Meal Freq stds (6-23m)	7	68.0*	61.0	7.4	65.8	58.4
Minimum Acceptable Diet	3.0	40.4*	37.4	3.3	19.0	15.7
Consumption of iron rich foods (6-23m)	15.2	31.9	16.7	23.3	8.1	-15.2
Weaning to semi solid foods (6-8m)	52	93.3	41.3	58.5	87.3	28.8
Self feeding (weaning infants)	4.5	0	-4.5	21.0	1.6	-19.4
Micronutrient powder (past 3m)	-	80	-	-	67.8	-
Vit A in past 6m (6-23m)	70.4	93.7	23.3	77.0	91.5	14.5

Project Performance – Anthropometric Outcomes

Indicator	Kaduha		Diff	Kigeme		Diff
	B	F		B	F	
Underweight	17.8	13.3	4.5	8.9	12.5	-3.6
Moderate <2SD	10.6	10.8	-0.2	6.7	8.6	-1.9
Severe <3SD	7.2	2.5	4.7	2.2	3.9	-1.7
Acute MN Wasting	7.6	4.4	3.2	6.1	4.7	1.4
Moderate <2SD	3.7	3.6	0.1	3.9	3.9	0
Severe <3SD	3.9	0.8	3.1	2.2	0.8	1.4
Stunting	44.3	31.4	12.9	33.4	26.4	7
Moderate <2SD	19.2	19.2	0	20.9	19.2	1.7
Severe <3SD	25.1	12.2	12.9	12.5	7.2	5.3

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Prevalence of Malnutrition



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Project Performance

Indicator	Kaduha		Diff	Kigeme		Diff
	B	F		B	F	
ANC 4+ (DHS 2010, 35.4%)	46.5	59.4	13.9	48.9	60.3	11.4
ANC 1 st trimester	54.5	68.1	13.6	54.7	70	15.3
TT (DHS 2010, 71%)	68.4	77.3	8.9	68.3	80	11.7
SBA (DHS 2010, 89%)	83	93	10	91.7	97.5	5.8
NB with PNC within 2 nd day	37.7	97.5	59.8	44.2	99.7	55.5
Fe tablets	80.4	83.1	2.7	81.4	89.7	8.3
Pt of Use Water Tx	50	78.9	28.9	56.4	66.7	10.3
Soap at HW place	38.8	85.3	46.7	43.9	76.9	33
Vessel for HW	-	22.3	-	-	8.8	-
Handwashing before food prep	73.8	92.8	19.2	69.4	72.2	2.8
Toilet in good condition	15	33.1	18.1	26.9	33.6	6.7
Safe disposal of feces	71.4	84.4	13	82.8	89.4	6.6

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Project Performance

Indicator	Kaduha		Diff	Kigeme		Diff
	B	F		B	F	
Diarrhea in the last <2w (DHS, S, 15.6)	17.2	11.1	-6.1	19.4	20	0.6
ORS or HAF (DHS, S, 34.2)	23.1	40	16.9	22.9	36.1	13.2
More fluids during diarrhea (DHS, S, 32)	36.9	67.5	30.6	40	63.9	23.9
Same food during diarrhea	63.1	82.5	19.4	64.3	75	10.7
Zinc	24.6	15	-9.6	10	20.8	10.8
Cough/difficulty breathing past 2w	23.9	18.9	-5	31.4	31.4	0
Sought care from skilled provider	44.2	63.2	19	45.1	66.4	21.3
Measles vaccine	87.4	86	-1.4	83.4	89.8	6.4
Pentavalent 1	89.3	90.45	1.15	86.9	96.6	9.7
Pentavalent 3	84.3	89.2	4.9	84.1	93.9	9.8
ITN (not a project indicator)	66.9	50.3	-16.6	66.9	49.7	-17.2

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Project Performance

Indicator	Kaduha		Diff	Kigeme		Diff
	B	F		B	F	
Fever in past 2w	20.8	24.4	3.6	23.9	28.9	5
Sought treatment for fever	63.3	64.8	11.6	52.3	62.5	10.2
Visit from CHW in the past month	26.7	61.9	35.2	21.9	43.3	21.4
NW participation at least once in 6m	53(Y2)	75.6	22.6			
Visit from CG member		60.3			38.1	
Health information from church		39.2			29.2	
Kitchen garden		71.4			55.8	
Produce used for feeding children		88.4			97.0	
Small animal husbandry		54.2			56.9	
Used for feeding children		95.4			96.0	
Income from KG used for food		88.2			86.1	
Income from KG used for healthcare		40.2			43.4	

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Formative Evaluation Selected Findings FGD and KII

Fathers FGD

- Majority mentioned benefits of NW and balanced food
- Most utilize health services as a result of CHW and CG advocacy and follow medical advice and prescriptions
- All claimed that disease had decreased since the initiation of the program
- Reasons for women not choosing facility based deliver; not using ANC, lack of health insurance, sudden and immediate labor pain and not knowing delivery date. A few fathers said that a woman living alone at home may be one reason.
- Many appreciated the BCC strategies to understand health issues and even resolve disagreements at home
- All knew about the benefits of MNP for children to be healthy
- Interesting accounts of improved relationships with their wives due to
 - Improved hygiene, reducing complaints in the home
 - Provision of health insurance, given women security and lessened pressure on men, hence less conflict in the home
 - FP lessons have decreased the burden of raising a large family they would not be able to afford.

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Community Voices

"Most of our wives now practice EBF first 6 months, only giving them prescribed supplemental medicine when needed. We did not think this was important before." ~ A father from Cyanika Sector

"CG members sometimes *help settle family conflicts* in the community in order to promote the practice of the Tangiraneza project health lessons in the home." ~ A father from Kitabi Sector

"I admit that I sometimes struggle to afford health insurance for myself and my family" ~ A father from Cyanika Sector

"There are still some men who are reluctant to accept health messages due to persisting poor mentality and lack of understanding" ~ A father from Mugano Sector

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Mothers FGD

- Majority were aware of the project and greatly appreciated the health knowledge and support, and benefits to their children
- CHW visits were also valued as they felt they *cared* about them and their children's health
- Knowledge about neonatal death prevention from CG and CHWs was valued and there was unanimous agreement about the importance of ANC.
- When one participant made an error on age at weaning, all the others were quick to correct the misconception.
- Just as CG members promoted utilization of health centers, the mothers felt that health staff should also endorse and support the work and value of CGs so the community has confidence in them*
- Careseeking for childhood illness was mostly with CHWs, CG members and health facilities. Some said that they also seek advice from other neighbors who are mothers. One mentioned use of traditional medicines for treating illness.

Community Voices

"No man should eat green vegetables - especially cassava leaves, they become stupid" ~ A mother in Mugano Sector

"All health teachings from CGs and CHWs are very important" ~ A mother from Cyanika Sector

"Malnutrition is also caused by a lot of conflicts in the family, especially when you have a large family and not enough food. So family planning and managing conflicts would help reduce malnutrition." ~ A mother in Gatare Sector



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Nutrition Week Participants – Mothers

- Majority mentioned learning messages on 1,000 days in NW; pregnant women needs rest, extra-meals, timely ANC for healthy child, EBF 0-6m, complementary feeding 6-23m, and continued BF.
- Many mentioned that they enjoyed forming NW associations, as they save money together, buy nutritious ingredients, and meet with one another
- They were excited about kitchen garden, eating clean food and drink clean water
- Some mothers recognize increased support from their husbands who now readily provide money to them for buying what they lack in cooking a balanced diet, and they also get support in doing home chores. The grandmothers also take care of children when mothers are absent because they learnt it in NW.
- All respondents unanimously said they will continue to meet after project ends because they are in associations, and CHWs will continue to support them

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Community Voices

"After attending NW, our husbands are now helping us getting ingredients for household food preparation and even in preparing them. Their attendance has even helped to improve our relationships at home." ~ A Mother in NW, Mugano Sector

"Before I knew that a pregnant woman eats once a day. But today, I know that she has to eat 3 times per day. I was also not used to drinking clean water but I now drink boiled water." ~ Clementine, 22, Mushubi Sector.

"I have learnt how to breastfeed my baby. Before I would wait for a longtime and breastfeed when I had time, or when she cried, I would breastfeed her while doing other things. I now enjoy breastfeeding often and my baby enjoys it as well." ~ Said enthusiastically by Jacqueline, 24 from Mushubi Sector.

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Nutrition Week Participants – Fathers

- A majority of the participants mentioned that they have learnt from 1,000 days messages on what mother should receive from the time of conception till a child is 23m.
- Some felt that facility delivery was not important for their wives, but were aware of its value.
- Half the participants pointed out challenges and inability to afford expensive food ingredients in the market and how sometimes climate changes negatively affect their harvest
- All fathers agreed that the Tangiraneza Project assisted their communities to increase hygiene. Now 'jigger's and other diseases that result from uncleanness have reduced noticeably
- Most reported that they will continue NW in their communities, as they have the knowledge and use local resources

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Community Voices

"The first time I was invited to NW week, I just went but didn't feel concerned, but I have learnt to prepare a balanced meal with high energy, vitamins and proteins. I am able to do it and feed my children when my wife is not around." ~ Mvuyekure, 38 years, Mugano sector

"Before I attended Nutrition Week, my youngest child had no appetite but now his weight has increased and he is healthier because we feed him better" ~ Ndayayo, a father of 4, 37 years - Mushubi sector

"My wife had sworn that she wouldn't allow Guinea pigs at our home before attending NW, but now we raise, eat and sell them and our children are healthy from improved diet" Nsengiyumva, 31 years old from Mugano Sector

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Integrated (Modified) Care Groups

- All mentioned community health change as the main reason and motivation for participating in CG as volunteers. Death and diseases have reduced. Being trusted by community members and the positive changes experienced in their own lives is why they stay in CGs.
- Most stated that ICG lead to increased performance as they share responsibilities in their groups. The ICG model has strengthened their relationships, increased their self-confidence and made their work in the community easy because of the complimentary skills and synergy that help to multiply impact
- The CG members equip and support each other socially and economically to help develop as a group.
- Health information is collected by CG members from households, then compiled and used to plan interventions. E.g. If they find that many people are not sleeping under mosquito nets, they will reinforce mobilization and messages on malaria. On the other hand, they provide health messages from health centers and local leaders to community.

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Integrated (Modified) Care Groups

- Few felt that they could not easily access health center due to lack of transport
- All CG members testified that health status improved, it is proven by increased hygiene, increased number of mothers who deliver from health facilities and children attend growth monitoring
- All affirmed that they are now able to meet the health center expectations of timely reporting, quality treatment of community cases and distribution of MNPs
- Majority of them said that they feel confident and are equipped to continue interventions after project closure. "We are equipped in terms of knowledge and skills, we have materials and we will continue to meet as we have common interests in savings"
- Resistance to change and poverty in community were mentioned as the key challenges for community members to practice the health messages.

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Voices from CG Members

- "I used to think that a **man** can drink any water, but now I have learnt to only drink clean water" ~ CG religious representative from Mugege village, Mushubi sector
- "Being in a CG helps me better perform my responsibilities as representative of women (CNF) in my village. When I visit for health lessons, I am able to know the challenges women are facing, and we discuss them in evening women gatherings (akagoroba K'ababyeyi)" ~ 50 year old Mukantaganira from Mugano sector
- "Though I am in charge of social affairs, previously I did not have a dish drying rack, I was not drinking clean water and my toilet was not covered, but now I do all this and I have become a model for others in my village" ~ 44 year old CG member in Mushubi sector.
- "I now know how to cook better food for my family and my husband and children are happier. I also really **enjoy treating cases and seeing children's lives improve.**" ~ A 54 year old community health worker (CHW) from Kitabi Sector

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Cell and Sector Leaders FGD

- Majority said they actively support CG members in community meetings by giving them opportunities and platforms to share. They also support CGs in reinforcing their income generating activities
- Most reported a BIG change in community hygiene, especially the condition of pit latrines, due to the effort of the CG and project
- All leaders indicated at least one CG visit, but the in-charge of social affairs said he made numerous visits.
- A majority felt that the local district should integrate CG and NW as key activities in their plans, and then monitor them regularly.
- Some suggested hanging up posters with messages about health in public places to serve as a reminder about BCC messages
- A few felt that all concerned (local leaders, CHWs, religious leaders, and beneficiaries) should be involved in the planning, implementation, monitoring and evaluation of health activities.

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Voices of Leaders

- "Before NW, mothers did not know that they could prepare a balanced diet by using local crops and ingredients. They thought eating well, consuming rice, Irish potato chips, meat, and spaghetti. Now, they have realized that a balanced diet consists of using different types of foods based on their nutritional values such as cereals, legumes, fruits, meats, source foods and legumes. They are now happy to prepare balanced diet for their children using local produce." ~ Village women's representative (CNF) in Mugano Sector
- "NW helped a lot in transforming the mindset of many men (fathers) who used to misuse the households' assets instead of caring about the good nutrition of their children. They believed that **nutrition and food preparation were only women responsibilities**. But today, when we discuss with them about nutritional issues, they tell us that they have understood that they have to spend enough money to feed their children. The **statistics on malnourished children in our sector has greatly reduced**, and this is mostly due to NW" ~ Executive Secretary, Mugano sector
- "Even us youth learnt many things about health, we are now building kitchen gardens without waiting for our parents' assistance" ~ Village Youth Coordinator (CNJ), Mugano sector

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Religious Leaders and Pastors

- A majority indicated that as church leaders, they promote the work of CGs and motivate the community on practicing good hygiene, balanced diet, and economic development by creating savings groups or income generating activities
- Most mentioned sharing key messages and practices to their congregations during their church meetings and announcements
- Few felt that fear of witchcraft practices hinders church, CG or community members to reach some households
- Most indicated that among all the partners that they collaborate with in community health, World Relief comes in as number one
- All affirmed that they know CGs and that they provide whatever technical and monitoring support they can to them.
- One suggested that health activities should be integrated in the church structure and activities to ensure sustainability

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Quotes

- "Before CGs were introduced, church members used to smell due to unclean bodies, but now because of hygiene practices, they are clean enough, and there is no stinky air during church services" ~ A Pastor in Cyanika Sector
- "Since BCC began in our community, men and grandparents' participation and responsibilities to their children especially newborns increased greatly" ~ A Pastor in Mugano Sector
- "Our CGs still have a lot to do in promoting health activities! Some people's mindsets are still hindered by customs and beliefs" ~ Pastor Mellard in Cyanika Sector
- "As religious leaders, we should encourage self-reliance on available resources to be able to react quickly to certain health priorities" ~ A Pastor in Mushubi Sector

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Village Nutrition Committee

- All reported gaining a lot of knowledge and skills on health, hygiene and nutrition practices
- A few mentioned that men and grand mothers did not fully participate in the NW, though eventually involvement increased
- There were many testimonies about health impact, improved hygiene and balanced diet practices
- A few indicated that some parents who attended the NW sessions did not bring food ingredients, and others said mothers send their children with caregivers and do not attend themselves.
- Most reflected that the topics in the nutrition curriculum were simple, easy to understand and adapt
- Scarcity of some cooking ingredients like porridge flour were mentioned as challenges to the program.



Voices from Village Nutrition Committee

"We have become the role model in our villages, and that motivates us to continue" ~ A VNC member in Mushubi Sector

"Men are now encouraged to participate in child feeding" ~ A VNC member in Gatara Sector

"In Mushubi village, mothers formed a savings group called *Turere neza* where every mother gives 100 RWFs every week. They now have 60,000 RWFs saved. These funds help them to buy NW ingredients and recently, every mother received one chicken and guinea pig from the groups savings." ~ A VNC member in Mushubi Sector

"NW was introduced when in our village when it was needed the most since malnutrition is now eradicated. The mothers have learnt a lot from the 1,000 day program. As they gather and share ideas, it creates self confidence in doing what is learned" ~ A VNC member in Gatara Sector

"My child didn't have appetite before, but now when he meets with others in the NW, he eats well, so I now use what I have learned to prepare his food". A mother from Mushubi village

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Health Center Staff

- All claimed that malnutrition decreased due to the project's key initiatives; kitchen gardens, consuming vegetables, preparing balanced meals, thicker porridge, improved meal frequencies, knowledge on importance of vegetables for children and good relationships with NW trainers.
 - "Now mothers pack balanced food for their children when they go somewhere."
- They also indicated that community hygiene had improved. Mothers now wash hands before breastfeeding, people wear shoes and also drink safe water using (Sur eau)
- More importantly, they observed that communities seek care early, have, Mutuelle (health insurance), have increased participation in health activities, improve utilization of ANC in 1st trimester, deliver in health center and complete their immunizations on time.

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Voices of Health Center Staff

"Behavior of mothers attending NW is different and people now prefer a balanced meal. Mothers have changed their mindset. They are not depending on health center food supplement and using their own local food instead to cook and mash balanced meals for children. Mothers are also joining associations for savings in order to support each other and to shop for food for NW" ~ Mushubi HC staff

"Behavior related to shopping and growing food has changed. Before, mothers did not shop or grow vegetables, fruits, small fish, *even the sellers did not sell enough of this ingredient.*" ~ Mugano HC Staff

"For sustainability, CG and NW should be put in district performance plan so that; (a) All sector, cell, village leaders and CHWs should collaborate and support care groups and nutrition weeks; (b) Religious leaders should continue to mobilize and communicate about Tangiraneza project and lessons in the church" ~ Staff from Gatara Health Center

"Many programs that were implemented at the health center are now implemented in NW and CG. Malnourished children are treated at village level and then referred to HC and make this is easier for beneficiaries." ~ Staff from Gatara Health Center

"Care groups help in mindset change. Continued building of the capacity of care groups is needed because they are key promoters of community health activities in their villages." ~ Staff from Cyanika HC

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Head of Health Centers - KII

- All were appreciative of the project Tangiraneza project in terms of impact on community health and hygiene
- The Community Medical Insurance (Mutuelle) among the vulnerable was considered the most important need for the vulnerable
- One in-charge indicated that nutrition practices encouraged women to be creative and some created savings groups to sustain their nutrition groups
- A majority felt that access to health services was still a challenge due to lack of transport and suggested sub-HCs (poste de sante) to avoid long travel
- Skills and knowledge acquired from the Tangiraneza project were expected to have long term returns.
- Most indicated that *referral improved due to the CG and CHWs.*
- All said that CHWs are trained well enough to train others which ensures a measure of sustainability of the health activities

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Quotes from Facility In Charge

"CHW Household visits, *parents taking responsibility* for children's health monitoring has helped to reduced the number of children who attend the Health Center". ~ Mushubi Health Center Head

"The fact that our community members are convinced and able to bring their own materials for cooking demonstrations, it ensures that when Tangiraneza projects end, the NW activities will go on with no worries!" ~ Mugano Health Center Head

"Although mosquito nets were distributed, and are used well in the community, malaria cases keeps on rising. Just last month we had 300 malaria patients, therefore we need further research on use of distributed mosquito nets." ~ Mushubi Health Center Head

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Kigeme and Kaduha Hospitals

Director, Nutritionist and Community health Supervisor

- Both Hospital Directors affirmed that the project has strongly collaborated with their hospitals in promoting Community Based Nutrition and health systems in the district in partnership with MoH
- All agreed that through the project, WR has **helped the Hospitals in data collection** and database analysis (especially in use of Rapid SMS for mHealth for CHWs) and built the Hospital's capacity to do M&E, even though WRR primarily focuses on community data while Hospital data managers focuses on clinic data
- All agreed that through the project, tools have been provided to CHWs for **treating and monitoring children** as well as incentives to encourage them (CHWs). WRR, through the project, has also reached more remote areas where the hospital doesn't reach
- One hospital director mentioned that while the CGs currently perform well, their **sustainability** is an issue. Though the CHW system is structured and supported through central and National level, it is hard to manage.
- All affirmed that the informational role of religious leaders is very important as they share key messages through churches, are trusted in the community and know the needs of the people
- The Kaduha Hospital team testified to the great impact Nutrition weeks have had in their hospital zone:
 - Husbands & Grandmothers now understand the importance of growth monitoring of their children and support mothers in child feeding and health care
 - NW taught people to use local produce and products to make daily nutritious food
 - Other key health messages are passed to community through NW
 - Children gained weight during NW

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Hospital Staff Quotes

"I participated in the presentation of OR results. At the baseline, Kigeme hospital zone was well advanced in nutrition practices compared to Kaduha hospital zone. **But now they [Kaduha] have performed better than us.** Which means it was a contribution of NW. If we in Kigeme have that NW opportunity and component, our practices will improve more than they have" ~ Kigeme Hospital Nutritionist

"CG model was a new approach for us, we were not used to it, but we have **found it invaluable**. I would wish to have strong cooperatives of CG, which would ensure sustainability" ~ Kaduha Hospital Director

"In Kaduha Hospital, we now usually have about **5 children a year hospitalized** for severe malnutrition. Before the project, there would be at least 2 cases of severe malnutrition per month. Now, we get more children hospitalized due to malaria than malnutrition, which is different from before." ~ Kaduha Hospital Director

"I have recently visited 2 CGs and observed great collaboration among all project participants. CHW are technical health experts, local leaders are strong community mobilizers, religious leaders play a key role in dissemination through sharing messages with their congregations and communities, and WRR facilitates it all" ~ Kaduha Hospital Nutritionist

"I highly recommend strengthening CG associations that will support the ownership and sustainability of the CG model after the Tangiraneza Project" ~ Kigeme Hospital Director

"WR has had very effective communication and the Tangiraneza project has had tangible results, so I would recommend the project to continue" ~ Kigeme Hospital Director

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Nyamagabe Vice Mayor and Health Director

- The Vice Mayor acknowledged the CG model's **significant contribution in district's goal to eradicate malnutrition and stunting** (was at 53% but has reduced to 41% at last recording). In his opinion, these achievements were attributed to the project
- Both agreed that the project has helped the district to reduce infant/child mortality. Women appreciate iCCM and there is a great level of acceptability. Even when they are referred to a Health facility, they go reluctantly as they prefer to be treated in their neighborhood by CHWs
- Thanks to the project, significant progress has been observed by the district in key indicators such as mothers who attend ANC, mothers who deliver from a health facility, indicators on nutrition status of children under 2... etc.
- The district health director highlighted the project's contribution to increasing community hygiene, which has been really hard to improve previously but mentioned the need for more improvement. E.g., people now understand the value of using and maintaining a clean pit-latrine.
- The Vice Mayor also observed that the **CG infrastructure was used for advocacy against GBV, as they had 100 percent coverage and could reach all households.**
- The Vice Mayor stated that when project ends, the district will continue with CG since local leaders are directly involved and the mechanism will be maintained as a communication channel for all policy. Even when the district gets new partners, they can be requested to work through care groups for whatever interventions they are implementing

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Quotes

"My recent visit to a nutrition week activity revealed a man teaching women how to cook nutritious food for their children, which is against cultural norms. That men are openly helping women care for children really impressed me!" ~ District Vice Mayor

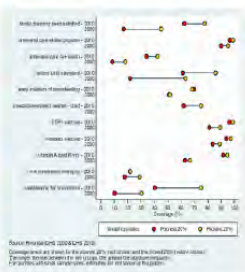
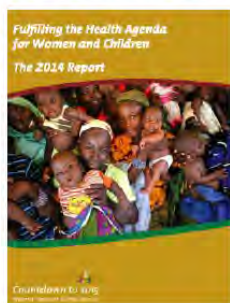
"There is great self confidence that has increased in CG members overtime and this has been a key factor that has contributed to change in community health" ~ District Health Director

"CG are bringing together CHWs, local and religious leaders and all are closer to and more aware of the needs of the communities they serve through CGs. They get trained, and they meet quarterly. I visited and I appreciated how they master and spread key messages on hygiene, kitchen gardens and nutrition". ~ District Vice Mayor

"There is a **great ownership of CG at community level**, and the district also keeps giving them (CGs) roles and tasks so that they can continue working together: e.g. involvement in national screening activity, trainings." ~ District Vice Mayor

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Toward Universal Coverage –potential of the CG Model



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Synopsis of Project Achievements

Technical

- Improved performance in careseeking behaviors for iCCM, Maternal and neonatal care and anthropometric outcomes esp for stunting in experimental site (Kaduha)

Operations Research Outcomes

- Evidence of success of NW strategy based on quantitative findings and multi-stakeholder perspectives at all levels of the health system and community entities
- Hygiene improvement emerged as the most important contribution by all stakeholders interviewed
- Sustaining momentum for NW strategies; availability and affordability of ingredients? Equity of participation?

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Integrated CG Model: Potential and Limitations

Capacity Building of Health Facility and Community Systems

- Community and facility engagement in health care promotion and service delivery
- Established facility and community mechanisms for CHW performance and retention
- Delineation of roles and functions of community infrastructure and creative engagement in healthcare and other community solidarity and empowerment initiatives

Sustainability

- Integration in current health system architecture, without creating parallel unsustainable volunteer systems

Addressing Inequities and Ensuring Universal Coverage

- Strategy for universal coverage, communication infrastructure for other health activities; ex National Nutrition survey, GBV etc

Limitations

- Sustaining ongoing supervision and coordination of CG activities within the MOH
- Differential incentive mechanisms – CHW cooperatives

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Reflection on Project Metrics

"You manage what you measure" Lord Kelvin

"Everything that counts cannot be counted...and everything that is counted does not count"
Albert Einstein

"It would be very nice to have the Tangiraneza (Start Well) project continued, or to at least start a new project called KOMEZANEZA (Continue Well)" ~ Mothers in NW, Mugano Sector

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Nyamagabe's High Performance Team



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ANNEX XV. PROJECT DATA FORM

Child Survival and Health Grants Program Project Summary

Feb-03-2016

World Relief Corporation (Rwanda)

General Project Information

Cooperative Agreement Number: AID-OAA-A-11-00056

WRC Headquarters Technical Backstop: Melanie Morrow

WRC Headquarters Technical Backstop Backup: Rachel Hower

Field Program Manager: Carmen Umutoni

Midterm Evaluator:

Final Evaluator:

Headquarter Financial Contact: Rachel Hower

Project Dates: 10/1/2011 - 9/30/2015 (FY2011)

Project Type: Innovation

USAID Mission Contact: Patrick M. Condo

Project Web Site:

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E-mail: *cumutoni@wr.org*

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Grant Funding Information

USAID Funding: *\$1,750,000*

PVO Match: *\$583,333*

General Project Description

World Relief is implementing a child survival project in Nyamagabe District, Rwanda. The project goal is to reduce morbidity, mortality and underlying malnutrition of children under five and pregnant women. Project resources will build the capacity of Ministry of Health (MOH) staff to train and supervise government-sanctioned community health workers (CHWs) in the implementation of their community-based packages.

Integration of interventions at community level and local problem solving will be enhanced by forming the CHWs into Modified Care Groups with additional members drawn from local and religious leaders and members of the Hygiene Club executive committees. CHWs will retain their specialized responsibilities, as defined by the MOH, yet they will work together with the additional CG members to more effectively mobilize the communities for behavior change and appropriate care seeking by dividing up the village geographically amongst themselves to facilitate more regular home visits.

The project's Strategic Objective is "improved capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level." The project's intermediate results are:

IR 1) Improved geographic access to and demand for high quality MNCH services;

IR 2) Improved coordination of and impact of community health activities; and

IR 3) Innovation tested to improve the effectiveness of the Community Based Nutrition Program.

Project Location

Latitude: -2.45

Longitude: 29.26

Project Location Types:

Rural

Levels of Intervention:

*Health Center
Health Post Level
Home
Community
District Hospital
Other: National MOH*

Province(s):

Southern Province

District(s):

Nyamagabe District

Sub-District(s):

Kaduha Hospital Catchment area Kigeme Hospital Catchment area

Operations Research Information

OR Project Title:

Nutrition Weeks addition to Rwanda MOH CBNP Program for malnutrition prevention in first 1000 days.

Cost of OR Activities:

\$175,917

Research Partner(s): *PI Dr. Judy McLean, PhD, Assistant Professor, Univ of British Columbia, Vancouver; Co-PI:Dr. Fidele Ngabo, MD, MSc, PhD Candidate, Director of MCH Unit; Co-Investigator and author of Nutrition Weeks: Melene Kabadeghe, WR Regional Technical Advisor;Co-I: Alphonsine Nyirahabineza, MOH Nutrition Head*

OR Project Description: Given the high prevalence of undernutrition and stunting in Rwanda, this operational research study aims to **identify** the most feasible way to reduce and prevent undernutrition in the first 1000 days of life of children in Nyamagabe District, Rwanda through formative research, and then to **test** the innovated intervention, namely, “**Nutrition Weeks**” to evaluate if the intervention is more effective than the standard Community-based Nutrition Program which uses education and cooking demonstrations.

"Nutrition Weeks" are a hybrid of PD/Hearth and Care Groups, with a focus on preventing malnutrition through three-times per year Hearth-like community-based learning sessions led by trained (CHWs), and supervised by MOH and WR. The assessment will include an evaluation of the effects through anthropometry and KPCs, CHW interviews to assess additional cost, effort and time involved, changes in health practices and child growth outcomes through maternal exit interviews, and feasibility of scale-up.

Partners

Ministry of Health (Collaborating Partner) \$0

District of Nyamagabe (Collaborating Partner) \$0

Strategies

Social and Behavioral Change Strategies: *Community Mobilization
Group interventions
Interpersonal Communication*

Health Services Access Strategies:

- Addressing social barriers (i.e. gender, socio-cultural, etc)*
- Community-based health insurance scheme/Community financing mechanisms*
- Implementation with a sub-population that the government has identified as poor and underserved*
- Implementation in a geographic area that the government has identified as poor and underserved*

Health Systems Strengthening:

- Quality Assurance*
- Conducting capacity assessment of local partners*
- Supportive Supervision*
- Task Shifting*
- Developing/Helping to develop clinical protocols, procedures, case management guidelines*
- Developing/Helping to develop job aids*
- Referral-counterreferral system development for CHWs*
- Community role in supervision of CHWs*
- Community role in recruitment of CHWs*
- Coordinating existing HMIS with community level data*
- Performance-based incentives or contracts for health facility workers*

Strategies for Enabling Environment:

- Create/Update national guidelines/protocols*
- Advocacy for revisions to national guidelines/protocols*
- Stakeholder engagement and policy dialogue (local/state or national)*
- Advocacy for policy change or resource mobilization*
- Building capacity of communities/CBOs to advocate to leaders for health*

Tools/Methodologies:

- Community-based Monitoring of Vital Events*
- Mobile Devices for Data Collection*

Capacity Building

Local Partners:

- National Ministry of Health (MOH)*
- Dist. Health System*
- Health Facility Staff*
- Government sanctioned CHWs*
- Faith-Based Organizations (FBOs)*

Interventions & Components

Control of Diarrheal Diseases (15%)

- Water/Sanitation
- Hand Washing
- ORS/Home Fluids
- Feeding/Breastfeeding
- Care Seeking
- Case Management/Counseling
- POU Treatment of water
- Zinc
- Community Case Management with Zinc

(Implementation)

- Community Case Management with ORS

(Implementation)

IMCI Integration

CHW Training

HF Training

Infant & Young Child Feeding

- ENA
- Gardens
- Comp. Feed. from 6 mos.
- Cont. BF up to 24 mos.
- Growth Monitoring
- Maternal Nutrition
- Promote Excl. BF to 6 Months

IMCI Integration

CHW Training

HF Training

Maternal & Newborn Care (35%)

- Recognition of Danger signs
- Newborn Care
- Post partum Care
- Child Spacing
- Integration. with Iron & Folic Acid
- Normal Delivery Care
- Birth Plans
- Emergency Transport

IMCI Integration

CHW Training

HF Training

Pneumonia Case Management (10%)

- Case Management Counseling
- Recognition of Pneumonia Danger Signs
- Community Case Management with Antibiotics

(Implementation)

IMCI Integration

CHW Training

HF Training

Operational Plan Indicators

Number of People Trained in Maternal/Newborn Health

<i>Gender</i>	<i>Year</i>	<i>Target</i>	<i>Actual</i>
<i>Female</i>	<i>2012</i>	<i>1608</i>	
<i>Female</i>	<i>2012</i>		<i>554</i>
<i>Male</i>	<i>2012</i>		<i>10</i>
<i>Male</i>	<i>2012</i>	<i>1608</i>	
<i>Female</i>	<i>2013</i>	<i>2144</i>	
<i>Female</i>	<i>2013</i>		<i>2740</i>
<i>Male</i>	<i>2013</i>		<i>2374</i>
<i>Male</i>	<i>2013</i>	<i>1608</i>	
<i>Female</i>	<i>2015</i>		<i>2740</i>
<i>Female</i>	<i>2015</i>	<i>2740</i>	
<i>Male</i>	<i>2015</i>		<i>2374</i>
<i>Male</i>	<i>2015</i>	<i>2374</i>	
<i>Number of People Trained in Child Health & Nutrition</i>			
<i>Gender</i>	<i>Year</i>	<i>Target</i>	<i>Actual</i>
<i>Female</i>	<i>2012</i>	<i>1608</i>	
<i>Female</i>	<i>2012</i>		<i>2500</i>
<i>Male</i>	<i>2012</i>		<i>2832</i>
<i>Male</i>	<i>2012</i>	<i>1608</i>	
<i>Female</i>	<i>2013</i>	<i>1608</i>	
<i>Female</i>	<i>2013</i>		<i>2740</i>

<i>Male</i>	<i>2013</i>		<i>2374</i>
<i>Male</i>	<i>2013</i>	<i>1608</i>	
<i>Female</i>	<i>2015</i>		<i>2740</i>
<i>Female</i>	<i>2015</i>	<i>2740</i>	
<i>Male</i>	<i>2015</i>		<i>2374</i>
<i>Male</i>	<i>2015</i>	<i>2374</i>	
<i>Number of People Trained in Malaria Treatment or Prevention</i>			
<i>Gender</i>	<i>Year</i>	<i>Target</i>	<i>Actual</i>
<i>Female</i>	<i>2012</i>		<i>0</i>
<i>Female</i>	<i>2012</i>	<i>0</i>	
<i>Male</i>	<i>2012</i>		<i>0</i>
<i>Male</i>	<i>2012</i>	<i>0</i>	
<i>Female</i>	<i>2013</i>		<i>0</i>
<i>Female</i>	<i>2013</i>	<i>0</i>	
<i>Male</i>	<i>2013</i>		<i>0</i>
<i>Male</i>	<i>2013</i>	<i>0</i>	
<i>Female</i>	<i>2015</i>		<i>0</i>
<i>Female</i>	<i>2015</i>	<i>0</i>	
<i>Male</i>	<i>2015</i>	<i>0</i>	
<i>Male</i>	<i>2015</i>		<i>0</i>

Locations & Sub-Areas

<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	159,195
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	166,581
Total Population:	325,776

Target Beneficiaries

	<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	<i>Total</i>
<i>Children 0-59 months</i>	20,218	21,096	41,314
<i>Women 15-49 years</i>	54,531	56,900	111,431
<i>Beneficiaries Total</i>	74,749	77,996	152,745

Rapid Catch Indicators: DIP Submission

<i>Sample Type: 30 Cluster</i>				
Antenatal Care				
Description -- Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child				
Numerator: Enter the number of mothers with children age 0-23 months who had at least four antenatal visits while pregnant with their youngest child				
Denominator: Enter the total number of mothers of children age 0-23 months in the survey				
<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	163	358	45.5%	7.3
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	176	360	48.9%	7.3

Maternal TT Vaccination

Description -- Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child

Numerator: Enter the number of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	245	358	68.4%	6.8
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	246	360	68.3%	6.8

Skilled Birth Attendant

Description -- Percentage of children age 0-23 months whose births were attended by skilled personnel

Numerator: Enter the number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills

Denominator: Enter the total number of children age 0-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	297	358	83.0%	5.5
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	330	360	91.7%	4.0

Current Contraceptive Use Among Mothers of Young Children

Description -- Percentage of mothers of children age 0-23 months who are using a modern contraceptive method

Numerator: Enter the number of mothers with children age 0-23 months who are using a modern contraceptive method

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	205	358	57.3%	7.2
Kigeme Hospital Catchment area of Nyamagabe District	225	360	62.5%	7.1

Post-Natal Visit to Check on Newborn Within the First 2 Days After Birth

Description -- Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth

Numerator: Enter the number of children age 0-23 months who received a post-natal visit within two days after birth by an appropriate health worker

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	135	358	37.7%	7.1
Kigeme Hospital Catchment area of Nyamagabe District	159	360	44.2%	7.3

Exclusive Breastfeeding

Description -- Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours

Numerator: Enter the number of children age 0-5 months who drank breast milk in the previous 24

hours AND did not drink any other liquids in the previous 24 hours AND was not given any other foods or liquids in the previous 24 hours

Denominator: Enter the total number of children age 0-5 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	82	90	91.1%	8.3
Kigeme Hospital Catchment area of Nyamagabe District	89	90	98.9%	3.1

Infant and Young Child Feeding

Description -- Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Numerator: Enter the number infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	8	270	3.0%	2.9
Kigeme Hospital Catchment area of Nyamagabe District	9	270	3.3%	3.0

Vitamin A Supplementation in the Last 6 Months

Description -- Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall

Numerator: Enter the number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mother's recall or card verified)

Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	190	270	70.4%	7.7
Kigeme Hospital Catchment area of Nyamagabe District	208	270	77.0%	7.1

Measles Vaccination

Description -- Percentage of children age 12-23 months who received a measles vaccination

Numerator: Enter the number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	139	159	87.4%	7.3
Kigeme Hospital Catchment area of Nyamagabe District	121	145	83.4%	8.6

Access to Immunization Services

Description -- Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits

<i>Kaduha Hospital catchment area of Nyamagabe District</i>	142	159	89.3%	6.8
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	126	145	86.9%	7.8

Health System Performance Regarding Immunization Services

Description -- Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hospital catchment area of Nyamagabe District</i>	134	159	84.3%	8.0
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	122	145	84.1%	8.4

Treatment of Fever in Malarious Zones

Description -- Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began

Numerator: Enter the number of children age 0-23 months with a febrile episode in the last two weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug

Denominator: Enter the total number of children age 0-23 months with a febrile episode in the last two weeks

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hospital catchment</i>	11	75	14.7%	11.3

<i>area of Nyamagabe District</i>				
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	1	86	1.2%	3.2

ORT Use

Description -- Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids

Numerator: Enter the number of children age 0-23 months with diarrhea in the last two weeks AND who received oral rehydration solution (ORS) and/or recommended home fluids

Denominator: Enter the total number of children age 0-23 months who had diarrhea in the last two weeks

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hospital catchment area of Nyamagabe District</i>	15	65	23.1%	14.5
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	16	70	22.9%	13.9

Appropriate Care Seeking for Pneumonia

Description -- Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Numerator: Enter the number of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Denominator: Enter the total number of children with chest-related cough and fast and /or difficult breathing in the last two weeks

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hospital catchment area of Nyamagabe District</i>	38	86	44.2%	14.8

