



Rwanda's Improved Services for Vulnerable Populations Project

Impact Evaluation

End Line Report

September 2019

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ABSTRACT

MEASURE Evaluation, funded by the United States Agency for International Development, conducted a cluster-randomized impact evaluation of the “Improved Services for Vulnerable Populations” (ISVP) project, led by Global Communities in Rwanda.

There were three treatment groups:

1. Household economic strengthening (HES-only) group, which provides a core platform of financial interventions
2. Full ISVP group, which supplements the core platform of HES interventions with health, education, and skills-building services
3. Control group, receiving no ISVP interventions

The evaluation covered 12 districts. Initial data collection took place in mid-2017 and end line data collection in late 2018/early 2019. Methods were quantitative surveys at both time points of the same households and key informant interviews at end line with 36 community leaders and eight program staff.

Final household survey sample sizes were 1,374 for full ISVP, 1,270 for HES-only, and 1,169 for control. We estimated program impact using difference-in-differences estimation and conducted qualitative thematic analysis.

Results showed that, despite contamination and data collection timing limitations, the program was still able to effect significant change in health and economic strengthening. Each program group saw positive impact for seven outcomes and negative impact for one; the full ISVP also trended positive for an eighth outcome. If initial data collection had taken place prior to program start, the full ISVP likely would have shown impact on at least two other outcomes, outperforming HES-only.

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CONTENTS

Abstract	3
Acknowledgments.....	4
Abbreviations.....	13
Executive Summary.....	15
Introduction.....	15
Research Questions and Methods.....	15
Analysis	16
Results.....	16
Limitations	19
Discussion.....	20
Recommendations	21
Conclusions.....	22
Background.....	27
Country Context	27
ISVP Project Strategy.....	27
Setting	28
Underlying Development Hypothesis and Theory of Change.....	28
Research Objectives and Questions.....	29
Methods.....	31
Evaluation Design.....	31
Study Population.....	31
Sampling Frame and Design	31
Study Procedures	32
Ethical Considerations	33
Analysis.....	33
Results.....	34
Study Response Rates and Program Participation.....	34
Participation in Other Programs	34
Program Implementation and Community Perspectives	35
Staff Perspectives	35
Community Context	36
Economic Strengthening	37
Economic Outcomes—Household	37
Household Consumption Patterns.....	41
Productive Assets	43

Economic Outcomes—Youth.....	43
Household Decision Making and Gender-Related Attitudes and Behaviors.....	44
Health.....	48
Child Health and Care.....	48
Youth Health.....	54
Caregiver Health.....	56
Education.....	57
Early Childhood Development.....	57
Schooling.....	58
Cost-Effectiveness.....	61
Total Costs.....	62
Cost per Beneficiary.....	63
Cost-Effectiveness.....	64
Discussion.....	66
Economic Strengthening.....	66
Household Decision Making and Gender-Related Attitudes and Behaviors.....	66
Health.....	67
Education.....	68
Cost-Effectiveness.....	68
Limitations.....	71
Recommendations.....	74
Conclusions.....	75
References.....	76
Appendix A. Additional Methods.....	78
Appendix B. Sector Assignments (Confidential).....	89
Appendix C. Additional Tables.....	92
Appendix D. Initial Study Protocol.....	158
Appendix E. Disclosures of Conflicts of Interest.....	190
Appendix F. Data Collection Tools.....	202
Appendix G. Study Team.....	521

FIGURES

Figure 1. Improved services for vulnerable population implementation districts	28
Figure 2. Theory of change, Twiyubake project.....	29
Figure 3. Households' ability to meet basic needs (food, education, unexpected major expenses)	29
Figure 4. Percentage of households with moderate or severe household hunger	39
Figure 5. Household livestock ownership.....	40
Figure 6. Percentage of household consumption for food	41
Figure 7. Percentage of household consumption for health	42
Figure 8. Percentage of household consumption for education.....	42
Figure 9. Percentage of youth ages 10–17 reporting new employment in past 6 months	43
Figure 10. Total married female caregivers reporting physical or sexual violence in past 12 months	44
Figure 11. Female caregivers reporting joint or sole decision-making power on all six decisions.....	45
Figure 12. Percentage of caregivers agreeing harsh physical punishment is an appropriate means of discipline at home or school	46
Figure 13. Percentage distribution of high Gender Equitable Men scores among youth ages 13–17	47
Figure 14. Total birth registration at sector level (MER).....	48
Figure 15. Percentage of caregivers answering 5–6 nutrition test questions correctly.....	49
Figure 16. Total children ages 0–59 months monitored for growth at home or a health center in past 12 months	50
Figure 17. Total children who meet minimum dietary diversity (4+ food groups ¹)	51
Figure 18. Children who meet minimum dietary diversity (4+ food groups ¹), by age.....	52
Figure 19. Caregiver's knowledge of child's HIV status	53
Figure 20. Total 10- to 17-year-old youth who know about strategies ¹ to prevent HIV	54
Figure 21. Youth ages 10–17 ever tested for HIV and knew their HIV status.....	55
Figure 22. Total caregivers who reported ever having had HIV test.....	56
Figure 23. Total children ages 36–59 months attending early child development program	57
Figure 24. Among all children ages 13–17, percentage not missing any days of secondary school instruction during last full week of school.....	59
Figure 25. Among those children ages 7–17, percentage who progressed to a more advanced grade in current school year	60
Figure 26. Among children ages 13–17, percentage who graduated from primary school and returned to secondary school.....	60
Figure 27. Linking cost inputs to effectiveness outcomes.....	62
Figure B.1. Map of study group assignments	89
Figure C.1. Total children too sick to participate in daily activities in the past two weeks, by study arm (MER)	134
Figure C.2. Total children ages 0–59 months old with fever and treatment for fever within two weeks of interview.....	143
Figure C.3. Total children ages 0–59 months old with diarrhea and treatment within two weeks of interview	145

Figure C.4. Youth ages 10–17 tested in past 12 months who knew their HIV status	146
Figure C.5. Total children ages 5–17 currently enrolled in school.....	150
Figure C.6. Percentage of children ages 13–17 currently enrolled in secondary school.....	150
Figure C.7. Among those children ages 13–17 currently enrolled in secondary school, percentage who did not miss any days of secondary school instruction during past full week of school.....	157

TABLES

Table 1. Summary of key findings	16
Table 2. Summary of impact results, per DID estimation.....	23
Table 3. Summary of key outcomes at initial data collection and end line	25
Table 4. Primary and secondary outcomes for the evaluation.....	30
Table 5. Sampling goals.....	32
Table 6. Percentage of households with savings, end line.....	38
Table 7. Program impact results for household economic status outcomes, per DID estimation.....	40
Table 8. Mean and median daily consumption per capita (Rwandan francs)	41
Table 9. Program impact results for consumption shares, per DID estimation.....	42
Table 10. Program impact results for intimate partner violence among married female caregivers, per DID estimation.....	44
Table 11. Program impact for joint or sole decision making, per DID estimation.....	45
Table 12. Program impact on caregiver support of harsh child punishment, per DID estimation.....	46
Table 13. Program impact on Gender Equitable Men Scale scores, per DID estimation	47
Table 14. Youth reports of experiencing any type of violence by a parent, caregiver, or other adult in community.....	48
Table 15. Program impact results for birth registration at sector level, per DID estimation.....	49
Table 16. Program impact for caregiver nutrition knowledge, per DID estimation.....	50
Table 17. Program impact results for child growth monitoring and nutrition services, per DID estimation	51
Table 18. Program impact results for children meeting minimum dietary diversity per DID estimation	52
Table 19. Caregiver’s knowledge of child’s HIV status—program impact	53
Table 20. Program impact results for youth HIV prevention knowledge, per DID estimation.....	54
Table 21. Program impact results for youth HIV testing, per DID estimation.....	55
Table 22. Program impact results for caregiver HIV testing, per DID estimation.....	56
Table 23. Program impact results, early childhood development, per DID estimation	57
Table 24. Program impact, secondary school attendance, per DID estimation	59
Table 25. Program impact results for school progression outcomes, per DID estimation	61
Table 26. Total cost and cost per beneficiary, by arm.....	63

Table 27. DID results	64
Table 28. Cost-effectiveness results	64
Table 29. Summary of key findings	69
Table A.1. Key informant interviews by sex	80
Table A.2. Program activities, by immediate result area	86
Table B.1. Study sectors and study group assignments	90
Table C.1. Number of households, caregivers, ISLG members, and youth eligible for interview; number of interviews by completion status; and response rates, according to survey arm	92
Table C.2. Twiyubake participation at end line in program areas—Percentage of households in program areas still participating in the Twiyubake program, according to background characteristics, by program area, Rwanda 2018	93
Table C.3. Among those households no longer participating in Twiyubake, reasons given for why household left the program, by program area	94
Table C.4. Among households no longer participating in Twiyubake, amount of time household participated in Twiyubake, by program area	94
Table C.5. Reported participation in the Gikukiro program	95
Table C.6. Percentage of households that had household member who received or accessed various items and services in past six months	96
Table C.7. Households receiving government or public economic supports	97
Table C.8. Households receiving gifts from organizations other than Twiyubake	98
Table C.9. Household population characteristics, per household survey	99
Table C.10. Household characteristics, per household survey	100
Table C.11. Distribution of households, by wealth quintile	101
Table C.12. Household characteristics: utilities, communication, location	101
Table C.13. Household characteristics: type of toilet/latrine facilities	102
Table C.14. Household characteristics: source of drinking water	103
Table C.15. Soap/water presence in handwashing facility, per household	104
Table C.16. Connectivity and airtime totals, per household	105
Table C.17. Mean time to reach selected health services, per household report	105
Table C.18. Children’s caregiver arrangements and orphanhood	106
Table C.19. Occupation of household head ¹	107
Table C.20. Working status of household head	107
Table C.21. Percentage of children whose caregiver reported child has birth certificate	108
Table C.22. Percentage of children who have birth certificate observed by interviewer	108
Table C.23. Sex of caregivers	109
Table C.24. Caregiver characteristics: age and marital status	110
Table C.25. Caregiver characteristics: attended school and highest level of education completed	111
Table C.26. Caregiver occupation status	112

Table C.27. Sex of interviewed youth	113
Table C.28. Age groups of youth 10- to 17-years-old	113
Table C.29. Condom use among youth ages 10–17 who had sexual intercourse in past 12 months	113
Table C.30. Primary caregiver of youth participant	114
Table C.31. Age of integrated savings and lending group members, by study arm	114
Table C.32. School attendance and educational attainment of integrated savings and lending group members	115
Table C.33. Percentage of households with savings, initial	116
Table C.34. Percentage of households with savings and types of institutions, end line	116
Table C.35. Percentage of households with household hunger	117
Table C.36. Households' ability to pay for unexpected household expenses (MER)	117
Table C.37. Percentage of household consumption accounted for, by consumption categories	118
Table C.38. Characteristics of youth ages 10–17 reporting new employment in the past six months	118
Table C.39. Percentage of youth reporting having the skills needed to have a job, end line	119
Table C.40. New type of youth employment, totals by group; also, whether employment paid, totals by group	119
Table C.41. Household farm tools and agricultural assets	120
Table C.42. Percentage of households that own land or cultivated a plot in past 12 months	121
Table C.43. Percentage of households that own land, end line	121
Table C.44. Characteristics of married female caregivers reporting physical or sexual violence in past 12 months	122
Table C.45. Characteristics of married female caregivers reporting physical violence in past 12 months	122
Table C.46. Characteristics of married female caregivers reporting sexual violence in past 12 months	123
Table C.47. Among married female caregivers reporting cash earnings, percentage who reported any physical or sexual violence perpetrated by their partner in past 12 months	123
Table C.48. Among married female caregivers reporting spouse has cash earnings, percentage reporting any physical or sexual violence perpetrated by their partner in past 12 months	123
Table C.49. Female caregivers reporting joint or sole household decision-making power for various decisions	124
Table C.50. Characteristics of female caregivers in full ISVP group who made some household decisions alone or jointly	125
Table C.51. Characteristics of female caregivers in HES-only group who made some household decisions alone or jointly	126
Table C.52. Characteristics of female caregivers in control group who made some household decisions alone or jointly	127
Table C.53. Percentage distribution of currently married women who receive cash earnings from employment by person who decides how wife's cash earnings are used, according to survey arm	128
Table C.54. Percentage distribution of currently married women whose husbands receive cash earnings by person who decides how husband's cash earnings are used, according to survey arm	128

Table C.55. Married female caregiver experience of violence, by her ability to make household decisions	129
Table C.56. Characteristics of caregivers who agree harsh physical punishment is appropriate means of discipline in the home or school (MER).....	129
Table C.57. Attitudes toward gender among youth—Among youth ages 13–17, percentage who completed the GEM scale on gender roles, percentage who totally agree with GEM statements	130
Table C.58. Gender equitable men score, percentage distribution of scores, by age group	131
Table C.59. Percentage distribution of gender equitable men score band among youth ages 13–17	131
Table C.60. Youth report of witnessing violence in the home, end line	131
Table C.61. Age of youth at time of violence and relationship to perpetrator	132
Table C.62. Location and time of last violent act by parent/caregiver/adult in community, per youth report	132
Table C.63. Characteristics of caregivers who reported ever having had an HIV test	133
Table C.64. Percentage of caregivers reporting modern family planning use, by method.....	133
Table C.65. Caregiver ISLG participation and time spent with children	134
Table C.66. Characteristics of children too sick to participate in daily activities in past two weeks (MER)	134
Table C.67. Characteristics of birth registration at sector level (MER).....	135
Table C.68. Children whose caregiver reported child has a birth certificate	135
Table C.69. Children who have a birth certificate that was observed by interviewer	135
Table C.70. Infant and young child feeding practices for children ages 6–59 months.....	136
Table C.71. Characteristics of children ages 0–59 months that had growth monitoring events at home or a health center in past 12 months	138
Table C.72. Characteristics of children ages 0–59 months monitored for growth at home or at a health center in past 12 months.....	139
Table C.73. Percentage of caregivers who gave correct responses to various nutrition knowledge questions.....	140
Table C.74. Percentage distribution of caregivers by number of correct responses given to questions of nutrition knowledge, by sex.....	141
Table C.75. Child undernourishment, per mid-upper arm circumference	141
Table C.76. Characteristics of children ages 0–59 months old with fever and treatment for fever within two weeks of interview	142
Table C.77. Characteristics of children ages 0–59 months old with diarrhea and treatment within two weeks of interview	144
Table C.78. Caregivers’ knowledge of child’s HIV status (MER)	145
Table C.79. Characteristics of 10- to 17-year-old youth who know strategies to prevent HIV	146
Table C.80. Youth ages 10–17 tested for HIV within past 12 months and knew their HIV status.....	146
Table C.81. Youth ages 10–17 ever tested for HIV who knew their HIV status.....	147
Table C.82. Sexual behavior among 10- to 17-year-old youth.....	147

Table C.83. Percentage distribution of youth ages 10–17, by contraceptive method currently used.....	148
Table C.84. Characteristics of children 36–59 months old attending ECD program.....	148
Table C.85. Characteristics of children under 5 who had a household member age 15 or older who engaged the child in any stimulating activities in past 3 days, MER.....	149
Table C.86. Characteristics of children under 5 who had a household member age 15 or older who engaged the child in at least 4 different stimulating activities in past 3 days, MER.....	149
Table C.87. Characteristics of children ages 5–17 currently enrolled in school.....	150
Table C.88. Characteristics of children ages 13–17 currently enrolled in secondary school.....	151
Table C.89. Among all children ages 5–17, percentage who did not miss any days of instruction during past full week of school (MER)	151
Table C.90. Among all children ages 7–17, percentage who did not miss any days of instruction during past full week of school.....	152
Table C.91. Among children ages 7–17 currently not enrolled in school, percentage distribution of main reason given for why child is not enrolled	152
Table C.92. Among children ages 7–17 currently enrolled in school and who missed at least one day during past week of instruction, percentage distribution of main reason given for that absence	153
Table C.93. Among children ages 5–17 enrolled in school previous year, percentage who progressed to a more advanced grade in current school year (MER)	154
Table C.94. Characteristics of children ages 7–17 enrolled in school previous year who progressed to a more advanced grade in current school year.....	154
Table C.95. Among children ages 13–17, percentage distribution of their progress within school from previous year	155
Table C.96. Characteristics of all children ages 13–17 who did not miss any days of secondary school instruction during past full week of school.....	156
Table C.97. Among those children ages 13–17 currently enrolled in secondary school, percentage who did not miss any days of secondary school instruction during past full week of school.....	156

ABBREVIATIONS

CEA	cost-effectiveness analysis
CSOs	Rwandan civil society organizations
DHS	Demographic and Health Survey
DID	difference-in-differences
DREAMS	Determined Resilient Empowered AIDS-free and Mentored
ECD	early childhood development
FANTA	Food and Nutrition Technical Assistance project
GBV	gender-based violence
GC	Global Communities
GEM	Gender Equitable Men Scale
HES	household economic strengthening
HTC	HIV testing and counseling
ICER	incremental cost-effectiveness ratio
IP	implementing partners
IPV	intimate partner violence
IR	immediate result
IRB	institutional review board
ISLGs	integrated savings and lending groups
ISVP	Improved Services for Vulnerable Populations
IYCF	infant and young child feeding
KII	key informant interview
MER	monitoring, evaluation, and reporting
MIGEPROF	Ministry of Gender and Family Promotion
MOH	Ministry of Health
MVC	most vulnerable children list
NGO	nongovernmental organization
NISR	National Institute of Statistics Rwanda
OVC	orphans and vulnerable children
PMTCT	prevention of mother-to-child transmission

SHRH	sexual and reproductive health and rights
TVET	technical and vocational education and training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNC	University of North Carolina
USAID	United States Agency for International Development
VUP	Vision 2020 Umurenge Programme
WASH	water, sanitation, and hygiene

EXECUTIVE SUMMARY

Introduction

The Improved Services for Vulnerable Populations (ISVP) project, known locally as Twiyubake, aims to strengthen the capacity of target populations and communities to improve their health, nutrition, and well-being, especially orphans and vulnerable children (OVC), people living with HIV and AIDS, and economically vulnerable families. The ISVP is led by Global Communities (GC), along with international nongovernmental organizations (NGOs) and local civil society organizations (CSOs). Global Communities and its partners work within the Rwandan Ministries of Health (MOH) and Gender and Family Promotion (MIGEPROF) framework. ISVP is supported by the United States Agency for International Development (USAID) Rwanda Mission.

The USAID- and United States President's Emergency Plan for AIDS Relief (PEPFAR)-funded MEASURE Evaluation project—with support from USAID/Rwanda and in collaboration with Insight Africa and the National University of Rwanda, College of Medicine and Health Sciences (NURCMHS) and School of Public Health (SPH)—conducted an impact evaluation of the ISVP project. The evaluation sought to measure the impact of the interventions on the health, education, and economic well-being of vulnerable children and their families. This report shares end line impact, trend, and cost-effectiveness results using data from the 2017 and 2018 surveys as well as costing data collected from ISVP.

Research Questions and Methods

The ISVP evaluation was a prospective, cluster-randomized, controlled trial design, using a difference-in-differences (DID) estimation strategy with fixed-effects modeling to evaluate the impact on economic, health, and education outcomes. Administrative sectors were randomly assigned to study groups receiving different intervention packages: (1) a household economic strengthening (HES)-only group, which provides a core platform of financial interventions; (2) a full ISVP group, which supplements the core platform of HES interventions with health, education, and skill-building services; and (3) a control group, which receive no ISVP interventions. The final number of assigned sectors ranged from 22 to 24: (1) full ISVP program, 23 sectors; (2) HES-only activities, 22 sectors; and (3) controls, 24 sectors.

The evaluation sought to answer three primary research questions:

- (1) Does the full package of Twiyubake services (i.e., full ISVP) strengthen household economic status and provide additional support to motivate economically strengthened families to realize health and education benefits?
- (2) Can HES-only activities provide the economic stability for households to access health and education services, and improve individual health and educational well-being?
- (3) Which approach is more cost-effective, full ISVP or HES-only?

Initial household survey data were collected from April 2017 to July 2017, and September 2017. At that time, the program had been operating between 12 and 18 months in program areas. End line survey and qualitative data were collected from November 2018 to January 2019. This end line timing was selected because the program began implementation in early to mid-2016 and the program estimated that a two-year exposure period was needed to see changes in longer-term outcomes.

Program group households consisted of program beneficiaries sampled from beneficiary lists. Control group households consisted of vulnerable households sampled from the Government of Rwanda's Most Vulnerable Children list. Within each selected household, we selected the following members for the study: (1) all eligible primary caregivers of children ages 0 to 17 years old, (2) the primary member of an

integrated savings and lending group (ISLG) (in the program groups), and (3) one randomly selected 10- to 17-year-old. The final household sample sizes at end line were 1,374 for full ISVP, 1,270 for HES-only, and 1,169 for control.

We conducted key informant interviews with 36 community leaders and 8 program staff at end line.

Analysis

We used quantitative methods to compare data on the primary outcome indicators in the full ISVP project intervention areas to those in the HES-only intervention and control areas. We conducted an estimation of program impact using DID estimation. To identify potential gender-related patterns in outcomes, DID estimation included subgroup analyses, by sex (sex of household head, caregiver, and/or child, depending on outcome); only significant results are reported.

We processed qualitative transcripts through coding in the Dedoose qualitative software and matrix development to identify themes from key informant interviews (KIIs) and compare community KII themes across study groups.

Results

We summarize key findings in Table 1 below, according to evaluation question. Table 3 also presents the detailed impact results.

Table 1. Summary of key findings

Primary Evaluation Questions	Key Findings
1. Does the full package of Twiyubake services strengthen household economic status and provide the additional support to motivate economically strengthened families to realize health and education benefits?	Economic strengthening • The percentage of households with moderate or severe household hunger decreased from 79.0 to 67.2 percent and was statistically significant for full ISVP ($p=0.000$). However, the DID model did not find that these changes were significant compared to control or HES-only. Households with male heads benefited more from the program (5 percentage points, $p=0.084$). • The percentage of households able to meet basic needs increased significantly, from 547.7 to 62.3 percent for full ISVP ($p=0.02$). However, the DID model did not find that these changes to be significant. • The percentage of households owning livestock increased significantly from 58.0 to 66.9 percent ($p=0.000$). The DID model found that the change for full ISVP households was 3.7 percentage points higher than for control households ($p=0.038$). • Full ISVP households saw decreases in the percentage of household consumption for food (49.4% to 46.5%, $p=0.01$), health (6.3% to 4.6%, $p=0.001$), and education (4.2% to 2.3%, $p=0.001$). The DID model found that the full ISVP program offered a protective effect for food shares of about 3 percent, whereas the percentage shares going to food did not decrease as much as for the control group ($p=0.063$). DID results also showed the change for full ISVP health shares was 1 percentage point smaller compared to control and HES-only ($p=0.068$ and $p=0.041$, respectively). DID results showed the change for full ISVP education shares was 1.7 percentage points smaller compared to control and 1.5 percentage points smaller than HES-only ($p=0.000$ for both). • The percentage of households with savings accounts at end line was highest for full ISVP (75 percent), followed by HES-only (64 percent), and control (41 percent); the difference between full

Primary Evaluation Questions	Key Findings
	ISVP and both groups was statistically significant ($p=0.000$ for both).
	Household decision making and gender-related attitudes and behaviors • Support for harsh child punishment decreased significantly for full ISVP, from 46.3 percent to 32.4 percent, $p=0.000$). The DID model showed that the change over time was 16 points greater for full ISVP versus control ($p=0.01$) and 15 points greater compared to HES-only ($p=0.000$). • There were no other significant findings in this category.
	Child health • Birth registration increased significantly over time, from 85.2 to 90.8 percent ($p=0.000$). The DID model showed that the full ISVP change was 4.4 percentage points smaller than that for HES-only ($p=0.025$). • Caregiver's knowledge of child HIV status decreased from 30.0 percent to 26.8 percent ($p=0.057$); however, because the control values decreased more, the DID model showed a protective effect for full ISVP, with the full ISVP change being 6.4 percentage points less than for control ($p=0.000$).
	Youth health • Youth (ages 10–17) being testing for HIV increased from 26.7 percent to 33.4 percent; results were significant ($p=0.029$). The DID model showed that the change for full ISVP was 4.8 percentage points greater than control ($p=0.042$). • The percentage of youth knowing about HIV prevention strategies slightly decreased from 40.9 to 35.5 percent, but this result was not statistically significant. Because HES-only values increased, however, the DID model showed that full ISVP youth had a 10 percentage point decrease relative to HES-only ($p=0.009$).
	Caregiver health • Caregiver reports of having tested for HIV increased from 63.1 percent to 68.1 percent, but this result was not statistically significant. DID estimation showed that full ISVP increased by 2.6 percentage points more than HES-only ($p=0.111$).
	Education • Early childhood development (ECD) attendance decreased for full ISVP, from 38.1 percent to 33 percent, but the change was not statistically significant. This change likely was because the end line survey did not capture in-home ECD, as the program had changed its ECD strategy before end line. At initial data collection, ECD attendance for full ISVP was much higher (likely because of program exposure before initial data collection) compared to both other groups and, over time, control ECD attendance increased slightly; because of these dynamics, the DID model showed a negative program impact for full ISVP compared to control (13.8 percentage points, $p=0.009$) and HES-only (9.4 percentage points, $p=0.085$). • Regular secondary school attendance among 13- to 17-year-olds stayed relatively stable, going from 17.7 percent to 18.9 percent. DID estimation showed no program impact on this outcome. • Full ISVP progression in school from the previous year decreased significantly, from 90.7 percent to 79.1 percent ($p<0.001$). The DID estimation showed no program impact on this outcome.

Primary Evaluation Questions	Key Findings
	Youth graduating from primary and returning to secondary school decreased slightly, from 13.0 to 10.0 percent, and was statistically significant ($p < 0.05$). The DID estimation showed no program impact on this outcome; however, females showed a 14 percent increase, compared to males ($p = 0.088$).
2. Can HES-only activities provide the economic stability for households to access health and education services, and improve individual health and educational well-being?	Economic strengthening - Moderate or severe household hunger stayed roughly the same; the DID model, however, showed that HES-only households reported a 5.3 percentage point decrease in moderate or severe hunger, compared to control ($p = 0.043$). - The percentage of household consumption for food, health, and education decreased but the result was not significant for HES-only households. The DID model found that the HES-only program offered a protective effect for food shares of 3.1 percent, whereas the percentage of shares going to food did not decrease as much as for the control group ($p = 0.023$). - The percentage of households with savings accounts at end line was higher for HES-only (64 percent) than control households (41 percent); this difference was statistically significant ($p = 0.000$). - Ownership of livestock remained stable; the DID model did not find any significant differences between HES-only and control.
	Household decision making and gender-related attitudes and behaviors There were no significant findings.
	Child health - HES-only saw increases in birth registration, from 79.3 percent to 89.1 percent ($p = 0.000$). The DID model found this increase was 3.9 percentage points greater than that in the control group ($p = 0.039$). - Caregiver nutrition knowledge increased significantly, from 15.9 percent to 32.1 percent ($p = 0.002$); the DID model showed HES-only had a borderline statistically significant 7.6 percentage point greater change than control ($p = 0.073$). - Caregivers' knowledge of a child's HIV status decreased slightly over time, from 18.8 percent to 14.8 percent ($p = 0.110$); the DID model showed a protective effect for HES-only, however, with those households being 3.9 percentage points higher relative to control ($p = 0.054$).
	Youth health - HES-only youth knowledge of HIV prevention strategies had a slight, not statistically significant increase over time; the DID model showed that HES-only youth had an 11 percentage point increase relative to control youth ($p = 0.002$). - HES-only youth reported increases in ever testing for HIV, from 18.4 percent to 29.1 percent ($p = 0.006$). The DID model showed a 5.1 percentage point increase relative to control youth ($p = 0.037$).
	Caregiver health HES-only caregiver reports of ever testing for HIV increased from 42.4 percent to 60.4 percent ($p = 0.000$). Because the control group experienced a greater increase, however, the DID model found that HES-only households had a 4.5 percentage point smaller increase compared to control.

Primary Evaluation Questions	Key Findings
	Education • There was a borderline statistically significant decrease in child ECD attendance, from 13.6 percent to 8.6 percent ($p=0.084$). The DID model showed no program impact on ECD attendance. • HES-only children progressing in school from the previous year decreased from 83.8 to 71.7 percent ($p=0.000$). The DID model showed no program impact on this outcome. • Females fared better on the outcome of regular secondary school attendance, compared to males (7 percentage points higher, $p=0.003$).
3. Which of these two approaches is more cost-effective?	Economic strengthening • To increase the proportion of household consumption that is for food by 1 percent required \$12.59 in the full ISVP group under IR 2 and \$9.35 in the HES-only group. HES-only was more cost-effective. • To reduce households reporting moderate or severe hunger by 1 percent in the HES-only intervention group compared to the control group costs \$5.47 per beneficiary. This outcome was not significant for full ISVP.
	Health • To increase caregiver's knowledge of child's HIV status by 1 percent in the full ISVP intervention group compared to the control group requires \$7.84 per beneficiary, when considering the cost of the IR1 Household interventions, or \$19.45 in the full package. HES-only did not show significant effects for this indicator. • A 1 percent increase in youth reporting HIV testing cost \$25.93 per beneficiary in the full ISVP group, \$5.23 per beneficiary under only IR 3 programming in full ISVP compared to the control group, and \$5.68 per beneficiary in the HES-only group compared to the control group. HES-only was more cost-effective unless you use only the IR3 cost for full ISVP in comparison.
	Schooled • No schooling outcomes showed significant effects.
	Safe • To see a 1 percent reduction in caregiver support for harsh punishment in school or home in the full ISVP group compared to the HES-only group cost an additional \$6.58 per beneficiary. • A 1 percent reduction cost \$7.93 per beneficiary in the full ISVP package compared to the control, only slightly more than the cost to achieve the same impact when comparing the two intervention arms to each other. • HES did not have program impact on this outcome, so it is unclear which approach is more cost-effective.

Limitations

Program exposure prior to initial data collection, and length of program exposure overall being too short likely negatively influenced our ability to detect significant changes. The program components had been rolled out 12 to 18 months before data collection, so shorter-term outcomes were already likely affected at initial data collection. In addition, the end line was timed to correspond to 2 to 2.5 years of program exposure because at that time we expected a longer-term outcome realization, and many participants were

supposed to have graduated. (Twiubake was envisioned as a 2- to 3-year program.) At end line, however, only a low percentage of participants reported having graduated from the program.

The basic assumption of a DID analysis is that the program group would, in the absence of the program, have experienced a trend in outcomes parallel to that of the control group. It is not possible to directly test for violation of this assumption without pre-program data; as a solution, we controlled for differences in the trend experienced by the comparison group and what the program group would have experienced in the absence of the program. We did so with a regression version of the DID model that controls for changes over time in observed factors (such as community shocks) that could otherwise cause deviation from the “no program” trend.

Although the sectors were randomized into study groups, results from balance testing at the time of initial data collection suggest that the control group differed from the program groups and the program groups differed from each other in some systematic ways. However, the DID model we used also controlled for such differences.

Contamination is a concern. Control households reported some exposure to various services and information like that provided by the program, albeit at consistently lower levels than program arms; similarly, HES-only households reported exposure to such services and information, but at lower levels than that of full ISVP households.. Contamination by various government programs/donations was also found in all groups. Qualitative informants did not point to any programs that were systematically distributed in one arm versus another and randomization should mean that the effects of government interventions would have been equally distributed throughout the arms. However, this contamination may have made the group outcomes more similar than they would have been otherwise. It also negatively affects our confidence in attributing the observed changes to the programs.

All three groups had the same basic package of nutrition services offered by various projects under a nationwide government push, so nutrition-related results must be interpreted in light of this fact.

The sample size was powered to detect changes for two outcomes: progression from primary to secondary school and household hunger outcomes. The final study sample size was slightly smaller than planned, possibly limiting our ability to detect potential differences between groups for these outcomes if they were present.

Qualitative data from beneficiaries would have helped to elucidate some of the DID results.

Finally, there was a change in the local research implementing partner (IP) between initial data collection and end line. It is unlikely there were any systematic differences between fieldwork implementations, however, because there were no major changes in survey administration (tablet) or content between data collection points; there were only limited additional questions at end line.

Discussion

Despite the study limitations, the program was still able to affect significant change in multiple program areas. Each program arm saw positive impacts for seven outcomes and a negative impact for one; full ISVP also trended positive for an eighth outcome but just missed statistical significance. If the initial data collection had taken place earlier prior to program start, full ISVP would have likely shown an impact on at least two other outcomes, clearly outshining HES-only.

HES-only provided some economic stability to households and contributed to improvements in the health and economic strengthening primary outcomes, and several secondary child and youth health outcomes. This program had only a negative impact on caregiver reports of HIV testing and no impact on educational outcomes. Full ISVP strengthened economic status and contributed to improvements in

the health primary outcome as well as several secondary child, youth, economic strengthening, gender-related attitudes, and caregiver health outcomes. Full ISVP households had better outcomes in savings and productive assets at end line compared to HES-only and control households. For several secondary outcomes, it appeared that full ISVP performed worse than HES-only or control groups. However, they were outcomes for which the full ISVP group began at a much higher level compared to the other groups (due to initial data collection taking place after program start) and remained higher at end line. The late initial data collection (after program start) meant that the full ISVP group had already started seeing changes in outcomes related to program services before the evaluation period. Had there been a “clean” baseline, the full ISVP group likely would have seen positive impacts for these outcomes. Full ISVP did not contribute to educational well-being and appeared to have negative impacts on youth HIV prevention strategies.

This study found moderate spending per beneficiary by the ISVP program but, when combined with the resulting impact for specific outcome measures, the cost of achieving improvements constitutes a relatively large proportion of national spending on health per person. Deciding whether it is worthwhile to spend this amount to achieve the corresponding outcomes is up to national governments, individual programs, or donors. There is evidence suggesting that some costly programs may be cost-effective in the long run by reducing more costly negative outcomes later (Foster, Jones, & Conduct Problems Prevention Research Group, 2006).

When assessing the additive effects of the full ISVP program to the HES-only program, the impact was moderate, with the only cost-effective outcome being improved child safety. When interpreting the full-ISVP cost-effectiveness analysis (CEA) ratios, it is important to remember that the costs included encompass a large volume of activities that may be unrelated to the outcome being considered. In some ways, the full ISVP costs by IR area are more comparable to the HES-only group than the total package.

Recommendations

In light of these findings, we offer the following [preliminary] recommendations:

- To improve education outcomes, future programming should consider different approaches or increased exposure to current approaches under the education result area; schooling outcomes were the only category of outcomes unaffected by the program in the current study.
- To better affect change in youth job readiness and improved employment, future programming should consider different approaches or increased exposure to current approaches under this pillar; related outcomes in the current study were very low.
- Future ISLG programs should consider how to address program participant concern on starting amounts for ISLG group participation; this was the primary reported reason for program drop-out.
- To address gender-related findings, future programming should:
 - Consider how to better support households with female heads to decrease household hunger; in this study we found full ISVP worked better for households with male heads.
 - Consider different approaches or increased exposure to current approaches to encouraging more equitable gender norms among boys; this evaluation did not find change in this area.
- USAID should consider conducting a qualitative study with beneficiaries 6+ months after graduation, comparing full ISVP and HES-only households; longer term follow-up of beneficiaries would help to understand whether full ISVP households have better sustainability of outcomes, considering their greater savings and livestock ownership at end line; it would also help to clarify some of the results and capture more nuanced changes that the study was unable to capture. For example, education outcomes were unaffected in both arms. It may be that any

impacts were just too small for our study to capture, but qualitative exploration could help to understand this.

- Considering the challenges this study encountered in the CEA, future complex OVC program CEA research should consider:
 - Using cost utility analysis to assess the benefits of OVC programs using standardized and comparable measures like DALYS or QALYS instead of natural units used in CEA, i.e., caregiver knowledge of HIV status (Husereau, D., et al.). Use of non-natural units will make comparison to other programs easier but will not necessarily solve the issue of outcome sensitivity in complex programs.
 - Combined outcome measures could also be considered when looking at the cost of complex, packaged service programs. Combined outcomes may better measure the wrap-around effects that were difficult to identify or link to the costs to in this study.
 - It could be prudent to consider similarly set up studies that have a narrower focus, randomizing beneficiary households to exposure to specific activities; for example, if one aims to increase HIV testing, consider assessing the impact of risk assessments and referrals during home visiting compared to index patient testing. Costs in this context would have to be collected in an entirely bottom-up manner, an endeavor that is both more time consuming and expensive than the approach used in this study.

Conclusions

Contamination by government programs and timing limitations likely minimized the differences observed between groups. Despite this, the evaluation found positive impact for both program groups. HES-only drove change in the primary economic strengthening and health outcomes, whereas full ISVP shifted only the primary health outcome; the trend for the economic strengthening outcome in full ISVP was similar to that of HES-only, but just barely missed the statistical significance cutoff.. The primary education outcome was not changed by either program. Both programs positively affected some secondary outcomes, including several child and youth HIV outcomes; each program also uniquely affected a few outcomes. Several secondary outcomes appeared to be negatively impacted by the full ISVP program, likely because of the late initial data collection period (after program activities had begun). Last, full ISVP households had greater savings and productive assets at end line. Over time, these greater savings and productive assets may help full ISVP households better ensure the sustainability of outcomes and achieve other outcome shifts.

The full ISVP program was more cost-effective only for achieving improvement in one outcome—youth reporting of being tested for HIV in the last 12 months and knowing result—and only if using IR3 costs alone. Because end-line data collection took place before most households graduated from the programs, however, these results may not reflect the long term cost-effectiveness of the program. . . Further follow-up with beneficiaries would be helpful to clarify this.

Table 2. Summary of impact results, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Economic strengthening			
Households with moderate or severe household hunger	None (-0.050) p=0.122	Positive (-0.053)* p=0.043	None (-0.016) p=0.928
Households able to meet basic needs (school, food, major unexpected expenses)	None (0.020) p=0.658	None (0.045) p=0.314	None (-0.026) p=0.488
Food shares (% of household consumption for food)	Increase (0.026+) p=0.063	Increase (0.031*) p=0.023	None (-0.005) p=0.681
Health shares (% of household consumption for health)	Decrease (-0.009+) p=0.068	None (0.001) p=0.873	Decrease (-0.009*) p=0.041
Education shares (% of household consumption for education)	Decrease (-0.017***) p=0.000	None (-0.002) p=0.582	Decrease (-0.015***) p=0.000
Household owns livestock	Positive (0.037)* p=0.038	None (0.016) p=0.529	None (0.041) p=0.105
Household decision making and gender-related attitudes and behaviors			
Any physical or sexual violence against female caregiver	None (0.005) p=0.892	None (0.031) p=0.476	None (-0.025) p=0.502
Any physical violence against female caregiver	None (-0.021) p=0.584	None (-0.004) p=0.926	None (-0.017) p=0.629
Any sexual violence against female caregiver	None (0.023) p=0.456	None (0.024) p=0.477	None (-0.001) p=0.977
Joint or sole decision-making power on all six decisions	None (0.017) p=0.573	None (-0.003) p=0.911	None (0.020) p=0.453
Support for harsh punishment in school or at home	Decrease (-0.157**) p=0.001	None (-0.012) p=0.802	Decrease (-0.145***) p=0.000
Youth reporting high gender equitable beliefs, per Gender Equitable Men (GEM) Scale score	None (-0.013) p=0.797	None (-0.041) p=0.802	None (0.145) p=0.555
Health			
Child health			

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Children ages 0–17 for whom caregivers report birth was registered at the sector level	None (-0.005) p=0.773	Increase (0.039*) p=0.039	Decrease (-0.044*) p=0.025
Nutrition knowledge	None (0.054) p=0.156	Increase (0.076+) p=0.073	None (-0.022) p=0.621
Children ages 0–59 months receiving growth monitoring and nutrition services	None (-0.028) p=0.529	None (0.009) p=0.830	None (-0.037) p=0.392
Percentage of children ages 6–59 months who meet minimum dietary diversity	None (0.026) p=0.536	None (0.047) p=0.285	None (-0.021) p=0.611
Caregiver's knowledge of child's HIV status	Increase (0.064***) p=0.000	Increase (0.039*) p=0.054	None (0.026) p=0.152
Youth knowledge of HIV prevention behaviors	None (0.009) p=0.821	Increase (0.110**) p=0.002	Decrease (-0.102**) p=0.009
Youth (10- to 17-year-olds) ever tested for HIV (youth report)	Increase (0.048*) p=0.042	Increase (0.051*) p=0.037	None (0.001) p=0.890
Caregiver health			
Caregiver ever tested for HIV	None -0.019 (p=0.322)	Decrease -0.045 (p=0.037*)	Increase 0.026 (p=0.111+)
Education			
Early childhood development			
Children ages 36–59 months attending early childhood development program	Decrease (-0.138**) p=0.009	None (-0.043) p=0.276	Decrease (-0.094+) p=0.085
Schooling			
Regular secondary school attendance among 13- to 17-year-olds	None (-0.027) p=-0.192	None (-0.027) p= 0.126	None (-0.001) p=0.977
School-age children who progressed in school from previous year	None (0.016) p=0.435	None (0.017) p=0.452	None (-0.002) p=0.940
Youth graduating from primary school and returning to secondary school	None (-0.086) p=0.244	None (-0.057) p=0.487	None (-0.028) p=0.682

+ Borderline statistically significant at p<0.10.

* Statistically significant at p<0.05.

** Statistically significant at p<0.01.

*** Statistically significant at p<0.01.

Table 3. Summary of key outcomes at initial data collection and end line

Outcome	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Economic strengthening						
Households with moderate or severe household hunger	79	67.2***	72.4	69.3	66.4	62.6+
Households able to meet basic needs (school, food, major unexpected expenses)	54.7	62.3*	60.4	69.3+	60.5	68.5
Food shares (% of household consumption for food)	49.4	46.5**	51.5	49.7+	54	50.4+
Health shares (% of household consumption for health)	6.3	4.6***	5.1	4.5	4.7	4.2+
Education shares (% of household consumption for education)	4.2	2.3***	2.2	1.7	2.2	2.1
Household owns livestock	58	66.9***	57	59.9	61.4	65.9+
Households has a savings account ¹	NA	75.1***+++	NA	63.5***	NA	41.2
Household decision making and gender-related attitudes and behaviors						
Any physical or sexual violence against female caregiver	18.7	20.4	25.6	24.3	19.8	20.5
Any physical violence against female caregiver	14	14.6	21	17.4	14.6	18
Any sexual violence against female caregiver	10.7	12.5	11.8	13.4	9.7	8
Joint or sole decision-making power on all six decisions	77.9	76.7	84.3	80.7	76.7	75.8
Support for harsh punishment in school or at home	46.3	32.4***	36.8	34.8	39.5	43
Youth reporting high gender equitable beliefs, per GEM Scale score	24.9	20.7	15.8	19.8	16.3	20.9
Health						
Child health						
Children ages 0–17 for whom caregivers report birth was registered at the sector level	85.2	90.8***	79.3	89.1***	84.8	91***
Nutrition knowledge	16.3	15.9**	15.9	32.1**	11.5	24.6***
Children ages 0–59 months receiving growth monitoring and nutrition services	71.1	83.2***	60.9	83.1***	66.9	77.7***
Percentage of children ages 6–59 months who meet minimum dietary diversity	32.3	61.5***	34.4	50.5+	34.3	56.4***
Caregiver's knowledge of child's HIV status	30	26.8+	18.8	14.8+	16.9	10.5***
Youth knowledge of HIV prevention behaviors	40.9	35.5	32.5	36.3	39.2	34.6
Youth (10- to 17-year-olds) ever tested for HIV (youth report)	26.7	33.4*	18.4	29.1**	18.4	15.9
Caregiver health						
Caregiver ever tested for HIV	63.1	68.1	42.4	60.4***	39.9	60.4***

¹ Data from end line only, and statistical tests were for between groups at end line. *** denotes p<0.001, compared to control, and +++ denotes p<0.001, compared to HES-only.

Outcome	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Education						
Early childhood development						
Children ages 36–59 months attending early childhood development program	38.1	33	13.6	8.6+	11.6	15.4
Schooling						
Regular secondary school attendance among 13- to 17-year-olds	17.7	18.9	9.6	10.7	16.1	16.9
School-age children who progressed in school from previous year	90.7	79.1***	83.8	71.7***	89.1	75.7***
Youth graduating from primary school and returning to secondary school	13.0	10.0*	6.0	5.9	9.3	8.2

+ Borderline statistically significant at $p < 0.10$.

* Statistically significant at $p < 0.05$.

** Statistically significant at $p < 0.01$.

*** Statistically significant at $p < 0.01$.

BACKGROUND

Country Context

Rwanda has achieved remarkable progress in economic growth, poverty reduction, and HIV prevention over the past decade. With a gross domestic product per capita nearly tripling, from US\$211 in 2001 to US\$719 in 2014, the percentage of the population living below the national poverty line decreased from 56.7 percent to 39.1 percent in 2013 (NISR, 2015). Prevalence of HIV has decreased similarly, from 5 percent of the population in 2001 to about 3 percent of the population in 2016 (World Bank Group, 2017). However, significant challenges to health and development remain, particularly among vulnerable populations, such as OVC, people living with HIV/AIDS, out-of-school youth, and very poor or female-headed households.

Although little data exist on the health outcomes of vulnerable populations, it is known that poverty and HIV/AIDS limit the capacity of Rwandan families and communities to support their most vulnerable members, and that youth and women are disproportionately affected by the HIV/AIDS epidemic. Twenty-five percent of Rwandan households include foster or orphan children. In 2008, nearly one-fifth of orphans lost parents because of HIV/AIDS (ICF International, 2016; National AIDS Control Commission [CNLS], 2009). School attendance was lower among OVC (83%) than among children with both parents (95%), and just 12.6 percent of households with OVC received any type of external support in 2005 (DHS, 2016; CNLS, 2009). Moreover, among adult people living with HIV/AIDS, 20.4 percent were unemployed in 2008, and 59 percent had no food for at least one day (CNLS, 2009).

The ISVP project, known locally as the Twiyubake program, is conducted by GC; its international consortium partners AVSI, PLAN-International, and Partners in Health; and Rwandan CSOs. GC and its partners work within the Rwandan MOH and MIGEPROF framework. The overarching goal of the ISVP project is to improve the protection of vulnerable populations against adverse circumstances, thus contributing to reducing the risk and impact of HIV/AIDS and other health conditions for the most vulnerable populations.

The USAID- and PEPFAR-funded MEASURE Evaluation project, with the support of USAID/Rwanda, conducted an impact evaluation of the ISVP project. MEASURE Evaluation used a prospective, cluster-randomized controlled trial to measure the impact of a comprehensive package of program activities on the relevant outcomes for children, adolescents, and caregivers. Specifically, the evaluation investigated the extent to which HES-only interventions, compared to full ISVP interventions improved the health, education, and economic well-being of vulnerable children and their families. The evaluation determined the relative contribution of HES-only efforts to achieve the project's objectives and goals. It also examined the cost-effectiveness of the two approaches. The results of the impact evaluation contribute to the evidence base on support to vulnerable populations and their families in HES-only interventions, and inform policy formation and subsequent program designs beyond the ISVP project.

ISVP Project Strategy

The foundation of the Twiyubake strategy are four core HES-only interventions: (1) ISLGs, (2) financial education, (3) micro (one owner and fewer than five employees) and small (more than five employees) enterprises and cooperatives, and (4) activities to improve intra-household communication and joint economic decision making. Locally formed ISLGs provide the opportunity for members to grow household assets and access emergency funds. Financial education for the ISLG members teaches money management skills, such as savings, debt management, budgeting, bank services, and financial negotiation. The savings groups are also a platform for educating beneficiaries on a variety of relevant health topics,

Along with these four core HES-only interventions, Twiyubake implements and promotes several additional activities. Using a case management approach, Twiyubake works with families to identify economic, health, and education needs, and then promotes or refers members to services, as appropriate. Some of these additional activities include health promotion and referrals, early childhood development, sexual and reproductive health education, and youth vocational training, as well as education support packages. The project aims to address four intermediate results: (1) increased capacity of families and communities to provide healthy, nurturing, and engaging environments for vulnerable children less than five years old; (2) decreased family economic vulnerability; (3) increased knowledge, attitudes, skills, aspirations, and confidence of adolescents transitioning to adulthood; and (4) increased capacity of communities to provide essential preventative and protective services to vulnerable families and children.

The ISVP project is ongoing in 12 districts in Rwanda (Figure 1) and 75 sectors within those districts. Within each selected sector, all cells and villages are targeted over the life of the project. We chose these districts because of their high HIV prevalence. We based the selection of the 75 sectors on a mapping of other USAID-funded projects with OVC; we selected those with little or no USAID investment.

A map of Rwanda divided into its administrative districts. The districts are color-coded based on their status relative to the Interim Statute of Voluntary Power (ISVP). Districts colored green represent ISVP Districts (12), while those colored tan represent districts outside the ISVP (18). The map includes labels for neighboring countries: Uganda to the north, Democratic Republic of the Congo to the west, Tanzania to the east, and Burundi to the south. Major lakes such as Lake Kivu, Lake Tanganyika, Lake Nyasa, Lake George, Lake Edward, Lake Tumba, Lake Kagera, Lake Muhazi, Lake Nyanza, Lake Rukwa, Lake Kwana, Lake Kibira, Lake Kiboga, Lake Kibira, Lake Kiboga, Lake Kibira, and Lake Kiboga are also shown. A legend at the bottom right identifies the two categories: 'District' with a tan box for 'Outside ISVP (18)' and a green box for 'ISVP Districts (12)'.

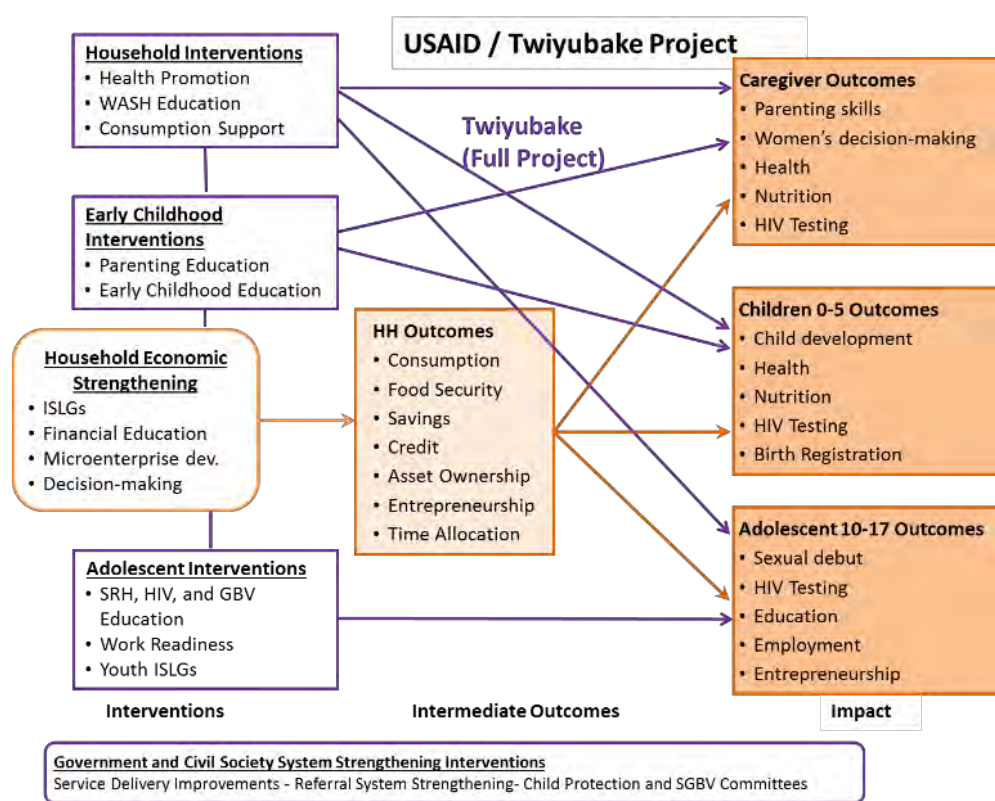
The ISVP theory of change (Figure 2) is grounded in the assumption that health, economic empowerment, and education are intertwined, and these factors must be addressed comprehensively to both reduce the risk and mitigate the impact of HIV/AIDS and other adverse health outcomes. HES,

provided through a central platform of financial interventions, equips participating households with the requisite knowledge, resources, and stability to act on the advice and referrals provided by additional health and educational services. Thus, the ISVP program promotes the health and well-being of vulnerable populations by increasing the capacity of households and communities to support the health, education, and economic growth of OVC, people living with HIV/AIDS, and other vulnerable members.

The HES-only interventions promote economic empowerment, helping households to budget, save, and target consumption to promote the health and education of vulnerable members.

Three additional intervention types, depending on the study group, supplement the HES-only core activities: (1) household interventions, including health promotion and hygiene and sanitation education; (2) early childhood development interventions, including parenting education support (including material items such as lanterns) and early childhood education; and (3) adolescent interventions, including education, work readiness, youth ISLGs, and sexual and reproductive health and gender-based violence (GBV) education and referrals. By matching needs to services using a case management approach, ISVP provides participating households with individualized health and educational services.

Figure 2. Theory of change, Twiyubake project



GBV: gender-based violence; ISLG: integrated savings and lending groups; SRH: sexual and reproductive health; WASH: water, sanitation, and hygiene.

Research Objectives and Questions

This impact evaluation sought to measure the impact of the ISVP project interventions on the health, education, and economic well-being of vulnerable children and their families. The objectives of the impact evaluations were to answer these research questions:

1. Does the full package of Twiyubake services (henceforth, “full ISVP”) strengthen household economic status and provide the additional support to motivate economically strengthened families to realize health and education benefits?