<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	51	113	45.1%	13.0
Point of Use (POU) Description -- Percentage of households of children age 0-23 months that treat water effectively Numerator: Enter the number of households of mothers of children 0-23 months that treat water effectively Denominator: Enter the total number of households of children age 0-23 months in the survey				
<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	180	360	50.0%	7.3
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	203	360	56.4%	7.2
Appropriate Hand Washing Practices Description -- Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing Numerator: Enter the number of mothers with children age 0-23 months who live in households with soap at the place for hand washing Denominator: Enter the total number of mothers of children age 0-23 months in the survey				
<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	139	360	38.6%	7.1
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	158	360	43.9%	7.2

Child Sleeps Under an Insecticide-Treated Bednet

Description -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night

Numerator: Enter the number of children age 0-23 months who slept under an insecticide-treated bednet the previous night

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	241	360	66.9%	6.9
Kigeme Hospital Catchment area of Nyamagabe District	241	360	66.9%	6.9

Underweight

Description -- Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)

Numerator: Enter the number of children 0-23 months with weight/age -2 SD for the median weight for age, according to the WHO/NCHS reference population

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	64	359	17.8%	5.6
Kigeme Hospital Catchment area of Nyamagabe District	32	359	8.9%	4.2

Rapid Catch Indicators: Mid-term

Sample Type: 30 Cluster

Antenatal Care

Description -- Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child

Numerator: Enter the number of mothers with children age 0-23 months who had at least four antenatal visits while pregnant with their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Maternal TT Vaccination

Description -- Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child

Numerator: Enter the number of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Skilled Birth Attendant

Description -- Percentage of children age 0-23 months whose births were attended by skilled personnel

Numerator: Enter the number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Current Contraceptive Use Among Mothers of Young Children

Description -- Percentage of mothers of children age 0-23 months who are using a modern contraceptive method

Numerator: Enter the number of mothers with children age 0-23 months who are using a modern contraceptive method

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Post-Natal Visit to Check on Newborn Within the First 2 Days After Birth

Description -- Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth

Numerator: Enter the number of children age 0-23 months who received a post-natal visit within two days after birth by an appropriate health worker

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Exclusive Breastfeeding

Description -- Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours

Numerator: Enter the number of children age 0-5 months who drank breast milk in the previous 24 hours AND did not drink any other liquids in the previous 24 hours AND was not given any other foods or liquids in the previous 24 hours

Denominator: Enter the total number of children age 0-5 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	78	84	92.9%	7.8
Kigeme Hospital Catchment area of Nyamagabe District	66	70	94.3%	7.7

Infant and Young Child Feeding

Description -- Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Numerator: Enter the number infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Denominator: Enter the total number of children age 6-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	<i>73</i>	<i>189</i>	<i>38.6%</i>	<i>9.8</i>
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	<i>51</i>	<i>208</i>	<i>24.5%</i>	<i>8.3</i>

Vitamin A Supplementation in the Last 6 Months

Description -- Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall

Numerator: Enter the number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mother's recall or card verified)

Denominator: Enter the total number of children age 6-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>			<i>%</i>	
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>			<i>%</i>	

Measles Vaccination

Description -- Percentage of children age 12-23 months who received a measles vaccination

Numerator: Enter the number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother

Denominator: Enter the total number of children age 12-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment</i>			<i>%</i>	

<i>area of Nyamagabe District</i>				
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>			%	

Access to Immunization Services

Description -- Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hospital catchment area of Nyamagabe District</i>			%	
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>			%	

Health System Performance Regarding Immunization Services

Description -- Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hospital catchment area of Nyamagabe District</i>			%	
<i>Kigeme Hospital Catchment</i>			%	

area of Nyamagabe District				
Treatment of Fever in Malarious Zones Description -- Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began Numerator: Enter the number of children age 0-23 months with a febrile episode in the last two weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug Denominator: Enter the total number of children age 0-23 months with a febrile episode in the last two weeks				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	
ORT Use Description -- Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids Numerator: Enter the number of children age 0-23 months with diarrhea in the last two weeks AND who received oral rehydration solution (ORS) and/or recommended home fluids Denominator: Enter the total number of children age 0-23 months who had diarrhea in the last two weeks				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment			%	

area of Nyamagabe District				
Appropriate Care Seeking for Pneumonia Description -- Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider Numerator: Enter the number of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider Denominator: Enter the total number of children with chest-related cough and fast and /or difficult breathing in the last two weeks				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	
Point of Use (POU) Description -- Percentage of households of children age 0-23 months that treat water effectively Numerator: Enter the number of households of mothers of children 0-23 months that treat water effectively Denominator: Enter the total number of households of children age 0-23 months in the survey				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	227	300	75.7%	6.9
Kigeme Hospital Catchment area of Nyamagabe District	171	300	57.0%	7.9

Appropriate Hand Washing Practices

Description -- Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing

Numerator: Enter the number of mothers with children age 0-23 months who live in households with soap at the place for hand washing

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	221	300	73.7%	7.0
Kigeme Hospital Catchment area of Nyamagabe District	219	300	73.0%	7.1

Child Sleeps Under an Insecticide-Treated Bednet

Description -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night

Numerator: Enter the number of children age 0-23 months who slept under an insecticide-treated bednet the previous night

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Underweight

Description -- Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)

Numerator: Enter the number of children 0-23 months with weight/age -2 SD for the median weight for age, according to the WHO/NCHS reference population

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	20	185	10.8%	6.3
Kigeme Hospital Catchment area of Nyamagabe District	33	188	17.6%	7.7

Rapid Catch Indicators: Final Evaluation

Sample Type: 30 Cluster

Antenatal Care

Description -- Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child

Numerator: Enter the number of mothers with children age 0-23 months who had at least four antenatal visits while pregnant with their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	212	357	59.4%	7.2
Kigeme Hospital Catchment area of Nyamagabe District	217	360	60.3%	7.1

Maternal TT Vaccination

Description -- Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child

Numerator: Enter the number of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	276	357	77.3%	6.1
Kigeme Hospital Catchment area of Nyamagabe District	288	360	80.0%	5.8

Skilled Birth Attendant

Description -- Percentage of children age 0-23 months whose births were attended by skilled personnel

Numerator: Enter the number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	332	357	93.0%	3.7
Kigeme Hospital Catchment area of Nyamagabe District	351	360	97.5%	2.3

Current Contraceptive Use Among Mothers of Young Children

Description -- Percentage of mothers of children age 0-23 months who are using a modern contraceptive method

Numerator: Enter the number of mothers with children age 0-23 months who are using a modern contraceptive method

Denominator: Enter the total number of mothers of children age 0-23 months in the survey				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	261	357	73.1%	6.5
Kigeme Hospital Catchment area of Nyamagabe District	284	360	78.9%	6.0
Post-Natal Visit to Check on Newborn Within the First 2 Days After Birth				
Description -- Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth				
Numerator: Enter the number of children age 0-23 months who received a post-natal visit within two days after birth by an appropriate health worker				
Denominator: Enter the total number of children age 0-23 months in the survey				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	351	360	97.5%	2.3
Kigeme Hospital Catchment area of Nyamagabe District	359	360	99.7%	0.8
Exclusive Breastfeeding				
Description -- Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours				
Numerator: Enter the number of children age 0-5 months who drank breast milk in the previous 24 hours AND did not drink any other liquids in the previous 24 hours AND was not given any other foods or liquids in the previous 24 hours				
Denominator: Enter the total number of children age 0-5 months in the survey				

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	<i>87</i>	<i>90</i>	<i>96.7%</i>	<i>5.2</i>
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	<i>80</i>	<i>90</i>	<i>88.9%</i>	<i>9.2</i>

Infant and Young Child Feeding

Description -- Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Numerator: Enter the number infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Denominator: Enter the total number of children age 6-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	<i>109</i>	<i>270</i>	<i>40.4%</i>	<i>8.3</i>
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	<i>51</i>	<i>270</i>	<i>18.9%</i>	<i>6.6</i>

Vitamin A Supplementation in the Last 6 Months

Description -- Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall

Numerator: Enter the number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mother's recall or card verified)

Denominator: Enter the total number of children age 6-23 months in the survey

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>

<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	179	270	66.3%	8.0
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	164	270	60.7%	8.2

Measles Vaccination

Description -- Percentage of children age 12-23 months who received a measles vaccination

Numerator: Enter the number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	135	157	86.0%	7.7
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	132	147	89.8%	6.9

Access to Immunization Services

Description -- Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	142	157	90.4%	6.5
<i>Kigeme Hospital Catchment</i>	142	147	96.6%	4.1

area of Nyamagabe District				
Health System Performance Regarding Immunization Services Description -- Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey Numerator: Enter the number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall Denominator: Enter the total number of children age 12-23 months in the survey				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	140	157	89.2%	6.9
Kigeme Hospital Catchment area of Nyamagabe District	138	147	93.9%	5.5
Treatment of Fever in Malarious Zones Description -- Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began Numerator: Enter the number of children age 0-23 months with a febrile episode in the last two weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug Denominator: Enter the total number of children age 0-23 months with a febrile episode in the last two weeks				
Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	40	88	45.5%	14.7
Kigeme Hospital Catchment area of Nyamagabe District	48	104	46.2%	13.5

ORT Use

Description -- Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids

Numerator: Enter the number of children age 0-23 months with diarrhea in the last two weeks AND who received oral rehydration solution (ORS) and/or recommended home fluids

Denominator: Enter the total number of children age 0-23 months who had diarrhea in the last two weeks

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	16	40	40.0%	21.5
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	26	72	36.1%	15.7

Appropriate Care Seeking for Pneumonia

Description -- Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Numerator: Enter the number of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Denominator: Enter the total number of children with chest-related cough and fast and /or difficult breathing in the last two weeks

<i>Sub Area Name</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Percent(calculate)</i>	<i>Confidence Limits</i>
<i>Kaduha Hopsital catchment area of Nyamagabe District</i>	43	68	63.2%	16.2
<i>Kigeme Hospital Catchment area of Nyamagabe District</i>	75	113	66.4%	12.3

Point of Use (POU)**Description** -- Percentage of households of children age 0-23 months that treat water effectively**Numerator:** Enter the number of households of mothers of children 0-23 months that treat water effectively**Denominator:** Enter the total number of households of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	284	360	78.9%	6.0
Kigeme Hospital Catchment area of Nyamagabe District	240	360	66.7%	6.9

Appropriate Hand Washing Practices**Description** -- Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing**Numerator:** Enter the number of mothers with children age 0-23 months who live in households with soap at the place for hand washing**Denominator:** Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	307	360	85.3%	5.2
Kigeme Hospital Catchment area of Nyamagabe District	277	360	76.9%	6.2

Child Sleeps Under an Insecticide-Treated Bednet**Description** -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night**Numerator:** Enter the number of children age 0-23 months who slept under an insecticide-treated

bednet the previous night

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	181	360	50.3%	7.3
Kigeme Hospital Catchment area of Nyamagabe District	178	360	49.4%	7.3

Underweight

Description -- Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)

Numerator: Enter the number of children 0-23 months with weight/age -2 SD for the median weight for age, according to the WHO/NCHS reference population

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hospital catchment area of Nyamagabe District	39	360	10.8%	4.5
Kigeme Hospital Catchment area of Nyamagabe District	31	360	8.6%	4.1

Rapid Catch Indicator Comments

The Rapid CATCH indicator for malaria treatment is defined as children with fever who received an antimalarial drug within 24 hours. According to this definition, just 15% of sick children in Kaduha and 1% of sick children in Kigeme met the criteria (compared to 8% in the DHS 2010) as shown in Graph 24. However, it is important to note that this indicator does not take into account rapid diagnostic testing. Now that Rwanda is testing all suspected cases prior to treatment, it would not be expected that all sick children with fever should receive a drug – only those with a positive test. Because rates of malaria are low in Nyamagabe the MOH did not introduce community treatment for malaria until rapid

diagnostic testing became available. Consequently, you would only expect a small fraction of fevers to require treatment with a malaria drug.

Minimum Appropriate Feeding Practices were calculated by the WHO definition of Minimum Acceptable Diet. According to the WHO: The composite indicator of a minimum acceptable diet is calculated from the proportion of breastfed children aged 6-23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND the proportion of non-breastfed children aged 6-23 months who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day. Dietary diversity is present when the diet contained four or more of the following food groups: grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry, liver or other organs); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables. The minimum daily meal frequency is defined as twice for breastfed infants aged 6-8 months, three times for breastfed children aged 9-23 months and four times for non-breastfed children aged 6-23 months.

Midterm data for underweight was calculated only for children 6-23 months old.

ANNEX XVI. YEAR 3 KPC REPORT



*World Relief Rwanda
Innovation Child Survival Project
Nyamagabe District, Rwanda
October 2011-September 2015*

Year 3 Abridged Knowledge Practices and Coverage (KPC) Survey Report

Data collected: July 2014

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Please see Annex 5 for a list of all contributors.

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Acronyms

ANC	<i>Ante-Natal Care</i>
ARI	<i>Acute Respiratory Infection</i>
ASM	<i>Agente de Santé Maternelle (Maternal Health Agent)</i>
BCC	<i>Behavior Change Communication</i>
BF	<i>Breastfeeding</i>
BMI	<i>Body Mass Index (method for calculating underweight)</i>
CATCH	<i>Core Assessment Tool on Child Health</i>
CBNP	<i>Community-Based Nutrition Program</i>
CCM	<i>Community Case Management</i>
CHW	<i>Community Health Worker</i>
C-IMCI	<i>Community-Integrated Management of Childhood Illness</i>
CORE	<i>Child Survival Collaborations and Resources Group</i>
CMAM	<i>Community Management of Acute Malnutrition</i>
CSHGP	<i>Child Survival and Health Grants Program</i>
CSP	<i>Child Survival Project</i>
CFSVA	<i>Comprehensive Food Security and Vulnerability Analysis</i>
DDP	<i>District Development Plan</i>
DIP	<i>Detailed Implementation Plan</i>
DHS	<i>Demographic and Health Survey</i>
EBF	<i>Exclusive Breast Feeding</i>
EIP	<i>Expanded Impact Child Survival Project</i>
FP	<i>Family Planning</i>
FY	<i>Fiscal Year</i>
GDP	<i>Gross Domestic Product</i>
GMP	<i>Growth Monitoring and Promotion</i>
GoR	<i>Government of Rwanda</i>
HBM	<i>Home-Based Management (of fever)</i>
HC	<i>Health Center</i>
HF	<i>In-Home Fortification</i>
HFA	<i>Health Facility Assessment</i>
HMIS	<i>Health Management Information System</i>
HQ	<i>Headquarters</i>
HSSPII	<i>Health Sector Strategic Plan II</i>
IFA	<i>Iron-Folic Acid</i>
IGA	<i>Income-generating activities</i>
ICG	<i>Integrated Care Group</i>
IMCI	<i>Integrated Management of Childhood Illness</i>
IMU	<i>Inpatient Malnutrition Unit</i>
IR	<i>Intermediate Result</i>
ITN	<i>Insecticide Treated Bed Net</i>
IYCF	<i>Infant and Young Child Feeding</i>
LLIN	<i>Long Lasting Insecticide Treated Bed Nets</i>
LOE	<i>Level of Effort</i>
KPC	<i>Knowledge, Practice and Coverage</i>
MAM	<i>Moderate Acute Malnutrition</i>
MCH	<i>Maternal and Child Health</i>

<i>MCHIP</i>	<i>Maternal and Child Health Integrated Program</i>
<i>MDG</i>	<i>Millennium Development Goals</i>
<i>MINAGRI</i>	<i>Ministry of Agriculture</i>
<i>MINALOC</i>	<i>Ministry of Local Government</i>
<i>MNC</i>	<i>Maternal and Newborn Care</i>
<i>MNCH</i>	<i>Maternal, Newborn and Child Health</i>
<i>M&E</i>	<i>Monitoring and Evaluation</i>
<i>MOH</i>	<i>Rwandan Ministry of Health</i>
<i>MOU</i>	<i>Memorandum of Understanding</i>
<i>MUAC</i>	<i>Mid-Upper Arm Circumference</i>
<i>OR</i>	<i>Operations Research</i>
<i>ORS</i>	<i>Oral Rehydration Solution</i>
<i>ORT</i>	<i>Oral Rehydration Therapy</i>
<i>PBF</i>	<i>Performance Based Financing</i>
<i>PD/Hearth</i>	<i>Positive Deviance/Hearth model</i>
<i>PDA</i>	<i>Personal Data Assistant</i>
<i>PI</i>	<i>Principal Investigator</i>
<i>POU</i>	<i>Point-of-use</i>
<i>PVO</i>	<i>US Private Voluntary Organization</i>
<i>RDHS</i>	<i>Rwanda Demographic & Health Survey</i>
<i>RFA</i>	<i>Request for Applications</i>
<i>RIDHS</i>	<i>Rwanda Interim DHS</i>
<i>RUTF</i>	<i>Ready to Use Therapeutic Food (Plumpy Nut)</i>
<i>RWF</i>	<i>Rwandan Francs</i>
<i>SBC</i>	<i>Social and Behavior Change</i>
<i>SAM</i>	<i>Severe Acute Malnutrition</i>
<i>SMS</i>	<i>Short Message Service (text message)</i>
<i>TBA</i>	<i>Traditional Birth Attendant</i>
<i>TOT</i>	<i>Training of Trainers</i>
<i>TT</i>	<i>Tetanus Toxoid</i>
<i>TWG</i>	<i>Technical Working Group</i>
<i>UBC</i>	<i>University of British Columbia</i>
<i>UNICEF</i>	<i>United Nations Children's Fund</i>
<i>USAID</i>	<i>United States Agency for International Development</i>
<i>VAS</i>	<i>Vitamin A Supplement</i>
<i>WHO</i>	<i>World Health Organization</i>
<i>WR</i>	<i>World Relief</i>
<i>WRR</i>	<i>World Relief Rwanda</i>
<i>WRA</i>	<i>Women of Reproductive Age</i>

Executive Summary

Project Background: In October 2011, World Relief (WR) was awarded a four-year Innovation grant from the United States Agency for International Development (USAID) Child Survival and Health Grants Program. The overall goal of the *Tangiraneza* “Start Well” Innovation Child Survival Project (ICSP) is to reduce morbidity, mortality, and undernutrition of children under five and pregnant women in Nyamagabe District, Southern Province, Rwanda. The targeted number of women beneficiaries is 111,431 and total number of children under five years of age is 41,314 children (12.5% of total population in 2011).

The project established Modified Care Groups throughout Nyamagabe District in both Kaduha and Kigeme hospital zones. *Tangiraneza* is implementing a package of high impact interventions across both zones, including the standard Rwanda MOH Community Based Nutrition Protocol. In addition, the project is implementing an innovative intervention called “Nutrition Weeks” in Kaduha only, with the Kigeme hospital zone as a comparison area. Nutrition Weeks use a supportive group education technique heavily based on aspects of the PD/Hearth approach, but targets all children in the first 1,000 days of life, rather than just malnourished children.

Objectives of the KPC survey: In Year 3, the project carried out an abridged Knowledge, Practices and Coverage (KPC) survey with a focus on nutrition and hygiene, for monitoring purposes. The primary objectives of the survey were: 1) To monitor indicators related to the project’s nutrition interventions, including USAID Key Indicators; 2) To collect monitoring values for USAID Rapid CATCH indicators related to nutrition (some of which overlap with the project indicators); and 3) To collect monitoring data for indicators related to the project’s operations research (OR) on the Nutrition Weeks innovation.

Methods: This survey used 30-cluster methodology to collect information from mothers of children 0-23 months in July 2014. Two separate 30x10 cluster samples were selected using Probability Proportional to Size (PPS) in each of two hospital zones that comprise Nyamagabe District. The combined sample included 600 households.

Key Findings of Abridged KPC Survey: The survey findings show that there have been significant improvements from three years of programming and intervention in the district, notably on complementary feeding practices, early breastfeeding initiation and hand washing.

Minimum Dietary Diversity increased to 49% (21%BL, 38% Yr2) in Kaduha and decreased from 38% to 31% in Kigeme. **Minimum Meal frequency** increased to 70% (7%BL, 67%Yr2) in Kaduha and 61% (7%BL, 56%Yr2) in Kigeme. **Minimum Acceptable Diet** increased to 38.6% (3%BL, 32.5%Yr2) in Kaduha and 24.5% (3%BL, 23%Yr2) in Kigeme. **Responsive feeding** remained high at 97% (96%BL, 96% yr 2) in Kaduha, and 95% (79% BL, 92% yr2) in Kigeme. **Age-appropriate introduction of semi-solid foods** remained consistent at 79% (52%BL, 81% yr2) in Kaduha and 75% (58%BL, 79% Yr2) in Kigeme.

Immediate Breastfeeding increased to 82% (48%BL, 71%Yr2) in Kaduha, and increased to 79% (51%BL, 72%Yr2) in Kigeme. **Pre-lacteal feeds** decreased to 4% (11%BL, 6%Yr2) Kaduha and decreased to 2% (11%BL, 9%Yr2) Kigeme. **Exclusive breastfeeding** until 6 months also increased in both districts (90% to 93% in Kaduha; 84% to 94% in Kigeme). Due partly to increasing stability of HC stock, the **portion of pregnant women with iron pills** increased back to 81% (80%BL, 64% Yr2) in Kaduha and 84% (82%BL, 71% Yr2) in Kigeme; **Average number of days iron pills consumed** increased to 42 days in both Kaduha (35 BL, 40 Yr2) and Kigeme (33 BL, 33 yr2).

The percent of mothers who **washed their hands with soap at the four key times** improved from 21% to 30% in Kaduha and from 10% to 15% in Kigeme, though the percentage of households having **washing stations with soap** decreased from 78% to 74% in Kaduha and from 89% to 73% in Kigeme, a significant change from its year 2 value. Decreases in the **percent of households that treat water effectively** occurred in both zones, likely due to the fact that Sur Eau, a chlorine treatment, more than doubled in cost (Kaduha yr2 98%, yr3 76%; Kigeme yr2 98%, yr3 57%). Due to mixed results in hygiene indicators, the project will re-focus on hygiene and boiling water in the messaging given to mothers.

The survey findings show improvements in the district regarding hygiene and child feeding practices, though underweight was only decreased in the Kaduha zone. The percent of **underweight** children increased from 16.0% (95% CI 11.4 – 22.1) to 17.6% (95% CI 12.0–24.9) in Kigeme, but decreased significantly from 21.7% (95% CI 17.0 – 27.2) to 10.8% (95% CI 7.1-16.1) in Kaduha. The confidence intervals overlap for Kigeme, meaning the increase was not significant. **Stunting** increased slightly in Kaduha, from 33.3% (95% CI 26.1 – 41.3) in year 2 to 34.1% (95% CI 27.6-41.1) at year 3, though the confidence intervals overlap. Stunting levels remained consistent in Kigeme (34% at Year 2 and 33% at Year 3). **Acute malnutrition** measured by MUAC decreased significantly in Kaduha while increasing slightly in Kigeme (9.6% to 0.5% in Kaduha and 4.0% to 5.3% in Kigeme).

Background

Project location

Rwanda is a small, mountainous and densely populated country. The population is over 80% rural and most people rely on agriculture to meet their basic needs.¹ The under-five mortality rate in Rwanda has been decreasing steadily: the 2005 DHS found that for every 1,000 live births, 152 children died before their first birthday; by 2010 that number had dropped to 76.² Malaria, anemia, pneumonia and diarrhea are major causes of mortality in children under age five and malnutrition is a contributing factor in over half of all child deaths. Child morbidity is very high throughout the country, although it too has been reduced, particularly between the last two Demographic and Health Surveys.

This District is subdivided into two hospital zones: Kigeme and Kaduha, the targeted areas for the comparison and intervention groups of the Operational Research project. It is further divided into 17 administrative sectors, 92 cells and 536 villages.

World Relief (WR) is partnering with National and district-level Ministry of Health (MOH) staff to implement project activities via MOH structures. Dr. Fidele Ngabo, head of the MOH Maternal and Child Health Unit, and Alphonsine Nyirahabineza, the Head of Nutrition Desk for the MOH are both involved with ICSP's Operations Research component along with Melene Kabadege, WR Maternal & Child Health Regional Technical Advisor for Burundi, Congo & Rwanda. Together with the Project Manager, Carmen Grace Umutoni, the Nutrition Technical Working Group is kept fully apprised of the program data, goals and activities.

Characteristics of target beneficiary population

The World Relief Rwanda Innovation Child Survival Project serves all of Nyamagabe District in Southern Rwanda, which has a population of 330,510, according to Nyamagabe District Statistics 2011. The total number of women beneficiaries is 111,431 and total number of children under five years of age beneficiaries is 41,314 children (12.5% of total population in 2011)³. The beneficiary population was derived from applying corresponding percentages related to women of reproductive age and children under five from the 2007 Census to the total population from Nyamagabe District Statistics 2011.

Health, Social and Economic Conditions in Nyamagabe District

The most recent (2010) DHS Survey Final Report reveals that Nyamagabe District has some of the highest rates of malnutrition, anemia and stunting nationwide⁴. The District's leading causes of child mortality are: neonatal complications, pneumonia, diarrhea and malnutrition. An EIP survey by World

¹US Department of State Background Note. Accessed November 14, 2011. <http://www.state.gov/r/pa/ei/bgn/2861.htm>

²National Institute of Statistics of Rwanda. 2011. Rwanda Demographic Health Survey 2010; Preliminary Results.

³For more information on calculations refer to Annex 3: Populations Estimate and Calculations.

⁴2010 DHS Survey Final Report, published in February 2012

Relief and other NGOs prior to baseline found stunting in Nyamagabe and Nyaruguru to be 49% with 17% severely stunted⁵.

Most income-generating activities in Nyamagabe are agricultural. The crops grown, in order of importance, are: beans, Irish potatoes, sweet potatoes, wheat, bananas, sorghum, cassava, passion fruits, peas, maize and soy.⁶ The two primary cash crops are tea, grown in eastern Nyamagabe near Nyungwe National Park, and coffee, which is grown throughout the district.

The 2010 Nyamagabe District Development Plan explains that “very poor soil conditions, degradation by erosion, fragmentation and over-exploitation linked to lack of fallow land and poor agricultural practice due to lack of inputs has led to acute impoverishment of available land.” Moreover, the land available per family is quite limited. These factors contribute to 28% of the population living below the poverty line, and the constant threat of food insecurity.⁷

Challenges to proper nutrition in Rwanda include shortage of land, poor soil, lack of animals (for fertilizer) and lack of enough animal protein or fat in the diet. At baseline, mothers also lacked knowledge about ideal breastfeeding practices, the proper times to introduce complementary foods, and proper fat content for diets of young children. Meal frequency and dietary diversity indicators were traditionally poor. At baseline, even health workers had erroneous beliefs about breastfeeding, complementary feeding and nutrient content of foods (thinking tree tomatoes have iron, for example). Formative research for *Tangiraneza* found that children were given a very watery porridge, so nutrient density was poor, and the porridge itself was not enriched with any source of protein such as small amounts of fish or animal protein or even added oil (as they believed oil is bad for children’s liver). Frequent bouts of diarrhea were a significant problem, and since it is so common, mothers did not have a strong enough perception of the severity, and they did not seek treatment, nor do enough give continued fluids and foods for catch-up growth.

Nyamagabe District has sufficient water sources, yet many people still use streams, dams, swamps and valleys⁸. Over 23% of the people travel nearly 3.5 km to the nearest clean water source; which is 3km further than the recommended national norm. Instead of the local government being in charge of management of the water infrastructure, maintenance and repair has been a responsibility of the general population. Due to poor management, existing infrastructure has been neglected, and left in a state of disrepair⁹.

The Nyamagabe district health services were strengthened by WR through the CSHGP –funded Expanded Impact Project (EIP) that was implemented in six districts of southern and eastern Rwanda

⁵ Expanded Impact Project, Nutrition Component Endline Survey, 2010

⁶ DDP, p. 10

⁷ *ibid*

⁸ *Ibid*, p. 15

⁹ *Ibid*, p. 15

prior to ICSP (funding ended in 2011). WR was responsible for Nyamagabe District and for overall training in Care Group methodology. The focus of EIP was to help the MOH roll out Community Case Management (CCM) for pneumonia and diarrhea through modified Care Groups (CGs) that used MOH CHWs (1 per 2-3 villages). Nyamagabe is not endemic for malaria, although the government added CCM for malaria in the district in conjunction with national use of rapid diagnostic testing for malaria. The program did not address nutrition or maternal and newborn care, which are both key areas for the present Innovation CSP.

There are 2 District hospitals, 16 health centers, and 1,608 CHWs (*binome* and ASM) across 536 villages in Nyamagabe. The national plan, Vision 2020, calls for one health center in each of the 17 sectors to improve the number of people living within 10 km of a health facility (planned for completion in late 2014). According to the district development plan, there is only one physician for every 33,655 people (9 total), though the 2012 goal was for 15 doctors.¹⁰ Due to the USAID supported system-strengthening for logistics and procurement as well as direct support of various donors, there are fairly reliable supplies of essential medicines.

Clients pay for health services in Rwanda. In 2003, the MOH instituted a health insurance scheme known as *mutuelle de santé*. The 2014 *Tangiraneza* KPC survey found that 69.7% and 83.3% (Kigeme and Kaduha, respectively) of families with children under two surveyed in the district are enrolled. Enrolled individuals make a small co-payment to receive all primary care services and medications. Many hospital services are also covered. For families who are not yet enrolled, the cost of services is a major barrier to appropriate care-seeking, however, there are various NGO and government programs to assist poor families to enroll.

Community Health Workers and Community Mobilization

Nyamagabe District has two district hospitals, 16 health centers, and 1,608 Community Health Workers in 536 villages.

Community Health Workers in Rwanda

Rwanda has a system of community health workers such that every village (*umudugudu*) has each of the following: 1) One male and one female pair of CHWs (*binome*) in charge of community case management (malaria, pneumonia and diarrhea) and nutrition; and 2) one maternal health agent (ASM), a female responsible for maternal and newborn health. The *binome* and ASM have indefinite terms of service once elected and trained.

Not technically a CHW, but responsible for behavior change under the Ministry of Local Government (MINALOC), is the in-charge for Social Affairs at village level. This individual used to be included in the CHW Cooperative but was removed in April 2012; at the same time the MOH announced elimination of two CHWs per village who had been responsible for palliative care.

¹⁰ *Ibid*, p. 17

CHW incentives: The *binome* and ASM CHWs receive financial incentives via performance based financing. A small individual payment is made to each CHW in addition to a collective stipend that is paid into the CHW cooperative at health center level.

The Social Affairs in-charge at village level is not part of the CHW Cooperatives, although their responsibility for behavior change under MINALOC remains the same. They receive a small annual incentive provided by *Tangiraneza* ICSP, along with other members of the modified Care Groups (described below).

CHW training and supervision: Each type of CHW is trained with others of the same role according to a standard protocol for each component of their responsibilities (e.g. 2 days for growth monitoring; 5 days for MIYCF). Additionally, they attend monthly meetings en masse at the health center. However, as these meetings tend to focus on the income generation function of the CHW Cooperative, there is a separate monthly meeting specifically for CCM reporting and re-stocking of drug supplies.

Supervision of CHWs occurs at two levels using standardized supervision tools. The health center *in-charge* for community health is responsible for supervising all CHWs in the field once every three months. Additionally, peer supervision is to take place monthly via the CHW Cell-Coordinator, a competent (unpaid) peer elected to supervise the other CHWs (about 20) in his or her cell.

CHW workload: Theoretically, all CHWs are responsible for conducting home visits in their village related to their area of expertise. However, they naturally focus their time most heavily on curative rather than preventive services with behavior change communication mostly done in the context of large community gatherings. In the March 2011 draft report of a 2010 c-IMCI evaluation of CHWs in Rwanda (Community Health Desk, Rwanda MOH, p. 14), analysis of CHW workload reported on “the basic elements of their work: seeing a sick child, completing the monthly report and traveling to the health center.” The study found that on average, CHW *binomes* spent about 9 hours per month on the combined tasks. Notably, BCC was not even included in the assessment, indicative of its ancillary role.

Current status of CHW training in Nyamagabe: *Tangiraneza* has supported the MOH in rolling out training on maternal and newborn care for ASMs. Training related to nutrition has been comprehensive, centered on the focused primarily on the maternal, infant and young child feeding curriculum from the MOH (for binomes) and growth monitoring and screening for referral to the health center for rehabilitation. In addition to national protocols for CHW trainings, each district is mandated to do what it can towards the government’s goal to eliminate malnutrition.

Modified Care Groups

The overall strategy of *Tangiraneza* CSP is to train MOH staff, CHWs and local leaders in Modified Care Groups for BCC in nutrition, MNC, diarrhea and pneumonia.

For *Tangiraneza* CSP, WR modified the Care Group model to better engage local leaders with community health, incorporating the elected village leader (usually male), other village-level leaders

most closely associated with behavior change (including a representative of the village **hygiene club**), the village **Social Affairs in-charge** and the **Women's Group Leader**) and a religious leader. The groups will continue to include the two CHW *binomes* (one male and one female responsible for CCM and nutrition), the ASM CHW (responsible for maternal and newborn care) and the Social Affairs in-charge at village level (under MINALOC). All members of the Village Committee for Eliminating Malnutrition are also among the aforementioned members of the modified Care Group.

Care Group members allocate all the households in their village amongst themselves for home visits and hold community meetings for BCC. Although CHWs retain their specialized MOH roles, uniting them into a CG helps them work together, and, with the additional CG members, they can more effectively mobilize the community to adopt key family health practices.

The ICSP supports MOH policy for vital events data collection: ASM CHWs to report births and pregnancies and Binomes report under-five deaths. Other CG members support them to collect data when they do home visits.

Roles and Responsibilities related to Care Groups and Nutrition Weeks

The modified Care Groups in each village are supervised by the in-charge of Social Affairs at cell level (a paid position) and the CHW Cell Coordinator. Cells with a large number of Modified Care Groups are divided up for supervision by the CHW Cell Coordinator and the Cell in-charge for Social Affairs. (The maximum number of villages in a cell in Nyamagabe—and therefore CGs in a cell—is ten.)

The **Social Affairs in-charge at cell level** is a Nutrition Weeks Trainer for CHWs, in addition to supporting the CHW Cell Coordinator in BCC and community mobilization.

The **CHWs Cell Coordinator** and **sector level in-charge for Social Affairs** are each responsible for supervising two to three Modified Care Groups in each Cell. The CHW Cell Coordinator is a CHW chosen to supervise his or her peers (one for each cell), per MOH strategy. This extends the reach of the health center-level community health in-charge, who can only do quarterly supervision of CHWs.

Multi-Sectoral Committees for the Elimination of Malnutrition

The Community Based Nutrition Program protocol calls for Multi-Sectoral Committees for the Elimination of Malnutrition. These are to exist at multiple administrative levels, including sector, cell and village levels.

Sector Level Multi-Sector Committee for Eliminating Malnutrition coordinates activities related to CBNP at sector level; analyzes reports from the cells and define priorities of intervention in matters related to eliminating malnutrition at cell level; advocates for nutrition and mobilizes resources; and are an intermediary between cells and the district. These committees exist but are not yet functional. They have a budget for activities that the CSP attempts to influence to promote strategic use of the resource. CSP staff can also introduce BCC and engage the members on community mobilization in this existing committee as well.

Members include: Executive Secretary, Sector Head of HC, Chair of CHW cooperative, CHW trainer (HC in-charge of community health), National Women’s Committee rep, National Youth Committee rep, Agriculture Officer, Veterinary Officer, Chair of Parent Teacher Association, Cooperative Representatives, and Civil Society Representative.

Cell-level Nutrition Committees exist in MOH plans but were non-functional in Nyamagabe at baseline. After three years of implementation, *Tangiraneza* has helped develop these committees, bolstered by the fact that all members are part to the village Modified Care Group.

Mobilizing Faith Communities

Religious leaders are highly regarded by their followers in Rwandan society and the vast majority of people identify themselves as Christian. A poll conducted by the Pew Forum on Religion and Public Life in 2010 reported that 93% of respondents were Christian, 5% Muslim, and 2% other, similar to data reported by the Rwanda government in 2006. Ninety eight percent polled said that religion was “very important” (90%) or “important” (8%) in their life. Weekly attendance at religious services was reported by 76% of respondents and an additional 12% participated monthly or yearly.¹¹ These findings underscore the importance of engaging religious leaders and faith communities as part of community mobilization.

The project engages with parish leaders from all denominations on a quarterly basis at sector level. Initially, the members helped to identify which church leaders should participate in the modified Care Group at cell level. They also have been charged with making plans with the congregations under their leadership for reinforcing key health messages and helping the most vulnerable families in their communities with the support needed to follow recommended behaviors. For example, during rollout of messages on hand washing, congregations could be challenged to identify and support families for whom building a tippy tap might otherwise be out of reach—with the expectation that assistance be based on need regardless of religious affiliation.

National Standards and Policies Regarding Maternal and Child Health

National standards and policies regarding MCH and Nutrition are developed based on internationally-accepted guidelines and programs. This Innovation CSP is designed to help the government of Rwanda achieve goals related to maternal and child health, and particularly for the elimination of malnutrition. The Rwanda MOH Strategic Plan for 2008-2012 noted that “the most influential International commitments providing direction to the HSSP-II are the MDGs, the African Health Strategy 2007-2015, the Paris Declaration, Accra Accord and Abuja Declaration. The GoR has committed itself to achieving the MDGs by 2015.

Four MDGs are related to health:

- Goal 1: Eradicate extreme poverty and hunger (malnutrition)

¹¹ <http://features.pewforum.org/africa/country.php?c=182>

- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat AIDS, malaria and other diseases

The HSSP-II includes many strategies and interventions that are oriented towards speeding up the achievement of health-related MDGs. While great strides have been made to meet these goals, Goal 5, to improve maternal mortality, is proving the most difficult to achieve. This plan outlines the additional interventions required to accelerate progress towards realizing this MDG.

The HSSP-II is also guided by the Africa Health Strategy 2007-2015, which provides strategic direction to Africa's efforts in creating better health for all along with an overarching framework to enable coherence within and between countries, civil society and the international community. The Strategy emphasizes the need to strengthen health systems, provide the poor with services and thereby contribute to equity. It focuses on the health of women and children, where great challenges remain. It suggests that apart from the necessary attention for AIDS, malaria and TB, the substantial disease burden posed by other communicable and non-communicable diseases should not be overlooked. It also encourages sector-wide approaches to guarantee alignment of donor funding with nationally-determined plans and priorities.

Rwanda has signed up to the Abuja Declaration committing 15% of disposable GDP to its health sector. Furthermore, donor commitment to the Paris Declaration for aid harmonization (2005) and Accra Accord for aid effectiveness (2008) has resulted in improved donor co-ordination.¹²

Nutrition Policy

The Second National Nutrition Summit held in Kigali in November, 2011 had the theme of "Supporting Progress in Rwanda's Efforts to Eliminate Malnutrition".¹³ Over 200 Rwandan and international participants and experts met to discuss progress on the consensus statement from the 2009 Nutrition Summit, which was "to prevent acute and chronic malnutrition (stunting), through a multi-sectoral approach featuring multiple well-proven and evidence-based interventions with a focus on community based nutrition programmes."

After two years of implementing District Plans to Eliminate Malnutrition (DPEM), participants described the following challenges and issues: "lack of commitment and participation from local leaders at the district level, and the amount of work expected of community health workers (CHWs) despite the fact that they are voluntary workers.