2. Can HES-only activities provide the economic stability for households to access health and education services and improve individual health and educational well-being?
3. Which of these two approaches is more cost-effective?

To answer these research questions, we measured primary and secondary outcomes to provide insight into the effects of the program along the causal pathway. The primary project outcomes cover three substantive areas: economic strengthening or resilience, health, and education. Table 4 depicts the primary and secondary outcomes of the evaluation. We selected these outcomes in consultation with USAID/Rwanda and the ISVP program, with the rationale that they were essential intermediate outcomes and impacts that ISVP anticipated over the study period.

Table 4. Primary and secondary outcomes for the evaluation

Primary outcomes	Secondary outcomes
• Economic strengthening: Percentage of households with moderate or severe household hunger, utilizing a hunger scale created by FANTA (Food and Nutrition Technical Assistance project) and used in the USAID Feed the Future project. • Education: Percentage of 13- to 17-year-olds with regular school attendance, a binary indicator for no missed days during the past week of instruction. • Health: Percentage of children ages 0–17 years whose caregiver knew their HIV status.	• Household consumption patterns • Individual economic outcomes • Household decision making and gender-related attitudes and behaviors • Use of health and social services • Nutrition knowledge and behavior • Youth HIV knowledge and reproductive health • Early childhood development • Education

In response to outcome monitoring requirements from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) for OVC programs, we embedded a collection of the nine PEPFAR monitoring, evaluation, and research (MER) OVC essential indicators (MEASURE Evaluation, 2015) for outcome monitoring in the impact evaluation data collection tools.

We assessed cost-effectiveness at end line by linking cost data provided by the program with effectiveness data from the DID analysis to calculate cost-effectiveness measures.

METHODS

Evaluation Design

The ISVP project has targeted reaching at least 50,000 households. To achieve this target, three cohorts from 75 sectors were enrolled in the project. Twiyubake contracted with local Rwandan partner organizations to enroll and support three household cohorts from the selected 75 sectors. We used a prospective, cluster-randomized, controlled trial design and a DID-estimation strategy with fixed-effects modeling to evaluate the impact for Cohort 1 on economic, health, and education outcomes:

- a. Full ISVP program vs. HES-only program
- b. Full ISP vs. control
- c. HES-only program vs. control

We conducted two rounds of population-based survey data collection. Initial data collection occurred from April 2017 to July 2017, and September 2017. Data collection at the initial time point was from sampled households from enrolled beneficiary lists in intervention sectors. The control group was randomly sampled from households on the most vulnerable children (MVC) list developed by the National Commission for Children (NCC), but living in sectors assigned to the control group. At end line, between November 2018 and January 2019, we again tracked and surveyed households that had been surveyed at initial data collection. We selected this end line timing because the program began implementation in early to mid-2016 (depending on the component), and program management estimated that a two-year exposure period was needed to see changes in longer-term outcomes. We also conducted qualitative KIIs at end line. See Appendix B for the complete list of sectors and study group assignments.

Study Population

The group population for the study program comprised two primary groups. The first group was composed of economically vulnerable households identified for participation based on their inclusion in the MVC list developed by the NCC in partnership with OVC partners. The second group comprised OVC and people living with HIV/AIDS identified by service providers as eligible for household recruitment because they would benefit from participation in the program. Within both groups, heads of households, primary caregivers of children less than 18 years old, and youth ages 10–17 years were eligible to participate. The program applied an elaborate scoring tool to identify those most vulnerable based on five factors: education, malnutrition, parental situation, parent employment, and protection. In each program area, if the number of children on the MVC list was greater than the target number of beneficiaries for that area, ISVP prioritized children based on their vulnerability assessment.

The control area population comprised households on the MVC list or in Ubedehe one or two without further prioritization.

There were no exclusion criteria for the program area; any household on the program beneficiary list as of July 2016 could be sampled for the evaluation. For the control area, we excluded households without a child on the MVC list or not in Ubedehe one or two.

Sampling Frame and Design

To accurately capture program impact, we selected samples of sufficient size to achieve the primary objectives of the study. Sample size estimation for this survey was motivated by the need to detect certain potential differences in population values for key indicators between program and control areas at end line. There were two key indicators:

- Indicator 1: Percentage of 13- to 17-year-olds with regular school attendance
- Indicator 2: Percentage of households with moderate or severe hunger

In Table 5, we indicate the sampling goals for each of these key indicators. For instance, the goal for Indicator 1 was to detect a difference in the population value of 15.1 percentage points (from 13% in the control population to 28.1% in the full ISVP populations) at follow-up.

Table 5. Sampling goals

Indicators	Study populations, %		
	Full ISVP	HES-only	Control
Indicator 1	28.1	20.0	13.0
Indicator 2	24.9	33.6	43.0

Assuming power equal to 0.8 and alpha equal to 0.05 to achieve the sampling goals required, we determined that we needed a sample of about 1,380 households in each domain (full ISVP, HES-only, and control) at end line. Given the longitudinal design of the data, having 1,380 households per domain at end line required some accommodation for attrition from initial data collection to end line. Assuming attrition of around 8 percent, we had to select 1,500 households in each domain at initial data collection. Thus, we aimed to select an overall sample of 4,500 households at initial data collection.

The study area was split into different study groups. We accomplished this split via randomization. Specifically, we made a draw from the uniform distribution for each of the 99 sectors contained within the study area. They were then assigned to study groups per their rank according to their draw from the uniform distribution. We randomly selected and distributed 69 sectors across domains: (1) full ISVP program, 23 sectors; (2) HES-only activities, 22 sectors; and (3) control, 24 sectors.

Within each selected household, we selected the following members for the study: (1) all eligible primary caregivers of children ages 0–17 years old, (2) the primary ISLG member (in the program groups), and (3) one randomly selected 10- to 17-year-old at each data collection point (i.e., respondent at end line, may have been different youth).

A detailed explanation of the sampling methods is provided in Appendix A, covering calculation of sample sizes and the creation of the sampling frame. The final household sample sizes at initial data collection were 1,428 for the full ISVP group, 1,309 for HES-only, and 1,216 for control. The same households were interviewed at end line; no additional households were added. The final household sample sizes at end line were 1,374 for full ISVP, 1,270 for HES-only, and 1,169 for control.

Study Procedures

We collected quantitative data through in-person interviews, with participant responses recorded on Microsoft Windows tablets. Data collectors were trained to administer the surveys and protect human subjects. We used four questionnaires—household, caregiver, youth, and ISLG—for the household and individual data collection at both time points. The household and caregiver questionnaires were administered to the primary caregivers of children in the household under 18 years of age. The youth questionnaire was administered to one randomly selected child or youth in the household between the ages of 10 and 17. The ISLG questionnaire was administered to the main household member (adult or youth) who regularly attended the ISLG group meetings. See Appendix A for further details on the questionnaire topics covered. Survey and consent forms were created in English and later translated into Kinyarwanda for implementation. (See Appendix F for questionnaires used for data collection.)

Qualitative data collection was through KIIs with program staff and community leaders at end line only. We purposefully selected villages within the districts, and the evaluation team interviewed community leaders, such as village heads, community health workers, and other prominent community members with knowledge of health-related activities in the area that may have influenced key study outcomes.

The evaluation team used two interview guides to interview community leaders, community health workers, and ISVP program/subcontractor staff at national and regional levels. The guides were created in English and translated into Kinyarwanda. (See Appendix A for further details on the topics covered.)

Ethical Considerations

We obtained a human subject review of the complete study protocol and data collection instruments from the Rwanda National Ethics Committee and UNC-Chapel Hill Institutional Review Board (IRB) before data collection at both data collection time points. In addition, the team obtained a survey visa from the National Institute of Statistics Rwanda (NISR). For details on data management and security and confidentiality, see Appendix A.

The study obtained informed consent from all participants. Special population considerations were needed. For adolescents, parental or caregiver consent was required in addition to the consent of the participating adolescent. For female caregivers and youth responding to violence questions, the team followed the World Health Organization's (2001) ethical and safety recommendations for research on intimate partner violence (IPV). For details on these procedures, see Appendix A.

Analysis

We used quantitative methods to compare data on the key outcome indicators in the full ISVP project intervention areas to those in the HES-only intervention and control areas, using STATA 15.1. Analyses included basic descriptive frequencies and some statistical testing of mean differences at end line. To examine changes in means within groups over time, we used cluster bootstrapping. We tested the difference in means between treatment and control groups using a regression model for selected indicators collected only at end line. We report indicators as either percentages or means, and weighted them using the sampling weights.

We determined the impact of the ISVP interventions on selected health, education, and economic outcomes using the DID model. This model identifies the impact of a program as the difference between a sample of participants and a control of nonparticipants regarding the trends each experienced in an outcome from baseline (before program implementation) to end line (after program implementation). See Appendix A for further details.

We collected qualitative data only at end line and it was limited in scope. The interviewers audio taped, transcribed, and translated the KIIs. Data from completed transcripts were entered into Dedoose, a qualitative data software program, and Microsoft Excel. Researchers coded the transcripts of the KIIs using deductive codes stemming from the interview guide topics. They used broad code categories, rather than detailed, line-by-line coding. We then reviewed content by code to assess emerging themes. For the community KIIs, we also compared codes across the three study groups to determine whether any differences existed between them. Last, researchers synthesized the themes into an initial draft report of qualitative findings. We then reread coded content and selected transcripts to confirm draft findings, and made adjustments in the text as needed to develop final content.

RESULTS

Study Response Rates and Program Participation

Sample attrition was low at end line, at roughly 4 percent across arms (Appendix C, Table C.1). Response rates for caregiver and ISLG questionnaires were high, at 98 percent to 99 percent across the arms. Similar to the initial data collection, the lowest response rates were for the youth questionnaires, at 92 percent to 94 percent. Youth were more challenging to find at home because of school attendance and other activities.

We asked program group households whether they still participated in Twiyubake. Program attrition was higher in the HES-only group (15 percent) than the full ISVP group (9 percent; Appendix C, Table C.2). In the HES-only group, a higher percentage of those households that left Twiyubake had household heads who were female, cohabitating, never married or widowed, and on either end of the education levels (none or the highest). A greater percentage of these HES households leaving Twiyubake also were poorer—in wealth Quintiles 1 and 2. In the full ISVP group, a larger percentage of households that left the program had divorced household heads and were in the lowest wealth quintile.

We asked households no longer participating in Twiyubake the reasons they left the program (Appendix C, Table C.3). In the full ISVP group, the most common reasons reported were that they could not afford the expected ISLG contribution (46 percent); the participant from the household had moved, died, or was too ill to attend group meetings (19 percent); or they did not know what Twiyubake was (13 percent). In the HES-only group, reasons for no longer participating were not being able to afford the ISLG contribution (44 percent), not knowing what Twiyubake was (28 percent), and not receiving enough services or benefits from the program (11 percent). In evaluation team conversations with the program and in qualitative interviews, staff noted that there had been program attrition in HES for this last reason. Participants had heard that the full ISVP participants were receiving additional benefits beyond the ISLG group and wanted those benefits as well (personal communication, May 31, 2018). (See also Table C.3.)

Participation in Other Programs

In fiscal year 2018, Twiyubake added programming to several Kigali-area study sectors under the Determined Resilient Empowered AIDS-free and Mentored (DREAMS) initiative. We reviewed DREAMS program beneficiary data to determine potential overlap with our study households. We found that only three of our study households, all in the HES-only group, had youth enrolled in DREAMS.

The household survey also asked whether study participants had received goods, services, or other benefits from the Gikukiro or Give Directly programs, because we knew from the start that there was some small overlap of those programs with the ISVP study area. Only 3 percent of households reported affirmatively—0.2 percent in full ISVP, 3 percent in HES-only, and 4.2 percent in the control (Appendix C, Table C.5).

We also asked survey households generally whether they had received various services over the past six months to assess household exposure to services provided by Twiyubake or other similar programs. Because Twiyubake operated through community partners, households could not necessarily attribute the services they received to it. For this reason, we asked about receipt from any source. Households for all groups reported increased exposure across all categories except mosquito nets and free school uniforms or supplies; those receiving mosquito nets decreased for all groups over time, and receipt of free school uniforms decreased for full ISVP households, whereas it increased for other groups. Full ISVP households reported the highest levels of access across nearly all categories of services (Appendix C, Table C.6).

The household survey also asked about receipt of government assistance, public assistance, and gifts. Seventy-four percent of full ISVP households, 66 percent of HES-only households, and 64 percent of control households reported receiving such assistance. Unlike the program exposure questions, there was no clear pattern of one group receiving more government or public assistance than another. The control group reported more of some categories of assistance, such as government donations or Ubedehe credit loan schemes, versus others, such as local government education support and old age grants, which were more commonly reported among full ISVP households. Still others, such as one cow per family and Vision 2020 Umurenge Programme (VUP) direct support, were more commonly reported among HES-only households (Appendix C, Table C.7).

Four percent of full ISVP households, 4 percent of HES-only households, and 3 percent of control households reported receiving gifts or donations from groups other than Twiyubake. The sample sizes for individual categories of gifts were very small; thus, it was not possible to discern any meaningful patterns by group (Appendix C, Table C.8).

The qualitative component also explored community exposure to other programs. In all three groups, respondents mentioned a variety of other programs beyond Twiyubake as offering assistance. The Gikuriro initiative was cited in each arm as contributing to nutrition and well-being, especially through the provision of livestock. Other examples included CARE, which also provides savings groups, Red Cross vocation trainings and house renovations, Hinga Weze, and church groups. Aside from Twiyubake, participants did not consistently mention other programs or interventions.

Program Implementation and Community Perspectives

Staff Perspectives

Throughout ISVP implementation, adjustments have been made to address challenges or gaps that arise and improve project implementation. In 2017, it learned that UNICEF and Twiyubake had overlapping nutrition activities in three districts. This situation was addressed through consultative meetings and agreements to split sectors or focus on separate implementation activities. In another example, in 2018, Twiyubake noted the lack of disability inclusion in the ECD framework and guidelines, and adapted guidelines and provided trainings for field staff and volunteers regarding inclusion of children with disabilities and appropriate referral mechanisms. IPs also mentioned a more concentrated effort on health, including family planning, HIV prevention and testing, and access to healthcare over the past 12 months. In addition, Twiyubake began implementing the DREAMS initiative in the past 12 months, which placed further emphasis on adolescent girls and young women, reducing HIV infections, and unwanted pregnancies.

Other implementation challenges included underestimating demand for ECD services and limited space for ECD centers, beneficiaries having difficulty in participating in the savings and loans because they had no money to save, and their inability to prioritize time to invest in preventative medical care; others had challenges in participating in the water, sanitation, and hygiene (WASH) components because they lacked latrines or handwashing stations. Twiyubake identified and addressed these challenges through increased advocacy, intensified adolescent sexual and reproductive health and rights (SHRH) education and creation of youth clubs, and partnering with local authorities and churches to provide space for ECD centers. Twiyubake addressed material challenges through partnering with other organizations or the government to assist with building latrines and handwashing stations, and at times, shelter.

Several clear themes also emerged from the qualitative interviews with IPs. Most often, staff cited the program's lack of material or tangible support as the biggest challenge. Staff reported that it was difficult to compete with other previous, and some current, programs that offered material goods, such as latrines, metal sheeting, or other tangible infrastructure. Beneficiaries, and some community leaders, expected

Twiyubake to offer more than training and support. KII respondents indicated that it took more time than expected to align beneficiary mindsets with the project philosophy. Another challenge staff noted was the communication across study arms and discontent among beneficiaries because some participants were receiving more support than they did.

When asked about program improvement in the future, staff respondents made suggestions around program design; increased coordination with communities and government, especially during program design and planning; more ECD facilities; and increased resources. Other respondents suggested more funding for SHRH, and increased time and money to help change beneficiaries' mindsets. Staff also felt that the program could be improved by identifying local role models or mentors for beneficiaries who are starting income generating activities and offering support to enable beneficiaries to put into practice the knowledge they have obtained.

Community Context

Community leader respondents in all three arms described their communities as mostly rural, encompassing all ages from young to elderly, with small-scale farmers predominating. Community respondents also noted there was limited infrastructure and connection via public transport, though schools and health centers were within walking distance. Several noted that the health center was nearly two hours away by foot; however, most indicated the health center was in their village or the next one.

When asked about changes in the past 12 months, many community leaders cited government assistance for schools or housing; programs that provide housing support, livestock, and/or milk for children; and improvements in health insurance coverage, often because of government initiative. These changes were noted across all three arms. Across the board, respondents attributed change to good governance and government benevolence, noting that the government had helped their communities—especially OVC and drought-affected families. A few respondents mentioned IPs specifically, but government assistance strongly predominated as the reason for change. One participant in the full ISVP group said that changes were also because of increased advocacy or collaboration between community leaders and development partners to identify and assist vulnerable households.

It's due to increased advocacy, as the local leaders, we would consult with the development partners that work in our areas and determine which are the most vulnerable households that would be considered for assistance; once listed with the participation of the community, then the households would receive the assistance, for example [by] having their houses refurbished, or getting the children considered for sponsorship —Male village leader, full ISVP

According to local experts, part of the reason for the strong identification with government programs is that the Joint Action Development Forum helps coordinate all IPs in a district to minimize duplication and provide equitable distribution of interventions within a region. The local experts reported that it has led to collaboration through joint training sessions and meetings, and less duplication but also potentially has reduced IPs' recognizability, resulting in some of them being overshadowed by other projects. It also was reported that the local government administrators co-opt IP interventions as part of their deliverables and targets, further blurring beneficiaries' ability to distinguish between the roles of IPs and local government.

When asked more specifically about positive changes in their community and health, economic, or social welfare programs in the past 12 months, respondents identified IPs (e.g., Caristas, African Evangelistic Enterprise, or François-Xavier Bagnoud) as contributing to positive change. Respondents discussed trainings, savings and loans, kitchen gardens, and school assistance from IPs but did not consistently identify them as part of the Twiyubake program. A few leaders did identify Twiyubake as the overarching program, although when asked about it, most had heard of it. It is worth noting however, that several

leaders in the full ISVP arm indicated they had not heard of the program or did not know of any beneficiaries in their village.

In the full ISVP area, community leaders cited Twiyubake as helping OVC go to school by providing support and scholastic materials, offering trainings on ECD and sexual and reproductive health, training households on savings and loans and how to be self-reliant, and offering nutritional support. In the HES-only communities, leaders mentioned economic empowerment through savings and loans, training on nutrition and kitchen gardens, helping people save for health insurance premiums, and training for community members on how to improve their lives in the long term. One respondent noted it was a partner program of the Gikuriro initiative that addressed ECD, equity in families, economic empowerment, nutrition, health promotion, and capacity building to improve the quality of life for vulnerable households and individuals.

Community leaders in both intervention arms noted that Twiyubake did not operate like other programs offering material aid; they often saw this lack as a disadvantage of the program. One community leader noted that people did not like this aspect of the program but also acknowledged this approach as more sustainable:

When the locals hear that they are going to be supported in the groups, what comes in their minds first, is that they are going to be given money, but when someone helps to acquire the saving skills and teaches you how to earn something, essentially you have been given everything you needed. But even if you are given a lot of money that have never had before, it would be easy to lose it all at once, it's difficult to waste or squander what you have earned from your own sweat. So, it's better that way of doing things. —Village leader, full ISVP

Economic Strengthening

Economic Outcomes—Household

In qualitative interviews, IP staff reported their perception that the program had positively affected economic status of households. Staff readily shared related program successes, such as beneficiary households' increased ability to save money and provide for their households, changes in mindset toward beneficiaries being more self-reliant, and improved farming practices. Respondents noted that the program had helped some families move from one social category to another and graduate from savings groups into cooperatives.

The main thing is that people are now serious about their health. A person belonging to the first class of social categories can now join a saving group and save a 100 or 200 and when the time comes for the mutuelle health insurance, he will ask for a loan and pay for it; or ask for a loan and built [sic] a better toilet; or buy a chicken for eggs; or buy a goat... It changed people's mentality. They are no longer waiting for the government to give them everything. For some beneficiaries, the mentality is still there, but for many of them it has changed. There is usually a number of people for which the government pays the mutuelle health insurance for; but thanks to the program, many of them left that list. The knowledge they had in self-care has increased.

Before our program intervention, people used to face difficulties like paying healthcare mutual benefits dues but, as I said, [at] all the savings groups I visited they all settled their health insurance premiums in time. I can therefore say this is a great leap forward. Secondly, some [of] these savings groups organized by [the] Twiyubake program have graduated into active cooperatives. This is a good achievement.

Community leaders in both full ISVP and HES-only also reported they liked the savings and loans groups, household grants, and best farming practices that enhance yields. They also noted that the program had enhanced social interaction and integration between different groups and ages. Full ISVP community leaders also noted that they appreciated the schooling and nutritional support for OVC. HES-

only community members highlighted training on nutrition and kitchen gardens, and noted that the program came at the right time. One HES-only community health worker described improvements in his community:

The programs like FXB have supported vulnerable households to uplift their attitude to[ward] life. In the beginning, many of such poor families had nothing to celebrate, but when these programs came, they urged these vulnerable families to work together in groups to achieve their financial objectives. This has helped a lot, and many of these poor people have now graduated into strong cooperatives, which is a good result altogether.

These programs have taught poor people how to improve their nutritional support like developing [a] backyard kitchen garden (Akarima k'igikoni)—where vegetables green are grown to support nutrition and diet in general. —Male community health worker, HES-only

The household survey supported the assertion that the program was helping households to save. The percentage of households with savings accounts was highest at end line for full ISVP households (75%), followed by HES-only (64%), and control (41%) households. These end line differences were statistically significant for full ISVP compared to HES-only and control ($p=0.000$ for both), and for HES-only compared to control ($p=0.000$). Comparing the program arms, the average amount saved by households at end line was also highest in the full-ISVP group, followed by HES-only and control groups. Unfortunately, savings rates at initial data collection and end line are not comparable because of problems with the interpretation of savings questions at initial data collection. For this reason, we present end line percentages and amounts only in Table 6.

Table 6. Percentage of households with savings, end line

	Full ISVP	HES-only	Control
Household has savings			
Yes	75.1***++	63.5***	41.2
No	24.3	35.6	58.2
Missing	0.6	0.9	0.6
Total	100.0	100.0	100.0
Number	1,374	1,270	1,169
Among those with savings, mean and median amount in current savings			
Mean	19,217	21,480	29,636
Median	4,500	5,600	8,000
Number	1,098***	863**	491
Average amount saved by each arm			
	14,437	13,647	12,212
Number	1,374	1,270	1,169

*** Statistically significant at $p<0.001$ compared to the control group; $p=0.000$ for full ISVP and HES-only for households with savings; $p=0.001$ for total amount in savings for full ISVP.

** Statistically significant at $p<0.01$ compared to the control group, $p=0.004$.

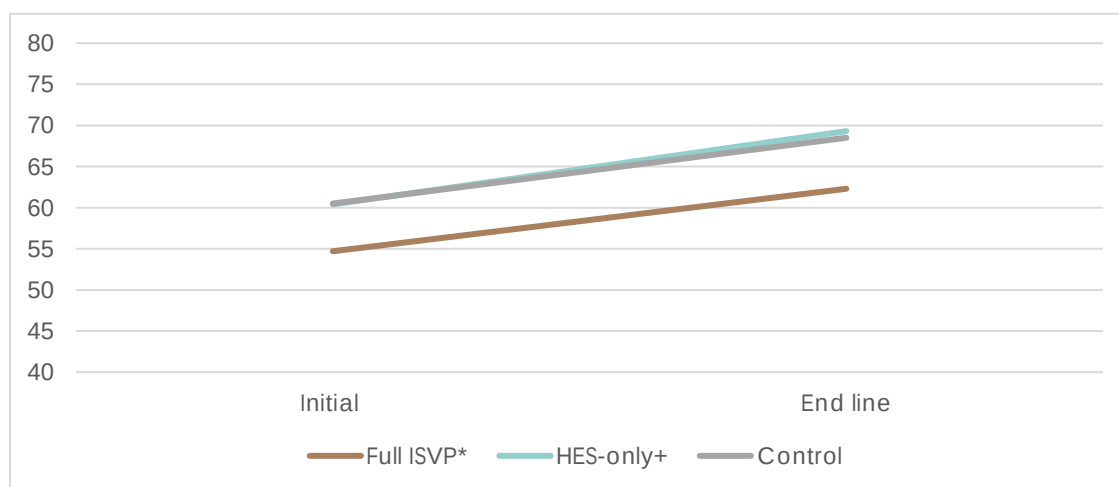
+++ Statistically significant at $p<0.001$ compared to HES-only group; $p=0.000$ for households with savings.

†Households could report more than one savings type, so percentages do not sum to 100%.

Data collectors asked caregivers a series of questions about whether they incurred food costs in the past month, education expenses in the past 12 months, or major unexpected expenses in the past 12 months. A composite indicator, “ability to meet basic needs” was created from the answers. Among those reporting having incurred one or more of these expenses, ability to meet basic needs increased across all survey arms. This increase was statistically significant for the full ISVP group ($p=0.02$) and marginally

statistically significant for the HES-only group. More than 60 percent of households were able to meet basic needs at end line (Figure 3).

Figure 3. Households' ability to meet basic needs (food, education, unexpected major expenses)

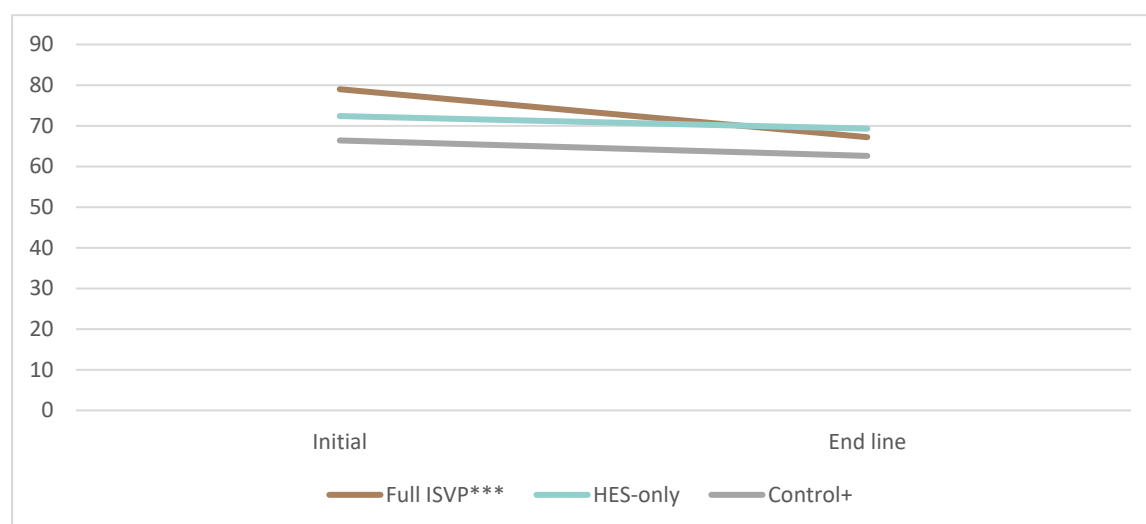


+p=0.06.

* p=0.02.

The percentage of households with moderate or severe household hunger was a primary outcome for the evaluation. Approximately two-thirds of households experienced moderate to severe hunger, based on FANTA scores. However, the percentage of households reporting little to no hunger decreased across all three arms from initial data collection to end line (Figure 4). The decrease was statistically significant for the full ISVP group ($p=0.000$) and borderline for the control group ($p=0.103$).

Figure 4. Percentage of households with moderate or severe household hunger

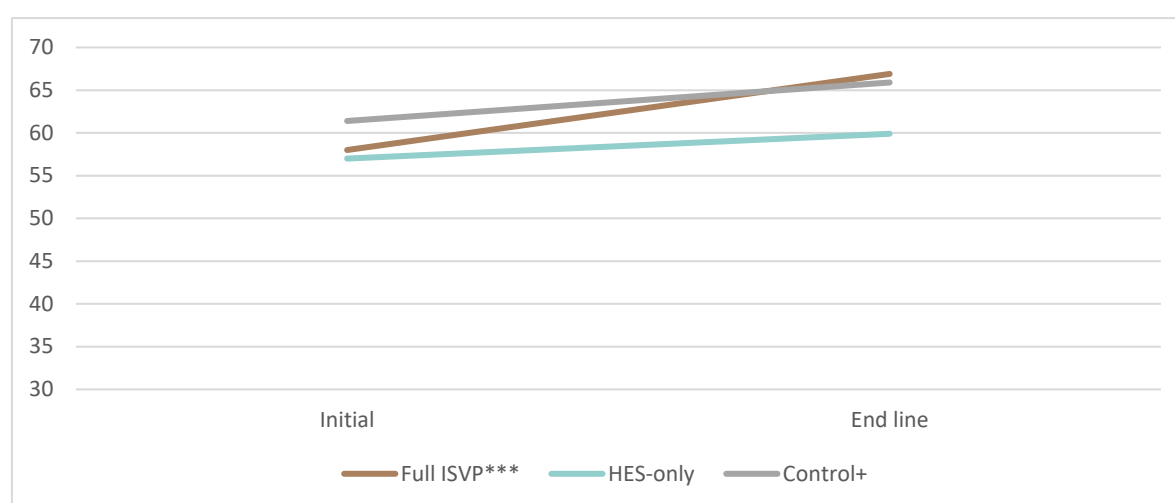


+ Borderline significant at $p<0.10$, $p=0.103$.

*** $p<0.001$, $p=0.000$.

Sixty percent to 67 percent of households reported owning livestock at end line (Figure 5). Although livestock ownership increased over time for all groups, the increase was statistically significant only for full ISVP households ($p=0.000$); this percentage changed from 58 percent of households reporting livestock ownership at initial data collection to 67 percent at end line.

Figure 5. Household livestock ownership



+ Borderline significant at $p=0.068$.

*** $p<0.001$, $p=0.000$.

Table 7. Program impact results for household economic status outcomes, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Households with moderate or severe household hunger	None (-0.050) $p=0.122$	Positive (-0.053)* $p=0.043$	None (-0.016) $p=0.928$
Households able to meet basic needs (school, food, major unexpected expenses)	None (0.020) $p=0.658$	None (0.045) $p=0.314$	None (-0.026) $p=0.488$
Household owns livestock	Positive (0.037)* $p=0.038$	None (0.016) $p=0.529$	None (0.041) $p=0.105$

* Statistically significant at $p<0.05$.

Our DID estimation found that the HES-only group had a 5-percent lower report of moderate or severe hunger than the control group ($p=0.043$). There was a similar trend toward the full-ISVP group faring better on hunger, although this result was not statistically significant ($p=0.122$). (See Table 7.)

There were interesting interactions for household hunger, showing that the program was more effective for some groups than others. Full ISVP households with a female head of household had a 5 percent increase in moderate or severe hunger compared to those with a male head of household ($p=0.084$). Also, HES-only households that had experienced a negative shock saw a 5 percent decrease in reports of household hunger relative to those that did not experience a negative shock ($p=0.058$).

There was no program impact on a household's ability to meet its basics needs.

The program positively impacted household ownership of livestock. Full ISVP group members had a 4 percent increase in reports of livestock ownership ($p=0.038$), compared to control.

Our qualitative data show changes that might have affected communities' economic situations, consumption, and hunger; these events included droughts, floods, and windstorms. Respondents from all three study arms said that heavy rains and droughts affected crop production and thus food security. They cited windstorms as blowing the roofs off of houses, and some respondents mentioned that roads washed away. Some people also cited VUP labor as repairing roads. Both community leaders and IP staff mentioned these challenges across all study arms.

Household Consumption Patterns

Overall consumption (in Rwandan francs) decreased in all arms; the degree of decrease varied based on consumption category. The decrease was statistically significant for the full ISVP group ($p=0.000$) and borderline for the control group ($p=0.089$; Table 8).

Table 8. Mean and median daily consumption per capita (Rwandan francs)

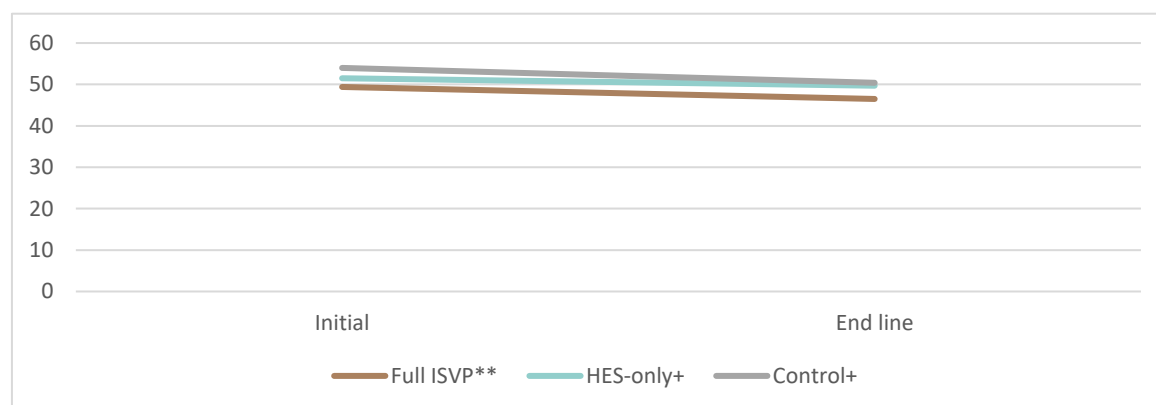
	Mean		Median		Number of households	
	Initial	End line	Initial	End line	Initial	End line
Study arm						
Full ISVP	325.8	283.3 *** $p=0.000$	267.9	220.7	1428	1374
HES only	311.3	299.9 $p=0.336$	256.5	223.4	1309	1270
Control	326.3	304.4 + $p=0.089$	267.9	232.6	1216	1169

+ Statistically significant at $p<0.10$.

*** Statistically significant at $p<0.001$.

Because of the program's focus, we analyzed the consumption categories of health, food, and education in more detail. In all three categories and for all groups, the percentage of consumption allocated to the categories decreased minimally or remained stable over time (Figures 6–8; Appendix C, Table C.37).

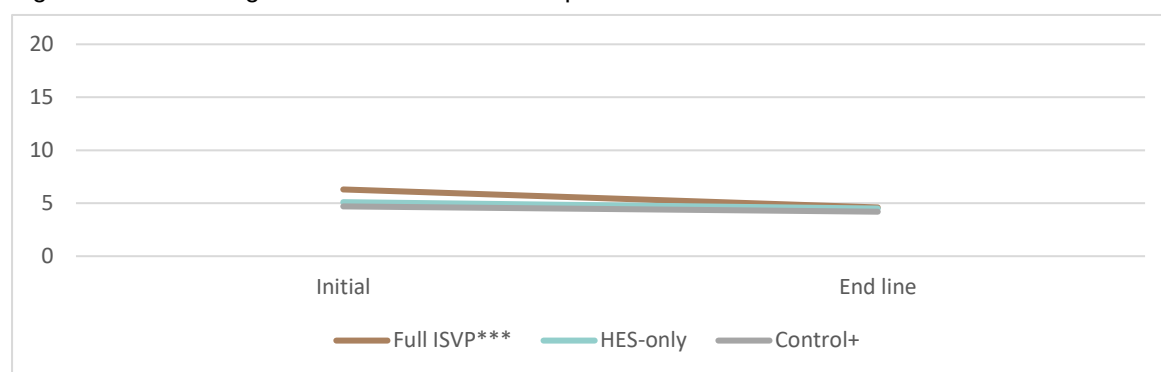
Figure 6. Percentage of household consumption for food



+Statistically significant or borderline significant at $p<0.10$.

** Statistically significant at $p<0.01$.

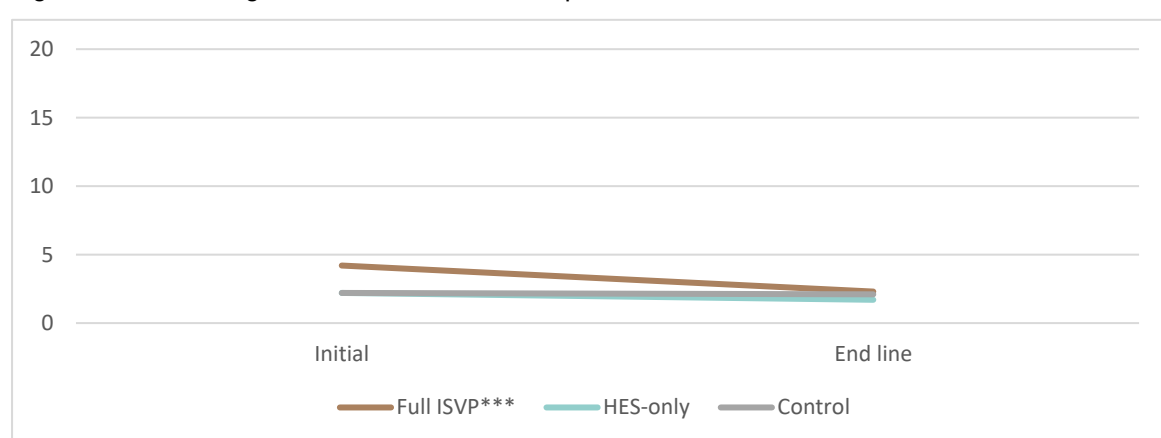
Figure 7. Percentage of household consumption for health



+Statistically significant or borderline significant at $p < 0.10$.

*** Statistically significant at $p < 0.001$.

Figure 8. Percentage of household consumption for education



*** Statistically significant at $p < 0.001$.

The DID estimation showed that both the full ISVP and HES-only programs offered a protective effect of about 3 percent; for these groups, the percentage going to food did not decrease as much as for the control group ($p=0.063$ and $p=0.023$, respectively). (See Table 9.) The HES-only arm showed a statistically significant interaction. Moreover, the program worked better for those households that had experienced any negative shock; such households saw a 3 percent higher increase in food shares compared to those not experiencing such a shock ($p=0.005$).

Table 9. Program impact results for consumption shares, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Food shares (% of household consumption for food)	Increase (0.026+) $p=0.063$	Increase (0.031*) $p=0.023$	None (-0.005) $p=0.681$
Health shares (% of household consumption for health)	Decrease (-0.009+) $p=0.068$	None (0.001) $p=0.873$	Decrease (-0.009*) $p=0.041$
Education shares (% of household consumption for education)	Decrease (-0.017***) $p=0.000$	None (-0.002) $p=0.582$	Decrease (-0.015***) $p=0.000$

+Borderline statistically significant.

*Statistically significant at $p < 0.05$.

*** Statistically significant at $p < 0.001$.

Full ISVP households reported about 1 percent less of their household consumption going toward health compared to the HES-only group ($p=0.041$) and the control group ($p=0.068$). The analysis showed interactions with wealth—health shares actually increased for initial data collection wealth Quintiles 3 to 5 compared to Quintile 1; Quintiles 3, 4, and 5 saw 1.2 percent ($p=0.066$), 1.3 percent ($p=0.049$), and 1.5 percent ($p=0.025$) increases, respectively. Also, for both program arms, experiencing any negative shock in the past year meant a 1 percent greater decrease in the percentage of consumption going to health ($p=0.068$ for full ISVP and $p=0.014$ for HES-only) compared to control.

Full ISVP households also had a decrease of slightly less than 2 percent in the percentage of household consumption going toward education, compared to both the HES-only and control groups ($p=0.000$ for both). Statistically significant results for interactions showed that full ISVP households in the highest wealth quintile (Quintile 5) had a 14 percent higher share of household consumption going toward education than those in the lowest wealth quintile ($p=0.023$).

Productive Assets

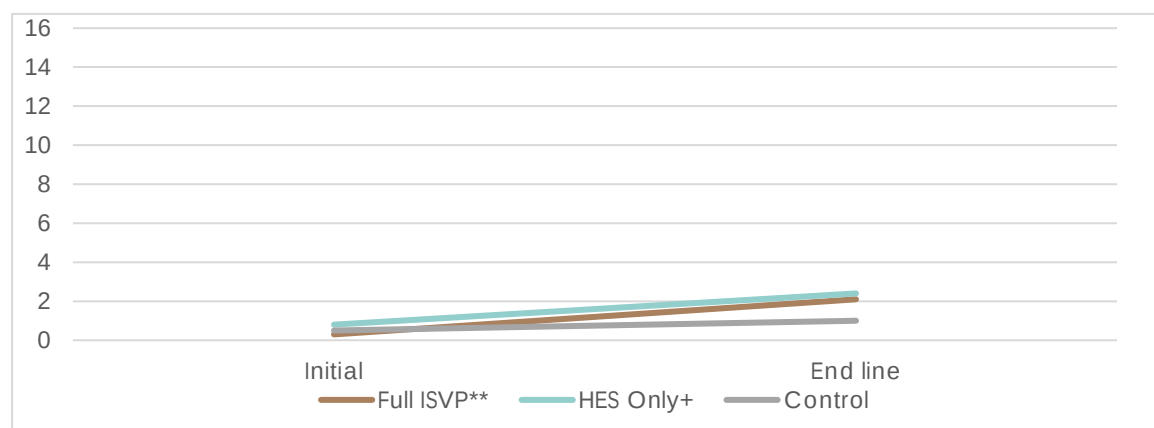
Full ISVP and control households reported increased ownership or cultivation of a plot of land in the past 12 months (78% to 79%), whereas HES-only households reported a decrease (77% to 75%). The differences between the groups at end line were statistically significant for HES-only compared to control ($p=0.002$) and for full ISVP versus HES-only ($p=0.031$) (Appendix C, Table C.42). We added questions at end line to clarify whether households personally owned land. Seventy percent of full ISVP, 64 percent in HES-only, and 75 percent in control households reported owning land. The difference between full ISVP and HES-only was borderline statistically significant ($p=0.069$).

Ownership of any livestock increased over time for all groups, although the increase was statistically significant or borderline only for full ISVP (58% to 67%, $p=0.000$) and control households (61% to 66%, $p=0.068$); it increased only slightly for HES-only households, from 57 percent to 60 percent ($p=0.431$). Tests for differences between groups at end line showed significant differences between full ISVP and HES-only households ($p=0.047$) (Appendix C, Table C.41).

Economic Outcomes—Youth

The percentage of youth ages 10 to 17 reporting new and improved employment in the past 6 months increased in all 3 groups; the increase was statistically significant in the full ISVP and HES-only groups (Figure 9; $p=0.003$ and $p=0.078$, respectively). We did not look at the impact for this outcome as originally planned because the sample sizes of youth reporting new employment were too small.

Figure 9. Percentage of youth ages 10–17 reporting new employment in past 6 months



+ $p<0.10$, $p=0.078$.

** $p<0.01$, $p=0.003$.

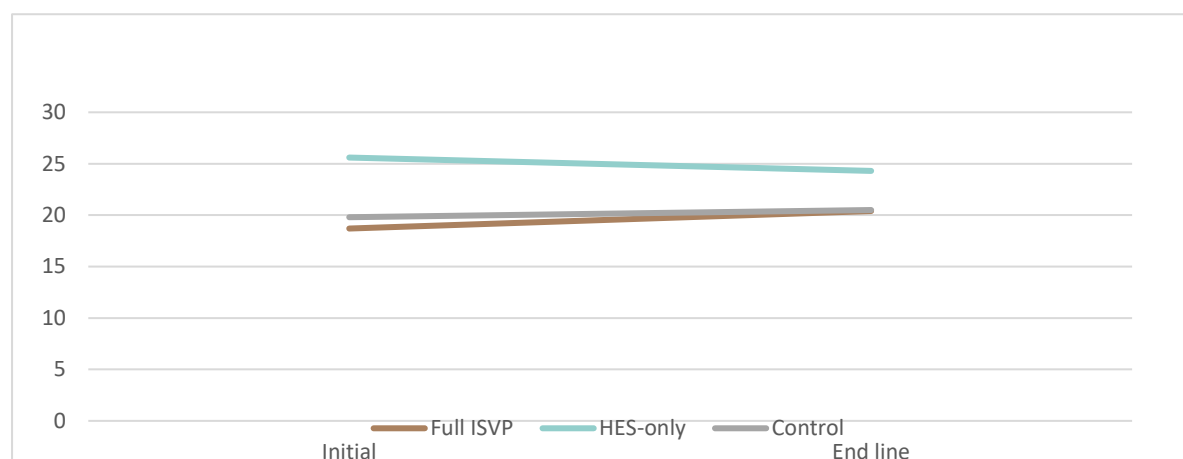
At end line, we also asked youth if they thought they had the skills needed to secure a job. Across all groups, 15 percent to 16 percent of youth reported having the skills needed to have a job (Appendix C, Table C.39).

We asked youth the types of jobs they had at both time points. There was a decrease in full ISVP youth reporting sales and service jobs; an increase in those reporting agricultural, forestry, fishery, and craft and related trade workers' jobs; and an increase in HES-only youth reporting agricultural, forestry, and fishery jobs. However, the sample sizes were too small for these shifts to be considered meaningful (Appendix C, Table C.40).

Household Decision Making and Gender-Related Attitudes and Behaviors

The percentage of female caregivers reporting experiencing physical or sexual violence in the past 12 months increased slightly in the control and full ISVP groups, but decreased slightly in the HES-only group (Figure 10).

Figure 10. Total married female caregivers reporting physical or sexual violence in past 12 months



According to the DID estimation, there were no statistical differences between arms in female caregivers' experiences of physical or sexual violence in the past 12 months (Table 10).

Table 10. Program impact results for intimate partner violence among married female caregivers, per DID estimation

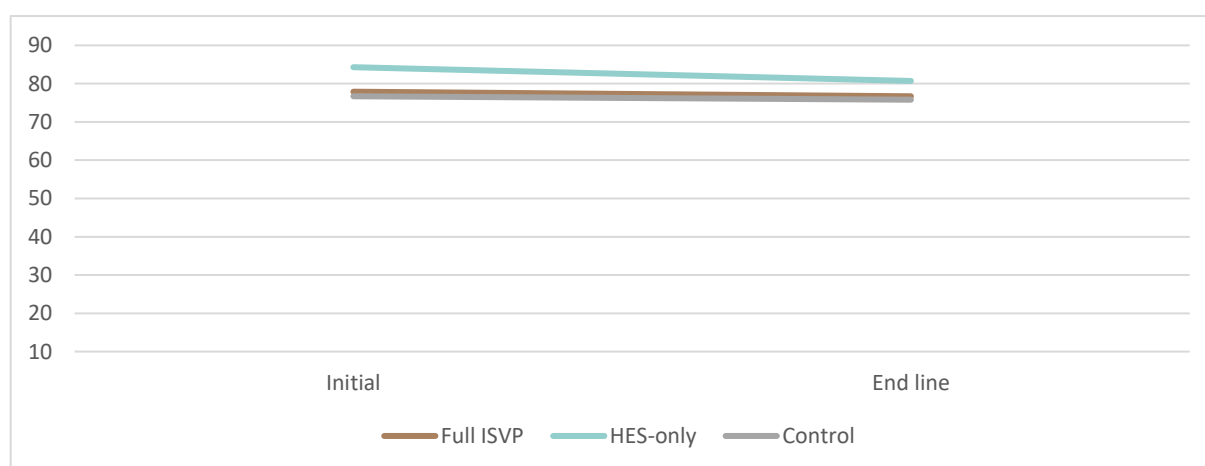
Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Any physical or sexual violence against female caregiver	None (0.005) p=0.892	None (0.031) p=0.476	None (-0.025) p=0.502
Any physical violence against female caregiver	None (-0.021) p=0.584	None (-0.004) p=0.926	None (-0.017) P=0.629
Any sexual violence against female caregiver	None (0.023) p=0.456	None (0.024) p=0.477	None (-0.001) p=0.977

The majority of currently married women who earned cash decided how to use their earnings, either together with their husbands or independently; about 10 percent reported that their husband mainly decided how to use the money. Across all three study arms, the percentage of women making decisions on their own about their earnings increased 10 or more percentage points; the largest gain was in the HES-only group, with a 13 percent increase (Appendix C, Table C.53). These increases were statistically significant within each group over time for all groups (full ISVP, 35% to 46%, $p=0.003$; HES-only, 30% to 43%, $p=0.002$; control, 28% to 39%, $p=0.016$).

When looking at decision making that involved how to spend husbands' cash, couples made the majority of decisions jointly, with roughly 15 percent to 20 percent being made mainly by the wife or husband separately. There was a statistically significant increase in report of the wife mainly making this decision across all groups (Appendix C, Table C.52).

There were minimal changes over time in female caregivers' reports of joint or sole household decision-making power on six decisions, as shown in Figure 11 below. At end line, 77 percent of female caregivers in the full-ISVP group reported making six household decisions jointly with a partner or other household member, or solely. Eighty-one percent of female caregivers in HES-only and 76 percent in the control group reported the same.

Figure 11. Female caregivers reporting joint or sole decision-making power on all six decisions



There was no program impact on female caregiver reports of joint or sole decision making (see Table 11).

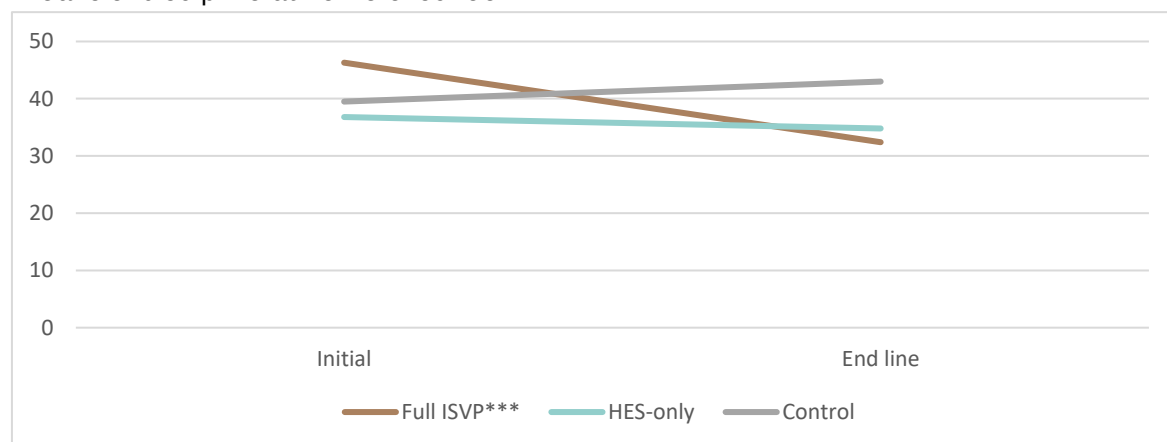
Table 11. Program impact for joint or sole decision making, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Joint or sole decision-making power on all six decisions	None (0.017) $p=0.573$	None (-0.003) $p=0.911$	None (0.020) $p=0.453$

The percentage of caregivers who agreed that harsh punishment is an appropriate means of discipline at home or school ranged from 32 percent to 46 percent (Figure 12). When examined by sex, differences emerged, with more women reporting that they accepted such views of harsh punishment. Differences

among age groups varied. Overall, there was a decrease in supportive attitudes toward harsh punishment in the full IVSP and HES-only arms, but a slight increase in the control group.

Figure 12. Percentage of caregivers agreeing harsh physical punishment is an appropriate means of discipline at home or school



***Statistically significant decline at $p < 0.001$; $p = 0.000$.

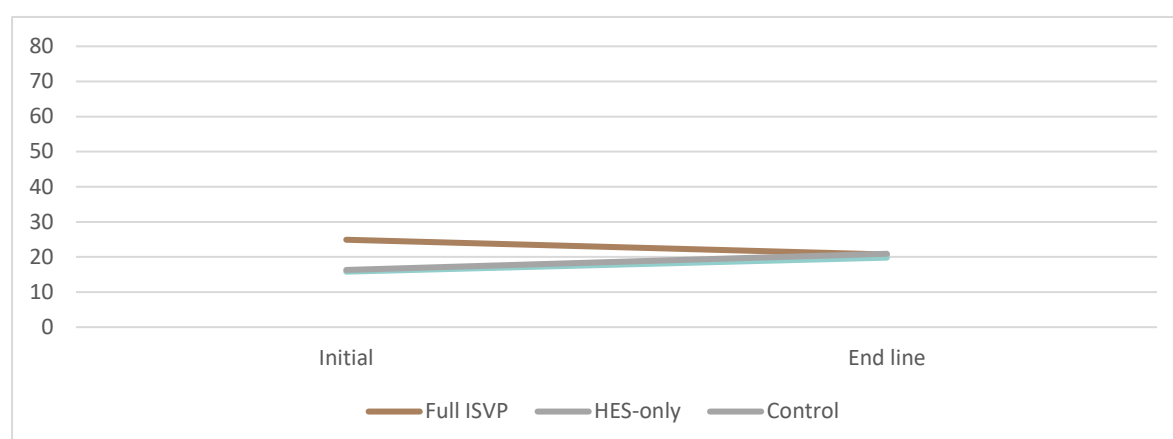
Support for harsh punishment of children at school or home was positively impacted by the full-ISVP program. Full ISVP group caregivers had a 16 percent decrease in reporting acceptance of harsh punishment for children at home or school ($p = 0.001$) compared to the control group, and a 15 percent decrease compared to HES-only caregiver reports ($p < 0.001$). Furthermore, there were different impacts for full ISVP group caregivers by wealth quintile—those in households in wealth Quintiles 2–5 had greater decreases in acceptance of harsh child punishment, with Quintile 2 showing a 10 percent greater decrease ($p = 0.039$), Quintiles 3 and 4 reporting a 12 percent decrease ($p = 0.018$ and $p = 0.013$ respectively), and Quintile 5 caregivers reporting a 14 percent decrease in acceptance of harsh child punishment ($p = 0.007$).