"All Summit participants agreed with the potential communication power of the concept of 1,000 Precious Days. This slogan should be adopted as a theme of the DPEMs in order to add a highly human,

¹² The Rwanda Ministry of Health Strategic Plan for 2008-2012 can be found online at: http://www.usaid.gov/rw/our_work/for_partners/images/rwandahealthsectorstrategicplanii.pdf

¹³ Second National Nutrition Summit, report can be found online: www.nns2rwanda.org

easy to understand concept and should be promoted in a major way at all levels with the objective of having all families take new interest and pride in this period and provide the special nutrition actions and protection needed to have the child reach the age of two years with their full potential intact for growth and development. The concept of “*Agakono K’ umwana*”, meaning a special pot for the child, should also be considered as a communication vehicle to drive the much needed high quality complementary feeding component of the 1,000 Precious Days.”

CSP Goals

The overall goal of the World Relief Innovation Child Survival Project is to reduce morbidity, mortality, and undernutrition of children under five and pregnant women in the Nyamagabe District of Rwanda.

The aim of the operation research component of the project is to identify a feasible way for the Ministry of Health in Rwanda to use existing staff and CHWs to reduce and prevent undernutrition in children who are in their first 1,000 days of life in Nyamagabe District. The results of the project will yield valuable data relevant to scaling up the approach in Rwanda and contribute to the international body of knowledge on feasible approaches to prevent under-nutrition. To facilitate this, Dr. Fidele Ngabo, MD, MSc, PhD Candidate, who is the Director of the Maternal and Child Health Unit for the Ministry of Health is the Principal Investigator, along with Dr. Judy Mclean of the University of British Columbia. The Head of Nutrition Desk for the Ministry of Health, Alphonsine Nyiransabimana, is a Co-Investigator, along with Melene Kabadege, WR Maternal & Child Health Regional Technical Advisor for Burundi, Congo & Rwanda, who had the idea for Nutrition Weeks.

CSP Objectives

The project’s Strategic Objective is to improve the capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health intervention at the community level. The main objective of the operational research (OR) component is to identify and test the effectiveness and feasibility of the Nutrition Weeks innovation when added to the standard CBNP. This intervention is expected to improve the nutritional status of infants and young children aged 6-23months from baseline to the end of study in the intervention area (Kaduha hospital zone) compared to that of the comparison area (Kigeme hospital zone), as a result of improved Infant and Young Child Feeding (IYCF) practices. Proxy indicators will be used assess improvements made.

Technical Package

The project's results framework is as follows:

Project Goal: To reduce morbidity, mortality and undernutrition of children under five and pregnant women in Nyamagabe District of Rwanda.

Strategic Objective: Improve capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.

IR 1. Improved geographic access to and demand for high-quality MNCH services	IR 2. Improved coordination and impact of community health activities	IR 3. Develop Nutrition Weeks Innovation and conduct OR to test effectiveness
Activities:	Activities:	Activities:
1) Build capacity of Community Health Supervisor and Hygienists from all 16 Health Centers as TOT trainers who will train Care Groups in all CSP interventions. 2) Train Cell-Coordinators and Cell Social Affairs in-charges to supervise modified Care Groups comprised of CHWs, village and religious leaders. (3-10 modified CGs per cell) 3) Train <i>Binome</i> leaders of modified Care Groups to train their peers in BCC for all interventions: Nutrition, MNC, Diarrhea and Pneumonia. The Social Affairs in-charge at the cell level will train CHWs for Nutrition Weeks, and support the CHW Coordinator in BCC/ community mobilization. 4) Train Kaduha area CBN Village Committees with the 'Nutrition Week' innovation. 5) Train 536 maternal health CHWs (ASM) in MNC package.	1) CHWs, religious leaders and community representatives (approximately ten members total including Village Head, Village Nutrition committee members, Village Social Affairs, Hygiene Committee representative, etc.) meet monthly in modified CG to: -Make action plans based on data reported by CHWs -Cross-train in BCC for key family practices based on barrier analysis and BCC strategy -Coordinate regular home visits -Improve referral to appropriate CHW and/or health facility. 2) Build capacity of Sector and Cell level In-Charge of Social Affairs to support BCC. 3) Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.	1) Conduct Operations Research comparing standard CBNP activities vs. CBNP plus 'Nutrition Weeks' intervention. Evaluate impact with regard to cost and feasibility for scale-up. 2) Participate in Nutrition Technical Working Group; solicit input and share findings. 3) Improve CHWs records and reporting system for nutrition.

Tangiraneza I-CSP Intervention Activities

The estimated Level of Effort per intervention is: Nutrition 40%, Maternal Newborn Care 35%, Diarrhea 15%, and Pneumonia 10%. The following table shows key indicators for each intervention.

Key Activities for the Selected High Impact Technical Interventions
Nutrition – 40% Level of Effort (LOE)

- Community-Based Growth Monitoring held every month with quality counseling based on weight for age growth plots
- Underweight children screened with MUAC and severely underweight or SAM cases referred to health centers
- Pregnant women screened with MUAC and referred for supplemental food if under 18.5 cm (will be held during Nutrition Week in Kaduha area)
- Children enrolled in OTP and those discharged from the Inpatient Malnutrition Unit will get a referral card from Facility to Community and will be followed up by CHWs.
- Integrated Care Groups use the Triple A process (per MOH protocol) to seek and implement solutions to malnutrition in community
- Results of growth monitoring shared with churches to elicit specific support for families with malnourished children
- Nutrition Weeks held in each community 3 times per year
- De-worming and Vitamin A distribution provided twice a year during MCH week
- Promotion of Kitchen Gardens as recommended by the MINAGRI (responsible for Kitchen Gardens) and with technical assistance from government agronomists or NGOs in the district working in agriculture
- Provision of rabbits for community breeding to improve access to animal-source foods in Kaduha zone (paid by matching funds)
- Plan and follow up the implementation of the District Plan to eliminate malnutrition in Kaduha and Kigeme hospital zones
- Provide technical support to the implementation and supervision of PNBC Package (GM, cooking demonstration, IGA, etc.)

Maternal Newborn Care – 35% LOE

- Support the MOH to train the maternal health CHWs (ASM) to identify and register WRA and pregnant women, promote ANC, birth preparedness, institutional deliveries, use of family planning, attend postnatal checks for mothers and newborns and refer women and newborns with danger signs to health facilities.
- Orient the Integrated Care Groups to key MNC messages they will promote to women and men including:
 - Attending ANC, value of institutional deliveries
 - Recognition of danger signs in pregnancy, delivery, post-partum, in the newborn

- Maternal nutrition and decreased work load during pregnancy - Consumption of Iron-folic acid (IFA) and acquisition of Vitamin A supplements post-partum - Child spacing - ASMs help families make a birth plan and promote savings for the related costs or <i>mutuelle</i> enrollment - Integrated Care Groups develop emergency transport plan and community savings for medical emergencies. - Advocate for Facility Training and quality improvement on Post Natal Care - Provide Technical Support to Integrated Supervisions at community level
Diarrhea – 15% LOE
▪ Coordinate refresher training for CHWs in CCM with emphasis on use of zinc and continued fluids and feeding during illness. ▪ Reinforce CHW's Counseling and communication skills ▪ Integrated Care Groups promote point of use water purification, Community-Led-Total Sanitation, and treatment-seeking for diarrhea to improve utilization rates for zinc in addition to oral rehydration solution (ORS). ▪ Collaboration with Hygiene Clubs when they are started in Nyamagabe (district was not included in recent choice), through participation of Executive Committee member in Integrated Care Group. ▪ Hygiene promotion through churches
Pneumonia – 10% LOE
▪ Coordinate refresher training for CHWs in CCM with emphasis on use of amoxicillin and increased fluids and feeding during illness. ▪ Collaboration with Ministry of Infrastructure and on-going projects to promote improved stoves to reduce indoor smoke ▪ Hygiene promotion to prevent transmission of respiratory infections ▪ Integrated Care Groups promote recognition of danger signs and prompt care-seeking based on C-IMCI package.

Innovation – Nutrition Weeks

The Nutrition Weeks innovation was developed by World Relief in collaboration with national MOH and District MOH staff, based on findings from the formative research phase of the OR. This intervention went through pre-testing, revisions and pilot-testing prior to implementation, and was revised based on data from its first full year of implementation. Nutrition Weeks was introduced into the CBNP in the intervention area, Kaduha hospital zone, in October 2012.

CHWs receive training and a step-by-step guide to implement Nutrition Weeks, which are scheduled three times a year. The Nutrition Week includes all women with children under two and pregnant women, who spend two hours a day in small groups of ten to twelve, participating in a nutrition education session modeled after PD/Hearth. The goal of Nutrition Weeks is for mothers to learn about foods, feeding practices, and other behaviors that will prevent undernutrition. They engage mothers in active learning to build self-efficacy and empower the trained CHWs to more effectively promote behavior change. It will do this by giving the mothers an opportunity to practice behaviors, ask questions, and see for themselves the efficacy of the new feeding practices, instead of passively hearing messages.

Objectives of the KPC survey

This KPC Survey was multi-purpose:

- a. To measure values for indicators related to the project's interventions, including USAID Key Indicators.
- b. To collect values for USAID Rapid CATCH indicators (some of which overlap with the project indicators).
- c. To collect data for indicators related to the project's operations research on the Nutrition Weeks innovation.

Process and Partnership Building

Methods of identifying and engaging local partners/stakeholders in the KPC

Most (53 out of 57 interviewers) were experienced and trained from previous KPCs. Most were also MOH staff. World Relief employed a minimum number of staff for the project as a whole relative to the size of the population and number of CHWs being trained. WR's role was more one of facilitation and capacity-building instead of direct implementation, which is the responsibility of MOH and local government. The Project Manager and Officers participated in National-level Technical Working Groups corresponding with their areas of focus and facilitated MOH capacity-building at the district, sector and community levels. Local officials, MOH staff, volunteers, and civic leaders were involved in every phase of the project, including the KPC and all evaluations.

KPC Participants included:

- 15 Health Center staff in-charge of Nutrition
- 2 Hospital staff in charge of M&E
- 27 sector staff in charge of socio-economic development at cell level
- 4 UBC Students
- 9 ICSP staff

Additionally, 2 WR Technical Advisors participated: one, as the coordinator of the survey and the other as additional support for the enumerators. The refresher trainings were organized for one day including piloting the questionnaire. The interviewers were between 20 and 40 years of age, fluent in Kinyarwanda and had completed both secondary school and some level of higher technical education. The enumerators received refresher training on how to use the PDA tablets, as well as how to properly collect anthropometric measurements. Each enumerator had the opportunity to practice data collection in the field in Kabajogo, Nyamugali and Nyarusange villages, Gasaka sector. During the data collection the new enumerators were together with the experienced ones, in order to get more support from the stronger enumerators and to ensure good quality of data collection and proper use of PDA tablets.

Specific roles of local partners and stakeholders in the KPC survey

As described above, except for fewer than a dozen WR staff and University of British Columbia students, the entire KPC was conducted by MOH staff.

Constraints in making the KPC process more participatory

There were no constraints to making the KPC process more participatory.

Methods

Questionnaire

In Year 3, an abridged version of the KPC Survey Questionnaire from the baseline survey was used for monitoring purposes. The questionnaire, conducted in Kinyarwanda, contained 102 questions and focused on the operations research indicators including nutrition and child feeding, hygiene, control of diarrheal disease, and interaction with CHWs and Care Group members. The same consent form approved for the KPC in the first two years of the project was also used. In addition to the questionnaire, the survey also required anthropometric measurements to be taken on one child in each household surveyed (600 children 0-23 months old total, 300 in each study area). The child's weight, height and MUAC were measured, in addition to the mother's MUAC. Participants' confidentiality and privacy was assured through the use of a unique identifier number on all questionnaires. Soft copies of the data were kept in a password encrypted file and hard copies of questionnaires in a locked filing cabinet in the offices of World Relief in Kigali.

KPC Indicators

The project collected data on fewer indicators than it did at baseline for this monitoring mid-line survey, as seen in Table 1 below.

Table 1. Indicators for Year 3 KPC

Breastfeeding and Nutrition (LOE 40%)	
Immediate breastfeeding of newborns	Percent of children 0-23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)
Prelacteal feeding	Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.
Exclusive breastfeeding	Percent of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC)
Continued breastfeeding at 1 year	Percent of children 12-15 months who are still breastfeeding.
Continued breastfeeding at 2 years	Percent of children 20-23 months who are still breastfeeding.
Minimum Dietary Diversity	% infants and young children age 6-23 months fed according to the Minimum Dietary Diversity (OR)
Minimum Meal Frequency	% infants and young children age 6-23 months fed according to the Minimum Meal Frequency (OR)
Minimum Acceptable Diet	% infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition (OR, RC*)
Consumption of iron-rich foods	% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)
Age appropriate introduction of semi-solid foods	Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.
Responsive feeding	Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods). This indicator will get revised at next survey; will reference HF project data for baseline at that time.
Self- Feeding	Percent of children who consume soft, semi-solid or solid foods) who are self-feeding
Anthropometry	
Underweight for Age	Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population). Disaggregate underweight by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$) (RC)
Acute Malnutrition / Wasting	% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population). Disaggregate wasting by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$) (OR)
Acute Malnutrition – MUAC	Percent of children 6-23 months acutely malnourished as measured by MUAC

	Disaggregate by 'at risk', moderate and severe acute malnutrition
Stunting – Height for Age	Percentage of children 0-23 months who are under height/length for age ($-2SD$ for the median height for age, according to WHO reference population) Disaggregate stunting by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$)
Maternal Newborn Care (LOE 35%)	
Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)
Control of Diarrheal Disease (LOE 15%)	
Prevention Point of Use water treatment	Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)
Improve appropriate hand washing practices	Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)
Hand washing at appropriate times	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times
Latrine/toilet in good condition	Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition
Safe feces disposal	Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time a stool passed. (Key Indicator)
Process Indicators – CHWs and Nutrition Weeks	
CHW Home Visits	Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose
Participation in Nutrition Weeks	Percentage of mothers with children 0-23 months who participated in "Nutrition Week" intervention at least once in the past 6 months for 4 or more days.

Sampling design

The KPC Monitoring Survey largely followed the "standard" KPC 30 cluster methodology. A double 30-cluster (30x10) sampling method was used with OR questions and anthropometric measurements in both Intervention and comparison areas. Parallel sampling was not used.

Two separate 30x10 cluster samples were selected in each of two hospital zones that comprise Nyamagabe District. 30 clusters were selected in each zone using PPS. Ten households from each cluster were selected using the "spin-the-bottle" method. The total sample of 300 is large enough to provide adequate denominators for calculating indicators for subgroups (such as sick children or children within a particular age group). The combined sample included 600 households.

The starting point for each cluster was determined in the following manner: the survey team asked village leaders to identify the center of the village. From that central point, a random direction was selected by spinning a bottle. Surveyors then walked in a straight line in the randomly chosen direction

until they reached a house with a child under 24 months, which became the first mother interviewed. The second and subsequent households were selected by continuing in the same direction in a straight line, until a second house with a child under 24 months, then a third house, and so forth. In each cluster, 10 mothers were interviewed. In households with more than one child 0-23 months-old, the younger child was selected in order to favor data collection on exclusive breastfeeding.

Sample Size Calculations

$$n = D [(Z\alpha + Z\beta)^2 * (P1 (1 - P1) + P2 (1 - P2)) / (P2 - P1)^2]$$

Where,

D= 2; $Z\alpha$ =1.645; $Z\beta$ = 0.84; α = 0.05; β = 0.80

Table 2: Sample Size Calculations based on Primary Outcome Indicator (M.A.D.)

Proportion of infants and young children of ages 6m-23m fed according to minimum appropriate feeding practices** in sample 1. p1	Proportion of infants and young children of ages 6m-23m fed according to minimum appropriate feeding practices in sample 2 p2	Δ	n1 = n2	N
▪ 0.37**	0.47	▪ 0.10	596	1191
0.37	0.52	▪ 0.15	265	530
0.37	0.57	▪ 0.20	148	295
0.37	0.67	▪ 0.30	62	125
0.37	0.77	▪ 0.40	32	63
0.37	0.87	▪ 0.50	17	34

*At the time of sample size calculation, 'minimum appropriate feeding practices' was the closest indicator to minimum acceptable diet available. The final 2010 DHS report with calculation of MAD was not available until later.

** Source: Addendum to the 2005 Rwanda DHS (IYCF).

http://www.measuredhs.com/pubs/pdf/FR183/Rwanda_IYCF_KM-2005.pdf

From the above calculation, in order to detect a 15% or greater difference in the proportion of infants and young children of ages 6m-23m fed according to the minimum acceptable diet between baseline and end of study in the intervention area and in the comparison area, with α =0.05 and 80% power, we would need a total of 530 infants and young children of ages 6m-23m, with a minimum of 265 in each arm. In order to have a consistent number of children 6-23m in each of 30 clusters, 265 was rounded up to 270 per arm yielding 9 children 6-23m per cluster.

In order to measure indicators like exclusive breastfeeding, limited to infants 0-5 months, a minimum sample of 75 infants was recommended by MCHIP at baseline. That number was increased for the baseline and endline surveys to 90 in order to be evenly divisible by 30, so as to have the same number in each cluster. For the abridged monitoring surveys in years 2 and 3, this was reduced to 30 in order to have a simplified 30x10 cluster sample.

In summary, the sample in each hospital zone totaled 300 mothers; 30 with children 0-5 months and 270 with children 6-23 months. The two 30x10 cluster samples combined totaled 600 interviews.

Training

For this survey, 44 interviewers were recruited from Health Center staff in charge of community health services and sector staff in charge of social affairs. Additionally, WR ICSP Rwanda staff, 2 WR headquarters staff and 4 UBC students participated as enumerators. Most enumerators participated in data collection in surveys for prior project years and were familiar with survey methodology. Interviewers were both men and women between 20 and 40 years of age, fluent in Kinyarwanda and had completed both secondary school and some level of higher technical education. The enumerators were trained by WR's Regional Technical Advisor on how to administer the survey and use the PDA tablets the week before the survey was conducted. They went to a Health Center to receive training on anthropometric measurements, and conducted practice interviews in the field in Huye district one week before the survey was conducted.

Data Collection

The interviews took approximately 45 minutes per household to complete. The completion of the data collection for the 600 households took four days, starting on July 28, 2014 and ending on July 31, 2014. For four days, the teams simultaneously collected data in both the Kaduha and Kigeme zones. Data collection for the OR study was nested within the KPC due to limited resources. Supervisors reviewed completed questionnaires before leaving the village in which data had been collected to ensure completeness and accuracy of the forms. In the event of missed data, interviewers returned to the households to gather the missing information.

The data was collected using electronic tablets and transferred into Excel on the WR-ICSP's monitoring and evaluation staff's computer. This removed the need for the manual transfer of data from questionnaires to an electronic database. The feasibility of doing electronic data collection was successfully pre-tested on the devices prior to data collection. Paper questionnaires were used if problems with the tablets were experienced.

Data entry was completed by the WR Rwanda team and one UBC student with the entry of each questionnaire being double-checked for accuracy. Data cleaning was done by both the M&E Officers and MCH Regional Technical Advisor.

The non-response rate in KPC surveys is typically negligible, as household selection happens at the time of the interview, which is non-invasive and well explained. If the mother was not available, an appointment was made to make another visit to the house later in the day.

For the monitoring survey in year 3, the sample was the same as year two, with two 30x10 cluster samples in each arm (from 30 x 12 used at baseline), without parallel sampling. This was deemed sufficient for monitoring purposes and a better use of limited resources.

There were no other major constraints or challenges with the survey.

Data Analysis

The data entry and analysis team consisted of WR Rwanda, WR Home Office Health technical unit staff and an outside consultant to perform data analysis on the nutrition indicators. Basic statistical analyses, primarily frequencies and ranges were conducted to identify any inconsistencies, so that the data could be cleaned accordingly. The Rapid Catch 2008 indicators and other project indicators were then calculated.

All data was collected through electronic tablets by WR staff and fellow enumerators. This raw data was then synched with a main database and exported into Excel. This data was then transferred into PASW statistics 20 (formerly SPSS), STATA 10 or Epi Info. The data set was cleaned and checked for errors and inconsistencies. Exploratory analysis and descriptive analysis were performed. Project indicators were calculated using Excel and Epi Info for simple calculations, STATA for more complicated indicators and SMART) for anthropometry.

Results

See tables 3-5 below for detailed results on each indicator.

Table 3. Demographic Information

Demographic Information	Kigeme	Kaduha
Mother's Age		
Mean	28.96	28.85
Median	28	28
Mother's Education	None/ Did not complete primary: 58.0% Primary: 37.67% Secondary: 4.33% Past Secondary: 0%	None/ Did not complete primary: 57.67% Primary: 36.33% Secondary: 5% Past Secondary: 0.33%
Household Size		
Mean	5.02	4.66

Median	5	4
Poverty Level (Ubudehe)	1. 4.67% 2. 19.67% 3. 70.0% 4. 5.33% 5. 0.33%	1. 4.33% 2. 26.0% 3. 66.0% 4. 3.67% 5. 0%
Health Insurance (Mutuelle)		
Percent Yes (Conflnt)	69.67% (58.9-80.3)	83.3% (77.4-89.2)
Percent No (Conflnt)	30.33% (19.6-41.1)	16.6% (10.8-22.6)
Health Insurance Card		
Percent Yes (Conflnt)	89.95% (79.8-100.0)	94.4% (90.6-98.2)
Percent No (Conflnt)	10.04% (0-20.1)	5.6% (1.8-9.4)

Table 4. Indicator Results

Indicator	Location	Numerator	Denominator	Year 3 KPC Value	Confidence Limits
I. Nutrition					
1) Early initiation of breastfeeding: Percentage of children 0-23 months who were put to the breast within one hour of birth. (OR, Key Indicator MNC)	Kaduha	247	300	82.3%	76.6-88.0 95% CI
	Kigeme	236	300	78.7%	72.9-84.4 95% CI
2) Prelacteal feeds: Percentage of children 0-23 months given liquids prior to the initiation of breastfeeding.	Kaduha	11	300	3.7%	0.8-6.5 95% CI
	Kigeme	6	300	2.0%	0.5-3.5 95% CI
3) Exclusive breastfeeding: Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC6, OR) EBF disaggregation by age groups (recommended by WHO, if sufficient sample size)	Kaduha	78	84	92.9% By age: 0-1 m: 91.4% 2-3 m: 94.3% 4-5 m: 84.0% 0-3 m: 93.1%	85.1-97.3 95% CI
	Kigeme	66	70	94.3% By age: 0-1 m: 96.0% 2-3 m: 96.8% 4-5 m: 80.0% 0-3 m: 95.7%	86.0-98.4 95% CI

Indicator	Location	Numerator	Denominator	Year 3 KPC Value	Confidence Limits
Continued breastfeeding at 1 year (WHO core IYCF indicator, 2008)	Kaduha	40	43	93.0%	85.2-100.0 95% CI
	Kigeme	49	50	98.0%	93.9-100.0 95% CI

Continued breastfeeding at 2 years (WHO Optional IYCF indicator, 2008)	Kaduha	29	33	87.9%	75.8-99.9 95% CI
	Kigeme	28	30	93.3%	83.9-100.0 95% CI
Infant and Young Child Feeding					
Percent of infants and young children age 6-23 months fed according to:					
4a) Minimum Dietary Diversity (OR)	Kaduha	91	184	49.4% By age: 6-11m: 41.0% 12-17m: 54.9% 18-23m: 54.8%	42.0-56.9 95% CI
	Kigeme	81	206	39.3% By age: 6-11m: 36.3% 12-17m: 41.9% 18-23m : 38.5%	32.6-46.3 95% CI
4b) Minimum Meal Frequency (OR)	Kaduha	133	189	70.4%	63.3-77.8 95% CI
	Kigeme	126	208	60.6%	53.6-67.3 95% CI
4c) Minimum Acceptable Diet Proportion of children 6-23 months who receive a minimum acceptable diet (apart from breast milk). (OR, RC adapted to WHO definition)	Kaduha	73	189	38.6%	31.6-46.0 95%CI
	Kigeme	51	208	24.5%	18.8-30.9 95% CI
5) Consumption of iron-rich foods	Kaduha	48	189	25.4%	17.2-33.6 95% CI
	Kigeme	25	208	12.0%	6.3-17.7 95% CI
6) Age appropriate introduction of semi-solid foods Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods (OR)	Kaduha	15	19	78.9%	55.3-100.0 95% CI
	Kigeme	18	24	75.0%	57.5-92.5 95% CI
7) Responsive feeding: Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods) (OR)	Kaduha	178	184	96.7%	93.8-99.6 95% CI
	Kigeme	190	200	95.0%	89.9-100.0 95% CI

Indicator	Location	Numerator	Denominator	Year 3 KPC Value	Confidence Limits
8) Underweight: Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age,	Kaduha	20	185	10.8%	7.1 – 16.1 95% CI
	Kigeme	33	188	17.6%	12.0-24.9 95% CI

according to WHO reference population). (RC 18, OR)					
Disaggregate underweight by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$)	Kaduha				
	Severe:	6	185	3.2%	1.5-6.9% 95% CI
	Moderate:	14	185	7.6%	4.6-12.3 95% CI
Yr 3 indicators calculated for 6-23 mos	Kigeme				
	Severe:	4	188	2.1%	0.8-5.5 95% CI
	Moderate:	29	188	15.4%	10.5-22.2 95% CI
9) Wasted: Percentage of children 0-23 months who are underweight for height ($-2SD$ for the median height for age, according to WHO reference population) (OR)	Kaduha	12	185	6.5%	3.5-11.0 95% CI
	Kigeme	11	188	5.9%	2.8-11.9 95% CI
Disaggregate by moderate and severe wasting	Kaduha				
	Severe:	2	185	1.1%	0.3-3.9 95% CI
	Moderate:	10	185	5.4%	3.0-9.7 95% CI
Yr 3 indicators calculated for 6-23 mos	Kigeme				
	Severe:	1	188	0.5%	0.1-3.9 95% CI
	Moderate:	10	188	5.3%	2.6-10.4 95% CI
10) Stunted: Percentage of children 0-23 months who are under height/length for age ($-2SD$ for the median height for age, according to WHO reference population) (OR)	Kaduha	63	185	34.1%	27.6 - 41.1 95% CI
	Kigeme	62	188	33.0%	26.2-40.5 95% CI
Disaggregate stunting by moderate ($\leq -2SD$ and $> -3SD$) and severe ($\leq -3SD$)	Kaduha				
	Severe:	24	185	13.0%	8.9-18.6 95% CI
	Moderate:	39	185	21.1%	15.8-27.5 95% CI
Yr 3 indicators calculated for 6-23 mos	Kigeme				
	Severe:	25	188	13.3%	8.4-20.4 95% CI
	Moderate:	37	188	19.7%	14.5-26.2 95% CI

11) Acute Malnutrition Children: Percent of children 6-23 months as measured by MUAC (OR) References for children 6-23 m: SAM: <115mm MAM: ≥115 mm and < 125 mm	Kaduha	1	185	0.5%	0.1-3.5 95% CI
	Kigeme	10	188	5.3%	2.8-9.8 95% CI
Disaggregate by at risk, moderate and severe acute malnutrition	Kaduha Severe:	0	185	0.0%	0.0-2.0 95% CI
	Moderate:	1	185	0.5%	0.1-3.0 95% CI
	Kigeme Severe:	0	188	0.0%	0.0-0.0 95% CI
	Moderate:	10	188	5.3%	2.8-9.8 95% CI

Table 5. Indicator Results

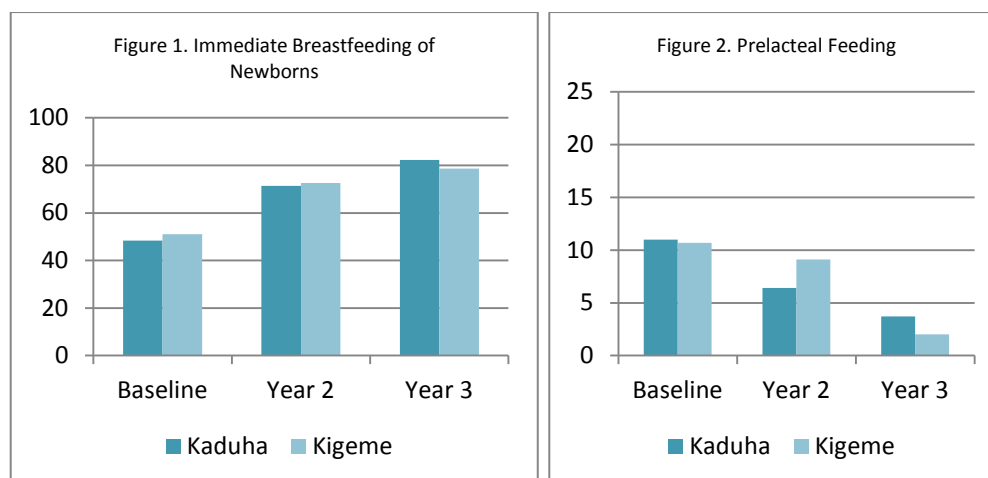
Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Maternal & Newborn Care (35% LOE)						
Increase iron-folic acid supplement a tion during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)	Kaduha	81.0% received (CI: 74.2-87.8%) Average days: 41.53	243	300	90% 60 days
		Kigeme	83.7% received (CI: 79.3-88.0%) Average days: 42.00	251	300	90% 60 days
Control of Diarrheal Diseases (15% LOE)						
Prevention Increase % of households that treat water effectively	POU Water Tx: Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	Kaduha	75.7% (CI: 68.3-83.0%)	227	300	65%
		Kigeme	57.0% (CI: 48.6-65.4)	171	300	65%
Improve	Percentage of	Kaduha	73.7%	221	300	65%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
appropriate hand washing practices	mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)		(CI: 63.5-83.9)			
		Kigeme	73.0% (CI: 63.2- 82.8%)	219	300	65%
Hand Washing at Appropriate times (tracking only)	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	Kaduha	29.7% (CI: 19.7- 39.6%)	89	300	N/A
		Kigeme	15.3% (CI: 9.5-21.2%)	46	300	N/A
Latrine/ toilet in good condition (tracking only)	Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition	Kaduha	27.3% (CI : 19.3- 35.4%)	82	300	N/A
		Kigeme	23.3% (CI : 17.1- 29.6%)	70	300	N/A
Safe feces disposal (tracking only)	Percentage of mothers of children 0-23 months who disposed of the youngest child’s feces safely the last time a stool passed. (Key Indicator)	Kaduha	80.7% (CI: 74.9- 86.5%)	242	300	N/A
		Kigeme	81.0% (CI: 75.6- 86.4%)	243	300	N/A
Process Indicators related to CHWs and Nutrition Weeks						
Contact with CHW for health education: Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counseling, Nutrition Week, etc.)						
CHW Home Visits Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose		Kaduha	61.7% (CI: 53.6- 69.8%)	185	300	75%
		Kigeme	36.7% (CI: 28.2- 45.1%)	110	300	75%
Participation in Nutrition Weeks: Percentage of mothers with		Kaduha	53.0% (CI : 44.3-	159	300	80%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
children 0-23 months who participated in “Nutrition Week” intervention at least once in the past 6 months for 4 or more days.			61.7%)			
		Kigeme	N/A	n/a	n/a	NA

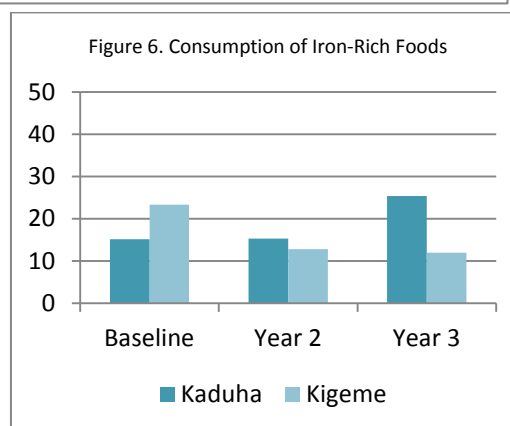
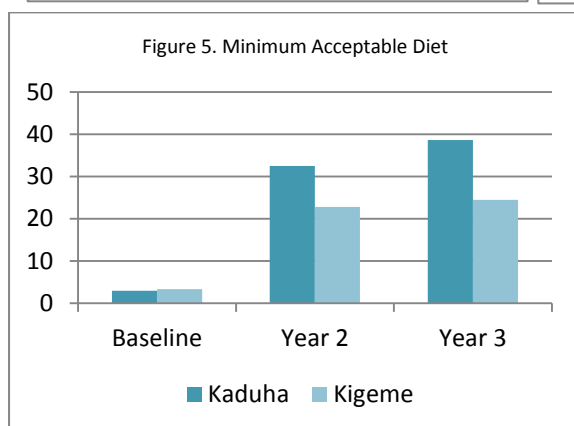
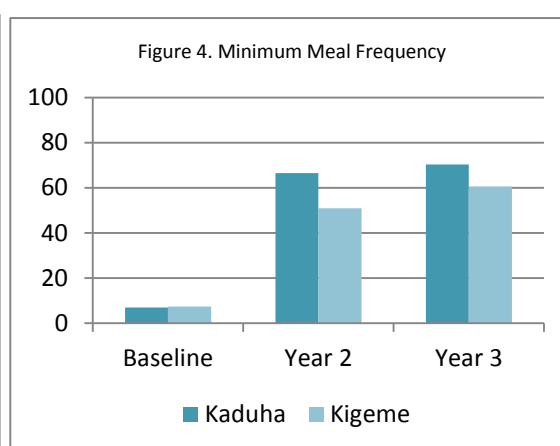
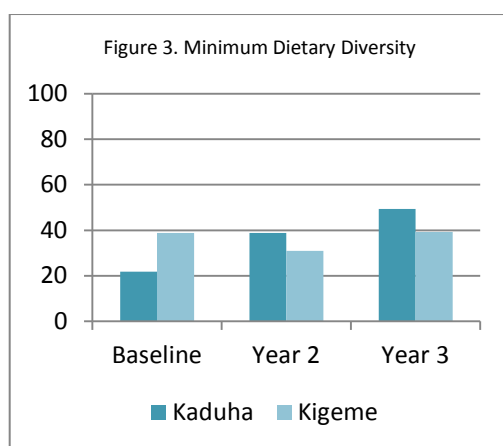
Breastfeeding and Nutrition

After three years, both Kigeme and Kaduha zones saw significant improvement in nutrition indicators over their baseline values. Both zones saw increases in immediate breastfeeding of newborns from year 2 to year 3, though they were significant only in the Kaduha zone (71.4% at year 2, 95%CI 66.26-76.5; 82.3% at year 3, 95%CI 76.6-88.0%) and not in Kigeme (72.6% at year 2, 95%CI 67.52-77.68; 78.7% at year 3, 95%CI 72.9-84.4%), where the confidence intervals overlapped. The two zones were not significantly different from each other at year 3, as their confidence levels overlapped. Prelacteal feeds, the percentage of children 0-23 months given liquids prior to the initiation of breastfeeding, were lower than their Year 2 values, though not significantly different between the two zones. Kaduha’s value decreased from year 2 to year 3, though the change was not significant. Kigeme’s decrease was a significant decrease from Year 2’s value (Kaduha, year 2: 6.4%, 95%CI 3.6-9.1%, year 3: 3.7%, 95%CI 0.8-6.5%; Kigeme, year 2: 9.1%, 95%CI 5.8-12.3%, year 3: 2.0%, 95%CI 0.5-3.5%). See Figures 1 and 2 for further explanation.



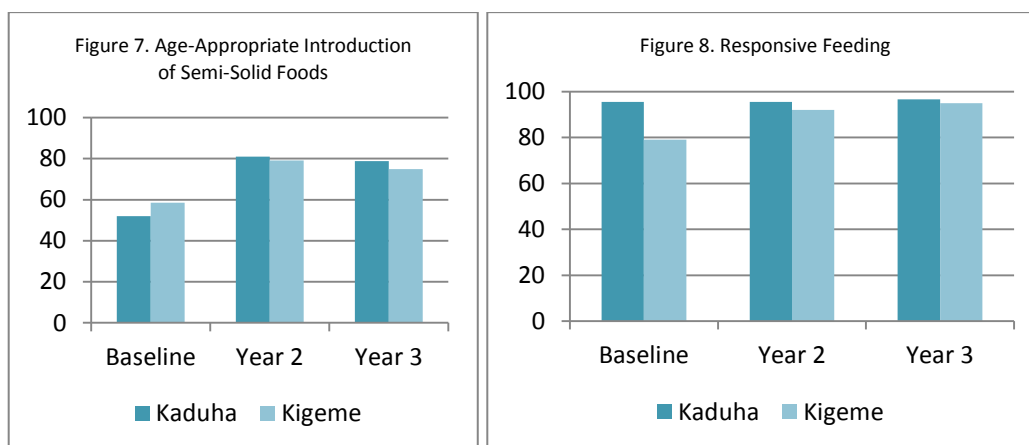
Each of the three key indicators—minimum dietary diversity, minimum meal frequency and minimum acceptable diet—increased in Year 3 over their Year 2 values and were higher in the Kaduha zone than in Kigeme, though no change was significant (see Figures 3-5). For Minimum Dietary Diversity, Kaduha saw another year of improvement, increasing from 38.8% at year 2 to 49.4% at year 3 (95%CI 32.1-45.4% and 42.0-56.9%, respectively). While Kigeme saw a drop in its baseline values to year 2 (38.89% at

baseline to 31.0% at year 2, 95%CI: 24.9-37.0%), year 3 saw an increase to 39.3% (95%CI 32.6-46.3%). Minimum Meal Frequency increased in both zones from year 2, increasing from 66.5% to 70.4% in Kaduha (95%CI 58.7-74.3% and 63.3-77.8% respectively) and from 50.9% to 60.6% in Kigeme (95%CI 44.0-57.8% and 53.6-67.3%, respectively). The percentage of children aged 6-23 months who were fed to the Minimum Acceptable Diet (MAD, 2008 WHO Definition) increased from 32.5% to 38.6% in Kaduha from year 2 to year 3 (95%CI: 24.9-40.2% and 31.6-46.0%, respectively) and from 22.8% to 24.5% in Kigeme (95%CI 16.1-29.5% and 18.8-30.9%, respectively). The differences between the two zones at year 3 for MAD appear to be significant due to confidence intervals which do not overlap and similar baseline values which make them comparable. Deeper analysis using a Difference of Differences test could confirm this finding.