Table 12. Program impact on caregiver support of harsh child punishment, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. Control	HES-Only vs. Control	Full ISVP vs. HES-Only
Support for harsh punishment in school or home	Decrease (-0.157**) $p = 0.001$	None (-0.012) $p = 0.802$	Decrease (-0.145***) $p = 0.000$

We also asked youth about their attitudes toward gender, using the Gender Equitable Men (GEM) Scale questions. The GEM composite score (range 8 to 24) was divided into three levels: low (8–13), medium (14–19), or high (20–24). Figure 13 shows the percentage distribution of youth ages 13–17 who answered all of the GEM attitudinal questions and gave responses that fell into the high category. (See Appendix C, Table C.58 for smaller age group disaggregation.)

Figure 13. Percentage distribution of high Gender Equitable Men scores among youth ages 13–17



No statistically significant changes within arm over time.

The majority of respondents fell into the moderate gender equitable score band across study arms, with approximately one-quarter in the high and low score bands. Over time, the percentage of youth reporting low scores decreased, whereas the percentage increased in the moderate group. The percentage falling in the highly equitable band decreased in the full ISVP arm but rose slightly in the HES-only and control groups.

Table 13. Program impact on Gender Equitable Men Scale scores, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Youth reporting high gender equitable beliefs, per GEM Scale score	None (-0.013) p=0.797	None (-0.041) p=0.802	None (0.145) p=0.555

The program had no discernable impact on the percentage of youth reporting high gender equitable beliefs, per the GEM score (Table 13). Interestingly, female youth gender attitudes were affected more negatively by the program than those of males (7% decrease, $p=0.083$). In both arms, the program tended to work better for those youth who had older caregivers compared to those with caregivers in the youngest age group. Full ISVP youth had a 38 percent increase ($p=0.066$) with caregivers ages 25–34, 41 percent increase with caregivers ages 35–44 ($p=0.037$), 43 percent increase with caregivers ages 55–64 ($p=0.033$), and 44 percent with caregivers age 65 and older ($p=0.37$). HES-only youth showed increases of 40 percent and 37 percent with caregivers in age groups 25–34 and 65 and older, respectively; the trend was the same for other caregiver age groups, but with less statistical significance.

At end line, we also asked youth in half of the sectors whether they had ever witnessed violence in their homes against someone else and in the past 12 months. The percentage reporting they had witnessed violence was very low across arms, from 0.4 percent to 2 percent (Appendix C, Table C.60).

We next asked youth about their personal experiences of physical or sexual violence from a parent, other caregiver, or adult in the community, but the reported numbers were so low that we combined the two types of violence. Only 2 percent to 3 percent of youth reported having ever experienced physical or sexual violence (Table 14). Of those reporting any type of violence by a parent, other caregiver, or adult in the community, 73 percent were ages 12–17 during the last incident. The most common characteristics of

the last incident was that it was at home (64%), perpetrated by a parent (52%), and occurred in the afternoon (52%) (Appendix C, Table C.62).

Table 14. Youth reports of experiencing any type of violence by a parent, caregiver, or other adult in community

Any type of violence committed by a parent/caregiver or community member, %	Full ISVP	HES-only	Control	Total
A parent, caregiver, or adult in the community ever physically or sexually abused the interviewed youth	2.9	2.2	2.5	2.5
N	1,017	916	777	2,710
Of those that experienced violence, it took place in the past 12 months	-	(57.7)	-	(61.3)
N	21	28	19	68

Parentheses indicate N=25–49.

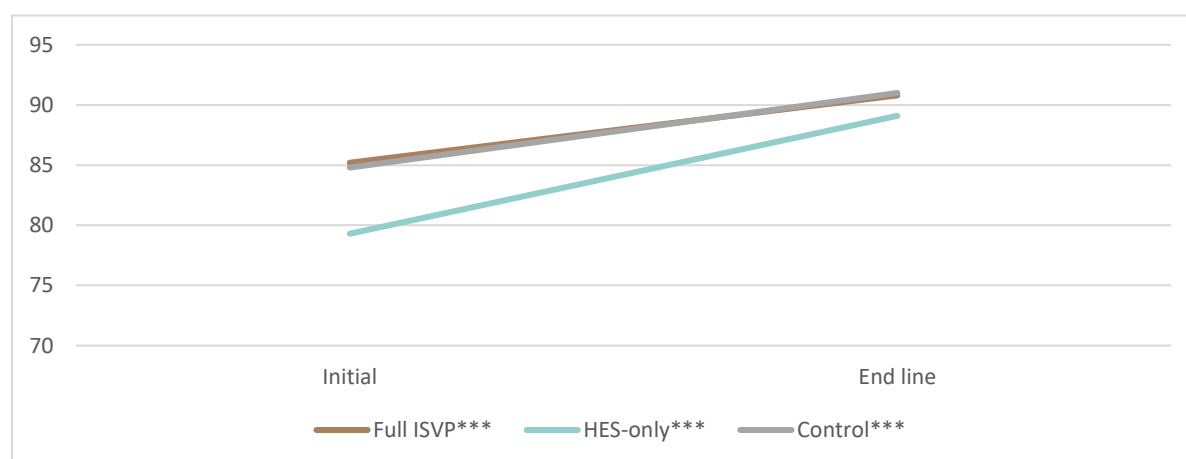
Dashed line indicates N<25 and value has been suppressed.

Health

Child Health and Care

Participation in ISLG programs may affect the time caregivers have to spend with their children. When asked about this issue, the percentage of caregivers reporting that their ISLG participation “decreased time with children” rose over time across groups by 2 to 11 points. The increase was smallest for full ISVP and, at end line; the difference between groups was statistically significant for HES-only versus control (27 versus 21 percent, $p=0.003$) and borderline for full ISVP versus HES-only (18 versus 27 percent, $p=0.081$) (Appendix C, Table C.65). Note that some control group members also participated in ISLG groups and so are included in this outcome.

Figure 14. Total birth registration at sector level (MER)



***Statistically significant increase within group, $p<0.001$, $p=0.000$.

Birth registration increased from initial data collection to end line across all three arms, with about 90 percent of all children being registered at end line (Figure 14). Full ISVP and control started at same level (85%); HES-only was lower (80%) but converged to 90 percent to 91 percent at end line. All of these increases within groups were statistically significant ($p=0.000$). There was little difference by sex, and younger children were slightly less likely to be registered than older children. The percentage of children whose caregiver reported that the child had a birth certificate observed by interviewer increased across all arms. (Appendix C, Table C.68).

Table 15. Program impact results for birth registration at sector level, per DID estimation

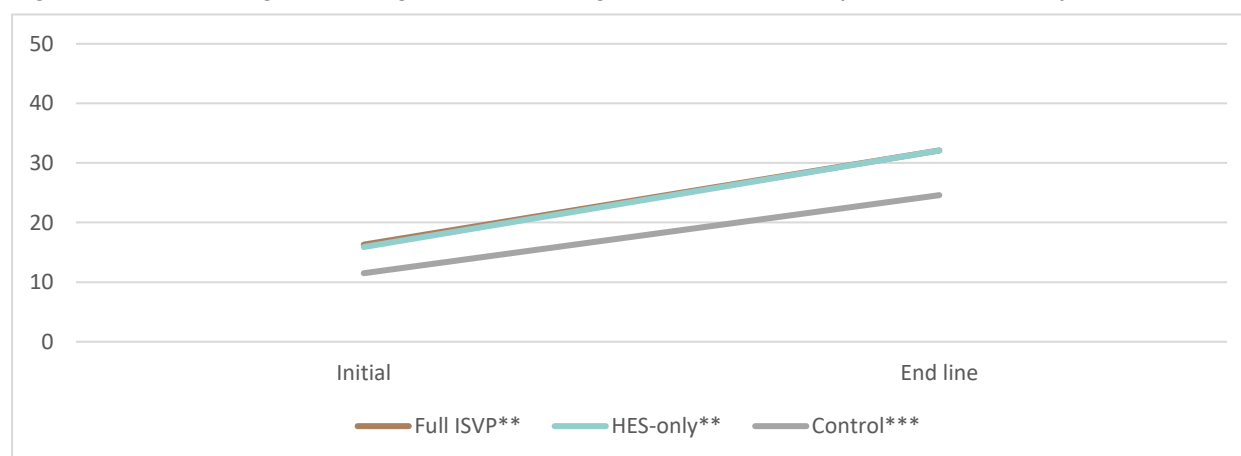
Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES- only
Children ages 0–17 for whom caregivers reported birth was registered at the sector level	None (-0.005) p=0.773	Increase (0.039*) p=0.039	Decrease (-0.044*) p=0.025

*Statistically significant at $p < 0.05$.

Program impact results showed a 4 percent increase in the HES-only group for report of registering their child's birth at the sector level compared to control ($p=0.039$). Although full ISVP report of birth registration increased over time, it did not increase as much as for HES-only; the program impact results thus showed the full ISVP group with a 4 percent decrease in report of sector-level birth registration compared to the HES-only group ($p=0.025$) (Table 15).

There were heterogeneous effects of the intervention when looking at different initial wealth quintiles, particularly for the full ISVP group. In all initial data collection wealth quintiles above the first, there were greater decreases in registration of childbirth registration at the sector level, suggesting that the program did not work as well for these groups for this outcome. The decreases were 7 percent for the second quintile ($p=0.000$), 6 percent for the third ($p=0.006$), 7 percent for the fourth ($p=0.001$), and 5 percent for the fifth ($p=0.029$). In contrast, for the HES-only group, among those in the second initial data collection wealth quintile, there was a 4 percent greater increase in reported birth registration ($p=0.029$).

Figure 15. Percentage of caregivers answering 5–6 nutrition test questions correctly



** $p < 0.01$, $p=0.002$ for Full ISVP and HES-only.

*** $p < 0.001$, $p=0.000$.

Across all arms, the percentage of caregivers answering five to six nutrition questions correctly out of the total questions increased (Figure 15). Female caregivers, on average, answered more nutrition questions correctly than male caregivers (Appendix, Table C.73). The increases over time within an arm were significant for all groups (full ISVP $p=0.002$; HES-only $p=0.000$; control $p=0.000$).

Table 16. Program impact for caregiver nutrition knowledge, per DID estimation

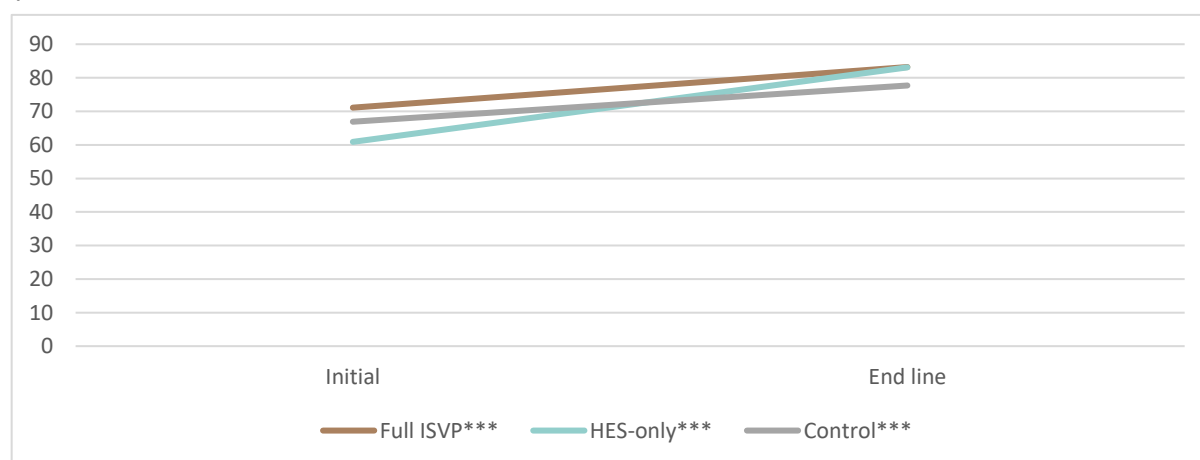
Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Nutrition knowledge	None (0.054) p=0.156	Increase (0.076) p=0.073	None (-0.022) p=0.621

+Borderline statistically significant at $p < 0.10$.

The program trended toward having an impact on increasing nutrition knowledge for both the full ISVP (5% increase) and HES-only groups (8% increase), compared to control however, this finding was only statistically significant for the HES-only group ($p = 0.073$). (See Table 16.)

There were heterogeneous impacts for certain education and wealth subgroups. In the full ISVP group, caregivers who attended but did not complete primary school had a 6 percent relative decrease in nutrition knowledge ($p = 0.033$); those who completed secondary school/higher education/technical and vocational education and training (TVET) had a 26 percent decrease in nutrition knowledge ($p = 0.037$). In the HES-only group, caregivers who had completed primary school or secondary school/higher education/TVET similarly had a 9 percent decrease and 16 percent decrease, respectively, in nutrition knowledge ($p = 0.023$ and $p = 0.100$). Strangely, HES-only caregivers with incomplete secondary education had a 16 percent increase in nutrition knowledge ($p = 0.053$). Last, HES-only group caregivers in wealth Quintile 3 had a 9 percent increase in nutrition knowledge ($p = 0.035$).

Figure 16. Total children ages 0–59 months monitored for growth at home or a health center in past 12 months



*** $p < 0.001$, $p = 0.001$ for full ISVP and control.

*** $p < 0.001$, $p = 0.000$ for HES-only.

The percentage of children ages 0–59 months monitored for growth at home or a health center in the past 12 months increased and was statistically significant across all arms from initial data collection to end line (Figure 16; full ISVP $p = 0.001$; HES-only $p = 0.000$; control $p = 0.001$). There was little difference by sex, and younger children (ages 0–11 months) saw greater increases from initial data collection to end line.

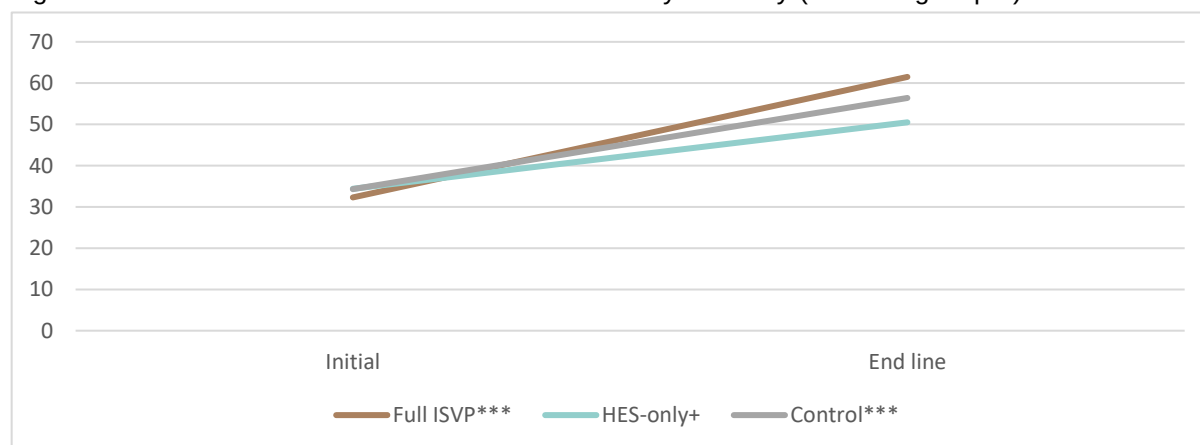
Table 17. Program impact results for child growth monitoring and nutrition services, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Children ages 0–59 months receiving growth monitoring and nutrition services	None (-0.028) p=0.529	None (0.009) p=0.830	None (-0.037) p=0.392

There was no overall program impact on children ages 0–59 months receiving growth monitoring or nutrition services (Table 17). However, in the HES-only arm, the program did not work as well for those who had completed secondary education, TVET, or higher education—they had a 40 percent decrease in reports of taking their child for growth monitoring ($p=0.01$) compared to those with no education.

Undernourishment was defined as a mid-upper arm circumference of less than 125 mm. Undernourished children ages 0–48 months were found in all study groups, ranging from about 2 percent to 6 percent at both initial data collection and end line (Appendix C, Table C.75). The total percentage of undernourished children doubled from initial data collection to end line in the full ISVP group. For the HES-only group, which at initial data collection had the most undernourished children, it decreased by two-thirds. Changes in all groups over time were statistically significant (full ISVP and HES-only, $p=0.001$; control, $p=0.000$). For all three study groups, children ages 6–11 months were the most undernourished age group, ranging from about 7 percent to 22 percent. The wide variation from initial data collection to end line likely occurred because of issues with small sample sizes.

Figure 17. Total children who meet minimum dietary diversity (4+ food groups¹)



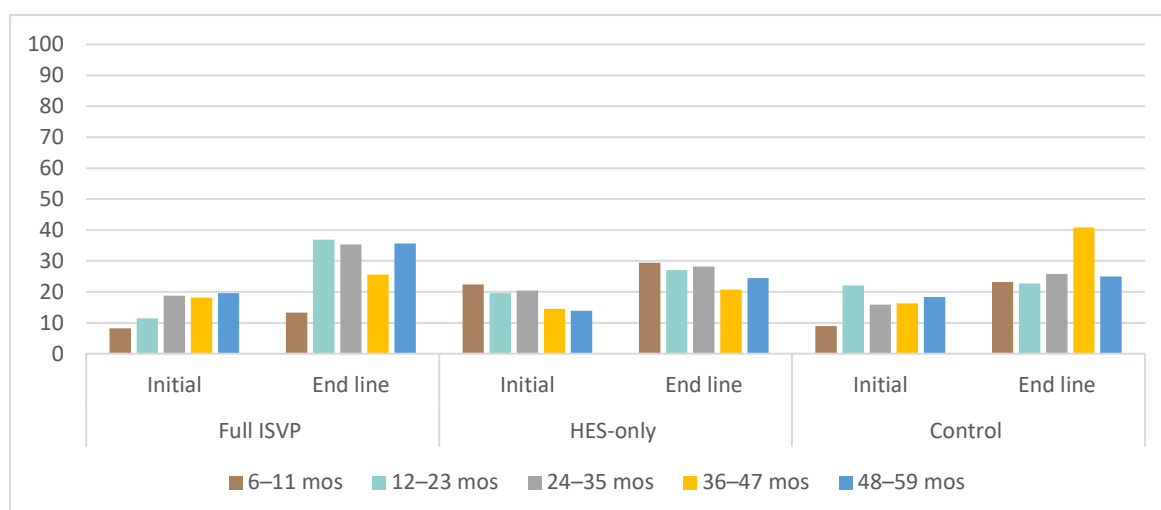
¹Food groups: a. infant formula, milk other than breast milk, cheese, yogurt, or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. Vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, shellfish, and organ meats; g. legumes and nuts.

+ Significant at $p<0.10$, $p=0.054$.

*** Significant at $p<0.001$, $p=0.000$ for full ISVP and HES-only.

Dietary diversity increased in all three arms (Figure 17) and for both girls and boys (Appendix C, Table C.70). The largest gain was among girls in the full ISVP arm, in which the percentage of girls meeting dietary diversity more than doubled, from 15.1 percent to 31.5 percent.

Figure 18. Children who meet minimum dietary diversity (4+ food groups¹), by age



The percentage of children ages 6–59 months who meet minimum dietary diversity—defined as consuming from four or more food groups in the past 24 hours—increased across all study arms. There were greater gains among children ages 12–59 months within the full ISVP arm and among those ages 39–47 months in the control group (Figure 18).

Table 18. Program impact results for children meeting minimum dietary diversity per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES- only
Percentage of children ages 6–59 months who meet minimum dietary diversity	None (0.026) p=0.536	None (0.047) p=0.285	None (-0.021) p=0.611

There was no significant program impact on the percentage of children ages 6–59 months who meet minimum dietary diversity for the total population in each arm (Table 18).

There were, however, significant interactions for certain education and initial data collection wealth quintile subgroups. Children in both program groups whose caregivers had higher education levels tended to benefit more from the program. HES-only children from wealthier households also tended to benefit more from the program. Full ISVP caregivers who completed primary school and those who completed some (not all) secondary school had an increase of 15 percent and 31 percent, respectively, of children ages 6–59 months meeting minimum dietary diversity ($p=0.009$ and $p=0.002$, respectively). Those in full ISVP with completed secondary school, higher education, or TVET, saw even greater increases, at 34 percent ($p=0.077$). Similarly, there was a 22 percent increase for each of the HES-only caregiver subgroups with secondary school incomplete and secondary complete, higher education, or TVET, but the results were only of borderline significance ($p=0.059$ and $p=0.149$, respectively). Finally, the HES-only group caregivers in the second wealth quintile had a 12 percent increase in reports of children ages 6–59 months meeting minimum dietary diversity ($p=0.033$); those in the fourth quintile saw a 10 percent increase ($p=0.079$).

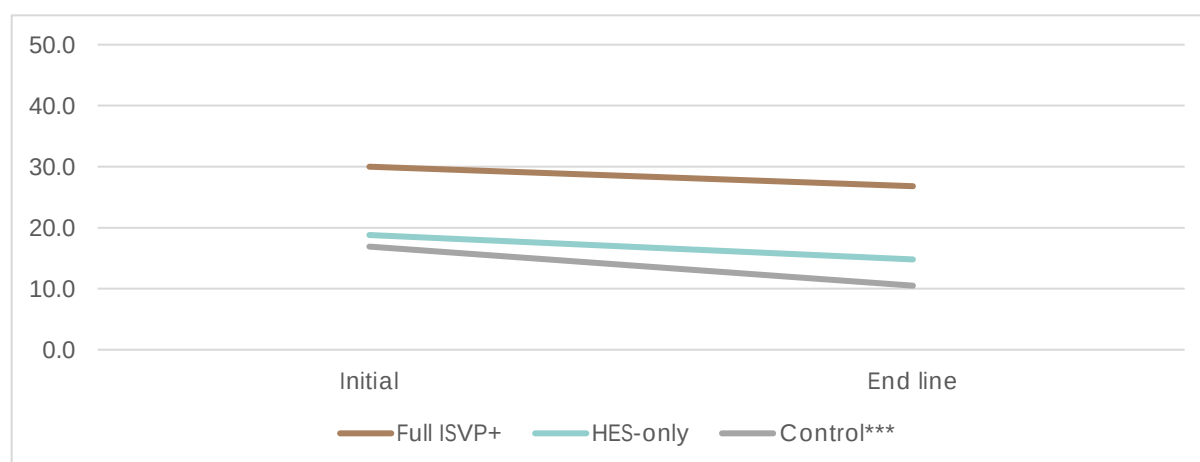
Looking at access to child health treatment, slightly more boys sought treatment for fever than girls at initial data collection among the full ISVP and HES-only arms (73.9% vs. 70.9% and 68.7% vs. 53.7%,

respectively). Boys and girls equally sought treatment for fever in the control group (76.4% vs. 76.1%). At end line, more caregivers sought treatment for more girls than boys across all arms (80.2 vs. 70.3% for full ISVP; 64.0 vs. 55.9 for HES-only; 85.3 vs. 68.6 for control). We did not include this outcome in the impact analysis because of the small sample size for the outcome (Appendix C, Figure C.2).

Among those children with diarrhea, the percentage that sought treatment decreased within the full ISVP and control groups. The percentage that sought treatment increased within the HES-only group. Across all arms, males sought treatment more often at initial data collection, and girls sought more treatment at end line. We did not include this outcome in the impact analysis because of the small sample size for the outcome (Appendix C, Figure C.3).

At initial data collection, about 20 percent of all children were too sick to participate in daily activities in the two weeks before the survey (Appendix C, Table C.66). This percentage decreased slightly, to about 17 percent at end line. The decrease was statistically significant for the full ISVP ($p=0.051$) and HES-only arms ($p=0.002$). Across all three study groups, the age group with the highest proportion of children too sick to participate in daily activities was children less than 5 years old (about 23% to 30%) (Appendix C, Figure C.1).

Figure 19. Caregiver's knowledge of child's HIV status



+Borderline statistically significant $p<0.10$, $p=0.057$

***Statistically significant $p<0.001$, $p=0.000$.

The percentage of children whose caregiver reported knowing the child's HIV status overall decreased from initial data collection to end line in all groups; the declines were statistically significant or borderline for all groups (Figure 19). Whether the child was male or female did not affect the caregiver's knowledge of the child's HIV status.

Table 19. Caregiver's knowledge of child's HIV status—program impact

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES- only
Caregiver's knowledge of child's HIV status	Positive (0.064***) $p=0.000$	Positive (0.039*) $p=0.054$	None (0.026) $p=0.152$

*Statistically significant at $p<0.05$.

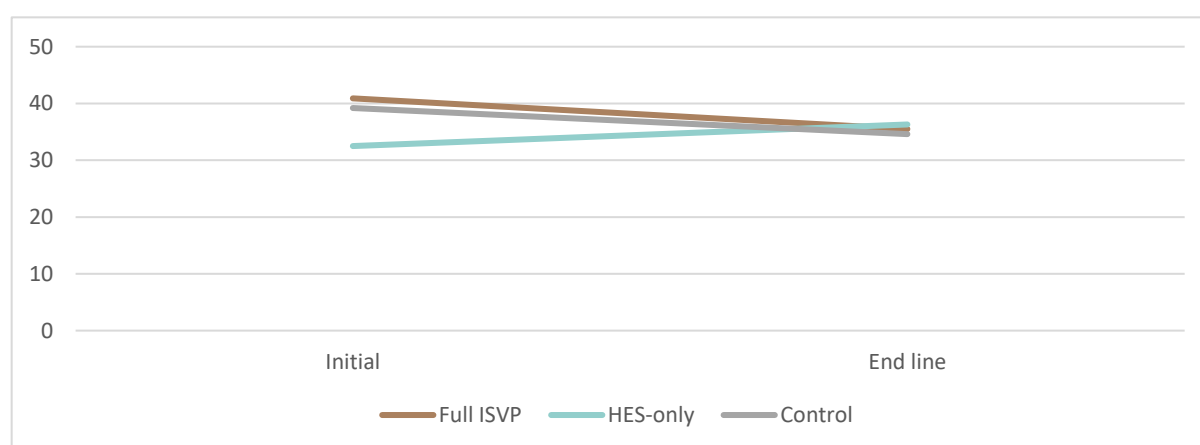
***Statistically significant at $p<0.001$.

Considering the decline across arms, DID estimation showed that the program arms benefited from protective program effects—the decrease observed over time in all groups was 6 percent less in full ISVP versus control ($p=0.000$), and 4 percent less in HES-only versus control ($p=0.054$) (Table 19). There was also a trend of full ISVP having more of a protective impact than HES-only group, but it was not statistically significant ($p=0.152$). Had the initial data collection occurred earlier, the full ISVP program impact would likely have been much greater.