Results were mixed for indicators on consumption of iron-rich foods, age-appropriate introduction of semi-solid foods and responsive feeding. The percentage of infants 6-23 months who consumed food rich in iron increased, though not significantly, in Kaduha in year 3 (15.3%, 95%CI 10.4-20.1% at year 2 to 25.4%, 95%CI 17.2-33.6% at year 3), while it decreased slightly in Kigeme in year 3 (12.8%, 95%CI 8.4-17.1% at year 2 to 12.0%, 95%CI 6.3-17.7% at year 3, see Figure 6). Age appropriate introduction of semi-solid foods decreased slightly, though not significantly, in both zones from year 2 to year 3, with

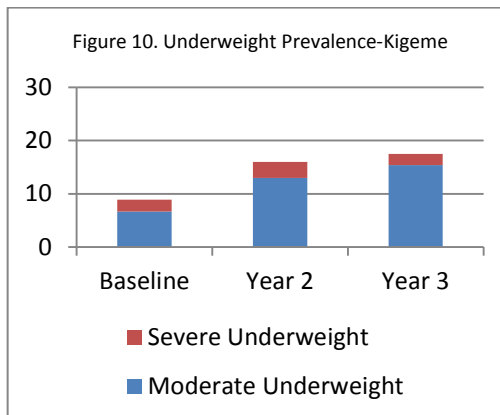
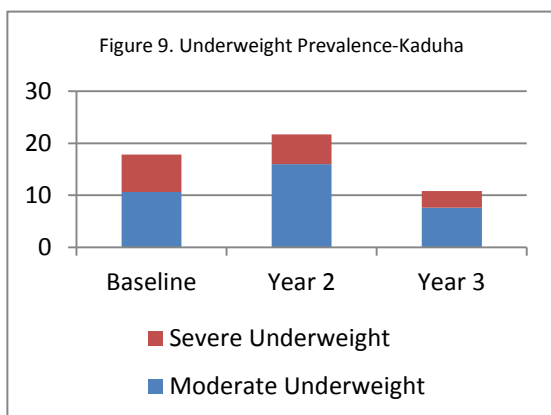
Kaduha decreasing from 81.0%(95%CI 69.1-92.8%) to 78.9% (95%CI 55.3-100%) and Kigeme decreasing from 79.1% (95%CI 66.9-91.2%) to 75.0% (95%CI 57.5-92.5%, see Figure 7). Responsive feeding increased in both areas, though not significantly over year 2 values (Kaduha year 2: 95.5%,95%CI 92.6-98.3%, year 3:96.7%, 95%CI 93.8-99.6%; Kigeme year 2: 92.1%, 95%CI 88.4-95.7%, year 3: 95.0%, 95%CI 89.9-100.0%, see Figure 8).



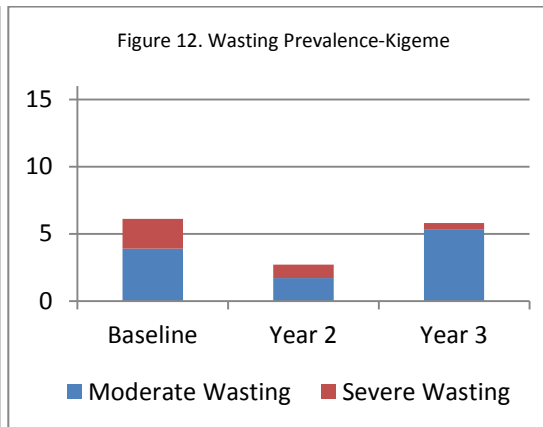
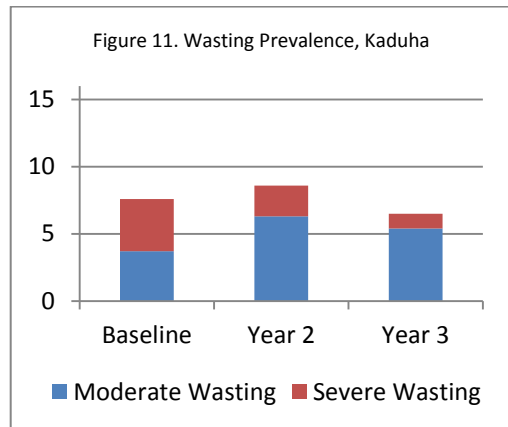
Anthropometry

Anthropometric data for underweight, wasting, stunting and acute malnutrition was measured in this KPC for tracking purposes only. Indicators for year 3 were calculated using the SMART anthropometry tool, and therefore were only calculated for children 6-23 months old. Given this, significant differences were seen in the Kaduha zone for underweight for age (see Figures 9 and 10) and acute malnutrition as measured by MUAC (see Figures 13 and 14). No other significant changes occurred in either zone for wasting or stunting.

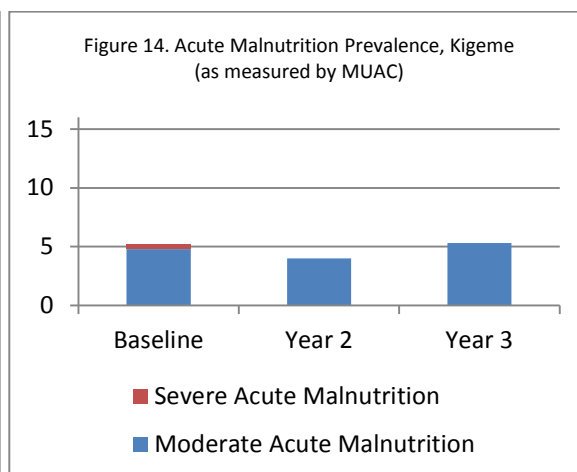
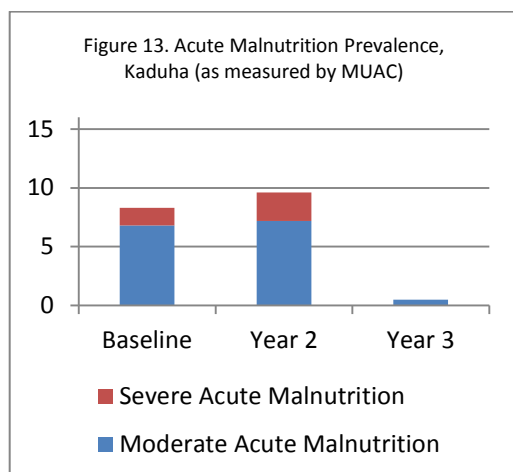
The percentage of children who were underweight for age decreased significantly (over 50%) in Kaduha, with moderate underweight falling by more than half (Kaduha year 2: 21.7%,95%CI 17.0-27.2%, severe underweight: 5.7%, CI: 3.3-9.6%, moderate underweight: 16.0%, CI 11.9-21.1%; year 3: 10.8%, 95%CI 7.1-16.1%, severe underweight: 3.2%, CI: 1.5-6.9%, moderate underweight: 7.6%, CI 4.6-12.3%). In Kigeme, the percent of severe cases declined while moderate cases increased, resulting in a non-significant increase from year 2 to year 3 (Kigeme year 2: 16.0%,95%CI 11.4-22.1%, severe underweight: 3.0%, CI: 1.5-5.8%, moderate underweight: 13.0%, CI 9.2-18.1%; year 3: 17.6%, 95%CI 12.0-24.9%, severe underweight: 2.1%, CI: 0.8-5.5%, moderate underweight: 15.4%, CI 10.5-22.2%).



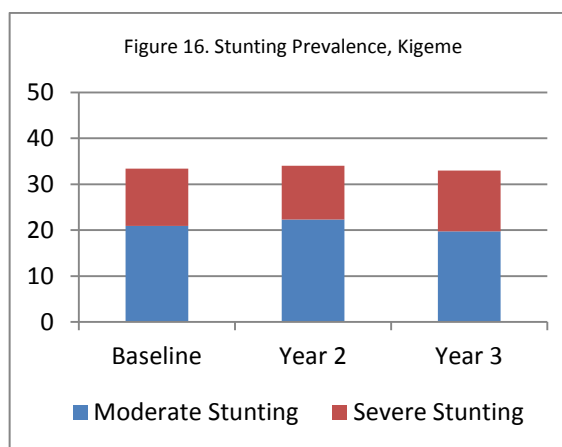
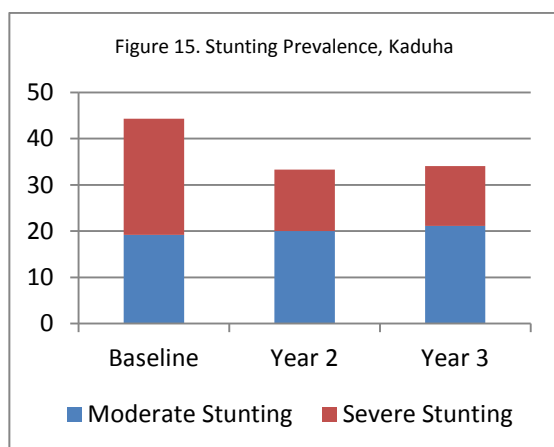
Wasting, measured as the percent of children who are underweight for height, did not change significantly in either zone (see Figures 11 and 12). It did, however, decrease in Kaduha between year 2 and 3 (Kaduha year 2: 8.7%, 95%CI 5.4-13.6%, severe wasting: 2.3%, CI: 1.0-5.2%, moderate wasting: 6.3%, CI 3.6-11.0%; year 3: 6.5%, 95%CI 3.7-11.0%, severe wasting: 1.1%, CI: 0.3-3.9%, moderate wasting: 5.4%, CI 3.0-9.7%) while increasing in the Kigeme zone (Kigeme year 2: 2.7%, 95%CI 1.2-6.0%, severe wasting: 1.0%, CI: 0.2-4.4%, moderate wasting: 1.7%, CI 0.7-3.9%; year 3: 5.9%, 95%CI 2.8-11.9%, severe wasting: 0.5%, CI: 0.1-3.9%, moderate wasting: 5.3%, CI 2.6-10.4%).



Acute malnutrition as measured by MUAC decreased significantly in Kaduha from year 2 to year 2, while increasing in Kigeme. The change in Kaduha was largely fueled by a significant decrease in Moderate Acute Malnutrition (MAM) cases, from 7.2% (95% CI: 4.1-12.4%) at year 2 to 0.5% (95% CI: 0.1-3.0%) at year 3. Severe Acute Malnutrition (SAM) cases also dropped from 2.4% (95% CI: 1.0-5.5%) at year 2 to 0.0% (95% CI: 0.0-2.0%) at year 3. Overall in Kaduha, cases of acute malnutrition significantly decreased from 9.6% (95% CI: 5.8-15.3%) at year 2 to 0.5% (95% CI: 0.1-3.0%) at year 3. In Kigeme, cases of acute malnutrition increased, though not significantly over year 2 (Kigeme year 2: 4.0%, 95%CI 2.0-7.6%, SAM: 0.0%, CI: 0.0-0.0%, MAM: 4.0%, CI 2.0-7.6%; year 3: 5.3%, 95%CI 2.8-9.8%, SAM: 0.0%, CI: 0.0-0.0%, MAM: 5.3%, CI 2.8-9.8%). See Figures 13 and 14 below.



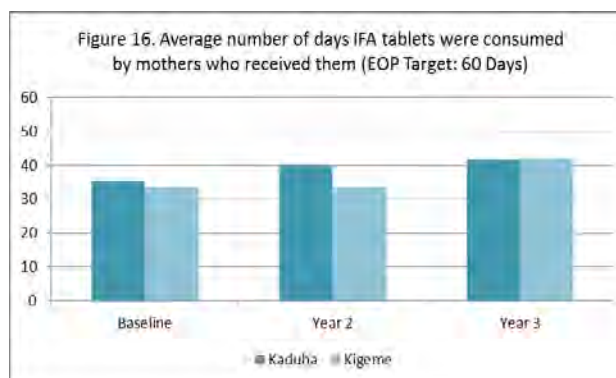
Stunting was not significantly changed in either zone at year 3: in fact, it increased in Kaduha and decreased in Kigeme. Prevalence in Kaduha increased by less than one percent at year 3 (Kaduha year 2: 33.3%, 95%CI 26.1-41.3%, severe stunting: 13.3%, CI: 9.3-18.8%, moderate stunting: 20.0%, CI 15.8-27.5%; year 3: 34.1%, 95%CI 27.6-41.1%, severe stunting: 13.0%, CI: 8.9-18.6%, moderate stunting: 21.1%, CI 15.8-27.5%). In Kigeme, prevalence fell by one percent, though not a large enough decrease to be significant. In fact, severe stunting increased at year 3 while moderate stunting fell (Kigeme year 2: 34.0%, 95%CI 26.9-41.9%, severe stunting: 11.7%, CI: 8.4-16.0%, moderate stunting: 22.3%, CI 17.6-27.9%; year 3: 33.0%, 95%CI 26.2-40.5%, severe stunting: 13.3%, CI: 8.4-20.4%, moderate stunting: 19.7%, CI 14.5-26.2%). See Figures 15 and 16 below for visual representation.



Maternal and Newborn Care

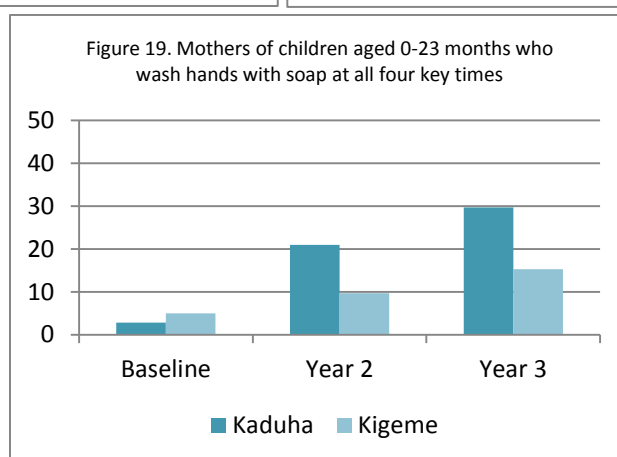
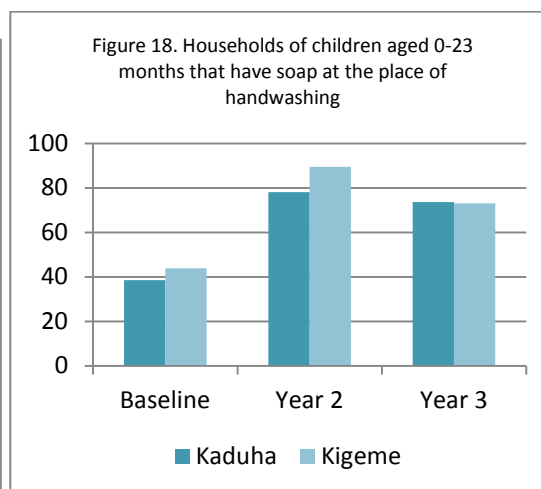
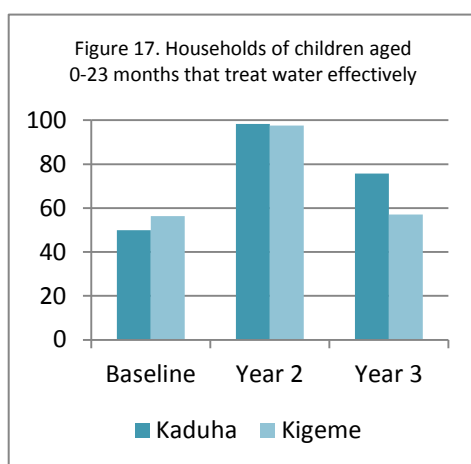
The majority of *Tangiraneza's* maternal and newborn care indicators were not measured in the abridged year 3 survey. Receipt and supplementation of iron/folic acid (IFA) tablets was, however, included in the survey. The percentage of mothers who received IFA tablets increased in both zones from year 2 to year 3, with a significant improvement in the Kigeme zone (Kaduha, year 2: 69.4%, 95%CI

64.1-76.6%, year 3: 81.0%, 95%CI 74.2-87.8%; Kigeme, year 2: 70.9%, 95%CI 65.7-76.0%, year 3: 83.7%, 95%CI 79.3-88.0%). The increases in both zones brought both zones just above their baseline levels (Kaduha 40.5%, 95%CI 32.3-48.5; Kigeme 81.4%, 95%CI 77.4-85.4). Both zones also saw increases in the average number of days that mothers consumed the tablets over their baseline and year 2 values, with Kaduha increasing from 39.88 days at year 2 to 41.53 days at year 3 and Kigeme increasing from 33.45 days at year 2 to 42.0 days at year 3 (see Figure 16).



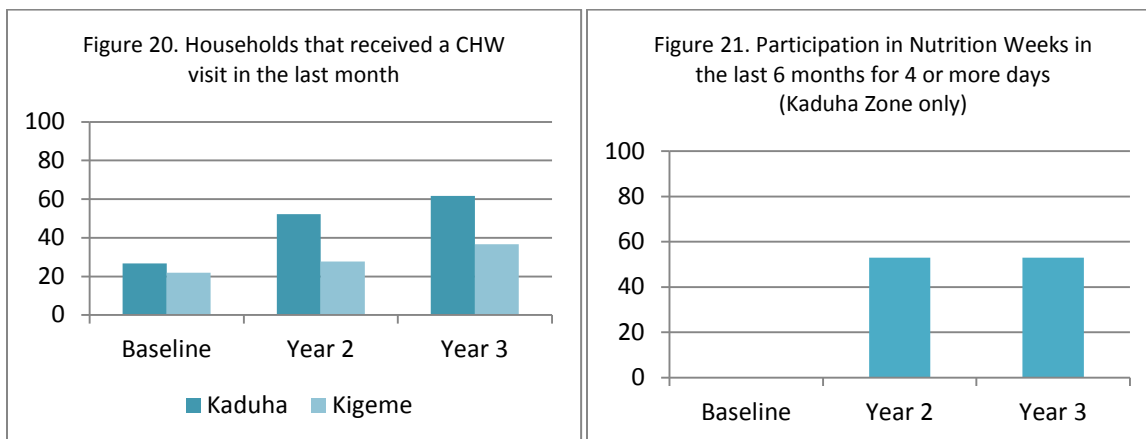
Hygiene and Control of Diarrheal Diseases

Following drastic improvements between baseline and year 2, key indicators for hygiene decreased at Year 3. The percentage of households who treat water effectively decreased significantly in both zones, though the decrease was smaller in Kaduha (Kaduha, year 2: 98.3%, 95%CI 96.6-99.9%, year 3: 75.7%, 95%CI 68.3-83.0%; Kigeme, year 2: 97.6%, 95%CI 95.2-99.9%, year 3: 57.0%, 95%CI 48.6-65.4%, see Figure 17). The percent of households that had soap at the place of hand washing decreased in a similar way, though the decrease was not significant in Kaduha (Kaduha, year 2: 78.1%, 95%CI 72.9-83.2%, year 3: 73.7%, 95%CI 63.5-83.9%; Kigeme, year 2: 89.4%, 95%CI 85.4-93.3%, year 3: 73.0%, 95%CI 63.2-82.8%, see Figure 18). The percentage of mothers who washed their hands at all four key times: before preparing food, before feeding their child, after using the latrine, and after changing their child's diaper increased in both zones, though not significantly. While Kaduha was lower than Kigeme at baseline (though not significantly), Kaduha's indicator at year 3 was almost double of Kigeme's (Kaduha, year 2: 21.0%, 95%CI 16.3-25.6%, year 3: 29.7%, 95%CI 19.7-39.6%; Kigeme, year 2: 9.7%, 95%CI 6.3-13.0%, year 3: 15.3%, 95%CI 9.5-21.2%, see Figure 19).



Community Health Workers and Nutrition Weeks

The survey also measured process indicators related to CHW visits and the Nutrition Weeks intervention. The percent of households reporting that they received a home visit from a CHW in the past month increased in both zones from year 2 to year 3, though neither improvement was significant, due to overlapping confidence intervals. Participation in Nutrition Weeks (attending at least four days of one cycle in the last six months) stayed the same, at 53.0% in Kaduha. See Figures 19 and 20 for further explanation of these process indicators.



Discussion

External Comparisons

Overall, the year 3 KPC survey showed progress on most of the project's key indicators. Many of the key indicators increased significantly after the first year of implementation, and gains were more modest at the year 3 survey. While some decreases did occur, only the key indicators for hygiene practices fell significantly. These issues, notably proper treatment of water and presence of soap at hand washing stations, will be re-emphasized through Modified Care Groups and other community mobilization efforts in the next year.

Both zones saw progress in immediate breastfeeding of newborns and prelacteal feeding at year 3. Immediate breastfeeding increased in both areas, remaining above the EOP target of 70% (82% Kaduha; 79% Kigeme). Prelacteal feeds fell in both zones, and dropped by more than three quarters to 2% in Kigeme, helping surpass its EOP target of 3%. Kaduha has made strong progress in this area as well, with Prelacteal feeds falling to 3.7%, just short of the EOP target.

Nutrition and IYCF practices improved in both zones, exceeding some EOP targets one year early. Minimum Dietary Diversity increased in both areas, reaching 49% in Kaduha and 39% in Kigeme, reaching toward EOP targets of 60% and 55%, respectively. Kaduha has more than doubled its MDD measurement since baseline, while Kigeme increased by 0.4% from baseline, well within the confidence limits, indicating no significant improvement. Minimum Meal Frequency increased in both areas, helping both to exceed EOP targets one year in advance (70% Kaduha, 61% Kigeme, EOP targets 55% Kaduha, 60% Kigeme). Minimum Acceptable Diet increased in both areas to 38% in Kaduha and 24% in Kigeme, though more progress will need to be made in the final year of implementation in order to reach the EOP targets of 50% in both zones. The larger increases in these nutrition indicators in the Kaduha zone suggest that the Nutrition Weeks intervention, with its emphasis on IYCF, is making a greater impact on nutrition outcomes than the standard MOH CBNP on its own.

Improvements in consumption of iron-rich foods in Kaduha (to 25%) were not significant, and neither was the slight decrease in Kigeme (from 12.8% to 12.0%). Both need further emphasis in order to reach the EOP target of 50%. Age appropriate introduction of complementary foods fell in both zones, but both zones still are at or above their EOP target of 75%.

Stock outs in IFA tablets at year 2 resulted in large decreases in the percentage of mothers who received supplements. This issue was addressed and levels in both zones returned to slightly above what they were at baseline. The average number of days that pills were consumed increased in both zones as well (to 41.5 in Kaduha and 42 in Kigeme), indicating that the emphasis that ASMs and MCGs give on taking IFA is helping improve these behaviors. Both receipt and consumption still fall under EOP targets of 90% (receipt of IFA) and 60 days (consumption).

Point-of-use water treatment decreased at year 3, at least partly because the cost of Sur-Eau (chlorine treatment) more than doubled from 150Rwf to 350Rwf. The project will promote boiling water next year. Qualitative inquiry that accompanied the KPC revealed that construction of latrines and tippy taps was considered difficult by the community, partially explaining why the survey found that few HH have them (latrines: 27%-Kaduha, 23%-Kigeme; neither a significant improvement from yr2). At the same time, improvements in handwashing at the four key times and the percentage of mothers safely disposing of their child's waste show that hygiene behaviors are improving in both zones and redoubled efforts in hygiene should be focused on key areas, keeping this survey data in mind.

The percentage of households receiving a visit from a CHW in the past month increased in both zones, though not significantly. Kaduha recorded much higher rates than Kigeme, with 62% of households receiving visits in Kaduha as compared to 37% in Kigeme, both short of the 75% EOP target. Nutrition Weeks may cause CHWs to visit households more often, which may explain the disparity between zones. Attendance at NWs remained the same at year 3, however, falling short of the EOP target of 80%, at 53%. Physical support of NWs (namely, ingredients for cooking demonstrations) was withdrawn during Year 2, and mothers were encouraged to contribute their own supplies for sessions. This may be one reason why attendance did not increase, though it is encouraging that these steps toward sustainability of NWs did not result in a decrease in attendance.

Programmatic Implications of Findings

Improvements in breastfeeding and IYCF indicators are encouraging and show that program interventions are working to improve behaviors in both zones. Declines in hygiene-related indicators must result in redoubled programmatic efforts in hygiene. Given that qualitative data has helped identify barriers to these behaviors (cost of Sur Eau, attitudes on building handwashing stations), the project will utilize MCGs and religious leaders to mobilize communities around these issues.

Tangiraneza staff meet with religious leaders on a quarterly basis to plan BCC activities in churches, including the dissemination of key messages, support of MCG church members and support of

vulnerable families in getting health insurance, good latrines, kitchen gardens and (occasionally) livestock. By using all avenues of community mobilization and relying heavily on MCGs and religious leaders to address the shortcomings found in these survey results, *Tangiraneza* hopes to make significant progress and reach all of its EOP targets at the year 4 KPC survey.

The goal of *Tanigraneza's* innovation Nutrition Weeks is to reduce and prevent undernutrition, as it contributes to stunted growth. While no significant changes were seen between years two and three in stunting prevalence, the significant decrease in severe stunting which was maintained since the baseline in Kaduha (as opposed to a stable, even increased rate of severe stunting in Kigeme) is encouraging looking at this goal. Furthermore, both Underweight and acute malnutrition cases fell significantly in Kaduha at year 3 (underweight fell by half and SAM/MAM fell by 95%), while they increased in Kigeme. As the Nutrition Weeks intervention was the only difference between program activities in these two zones, it is possible that Nutrition Weeks can have an impact not just on stunting, but on in the treatment and prevention of acute malnutrition as well.

Overall, the data suggest that NWs is a more effective method to improve diet for young children (with the goal of reducing stunting) than other community mobilization techniques (MCGs). The project will continue working with the MOH and sharing NW results and experiences with the goal of influencing national policy.

Community Feedback and Dissemination of Findings

Tangiraneza participates in annual project assessments, where results from this survey will be shared with the community, local stakeholders and the MOH, including Nyamagabe District Ministry of Health officials and staff from the Kigeme and Kaduha hospitals, in order to influence project planning and implementation.

Results will also be shared with the national Nutrition Technical Working Group, in which World Relief is an active participant. The project continues to share data with policy makers and hopes that its approaches, namely NWs, may be integrated into national nutrition policy. However, certain factors, such as cooking demonstrations at GMP sessions, may make this difficult.

Annex 1. Raw Data for Each Survey Question

INNOVATION CHILD SURVIVAL TANGIRANEZA PROGRAM NYAMAGABE DISTRICT WRR YEAR 3 KPC RAW DATA

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i10) Was consent received?

Frequencies

[DataSet1]

Statistics

MotherConsent

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Kaduha	N	Valid	300
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MotherConsent

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	300	100,0	100,0	100,0
Kaduha	Valid	1	300	100,0	100,0	100,0

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Frequencies

Sex Child

[DataSet1]

Statistics

SexChild

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Kaduha	N	Valid	300
		Missing	0

SexChild

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	Male	159	53,0	53,0	53,0
		Female	141	47,0	47,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	Male	153	51,0	51,0	51,0
		Female	147	49,0	49,0	100,0
		Total	300	100,0	100,0	

AGE OF A CHILD UNDER 2 YEARS

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Frequencies

[DataSet1]

Statistics

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	Median		11,000
	Std. Deviation		6,7533
Kaduha	N	Valid	300
		Missing	0
	Mean		10,857
	Median		11,000
	Std. Deviation		7,3509

CalcAgeChild

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0	11	3,7	3,7	3,7
		1	14	4,7	4,7	8,3
		2	17	5,7	5,7	14,0
		3	14	4,7	4,7	18,7
		4	14	4,7	4,7	23,3
		5	11	3,7	3,7	27,0
		6	11	3,7	3,7	30,7
		7	12	4,0	4,0	34,7

	8	14	4,7	4,7	39,3
	9	12	4,0	4,0	43,3
	10	14	4,7	4,7	48,0
	11	17	5,7	5,7	53,7
	12	19	6,3	6,3	60,0
	13	17	5,7	5,7	65,7
	14	13	4,3	4,3	70,0
	15	5	1,7	1,7	71,7
	16	10	3,3	3,3	75,0
	17	10	3,3	3,3	78,3
	18	12	4,0	4,0	82,3
	19	12	4,0	4,0	86,3
	20	10	3,3	3,3	89,7
	21	10	3,3	3,3	93,0
	22	8	2,7	2,7	95,7
	23	13	4,3	4,3	100,0
	Total	300	100,0	100,0	
Kaduha	Valid	0	20	6,7	6,7
		1	15	5,0	11,7
		2	23	7,7	19,3
		3	12	4,0	23,3
		4	14	4,7	28,0
		5	11	3,7	31,7
		6	9	3,0	34,7
		7	10	3,3	38,0
		8	6	2,0	40,0
		9	13	4,3	44,3
		10	9	3,0	47,3
		11	14	4,7	52,0
		12	14	4,7	56,7
		13	14	4,7	61,3
		14	15	5,0	66,3
		15	12	4,0	70,3
		16	9	3,0	73,3
		17	7	2,3	75,7
		18	12	4,0	79,7
		19	12	4,0	83,7
		20	10	3,3	87,0
		21	9	3,0	90,0
		22	10	3,3	93,3
		23	20	6,7	100,0
	Total	300	100,0	100,0	

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Frequencies

Age2				
Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	0-5m	81	27,0	27,0	27,0
		6-23m	219	73,0	73,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	0-5m	95	31,7	31,7	31,7
		6-23m	205	68,3	68,3	100,0
		Total	300	100,0	100,0	

Frequencies

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Frequencies

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Statistics

Age2

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		Missing	0
Kaduha	N	Valid	300
		Missing	0

Age2

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0-5m	81	27,0	27,0	27,0
		6-23m	219	73,0	73,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	0-5m	95	31,7	31,7	31,7
		6-23m	205	68,3	68,3	100,0
		Total	300	100,0	100,0	

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USE ALL.
COMPUTE filter_$=(CalcAgeChild < 6).
VARIABLE LABEL filter_$ 'CalcAgeChild < 6 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=Age3
  /ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

Age3

Kigeme	N	Valid	81
		Missing	0
Kaduha	N	Valid	95
		Missing	0

Age3

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0-1m	25	30,9	30,9	30,9
		2-3m	31	38,3	38,3	69,1
		4-5m	25	30,9	30,9	100,0
		Total	81	100,0	100,0	
Kaduha	Valid	0-1m	35	36,8	36,8	36,8
		2-3m	35	36,8	36,8	73,7
		4-5m	25	26,3	26,3	100,0
		Total	95	100,0	100,0	

```

USE ALL.
COMPUTE filter_$=(CalcAgeChild >= 6).
VARIABLE LABEL filter_$ 'CalcAgeChild >= 6 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=Age4
/ORDER=ANALYSIS.

```

Frequencies

[DataSet1]

Statistics

Age4

Kigeme	N	Valid	219
		Missing	0
Kaduha	N	Valid	205
		Missing	0

Age4

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	12-17m	74	33,8	33,8	33,8
		18-23m	65	29,7	29,7	63,5
		6-11m	80	36,5	36,5	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	12-17m	71	34,6	34,6	34,6
		18-23m	73	35,6	35,6	70,2
		6-11m	61	29,8	29,8	100,0
		Total	205	100,0	100,0	

```

FILTER OFF.
USE ALL.
EXECUTE.
CROSSTABS
  /TABLES=SexChild BY Age2
  /FORMAT=AVALUE TABLES
  /CELLS=COUNT ROW

```

/COUNT ROUND CELL.

Crosstabs

Sex child

[DataSet1]

Case Processing Summary

		Cases					
		Valid		Missing		Total	
		N	Percent	N	Percent	N	Percent
Hospital/Catchment							
Kigeme	SexChild * Age2	300	100,0%	0	,0%	300	100,0%
Kaduha	SexChild * Age2	300	100,0%	0	,0%	300	100,0%

SexChild * Age2 Crosstabulation

Hospital/Catchment				Age2		Total
				0-5m	6-23m	
Kigeme	SexChild	Male	Count	43	116	159
			% within SexChild	27,0%	73,0%	100,0%
	Female	Count	38	103	141	
		% within SexChild	27,0%	73,0%	100,0%	
	Total	Count	81	219	300	
		% within SexChild	27,0%	73,0%	100,0%	
Kaduha	SexChild	Male	Count	47	106	153
			% within SexChild	30,7%	69,3%	100,0%
	Female	Count	48	99	147	
		% within SexChild	32,7%	67,3%	100,0%	
	Total	Count	95	205	300	
		% within SexChild	31,7%	68,3%	100,0%	

FREQUENCIES VARIABLES=AgeMother
 /STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN
 /ORDER=ANALYSIS.

Frequencies

Age Mother

[DataSet1]

Statistics

AgeMother

	N	Valid	0
		Missing	1
Kigeme	N	Valid	300
		Missing	0
	Mean		28,96
	Median		28,00
	Minimum		17
	Maximum		46
Kaduha	N	Valid	300
		Missing	0
	Mean		28,85
	Median		28,00
	Minimum		17
	Maximum		45

AgeMother

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
.	Missing	System	1	100,0		
Kigeme	Valid	17	1,3	,3	,3	,3
		19	2,7	,7		1,0
		20	14	4,7	4,7	5,7
		21	11	3,7	3,7	9,3
		22	23	7,7	7,7	17,0
		23	15	5,0	5,0	22,0
		24	12	4,0	4,0	26,0
		25	24	8,0	8,0	34,0
		26	21	7,0	7,0	41,0
		27	18	6,0	6,0	47,0
		28	18	6,0	6,0	53,0
		29	17	5,7	5,7	58,7
		30	20	6,7	6,7	65,3
		31	13	4,3	4,3	69,7
		32	17	5,7	5,7	75,3
		33	7	2,3	2,3	77,7
		34	9	3,0	3,0	80,7
		35	12	4,0	4,0	84,7
		36	4	1,3	1,3	86,0
		37	4	1,3	1,3	87,3
		38	7	2,3	2,3	89,7
		39	6	2,0	2,0	91,7
		40	6	2,0	2,0	93,7
		41	3	1,0	1,0	94,7
		42	6	2,0	2,0	96,7
		43	4	1,3	1,3	98,0
		44	3	1,0	1,0	99,0
		46	3	1,0	1,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	17	1,3	,3	,3	,3
		18	1,3	,3	,7	
		19	2,7	,7		1,3
		20	4	1,3	1,3	2,7
		21	10	3,3	3,3	6,0
		22	11	3,7	3,7	9,7
		23	20	6,7	6,7	16,3
		24	29	9,7	9,7	26,0
		25	28	9,3	9,3	35,3
		26	22	7,3	7,3	42,7
		27	12	4,0	4,0	46,7
		28	17	5,7	5,7	52,3
		29	17	5,7	5,7	58,0
		30	24	8,0	8,0	66,0
		31	14	4,7	4,7	70,7
		32	14	4,7	4,7	75,3
		33	14	4,7	4,7	80,0
		34	11	3,7	3,7	83,7

35	5	1,7	1,7	85,3
36	9	3,0	3,0	88,3
37	6	2,0	2,0	90,3
38	2,7	,7		91,0
39	11	3,7	3,7	94,7
40	4	1,3	1,3	96,0
41	6	2,0	2,0	98,0
42	3	1,0	1,0	99,0
43	1,3	,3		99,3
44	1,3	,3		99,7
45	1,3	,3		100,0
Total	300	100,0	100,0	

FREQUENCIES VARIABLES=AgeMother
 /STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN
 /ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

AgeMother

	N	Valid	0
		Missing	1
Kigeme	N	Valid	300
		Missing	0
	Mean		28,96
	Median		28,00
	Minimum		17
	Maximum		46
Kaduha	N	Valid	300
		Missing	0
	Mean		28,85
	Median		28,00
	Minimum		17
	Maximum		45

AgeMother

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
	Missing	System	1	100,0		
Kigeme	Valid	17	1,3	,3	,3	,3
		19	2,7	,7		1,0
		20	14	4,7	4,7	5,7
		21	11	3,7	3,7	9,3
		22	23	7,7	7,7	17,0
		23	15	5,0	5,0	22,0
		24	12	4,0	4,0	26,0
		25	24	8,0	8,0	34,0
		26	21	7,0	7,0	41,0
		27	18	6,0	6,0	47,0
		28	18	6,0	6,0	53,0

		29	17	5,7	5,7	58,7
		30	20	6,7	6,7	65,3
		31	13	4,3	4,3	69,7
		32	17	5,7	5,7	75,3
		33	7	2,3	2,3	77,7
		34	9	3,0	3,0	80,7
		35	12	4,0	4,0	84,7
		36	4	1,3	1,3	86,0
		37	4	1,3	1,3	87,3
		38	7	2,3	2,3	89,7
		39	6	2,0	2,0	91,7
		40	6	2,0	2,0	93,7
		41	3	1,0	1,0	94,7
		42	6	2,0	2,0	96,7
		43	4	1,3	1,3	98,0
		44	3	1,0	1,0	99,0
		46	3	1,0	1,0	100,0
		<i>Total</i>	300	100,0	100,0	
Kaduha	Valid	17	1,3	,3	,3	
		18	1,3	,3	,7	
		19	2,7	,7		1,3
		20	4	1,3	1,3	2,7
		21	10	3,3	3,3	6,0
		22	11	3,7	3,7	9,7
		23	20	6,7	6,7	16,3
		24	29	9,7	9,7	26,0
		25	28	9,3	9,3	35,3
		26	22	7,3	7,3	42,7
		27	12	4,0	4,0	46,7
		28	17	5,7	5,7	52,3
		29	17	5,7	5,7	58,0
		30	24	8,0	8,0	66,0
		31	14	4,7	4,7	70,7
		32	14	4,7	4,7	75,3
		33	14	4,7	4,7	80,0
		34	11	3,7	3,7	83,7
		35	5	1,7	1,7	85,3
		36	9	3,0	3,0	88,3
		37	6	2,0	2,0	90,3
		38	2,7	,7		91,0
		39	11	3,7	3,7	94,7
		40	4	1,3	1,3	96,0
		41	6	2,0	2,0	98,0
		42	3	1,0	1,0	99,0
		43	1,3	,3		99,3
		44	1,3	,3		99,7
		45	1,3	,3		100,0
		<i>Total</i>	300	100,0	100,0	

Frequencies

i15) Are you the biological mother of the child?

[DataSet1]

```
FREQUENCIES VARIABLES=BiologicalMother  
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

BiologicalMother

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

BiologicalMother

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	300	100,0	100,0	100,0
		No				
Kaduha	Valid	Yes	300	100,0	100,0	100,0
		No				

1. Have you ever attended school

```
FREQUENCIES VARIABLES=q01  
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q01

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q01

HospitalCatchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	63	21,0	21,0	21,0
		Yes	237	79,0	79,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	60	20,0	20,0	20,0
		Yes	240	80,0	80,0	100,0
		Total	300	100,0	100,0	

2. What is the highest grade or level of school you have completed?

```
USE ALL.  
COMPUTE filter_$=(q01 = 1).  
VARIABLE LABEL filter_$ 'q01 = 1 (FILTER)'.  
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.  
FORMAT filter_$ (f1.0).  
FILTER BY filter_$.  
EXECUTE.  
FREQUENCIES VARIABLES=q02  
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q02

Kigeme	N	Valid	237
		Missing	0
Kaduha	N	Valid	240
		Missing	0

q02

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	None/Did not complete primary	111	46,8	46,8	46,8
		Primary	113	47,7	47,7	94,5
		Secondary	13	5,5	5,5	100,0
		Total	237	100,0	100,0	
Kaduha	Valid	None/Did not complete primary	113	47,1	47,1	47,1
		Primary	109	45,4	45,4	92,5
		Secondary	15	6,2	6,2	98,8
		Past secondary	1,4	,4		99,2
		Other	2,8	,8		100,0
		Total	240	100,0	100,0	

3.How many people live in your household?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q03

/STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q03

Kigeme	N	Valid	300
		Missing	0
	Mean		5,02
	Median		5,00
	Minimum		3
	Maximum		10
Kaduha	N	Valid	300
		Missing	0
	Mean		4,66
	Median		4,00
	Minimum		2
	Maximum		10

q03

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	3	81	27,0	27,0	27,0
		4	60	20,0	20,0	47,0
		5	59	19,7	19,7	66,7
		6	37	12,3	12,3	79,0
		7	24	8,0	8,0	87,0
		8	21	7,0	7,0	94,0

		9	11	3,7	3,7	97,7
		10	7	2,3	2,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	2	5	1,7	1,7	1,7
		3	83	27,7	27,7	29,3
		4	71	23,7	23,7	53,0
		5	62	20,7	20,7	73,7
		6	42	14,0	14,0	87,7
		7	15	5,0	5,0	92,7
		8	14	4,7	4,7	97,3
		9	4	1,3	1,3	98,7
		10	4	1,3	1,3	100,0
		Total	300	100,0	100,0	

4■ What is your ubudehe category

FREQUENCIES VARIABLES=Q04
/ORDER=ANALYSIS.

Frequencies.

[DataSet1]

Statistics

Q04

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

Q04

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid Those in abject porverty	14	4,7	4,7	4,7
Very poor	59	19,7	19,7	24,3
The poor	210	70,0	70,0	94,3
The resourceful poor	16	5,3	5,3	99,7
The food rich	1,3	,3		100,0
Total	300	100,0	100,0	
Kaduha Valid Those in abject porverty	13	4,3	4,3	4,3
Very poor	78	26,0	26,0	30,3
The poor	198	66,0	66,0	96,3
The resourceful poor	11	3,7	3,7	100,0
Total	300	100,0	100,0	

4b.Are you using health insurance?

FREQUENCIES VARIABLES=Q4b
/ORDER=ANALYSIS.

Frequencies.

[DataSet1]

Statistics

Q4b

Kigeme	N	Valid	300

		Missing	0
Kaduha	N	Valid	300
		Missing	0

Q4b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	91	30,3	30,3	30,3
		Yes	209	69,7	69,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	50	16,7	16,7	16,7
		Yes	250	83,3	83,3	100,0
		Total	300	100,0	100,0	

4c.If yes:Can I see your member card?

```
USE ALL.
COMPUTE filter_$=(Q4b=1).
VARIABLE LABEL filter_$ 'Q4b=1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=4c
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

```
FREQUENCIES VARIABLES=Q4c
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

Q4c

Kigeme	N	Valid	209
		Missing	0
Kaduha	N	Valid	250
		Missing	0

Q4c

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No card	21	10,0	10,0	10,0
		Card available	188	90,0	90,0	100,0
		Total	209	100,0	100,0	
Kaduha	Valid	No card	14	5,6	5,6	5,6
		Card available	236	94,4	94,4	100,0
		Total	250	100,0	100,0	

21.If biological mother (i15) ask:

During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup?

```
USE ALL.
COMPUTE filter_$=(BiologicalMother = 1).
VARIABLE LABEL filter_$ 'BiologicalMother = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
```

```
FREQUENCIES VARIABLES=q21
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q21

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q21

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	49	16,3	16,3	16,3
		Yes	251	83,7	83,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	57	19,0	19,0	19,0
		Yes	243	81,0	81,0	100,0
		Total	300	100,0	100,0	

22. During the whole pregnancy, for how many days did you take the tablets/syrup?

```
USE ALL.
COMPUTE filter_$=(q21 = 1 AND q22 < 888).
VARIABLE LABEL filter_$ 'q21 = 1 AND q22 < 888 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q22
/STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q22

Kigeme	N	Valid	247
		Missing	0
	Mean		42,00
	Median		30,00
	Minimum		1
	Maximum		180
Kaduha	N	Valid	243
		Missing	0
	Mean		41,53
	Median		30,00
	Minimum		1
	Maximum		150

q22

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	11	4,5	4,5	4,5
		2	5	2,0	2,0	6,5

	3	5	2,0	2,0	8,5
	4	3	1,2	1,2	9,7
	5	1,4	,4		10,1
	6	1,4	,4		10,5
	7	5	2,0	2,0	12,6
	10	4	1,6	1,6	14,2
	12	1,4	,4		14,6
	14	3	1,2	1,2	15,8
	15	4	1,6	1,6	17,4
	18	1,4	,4		17,8
	20	2,8	,8		18,6
	21	3	1,2	1,2	19,8
	22	1,4	,4		20,2
	24	2,8	,8		21,1
	25	1,4	,4		21,5
	27	1,4	,4		21,9
	28	2,8	,8		22,7
	30	95	38,5	38,5	61,1
	31	1,4	,4		61,5
	32	1,4	,4		61,9
	40	1,4	,4		62,3
	50	2,8	,8		63,2
	60	51	20,6	20,6	83,8
	72	1,4	,4		84,2
	80	1,4	,4		84,6
	85	1,4	,4		85,0
	88	2,8	,8		85,8
	90	32	13,0	13,0	98,8
	120	2,8	,8		99,6
	180	1,4	,4		100,0
	Total	247	100,0	100,0	
Kaduha	Valid	1	3	1,2	1,2
		2	2,8	,8	2,1
		3	1,4	,4	2,5
		4	1,4	,4	2,9
		7	2,8	,8	3,7
		8	2,8	,8	4,5
		14	4	1,6	6,2
		15	4	1,6	7,8
		20	5	2,1	9,9
		21	3	1,2	11,1
		25	5	2,1	13,2
		28	2,8	,8	14,0
		30	126	51,9	65,8
		31	1,4	,4	66,3
		32	2,8	,8	67,1
		40	4	1,6	68,7
		45	6	2,5	71,2

46	1,4	,4		71,6
50	1,4	,4		72,0
60	32	13,2	13,2	85,2
62	1,4	,4		85,6
88	3	1,2	1,2	86,8
90	31	12,8	12,8	99,6
150	1,4	,4		100,0
Total	243	100,0	100,0	

29. Did you ever breastfeed (NAME)?

```
USE ALL.
COMPUTE filter_$=(BiologicalMother = 1).
VARIABLE LABEL filter_$ 'BiologicalMother = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q29
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q29

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q29

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid 1	300	100,0	100,0	100,0
Kaduha Valid 1	300	100,0	100,0	100,0

```
FREQUENCIES VARIABLES=q29
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q29

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q29

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid Yes	300	100,0	100,0	100,0
Kaduha Valid Yes	300	100,0	100,0	100,0

30. How long after birth did you first put (NAME) to the breast?

```
USE ALL.
COMPUTE filter_$=(q29 = 1).
VARIABLE LABEL filter_$ 'q29 = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
```

FREQUENCIES VARIABLES=q30u
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q30u

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q30u

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Less than 1 hour	236	78,7	78,7	78,7
		Hours	56	18,7	18,7	97,3
		Days	8	2,7	2,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	Less than 1 hour	247	82,3	82,3	82,3
		Hours	43	14,3	14,3	96,7
		Days	10	3,3	3,3	100,0
		Total	300	100,0	100,0	

31. During the first three days after delivery, did you give (NAME) the liquid that came from your breasts.

FREQUENCIES VARIABLES=q31
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q31

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q31

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	4	1,3	1,3	1,3
		Yes	296	98,7	98,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	3	1,0	1,0	1,0
		Yes	297	99,0	99,0	100,0
		Total	300	100,0	100,0	

32. During the first three days after delivery, was (NAME) given anything to drink other than breast milk?

FREQUENCIES VARIABLES=q32
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q32

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q32

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	292	97,3	97,3	97,3
		Yes	6	2,0	2,0	99,3
		Don't know	2	,7	,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	289	96,3	96,3	96,3
		Yes	11	3,7	3,7	100,0
		Total	300	100,0	100,0	

33.What else was (NAME) given to drink during the first three days?

```
USE ALL.
COMPUTE filter_$(q32 = 1).
VARIABLE LABEL filter_$ 'q32 = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

```
FREQUENCIES VARIABLES=q33
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q33

Kigeme	N	Valid	6
		Missing	0
Kaduha	N	Valid	11
		Missing	0

q33

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Milk (Other than breast milk	1	16,7	16,7	16,7
		Milk (Other than breast milk)	1	16,7	16,7	33,3
		Plain water	3	50,0	50,0	83,3
		Other	1	16,7	16,7	100,0
		Total	6	100,0	100,0	
Kaduha	Valid	Milk (Other than breast milk	2	18,2	18,2	18,2
		Plain water	7	63,6	63,6	81,8
		Plain water , sugar or glucose water	1	9,1	9,1	90,9
		Other	1	9,1	9,1	100,0

Statistics

q33

Kigeme	N	Valid	6
		Missing	0
Kaduha	N	Valid	11
		Total	11
			100,0
			100,0

34.Was (NAME) breastfed yesterday during the day or at night?

```
USE ALL.
COMPUTE filter_$=(q29 = 1).
VARIABLE LABEL filter_$ 'q29 = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q34
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q34

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q34

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	15	5,0	5,0	5,0
		Yes	285	95,0	95,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	16	5,3	5,3	5,3
		Yes	284	94,7	94,7	100,0
		Total	300	100,0	100,0	

35.Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?

```
USE ALL.
COMPUTE filter_$=(q34 = 0).
VARIABLE LABEL filter_$ 'q34 = 0 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q35
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q35

Kigeme	N	Valid	15
		Missing	0
Kaduha	N	Valid	16
		Missing	0

q35

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent

Kigeme	Valid	No	13	86,7	86,7	86,7
		Yes	2	13,3	13,3	100,0
		Total	15	100,0	100,0	
Kaduha	Valid	No	14	87,5	87,5	87,5
		Yes	2	12,5	12,5	100,0
		Total	16	100,0	100,0	

36. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or night?

FILTER OFF.
USE ALL.
EXECUTE.
FREQUENCIES VARIABLES=q36a

Frequencies

[DataSet1]

Statistics

q36a

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q36a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	286	95,3	95,3	95,3
		Yes	14	4,7	4,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	290	96,7	96,7	96,7
		Yes	9	3,0	3,0	99,7
		Don't know	1	,3	,3	100,0
		Total	300	100,0	100,0	

37. Was (NAME) given ORS yesterday during the day or at night?

FREQUENCIES VARIABLES=37a
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

FREQUENCIES VARIABLES=q37a
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q37a

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q37a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0	295	98,3	98,3	98,3

	Yes	5	1,7	1,7	100,0
	Total	300	100,0	100,0	
Kaduha	Valid	0	294	98,0	98,0
	Yes	6	2,0	2,0	100,0
	Total	300	100,0	100,0	

38.Did (NAME) drink anything from a bottle with a nipple yesterday or last night?

FREQUENCIES VARIABLES=q38x1
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q38x1

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q38x1

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	281	93,7	93,7	93,7
		Yes	19	6,3	6,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	295	98,3	98,3	98,3
		Yes	5	1,7	1,7	100,0
		Total	300	100,0	100,0	

39. Did (Name) have any (ITEM FROM LIST)?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q39a q39b q39c q39d q39e q39f q39g q39h q39i 39all
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

FREQUENCIES VARIABLES=q39a q39b q39c q39d q39e q39f q39g q39h q39i q39all
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

HospitalCatchment	q39a	q39b	q39c	q39d	q39e	q39f	q39g	q39h	q39i	q39all
Kigeme	N	Valid	300	300	300	300	300	300	300	300
		Missing	0	0	0	0	0	0	0	0
Kaduha	N	Valid	300	300	300	300	300	300	300	300
		Missing	0	0	0	0	0	0	0	0

39a.Plain water?

Frequency Table

q39a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	258	86,0	86,0	86,0
		Yes	42	14,0	14,0	100,0

<i>Total</i>			300	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	260	86,7	86,7	86,7
		<i>Yes</i>	40	13,3	13,3	100,0
		<i>Total</i>	300	100,0	100,0	

39b. Infant formula such as Kigozi, Rinda and others?

q39b

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	294	98,0	98,0	98,0
		<i>Yes</i>	6	2,0	2,0	100,0
		<i>Total</i>	300	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	297	99,0	99,0	99,0
		<i>Yes</i>	3	1,0	1,0	100,0
		<i>Total</i>	300	100,0	100,0	

39c. Milk such as tinned, powdered or fresh animal milk?

q39c

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	257	85,7	85,7	85,7
		<i>Yes</i>	43	14,3	14,3	100,0
		<i>Total</i>	300	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	254	84,7	84,7	84,7
		<i>Yes</i>	46	15,3	15,3	100,0
		<i>Total</i>	300	100,0	100,0	

39d. Juice or juice drinks?

q39d

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	287	95,7	95,7	95,7
		<i>Yes</i>	13	4,3	4,3	100,0
		<i>Total</i>	300	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	284	94,7	94,7	94,7
		<i>Yes</i>	16	5,3	5,3	100,0
		<i>Total</i>	300	100,0	100,0	

39.e. Clear broth?

q39e

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	260	86,7	86,7	86,7
		<i>Yes</i>	40	13,3	13,3	100,0
		<i>Total</i>	300	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	261	87,0	87,0	87,0
		<i>Yes</i>	39	13,0	13,0	100,0
		<i>Total</i>	300	100,0	100,0	

39f. Yogurt?

q39f

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	298	99,3	99,3	99,3
		Yes	2	,7	,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	297	99,0	99,0	99,0
		Yes	3	1,0	1,0	100,0
		Total	300	100,0	100,0	

39g. Thin porridge?

q39g

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	154	51,3	51,3	51,3
		Yes	146	48,7	48,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	189	63,0	63,0	63,0
		Yes	111	37,0	37,0	100,0
		Total	300	100,0	100,0	

39h. Any other water-based liquids such as (insert local) sorghum juice?

q39h

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	258	86,0	86,0	86,0
		Yes	42	14,0	14,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	239	79,7	79,7	79,7
		Yes	61	20,3	20,3	100,0
		Total	300	100,0	100,0	

39i. Any other liquids?

q39i

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	289	96,3	96,3	96,3
		Yes	11	3,7	3,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	291	97,0	97,0	97,0
		Yes	9	3,0	3,0	100,0
		Total	300	100,0	100,0	

39all

q39all

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	97	32,3	32,3	32,3
		Yes	203	67,7	67,7	100,0
		Total	300	100,0	100,0	

Kaduha	Valid	No	114	38,0	38,0	38,0
		Yes	186	62,0	62,0	100,0
	Total		300	100,0	100,0	

```
USE ALL.
COMPUTE filter_$=(CalcAgeChild >= 6).
VARIABLE LABEL filter_$ 'CalcAgeChild >= 6 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q39a q39b q39c q39d q39e q39f q39g q39h q39i q39all
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q39a	q39b	q39c	q39d	q39e	q39f	q39g	q39h	q39i	q39all
Kigeme	N	Valid	219	219	219	219	219	219	219	219	219	219
		Missing	0	0	0	0	0	0	0	0	0	0
Kaduha	N	Valid	205	205	205	205	205	205	205	205	205	205
		Missing	0	0	0	0	0	0	0	0	0	0

Frequency Table

q39a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	180	82,2	82,2	82,2
		Yes	39	17,8	17,8	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	165	80,5	80,5	80,5
		Yes	40	19,5	19,5	100,0
		Total	205	100,0	100,0	

q39b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	214	97,7	97,7	97,7
		Yes	5	2,3	2,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	202	98,5	98,5	98,5
		Yes	3	1,5	1,5	100,0
		Total	205	100,0	100,0	

q39c

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	178	81,3	81,3	81,3
		Yes	41	18,7	18,7	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	160	78,0	78,0	78,0
		Yes	45	22,0	22,0	100,0
		Total	205	100,0	100,0	

q39d

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	208	95,0	95,0	95,0
		Yes	11	5,0	5,0	100,0

<i>Total</i>			219	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	190	92,7	92,7	92,7
		<i>Yes</i>	15	7,3	7,3	100,0
		<i>Total</i>	205	100,0	100,0	

q39e

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	179	81,7	81,7	81,7
		<i>Yes</i>	40	18,3	18,3	100,0
		<i>Total</i>	219	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	166	81,0	81,0	81,0
		<i>Yes</i>	39	19,0	19,0	100,0
		<i>Total</i>	205	100,0	100,0	

q39f

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	217	99,1	99,1	99,1
		<i>Yes</i>	2,9	,9		100,0
		<i>Total</i>	219	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	202	98,5	98,5	98,5
		<i>Yes</i>	3	1,5	1,5	100,0
		<i>Total</i>	205	100,0	100,0	

q39g

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	75	34,2	34,2	34,2
		<i>Yes</i>	144	65,8	65,8	100,0
		<i>Total</i>	219	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	97	47,3	47,3	47,3
		<i>Yes</i>	108	52,7	52,7	100,0
		<i>Total</i>	205	100,0	100,0	

q39h

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	177	80,8	80,8	80,8
		<i>Yes</i>	42	19,2	19,2	100,0
		<i>Total</i>	219	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	144	70,2	70,2	70,2
		<i>Yes</i>	61	29,8	29,8	100,0
		<i>Total</i>	205	100,0	100,0	

q39i

<i>Hospital/Catchment</i>			<i>Frequency</i>	<i>Percent</i>	<i>Valid Percent</i>	<i>Cumulative Percent</i>
<i>Kigeme</i>	<i>Valid</i>	<i>No</i>	208	95,0	95,0	95,0
		<i>Yes</i>	11	5,0	5,0	100,0
		<i>Total</i>	219	100,0	100,0	
<i>Kaduha</i>	<i>Valid</i>	<i>No</i>	197	96,1	96,1	96,1
		<i>Yes</i>	8	3,9	3,9	100,0

q39a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	180	82,2	82,2	82,2
		Yes	39	17,8	17,8	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	165	80,5	80,5	80,5
		Yes	40	19,5	19,5	100,0
		Total	205	100,0	100,0	

q39all

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	0	23	10,5	10,5	10,5
		1	196	89,5	89,5	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	0	25	12,2	12,2	12,2
		1	180	87,8	87,8	100,0
		Total	205	100,0	100,0	

40. Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.
 FORMAT filter_\$ (f1.0).
 EXECUTE.

EXECUTE.

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q40a q40b q40c q40d q40e q40f q40g q40h q40i q40j q40k q40l q40m q40n q40o q40p q40q q40r q40s
 /ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment		q40a	q40b	q40c	q40d	q40e	q40f	q40g	q40h	q40i	q40j	q40k	q40l	q40m	q40n	q40o	q40p	q40q	q40r	q40s
Kigeme	N Valid	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219	219
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kaduha	N Valid	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205	205
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

40a. Thicker porridge, bread, rice, noodles, or other foods made from grains

Frequency Table

q40a

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	98	44,7	44,7	44,7
		Yes	121	55,3	55,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	84	41,0	41,0	41,0
		Yes	121	59,0	59,0	100,0
		Total	205	100,0	100,0	

40b. Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside

q40b

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	170	77,6	77,6	77,6
		Yes	49	22,4	22,4	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	141	68,8	68,8	68,8
		Yes	64	31,2	31,2	100,0
		Total	205	100,0	100,0	

40c. White potatoes, white yams, cassava, or any other foods made from roots

q40c

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	86	39,3	39,3	39,3
		Yes	133	60,7	60,7	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	47	22,9	22,9	22,9
		Yes	158	77,1	77,1	100,0
		Total	205	100,0	100,0	

40d. Any dark or green leafy vegetables

q40d

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	94	42,9	42,9	42,9
		Yes	125	57,1	57,1	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	62	30,2	30,2	30,2
		Yes	143	69,8	69,8	100,0
		Total	205	100,0	100,0	

40e. Ripe mangoes, ripe papayas or ripe guava

q40e

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	203	92,7	92,7	92,7
		Yes	16	7,3	7,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	178	86,8	86,8	86,8
		Yes	27	13,2	13,2	100,0
		Total	205	100,0	100,0	

40f. Any other fruits or vegetables (such as avocado)

q40f

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	141	64,4	64,4	64,4
		Yes	78	35,6	35,6	100,0
		Total	219	100,0	100,0	

Kaduha	Valid	No	116	56,6	56,6	56,6
		Yes	89	43,4	43,4	100,0
		Total	205	100,0	100,0	

40g.Liver, kidney, heart or other organ meats

q40g

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	218	99,5	99,5	99,5
		Yes	1	,5	,5	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	203	99,0	99,0	99,0
		Yes	2	1,0	1,0	100,0
		Total	205	100,0	100,0	

40h. Any meat, such as beef, pork, lamb, goat, chicken or duck

q40h

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	211	96,3	96,3	96,3
		Yes	8	3,7	3,7	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	193	94,1	94,1	94,1
		Yes	12	5,9	5,9	100,0
		Total	205	100,0	100,0	

40i. Eggs

q40i

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	214	97,7	97,7	97,7
		Yes	5	2,3	2,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	187	91,2	91,2	91,2
		Yes	18	8,8	8,8	100,0
		Total	205	100,0	100,0	

40j.Fresh or dried fish, shellfish or seafood

q40j

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	201	91,8	91,8	91,8
		Yes	18	8,2	8,2	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	162	79,0	79,0	79,0
		Yes	42	20,5	20,5	99,5
		8	1	,5	,5	100,0
		Total	205	100,0	100,0	

40k. Any foods made from beans, peas, lentils, nuts or seeds

q40k

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	57	26,0	26,0	26,0
		Yes	162	74,0	74,0	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	52	25,4	25,4	25,4
		Yes	153	74,6	74,6	100,0
		Total	205	100,0	100,0	

40l. Cheese, yogurt, or other milk products

q40l

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	218	99,5	99,5	99,5
		Yes	1	,5	,5	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	201	98,0	98,0	98,0
		Yes	4	2,0	2,0	100,0
		Total	205	100,0	100,0	

40m. Any oil, fats or butter, or foods made with any of these

q40m

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	203	92,7	92,7	92,7
		Yes	16	7,3	7,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	174	84,9	84,9	84,9
		Yes	31	15,1	15,1	100,0
		Total	205	100,0	100,0	

40n. Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits

q40n

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	173	79,0	79,0	79,0
		Yes	46	21,0	21,0	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	144	70,2	70,2	70,2
		Yes	61	29,8	29,8	100,0
		Total	205	100,0	100,0	

40o. Condiments for flavor, such as chilies, spices, herbs or fish powder

q40o

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	176	80,4	80,4	80,4

		Yes	43	19,6	19,6	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	150	73,2	73,2	73,2
		Yes	54	26,3	26,3	99,5
		8	1	,5	,5	100,0
		Total	205	100,0	100,0	

40p.Grubs, snails or insects

q40p

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	219	100,0	100,0	100,0
Kaduha	Valid	No	203	99,0	99,0	99,0
		Yes	2	1,0	1,0	100,0
		Total	205	100,0	100,0	

40q.Foods made with red palm oil, red palm nut or red palm nut pulp sauce

q40q

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	133	60,7	60,7	60,7
		Yes	86	39,3	39,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	105	51,2	51,2	51,2
		Yes	99	48,3	48,3	99,5
		8	1	,5	,5	100,0
		Total	205	100,0	100,0	

40r.Other foods not recorded on the list

q40r

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	189	86,3	86,3	86,3
		Yes	30	13,7	13,7	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	No	192	93,7	93,7	93,7
		Yes	12	5,9	5,9	99,5
		8	1	,5	,5	100,0
		Total	205	100,0	100,0	

40s.Check categories A-Q

q40s

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	NO	8	3,7	3,7	3,7
		Yes	211	96,3	96,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	NO	5	2,4	2,4	2,4
		Yes	200	97,6	97,6	100,0

q40s

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	NO	8	3,7	3,7	3,7
		Yes	211	96,3	96,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	NO	5	2,4	2,4	2,4
		Yes	200	97,6	97,6	100,0
		Total	205	100,0	100,0	

42.Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?

```
USE ALL.
COMPUTE filter_$=(CalcAgeChild >= 6 and q40s=0).
VARIABLE LABEL filter_$ 'CalcAgeChild >= 6 and q40s=0 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q42
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q42

Kigeme	N	Valid	8
		Missing	0
Kaduha	N	Valid	5
		Missing	0

q42

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	8	100,0	100,0	100,0
		Yes				
Kaduha	Valid	No	5	100,0	100,0	100,0
		Yes				

43.How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?

```
USE ALL.
COMPUTE filter_$=(CalcAgeChild >= 6 and q40s=1 and q43 < 88).
VARIABLE LABEL filter_$ 'CalcAgeChild >= 6 and q40s=1 and q43 < 88 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q43
/STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q43

Kigeme	N	Valid	211
		Missing	0
	Mean		2,70
	Median		3,00
	Minimum		1
	Maximum		6

Kaduha	N	Valid	199
		Missing	0
	Mean		3,10
	Median		3,00
	Minimum		1
	Maximum		8

q43

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	18	8,5	8,5	8,5
		2	68	32,2	32,2	40,8
		3	93	44,1	44,1	84,8
		4	26	12,3	12,3	97,2
		5	4	1,9	1,9	99,1
		6	2	,9	,9	100,0
		Total	211	100,0	100,0	
Kaduha	Valid	1	16	8,0	8,0	8,0
		2	43	21,6	21,6	29,6
		3	77	38,7	38,7	68,3
		4	44	22,1	22,1	90,5
		5	14	7,0	7,0	97,5
		6	1	,5	,5	98,0
		8	4	2,0	2,0	100,0
		Total	199	100,0	100,0	

44.At what age did (NAME) begin eating solid, semi-solid, or soft foods?

```
USE ALL.
COMPUTE filter_$(CalcAgeChild >= 6 and q40s=1and q44 < 88).
VARIABLE LABEL filter_$( 'CalcAgeChild >= 6 and q40s=1and q44 < 88 (FILTER)'.
VALUE LABELS filter_$( 0 'Not Selected' 1 'Selected'.
FORMAT filter_$(f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q44
  /STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN
  /ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q44

Kigeme	N	Valid	210
		Missing	0
		Mean	6,66
		Median	6,00
		Minimum	1
		Maximum	12
Kaduha	N	Valid	198
		Missing	0
		Mean	6,18
		Median	6,00
		Minimum	3
		Maximum	12

q44

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	1	1	,5	,5	,5
		2	3	1,4	1,4	1,9
		3	1	,5	,5	2,4
		4	9	4,3	4,3	6,7
		5	11	5,2	5,2	11,9
		6	89	42,4	42,4	54,3
		7	46	21,9	21,9	76,2
		8	25	11,9	11,9	88,1
		9	16	7,6	7,6	95,7
		10	5	2,4	2,4	98,1
		12	4	1,9	1,9	100,0
		Total	210	100,0	100,0	
Kaduha	Valid	3	2	1,0	1,0	1,0
		4	6	3,0	3,0	4,0
		5	18	9,1	9,1	13,1
		6	121	61,1	61,1	74,2
		7	36	18,2	18,2	92,4
		8	12	6,1	6,1	98,5
		9	2	1,0	1,0	99,5
		12	1	,5	,5	100,0
		Total	198	100,0	100,0	

44a.Does (NAME) eat from his/her own separate bowl/cup?