In the full ISVP arm, an education interaction occurred, with caregivers who had completed primary school having a higher increase in knowledge of the child’s HIV status than those with no education (coefficient=0.10, $p<0.001$); the same was true for caregivers who had completed secondary school/TVET/higher education (coefficient=0.17, $p<0.05$). There was also a caregiver age interaction; some older groups of caregivers, ages 25–34 and 45–54, saw decreases of 11 percent and 9 percent, respectively, in reports of knowing their child’s HIV status ($p=0.052$ and $p=0.092$, respectively).

Youth Health

Figure 20. Total 10- to 17-year-old youth who know about strategies¹ to prevent HIV



No statistically significant changes within arm over time.

¹Knew that people can reduce their risk of getting the AIDS virus by using condoms every time they have sex and by having one sex partner who is not infected and has no other partners.

When looking at the youth report data, it is important to remember that the same youth were not necessarily interviewed at both time points. The percentage of youth ages 10–17 who knew how to prevent HIV decreased from initial data collection to end line in the full ISVP and control groups, and increased in the HES-only group (Figure 20). These changes were not statistically significant within program groups.

A greater percentage of older youth (ages 15–17) knew about strategies to prevent HIV than younger youth (ages 10–14) across all arms (Appendix C, Table C.79).

Table 20. Program impact results for youth HIV prevention knowledge, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Youth knowledge of HIV prevention behaviors	None (0.009) $p=0.821$	Increase (0.110**) $p=0.002$	Decrease (-0.102**) $p=0.009$

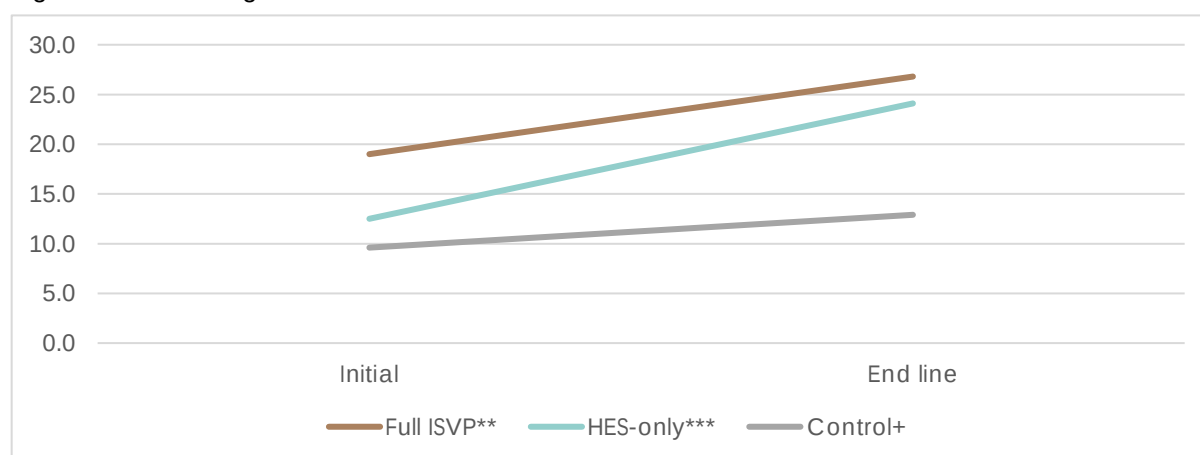
** Statistically significant at $p<0.01$.

Program impact analyses showed a 1 percent increase in youth knowledge of HIV preventive behaviors for the HES-only group, compared to the control group ($p=0.002$). Compared to the HES-only group, the full ISVP group had 1 percent less youth knowing about HIV preventative behaviors ($p=0.009$). (See Table 20.) In the full ISVP group, an interaction with caregiver age occurred; youth with older caregivers had decreases of 23 percent to 30 percent in the proportion knowing about HIV preventative behaviors (26% for caregiver ages of 25–34, $p=0.103$; 26% for 35–44, $p=0.099$; 23% for 45–54, $p=0.135$; 30% for 55–64, $p=0.061$; and 30% for 65+, $p=0.076$).

The percentage of youth who used a condom at last instance of sex decreased in the full ISVP arm and increased slightly in the HES-only arm; however, this percentage was among a very limited sample who had had sex in the past 12 months (Appendix C, Table C.29). Male condoms were noted as the most common contraceptive method across all arms, although about 98 percent of youth were not currently using contraception (Appendix C, Table C.29).

A greater percentage of 15- to 17-year-olds knew their status than 10- to 14-year-olds (with the exception of females in the control group, who were more or less the same) (Appendix C, Table C.80). Similar trends were observed among those ever tested (Appendix C, Table C.81). Full ISVP youth at initial data collection had much higher percentages of those who had ever been tested and knew their status (Figure 21). Both full ISVP and HES-only youth saw increases in this outcome over time, whereas control group youth saw slight declines. At end line, full ISVP youth still had the highest percentages of being testing for and knowing their HIV status, followed by HES-only and control youth.

Figure 21. Youth ages 10–17 ever tested for HIV and knew their HIV status



* $p<0.05$, $p=0.029$.

** $p<0.01$, $p=0.006$.

Table 21. Program impact results for youth HIV testing, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES- only
Youth (ages 10–17) ever tested for HIV (youth report)	Increase (0.048*) $p=0.042$	Increase (0.051*) $p=0.037$	None (0.001) $p=0.890$

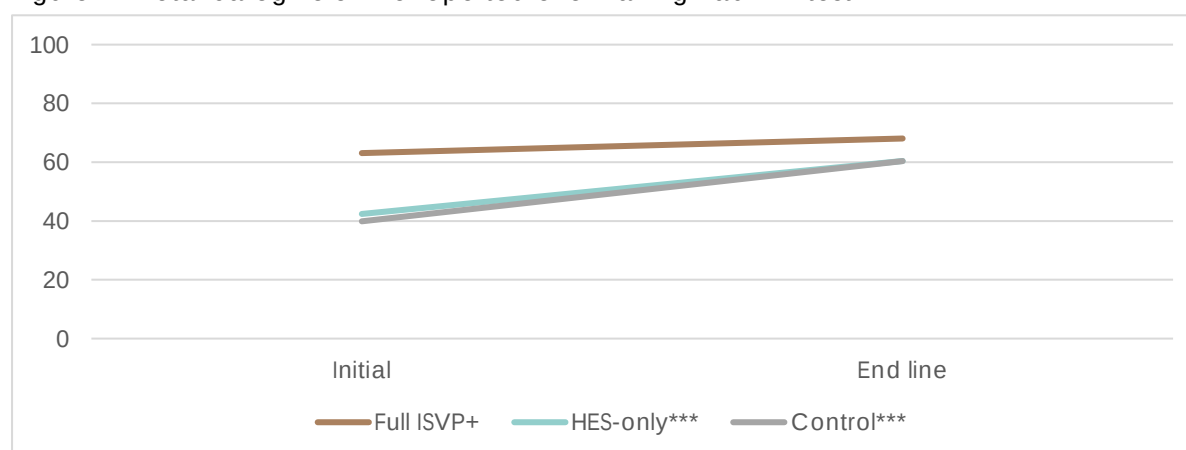
* Statistically significant at $p<0.05$

Program impact analyses showed that both full ISVP and HES-only groups saw a 5 percent increase of youth ages 10–17 who were ever tested for HIV and knew their status compared to the control group ($p=0.042$ and $p=0.037$, respectively). (See Table 21.) There was no significant difference between the full ISVP and HES-only groups.

There were significant interactions in both arms by education and, in full ISVP, by initial data collection wealth quintile. Full ISVP youth with caregivers who had more education generally had increases in reports of ever testing for HIV compared to those with caregivers who had no education (primary complete, 8% increase, $p=0.070$; secondary incomplete, 26% increase, $p=0.012$). HES-only youth with a caregiver who had completed primary school had an 8 percent increase compared to those who had caregivers with no education ($p=0.080$). Full ISVP youth in households with initial data collection wealth Quintiles 3–5 had lower reports of youth ever testing for HIV compared to Quintile 1; this finding was borderline significant for Quintiles 2 and 3 (7% decrease for both, but $p=0.130$ and 0.154 , respectively), and significant with a 10 percent decrease for both Quintiles 4 and 5 ($p=0.035$ and $p=0.045$, respectively).

Caregiver Health

Figure 22. Total caregivers who reported ever having had HIV test



+ Borderline significant at $p<0.10$, $p=0.116$.

*** $p<0.000$, $p=0.000$ for HES only and control.

The percentage of caregivers who reported ever having had an HIV test increased across all arms; however, the increase was more modest within the full ISVP arm from initial data collection to end line. The increases were statistically significant for HES-only ($p=0.000$) and control caregivers ($p=0.000$), and nearly borderline significant for full ISVP caregivers ($p=0.116$) (Figure 22). See Appendix C, Table C.61 for further details.

Table 22. Program impact results for caregiver HIV testing, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Caregiver ever tested for HIV	None -0.019 ($p=0.322$)	Decrease -0.045 ($p=0.037$)*	Increase 0.026 ($p=0.111$) +

* Statistically significant at $p<0.05$.

+ Borderline significant at $p=0.10$.

Although all groups saw increases in caregivers' reports of HIV testing, HES-only increased 4.5 percent less, compared to control (Table 22). Also, full ISVP increased slightly more than HES-only, although the increase was borderline statistically significant. Program exposure prior to initial data collection meant that the full ISVP caregivers had values already much higher than the other two groups. Had the initial data collection been earlier, we likely would have seen an increase for full-ISVP versus control as well.

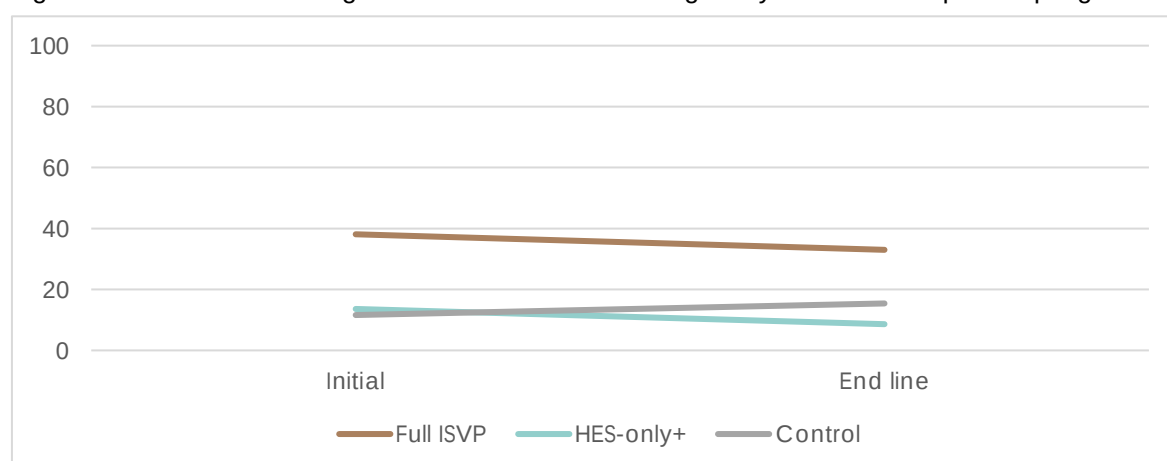
Caregivers were asked about family planning usage at end line. About one-third of caregivers were using family planning methods (34% to 42%) at that time. Of those who reported using family planning, 93 percent to 98 percent were using a modern method. Full ISVP caregivers reported lower levels of family planning use (34%) than both other groups (36% in HES-only and 42 percent in control); the differences between groups were significant for full ISVP compared to control ($p<0.019$) and borderline significant compared to HES-only ($p<0.088$). Injectables were the most common method reported (Appendix C, Table C.64).

Education

Early Childhood Development

In qualitative interviews, community leaders noted recently emerging differences in community approaches to ECD, with increased willingness to prioritize shared spaces for ECD centers, increased participation of children as well as parents, and adding a sense of community and shared best practices for parenting. Despite these differences, the household survey data showed declines for both program groups in ECD attendance (Figure 23).

Figure 23. Total children ages 36–59 months attending early child development program



+ Significant change over time within group at $p<0.10$, $p=0.084$.

ECD attendance was very high already at initial data collection for the full ISVP group. It then decreased over time for both program groups and increased slightly for the control group (Figure 23). As noted above, the program shifted its ECD approach to having more ECD care in home-based settings. Survey questions at end line did not capture home-based ECD attendance, likely explaining the downward slope for full ISVP.

Table 23. Program impact results, early childhood development, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Children ages 36–59 months attending ECD program	Decrease (-0.138)** $p=0.009$	None (-0.043) $p=0.276$	Decrease (-0.094)+ $p=0.085$

+Borderline statistically significant at $p<0.10$.

**Statistically significant at $p<0.01$.

According to the DID estimation, this decreasing trend in ECD attendance was only statistically significant at $p=0.009$ for the full ISVP versus control group. The full ISVP group had a 14 percent decrease in reports of children ages 36–59 months attending an ECD program compared to control (Table 23). Had the initial data collection started before ECD programming began or if data on home-based ECD program attendance had been included, the impacts would likely have been positive for the full ISVP group.

There were also heterogeneous impacts on ECD attendance within both program groups. Although for the overall full ISVP arm there was a decreasing trend, subgroup analyses showed that for those with caregivers at higher levels of education compared to no education, there was actually an increasing trend. However, the increase was statistically significant only for the group whose caregivers had completed some but not all secondary school ($p=0.002$). This group saw a 31 percent increase in ECD attendance compared to those whose caregivers had no education. The same pattern emerged for HES-only caregivers who had completed some but not all secondary school—their children had a 57 percent increase ($p=0.000$) in attending ECD programs compared to those with no education.

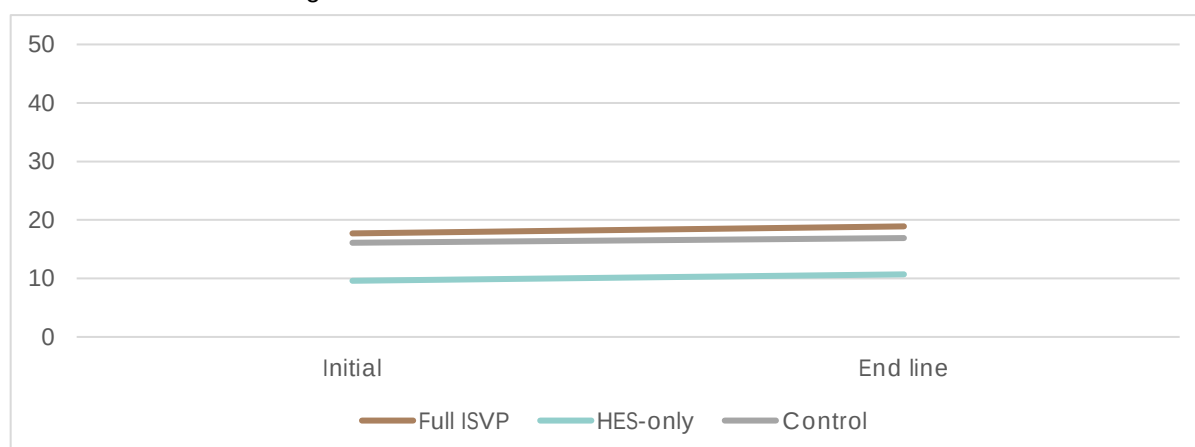
Last, full ISVP group households in Quintiles 2 and 4 showed negative program impact, with Quintile 2 caregivers reporting an 18 percent greater decrease in ECD program attendance than Quintile 1 ($p=0.016$), and Quintile 4 reporting a 16 percent greater decrease ($p=0.042$).

Schooling

School enrollment minimally decreased or remained stable over time in all three groups. In full ISVP, it dropped from 89 percent to 86 percent; in HES-only it went from 75 percent to 74 percent; and in control it decreased from 80 to 79 percent (Appendix C, Table C.87). Among all children ages 7–17, the percentage not missing any days of instruction during the last full week of school increased in all three groups; it increased from 66 percent to 75 percent in the full ISVP group, from 60 percent to 67 percent for the HES-only group, and from 66 percent to 68 percent in the control group (Appendix C, Table C.90). Sickness was the main reason given for absence at both initial data collection and end line, followed by not having enough money for school fees, materials, and transport. A lower percentage of full ISVP households noted the fees response compared to HES-only and control households (Appendix C, Table C.91).

One of the key outcomes for the evaluation was secondary school attendance among 13- to 17-year-olds. The percentage of all children ages 13–17 years who did not miss any days of secondary school remained steady or barely increasing across all study arms from initial data collection to end line (Figure 24). At both initial data collection and end line, a greater percentage of older children (ages 15–17) than younger children (ages 13–14) did not miss school (Appendix C, Table C.90).

Figure 24. Among all children ages 13–17, percentage not missing any days of secondary school instruction during last full week of school



There were no statistically significant differences over time within groups.

Regular secondary school attendance held steady or increased slightly across the groups, with full ISVP reporting highest attendance at both time points, followed by control and HES-only (Figure 24).

There were no statistically significant program impacts on regular secondary school attendance among 13- to 17-year-olds, although there was a negative trend in both groups (Table 24).

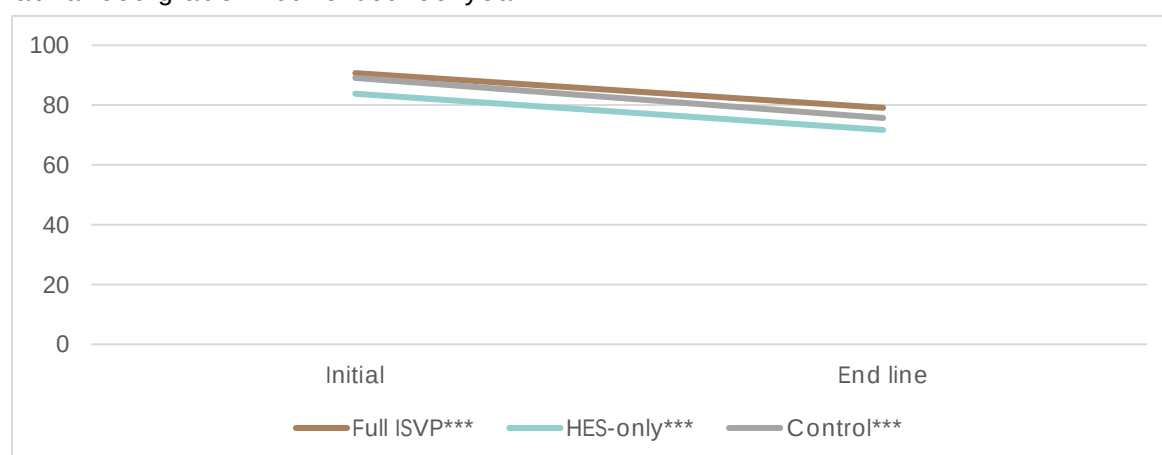
Table 24. Program impact, secondary school attendance, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES-only
Regular secondary school attendance among 13- to 17-year-olds	None (-0.027) p=-0.192	None (-0.027) p= 0.126	None (-0.001) p=0.977

There were borderline statistically significant interactions between this outcome and wealth for both program groups, with the program working better for full ISVP youth in households at the highest wealth quintile and for HES-only youth in the lowest wealth quintile. Youth in full ISVP households in the highest wealth quintile at initial data collection had a 6 percent increase in regular secondary school attendance compared to the lowest wealth quintile ($p=0.074$). Youth in HES-only households in initial data collection wealth Quintiles 2 through 5 all had 6 percent decreases in regular secondary school attendance compared to Quintile 1 ($p=0.104$, 0.109 , 0.092 , and 0.106 , respectively).

For HES-only youth, the program worked better for females. Females ages 13–17 had a 7 percent increase in regular secondary school attendance compared to males ($p=0.003$).

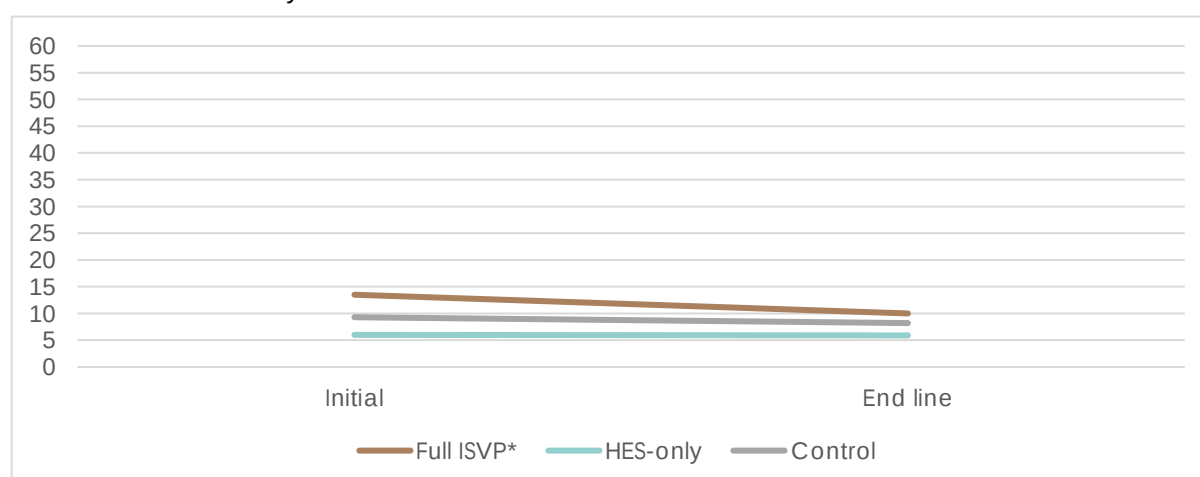
Figure 25. Among those children ages 7–17, percentage who progressed to a more advanced grade in current school year



*** $p < 0.001$, $p = 0.000$ for full ISVP, HES-only, and control.

The percentage of children enrolled in school the previous year progressing to a more advanced grade in the current school year decreased across all study arms; this trend was statistically significant for full ISVP and HES-only youth (Figure 25). There were no discernable differences in sex or age (Appendix C, Table C.93).

Figure 26. Among children ages 13–17, percentage who graduated from primary school and returned to secondary school



* $p < 0.05$, $p = 0.037$.

Full ISVP started out with the highest percentage of children graduating from primary and returning to secondary school, followed by control and HES-only. At end line, full ISVP decreased slightly ($p = 0.037$) and the other groups remained stable (Figure 26).

Table 25. Program impact results for school progression outcomes, per DID estimation

Outcome	Program impact (regression coefficient)		
	Full ISVP vs. control	HES-only vs. control	Full ISVP vs. HES- only
School-age children who progressed in school from previous year	None (0.016) p=0.435	None (0.017) p=0.452	None (-0.002) p=0.940
Youth graduating from primary school and returning to secondary school	None (-0.086) p=0.244	None (-0.057) p=0.487	None (-0.028) p=0.682

Looking at the total populations for each group, the DID estimation found no program impact for either of the school progression key outcomes (Table 25).

There were, however, significant interaction effects within both program arms for selected subpopulations. The program worked better for HES-only youth with caregivers who had either completed primary school or gone to secondary school but had not completed it; these caregivers reported 7 percent and 12 percent greater increases in their child's school progression from the previous year ($p=0.014$ and $p=0.044$, respectively). In addition, caregivers in HES-only households in the initial data collection Quintile 3 reported a 7 percent higher increase in youth progressing in school ($p<0.05$). Looking at the HES-only primary graduation and returning to secondary school outcome, initial wealth Quintiles 2–5, had 4 percent to 6 percent larger decreases in reports of youth graduating from primary and returning to secondary school (6% for the second quintile [$p=0.000$] and 4% for the other three [$p=0.019$, 0.018, and 0.012, respectively] compared to the Quintile 1).

In the full ISVP arm, youth who had a caregiver ages 25–34 had an 18 percent decrease in progressing in school from the previous year ($p=0.035$) relative to those with a caregiver in the youngest age group. Full ISVP households in wealth Quintile 4 at initial data collection had a 5 percent decrease in school progression compared to those in Quintile 1 ($p=0.088$). Female youth in the full ISVP arm also fared better than males, with females showing a 14 percent increase in graduation and progression compared to males ($p=0.088$).

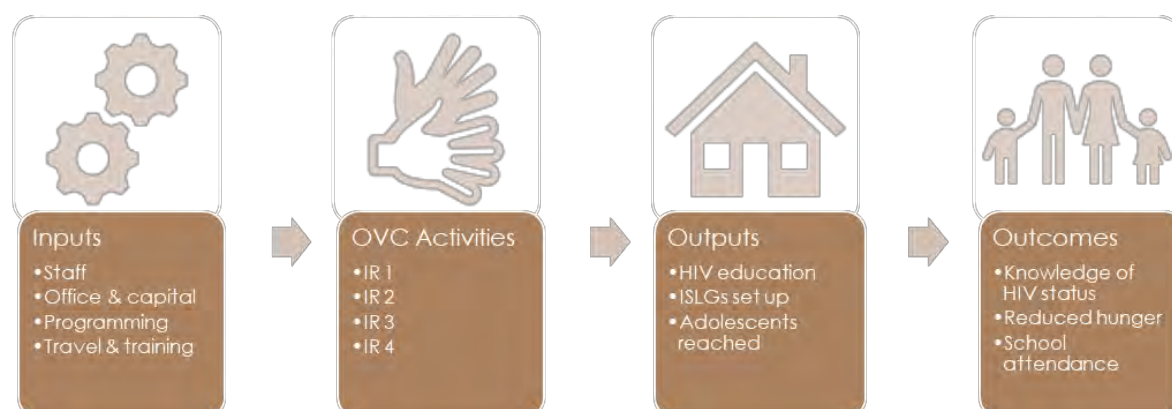
Cost-Effectiveness

This section uses project cost data with DID analysis to assess the cost-effectiveness of the two main intervention arms—full ISVP services and HES-only services—in comparison to each other, as well as individually to the control group.

CEA aims to estimate the cost per unit of benefit achieved. Costs are divided by specific measures of program effectiveness to help determine what it costs to produce improvements in health.

OVC programs are complex interventions that aim to improve the well-being of vulnerable children and families. The following graphic maps how cost inputs going into the ISVP program are linked to the outputs and outcomes of interest (Figure 27).

Figure 27. Linking cost inputs to effectiveness outcomes



Total Costs

The total cost for the full ISVP arm of the intervention was US\$5,374,918 (Table 26). This includes staffing, office and equipment supplies, training and travel, and indirect expenses, as well as the direct program implementation costs proportional to delivering the full ISVP package of services to the impact evaluation cohort assessed in the study. It also includes donated labor by volunteers and staff, donated supplies, and the value of donated facility spaces. The total cost of delivering services to the HES-only intervention cohort was US\$650,581. This cost includes the same categories of costs as the full ISVP intervention arm.

In both intervention arms, staffing and program delivery constituted the largest portions of the costs incurred. Staffing costs are aggregated from all levels of the program—headquarters to the field. The program delivery costs were incurred predominately at the field level by the Rwandan Partner Organizations and are composed of both cross-cutting/shared program costs and direct program costs. The cross-cutting costs encompassed activities such as capacity building and referrals; monitoring and evaluation; sensitization, selection, and registration of households; and developing and printing materials. The remaining program delivery costs were directly related to project activities, such as health promotion, early childhood development, household economic strengthening, and school materials. We were able to map these costs directly to the IR areas to which they aligned programmatically.