```
USE ALL.
COMPUTE filter_$=(CalcAgeChild >= 6 and q40s = 1).
VARIABLE LABEL filter_$ 'CalcAgeChild >= 6 and q40s = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMAT filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
FREQUENCIES VARIABLES=q44aBowl
/ORDER=ANALYSIS.
```

Frequencies

[DataSet1]

Statistics

q44aBowl

Kigeme	N	Valid	211
		Missing	0
Kaduha	N	Valid	200
		Missing	0

q44aBowl

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	19	9,0	9,0	9,0
		Yes	192	91,0	91,0	100,0
		Total	211	100,0	100,0	
Kaduha	Valid	No	11	5,5	5,5	5,5
		Yes	189	94,5	94,5	100,0

Statistics

q44aBowl

Kigeme	N	Valid	211				
		Missing	0				
Kaduha	N	Valid	200				
		Total	200				
			200	100,0	100,0		

45.Are you or someone in your family helping (NAME) eat? (ie. physically feeding them)

FREQUENCIES VARIABLES=q45
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q45

Kigeme	N	Valid	211
		Missing	0
Kaduha	N	Valid	200
		Missing	0

q45

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	10	4,7	4,7	4,7
		Yes	201	95,3	95,3	100,0
		Total	211	100,0	100,0	
Kaduha	Valid	No	7	3,5	3,5	3,5
		Yes	193	96,5	96,5	100,0
		Total	200	100,0	100,0	

46a. IF NO: At what age did (NAME) start eating by himself/herself?

USE ALL.

COMPUTE filter_\$=(q45 = 0 and CalcAgeChild >= 6 and q46 < 88).

VARIABLE LABEL filter_\$ 'q45 = 0 and CalcAgeChild >= 6 and q46 < 88 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q46

/ORDER=ANALYSIS.

Statistics

q46

Kigeme	N	Valid	11
		Missing	0
Kaduha	N	Valid	7
		Missing	0

q46

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	8	2	18,2	18,2	18,2
		9	1	9,1	9,1	27,3

	10	3	27,3	27,3	54,5
	12	3	27,3	27,3	81,8
	14	1	9,1	9,1	90,9
	18	1	9,1	9,1	100,0
	Total	11	100,0	100,0	
Kaduha	Valid	7	14,3	14,3	14,3
		9	28,6	28,6	42,9
		12	28,6	28,6	71,4
		18	28,6	28,6	100,0
	Total	7	100,0	100,0	

46b.Do you encourage (NAME) to eat/feed (including when you breastfeed)?

FREQUENCIES VARIABLES=Q46b_Encourage
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Q46b_Encourage

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

Q46b_Encourage

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	65	21,7	21,7	21,7
		Yes	235	78,3	78,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	38	12,7	12,7	12,7
		Yes	262	87,3	87,3	100,0
		Total	300	100,0	100,0	

49.Has (NAME) taken any drug for intestinal worms in the past 6 months?

GET DATA /TYPE=XLSX

/FILE='C:\Users\World Relief RWANDA\Desktop\YEAR 3 WRR KPC DATABASE AUGUST 18 2014.x
lsx'

/SHEET=name 'Database 12_08_2014'

/CELLRANGE=full

/READNAMES=on

/ASSUMEDSTRWIDTH=32767.

DATASET NAME DataSet1 WINDOW=FRONT.

SORT CASES BY HospitalCatchment.

SPLIT FILE LAYERED BY HospitalCatchment.

FREQUENCIES VARIABLES=q49

/ORDER=ANALYSIS.

Frequencies

Statistics

q49

Kigeme	N	Valid	300

		Missing	0
Kaduha	N	Valid	300
		Missing	0

q49

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	205	68,3	68,3	68,3
		Yes	95	31,7	31,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	201	67,0	67,0	67,0
		Yes	97	32,3	32,3	99,3
		Don't know	2,7	,7		100,0
		Total	300	100,0	100,0	

76. Do you treat your water in any way to make it safer for drinking?

FREQUENCIES VARIABLES=q76

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q76

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q76

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	121	40,3	40,3	40,3
		Yes	179	59,7	59,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	69	23,0	23,0	23,0
		Yes	231	77,0	77,0	100,0
		Total	300	100,0	100,0	

77. What do you usually do to the water to make it safer to drink?

USE ALL.

COMPUTE filter_\$=(q76 = 1).

VARIABLE LABEL filter_\$ 'q76 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q77A q77B q77C q77D q77E q77F q77G q77H

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q77A	q77B	q77C	q77D	q77E	q77F	q77G	q77H
Kigeme	N	Valid	179	179	179	179	179	179	179	179
		Missing	0	0	0	0	0	0	0	0
Kaduha	N	Valid	231	231	231	231	231	231	231	231
		Missing	0	0	0	0	0	0	0	0

Frequency Table

77A.Let It Stand and Settle

q77A

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	162	90,5	90,5	90,5
		Yes	17	9,5	9,5	100,0
		Total	179	100,0	100,0	
Kaduha	Valid	No	228	98,7	98,7	98,7
		Yes	3	1,3	1,3	100,0
		Total	231	100,0	100,0	

77B.Strain It through Cloth

q77B

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	178	99,4	99,4	99,4
		Yes	1	,6	,6	100,0
		Total	179	100,0	100,0	
Kaduha	Valid	No	229	99,1	99,1	99,1
		Yes	2	,9	,9	100,0
		Total	231	100,0	100,0	

77C.Boil

q77C

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	29	16,2	16,2	16,2
		Yes	150	83,8	83,8	100,0
		Total	179	100,0	100,0	
Kaduha	Valid	No	22	9,5	9,5	9,5
		Yes	209	90,5	90,5	100,0
		Total	231	100,0	100,0	

77D.Add Bleach/Chlorine

q77D

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	126	70,4	70,4	70,4
		Yes	53	29,6	29,6	100,0
		Total	179	100,0	100,0	
Kaduha	Valid	No	193	83,5	83,5	83,5
		Yes	38	16,5	16,5	100,0

q77D

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	126	70,4	70,4	70,4
		Yes	53	29,6	29,6	100,0
		Total	179	100,0	100,0	
Kaduha	Valid	No	193	83,5	83,5	83,5
		Yes	38	16,5	16,5	100,0
		Total	231	100,0	100,0	

77E. Water Filter (Ceramic, Sand, Composite

q77E

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	179	100,0	100,0	100,0
Kaduha	Valid	No	230	99,6	99,6	99,6
		Yes	1	,4	,4	100,0
		Total	231	100,0	100,0	

77F. Solar Disinfection

q77F

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	179	100,0	100,0	100,0
Kaduha	Valid	No	231	100,0	100,0	100,0

77G Don't Know

q77G

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	178	99,4	99,4	99,4
		Yes	1	,6	,6	100,0
		Total	179	100,0	100,0	
Kaduha	Valid	No	231	100,0	100,0	100,0

77H. Other

q77H

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	179	100,0	100,0	100,0
Kaduha	Valid	No	230	99,6	99,6	99,6
		Yes	1	,4	,4	100,0
		Total	231	100,0	100,0	

78. When do you wash your hands

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q78A q78B q78C q78D q78E q78F q78G

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q78A	q78B	q78C	q78D	q78E	q78F	q78o
Kigeme	N	Valid	300	300	300	300	300	300	0
		Missing	0	0	0	0	0	0	300
Kaduha	N	Valid	300	300	300	300	300	300	0
		Missing	0	0	0	0	0	0	300

Frequency Table

78A.Never

q78A

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	299	99,7	99,7	99,7
		Yes	1	,3	,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	300	100,0	100,0	100,0
		Yes				
		Total				

78B.Before Food Preparation

q78B

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	88	29,3	29,3	29,3
		Yes	212	70,7	70,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	61	20,3	20,3	20,3
		Yes	239	79,7	79,7	100,0
		Total	300	100,0	100,0	

78C.Before Feeding Child

q78C

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	90	30,0	30,0	30,0
		Yes	210	70,0	70,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	60	20,0	20,0	20,0
		Yes	240	80,0	80,0	100,0
		Total	300	100,0	100,0	

78D.After Defecation/Visiting the Toilet

q78D

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	112	37,3	37,3	37,3
		Yes	188	62,7	62,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	76	25,3	25,3	25,3
		Yes	224	74,7	74,7	100,0
		Total	300	100,0	100,0	

78E.After attending to a child who has defecated/soiled

q78E

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	198	66,0	66,0	66,0
		Yes	102	34,0	34,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	148	49,3	49,3	49,3
		Yes	152	50,7	50,7	100,0
		Total	300	100,0	100,0	

78F.Other

q78F

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	205	68,3	68,3	68,3
		Yes	95	31,7	31,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	249	83,0	83,0	83,0
		Yes	51	17,0	17,0	100,0
		Total	300	100,0	100,0	

79. Can you show me where you usually wash your hands and what you use to wash hands?

FREQUENCIES VARIABLES=q79

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q79

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q79

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Inside/ Near Toilet facility	12	4,0	4,0	4,0
		Inside/ Near Kitchen/ cooking place	23	7,7	7,7	11,7
		Elsewhere in Yard	203	67,7	67,7	79,3
		Outside Yard	4	1,3	1,3	80,7
		No specific place	57	19,0	19,0	99,7
		No Permission to see	1,3	,3	,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	Inside/ Near Toilet facility	25	8,3	8,3	8,3
		Inside/ Near Kitchen/ cooking place	44	14,7	14,7	23,0
		Elsewhere in Yard	158	52,7	52,7	75,7
		Outside Yard	23	7,7	7,7	83,3
		No specific place	49	16,3	16,3	99,7

No Permission to see	1,3	,3	100,0
Total	300	100,0	100,0

80.OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent?

FREQUENCIES VARIABLES=q80

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q80

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q80

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Soap	265	88,3	88,3	88,3
		Mud	10	3,3	3,3	91,7
		None	24	8,0	8,0	99,7
		Other	1,3	,3	,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	Soap	268	89,3	89,3	89,3
		Mud	7	2,3	2,3	91,7
		None	24	8,0	8,0	99,7
		Other	1,3	,3	,3	100,0
		Total	300	100,0	100,0	

80b.OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any?

FREQUENCIES VARIABLES=q80b_A q80b_B q80b_C q80b_D q80b_E q80b_F q80b_G

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q80b_A	q80b_B	q80b_C	q80b_D	q80b_E	q80b_F	q80b_G
Kigeme	N	Valid	300	300	300	300	300	300	300
		Missing	0	0	0	0	0	0	0
Kaduha	N	Valid	300	300	300	300	300	300	300
		Missing	0	0	0	0	0	0	0

Frequency Table

80b_A.Tippy tap

q80b_A

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	282	94,0	94,0	94,0
		Yes	18	6,0	6,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	277	92,3	92,3	92,3
		Yes	23	7,7	7,7	100,0

q80b_A

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	282	94,0	94,0	94,0
		Yes	18	6,0	6,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	277	92,3	92,3	92,3
		Yes	23	7,7	7,7	100,0
		Total	300	100,0	100,0	

80b_B.Basin

q80b_B

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	31	10,3	10,3	10,3
		Yes	269	89,7	89,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	21	7,0	7,0	7,0
		Yes	279	93,0	93,0	100,0
		Total	300	100,0	100,0	

80b_C.Jerry can / jug

q80b_C

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	256	85,3	85,3	85,3
		Yes	44	14,7	14,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	276	92,0	92,0	92,0
		Yes	24	8,0	8,0	100,0
		Total	300	100,0	100,0	

80b_D.Pan / pot

q80b_D

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	292	97,3	97,3	97,3
		Yes	8	2,7	2,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	290	96,7	96,7	96,7
		Yes	10	3,3	3,3	100,0
		Total	300	100,0	100,0	

80b_E.Sink

q80b_E

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	298	99,3	99,3	99,3
		Yes	2	,7	,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	300	100,0	100,0	100,0

80b_F.None**q80b_F**

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	290	96,7	96,7	96,7
		Yes	10	3,3	3,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	299	99,7	99,7	99,7
		Yes	1	,3	,3	100,0
		Total	300	100,0	100,0	

80b_G.Other**q80b_G**

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	256	85,3	85,3	85,3
		Yes	44	14,7	14,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	276	92,0	92,0	92,0
		Yes	24	8,0	8,0	100,0
		Total	300	100,0	100,0	

80c.(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing?

USE ALL.

COMPUTE filter_\$=(q80b_B = 1 or q80b_D = 1).

VARIABLE LABEL filter_\$ 'q80b_B = 1 or q80b_D = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

USE ALL.

COMPUTE filter_\$=(q80b_B = 1 or q80b_D = 1).

VARIABLE LABEL filter_\$ 'q80b_B = 1 or q80b_D = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q80c_1 q80c_2 q80c_3 q80c_4 q80c_5

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q80c_1	q80c_2	q80c_3	q80c_4	q80c_5
Kigeme	N	Valid	271	271	271	271	271
		Missing	0	0	0	0	0
Kaduha	N	Valid	285	285	285	285	285
		Missing	0	0	0	0	0

Frequency Table**80c_1.Nothing else****q80c_1**

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	225	83,0	83,0	83,0
		Yes	46	17,0	17,0	100,0
		Total	271	100,0	100,0	
Kaduha	Valid	No	189	66,3	66,3	66,3
		Yes	96	33,7	33,7	100,0
		Total	285	100,0	100,0	

80c_2.Food preparation

q80c_2

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	240	88,6	88,6	88,6
		Yes	31	11,4	11,4	100,0
		Total	271	100,0	100,0	
Kaduha	Valid	No	265	93,0	93,0	93,0
		Yes	20	7,0	7,0	100,0
		Total	285	100,0	100,0	

80c_3.Laundry

q80c_3

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	53	19,6	19,6	19,6
		Yes	218	80,4	80,4	100,0
		Total	271	100,0	100,0	
Kaduha	Valid	No	113	39,6	39,6	39,6
		Yes	172	60,4	60,4	100,0
		Total	285	100,0	100,0	

80c_4.Other

q80c_4

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	232	85,6	85,6	85,6
		Yes	39	14,4	14,4	100,0
		Total	271	100,0	100,0	
Kaduha	Valid	No	265	93,0	93,0	93,0
		Yes	20	7,0	7,0	100,0
		Total	285	100,0	100,0	

81.What kind of toilet facility do you have? Can I see it?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q81

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q81

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q81

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme Valid No toilet facility	34	11,3	11,3	11,3
Open latrine	196	65,3	65,3	76,7
Closed latrine	70	23,3	23,3	100,0
Total	300	100,0	100,0	
Kaduha Valid No toilet facility	31	10,3	10,3	10,3
Open latrine	187	62,3	62,3	72,7
Closed latrine	81	27,0	27,0	99,7
Flush toilet	1,3	,3		100,0
Total	300	100,0	100,0	

82.The last time (NAME) passed stools, where were the feces disposed of?

DATASET NAME DataSet0 WINDOW=FRONT.

GET DATA /TYPE=XLSX

/FILE='C:\Users\World Relief RWANDA\Desktop\YEAR 3 WRR KPC DATABASE AUGUST 18 2014.xlsx'

/SHEET=name 'Database 12_08_2014'

/CELLRANGE=full

/READNAMES=on

/ASSUMEDSTRWIDTH=32767.

DATASET NAME DataSet1 WINDOW=FRONT.

SORT CASES BY Hospital/Catchment.

SPLIT FILE LAYERED BY Hospital/Catchment.

FREQUENCIES VARIABLES=q82

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q82

1	N	Valid	300
		Missing	0
2	N	Valid	300
		Missing	0

q82

Hospital/Catchment	Frequency	Percent	Valid Percent	Cumulative Percent
1 Valid Disposed into a latrine or toilet facility	235	78,3	78,3	78,3
Disposed into a garbage	6	2,0	2,0	80,3
Dug and buried – near the house or in the yard	7	2,3	2,3	82,7
Dug and buried – far from the house or yard	10	3,3	3,3	86,0
Did not bury – near the house or yard	2,7	,7		86,7

		Did not bury – far from the house or yard	2,7	,7		87,3
		Other	38	12,7	12,7	100,0
		Total	300	100,0	100,0	
2	Valid	Disposed into a latrine or toilet facility	241	80,3	80,3	80,3
		Disposed into a garbage	9	3,0	3,0	83,3
		Dug and buried – near the house or in the yard	8	2,7	2,7	86,0
		Dug and buried – far from the house or yard	9	3,0	3,0	89,0
		Did not bury – near the house or yard	2,7	,7		89,7
		Did not bury – far from the house or yard	4	1,3	1,3	91,0
		Don't know	2,7	,7		91,7
		Other	25	8,3	8,3	100,0
		Total	300	100,0	100,0	

93.May I weigh (name of child)?

FREQUENCIES VARIABLES=q93
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q93

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q93

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	300	100,0	100,0	100,0
Kaduha	Valid	Yes	300	100,0	100,0	100,0

93.weight_average

FREQUENCIES VARIABLES=q93weight_average
/STATISTICS=MINIMUM MAXIMUM MEAN MEDIAN
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q93weight_average

Kigeme	N	Valid	300
		Missing	0
	Mean		7,54
	Median		8,00
	Minimum		2
	Maximum		12
Kaduha	N	Valid	300
		Missing	0
	Mean		7,51

Median	8,00
Minimum	2
Maximum	13

q93weight_average

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	2	3	1,0	1,0	1,0
		3	9	3,0	3,0	4,0
		4	15	5,0	5,0	9,0
		5	30	10,0	10,0	19,0
		6	34	11,3	11,3	30,3
		7	52	17,3	17,3	47,7
		8	50	16,7	16,7	64,3
		9	48	16,0	16,0	80,3
		10	35	11,7	11,7	92,0
		11	18	6,0	6,0	98,0
		12	6	2,0	2,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	2	2,7	,7	,7	
		3	16	5,3	5,3	6,0
		4	22	7,3	7,3	13,3
		5	28	9,3	9,3	22,7
		6	24	8,0	8,0	30,7
		7	41	13,7	13,7	44,3
		8	55	18,3	18,3	62,7
		9	51	17,0	17,0	79,7
		10	41	13,7	13,7	93,3
		11	10	3,3	3,3	96,7
		12	7	2,3	2,3	99,0
		13	3	1,0	1,0	100,0
		Total	300	100,0	100,0	

94. May I use MUAC Tape with (name of child)?

Frequencies

USE ALL.

COMPUTE filter_\$=(CalcAgeChild >= 6).

VARIABLE LABEL filter_\$ 'CalcAgeChild >= 6 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q94

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q94

Kigeme	N	Valid	219
		Missing	0
Kaduha	N	Valid	205

Statistics

q94

Kigeme	N	Valid	219
		Missing	0
Kaduha	N	Valid	205
		Missing	0

q94

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	219	100,0	100,0	100,0
Kaduha	Valid	Yes	205	100,0	100,0	100,0

94.muac_average

FREQUENCIES VARIABLES=q94muac_average
/STATISTICS=STDDEV MEAN MEDIAN
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q94muac_average

Kigeme	N	Valid	219
		Missing	0
		Mean	13,82
		Median	14,00
Kaduha	N	Valid	205
		Missing	0
		Mean	13,90
		Median	14,00
		Std. Deviation	1,272

q94muac_average

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	11	6	2,7	2,7	2,7
		12	25	11,4	11,4	14,2
		13	59	26,9	26,9	41,1
		14	67	30,6	30,6	71,7
		15	42	19,2	19,2	90,9
		16	15	6,8	6,8	97,7
		17	5	2,3	2,3	100,0
		Total	219	100,0	100,0	
Kaduha	Valid	7	1,5	,5	,5	,5
		12	15	7,3	7,3	7,8
		13	59	28,8	28,8	36,6
		14	73	35,6	35,6	72,2
		15	43	21,0	21,0	93,2
		16	10	4,9	4,9	98,0
		17	3	1,5	1,5	99,5
		18	1,5	,5	,5	100,0
		Total	205	100,0	100,0	

95. May I measure length for (name of child)?

FILTER OFF.
USE ALL.
EXECUTE.
FREQUENCIES VARIABLES=q95
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q95

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q95

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	300	100,0	100,0	100,0
Kaduha	Valid	Yes	300	100,0	100,0	100,0

95.length_Average

FREQUENCIES VARIABLES=q95length_Average
/STATISTICS=STDDEV MINIMUM MEAN MEDIAN MODE
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q95length_Average

Kigeme	N	Valid	300
		Missing	0
	Mean		68,61
	Median		70,00
	Mode		74
	Std. Deviation		8,786
	Minimum		46
Kaduha	N	Valid	300
		Missing	0
	Mean		68,46
	Median		70,00
	Mode		71 ^a
	Std. Deviation		9,673
	Minimum		47

a. Multiple modes exist. The smallest value is shown

q95length_Average

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	46	2	,7	,7	,7
		47	1	,3	,3	1,0
		48	1	,3	,3	1,3
		50	4	1,3	1,3	2,7

		51	2,7	,7		3,3
		52	7	2,3	2,3	5,7
		53	2,7	,7		6,3
		54	2,7	,7		7,0
		55	5	1,7	1,7	8,7
		56	2,7	,7		9,3
		57	8	2,7	2,7	12,0
		58	9	3,0	3,0	15,0
		59	10	3,3	3,3	18,3
		60	12	4,0	4,0	22,3
		61	5	1,7	1,7	24,0
		62	6	2,0	2,0	26,0
		63	9	3,0	3,0	29,0
		64	8	2,7	2,7	31,7
		65	7	2,3	2,3	34,0
		66	10	3,3	3,3	37,3
		67	9	3,0	3,0	40,3
		68	8	2,7	2,7	43,0
		69	10	3,3	3,3	46,3
		70	16	5,3	5,3	51,7
		71	17	5,7	5,7	57,3
		72	14	4,7	4,7	62,0
		73	13	4,3	4,3	66,3
		74	18	6,0	6,0	72,3
		75	15	5,0	5,0	77,3
		76	8	2,7	2,7	80,0
		77	15	5,0	5,0	85,0
		78	12	4,0	4,0	89,0
		79	7	2,3	2,3	91,3
		80	9	3,0	3,0	94,3
		81	3	1,0	1,0	95,3
		82	1,3	,3		95,7
		83	4	1,3	1,3	97,0
		84	3	1,0	1,0	98,0
		85	5	1,7	1,7	99,7
		86	1,3	,3		100,0
		Total	300	100,0	100,0	
Kaduha	Valid	47	3	1,0	1,0	1,0
		48	1,3	,3		1,3
		49	2,7	,7		2,0
		50	3	1,0	1,0	3,0
		51	5	1,7	1,7	4,7
		52	6	2,0	2,0	6,7
		53	6	2,0	2,0	8,7
		54	3	1,0	1,0	9,7
		55	8	2,7	2,7	12,3
		56	9	3,0	3,0	15,3

57	6	2,0	2,0	17,3
58	5	1,7	1,7	19,0
59	9	3,0	3,0	22,0
60	9	3,0	3,0	25,0
61	3	1,0	1,0	26,0
62	9	3,0	3,0	29,0
63	6	2,0	2,0	31,0
64	11	3,7	3,7	34,7
65	3	1,0	1,0	35,7
66	7	2,3	2,3	38,0
67	10	3,3	3,3	41,3
68	7	2,3	2,3	43,7
69	8	2,7	2,7	46,3
70	15	5,0	5,0	51,3
71	18	6,0	6,0	57,3
72	12	4,0	4,0	61,3
73	7	2,3	2,3	63,7
74	16	5,3	5,3	69,0
75	12	4,0	4,0	73,0
76	15	5,0	5,0	78,0
77	11	3,7	3,7	81,7
78	18	6,0	6,0	87,7
79	7	2,3	2,3	90,0
80	6	2,0	2,0	92,0
81	5	1,7	1,7	93,7
82	4	1,3	1,3	95,0
83	7	2,3	2,3	97,3
84	3	1,0	1,0	98,3
87	2,7	,7		99,0
89	2,7	,7		99,7
99	1,3	,3		100,0
Total	300	100,0	100,0	

96.May I use MUAC Tape with you?

FREQUENCIES VARIABLES=q96
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q96

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q96

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Yes	300	100,0	100,0	100,0
Kaduha	Valid	Yes	300	100,0	100,0	100,0

96.muac_Average

FREQUENCIES VARIABLES=q96muac_Average
 /STATISTICS=STDDEV MINIMUM MEAN MEDIAN
 /ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q96muac_Average

Kigeme	N	Valid	300
		Missing	0
	Mean		25,17
	Median		25,00
	Std. Deviation		2,468
	Minimum		20
Kaduha	N	Valid	300
		Missing	0
	Mean		25,06
	Median		25,00
	Std. Deviation		2,349
	Minimum		20

q96muac_Average

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	20	3	1,0	1,0	1,0
		21	11	3,7	3,7	4,7
		22	24	8,0	8,0	12,7
		23	34	11,3	11,3	24,0
		24	54	18,0	18,0	42,0
		25	51	17,0	17,0	59,0
		26	48	16,0	16,0	75,0
		27	32	10,7	10,7	85,7
		28	17	5,7	5,7	91,3
		29	10	3,3	3,3	94,7
		30	6	2,0	2,0	96,7
		31	4	1,3	1,3	98,0
		32	3	1,0	1,0	99,0
		34	3	1,0	1,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	20	3	1,0	1,0	1,0
		21	6	2,0	2,0	3,0
		22	16	5,3	5,3	8,3
		23	58	19,3	19,3	27,7
		24	56	18,7	18,7	46,3
		25	57	19,0	19,0	65,3
		26	38	12,7	12,7	78,0
		27	17	5,7	5,7	83,7
		28	20	6,7	6,7	90,3
		29	15	5,0	5,0	95,3
		30	7	2,3	2,3	97,7
		31	2,7	,7		98,3

32	3	1,0	1,0	99,3
33	2,7	,7		100,0
Total	300	100,0	100,0	

97.In the past year, have you participated in a week-long training on child feeding and food preparation?

FREQUENCIES VARIABLES=q97
/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q97

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q97

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	261	87,0	87,0	87,0
		Yes	29	9,7	9,7	96,7
		Don't know	10	3,3	3,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	61	20,3	20,3	20,3
		Yes	238	79,3	79,3	99,7
		Don't know	1,3	,3		100,0
		Total	300	100,0	100,0	

98.IF YES: How many times?

USE ALL.

COMPUTE filter_\$=(q97 = 1).

VARIABLE LABEL filter_\$ 'q97 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q98

/ORDER=ANALYSIS.

Frequencies

Statistics

q98

Kigeme	N	Valid	29
		Missing	0
Kaduha	N	Valid	238
		Missing	0

q98

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	Once	9	31,0	31,0	31,0
		Twice	9	31,0	31,0	62,1
		Three or more	11	37,9	37,9	100,0

Total			29	100,0	100,0	
Kaduha	Valid	Once	20	8,4	8,4	8,4
		Twice	60	25,2	25,2	33,6
		Three or more	158	66,4	66,4	100,0
		Total	238	100,0	100,0	

101. Did you receive a visit related to health in the past month?

FILTER OFF.

USE ALL.

EXECUTE.

FREQUENCIES VARIABLES=q101

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

q101

Kigeme	N	Valid	300
		Missing	0
Kaduha	N	Valid	300
		Missing	0

q101

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	190	63,3	63,3	63,3
		Yes	110	36,7	36,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	114	38,0	38,0	38,0
		Yes	185	61,7	61,7	99,7
		Don't know	1,3	,3		100,0
		Total	300	100,0	100,0	

101a. If yes, who visited you?

USE ALL.

COMPUTE filter_\$=(q101 = 1).

VARIABLE LABEL filter_\$ 'q101 = 1 (FILTER)'.

VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q101a_A q101a_B q101a_C q101a_D

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q101a_A	q101a_B	q101a_C	q101a_D
Kigeme	N	Valid	300	300	300	300
		Missing	0	0	0	0
Kaduha	N	Valid	300	300	300	300
		Missing	0	0	0	0

Frequency Table

101a_A. Care group member

q101a_A

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	202	67,3	67,3	67,3
		Yes	98	32,7	32,7	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	125	41,7	41,7	41,7
		Yes	175	58,3	58,3	100,0
		Total	300	100,0	100,0	

101a_B.Health facilities staff

q101a_B

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	293	97,7	97,7	97,7
		Yes	7	2,3	2,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	286	95,3	95,3	95,3
		Yes	14	4,7	4,7	100,0
		Total	300	100,0	100,0	

101a_C Local government staff

q101a_C

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	294	98,0	98,0	98,0
		Yes	6	2,0	2,0	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	289	96,3	96,3	96,3
		Yes	11	3,7	3,7	100,0
		Total	300	100,0	100,0	

101a_D Others

q101a_D

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	290	96,7	96,7	96,7
		Yes	10	3,3	3,3	100,0
		Total	300	100,0	100,0	
Kaduha	Valid	No	293	97,7	97,7	97,7
		Yes	7	2,3	2,3	100,0
		Total	300	100,0	100,0	

102.If yes, can you tell me what the purpose of the visit was

USE ALL.
 COMPUTE filter_\$(q101 = 1).
 VARIABLE LABEL filter_\$ 'q101 = 1 (FILTER)'.
 VALUE LABELS filter_\$ 0 'Not Selected' 1 'Selected'.

FORMAT filter_\$ (f1.0).

FILTER BY filter_\$.

EXECUTE.

FREQUENCIES VARIABLES=q102A q102B q102C q102D q102E q102F q102G

/ORDER=ANALYSIS.

Frequencies

[DataSet1]

Statistics

Hospital/Catchment			q102A	q102B	q102C	q102D	q102E	q102F	q102G
Kigeme	N	Valid	110	110	110	110	110	110	110
		Missing	0	0	0	0	0	0	0
Kaduha	N	Valid	185	185	185	185	185	185	185
		Missing	0	0	0	0	0	0	0

Frequency Table

102A.FOLLOW UP ON SICK CHILD

q102A

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	95	86,4	86,4	86,4
		Yes	15	13,6	13,6	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	161	87,0	87,0	87,0
		Yes	24	13,0	13,0	100,0
		Total	185	100,0	100,0	

102B.PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION

q102B

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	105	95,5	95,5	95,5
		Yes	5	4,5	4,5	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	153	82,7	82,7	82,7
		Yes	32	17,3	17,3	100,0
		Total	185	100,0	100,0	

102C.PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION

q102C

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	99	90,0	90,0	90,0
		Yes	11	10,0	10,0	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	154	83,2	83,2	83,2
		Yes	31	16,8	16,8	100,0
		Total	185	100,0	100,0	

102D.PROVIDE HEALTH EDUCATION ON PNEUMONIA

q102D

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	96	87,3	87,3	87,3
		Yes	14	12,7	12,7	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	158	85,4	85,4	85,4
		Yes	27	14,6	14,6	100,0
		Total	185	100,0	100,0	

102E.PROVIDE HEALTH EDUCATION ON NUTRITION

q102E

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	43	39,1	39,1	39,1
		Yes	67	60,9	60,9	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	56	30,3	30,3	30,3
		Yes	129	69,7	69,7	100,0
		Total	185	100,0	100,0	

102F.PROVIDE HEALTH EDUCATION ON IMMUNIZATION

q102F

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	89	80,9	80,9	80,9
		Yes	21	19,1	19,1	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	156	84,3	84,3	84,3
		Yes	29	15,7	15,7	100,0
		Total	185	100,0	100,0	

102G.OTHER

q102G

Hospital/Catchment			Frequency	Percent	Valid Percent	Cumulative Percent
Kigeme	Valid	No	58	52,7	52,7	52,7
		Yes	52	47,3	47,3	100,0
		Total	110	100,0	100,0	
Kaduha	Valid	No	134	72,4	72,4	72,4
		Yes	51	27,6	27,6	100,0
		Total	185	100,0	100,0	

Annex 2. Monitoring and Evaluation Tables

Demographic Information	Kigeme	Kaduha
Mother's Age		
Mean	28.96	28.85
Median	28	28
Mother's Education	None/ Did not complete primary: 58.0% Primary: 37.67% Secondary: 4.33% Past Secondary: 0%	None/ Did not complete primary: 57.67% Primary: 36.33% Secondary: 5% Past Secondary: 0.33%
Household Size		
Mean	5.02	4.66
Median	5	4
Poverty Level (Ubudehe)	6. 4.67% 7. 19.67% 8. 70.0% 9. 5.33% 10. 0.33%	6. 4.33% 7. 26.0% 8. 66.0% 9. 3.67% 10. 0%
Health Insurance (Mutuelle)		
Percent Yes (ConfInt)	69.67% (58.9-80.3)	83.3% (77.4-89.2)
Percent No (ConfInt)	30.33% (19.6-41.1)	16.6% (10.8-22.6)
Health Insurance Card		
Percent Yes (ConfInt)	89.95% (79.8-100.0)	94.4% (90.6-98.2)
Percent No (ConfInt)	10.04% (0-20.1)	5.6% (1.8-9.4)

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Breastfeeding and Nutrition (40% LOE)								
Improve breastfeeding practices	Immediate breastfeeding of newborns: Percent of children 0-23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)	Kaduha	48.32% (CI: 43.14- 53.50%)	71.4% (CI: 66.26- 76.54%)	82.3% (CI: 76.6- 88.0%)	247	300	70%
		Kigeme	51.1% (CI: 45.94- 56.26%)	72.6% (CI: 67.52- 77.68%)	78.7% (CI: 72.9-84.4%)	236	300	70%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
	<u>Prelacteal feeding</u> Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.	Kaduha	10.99% (CI: 7.74-14.24%)	6.4% (CI: 3.6-9.1%)	3.7% (CI : 0.8-6.5%)	11	300	3%
		Kigeme	10.70% (CI:7.42-13.92%)	9.1% (CI: 5.8-12.3%)	2.0% (CI: 0.5-3.5%)	6	300	3%
Exclusive Breastfeeding (tracking only)	Percent of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC)	Kaduha	91.11% (CI:85.23- 96.99%) By age: 0-1m: 64.0% 2-3m: 86.2% 4-5m: 63.6% 0-3m:87.0%	90.1% (CI: 83.96-96.24) By age: 0-1 m: 91.7% 2-3 m: 91.7% 4-5 m: 87.1% 0-3 m: 91.7%	92.9% (CI: 85.1-97.3%) By age: 0-1 m: 91.4% 2-3 m: 94.3% 4-5 m: 84.0% 0-3 m: 93.1%	78	84	N/A
		Kigeme	98.89% (CI:96.73- 100.00%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	83.8% (CI: 75.41- 92.19%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	94.3% (CI: 86.0-98.4) By age: 0-1 m: 96.0% 2-3 m: 96.8% 4-5 m: 80.0% 0-3 m: 95.7%	66	70	N/A
Continued breastfeeding at 1 year (tracking only)	Percent of children 12-15 months who are still breastfeeding.	Kaduha	85.42% (CI:5.44-95.40%)	100.0% (CI: 100.0- 100.0%)	93.0% (CI: 85.2-100%)	40	43	N/A
		Kigeme	93.44% (87.23-99.65%)	97.9% (CI: 93.8- 101.9%)	98.0% (CI: 93.9-100%)	49	50	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Continued breastfeeding at 2 years (tracking only)	Percent of children 20-23 months who are still breastfeeding.	Kaduha	86.79% (CI: 77.67- 95.91%)	97.4% (CI: 92.4- 102.3%)	87.9% (CI: 75.8-99.9%)	29	33	N/A
		Kigeme	90.91% (CI: 82.4-99.4%)	88.4% (CI: 78.8-97.9%)	93.3% (CI: 83.9-100%)	28	30	N/A
Improve Infant and Young Child Feeding Practices	% infants and young children age 6-23 months fed according to the Minimum Dietary Diversity (OR)	Kaduha	21.85% (CI: 16.92- 26.78%) By age: 6-11m: 0.0% 12-17m: 31.7% 18-23m: 40%	38.8% (CI: 32.1- 45.4 %) By age: 6-11m: 32.2% 12-17m: 36.8% 18-23m: 51.9%	49.4% (CI: 42.0-56.9%) By age: 6-11m: 41.0% 12-17m: 54.9% 18-23m: 54.8%	91	184	60%
		Kigeme	38.89% (CI: 33.08- 44.70%) By age: 6-11m: 0.0% 12-17m: 50.6% 18-23m: 51.6%	31.0% (CI: 24.9-37.0%) By age: 6-11m: 22.2% 12-17m: 38.5% 18-23m: 34.2%	39.3% (CI: 32.6-46.3%) By age: 6-11m: 36.3% 12-17m: 41.9% 18-23m : 38.5%	81	206	55%
	% infants and young children age 6-23 months fed according to the Minimum Meal Frequency (OR)	Kaduha	7.04% (CI: 3.99-10.09%)	66.5% (CI: 58.7 - 74.3%)	70.4% (CI: 63.3-67.8%)	133	189	55%
		Kigeme	7.41% (CI: 4.07-10.21%)	50.9% (CI: 44.0-57.8%)	60.6% (CI: 53.6-67.3%)	126	208	60%
	% infants and young children age 6-23 months fed according to the Minimum Acceptable Diet *WHO 2008 definition (OR, RC*)	Kaduha	2.96% (CI: 0.92-4.94%)	32.5% (CI: 24.9-40.2%)	38.6% (CI: 31.6 – 46.0%)	73	189	50%
		Kigeme	3.33% (CI: 1.19-5.47%)	22.8% (CI: 16.1-29.5%)	24.5% (CI: 18.8-30.9%)	51	208	50%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Consumption of iron-rich foods	% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)	Kaduha	15.19% (CI: 10.91-19.47%)	15.3% (CI: 10.4-20.1%)	25.4% (CI: 17.2-33.6%)	48	189	50%
		Kigeme	23.33% (CI: 18.29-28.37%)	12.8% (CI: 8.4-17.1%)	12.0% (CI: 6.3-17.7%)	25	208	50%
Age appropriate introduction of semi-solid foods	Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.	Kaduha	52.0% (CI: 38.15-65.85%)	81.0% (CI: 69.1-92.8%)	78.9% (CI: 55.3-100%)	15	19	75%
		Kigeme	58.5% (CI: 45.2-71.77%)	79.1% (CI: 66.9-91.2%)	75.0% (CI: 57.5-92.5%)	18	24	75%
Responsive feeding	Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods)	Kaduha	95.51% (CI: 92.9-98.12%)	95.5% (CI: 92.6-98.3%)	96.7% (CI: 93.8-99.6%)	178	184	TBD
		Kigeme	79.05% (CI: 74.0-84.1%)	92.1% (CI: 88.4-95.7%)	95.0% (CI: 89.9-100%)	190	200	TBD
Self-Feeding (tracking only)	Percent of children who consume soft, semi-solid or solid foods) who are self-feeding	Kaduha	94.81% (CI: 91.95-97.67%)	4.5% (CI: 1.6-7.3%)	3.3% (CI: 0.4-6.2%)	6	184	N/A
		Kigeme	87.34% (CI: 83.1-91.57%)	7.9% (CI: 4.9-11.5%)	5.0% (CI: 0-10.1%)	10	200	N/A
Vitamin A Supplementation in the last 6 months	Percent of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother’s recall. (RC 8, OR)	Kaduha	70.37% (CI: 64.9-75.82%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	77.04% (CI: 72.02-82.06%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Anthropometry								

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Underweight for Age (tracking only)	Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population) Disaggregate underweight by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD) (RC)	Kaduha	17.8% (CI:14.00-22.50%) Severe: 7.2% (CI: 4.8-10.8%) Moderate: 10.6%(CI:7.9-14.1%)	21.7% (CI : 17.0 – 27.2%) Severe : 5.7% (CI : 3.3-9.6%) Moderate : 16.0% (CI : 11.9-21.1%)	10.8% (CI : 7.1-16.1%) Severe : 3.2% (CI : 1.5-6.9%) Moderate : 7.6% (CI : 4.6-12.3%) Yr 3 indicator calculated for 6-23 mos	20 6 14	185 185 185	N/A
		Kigeme	8.9% (CI:6.6-15.0%) Severe: 2.2% (CI: 1.2-4.2%) Moderate: 6.7%(CI:4.5-9.9%)	16.0% (CI: 11.4-22.1%) Severe: 3.0% (CI: 1.5-5.8%) Moderate: 13.0% (CI: 9.2-18.1%)	17.6% (CI: 12.0-24.9%) Severe: 2.1% (CI: 0.8-5.5%) Moderate: 5.4% (CI: 10.5-22.2%) Yr 3 indicator calculated for 6-23 mos	33 4 29	188 188 188	N/A
		Kaduha	7.6% (CI: 4.9-11.6%) Severe 3.9% (CI:2.3-6.8%) Moderate 3.7% (CI:2.2-5.9%)	8.7% (CI : 5.4-13.6%) Severe 2.3% (CI : 1.0-5.2%) Moderate 6.3% (CI : 3.6-11.0%)	6.5% (CI: 3.7-11.0%) Severe: 1.1% (CI: 0.3-3.9%) Moderate: 5.4% (CI : 3.0-9.7%) Yr 3 indicator calculated for 6-23 mos	12 2 10	185 185 185	N/A
		Kigeme	6.1% (CI:4.1 -9.1%) Severe 2.2%	2.7% (CI : 1.2-6.0%) Severe : 1.0%	5.9 % (CI: 2.8 - 11.9) Severe : 0.5 %	11 1	188 188	N/A
Acute Malnutrition/ Wasting (tracking only)	% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WHO reference population) Disaggregate wasting by moderate ($\leq$ -2SD and $>$ -3SD) and severe ($\leq$ -3SD) (OR)							

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
			(CI:1.1-4.6%) Moderate: 3.9% (CI:2.3-6.4%)	(CI: 0.2-4.4%) Moderate : 1.7% (CI: 0.7-3.9%)	(CI: 0.1 - 3.9) Moderate : 5.3% (CI: 2.6-10.4%) Yr 3 indicator calculated for 6-23 mos	10	188	
Acute Malnutrition (tracking only)	Percent of children 6-23 months acutely malnourished as measured by MUAC Disaggregate by 'at risk', moderate and severe acute malnutrition	Kaduha	8.3% (CI: 5.3-12.7%)	9.6% (CI: 5.8-15.3%)	0.5% (CI: 0.1-3.0%)	1	185	N/A
			Severe : 1.5% Moderate 6.8% At Risk 18.52%	Severe 2.4% (CI: 1.0-5.5%) Moderate 7.2% (CI: 4.1-12.4%)	Severe : 0.0% (CI : 0.0-2.0%) Moderate : 0.5% (CI : 0.1-3.0%) Yr 3 indicator calculated for 6-23 mos	0	185	
						1	185	
		Kigeme	5.2% (CI: 3.0-8.9%)	4.0% (CI: 2.0-7.6%)	5.3% (CI: 2.8-9.8%)	10	188	N/A
			0.4% severe 4.8% mod. 20.37% at-risk	Severe 0.0% (CI: 0.0-0.0%) Moderate: 4.0% (CI: 2.0-7.6%)	Severe : 0.0% (CI : 0.0-0.0%) Moderate : 5.3% (2.8-9.8%) Yr 3 indicator calculated for 6-23 mos	0	188	
						10	188	
Stunting (tracking only)	Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population) Disaggregate stunting by moderate ($\leq$ - 2SD and $>$ -3SD) and severe ($\leq$ -3SD)	Kaduha	44.3% (CI:37.6-51.2%)	33.3% (CI: 26.1-41.3%)	34.1% (CI: 27.6-41.1%)	63	185	N/A
			Severe 25.1% Moderate 19.2%	Severe: 13.3% (CI: 9.3-18.8%) Moderate: 20.0% (CI: 14.8- 26.4%)	Severe : 13.0% (CI : 8.9-18.6%) Moderate : 21.1% (CI : 15.8- 27.5%)	24	185	
						39	185	

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
					Yr 3 indicator calculated for 6-23 mos			
		Kigeme	33.4% (CI: 27.1-40.4%) Severe : 12.5% Moderate 20.9%	34.0% (CI: 26.9-41.9%) Severe: 11.7% (CI: 8.4-16.0%) Moderate: 22.3% (CI: 17.6-27.9%)	33.0% (CI: 26.2-40.5%) Severe : 13.3% (CI: 8.4-20.4%) Moderate : 19.7% (CI: 14.5-26.2%) Yr 3 indicator calculated for 6-23 mos	62 25 37	188 188 188	N/A
Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Maternal & Newborn Care (35% LOE)								
Increase % of mothers who have 4+ ANC visits	% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)	Kaduha	45.5% (CI: 40.34- 50.66%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	75%
		Kigeme	48.9% (CI: 43.74- 54.06%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	75%
Increase % of mothers who have ANC in their first trimester (tracking only)	% mothers of children age 0-23 months who had antenatal visit in the first trimester when they were pregnant with the youngest child	Kaduha	54.5% (CI: 49.34- 59.56%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	54.7% (CI: 49.56-	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
			59.84%)					
Increase % of mothers who get at least two TT	%mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)	Kaduha	68.43% (CI: 63.58- 73.22%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	80%
			68.33% (CI: 63.49- 73.11%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	80%
Increase skilled birth attendance (tracking only)	% children age 0-23 months whose births were attended by skilled personnel. (RC3)	Kaduha	83.0% (CI: 79.11- 86.89%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
			91.7% (CI: 88.85- 94.55%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Increase % of newborns who get a post-natal check-up within 2 days of birth (RC 4)	% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth. (RC4)	Kaduha	37.70% (CI: 32.68- 42.72%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	60%
		Kigeme	44.2% (CI: 39.07- 49.33%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	60%
Current Contraceptive Use Among Mothers of Young Children (tracking only)	% mothers of children 0-23 months who are using a modern contraceptive method. (RC5)	Kaduha	57.5% (CI: 52.38- 62.62%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	62.5% (CI: 57.5-67.5%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)	Kaduha	80.4% received (CI: 72.29- 84.51%) Average days:	69.4% received (CI: 64.1-76.6%) Average days: 39.88	81.0% received (CI: 74.2-87.8%) Average days: 41.53	243	300	90% 60 days

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
			35.37					
		Kigeme	81.4% received (CI: 77.38- 85.42%) Average days: 33.45	70.9% received (CI: 65.7-76.0%) Average days: 33.45	83.7% received (CI: 79.3-88.0%) Average days: 42.00	251	300	90% 60 days
Control of Diarrheal Diseases (15% LOE)								
Prevention Increase % of households that treat water effectively	<u>POU Water Tx:</u> Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	Kaduha	50.0% (CI: 44.83- 55.17%)	98.3% (CI: 96.6- 99.9%)	75.7% (CI: 68.3-83.0%)	227	300	65%
		Kigeme	56.4% (CI: 51.28- 61.52%)	97.6% (CI: 95.2- 99.9%)	57.0% (CI: 48.6-65.4)	171	300	65%
Improve appropriate hand washing practices	Percentage of mothers of children age 0- 23 months who live in households with soap at the place for hand washing. (RC16, OR)	Kaduha	38.6% (CI:33.57-43.63)	78.1% (CI:72.9-83.2%)	73.7% (CI: 63.5-83.9)	221	300	65%
		Kigeme	43.9% (CI: 38.77-49.03)	89.4% (CI: 85.4- 93.3%)	73.0% (CI: 63.2-82.8%)	219	300	65%