After breaking the costs out by intervention arm, it was possible to look at the cost of the four IRs in the full ISVP arm. The largest package of services for wraparound household health and education, delivered through the first IR, was also the most expensive (\$2,166,543). Household economic strengthening (\$1,414,132) and adolescent interventions (\$1,084,179) were less expensive than IR 1 but more than what it cost to implement community-level interventions (\$710,065). These breakdowns largely reflect both the programmatic distribution of spending by IR and estimates staff gave for the time spent on the various program areas.

Table 26. Total cost and cost per beneficiary, by arm

	Full ISVP					HES-only
	IR 1 Household	IR 2 HES	IR 3 Adolescent	IR 4 Community	Total	
Staff	\$ 616,707	\$ 505,089	\$ 371,720	\$ 288,587	\$ 1,782,103	\$ 224,003
Office, supplies, and equipment	\$ 54,391	\$ 44,547	\$ 32,784	\$ 25,452	\$ 157,174	\$ 22,777
Training	\$ 183,583	\$ 150,357	\$ 110,655	\$ 85,908	\$ 530,502	\$ 64,500
Travel	\$ 61,956	\$ 50,743	\$ 37,344	\$ 28,992	\$ 179,035	\$ 21,636
Program delivery	\$ 769,020	\$ 269,547	\$ 241,822	\$ 56,096	\$ 1,336,486	\$ 149,127
Donated labor, supplies, and space	\$ 272,157	\$ 222,899	\$ 164,042	\$ 127,355	\$ 786,453	\$ 104,326
Overhead	\$ 208,729	\$ 170,951	\$ 125,811	\$ 97,674	\$ 603,165	\$ 64,211
Total cost	\$ 2,166,543	\$ 1,414,132	\$ 1,084,179	\$ 710,065	\$ 5,374,918	\$ 650,581
Beneficiaries			43,187			22,444
Cost per beneficiary	\$ 50.17	\$ 32.74	\$ 25.10	\$ 16.44	\$ 124.46	\$ 28.99

Cost per Beneficiary

A total of 65,631 children and caregivers received services through the ISVP project involved in the impact evaluation. Sixty-six percent, or 43,187 beneficiaries, received the full ISVP package; 34 percent, or 22,444 beneficiaries, received HES-only services. The cost per beneficiary in the two arms was therefore US\$124.46 in the full ISVP arm and US\$28.99 in the HES-only arm (Table 26).

When breaking down the costs for the full ISVP arm, IR 1 was the most expensive cost per beneficiary (\$50.17), and community interventions were the least expensive (\$16.44), directly reflecting the smaller number of activities and staff time spent on IR 4. The HES costs from the ISVP intervention arm (\$32.74) are largely comparable to the cost of delivering HES services through the HES-only intervention arm. The difference between the two is due to the larger proportion of shared costs attributable to the delivery of the full ISVP package of services.

The information on cost per beneficiary is useful because there are other sources in the literature available for making comparisons. Previous research has shown that costs for HES-oriented activities by themselves range from \$10 per child (savings and loans groups in Rwanda) to \$203 (income-generating activities in Botswana), putting the cost per beneficiary for the HES-only arm on the lower end of the spectrum in spending, considering that it includes savings and loans groups (Santa-Ana-Tellez, DeMaria, & Galárraga, 2011).

The cost per beneficiary for this study aligns with the IR areas rather than directly with the service areas of health, education, and nutrition, which are included in the full ISVP arm. Previously, nonboarding educational support costs alone have ranged from \$12 (Zambia) to \$512 (Botswana), with \$30 per child occurring in Rwanda (Santa-Ana-Tellez, et al., 2011). Nutrition programming shows an even wider range (\$27 to \$568)—those on the more costly end are more likely to entail provision of daily meals, something not undertaken by ISVP. Healthcare support services have been found to range from \$55 to \$170 (Santa-Ana-Tellez, et al., 2011). Case management, an integral element of OVC programs that involves assessments, home visiting, referrals, and linkages—all activities housed under ISVP's IR 1—range from \$10 to \$50 (Gobin & Foley, 2019). Given the large number of activities delivered through this program, the average amount spent per beneficiary in the full ISVP arm aligns with the lower end of the spectrum for these individual services.

Cost per beneficiary data do not gauge the impact or quality of the services delivered. A less expensive program may produce less improvement and therefore not be a good use of money, but the same could be true of the reverse. In the next section on cost-effectiveness, the cost per beneficiary information will be combined with effectiveness data to better illustrate whether the amount spent produces the requisite improvements.

Cost-Effectiveness

We calculated cost-effectiveness only in those instances in which we found a statistically significant effect. We explored CEA ratios for both primary and secondary outcome measures. None of the three primary outcomes and only one secondary outcome showed effects when looking at the additive impact of the full ISVP package compared to HES-only (Table 27). The full interpretation of these results is available elsewhere in this report.

Table 27. DID results

		Full ISVP to HES-only	Full ISVP to control	HES-only to control
Healthy	Caregiver's knowledge of child's HIV status	NA	6.4%	NA
	Percentage of youth (ages 10–17) ever tested for HIV (youth report)	NA	4.8%	5.1%
Stable	Households with moderate or severe hunger	NA	NA	-5.3%
	Percentage of household consumption that is for food	NA	2.6%	3.1%
Schooled	Regular school attendance among 13- to 17-year-old youth	NA	NA	NA
Safe	Support for harsh punishment in school or home	-14.5%	-15.7%	NA

NA= Not applicable because DID analyses showed no program impact.

Table 28. Cost-effectiveness results

		Full ISVP to HES-only	Full ISVP to control				Total package	HES-only to control
			IR 1 Household	IR 2 HES	IR 3 Adolescent	IR 4 Community		
Healthy	Caregiver's knowledge of child's HIV status	NA	\$7.84	-	-	-	\$19.45	NA
	Percentage of youth (ages 10–17) ever tested for HIV (youth report)	NA	-	-	\$5.23	-	\$25.93	\$5.68
Stable	Households with moderate or severe hunger	NA	-	-	-	-	NA	\$5.47
	Percentage of household consumption that is for food	NA	-	\$12.59	-	-	\$47.87	\$9.35
Schooled	Regular school attendance among 13- to 17-year-old youth	NA	-	-	NA	-	NA	NA
Safe	Support for harsh punishment in school or home	\$6.58	\$3.20	-	-	-	\$7.93	NA

NA= Not applicable because DID analyses showed no program impact; we cannot calculate cost-effectiveness without evidence of program effectiveness.

For the purposes of this study, the cost-effectiveness ratio tells us how much it will cost to obtain 1 percent of improvement in the outcome when going from the reduced HES-only package of services to the full-ISVP package, or from the control group to either intervention arm over the 21-month period of exposure. Table 28 shows the CEA ratios for the full ISVP group compared to the HES-only group, the full ISVP group broken down by IR compared to the control group, and the HES-only group compared to the control group.

Healthy: To increase a caregiver's knowledge of a child's HIV status by 1 percent in the full ISVP intervention group compared to the control group requires \$7.84 per beneficiary. A 1 percent increase in youth reporting being tested for HIV costs \$25.93 per beneficiary in the full ISVP arm, \$5.23 per beneficiary under IR 3 programming compared to the control group, and \$5.68 per beneficiary in the HES-only group compared to the control group. There were no additive effects in either health outcome when comparing the full ISVP group to the HES-only group.

Stable: To reduce households reporting moderate or severe hunger by 1 percent in the HES-only intervention group compared to the control group costs \$5.47 per beneficiary. To increase the proportion of household consumption that is for food by 1 percent requires \$12.59 in the full ISVP group under IR 2 and \$9.35 in the HES-only group.

Schooled: We did not calculate cost-effectiveness for any schooling outcomes because none showed significant effects.

Safe: To see a 1 percent reduction in caregiver support for harsh punishment in school or home in the full ISVP group compared to the HES-only group costs \$6.58 per beneficiary. A 1 percent reduction costs \$7.93 per beneficiary in the full ISVP package compared to the control group—only slightly more than the cost to achieve the same impact when comparing the two intervention arms to each other.

DISCUSSION

Despite the study limitations, the program was still able to affect significant change in multiple program areas, in both program arms as summarized in Table 29 according to the evaluation questions. Each program arm saw positive impact for seven outcomes and negative impact for one; full ISVP also trended positive for an eighth outcome but just missed statistical significance. If the initial data collection had taken place earlier prior to program start, full ISVP would have likely shown impact on at least two other outcomes (caregiver tested for HIV and ECD attendance), clearly outshining HES-only. Full ISVP households at end line also had higher reports of having a savings account and higher savings rates compared to HES and control.

Economic Strengthening

Household consumption decreased across all groups during the study period. Qualitative interviews revealed that recent droughts and floods had occurred in the study areas; it is possible that they negatively influenced economic status. Despite this phenomenon, both program groups saw improvements in economic strengthening. HES-only showed decreased household hunger relative to the control group; also, the full ISVP arm had a similar trend toward decreased household hunger, although it was not statistically significant. Households headed by males fared better for this outcome in the full ISVP group, which performed better in some economic respects. Full ISVP households showed some additional changes in the decreased proportion of consumption going toward the education and health categories. Because the full ISVP program offered educational support packages and referral to free health services, those households could shift spending to other categories, so this decrease is unsurprising. Although impact analyses could not be run for savings-related outcomes because of issues with the comparability of initial and end line savings questions,² a higher percentage of full ISVP households, compared to HES-only and control households, had savings accounts at end line; these households also had more money saved in their accounts. Last, DID analyses showed that full ISVP households increased ownership of livestock at end line compared to control households.

Household Decision Making and Gender-Related Attitudes and Behaviors

Program impacts on household decision making and gender-related attitudes and behaviors were limited. There was no program impact on these outcomes for the HES-only arm. Full ISVP caregivers, however, showed significantly less support for harsh child punishment in the home or at school compared to control and HES-only caregivers. Also, although in general there was no full ISVP program impact on youth gender equitable attitudes, full ISVP male youth saw more improvement than females on this outcome. Because of the cut in sample size for the caregiver ISPV questions at end line, the evaluation was limited in its ability to detect any program impact for those outcomes in either group.

At end line, we added questions for a subset of youth on violence against them by a parent, caregiver, or other adult in the community. The percentage reporting any physical or sexual violence of this type was very low, ranging from 2.2 to 2.9 percent across arms. These numbers are much lower than what was found by the 2015–2016 Rwanda Violence Against Children and Youth Survey (VACYS) (Rwanda MOH, 2017). That study found about 1.2 percent of youth age 13–17 reported forced or coerced sex and 34 percent reported physical violence in the last 12 months by a parent/adult caregiver/adult relative/other

² At initial data collection, it was not clear to participants that ISLG group savings counted under the question, “Are there members of your household who save with any savings institution (including a tontine/community savings)?” Many participants in the program groups reported not having savings when it was clear they were part of ISLGs. To rectify this issue, at end line we added an additional question: “Are there members of your household who save with an informal savings group (including an ISLG)?”

adult in community. This evaluation may have underreporting due to the fact that this was not a dedicated violence survey; interviewers were not as experienced as those from VACYS in probing for different types of violence, and youth may have been surprised by the violence questions and felt uncomfortable answering. In addition, although nobody else in the household was asked about violence and this was stated to youth, other members of the household were being interviewed and this may have had a chilling effect, making youth less likely to answer honestly; in the VACYS, only youth were interviewed.

Health

All child health outcomes except caregiver knowledge of child HIV status improved for all groups over time. There was no program impact on growth monitoring or minimum dietary diversity, but there was a trend toward improved caregiver nutrition knowledge for both program groups compared to control. This trend was borderline statistically significant for only households in the HES-only arm, but sample size limitations may have been at issue regarding the full ISVP group not rising to any level of significance. Birth registration saw increases for HES-only versus control and full ISVP, but this finding must be interpreted in light of the fact that full ISVP and control group birth registration levels were already much higher at initial data collection than for HES-only. There was a nationwide push for birth registration, so it is possible that HES-only responded more positively because there was more room for improvement. Across all groups, the percentage of caregivers knowing a child's HIV status declined. We repeated interviews of households (i.e., a household "panel"), not individual children so this decline likely occurred because of older children aging out of the households and new children being born. That said, both programs had a protective effect, whereby they saw smaller declines compared to control. There was a trend toward full ISVP having more of a protective effect compared to HES-only, but it was not statistically significant. Also, the effect of initial data collection starting after program activities was reflected in the initial values of caregiver knowledge of child HIV status, with the full ISVP group starting out much higher than the other groups. With a clean evaluation baseline, there likely would have been a significant increase for the full ISVP arm versus the decline seen for the other two arms.

Looking at youth health, youth HIV prevention knowledge started out higher for the full ISVP and control groups, and then decreased, whereas HES-only youth HIV prevention knowledge increased. The groups converged at end line, and program impact analyses showed this increase as a positive impact for HES-only youth compared to control youth, and a negative for full ISVP youth relative to their HES-only counterparts. It is unclear why control group results would have been higher along with full ISVP at initial data collection, but clearly HES-only youth had greater room for improvement, and the program had a positive impact on this outcome. The aging-out of older youth also may have influenced these results. Those who were educated on HIV prevention in the beginning of full ISVP may have aged out of the sample, resulting in lower HIV knowledge of the end line sample. Youth reporting having been tested for HIV and knowing their status started much higher at initial data collection in full ISVP versus the other groups. It then increased over time for both program groups but decreased slightly in the control group. Both program arms showed a positive program impact. If there had been a clean baseline, full ISVP would have likely seen a much larger increase than HES-only; as it is, we saw similar impacts. There was also an interesting general trend for youth HIV testing in the past 12 months and knowing status—more males than females tended to report affirmatively, although impact analyses did not show significant subgroups effects by sex.

Regarding caregiver health, although caregiver reports of HIV testing increased across all groups, they increased less for HES-only compared to control, so HES services had a negative program impact. It is unclear why this might be true because control participants did not report higher exposure to HIV-related services or information than HES-only participants, and we did not learn of any HIV programs occurring solely in control areas. Full ISVP caregiver reports of HIV testing increased more compared to those of HES-only caregivers.

For HIV testing in general, it is important to note that the program's initial testing strategy was mass testing, but this approach subsequently changed to targeted testing for high-risk individuals. This shift also aligns with Government of Rwanda changes.

Education

ECD attendance was significantly higher at initial data collection for full ISVP compared to both other groups. This difference was likely because of program activities beginning before initial data collection. DID showed a decrease in ECD for full ISVP compared to control; if the initial data collection had started before ECD programming began, the impacts would likely have been positive for full ISVP. Also, program staff reported that the approach for ECD centers changed to a more home-based one rather than being center based. The ECD attendance survey question did not mention home-based ECD activities and so likely did not capture those data, explaining why ECD attendance numbers for full ISVP did not continue on an upward trend.

Key schooling outcomes were not impacted by the programs, and two of the three outcomes decreased across all groups. Given the decline in consumption and environmental shocks of drought and floods, youth may have been leaving school to help at home. Also, per the Fifth Integrated Living Conditions Survey (EICV) (NISR, 2018), national school attendance levels have stagnated in recent years; that survey was conducted in 2017, when we conducted our initial data collection, but if this national trend continues, it seems our sample is following a similar trajectory, and the program has not yet helped change it. The sample size for the evaluation was smaller than planned, however, which may have limited our ability to detect any already existing changes. Full ISVP had the highest schooling outcomes, but considering the very small observed differences between groups, the evaluation would not have been able to detect differences even if it had met the originally planned sample size, because the sample size was calculated assuming larger changes in schooling outcomes, based on consultation with USAID and the ISVP program.

There were interesting heterogeneous gender effects for two of the schooling outcomes. HES-only services worked better for females regarding secondary school attendance, whereas full ISVP services worked better for females regarding graduation from primary school and continuing to secondary school.

Cost-Effectiveness

When considering how to use the cost-effectiveness results, it may be useful to make comparisons to existing spending patterns. Rwanda spent 6.76 percent of its national gross domestic product on health in 2016 (WHO, 2016). Per person, this percentage comes to about US\$48.08. This spending is slightly above average for countries of similar economic status in sub-Saharan Africa (WHO, 2016). This study found moderate spending per beneficiary in the ISVP program, but when combined with the resulting impact for specific outcome measures, the cost to achieve improvements constitutes a relatively large proportion of national spending on health per person. Deciding whether it is worthwhile to spend this amount to achieve the corresponding outcomes is up to national governments, individual programs, or donors. There is evidence to suggest that some costly programs may be cost-effective in the long run by reducing more costly, negative outcomes later (Foster, et al., 2006). For example, the moderate investment made by OVC programs in improving caregiver knowledge of the HIV status of their children could improve early detection of HIV and reduce national-level spending on treatment of late-stage HIV and AIDS, and the associated comorbidities and coinfections.

When assessing the additive effects of the full ISVP program to the HES-only program, the impact was moderate. When interpreting the full ISVP CEA ratios, it is important to remember that the costs included are for a large volume of activities that may be unrelated to the outcome being considered. In

some ways, the full ISVP costs by IR area are more comparable to the HES-only group than the total package.

Although economic evaluations of OVC programs have been conducted previously, there are only limited cost-effectiveness analyses that include comparisons of cost to program impact. MEASURE Evaluation also conducted the only prior research (Hutchinson & Thurman, 2009). This report builds on that research in several ways. It is the first CEA of an OVC program to compare one component of programming to the entire OVC package of services—the gold standard for complex programs—that also allows for the assessment of additive effects of OVC programming service packages. It is also the first full CEA for OVC programs that provides both initial data collection and end line assessments, allowing for comparison of costs to DID outcome data. Additionally, the cost data were collected prospectively at initial data collection, allowing for customization of the cost data collected. Other achievements include the adaptation of staff timesheets to track time by IR—an impressive feat given the scale and scope of the ISVP program.

Some important lessons were learned. The complexity of OVC programs introduces specific challenges when using traditional economic evaluation methods. First, outcomes from complex interventions may be more sensitive to the program-specific context in which they are delivered than those in simple interventions (Husereau, et al., 2014).

Second, because the primary research question focused on the additive effect of the full ISVP program compared to HES-only services, the costs included in each arm of the study were very broad and not limited to activities related to each outcome measure—a major limitation. Ideally, the study would have shown program impacts in a number of outcomes, all of which would have been produced using the same costs. Instead, the limited outcomes that had an impact seem more expensive because they include costs for an array of different services that theoretically link to the chosen outcome measure but would not be included in assessing the cost-effectiveness of individual OVC activities in relationship to the corresponding measure (such as the cost of HIV education activities on HIV knowledge or HIV testing). Because it was possible to track staff level of effort only at the IR level, additional analyses assessing activity-specific cost-effectiveness were not possible.

Table 29. Summary of key findings

Primary evaluation questions	Key findings
1. Does the full package of Twiyubake services strengthen household economic status and provide the additional support to motivate economically strengthened families to realize health and education benefits?	Economic strengthening: Moderate or severe household hunger decreased in full ISVP areas compared to control but the result was not statistically significant. The share of consumption going to food decreased less for full ISVP compared to control. Full ISVP groups saw greater decreases than both HES-only and control in shares of consumption going to education or health. Full ISVP households also had greater increases in ownership of livestock compared to control. At end line, a higher percentage of full ISVP households had savings accounts, compared to control and HES-only households; the amount in savings also was greater compared to control and HES-only. Household decision making and gender-related attitudes and behaviors: There were no differences between full ISVP and control or HES-only in changes in physical or sexual intimate partner violence against caregivers, household decision making, or youth support for gender equitable attitudes. Support for harsh child punishment decreased more among full ISVP caregivers than HES-only and control caregivers.

Primary evaluation questions	Key findings
	Child health: The full ISVP increase in birth registration was less than that in HES-only. Changes in child growth monitoring and minimum dietary diversity were similar across groups. Changes in caregiver nutrition knowledge were not different between full ISVP and control or HES-only. Caregiver's knowledge of child HIV status decreased less for full ISVP compared to control. Youth health: Knowledge of HIV prevention strategies started at a much higher level in the full ISVP group but decreased over time, whereas HES-only group knowledge increased; as a result, impact analyses showed full ISVP youth knowledge decreasing relative to those of HES-only youth. Full-ISVP youth testing for HIV increased relative to control. Caregiver health: Caregiver reports of having been tested for HIV increased slightly more for full ISVP compared to HES-only. Education: ECD attendance was very high in the full ISVP group at initial data collection compared to both other groups and decreased slightly over time, whereas control group attendance increased and HES-only attendance also decreased slightly; because of these dynamics, impact analyses showed negative program impact for full ISVP compared to control and HES-only. No program impact was seen for school progression, graduation and return to secondary school, or secondary school attendance among 13- to 17-year-olds.
2. Can HES-only activities provide the economic stability for households to access health and education services, and improve individual health and educational well-being?	Economic strengthening: Moderate or severe household hunger decreased in HES-only areas compared to control areas; the share of consumption going to food decreased less in the HES-only group than in control. At end line, more HES-only households had savings accounts compared to control households; their amount in savings also was greater compared to control. Household decision making and gender-related attitudes and behaviors: There were no differences between HES-only and control in changes in physical or sexual intimate partner violence against caregivers, household decision making, youth support for gender equitable attitudes, or caregiver support for harsh child punishment. Child health: The increase in birth registration was greater in HES-only than in control and full ISVP. Changes in child growth monitoring and minimum dietary diversity were similar across groups. Caregiver nutrition knowledge and knowledge of child's HIV status increased more for HES-only versus control. Youth health: HES-only youth knowledge of HIV prevention strategies and report of HIV testing increased relative to control youth. Caregiver health: Although all groups saw increases in caregivers' reports of HIV testing, HES-only increased less compared to control. Education: There was no program impact on ECD attendance, school progression, graduation and return to secondary school, or secondary school attendance among 13- to 17-year-olds.
3. Which of these two approaches is more cost-effective?	Economic strengthening: To reduce households reporting moderate or severe hunger by 1 percent in the HES-only intervention group compared to the control group costs \$5.47 per beneficiary.

Primary evaluation questions	Key findings
	To increase the proportion of household consumption for food by 1 percent requires \$12.59 in the full ISVP group under IR 2 and \$9.35 in the HES-only group. HES-only was more cost-effective. To increase the proportion of household consumption for food by 1 percent requires \$12.59 in the full ISVP group under IR 2 and \$9.35 in the HES-only group. HES-only was more cost-effective. Health: To increase caregiver's knowledge of child's HIV status by 1 percent in the full ISVP intervention group compared to the control group requires \$7.84 per beneficiary when considering the cost of the IR1 household interventions, or \$19.45 in the full package. HES-only did not show significant effects for this indicator. A 1 percent increase in youth reporting HIV testing costs \$25.93 per beneficiary in the full ISVP group, \$5.23 per beneficiary under only IR 3 programming compared to control, and \$5.68 per beneficiary in the HES-only group compared to control. HES-only was more cost effective, unless only using the full ISVP IR3 costs as comparison. Schooled: No schooling outcomes showed significant effects. Safe: To see a 1 percent reduction in caregiver support for harsh punishment in school or home in the full ISVP group compared to the HES-only group costs \$6.58 per beneficiary. A 1 percent reduction costs \$7.93 per beneficiary in the full ISVP package compared to the control group—only slightly more than the cost to achieve the same impact when comparing the two intervention arms to each other. HES-only did not have program impact so no cost-effectiveness comparison could be carried out.

These results can be considered in light of recent results from another USAID-supported evaluation in Rwanda that compared Gikuriro, an integrated nutrition and hygiene and savings group project, to two levels of cash transfers (transfer amounts equal to program spending or a much larger transfer of more than \$500 per household; McIntosh & Zeitlin, 2018). That evaluation found that the integrated program benefitted savings but did not improve core evaluation outcomes (which were nutrition related) within a year of the study. Both cash transfer groups improved economic strengthening outcomes; the large cash transfer also modestly affected child anthropometrics. The current evaluation had different core outcomes, a few overlapping secondary outcomes, and did not include a cash transfer arm, so comparability to the Gikuriro evaluation is tenuous. However, the added value of the bundled program (full ISVP) in the current evaluation compared to HES-only was limited and not cost-effective in the short term. This finding suggests that Rwandan decision makers looking to achieve health outcome changes in the short term may want to focus on household economic strengthening activities. It is unclear whether this approach would work in the longer term, and studies with longer-term follow-up of beneficiaries are warranted.

Limitations

Program exposure before initial data collection and length of program exposure overall may have limited our ability to detect significant measurable changes in program arms. The program components had been rolled out 12 to 18 months before data collection, so we expected some differences between the full ISVP and HES-only groups in initial data collection values; based on consultation with the program at that time, however, we anticipated these differences would have been short term. The DID results for shorter-term outcomes thus may capture less change than occurred in reality. In addition, based on consultation

with the program at initial data collection, we timed the end line to correspond to 2 to 2.5 years of program exposure; we expected to see longer-term outcomes realized at that time and that many participants would have graduated from the program (Twiyubake was envisioned as a 2- to 3-year program). At end line, however, only a low percentage of participants reported having graduated from the program. Thus, the end line timing may have been too soon to capture measurable change in longer-term outcomes.

The basic assumption of DID analysis is that the program group would, in the absence of the program, have experienced a trend in outcomes parallel to that of the control group, referred to as the “parallel trend assumption.” The validity of the estimated program impact based on DID relies on this assumption, but its validity cannot be tested directly. The common technique for indirectly assessing the parallel trend assumption is examining whether there were pre-program secular trends applicable to this evaluation, given that pre-program data were not available. If the parallel trend assumption is violated, the DID model may yield inaccurate inferences about program impact. As a solution, we controlled for differences in the trend experienced by the comparison group and what the program group would have experienced in the absence of the program. We did so by using a regression version of the DID model that controls for changes in time in observed factors (such as community shocks) that could otherwise cause deviation from the “no program” trend.

Although the sectors were randomized into study groups, results from balance testing at the time of initial data collection suggest that the control group was different from the program groups and the program groups were different from each other in some systematic ways—unsurprising, considering our sampling methods. We selected the control group from the MVC list without further screening. We selected the program beneficiary households, however, based on those lists and then further screened them to reach the most vulnerable. It may be that the additional screens applied to the program groups yielded a population with systematic differences from the control group. However, the DID model we used controlled for such differences.

Overall, the results of the balance testing reinforced the decision to employ a DID with a fixed-effects approach for estimating program effects. This strategy controlled for both observed and unobserved time-invariant differences between program and control areas, and included individual-level observed background characteristics (e.g., caregiver age, marital status, sex of head of household, and education) in the statistical models to account for their potential impact on the outcome indicators. A DID analysis also allowed for differences in outcome indicators at the initial time of data collection when estimating project impact.