Hand Washing at Appropriate times (tracking only)	Percentage of mothers of children age 0- 23 months who wash hands with soap at all four key times	Kaduha	2.8% (CI: 1.40-5.20%)	21.0% (CI: 16.3-25.6%)	29.7% (CI: 19.7-39.6%)	89	300	N/A
		Kigeme	5.0% (CI: 3.10-7.90%)	9.7% (CI: 6.3-13.0%)	15.3% (CI: 9.5-21.2%)	46	300	N/A
Latrine/toilet in good condition	Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition	Kaduha	15.0% (CI: 11.31- 18.69%)	20.7% (CI: 16.1- 25.2%)	27.3% (CI : 19.3-35.4%)	82	300	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
(tracking only)		Kigeme	26.9% (CI: 22.32- 31.48%)	14.0% (CI: 10.0- 17.9%)	23.3% (CI : 17.1-29.6%)	70	300	N/A
Safe feces disposal	Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time a stool passed.	Kaduha	71.4% (CI: 66.73- 76.07%)	69.0% (CI: 63.7- 74.2%)	80.7% (CI: 74.9-86.5%)	242	300	N/A
(tracking only)	(Key Indicator)	Kigeme	82.8% (CI: 78.90- 86.70%)	76.3% (CI: 71.4- 81.1%)	81.0% (CI: 75.6-86.4%)	243	300	N/A
Prevalence Two week prevalence of diarrhea (tracking only)	Percentage of children 0-23 months with diarrhea in the previous two weeks (Key Indicator)	Kaduha	17.2% (CI: 13.30- 21.10%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	19.4% (CI: 15.32- 23.48%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Improve home management of diarrhea (ORT use, increased fluids and continued feeding)	Percentage of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids. (RC13)	Kaduha	23.1% (CI: 12.85-33- 35%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
		Kigeme	22.9% (CI: 13.06- 32.74%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
	Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)	Kaduha	36.9% (CI: 25.17- 48.63%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
		Kigeme	40.0% (CI: 28.52- 51.48%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
	Percentage of children 0-23 months with	Kaduha	63.1%	Not included in	Not included in	n/a	n/a	75%

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
	diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)		(CI: 51.37- 74.83%)	abridged survey	abridged survey			
		Kigeme	64.3% (CI: 53.08- 75.52%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	75%
Zinc Treatment	Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	Kaduha	24.6% (CI: 14.13- 35.07%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
Increase use of zinc to treat diarrhea		Kigeme	10.0% (CI: 2.97-17.03%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
Pneumonia Case Management (LOE 10%)								
Prevalence	Percent of children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey	Kaduha	23.9% (CI: 19.49- 28.31%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Two week prevalence of suspected pneumonia (tracking only)		Kigeme	31.4% (CI: 26.61- 36.19%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Care Seeking	Percent of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider. (RC14)	Kaduha	44.2% (CI: 33.70- 54.70%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
Improve appropriate care seeking for pneumonia		Kigeme	45.1% (CI: 35.93- 54.27%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	70%
Immunization – Not an intervention; Rapid CATCH Only								
Measles vaccination	Percentage of children age 12-23 months who received a measles vaccination.(RC9)	Kaduha	87.4% (CI: 81.2-92.10%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	83.4%	Not included in	Not included in	n/a	n/a	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
(tracking only)			(CI: 76.49- 89.10%)	abridged survey	abridged survey			
Access to immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey . (RC10)	Kaduha	89.3% (CI: 83.40- 93.60%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	86.9% (CI: 80.30- 91.90%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Health System Performance regarding Immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-3 (DTP3 with HepB and Hib) according to the vaccination card or mother's recall by the time of the survey. (RC)	Kaduha	84.3% (CI: 77.0-89.7%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	84.1% (CI: 77.20- 89.70%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Malaria – Not an official intervention; Rapid CATCH								
Prevention LLIN/ITN use	Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)	Kaduha	66.9% (CI: 61.80- 71.80%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	66.9% (CI: 61.80- 71.80%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Prevalence Two week prevalence of fever (tracking only)	Percent of children 0-23m with fever in the past two weeks.	Kaduha	20.8% (CI: 16.61- 24.99%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	23.9% (CI: 19.49- 28.31%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Treatment of fever	Percentage of children age 0-23 months	Kaduha	14.0%	Not included in	Not included in	n/a	n/a	N/A

Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Location	Baseline Value (95% Confidence Int.)	Year 2 KPC Value (95% Confidence Int.)	Year 3 KPC Value (95% Confidence Int.)	Numerator	Denominator	EOP Target
Treatment of Fever in Malarious Zones (tracking only)	with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began. (RC12) NOTE: Because of Rapid Diagnostic Testing, only children with a positive test should receive a drug. This is not reflected in Rapid Catch Indicator		(CI: 7.60-24.70%)	abridged survey	abridged survey			
		Kigeme	1.2% (CI: 0.0-6.3%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Care-seeking for fever (Measured because of RDT issues explained above.)	Percentage of children age 0-23 months with a febrile episode during the last two weeks who sought treatment from appropriate provider.	Kaduha	53.30% (CI: 42.01- 64.59%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
		Kigeme	52.3% (CI41.74-62.86%)	Not included in abridged survey	Not included in abridged survey	n/a	n/a	N/A
Process Indicators related to CHWs and Nutrition Weeks								
Contact with CHW for health education: Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counseling, Nutrition Week, etc.)								
CHW Home Visits Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose		Kaduha	26.7% (CI: 22.13- 31.27%)	52.2% (CI: 46.3- 57.6%)	61.7% (CI: 53.6- 69.8%)	185	300	75%
		Kigeme	21.9% (CI 17.63-26.17%)	27.7% (CI 22.6- 32.7%)	36.7% (CI: 28.2- 45.1%)	110	300	75%
Participation in Nutrition Weeks: Percentage of mothers with children 0-23 months who participated in “Nutrition Week” intervention at least once in the past 6 months for 4 or more days.		Kaduha		53.0% (CI: 47.3- 58.6%)	53.0% (CI : 44.3- 61.7%)	159	300	80%
		Kigeme	N/A	N/A	N/A	n/a	n/a	NA

Annex 3. Population Data Used to Select Clusters

Kaduha & Kigeme Samples - July 2014

Kaduha Samples

	HEALTH CENTER	SECTOR	CELL	VILLAGE	CLUSTERS
6	RUGEGE	GATARE	SHYERU	BAZIRO	1
16	RUGEGE	GATARE	RUGANDA	GITUNTU	2
24	MUSEBEYA	Buruhukiro	BUSHIGISHIGI	GIHARAYUMBU	3
34	MUSEBEYA	Buruhukiro	GIFURWE	NGANZO	4
43	MUSEBEYA	Buruhukiro	KIZIMYAMURIRO	MUJERENGE	5
51	MUSEBEYA	Musebeya	GATOVU	BISEREGANYA	6
59	MUSEBEYA	Musebeya	NYARURAMBI	GATITI	7
68	MUSEBEYA	Musebeya	RUGANO	KIBANDIRWA	8
77	MUSEBEYA	Musebeya	RUNEGE	RUKARANKA	9
85	MUSEBEYA	Musebeya	SEKERA	Nkomero	10
97	KIBUMBWE	KIBUMBWE	GAKANKA	NKURUBUYE	11
106	KIBUMBWE	KIBUMBWE	NYAKIZA	DUSENYI	12
118	MUGANO	MUGANO	YONDE	GISOVU	13
128	MUGANO	MUGANO	SOVU	KIGARAMA	14
134	MUGANO	MUGANO	GITONDORERO	GITONDORERO	15
143	MUGANO	MUGANO	GITWA	RYAMIGABO	16
153	MUSHUBI	MUSHUBI	GISHWATI	MUHEMBE	17
162	MUSHUBI	MUSHUBI	CYOBÉ	NYARUSHIKE	18
172	NYARWUNGO	NKOMANE	NKOMANE	MUTARAMA	19
183	NYARWUNGO	NKOMANE	MUSARABA	ROSOYO	20
195	NYARWUNGO	NKOMANE	TWIYA	TWIYA	21
205	JENDA	MUSANGE	MASANGANO	GASAGARA	22
214	JENDA	MUSANGE	NYAGISOZI	KIBAGA	23
225	JENDA	MUSANGE	GASAGARA	MUHORORO	24
234	JENDA	MUSANGE	JENDA	NYAKIBUNGO	25
242	KADUHA	KADUHA	NYABISINDU	Kanyege	26
252	KADUHA	KADUHA	NYAMIYAGA	RUKERI	27
261	KADUHA	KADUHA	KAVUMU	GAHAMA	28
269	RUGEGE	GATARE	BAKOPFU	KALAMBO	29
278	RUGEGE	GATARE	MUNINI	MAGUMIRA	30

Kigeme Samples

	HEALTH CENTER	SECTOR	CELL	VILLAGE	CLUSTERS
203	MBUGA	TARE	NYAMIGINA	UWINYANA	31
213	MBUGA	TARE	BUHORO	NYABWOMA	32
223	MBUGA	TARE	KAGANZA	KIMICANGA	33
228	NYAMAGABE	GASAKA	NGIRYI	NGIRYI	34
237	NYAMAGABE	GASAKA	NYABIVUMU	DUSEGO	35
243	NYAMAGABE	GASAKA	NYAMUGALI	KABACUZI	36
250	NYAMAGABE	KIBILIZI	GASHIHA	GASHARU	37
5	CYANIKA	CYANIKA	GITEGA	KIGARAMA	38
16	CYANIKA	CYANIKA	NYANZOZA	GAFUHISHA	39
24	CYANIKA	CYANIKA	NYANZA	NYABISINDU	40
34	CYANIKA	CYANIKA	KARAMA	MUGAMBA	41
44	CYANIKA	CYANIKA	KIYUMBA	NYARUCYAMU	42
53	KITABI	KITABI	KAGANO	TURONZI	43
60	KITABI	KITABI	MUJUGA	MUKAKA	44
67	KITABI	KITABI	MUKUNGU	GATARE	45
74	KITABI	KITABI	SHABA	MUYANGE	46
80	KITABI	KITABI	UWINGUGU	UWURUNAZI	47
88	NYARUSIZA	KAMEGELI	KIZI	GAKOMEYE	48
97	NYARUSIZA	KAMEGELI	RUSUSA	KIGARAMA	49
106	NGARA	MBAZI	MUTIWINGOMA	GATWA	50
116	NGARA	MBAZI	NGARA	BUTARE	51
125	KIGEME	GASAKA	KIGEME	GAKOMA	52
131	KIGEME	KIBILIZI	RUHUNGA	RUHURURA	53
139	UWINKINGI	UWINKINGI	MUNYEGE	MUNYEGE	54
147	UWINKINGI	UWINKINGI	GAHIRA	GITITI	55
155	UWINKINGI	UWINKINGI	BIGUMIRA	BIGUMIRA	56
163	UWINKINGI	UWINKINGI	KIBYAGIRA	BISHYA	57
172	MBUGA	KIBILIZI	BUGARAMA	KARANDURA	58
182	MBUGA	KIBILIZI	UWINDEKEZI	MUGOTE	59
193	MBUGA	TARE	GATOVU	GASENGE	60

Annex 4. Year 3 KPC Survey Questionnaire

Year 3 KPC Monitoring Survey Questionnaire with Translation WORLD RELIEF RWANDA TANGIRANEZA INNOVATION CHILD SURVIVAL PROJECT, 2014

i. <i>RESPONDENT IDENTIFICATION/ UMWIRONDO RO W'USUBIZA</i>	
0) Hospital catchment area / Aho ibitaro bikorera	<i>Kigeme</i> 1 <i>Kaduha</i> 2
i1) Cluster No. / Nimeroy'itsinda	
i2) Household No. / Nimeroy'urugo	
i4) Interviewer Name/ Amazina y'ubaza	
i5) Sector/ Umurenge	
i6) Cell/ Akagali	
i7) Village/ Umudugudu	
i8) Health center/ Ikigo Nderabuzima	
i9) Date of Interview/ Itariki y'ibazwa	2013 - ____ - ____ MM - DD
i10) Was consent received? Ubazwa yabyemeye?	<i>Yes/ Yego</i> 1 → i12 <i>No/ Oya</i> 2
i11) If no, why not? Niba ari Oya, kubera iki?	<i>Unavailable/ Ntaboneka</i> 1 → <i>End/ Iherezo</i> <i>Unwilling/ Ntameze neza</i> 2 → <i>End/ Iherezo</i>

	<i>Child not Home/ Umwana ntahari.....3 →End/ Iherezo</i> <i>Other/ Ibindi.....4 →End/ Iherezo</i> _____ <i>(Specify/ Sobanura)</i>
i12) <i>What are the name, sex, and date of birth of your youngest child that is still alive?</i> <i>Umwana wawe muto ufite yitwa nde? Yavutse ryari? Igitsina cye ni ikihe?</i>	i12a) NAME OF THE CHILD LESS THAN 24 MONTHS AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24 _____ i12b) SEX OF CHILD (1=MALE, 2=FEMALE/ IGITSINA CY'UMWANA(1=GABO, 2=GORE).....1.....2 i12c) DATE OF BIRTH IGIHE YAVUKIYE ____/____/____ Y Y Y Y / M M / D D i12d) AGE OF THE CHILD (IN MONTHS) __ __ IMYAKA Y'UMWANA (MU MEZI)
i13) Ask the mother: What is your name? / Baza umubyeyi w'umwana: Witwa nde?	_____
i14) Ask the mother: What is your age in years? / Baza umubyeyi w'umwana: Ufite imyaka ingahe?	__ __
i15) Are you the biological mother of the child? / Ni wowe wabyaye uyu mwana?	YES/ YEGO.....1 NO/ OYA.....0

<i>i16) Time interview began / Isaha ibazwa ryatangiriye</i>		<i>AM/ Mbere ya saasita</i> ____ : ____ : ____ <i>PM/ Nyuma ya saasita</i> ____ : ____ : ____
SECTION I: SOCIO-DEMOGRAPHICS / IGICE CYA 1: IMIBEREHO RUSANGE		
INSTRUCTIONS: Ask the questions exactly as they are written. Do not read responses unless directed to do so. Words in Italics are instructions for the interviewer and should not be read aloud. Follow skip patterns as directed. Write answers in the box unless otherwise directed. AMABWIRIZA: Baza ibibazo nkuko byanditse. Irinde kumu somera ibisubizo. Amagambo yanditse mu buryo buberamye ni amabwiriza y'ubaza ntabwo ugomba kuyasomera ubazwa. Aho ugomba gu simbuka hasimbuke. Andika igisubizo mu kazu kabugenewe.		
#	Questions <i>Ibibazo</i>	Responses <i>Ibisubizobishoboka</i>
1	<i>Have you ever attended school?</i> <i>Mwaba mwarageze mu ishuri?</i>	<i>Yes/ Yego</i> 1 <i>No/ Oya</i> 2 →3 <i>Don't know/ Simbizi</i> 88 →3
2	<i>If yes, then ask:</i> <i>What is the highest grade or level of school you have completed?</i> <i>Niba ari yego, mubaze uti:</i> <i>Warangije ayahe mashuri?</i>	<i>None/ Did not complete primary</i> <i>Ntayo/Ntiyarangije amashuri abanza</i> 0 <i>Primary/ Amashuri abanza</i> 1 <i>Secondary/ Amashuri yisumbuye</i> 2 <i>Past Secondary/ Amashuri makuru</i> 3 <i>Other/ Ibindi</i> 4 <i>(Specify/ Sobanura)</i>
3	<i>How many people live in your household?</i> <i>Muri uru rugo mubamo muri bangahe?</i>	<i>Number/ Umubare</i> _ _ <i>Don't know/ Simbizi</i> 88
4.a	<i>What is your ubudehe category according to the participatory poverty assessment as defined by MINALOC?</i> <i>Read options if needed.</i> <i>Mwashyizwe mu kihe cyiciro cy'ubudehe</i>	1. <i>Umutindi nyakuja</i> <i>(those in abject poverty)</i> 1 2. <i>Umutindi (the very poor)</i> 2

	nyuma y'ubushakashatsi bwakozwe na MINALOC kubijanye n'ubukire cyangwa ubukene? Musomere ibyiciro niba atabizi If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINALOC. Niba ubazwa atazi icyiciro arimo, ubaza aje kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciro by'ingo zose, Niba ubazwa ajya impaka ku cyiciro yashyizwemo, koresha icyiciro kiri ku ilisiti ya MINALOC	3. Umukene (the poor) 3 4. Umukene wifashije (the resourceful poor).....4 5. Umukungu (the food rich).....5 6. Umukire (the money rich).....6 8. Simbizi (don't know) 8 (Source: Government of Rwanda Poverty Reduction- Strategy Paper, June 2002 – p.15.)
4.b	Are you using health insurance? Ese waba uri mu bwisungane mu kwivuza?	Yes/ Yego.....1 No/ Oya.....0 →21
4.c	If yes: Can I see your member card? Niba ari yego, nshobora kureba ikarita yawe y'ubwisungane mu kwivuza?	Card available/ Ikarita irahari.....1 No card/ Ikarita ntayo afite.....0

SECTION II: MATERNAL AND NEWBORN CARE/ IGICE CYA KABIRI KWITA K'UMUBYEYI NURUHINJA

#	Questions Ibibazo	Responses Ibisubizo bishoboka
5-20	Q5-Q20 removed for Y2 Uyu mwaka ibi bibazo ntibizabazwa	→21
21	If biological mother (i15) ask:	

	<i>During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup?</i> Mubaze iki kibazo niba ariwe wabyaye uyu mwana (i15): <i>Mu gihe wari utwite (izinary'umwana muto) wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongera amaraso?</i> SHOW TABLETS/ BIMWEREKE	YES/ YEGO.....1 NO/ OYA.....0 →29 DON'T KNOW/ SIMBIZI.....88 →29
22	<i>During the whole pregnancy, for how many days did you take the tablets/syrup?</i> If the answer is not numeric, probe for the approximate number of days. <i>Igihe wari utwite, ibyo binini bya feri wabifashe mu minsi ingahe?</i> Niba igisubizo aguhaye Atari umubare, komeza umubaze agereranye mu mibare.	DAYS/ IMINSI..... _ _ DON'T KNOW/ SIMBIZI.....888
23-28	<i>Q23-28 removed for Year 2</i> <i>Uyu mwaka ibi bibazo ntibizabazwa</i>	→29

SECTION III: BREASTFEEDING AND CHILD NUTRITION / KONSA NO KUGABURIRAUMWANA

29	<i>Did you ever breastfeed (NAME)?</i> <i>Wigeze wonsa (izinary'umwana muto)?</i>	YES/ YEGO 1 NO/ OYA 0 →36
30	<i>How long after birth did you first put (NAME) to the breast?</i> IF LESS THAN 1 HOUR, CIRCLE '000'	Less than 1 hour / Igihe kitageze ku isaha 0 0 0

	HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. <i>Ukimara kubyara kanaka (izinary'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse?</i> NIBA ARI MUNSI Y'ISAHU IMWE SHYIRA AKAZIGA KURI 000, NIBA ARI MUNSI Y'AMASAHU 24, ANDIKA UMUBARE W'AMASAHU, NIBA ARI HEJURU Y'AMASAHU 24, ANDIKA IMINSI.	<i>or / cyangwa</i> <i>Hours / Amasaha..... __ __ </i> <i>or / cyangwa</i> <i>Days / Iminsi __ __ </i>
31	<i>During the first three days after delivery, did you give (NAME) the liquid that came from your breasts?</i> <i>Mu minsi itatu ya mbere umaze kubyara, waba waronkeje (IZINA RY'UMWANA MUTO)?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW/ SIMBIZI 88</i>
32	<i>During the first three days after delivery, was (NAME) given anything to drink other than breast milk?</i> <i>Mu minsi itatu ya mbere umaze kubyara, hari ikinyobwa wahaye kanaka kitari amashereka?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0 → 34</i> <i>DON'T KNOW/ SIMBIZI 88 → 34</i>
33	<i>What else was (NAME) given to drink during the first three days?</i> <i>Ni ibihe binyobwa bindi wahaye (IZINA RY'UMWANA MUTO) mu minsi itatu ya mbere?</i> <i>Anything else? Nta kindi?</i> DO NOT READ THE LIST NTUMUSOMERE IBISUBIZO. RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED SHYIRA AKAZIGA KUCYO AKUBWIYE	MILK (OTHER THAN BREAST MILK) AMATA (ATARI AMASHEREKA).....A PLAIN WATER / AMAZI.....B SUGAR OR GLUCOSE WATER / AMAZI ARIMO ISUKARI.....C HOME REMEDY/ IMITI YATEGURIWE MU RUGO ITARI IYO KWA MUGANGA.....D SUGAR-SALT-WATER SOLUTION / AMAZI ARIMO UMUNYU N'ISUKARI.....E

		<i>FRUIT JUICE/ UMUTOBE W'IMBUTO F</i> <i>INFANT FORMULA / AMATA Y'ABANA YO MU BIKOMBE.....G</i> <i>TEA / ICYAYI.....H</i> <i>HONEY/ UBUKI I</i> <i>OTHER/ IBINDI.....X</i> <i>(SPECIFY/ SOBANURA)</i>
34	<i>Was (NAME) breastfed yesterday during the day or at night?</i> <i>(Izinyar'umwana muto) waramwonkeje ejo kumanywa cyangwa nijoro?</i>	<i>YES/ YEGO 1 →36</i> <i>NO / OYA..... 0</i> <i>DON'T KNOW / SIMBIZI 88</i>
35	<i>Sometimes babies are fed breast milk in different ways, for example by spoon, cup or bottle. This can happen when the mother cannot always be with her baby. Sometimes babies are breastfed by another woman, or given breast milk from another woman by spoon, cup or bottle or some other way. This can happen if a mother cannot breastfeed her own baby.</i> <i>Did (NAME) consume breast milk in any of these ways yesterday during the day or at night?</i> <i>Rimwe n arimwe abana bahabwa amashereka mu buryo butandukanye, urugero: kukayiko, mu gikombe cg mu icupa. Ibyo bishobora kuba iyo umubyeyi adashoboye kuba ari kumwe n'umwana we. Bishobora no kuba iyo umubyeyi adashobora konsa umwana we.</i> <i>Mbese (KANAKA) yaba yarahawe</i>	<i>YES / YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI 88</i>

	<i>amashereka ejo kumanywa cg nijoro hakoreshejwe bumwe muri ubwo buryo maze kukubwira?</i>	
36	<i>Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or night?</i> <i>Ubu ndashaka kukubaza ibyerekeranye n'imiti cyangwa amavitamini aya ahabwa abana. Ese (KANAKA) yaba yarahawe ibitonyanga bya vitamin cyangwa indi miti ejo ku manywa cg nijoro?</i>	<i>YES/ YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW/ SIMBIZI 88</i>
37	<i>Was (NAME) given ORS yesterday during the day or at night?</i> <i>Haba hari uruvange rw'imyunyu n'isukari(SRO) waba warahaye (izinary'umwanamuto) ejo kumanywa cg nijoro?</i>	<i>YES / YEGO 1</i> <i>NO / OYA 0</i> <i>DON'T KNOW / SIMBIZI 88</i>
38	<i>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</i> <i>(Izinary'umwana muto) yaba yaranywesheje bibero ejo kumanywa cyangwa iri joro?</i>	<i>YES / YEGO 1</i> <i>NO / OYA..... 0</i> <i>DON'T KNOW / SIMBIZI 88</i>

Read out Q.39 below. Read the list of liquids one by one and mark 'yes' or 'no', accordingly. After you have completed the list, follow by asking Q. 40. [See far right hand column for those items (40B, 40C, and/or 40F) where the respondent replied 'YES'.]

Soma ibibazo biri hasi, Birebana n'ikibazo cya 39. Soma urutonde rw'ibinyobwa kimwe kimwe ushyireho yego cyangwa oya, nyuma yo kurangiza urutonde, komeza ubaze ikibazo cya 40 [reba ibyanditse iburyo (40B, na 40C/cyangwa 40F) aho igisubizo ari 'YEGO'].

No.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE			QUESTIONS AND CODING CATEGORIES/ IBIBAZO N'IBISUBIZO BITEGEREJWE
39		YES	NO	DK	40

	<i>Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM FROM LIST)?</i> READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.' <i>Noneho ndifuza kukubaza ibinyobwa waba wahaye umwana wawe ejo kumanywa cg nijoro. Hari ibyo waba wamuhaye? (IBIRI KU ILISTI)</i> SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".	YEGO	OYA	SINZI	READ QUESTION 40 FOR ITEMS B, C AND F, IF CHILD CONSUMED THE ITEM. RECORD 88 for DON'T KNOW. <i>How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)?</i> SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO YASHUBIJE SIMBIZI. <i>Ibi binyobwa kanaka (izinary'umwanamuto) yabifashe inshuro zingahe ku munsu haba ku manywa cyangwa nijoro?</i>
A	<i>Plain water?</i> <i>Amazi ?</i>	1	0	88	
B	<i>Infant formula such as Kigozi, Rinda and others?</i> <i>Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi?</i>	1	0	88	B. TIMES/ Inshuro I _ I _ I
C	<i>Milk such as tinned, powdered or fresh animal milk?</i> <i>Amata yo mu dukarito, ay'ifu cyangwa inshyushyu(y'inka, ihene)?</i>	1	0	88	C. TIMES/ Inshuro I _ I _ I
D	<i>Juice or juice drinks?</i> <i>Umutobe w'ibitoke cyangwa ubundi bwoko bw'imitobe?</i>	1	0	88	
E	<i>Clear broth?</i> <i>Isupu imeze nk'amazi?</i>	1	0	88	
F	<i>Yogurt?</i> <i>Yawurute?</i>	1	0	88	F. TIMES/ Inshuro I _ I _ I
G	<i>Thin porridge?</i> <i>Igikoma kidafashe?</i>	1	0	88	
H	<i>Any other water-based liquids such as (insert local) sorghum juice?</i> <i>Ibindi binyobwa nk' umusururu ?</i>	1	0	88	
I	<i>Any other liquids?</i> <i>Ibindi binyobwa?</i>	1	0	88	

Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.

- a) *Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time? IF YES: Please tell me everything (NAME) ate at that time.*

PROBE: Anything else?

UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION b).

- b) *What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.*

REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.

- c) *IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE: What ingredients were in that (MIXED DISH)? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.*

AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW WRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW:

Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?

Mwatubwira ibiribwa (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa ahandi

- a) *Tekereza mugihe (kanaka) yamaragakubyuka ,hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA NTACYO, KOMEZA KUKIBAZO CYA b).*

- b) *Nyuma yibyo (kanaka) yakoze iki? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI.*

SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA K'UWUNDI MUNSI.

- c) *NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI: Ni ibihe biribwa byari muri iyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Nta cyindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI.*

	UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHU IKIMENYETSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI"1" MU KUMBA KEGEREYE ITSINDA RY"IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBYANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE AHAGENEWE ITSINDA RY'IBIRUNGO. MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE< SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHYIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0" NIBA ASHUBIJE OYA, KURI "88" NIBA ASHUBIJE SIMBIZI: <i>Ejo kumanywa cyangwa nijoro, ese (Kanka) yaba yarariye cyangwa yaranyoye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRO)?</i>			
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.			
NO.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE		
		YES/ YEGO	NO/ OYA	DK/ SIMBIZI
A	<i>Thicker porridge, bread, rice, noodles, or other foods made from grains</i> <i>Igikoma gifashe, umugati, umuceri, amakaroni, cyangwa ibindi biribwa bikomoka kubinyampeke</i>	1	0	88
B	<i>Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside</i> <i>Ibihaza, karoti, ibijumba by' umuhondo cyangwa bya orange</i>	1	0	88
C	<i>White potatoes, white yams, cassava, or any other foods made from roots</i> <i>Ibirayi, ibikoro, imyumbati, cyangwa ibindi biribwa bikomoka kubinyabijumba.</i>	1	0	88
D	<i>Any dark or green leafy vegetables</i> <i>Imboga z'icyatsi kibisi cyane, Imboga rwatsi</i>	1	0	88
E	<i>Ripe mangoes, ripe papayas or ripe guava</i> <i>Imyembe ihishije, ipapayi ihishije, cyangwe amapera ahishije</i>	1	0	88
F	<i>Any other fruits or vegetables (such as avocado)</i> <i>Hari izindi mbuto cyangwa imboga uha umwana zitavuzwe</i>	1	0	88

	haruguru (nka avoka)			
G	Liver, kidney, heart or other organ meats Umwijima, impyiko, umutima, cyangwa izindi nyama zo munda	1	0	88
H	Any meat, such as beef, pork, lamb, goat, chicken or duck Izindinyama / Iz'inka, ingururube, intama, ihene, inkoko cyangwa imbata	1	0	88
I	Eggs / Amagi	1	0	88
J	Fresh or dried fish, shellfish or seafood Amafi mabisi cyangwa yumye, isambaza, injanga/indagara	1	0	88
K	Any foods made from beans, peas, lentils, nuts or seeds Ibindi biribwank'ibishyimbo, amashaza, lantiye, ubunyobwa	1	0	88
L	Cheese, yogurt, or other milk products foromage, yawurute, cyangwa ibindi bikomoka ku mata	1	0	88
M	Any oil, fats or butter, or foods made with any of these Andi mavuta, ibinure cyangwa mayonese, cyangwa ibiribwa bikomoka kubyo tuvuze.	1	0	88
N	Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits Ibindi biribwa birimo isukari nka shokora, bombo, shikareti, gato cyangwa biswi	1	0	88
O	Condiments for flavor, such as chilies, spices, herbs or fish powder ibiribwaby'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara	1	0	88
P	Grubs, snails or insects inswa, isenani cyangwa utundi dusimba duto tuguruka	1	0	88
Q	Foods made with red palm oil, red palm nut or red palm nut pulp sauce Ibiribwa byatekeshejwe amamesa	1	0	88
R	Other foods not recorded on the list Ibindi biryo bitavuzwe haruguru	1	0	88
Check categories A-Q / GENZURA IBYICIRO A-Q		IF ALL "NO" or "DK" → GO TO 42 IF AT LEAST ONE "YES" → GO TO 43 NIBA BYOSE ARI "OYA" CYANGWA "SIMBIZI" → JYA KURI 42 NIBA BYIBUZE KIMWE MURI BYO ARI "YEGO" → JYA KURI 43		

42	<i>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</i> IF 'YES' PROBE: <i>What kind of solid, semi-solid, or soft foods did (NAME) eat?</i> Ese (KANAKA) yigeze arya ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye ejocyangwa ijoro ryakeye? NIBA ARI YEGO KOMEZA UBAZE UTI: Ni ubuhe bwoko bw' ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye yafashe?	YES/ YEGO 1 NO / OYA 0 →44 DON'T KNOW/ SIMBIZI.....88 →44 GO BACK TO Q41 AND RECORD FOODS EATEN THEN CONTINUE. Subira kukibazo cya 41 umusubiriremo byabibazo nyuma ukomeze
43	<i>How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?</i> <i>Such as pureed cassava, potatoes, avocado or other pureed foods?</i> WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED. LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID. USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY Ibiryo bikomeye ,bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitarink'amazi yabifashe inshuro zingahe ejo kumanywa cyangwa nijoro? Urugero: Ese mwamuhaye inombe y'imyumbati, y'ibijumba? Y'avoka? Cyangwa inombe y'ibindi biryo? TURIFUZA KUMENYA UMUBARE W'INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N'UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE. IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK'AMAZI N'IBINDI BIRYO BIMEZE NK'AMAZI CYANGWA BINYOBWA. KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA	No. OF TIMES/ INSHURO..... DON'T KNOW/ SIMBIZI 88

	INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W'EJO.	

44	<i>(If yes to 41 or 42) At what age did (NAME) begin eating solid, semi-solid, or soft foods?</i> <i>(NIBA ARI YEGO)(kanaka) yanganaga iki mutangira kumuha ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?</i>	<i>Age (months)/ Imyaka mumezi.. _ _ </i> <i>DON'T KNOW/ SIMBIZI.....88</i>
44a	<i>(If yes to 41 or 42) Does (NAME) eat from his/her own separate bowl/cup?</i> <i>(Niba ari yego) Ese (Izina ry'umwana) yaba arira cyangwa agaburirwa ku gasahane/ mu gakombe ke?</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i>
45	<i>Are you or someone in your family helping (NAME) eat? (ie. physically feeding them)</i> <i>Ujya ufasha (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mu muryango umufasha?</i>	<i>YES/ YEGO.....1 →46b</i> <i>NO/ OYA.....0</i>
46a	<i>IF NO: At what age did (NAME) start eating by himself/herself?</i> <i>NIBA ARI OYA: ni ku yahe mezi izina ry'umwanamuto) yatangiye kwigaburira ubwe?</i>	<i>Age (months)/ Imyaka mumezi... _ _ </i> <i>DON'T KNOW/ SIMBIZI.....88</i>
46b	<i>Do you encourage (NAME) to eat/feed (including when you breastfeed)?</i> <i>Mbese ujya ushishikariza (IZINA RY'UMWANA) kurya (no mu gihe umwonsa)?</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i>
47-48	<i>Q47- 48 removed for Y2</i> <i>Uyu mwaka ibi bibazo ntibizabazwa</i>	→49
49	<i>Has (NAME) taken any drug for intestinal worms in the past 6 months?</i> <i>Kanaka (izinary'umwana Muto) yaba hari utunini tw'inzoka zomunda yahawe mu mezi atandatu ashize?</i> <i>Show example of drug for worms</i>	<i>YES/ YEGO.....1</i> <i>NO/ OYA.....0</i> <i>DON'T KNOW / SIMBIZI.....88</i>

	Mwerekere urugero rw'ibinini by'inzoka	
SECTION IV: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS/ UBUVUZIBUKOMATANIJEBW'INDWARAZ'ABANA		
50-75	Q51-75 removed for Y2 Uyu mwaka ibi bibazo ntibizabazwa	→76

SECTION V: WATER & SANITATION / AMAZI N'ISUKURA		
76	<i>Do you treat your water in any way to make it safer for drinking?</i> <i>Hari uburyo mukoresha mu gutu nganya amazi yokunywa?</i>	YES/ YEGO.....1 NO/ OYA.....0 → 78
77	<i>IF YES: What do you usually do to the water to make it safer to drink?</i> Niba ariYego: ubikora ute ngo wize reko amazi ari meza yokunyobwa? (ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE) SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	<i>Let It Stand And Settle/ Sedimentation kuyatereka akiyungurura.....A</i> <i>Strain It Through Cloth Kuyayunguruza agatambaro.....B</i> <i>Boil/ kuyateka.....C</i> <i>Add Bleach/Chlorine Kuyashyiramo sur'eau/kolorine.....D</i> <i>Water Filter (Ceramic, Sand, Composite) Kuyayunguruza filitire(iyakizungu, amakara, umucanga.....E</i> <i>Solar Disinfection/ Kwica udukoko ukoresheje izuba.....F</i> <i>Don't Know/ simbizi.....G</i> <i>Other/ Ikindi H</i> (Specify/ Sobanura)
78	<i>When do you wash your hands? Ni ryari ukaraba intoki?</i> DO NOT PROMPT. CIRCLE ALL MENTIONED.	<i>Never / nta narimwe A →81</i> <i>Before Food Preparation / Mbere yogutegura amafunguro.....B</i> <i>Before Feeding Child / Mbere yo konsa/ mbereyo kugaburira</i>

	NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA BYOSE.	umwana.....C <i>After Defecation/Visiting The Toilet / Nyuma yo kuva ku musarane</i> D <i>After attending to a child who has defecated/soiled / Nyuma yo gutunganya/guhanagura umwana umaze kwituma</i>.....E <i>Other/ Ikindi ihe.</i>.....F (Specify/ Sobanura)
79	<i>Can you show me where you usually wash your hands and what you use to wash hands?</i> Mushobora kunyereka aho mukarabira intoki n'icyo mukoresha mukaraba intoki? ASK TO SEE AND OBSERVE MUSABE ABIKWEREKE NAWWE WITEGEREZE.	<i>Inside/Near Toilet Facility/</i> Mu musarane imbere cyangwa hafi yawo.....1 <i>Inside/Near Kitchen/Cooking Place/ mu gikoni, Iruhande rwacyo/ aho batekera</i>..... 2 <i>Elsewhere In Yard</i> Ahantu aho ari ho hose mu rugo.....3 Outside Yard/ inyumay'urugo.....4 <i>No Specific Place</i> Nta mwanya wihariye uhari.....5 <i>No Permission To See</i> Ntakwemereye kuhareba 8
80a	OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent? This item should be either in place or brought by the interviewee within one minute. If the item is not present within one minute check none, even if brought out later. (ONLY CHECK MORE THAN ONE IF SEVERAL CLEANING AGENTS ARE USED) ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki? Icyo gikoresho gishobora kuba gihari cyangwa kikazanwa n'umubyeyi mu gihe cy'umunota umwe gusa. Niba kitabonetse mu munota umwe, kibarwa nk'ikidahari.	Soap/ Isabune isanzwe.....A Detergent/ Isabune y'ifu nka omo.....B Ash/ Ivu.....C Mud/Sand/ icyondo/ Akabuye.....D None/ Ntanakimwe.....E Other/ Ikindi.....F (Specify/ Sobanura)

	(SHYIRA IKIMENYETSO KU GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)	
80b	<i>OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any?</i> (ONLY CHECK MORE THAN ONE IF SEVERAL FACILITIES ARE USED) ITEGEREZE GUSA: Bakoresha ibihe bikoresho bakaraba? (SHYIRA IKIMENYETSO KU GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)	<i>Tippy tap / Kandagira ukarabe A</i> <i>Basin/ Ibase..... B</i> <i>Jerry can / jug: injerekani / ijage.....C</i> <i>Pan / pot / : Isafuliya/ Inkono D</i> <i>Sink / Lavabo E</i> <i>None/ Nta nakimwe F</i> <i>Other/ Ikindi G</i> (Specify/ Sobanura)
80c	<i>(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing?</i> (ONLY CHECK MORE THAN ONE IF SEVERAL ARE PRACTICED) <i>(Niba ari isafuliya,inkono cyangwa ibase) mubaze undi murimo akoresha ibi bikoresho utari gukaraba intoki?</i> (SHYIRA IKIMENYETSO KU BYO AKUBWIYE BYOSE)	<i>Nothing else/ Ntakindi.....A</i> <i>Food preparation/ Gutegura Amafunguro.....B</i> <i>Laundry/ Kumesa.....C</i> <i>Other/ Ibindi D</i> (Specify/ Sobanura)
81	<i>What kind of toilet facility do you have? Can I see it?</i> <i>Umusarane mukoresha umeze ute? Nshobora kuwureba ?</i>	<i>No toilet facility/ Nta musarane 1</i> <i>Open latrine/ Umusarane udapfundikiye 2</i> <i>Closed latrine/ umusarane upfundikiye.....3</i> <i>Flush toilet/ umusarane wa kizungu.....4</i> <i>No permission to see/ ntiyakwemereye kureba.....5</i>

82	<i>The last time (NAME) passed stools, where were the feces disposed of?</i> <i>Igihe cyashize (izina ry'umwana) amaze kwituma umwanda we wawushyize he?</i> <i>Probe to find the location.</i> <i>Komeza umubaze wumve aho yaba ashyira umwanda w'umwana.</i>	<i>Disposed into a latrine or toilet facility</i> <i>Yawushyize mu musarane 1</i> <i>Disposed into a garbage/ trash bin</i> <i>yawushyize mu kintu kiyamo imyanda cyangwa ahagenewe imyanda.....2</i> <i>Dug and buried – near the house or in the yard?/ Yawushyize iruhande rwinzu cyangwa kure yayo 3</i> <i>Dug and buried – far from the house or yard?/ Yawushyize cyangwa yawutabye kure yinzu cyangwa ahandi.....4</i> <i>Did not bury – near the house or yard / Ntiyawutabye hafi yinzu cyangwa ahandi.....5</i> <i>Did not bury – far from the house or yard / Ntiyawutabye kure yinzu cyangwa ahandi 6</i> <i>Don't know/ Simbizi.....7</i> <i>Other/ Ahandi 8</i> <i>(Specify/ Sobanura)</i>
SECTION VI: IMMUNIZATION/ IKINGIRA		
83-92	<i>Q82 - 92 removed for Y2</i> <i>Uyu mwaka ibi bibazo ntibizabazwa</i>	→93

SECTION VII: ANTHROPOMETRICS/ IBIPMO		
93	<i>May I weigh (name of child)?</i> <i>Nshobora gupima (izinary'umwana muto) ibiro?</i> <i>Measure twice. If difference in weight is more than 0.5 KG, measure a third time.</i> <i>Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'ibiro by'umwana ari inusu(500 gs) ongera umupime bwa gatatu</i>	<i>Yes/ Yego 1st _____</i> <i>Kilograms/ Ibiro</i> <i>2nd _____</i> <i>Kilograms/ Ibiro</i> <i>3rd _____</i> <i>Kilograms/ Ibiro</i> <i>No/ Oya.....0</i>

94	<i>May I use MUAC Tape with (name of child)?</i> Nshobora gupima umuzenguruko w'ikizigira (izinary'umwanamuto)? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira by'umwana ari 0.5 cm ongera umupime bwa gatatu	<i>Yes / Yego.....1st</i> _____ cm/ santimetro <i>2nd</i> _____ cm/ santimetro <i>3rd</i> _____ cm/ santimetro <i>No/ Oya.....0</i>
95	<i>May I measure length for (name of child)?</i> Nshobora gupima uburebure bw'umwana? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'uburebure bw'umwana ari 0.5 cm ongera umupime bwa gatatu	<i>Yes / Yego.....1st</i> _____ cm/ santimetro <i>2nd</i> _____ cm/ santimetro <i>3rd</i> _____ cm/ santimetro <i>No/ Oya.....0</i>
96	<i>May I use MUAC Tape with you?</i> Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawe? Measure twice. If difference in length is more than 0.5 CM, measure a third time. Pima umubyeyi inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira cy'umubyeyi ari 0.5 cm ongera umupime bwa gatatu	<i>Yes / Yego.....1st</i> _____ cm/ santimetro <i>2nd</i> _____ cm/ santimetro <i>3rd</i> _____ cm/ santimetro

		No/ Oya.....0
SECTION VIII: BEHAVIOR CHANGE COMMUNICATION/IKIGANIRO KIGAMIJE GUHINDURA IMYITWARIRE		
97	<i>In the past year, have you participated in a week-long training on child feeding and food preparation?</i> <i>Mu mezi 12 ashije , waba warigeze witabira inyigisho zimara icyumweru zijyanye no kugaburira umwana no gutegura amafunguro mu mudugudu?</i>	YES/ YEGO.....1 NO/ OYA.....0 → 101 DON'T KNOW / SIMBIZI.....88 → 101
98	<i>IF YES: How many times?</i> <i>NIBA ARI YEGO: wazigiyemo inshuro zingahe ?</i>	Once/ Rimwe.....1 Twice/ Kabiri.....2 Three or more/ Gatatu cyangwa karenga.....3
99	<i>When was the most recent time you participated in such a week-long training?</i> <i>Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?</i>	Month/Ukwezi _____ Year/ Umwaka _____
100	<i>The most recent time, how many of the days did you participate?</i> <i>Izo uherutse wazitabiriye iminsi ingahe?</i>	Number / Umubare..... _ _ Don't know/ Simbizi.....88 No response/ Nta gisubizo.....9
101	<i>Did you receive a visit related to health in the past month?</i> <i>Hari uwaba yaragusuye mu byerekeranye n'ubuzima mu kwezi gushize?</i>	YES/ YEGO.....1 NO/ OYA.....0 DON'T KNOW / SIMBIZI.....88

101 a	<i>If yes, who visited you?</i> Niba ari yego ni nde? <i>Do not prompt; Circle all that apply.</i> Wimuca mu ijambo andika ibyo akubwiye aho bigomba kujya.	<i>Care group member/</i> Uri mu itsinda ry'ubuzima (care group).....A <i>Health facilities staff/</i> Umukozi w'ivuriro.....B <i>Local government staff/</i> Umuyobozi mu nzego z'ibanze.....C <i>Others?/ Abandi?_____D</i> <i>(Specify/ Sobanura)</i>
102	<i>If yes, can you tell me what the purpose of the visit was?</i> Niba ari yego, wambwira icyamugenzaga? <i>Do not prompt; Circle all that apply.</i> Wimuca mu ijambo andika ibyo akubwiye aho bigomba kujya.	A. FOLLOW UP ON SICK CHILD GUKURIKIRANA UMWANA URWAYE B. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA MALARIYA C. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION GUTANGA INYIGISHO ZO KWIRINDA IMPISWI D. PROVIDE HEALTH EDUCATION ON PNEUMONIA GUTANGA INYIGISHO KUNDWARA Y'UMUSONGA E. PROVIDE HEALTH EDUCATION ON NUTRITION GUTANGA INYIGISHO KU MIRIRE F. PROVIDE HEALTH EDUCATION ON IMMUNIZATION GUTANGA INYIGISHO KU IKINGIRA G. OTHER/ IKINDI: _____ <i>(Specify/ Sobanura)</i>
	<i>Time interview ended/ Igihe ibazwa ryarangiriye</i>	AM Mbere ya saasita _____: PM Nyuma ya saasita _____:

Thank you. Murakoze.

Annex 5. Survey Enumerators and Participants

Name	Position	Name	Position
KABADEGE Melene	WR-HQ Technical Advisor	RUGANZA RUTAMBWE	ICSP
UMUTONI Grace Carmen Nicole	ICSP	CAMALADE	
NKURIZA ALOYS	UBC	NIYONZIMA VIATEUR	CYANIKA
BIZIMUNGU GASPARD	SED-TARE	UWAMAHIRWE DOROTHE	HC-CYANIKA
NIKUZE LAURENTINE	KGH M&E	HATEGEKIMANA AUGUSTIN	SED-CYANIKA
NDIKUMANA MARTIN	HC-MBUGA H.C		
MUSAFIRI JEAN BAPTISTE	ICSP		
Emily Hunn	ICSP		
KWIZERA AOUDITH	UBC		
NYIRAHABIMANA EMMA-MARIE	SED-Kitabi		
MUTUYIMANA MARIE	SED-Kitabi		
FRANDRIE	HC-Kitabi		
RUSAGARA GERMAINE	ICSP		
Emilly Miller	UBC		
UNYIZIHIYE VESTINE	HC-KIBIRIZI		
NIYITEGEKA PAUL	SED-KIBIRIZI		
MUSANGWA ADOLPHE	ICSP		
Emily Warren	UBC		
NTAWUKURIRYAYO FIDELE	ICSP		
NYIRASIKAMWE M.JEANNE	SED-UWINKINGI		
NZABAMWITA EVARISTE	SED-WINKINGI		
NTAWURUHUNGA	HC-UWINKINGI		
MARCELLINE			
Nyiranzeyimana Beatrice	ICSP		
RWASIBO JOSEPH	SED_KAMEGERI		
BAMPORIKI GEMILA	HC-KAMEGERI		
MUSONI JEAN M VIANNEY	SED-KAMEGERI		
NTAWURUHUNGA	HC-UWINKINGI		
MARCELLINE			
NGIRUWONSANGA NARCISSE	ICSP		
NYIRAHABIMANA SARAH	SED-GASAKA		
NYIRACUMI ALPHONSINE	SED-GASAKA		
NYIRANSENGIYUMVA	HC-KIGEME		
CLAUTILDE			
MUHIRE UWIMANA M. CLAIRE	ICSP		
Allison Flynn	WR-HQ Health Technical Advisor		
Mugisha	ICSP		
MUHAYIMANA THIMOTHE	SED-MBAZI		
DUSHIMIMANA CLAUDE	SED-MBAZI		
AYINKAMIYE ESPERANCE	HC-NGARA		
UWIMANA CONSOLE	HC-NYAMAGABE		

Annex 6. Training schedule for supervisors and interviewers

Innovation Child Survival

Tangiraneza Program

Nyamagabe District

Refresher training of 3rd Years KPC Enumerators

Refresher training Agenda

Date: July 25, 2014

Moderator: Narcisse

Venue: Ubumwe Center

<i>Time</i>	<i>Item/activity</i>	<i>Responsible</i>
7h00-7h30	Registration	Fidel
7h30-7h40	Opening remarks	District in Charge of Health
7h40-7h50	Training Objectives	Carmen
7h50-8h20	Overview on data collection	Melene
8h20-8h50	Review of KPC Consent form	Narcisse& Gaspard (M&E Kigeme)
8h50-10h30	Review of KPC Questionnaire & Practice on Tablets	Daniel, Beatrice
<i>10h30-10h15</i>	<i>Jea break</i>	
10h15- 11h15	Anthropometric Measures	Claire, Interns
11h15-12h00	Review of KPC Questionnaire & Practice on Tablets	Daniel, Beatrice
12h00-12h30	Organizing data collection teams	Fidel & Innocent (M&E Kaduha)
<i>12h30-13h15</i>	<i>Launch</i>	
13h15-15h45	Field test	Camarade
15h45-16h20	Feedback on field test	Participants
16h20-16h30	Closing remarks	District in Charge of Health
16h30	Departure	Participants

Annex 7. Project Resource Requirements of the Survey

ICSP Tangiraneza				
Nyamagabe District				
Budget for Enumerators Training				
Item	Qnte	#jrs	PU	PT
Perdiem Enumerators from H.C	15	1	19,500	292,500
Enumerators from CELL(SED)	27	1	19,500	526,500
Supervisors from District	3	1	19,500	58,500
Transport ,Perdiem for H.C & SED				
Participants Kaduha Zone	23	1	15,000	345,000
Transport, Perdiem for H.C & SED				
Participants Kigeme Zone	21	1	10,000	210,000
Transport for District Supervisors	3	1	10,000	30,000
Overnigh for project surveyors	2	2	16,100	64,400
Translator	1	1	7,500	7,500
Lunch	70	1	4,000	280,000
Pause café	70	1	2,500	175,000
Water	140	1	500	70,000
Location Salle	1	1	40,000	40,000
S/Total				2,099,400
Supplies & Logistics				
Item	Qnte	#jrs	PU	PT
Flip shart	1	1	5,500	5,500
Marqueur	1	1	4,500	4,500
Pens	68	1	100	6,800
Folder & Notes books	38	1	3,500	133,000
Phone cards	5	1	2,000	10,000
Projector rental	1	1	20,000	20,000
Vehicle rental	1	1	100,000	100,000
S/Total				279,800
Grand Total				2,379,200

ICSP Tangiraneza				
Nyamagabe District				
Budget for Data Collection				
Item	Qnte	#jrs	PU	PT
Perdiem & Transport for Enumerators from H.C	15	5	20,000	1,500,000
Perdiem & Transport Enumerators from CELL(SED)	27	5	20,000	2,700,000
Perdiem & Transport for Supervisors from District	3	5	25,000	375,000
Overnigh for project surveyors	2	5	16,100	161,000
Translator	1	5	7,500	37,500
Water	70	5	500	175,000
Location Vehicle	2	5	100,000	1,000,000
ICSP accomodation	1	1	85,300	85,300
Community Guides	1	1	200,000	200,000
S/Total				6,233,800
Spplies & Logistics				
Item	Qnte	#jrs	PU	PT
Phone cards	38	1	1,000	38,000
Vehicle rental H.H Survey	2	8	100,000	1,600,000
Vehicle rental -QA	1	2	100,000	200,000
Renewal fees	1	1	450,000	450,000
Bags	24	1	800	19,200
Toilet Papers	24	1	2,000	48,000
Bon Motos	8	1	20,000	160,000
Bon - Vehicule IT)81 RC	1	1	35,000	35,000
Printing	1	1	1	65,000
Sitick for hanging Scales	1	1	1,000	1,000
S/Total				2,616,200
Grand Total				8,850,000

ANNEX 17. OPTIONAL ANNEXES

List of Dissemination Participants

External Evaluator

1. Anbrasi Edward, John Hopkins University

World Relief HQ Staff

2. Deborah Dortzbach – World Relief Global Director of Health and Social Development

World Relief Rwanda Kigali Staff

3. Moses Ndahiro – Country Director
4. Melene Kabadege – Regional Technical Advisor, MCH
5. Rhona Murungi – Director of Programs
6. Clemence Nkurikiyinka – Research & Development Manager
7. Eric Nzamwita – Program Coordinator, Mobilizing for Life Program
8. Pascasie Nsanzabozwa – Program Manager, Savings for Life
9. Aloys Nsabimana – Program Manager, Water Project
10. Bizimana Olivier – Health Program Manager, ONE-UN Projects
11. Christelle Umuhoza – Assistant to Director of Programs
12. Bob Karemera – Church Partnership Communications Officer
13. Denise Umwali – 12+ Project Manager
14. Alice Uwizeyimana – Assistant to Country Director

Representatives from Partner Organisations

15. Ministry of Health - Alexis Mucumbutsi, In-charge of Nutrition
16. USAID Mission – Dr. Elizabeth Uwanyiligira
17. UNICEF - Kristine Dandanell Garn, Nutrition Specialist
18. CRS – Jerica Youngken, Fellow and Vanessa Vohn, STA
19. University of British Columbia – Caitlin Gomez
20. World Vision
21. Jhpiego
22. Water Aid Rwanda - Mr. Maurice Kwizera, Country Representative
23. FAO-Rwanda
24. Concern World Wide

Participants from Nyamagabe District

25. Umutoni Grace Carmen , World Relief ICSP Tangiraneza Project Manager
26. Ntawukuriyayo Fidele , World Relief ICSP Tangiraneza Project Staff
27. Ngiruwonsanga Narcisse , World Relief ICSP Tangiraneza Project Staff
28. Rusagara Germaine, World Relief ICSP Tangiraneza Project Staff
29. Nyiranzeyimana Beatrice , World Relief ICSP Tangiraneza Project Staff
30. Byiringiro Emile, Nyamagabe Vice Mayor
31. Hategekimana Sylvestre, Nyamagabe District M&E
32. Munezero Eric , Kigeme Hospital Director
33. Watukarusu Hubert, Kaduha Hospital Director
34. Mwizerwa Jean de Dieu , Head of Health Center
35. Sr Marie Lucie Nikuze, Head of Health Center
36. Bunani Jean Francois Regis, Head of Health Center
37. Uwabyawe Miriere, Head of Health Center
38. Mukamana Aloysie, Head of Health Center

39. Kayibanda Abhdala, Head of Health Center
40. Lidie Nyiraneza, Head of Health Center
41. Leone Uwizera, Head of Health Center
42. Sr Drocelle Mukabera, Head of Health Center
43. Eliezer Nzigiymana, Head of Health Center
44. Kimonyo Donath, Head of Health Center
45. Epiphanie Mukabaganwa, Head of Health Center
46. Ntakirutimana Eliab, Head of Health Center
47. Mbonankira Julienne, Head of Health Center
48. Sr Matie Therese Uwamwiza, Head of Health Center
49. Nsengimana Didas, Head of Health Center
50. Charlotte Mukanyange, Head of Health Center
51. Sr Rosy Varghese, Head of Health Center
52. Mukamana Veneranda, Nyamagabe Community Health Worker
53. Pastor Musabimana Assiel, Church Leader
54. Pastor Callixte Nsabimana, Church Leader
55. Pastor Celstin Nzabamwita, Church Leader

Field Implementation Schedule

Team #	Team members	Hospital, Sector, Cell	Field Interview & FGDs	
			May 20, 2015	May 21, 2015
Team 1 TL: WR	2 ICSP staff 1 WR non-ICSP Staff 1 NGO partner 1 Sector Leader 1 Religious Leader	Kigeme Hospital Zone Cyanika Sector Kiyumba Cell	<u>AM</u> FGD with Mothers participant to NW sessions- Gikomero Village FGD with Father participant to NW sessions- Kagarama Village FGD with Fathers non participant to NW sessions- Gikomero Village	<u>AM</u> FGD Religious Leaders- Cyanika Sector FGD Sector Leaders - Cyanika Sector
			<u>PM</u> FGD with 5 members of Village Nutrition Committee- Gikomero Village FGD with 7-10 Integrated Care Group Members- Kagarama Village	<u>PM</u> FGD with Cyanika HC staff KII with Head of Cyanika HC
Team 2 TL: District	2 ICSP staff 2 WR non-ICSP Staff 1 NGO partner 1 Sector Leader 1 Religious Leader	Kigeme Hospital Zone Kitabi Sector Mukungu Cell	<u>AM</u> FGD with Mother- participants to NW sessions- Uwurunazi Village FGD with Father- participants to NW sessions- Karambi Village FGD with Father non- participants to NW sessions- Uwurunazi Village	<u>AM</u> FGD with Religious Leaders- Kitabi Sector FGD with Sector Leaders - Kitabi Sector
			<u>PM</u> FGD with 5 members of Village Nutrition Committee- Uwurunazi Village FGD with 7-10 Integrated Care Group Members- Karambi Village	<u>PM</u> FGD with Kitabi HC staff KII with Head of Kitabi HC
Team 3 TL: NGO	1 ICSP staff 2 WR non-ICSP Staff 1 NGO partner 1 Sector Leader 1 Hospital Supervisor	Kaduha Hospital Zone Gatare Sector Mukongoro Cell	<u>AM</u> FGD with Mother- participants to NW sessions- Ruhereko Village FGD with Father- participants to NW sessions- Kageyo Village FGD with Father non- participants to NW sessions- Ruhereko Village	<u>AM</u> FGD with Religious Leaders- Gatare Sector FGD with Sector Leaders - Gatare Sector
			<u>PM</u> FGD with 5 members of Village Nutrition Committee- Ruhereko Village FGD with 7-10 Integrated Care Group Members- Kageyo Village	<u>PM</u> FGD with Rugege HC staff KII with Head of Rugege HC
Team 4 TL: Hospital	1 ICSP staff 2 WR non-ICSP Staff 1 NGO partner 1 Sector Leader 1 Hospital Supervisor	Kaduha Hospital Zone Mugano Sector Ruhinga Cell	<u>AM</u> FGD with Mother- participants to NW sessions- Gitarama Village FGD with Father- participants to NW sessions- Kabuye Village FGD with Father non- participants to NW sessions- Gitarama Village	<u>AM</u> FGD with Religious Leaders- Mugano Sector FGD with Sector Leaders - Mugano Sector
			<u>PM</u> FGD with 5 members of Village Nutrition Committee- Gitarama Village FGD with 7-10 Integrated Care Group Members- Kabuye Village	<u>PM</u> FGD with Mugano HC staff KII with Head of Mugano HC
Team 5	1 ICSP staff	Kaduha Hospital Zone	<u>AM</u>	<u>AM</u>

TL: MOH	2 WR non-ICSP Staff 1 NGO partner 1 Sector Leader 1 District Leader	Mushubi Sector Gashwati Cell	FGD with Mother- participants to NW sessions- Muhembe Village FGD with Father- participants to NW sessions- Mushubi Village FGD with Father non- participants to NW sessions- Muhembe Village	FGD with Religious Leaders- Mushubi Sector FGD with Sector Leaders - Mushubi Sector
			<u>PM</u> FGD with 5 members of Village Nutrition Committee- Mushubi Village FGD with 7-10 Integrated Care Group Members- Muhembe Village	<u>PM</u> FGD with Mushubi HC staff KII with Head of Mushubi HC
Anbrasi & Debbie			KII with Kaduha Hospital in charge of Community Health KII with Kaduha Hospital Nutritionist KII with Director of Kaduha Hospital , KII with CWW	KII with Kigeme Hospital in charge of Community Health, Hospital Nutritionist, Director, KII with District Director of Health, KII with WVI

ANNEX 18. QUALITATIVE DATA FINDINGS

Stakeholder Perspectives of Project Contributions and Performance

Project Stakeholders	Key Findings on Project Value and Effectiveness
	District Health System
Vice Mayor and District Health Director	<i>Perception of Project Contributions:</i> The team was extremely appreciative to the unique contributions of the ICG model in achieving the goals and objectives of the district, as they work in close collaboration with community entities especially in reducing the prevalence of malnutrition. Whilst other NGOs work along the main roads and towns, this project worked in extremely remote and rural areas reaching the most vulnerable. During the Vice Mayor's visit to the NW demonstration, he was impressed to see a man teaching his wife how to cook a nutritious meal, which defied the existing cultural norms. ICGs unified community members, CHWs and the healthcare system to bring awareness, mobilize and improve service utilization and adopt healthy behaviors. The attendance and expansion of kitchen gardens was also a unique phenomenon in this project, which he believed was instrumental in inspiring communities for change. Savings groups help families enroll in <i>mutuelle</i>. The ICG mechanism was strategic in providing important information for other health issues, especially in launching the GBV initiative. The BCC messages, songs and material developed in the project were so effective, that they were being used by other projects. All key priority health indicators had improved since the project interventions. There is self confidence in the people, and they are motivated to bring change and improvement. District health information indicates reduction in child mortality and morbidity since the inception of the project. Women readily accept CCM, and prefer receiving treatment in their communities. The district is the process of planning an effective CHW support system through the cooperatives. The dramatic change in personal and community hygiene was attributed to project interventions. <i>Sustainability:</i> The district intends to work with ICG post project and also advocate that all other projects in the district working in communities function through the ICG mechanism. ICG quarterly meetings will be monitored by the district, and the district staff will organize visits for their oversight through the in-charge of social affairs. Since the community has a sense of ownership to the ICG, this strategy will be beneficial in the future. Engagement of pastors and religious leaders was stated as an essential support mechanism for ICG oversight, as they participate in meetings and also receive the reports on health indicators and performance targets, and also engage them in evaluations.
Hospital Teams	<i>Perception of Project Contributions:</i> Director greatly valued the collaboration and partnership and the focus on working with the poorest and remote communities. The ICG fostered a change in the mindset of communities. Joint implementation and sharing of activity plans enhanced the efficiency of both healthcare service delivery systems. Reduced admissions for severe malnutrition, no stigma associated with malnutrition due to the sensitization of CHWs. Project and hospital and health center staff worked in partnership to improve mobilization for health and nutrition activities. Communities appreciated the importance of utilizing formal healthcare, having clean toilets, importance of ANC, husbands understand the importance of growth monitoring and participate in child feeding and healthcare, accompany their wives for family planning. NW interventions were perceived to improve nutritional status of children, engage grandmothers and fathers, and instructed communities to use local produce for a balanced diet. The nutritionists at both hospitals were extremely appreciative of the enormous project investments to compliment and support the priorities for nutrition interventions, monitoring systems, case management, tracking and follow up of severely malnourished children, BCC communication through radio and other media, mobilization for campaigns etc. Monitoring and information systems designed and supported by the project staff were appreciated. Supervisory oversight, training, incentives and monitoring tools and follow up of the CHWs was a critical capacity building measure that strengthened their performance. Establishing the data systems and analysis, especially the Rapid SMS with CHWs, and their ability to provide treatment through the iCCM strategy was particularly emphasized as a key capacity building measure. Improved hygiene in all communities was the most obvious outcome measure mentioned by all. The role of religious leaders and pastors was particularly emphasized, as they play an important role in reinforcing the messages and trusting the community entities. <i>Sustainability:</i> Knowledge acquired by communities with support from the district can sustain NW activities which can also be used as a platform to launch other interventions. Interventions requiring additional financing would phase out, but those integrated with the district would continue. <i>Challenges:</i> Project was focused mostly on community and not hospital level. Though NW interventions could continue with CHWs, provision of cookware would not be feasible. Communities are inaccessible during rainy seasons, supervision by foot to communities located in high mountains was challenging.

Health Center Teams	Inadequate staffing at health center to oversee community activities, stock outs for RUTF and soya supplements, inability of patients to pay for hospitalizations, resulting in low compliance to referrals
	<i>Support to the Project;</i> Training, supervision, visits to ICG and CHW home visits, assist in development of BCC education materials, establishing monitoring systems. Collaboration and linkages for HCT, ITN distribution, FP, BCC, GMP and ANC services were mentioned as some of the important health system strengthening and capacity building activities.
	<i>Perception on Project Value and Contributions;</i> Aware of project strategies and ICG, and reported participation in community health activities in the past 6m, visited ICG, NW demonstrations, and provided technical support and appreciated the integrated package of interventions. Reported reductions in prevalence of under nutrition , deaths caused by poor hygiene and sanitation, improved referrals, prompt care seeking for sick children, improved immunization, increased ANC visits especially in the first trimester, reduced home deliveries . Although they could not provide the exact figures, they reported that almost all referrals were by ICG and CHWs. Teaching on balanced and affordable diet and hygiene was particularly appreciated as it resulted in health improvements, increased use and construction of latrines appreciation of the 1000d interventions, and use of water purification gadgets. One informant indicated that based on clinic records number of MN children declined from 35 to 10. Improved collaboration between health center and CHWs was a major accomplishment by the project, and they participated in the supervisory and management oversight of CHWs. Community ownership to the NW cooking demonstrations emerged as a key finding, as they brought their own supplies and appreciated the importance of a balanced meal and including fruits and vegetables in the diet. Savings associations were created to generate income for acquiring the supplies for the NW. Changes in market commodities were also reported as now vendors began selling more fruits, vegetables, and small fish. As screening and triaging for counseling and treatment occurred in the community by CHWs, they believed that access and utilization had improved. Increase in mutelle enrollment was also reported as a result of project efforts. Some also remarked about an increase in utilization of formal healthcare versus traditional doctors, and others said increase in family planning uptake has resulted in lower maternity cases in the hospital. In comparison to other projects, they had good collaboration with the project staff who facilitated the achievement of their goals. The project addressed issues from bottom up and evidence of peer to peer learning and increased trust in health providers .
	<i>Challenges:</i> Some community members are still not enrolled in <i>mutelle</i> , large catchment area population, staff working overtime with no additional compensation, no provision for cell phone minutes to provide supervision for community activities, distance of HC from communities, need for health posts, need for transport or budget to rent motorcycles, neglected care for unwed teen pregnancies, polygamy, inadequate transport or too many responsibilities for regular supervisory visits, due to extreme poverty some mothers sell the food commodities provided by the HC to buy other essential commodities for the home. Propose to distribute water purification gadgets to community members. Some remarked that though mosquito nets were distributed there was a rise in malaria cases and need to further explore.
	<i>Sustainability:</i> Believed that there was now a critical mass of community members and trained CHWs that could continue with interventions, when project ended, savings groups can improve and sustain the economy, as they are now empowered. Cooking demonstrations in other days, and not just NW and continued investments in hygiene training, including triangulating the messages in schools, increase capacity of ICG. Contributions of the ICG was perceived as another key community capacity mechanism, and though they may not be fully functional post project, they could be sustained through the rotating savings scheme but supervision by the district teams need to be ensured. Integration of NW and ICG in district performance plan. Capacity building efforts for community and religious leaders. Other interventions could be integrated in the ICG model, for NCD prevention, helminthes eradication, community clean up, address poverty, provide seeds for gardening, repair of roads, water pipes, prevent unhygienic local brewery etc. They suggested that the DHMT could support the ICG with technical training, essential supplies, offer <i>mutelle</i> for vulnerable groups, construct and equip health posts and provide water pumps. Income generation activities to address poverty, was considered a key strategy to improve health status.
Community	
Sector and Cell Leaders	<i>Project Awareness and Contributions:</i> All participants were aware of the key health and nutrition objectives of the project and its capacity building motivation of community entities. Support to ICG training, oversight, problem solving, savings initiatives, were mentioned by most. A majority of them remarked that health status of their communities improved, with reduced MN, improved hygiene practices, handwashing, balanced diet, increased use of pit latrines, increased ANC, facility deliveries, decreased maternal and child deaths, increased participation in NW, kitchen gardens, livestock rearing etc. Contributions of the ICG were considered to be paramount to these achievements and participants felt that this model ought to be integrated into the district program. They proposed educating adolescent boys and not just focus on girls

Integrated CG	about reproductive health. Discouraging polygamy and infidelity, training on adult education, construction of health posts, rearing live stock for the vulnerable were some of the distinguishing services reported.
	<i>Challenges:</i> Poverty was mentioned as one of the biggest challenges to development. Additional supervision and training reinforcement was recommended.
	<i>Role and Contributions:</i> ICGs are comprised of CHWs, a religious leader, and a representative of the hygiene club. Reports are compiled and shared with the health center and with the cell leader. They meet once a month for 1-2h, their roles range from health education, NW, GMP, community mobilization, household visits, referrals, community health information systems etc. They were also supported by the savings groups. Reduced illness incidence and deaths due to malaria, pneumonia, diarrhea and malnutrition were reported. Improved knowledge on health, nutrition, handwashing, kitchen gardens, balanced food, increased utilization of health services, compliance to health advice, registration in <i>mutuelle</i> , increased involvement of men in child rearing and feeding, animals are no longer kept in the home, were all mentioned by the ICG participants. They are proud to be a model to the community and enhance community solidarity. Regular supervision oversight was reported, including visits from the health center staff. The most powerful incentive was witnessing communities adopt the practices and supporting them in community based efforts like contribution of ingredients to NW and building toilets for the vulnerable households, aside from the support received from leaders and pastors. Shared responsibility, problem solving skills, friendship within the ICG and increased self-confidence and skills were other factors mentioned by the ICG members.
Village Nutrition Committee	<i>Challenges:</i> major reported challenges were lack of training, lack of participation by some male community members, meeting expectations of the health center staff, competing priorities and weather conditions. However despite the challenges, the ICG members were enthusiastic about continuing their contributions as they felt valued and appreciated by the communities.
	<i>Project Awareness and Contributions:</i> Reports on knowledge gains was impressive; balanced meals, hygiene, sanitation, hand washing, 1000 days, weaning recipes, micronutrient powders, drinking safe water, sleeping under ITN, value of breast feeding, age appropriate feeding, creating and maintaining kitchen gardens, family planning etc were mentioned by most participants. The greatest achievements were reduced malnutrition and improved hygiene and they believed the committee members were now a role model to the communities. Latrines were constructed, kitchen gardens created, many families had a rubbish pit, and men participate in child feeding. Importance of refresher training, savings associations, reinforcement of messages, communication from pastors, sufficient stock and supplies for NW demonstrations, and engagement of local leaders were emphasized as sustainability measures.
	<i>Challenges:</i> Initial disinterest of fathers and grandmothers for NW interventions, no direct donations to the project, were demotivators, but eventually their mindset was transformed when they witnessed the evidence of the health outcomes. Some parents arrive at NW without bringing any ingredients and this created a problem for other families as they had to share their scarce resources and others arrived late due to the long distances.
Pastors and Religious Leaders	<i>Project Awareness and Contributions:</i> There was a unanimous response from all the participants, as all vouchsafed about the project, the value of ICG, CHW and NW interventions and subsequent health outcomes. Observations of increased households consuming balanced diets, enhanced communication between community groups and solidarity, increase in men's participation and in parenting responsibilities,
	<i>Support to Project Activities:</i> Triangulation of health messages provided by CHW and ICG in churches and during pastoral visits, community mobilization for improved hygiene and balanced diet, enrollment in <i>mutuelle</i> , assistance with savings and other economic development programs, financial and technical support to ICG and CHWs, and encouraging household and community hygiene.
	<i>Challenges:</i> practice of witchcraft prevented some families from adopting the BCC messages and poverty were perceived as some of the main challenges. Economic development and self reliance was considered a key element for any community empowerment activity; gardens, rearing small animals, especially for the vulnerable households.
Mothers	<i>Project Awareness and Contributions:</i> a majority of the participants were aware of the project purpose and contributions; promotion of hygiene and sanitation, kitchen gardens, community mobilization for savings and cooperatives, child health and nutrition, micronutrient powder, etc were mentioned. Many of them reported seeking care in health clinics, though some said they also seek advice from other mothers in the community. Treatment for sick children by CHWs was mentioned by most, and they also reported visits from CHW and CG members in the past 3m. The mothers exhibited extraordinary knowledge on all the danger signs for seeking care immediately for both pregnant women and children, prevention of diarrhea, handwashing practices, water treatment, importance of ANC, SBA, essential newborn care (ENBC), EBF, IYCF, causes and prevention of malaria, causes and prevention of malnutrition (though one woman remarked that men who eat green leafy vegetables become stupid). Reasons for home delivery were primarily due to long

Fathers – NW participants	distances, lack of transport, lack of health insurance, rudeness of providers, and lack of awareness of signs. They mentioned supporting the ICG members by providing ingredients for NW, informing other community members about NW, and supporting community mobilization activities, and reported on the educational and supportive activities of the ICG members. All educational interventions, especially those related to nutrition were highly appreciated.
	<i>Mothers who participated in NW:</i> In addition to those mentioned above, the mothers from the NW also mentioned kitchen gardens, tippy taps, balanced diets, constructing a dish drying rack, use of micronutrient powder, ITN use and vaccination calendars. The exciting aspects of NW interventions were learning to prepare a balanced diet, engagement of husbands in food preparation, and their assistance in home chores, visits from ICG and CHWs and exchanging best practices and experiences with the other women. Mothers also mentioned contributing food commodities, purifying the water used for cooking demonstrations, singing songs about nutrition, praying together, and caring for children of mothers participating in the NW, food exchanges, etc. Most mothers reported practicing the messages provided and trying the recipes learnt. However some mothers were more vulnerable and could not afford the more expensive ingredients, like fish meat etc. all reported owning kitchen gardens and support received from husbands. Additional income generating schemes were proposed to sustain the NW interventions. The support provided by pastors and religious leaders especially to the vulnerable households was mentioned as an important contribution. Role of CHWs for preventive and curative care for children, immediate access to care, assistance in referrals, health information were reported to be valuable services for improving the health status of the communities. Project outcomes included reduction in disease, reduced mortality of women and children, improved hygiene, increased contributions for <i>mutuelle</i> , etc. All mothers who participated affirmed that they would continue to meet and continue with the activities.
	<i>Learning from Project Interventions:</i> improved knowledge on nutrition, importance of multigrain porridge, balanced meals, including fruits and vegetables in their diet, handwashing, 1000 days, GMP (one father remarked that since the onset of NW, none of his children were MN), facility deliveries, kitchen gardens, fathers no longer keep their money but contribute to family meals, fathers taking initiative to go to the market and shop for food, retain some of the home produce to feed their children, meal preparation, child feeding, etc. Previously they believed child rearing was the role of women, now they are involved. They felt they should become advocates to engage other men in the interventions and change their mind set. Support from leaders, savings groups was seen as an important motivational factor for their engagement. Perceived quality of care and service utilization for ANC, referral, timely care seeking, facility delivery, reduced MN, etc were mentioned. Some remarked that farmers ceased to grow tobacco and began planting vegetables. Distance to health center was considered a major challenge for some. Role of pastors and religious leaders was also emphasized as they supported the income generating schemes and supported health insurance for vulnerable families, and also advocated health messages and provided training. They were committed to continue their contributions and advocate for behavior change, but also felt retraining and support from leadership was essential.
	<i>Awareness about NW:</i> all aware about NW strategy, knew about kitchen gardens, wives knowledge about balanced meals, using tippy taps, using ITN, sanitation, important times for handwashing
Fathers - Non NW Participants	<i>Gender equity:</i> Men now involved in child feeding, especially when mothers are absent, support animal rearing and making nutritious porridge flour, help in establishing kitchen gardens
	<i>Reasons for non-participation:</i> occupied with business or farms in distant sites.
	<i>Challenges and suggestions:</i> poverty and availability of foods for balanced meals, soil and weather - unconducive for farming, But continue to mobilize men house to house, create men's savings groups, encourage reluctant participants

Excerpts from Formative Evaluation Participants

"I was there during the project KPC baseline and I know the type of food people in community were preparing and their hygiene status, so I can testify that there is significant improvement now" In-Charge of nutrition, Kaduha Hospital
"[The] CG model was a new approach for us, we were not used to it, but we have found it invaluable. I would wish to have strong cooperatives of CG, which would ensure sustainability" Hospital Director

A Presbyterian Church leader noticed a single mother with many children resisting behavior change (she did not take care of her youngest child who kept losing weight, and her intent was to let the child die due to poverty instead of being treated). The church leader encouraged her to take her children to hospital for follow up, to the extent that he constantly visits her to ensure that she is taking her children to the health facility for help.

"In Mushubi village, mothers formed a savings group called Turere neza where every mother gives 100 RWFs every week. They now have 60,000 RWFs saved. These funds help them to buy NW ingredients and recently, every mother received one chicken and guinea pig from the group savings." VNC member

"My child didn't have appetite before, but now when he meets with others in the NW, he eats with a lot of appetite, so I now use what I have learned to prepare his food." Mother from Mushubi village

"The first time I did not feel concerned but I have learnt to prepare a balanced meal made of energizers, vitamins, and proteins and I can do it and feed my kids when my wife is not around"

"Before joining a care group I did not have dish dryer in my house, my toilet was not covered nor clean, I was not drinking clean water nor did I know importance of drinking water, but now I do have all of these, and I eat a balanced diet in my home" Village leader in charge of social affairs

"The meeting in NW helped us to know many things about health. We are no longer fearful, instead we have opened our mind. We no longer stay at home the whole week but we feel proud to get out" NW participant

"NW helped a lot in transforming the mindset of many men (fathers) who used to misuse the households' assets instead of caring about the good nutrition of their children. They believed that nutrition and food preparation were only women responsibilities. But today, when we discuss with them about nutritional issues, they tell us that they have understood that they have to spend enough money to feed their children. The statistics on malnourished children in our sector has greatly reduced, and this is mostly due to NW" Executive Secretary, Mugano sector

Project sustainability

"We will continue to work as a group. We will not be discouraged." Meetings, savings, and visiting of households will be continued"

"Friendship will keep us together." "We have sufficient skills, we will continue." "We understand the importance of what we do, we will continue for the benefit of our people." "Prayer will keep us together."

ANNEX 19. SUMMARY OF PROJECT ACTIVITIES

Major Activities	Timeline	Personnel
Build MOH and Sector Social Affairs –in-Charge capacity to train and supervise BCC activities.	Year 1, Refresher Year 3	Tangiraneza ICSP CM Staff, MOH
Train CHW Cell Coordinator and In charge of Social Affairs at cell level to supervise CG in Interventions and BCC.	Year 1, Refresher Year 3	Tangiraneza ICSP CM Officers, Community Health in-Charge, Sector Social Affairs in-Charge
Quarterly meeting for Care group leaders and supervisors	Start Q4 Year 1, ongoing quarterly	Tangiraneza ICSP CM Officers, In charge of Social affairs at cell level
Quarterly meeting with Local Leaders and Religious Leaders on BCC	Start Q4 Year 1, ongoing quarterly	Tangiraneza ICSP CM Officers, In charge of Social affairs at cell level
Care Group Leaders lead monthly Integrated CGs	Start Q4 Year 1, ongoing monthly	Care Group Leaders
BCC (household level health education)	Start Q4 Year 1, ongoing monthly	Care group Members: CHW, Village Leaders
Follow up Care Group BCC activities	Start Q4 Year 1, ongoing monthly	Tangiraneza ICSP CM Officers, In charge of Social affairs at Cell, CHW Cell Coordinator
Distribute annual incentives to CG members	End of Yrs 2 & 4	Tangiraneza ICSP CM Officers
Mobilize churches to assist vulnerable households with kitchen gardens & tippy taps.	Start Q4 Year 1, ongoing	Tangiraneza ICSP CM Officers
Nutrition Activities		
Participate in Nutrition Technical Working Group; Solicit input and share findings.	Start Q4 Yr 1, ongoing	ICSP Manager, HO Tech Unit; ICSP Nutrition Officers
Conduct TOT on CBNP	Q3 Year 1	ICSP Nutrition Officers, MOH
Train CHWs on CBNP	Q3-4 Year 1	ICSP Nutrition Officers, MOH
Develop Nutrition Week Curriculum	Q3-4 Year 1	ICSP Team, MOH/NTWG, HO Tech WG
Train MOH trainers and In Charge of Social Affairs on NW	Q4 Year 1	ICSP Nutrition Officers, MOH
Train Village Nutrition Committees on NW	Q4 Year 1, Q1-3 Years 2-4	ICSP Nutrition Officers, MOH
Mobilize Sector Nutrition Committees through quarterly Meeting	Q4 Year 1, ongoing quarterly	Tangiraneza ICSP Nutrition Officers, Hospital Nutrition Supervisors
Participate to DPEM semi annually meeting	Q1 & Q3 Years 2-4	ICSP Manager, ICSP Nutrition and Community Mobilization Officers
Implement and follow up Growth Monitoring sessions	Q4 Year 1, ongoing monthly	CHWs; HC In charge of CH activities
Implement and follow up Kitchen Garden and assist vulnerable Families	Q1-3 Year 2-4	CHWs, In Charge of Social affairs at cell level, Sector Agronomist
Implement Nutrition Weeks Innovation/ OR activities	Q4 Year 1, Q1-3 Years 2-4	Village Nutrition Committee, ICSP Team. In charge of Social Affairs and HC in charge of Nutrition
OR to compare CBNP, 'Nutrition Week' Innovation, and control communities, prior to district level scale-up	Q4 Years 1-3, Q3 Year 4	UBC, MOH, ICSP Officers, HO Technical Unit
Maternal & Newborn Care		
Build HC and Hospital staff capacity to train ASM on MNC and Rapid SMS	Q3 Year 1, Refresher Q1 Yr 3	ICSP MNC Officers; MOH
Support HC trainers to train ASM on MNC and Rapid SMS	Q4 yr 1, Refresher Q1 Yr 3	ICSP MNC Officers ; HC
Support HC to follow up ASM providing Newborn and post partum care	Q3 Year 1, ongoing	ICSP MNC Officers , HC; ASM
Community Case Management		
Community Case Management Refresher training	Q1 Year 2	ICSP CCM Officers, MOH
Support HC staff to supervise CCM activities	Q1 Year 2, ongoing	ICSP CCM Officers, HC

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