Contamination is a concern. Control households reported some exposure to various services and information like that provided by the program, albeit at consistently lower levels than program arms; similarly, HES-only households reported exposure to such services and information, but at lower levels than that of full ISVP households. Contamination by various government programs/donations was also found in all groups. Qualitative informants did not point to any programs that were systematically distributed in one arm versus another and randomization should mean that the effects of government interventions would have been equally distributed throughout the arms. However, this contamination may have made the group outcomes more similar than they would have been otherwise. It also negatively affects our confidence in attributing the observed changes to the programs.

All three groups had the same basic package of nutrition services offered by various projects under a nationwide government push, so nutrition-related results must be interpreted in that light.

The study sample size was slightly smaller than planned, which may have limited our ability to detect potential differences between groups when they existed. The sample size was smaller because of the challenge of the wide variation of the size (number of participant households within village) across

villages and the need to confine fieldwork to a number of villages that was practical for interview purposes and given study resources. The household hunger and school progression from primary to secondary outcomes powered the sample size and so would be most vulnerable to sample size limitations.

The qualitative data were limited in scope and only intended to provide community-level context and general understanding of large shifts in programmatic approaches. Qualitative data from beneficiaries would have helped to elucidate some of the DID results.

Last, there was a change in the local research IP between initial data collection and end line. It is possible that there were systematic differences in how the two partners carried out the fieldwork but this possibility is unlikely because there were no major changes in survey administration (tablet) or content between data collection points, and there were only limited additional questions at end line. Also, even if there were differences, there is no reason to think they would have affected the study groups differently and harmed our ability to make comparisons between groups.

RECOMMENDATIONS

- In light of these findings, we make the following recommendations: To improve education outcomes, future programming should consider different approaches or increased exposure to current approaches under the education result area; schooling outcomes were the only category of outcomes unaffected by the program in the current study.
- To better affect change in youth job readiness and improved employment, future programming should consider different approaches or increased exposure to current approaches under this pillar; related outcomes in the current study were very low.
- Future ISLG programs should consider how to address program participant concern on starting amounts for ISLG group participation; this was the primary reported reason for program drop-out.
- To address gender-related findings, future programming should:
 - Consider how to better support households with female heads to decrease household hunger; in this study we found full ISVP worked better for households with male heads.
 - Consider different approaches or increased exposure to current approaches to encouraging more equitable gender norms among boys; this evaluation did not find change in this area.
- USAID should consider conducting a qualitative study with beneficiaries 6+ months after graduation, comparing full ISVP and HES-only households; longer term follow-up of beneficiaries would help to understand whether full ISVP households have better sustainability of outcomes, considering their greater savings and livestock ownership at end line; it would also help to clarify some of the results and capture more nuanced changes that the study was unable to capture. For example, education outcomes were unaffected in both arms. It may be that any impacts were just too small for our study to capture, but qualitative exploration could help to understand this.
- Considering the challenges this study encountered in the CEA, future complex OVC program CEA research should consider:
 - Using cost utility analysis to assess the benefits of OVC programs using standardized and comparable measures like disability-adjusted life years (DALYS) or quality-adjusted life years (QALYS) instead of natural units used in CEA; i.e., caregiver knowledge of HIV status (Husereau, D., et al.). Use of non-natural units will make comparison to other programs easier but will not necessarily solve the issue of outcome sensitivity in complex programs.
 - Combined outcome measures could also be considered when looking at the cost of complex, packaged service programs. Combined outcomes may better measure the wrap-around effects that were difficult to identify or link to the costs to in this study.
 - It could be prudent to consider similarly set up studies that have a narrower focus, randomizing beneficiary households to exposure to specific activities; for example, if one aims to increase HIV testing, consider assessing the impact of risk assessments and referrals during home visiting compared to index patient testing. Costs in this context would have to be collected in an entirely bottom-up manner, an endeavor that is both more time consuming and expensive than the approach used in this study.

CONCLUSIONS

Although study limitations likely dampened results for both program arms, this evaluation did find positive impact on key outcomes. HES-only services drove the change in the primary economic strengthening and health outcomes. Full ISVP services shifted the primary health outcome and the trend for the economic strengthening outcome was similar to that of HES-only services, but just barely missed statistical significance cutoff. The primary education outcome was not changed by either program. Both programs positively affected some secondary outcomes, including several child and youth HIV outcomes; each program also uniquely affected a few outcomes. The full ISVP program appeared to negatively impact several secondary outcomes, possibly because of the late initial data collection period (after program activities had begun). Those outcomes would likely have shown positive full ISVP program impact if initial data collection had been done before program start. Last, full ISVP households had greater savings at end line and the program positively impacted ownership of livestock.. Over time, these greater savings and productive assets may help full ISVP households to better ensure the sustainability of outcomes and achieve other outcome shifts; longer-term beneficiary follow-up would be helpful in determining the occurrence of these outcomes.

When we assessed the additive effects of the full ISVP program compared to the HES-only program, the impact was moderate, and the full ISVP program was only more cost-effective for achieving improvement in one outcome—youth reporting of HIV testing—and only if using IR3 costs alone. Because end line data collection took place before most households graduated from the programs, however, these results may not reflect the long-term cost-effectiveness of the program. Follow-up with beneficiaries would be helpful in answering this question.

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APPENDIX A. ADDITIONAL METHODS

Training and Fieldwork

Information on training and fieldwork for the initial data collection can be found in the initial data collection report.

End Line Training and Pretesting

Quantitative

Enumeration Team, Team Leaders, Training, and Pilot Surveys

Enumerators were selected from Incisive Africa's existing database of enumerators, which includes those who have at least college-level education and past enumerator experience. All had completed an Incisive Africa enumerators training before the current data collection training activity.

Incisive Africa and MEASURE Evaluation conducted the data collection training in Kigali for the entire data collection team from September 10–22, 2018. Topics covered included best practices in survey administration, ethical considerations in human subjects' research (including special precautions when collecting data on intimate partner and caregiver violence against youth), and extensive review of the survey instruments. However, because of UNC IRB approval delays, the training was suspended on September 22, 2018 to ensure that UNC-IRB clearance was secured. After clearance, refresher training began on October 20, 2018 and was completed on October 29, 2018. All except one of the originally trained enumerators resumed training. Trainers conducted extensive mock interviews to ensure that enumerators were well conversant with all of the data collection instruments and had practiced reading the questions to ensure a normal and natural conversation with respondents.

To ensure sufficient enumerator preparation and exposure, we organized pilot surveys on both semi-urban and rural settings, which exposed the team to field-like conditions. The IP provided two sectors (Ndera and Nduba) that were not part of the end line sample for use as the pilot sites during enumerator training. The pilot surveys took place on October 26 (Ndera sector) and October 29, 2018 (Nduba sector). During both training periods, we selected the strongest enumerators as team leaders.

We selected 13 team leaders for further training as team leaders or supervisors. Each led a team of five enumerators. All selected team leaders had extensive experience in field teams leadership and were knowledgeable about all of the data collection instruments. Team leaders participated in a day of additional training over the course of the September 2018 training and another day on October 30, 2018. This training prepared them to manage their teams, contact local leaders and introduce the study, locate respondent households, execute quality control procedures, maintain fieldwork discipline, upload data to the server, and allocate households to enumerators in a logical manner.

Tracing and Identifying Respondents

The team leader ensured that the data collection team arrived in the sample village early, introduced the end line survey team to the local leaders, and presented the end line survey authorization paperwork to enhance local leaders' confidence and cooperation. Once these tasks had been achieved, team leaders worked with the local leaders to get directions to the respondent households (because they did not have household GPS coordinates) and then sought out those households. On arrival at the households, enumerators would introduce themselves and then seek to authenticate whether they were at the correct household via the household register. Once authenticated, the enumerator sought consent from the head of household for the household survey and began the interview. They sought consent from each

respondent and retained a copy of each respondent's consent form. If respondents had moved within the cell, their location was researched with local leaders and enumerators attempted to reach them at their new location.

Quality Control Procedures

We invested a great deal of effort to ensure that enumerators followed all skips and logics in the survey during tablet data collection. All questions were programmed following the survey logic, and enumerators could not proceed before answering the applicable question. The tablets also had a script built in that counterchecked all responses on completion of the interview to determine whether there were questions that required further probing. Enumerators collected data on Cs-pro mobile, with all other functionalities disabled except Cs-pro; collected data were encrypted with BitLocker and then uploaded to the University of North Carolina (UNC) UNC secure servers at the earliest possible opportunity for further back-office checks, such as completeness, and flagged for return to field and re-interviewing if needed.

After deploying and helping enumerators locate their respondent households, team leaders then accompanied their enumerators on a rotating basis. This procedure ensured that the team leader witnessed at least one full household's interviews every day and could then offer the enumerator guidance, advice, and feedback on questionnaire administration. Team leads conducted 870 enumerator accompaniments. At the end of each field day, teams debriefed regarding the day's progress, issues encountered, and proposed solutions.

Qualitative

Training and Fieldwork

Six staff with at least college-level education and some past experience in moderating and conducting KIIs served as interviewers. Training took place in Kigali from December 6–9, 2018, covering both instruments, best practices in KIIs, and ethical issues in human subjects research. Pilot interviews were conducted in Remera sector, Gasabo district on December 10, 2018. Following this interviewing, the trainers assessed which trainees were most competent in interviewing skills and selected three of them as the interviewers. The remaining three acted as back-up moderators and note takers.

Fieldwork

We received a contact list of IPs' staff from GC and selected villages for the community leader interviews based on program status and location. We contacted the IP staff by telephone and scheduled interviews with them at their convenience in their offices or another private location convenient to them. Because they did not have local leader contacts for the community leader interviews, the team contacted the designated respondent once they were in the field to set an appropriate time for the interview. Only if the designated respondent failed to respect three appointments was he or she replaced with the second most informed respondent within the village, as per protocol.

The qualitative data collection began on December 11, 2018 in Kigali city. The teams worked from Monday to Saturday, and conducted interviews in Kinyarwanda. The data collection continued until January 26, 2019, and the teams audio-recorded all interviews. The average length was 26 minutes. As a quality control measure, the team debriefed after every interview and discussed challenges and approaches to improve data collection moving forward.

Table A.1. sets out the breakdown of key informants by sex and group (for community leader interviews).

Table A.1. Key informant interviews by sex

Status	Female	Male	Total
Control	6	6	12
Full ISVP	7	5	12
HES	5	7	12
Implementing partners	1	8	9
	19	26	45

Sampling Size Estimation and Design

Sample Size Estimation

Following Fleiss, Levin, & Paik (2003), we employed the following basic sample size estimator for comparison of proportions p_1 and p_2 across two populations (Populations 1 and 2):

$$n_1 = \frac{n'}{4} \cdot \left[1 + \left\{ 1 + \frac{2 \cdot (r + 1)}{n' \cdot r \cdot |p_1 - p_2|} \right\}^{1/2} \right]^2$$

$$n_2 = r \cdot n_1$$

$$n' = \frac{\left[z_{1-\alpha/2} \cdot \{(r + 1) \cdot \bar{p} \cdot \bar{q}\}^{1/2} + z_{1-\beta} \cdot (r \cdot p_1 \cdot q_1 + p_2 \cdot q_2)^{1/2} \right]^2}{r \cdot (p_1 - p_2)^2}$$

where

$$\bar{p} = \frac{(p_1 + r \cdot p_2)}{(r + 1)}$$

$$\bar{q} = 1 - \bar{p}$$

$$q_1 = 1 - p_1$$

$$q_2 = 1 - p_2$$

and

$$Z_{1-\alpha/2} \text{ and } Z_{1-\beta}$$

are critical values from the standard normal distribution. This essentially represents the conventional sample size estimator for determining sample sizes n_1 and n_2 (constrained³ so that $n_2 = r \cdot n_1$) sufficient to detect with power $1 - \beta$ and α significance and a difference between samples of $p_1 - p_2$ for some proportion-based indicator. The first of these equations reflects a “continuity correction.”

Other assumptions about key parameters driving this sample size estimate included an anticipated design effect (or two for Indicator one, and three for Indicator two), the number of 13- to 17-year-olds we expected to find per household (0.7), and the household nonresponse rate (0.965050733). Making such key parameter assumptions is somewhat challenging in a society like Rwanda, where fertility levels are in flux. We regard these sampling parameter assumptions as conservative, based on projections of observed values for them through the 2010 Rwanda DHS (e.g., the response rate was based on the lowest response rate experienced across the three DHS surveys from 2005 to 2010).

³ In other words, r defines the ratio of the two sample sizes: $r = n_2/n_1$.

Sampling Design

Sample selection of all units satisfied probability sampling. Below the sector, the administrative units were cells and then villages. We sampled directly from the full list of villages across the sectors assigned to each domain (i.e., villages served as primary sampling units within each domain). The selection of villages was complicated by the wide variation of the size measure (number of participant households within village) across villages. This variation required an iterative selection method for villages to obtain a sample that was of the target size and confined to a practical number of villages for interview purposes, and given study resources. We obtained the probability of selection for villages via simulation. We repeated this iterative selection method many times. The percentage of those replications that a given village was selected is a highly accurate approximation of its probability. Moreover, we used the simulation of the iterative village selection method to ensure that the requirements of probability sampling were met for villages (namely, that each village had a positive known probability of selection from this process). The village-level weight is then simply the inverse of this probability selection.

Selection of households proceeded along two tracks. First, per the original design, we selected all participant households in participant villages. However, on entry into the villages, we discovered some participants who were not on the participant list (the analog in control areas is that we discovered Ubedehe Level 1 and 2 households not on the list). To ensure probability sampling of participant (Ubedehe) households within selected villages, we selected a proportion of the unlisted households (as identified by village leaders) in each village via simple equal probability of selection method (EPSEM) sampling. We adjusted weights for nonresponse. Within-household variation in weights reflects the differential nonresponse of subpopulations within households and, in some cases, within household selection via EPSEM sampling from them. Within each selected household in all three groups, we interviewed the following: (1) all eligible caregivers, (2) the primary ISLG members in the program groups, and (3) a randomly selected 10- to 17-year-old.

For end line, we visited the same households again, but not necessarily the same individuals. We also followed caregivers and children who moved out of the original household but within the same sector.

Household Wealth Calculation

We determined household wealth by constructing a wealth index via a polychoric principal components analysis (Kolenikov & Angeles, 2004). We included both housing characteristics (i.e., access to electricity; source of drinking water; materials used to construct the walls, floors, and roof; type of toilet; number of rooms for sleeping; cooking fuel; type of household ownership) and possession of various durable goods (e.g., land, dressing table, mortar and pestle, bed, table, chair, radio, mobile phone, farming assets, and livestock) in the model. We recoded categorical variables relating to housing characteristics, such as source of drinking water and material of walls recoded to ordinal variables, with higher value categories representing households with a higher socioeconomic status based on the quality of the source or material. We analyzed these categorical variables, dichotomous ownership variables, and any continuous variables using the polychoric principal components analysis to produce a common factor score for each household, and then used the resulting factor score to determine wealth quintiles.

Study Procedures

The quantitative questionnaires and information collected were as follows:

The household questionnaire was designed to capture demographic and socioeconomic characteristics of the household, including the household roster, household consumption, savings and loans, housing

characteristics, and information on participation of household members in social or development programs.

The caregiver questionnaire was designed to record demographic characteristics of the caregiver, health status of caregiver, household decision making, and caregiver's use of services. Additional questions about the caregiver's children included health and well-being of children less than 10 years old, including education, recent illness, disabilities, early childhood development, psychosocial well-being, and food consumption. For female caregivers, the tool also covered experiences of IPV; we randomly selected one female caregiver per household to complete the IPV component at initial data collection; at end line, we selected only a subsample of sectors in which to apply the IPV component.

The youth questionnaire collected individual information on education, employment, chores, disabilities, psychosocial well-being, sexual and reproductive knowledge, attitudes toward gender, and use of health and social services. At end line, a subsample the tool also covered experience of violence by a caregiver or other adult in the community.

The ISLG questionnaire covered savings and loan group participation, and aspects of how the ISLG group functioned, such as loan repayment terms and standard contribution amounts.

The qualitative interview guides and information collected were as follows:

The program staff interview guide: Administered to ISVP program and subcontractor staff at the national and regional levels, this guide was designed to explore program and subcontractor perspectives on program implementation success and challenges, any changes in implementation approaches over time, and contextual information on other activities on the program areas that may have influenced study outcomes.

The community leader interview guide: Administered to community leaders familiar with health and economic development activities in their communities, this guide was designed to explore community leader perspectives on program implementation success and challenges, and contextual information on other activities in the program areas that may have influenced study outcomes.

Ethical Considerations

The study obtained written informed consent from all participants. Special population considerations were necessary. For adolescents, parental or caregiver consent was required in addition to the consent of the adolescent; for female caregivers and youth interviewed about caregiver or adult violence, special consent was required for administration of IPV questions. For the latter, the team followed the World Health Organization (2001) ethical and safety recommendations for research on IPV. Precautions included the following:

- Names of respondents were not disclosed and excluded from all data sets.
- Instruction was built into the survey module, requiring the interviewer to continue the interview only if privacy was confirmed. Interviewers who could not conduct the interview in a private place were instructed to skip the IPV module and explain in the tablet what happened.
- At the start of the IPV module, the interviewer read a statement to the respondent to inform her that the following set of questions were personal and would explore different facets of a woman's or adolescent's life. The statement also ensured that her answers were confidential and would not be shared beyond the study team. This statement was given in addition to the informed consent obtained at the start of the interview.
- Special training was provided for interviewers and supervisors to sensitize them to issues surrounding IPV and violence against children, and specific concerns regarding collection of data on violence.

- At the initial data collection time, we collected IPV data (not data on violence against youth). At that time, only one eligible female caregiver in each selected household was to be administered the IPV module questions. In households with more than one woman eligible for the caregiver survey, the interviewer would randomly select which woman would be administered the module, using the tablet. Interviewing only one woman per household for IPV questions minimized possible security breaches that could occur if other household members knew that a woman had shared IPV information.
- Questions regarding violence against youth were added at end line. At that time, we had to ensure that we interviewed no more than one person per household on violence. We also had to ensure that within a community, we did not ask both caregivers and youth even in different households about violence. To minimize the risk of retaliatory violence against youth, we did not want caregivers in a given community to know that youth in that community were being asked about caregiver violence. Thus, we asked IPV questions in half of the sectors and violence against youth questions in the other half.

Team members offered information on local organizations that provide services and referrals related to IPV to all IPV and violence against youth respondents who wanted help. We referred youth reporting experiences of violence to the government's community liaison responsible for child protection if the youth wanted such a referral.

Also, no information on HIV status was available to the study team; for example, the beneficiary list from ISVP did not have information about HIV status, and the surveys did not ask participants to report their HIV status.

Data Analysis

Quantitative Hypothesis Testing

We performed hypothesis testing on selected indicators in this report, accounting for the sampling weights. To examine differences in indicators between groups at one measurement time point (end line) for a cross-sectional sample of households or individuals, we used a two-sample t-test and Person's chi-squared test for continuous and dichotomous/categorical variables, respectively.

We also examined changes in key indicators between initial data collection and end line for a panel sample of households or individuals. The testing circumstance was unique in that we needed to compare indicator values over time for partially panel samples (i.e., some units appear in the samples for both time points, whereas others appear only once). Straightforward classical tests based on independent samples or wholly panel samples thus were inappropriate. We thus formed bootstrapped estimates for the standard error of the differences in indicators over time. Specifically, we performed cluster bootstrapping to capture our survey design appropriately.

We performed the tests against the null hypothesis of no difference between groups or measurement time points at the significance level of 0.05 unless otherwise indicated.

Quantitative Data Analysis

We conducted the analysis of initial and end line data using Stata, the statistical analysis package. We determined the impact of the ISVP interventions on selected health, education, and economic outcomes using the DID model. This model identifies the impact of a program as the difference between a sample of participants and a control of nonparticipants in the trends each experienced in an outcome, going from

initial data collection (in early program implementation) to end line (after program implementation). The basic assumption of DID analysis is that the program group would, in the absence of the program, have experienced a trend parallel to that of the control group. It is referred to as the “parallel trend assumption.”

If the parallel trend assumption is violated, the DID model may yield inaccurate inferences about program impact. As a solution, we controlled for differences in the trend experienced by the comparison group and what the program group would have experienced in the absence of the program, using a regression version of the DID model that controls for changes in time in observed factors (such as community shocks) that otherwise could cause deviation from the “no program” trend.

For our estimation of the average effect of treatment on the treated, we estimated the regression model:

$$Y_{ijt} = \beta_0 + \beta_1 \cdot P_j^F + \beta_2 \cdot P_j^H + \beta_3 \cdot t + \beta_4 \cdot P_j^F \cdot t + \beta_5 \cdot P_j^H \cdot t + \beta_6 \cdot X_{ijt} + \varepsilon_{ijt}$$

where

i indexes individual cases (household, caregiver, child, etc.)

j indexes their communities

$t = \begin{cases} 1 & \text{if the observation is drawn from the end line survey} \\ 0 & \text{if the observation is drawn from the baseline survey} \end{cases}$

$P_j^F = \begin{cases} 1 & \text{if cluster } j \text{ is in full ISVP} \\ 0 & \text{if cluster } j \text{ is not in full ISVP} \end{cases}$

$P_j^H = \begin{cases} 1 & \text{if cluster } j \text{ is in HES – only} \\ 0 & \text{if cluster } j \text{ is not in HES – only} \end{cases}$

and

X_{ijt} are time varying characteristics (e. g., individual, HH, and community characteristics, etc.) of individual case i in community j at time t.

The terms in this regression each control for fixed differences between those enrolled in full ISVP and HES-only ($\beta_1 \cdot P_j^F$ and $\beta_2 \cdot P_j^H$, respectively) and the rest of the study population (e.g., the full ISVP control $\beta_1 \cdot P_j^F$ captures fixed differences between the full ISVP population and the HES-only and control populations). $\beta_3 \cdot t$ represents the common time trend between the program and comparison groups. $\beta_4 \cdot P_j^F \cdot t$ captures program impact for full ISVP (it is the difference in the observed trend between program and comparison groups), and $\beta_5 \cdot P_j^H \cdot t$ captures the program impact for HES-only. Finally, $\beta_6 \cdot X_{ijt}$ controls for factors that might otherwise provide a source for a violation of the parallel trend assumption. In practice, we controlled for factors such as caregiver age and education; community shocks; household size; sex, age, and education of the head of household; caregiver marital status; and the like.

We also captured impact for subpopulations. To fix ideas, consider a characteristic z_{ijt} where z is a dummy variable that represents membership in some subgroup for which we wish to estimate impact. We then estimate the following model:

$$Y_{ijt} = \beta_0 + \beta_1 \cdot P_j^F + \beta_2 \cdot P_j^H + \beta_3 \cdot t + \beta_4 \cdot P_j^F \cdot t + \beta_5 \cdot P_j^H \cdot t + \beta_6 \cdot X_{ijt} + \beta_7 \cdot z_{ijt} + \beta_8 \cdot P_j^F \cdot t \cdot z_{ijt} + \beta_9 \cdot P_j^H \cdot t \cdot z_{ijt} + \varepsilon_{ijt}$$

Then, β_8 captures how the impact of full ISVP varies for the subpopulation captured by Z_{ijt} .

We estimated the impact evaluation models as a linear probability model. To address the heteroskedasticity problems inherent with the linear probability model, we estimated the standard errors by cluster-based bootstrapping.

Cost-Effectiveness Analysis Methods

Study Design

The study applied a cluster randomized controlled design and collected costs from the viewpoint of the IP. We assessed direct expenditures made by the project (financial costs) and costs from donated labor and space (economic costs). Because of the nature of OVC program implementation, we embedded both arms of the study in a single OVC project.

Data Collection and Monitoring

We established data collection procedures prospectively in March 2016 and adapted project timesheets to track staff time spent on four IR areas aligned with the project's workplan goals. We assessed comprehensive financial reports for all levels of project implementation, including the IP GC, four international partner organizations, and six Rwandan partner organizations. Major additions to financial reporting included the capture of donated labor, space, and capital, as well as the tracking of activity-specific spending in the field. We collected timesheets on a monthly basis and financial reports for annual periods for the prime and international IPs, and quarterly for Rwandan partners. We shared all data remotely with the research team, from initial data collection through December 2018.

Program Description

OVC programs are very complex. This intervention included a broad scope of programming in the cost estimates for both arms. For example, the full ISVP package included approximately 30 different activities that targeted caregivers, specific age brackets of beneficiaries (such as those under five or adolescents), or the entire household. Table A.2 lists the primary program activities grouped by IR area: (1) household-level interventions focused on education, parenting, health, and overall well-being; (2) household economic strengthening activities; (3) adolescent services for health, education, and economic stability; and (4) community protection and capacity building. In the full ISVP arm, families could receive services from all four result areas, depending on their assessed level of vulnerability and need. Those households in the administrative districts receiving HES-only services were engaged in activities listed under IR 2 two only. We then compared the intervention arms to a control group selected from administrative sectors not receiving the intervention.

Table A.2. Program activities, by immediate result area

IR 1 Household Interventions	IR 2 Household Economic Strengthening Interventions	IR 3 Adolescent Interventions	IR 4 Community Interventions
Goal: Increased capacity of families and communities to provide healthy, nurturing, and engaging environments for vulnerable children	Goal: Reduced family economic vulnerability	Goal: Increased knowledge, attitudes, skills, aspirations, and confidence of adolescents transitioning to adulthood	Goal: Increased capacity of communities to provide essential preventative and protective services to vulnerable families and children
Activities: Home visiting Positive parenting Early childhood development Family planning HIV testing and counseling WASH Growth monitoring Prevention of mother-child transmission Antenatal care Positive deviance health groups Umugoroba w'Ababyeyi parent meetings Related linkages/referrals	Activities: Conditional grants ISLGs Financial education Microenterprise development Farmer field schools Related linkages/referrals	Activities: SHRH HIV prevention Peer support groups Community sensitization GBV services Career planning Youth ISLGs and financial education Related linkages/referrals	Activities: Child protection services GBV one-stop centers CSO capacity building for linkages/referrals

Cost Estimation Methods

The cost estimation used step-down cost accounting methods combined with activity-based costing. We reviewed and consolidated highly detailed financial reports and invoices for each year or quarter of programming for each partner organization. We converted expenses in Rwandan francs to USD using the average rate of exchange for the study time period (\$853.92) and then identified and grouped costs into main cost centers for staff, travel, training, recurrent office, supply and equipment, direct program delivery, and overhead. We systematically extracted staff level of effort (LOE) estimates for both intervention arms from staff timesheet data and averaged them.

The total cost for the full ISVP arm of the intervention includes administrative expenses, staffing (including donated labor), and program implementation costs for delivering the entirety of these services. The cost of the HES-only intervention arm includes the administrative expenses, staffing (including donated labor), and program implementation cost for delivering the four targeted HES services. Both intervention arms include above-site and overhead costs (negotiated indirect rates). We excluded start-up costs and those incurred before the administration of the initial data collection assessment. We also reduced the total cost to reflect the proportion of programming going to households and administrative

wards included in the two intervention arms, excluding costs spent on households in other administrative wards served by the project.

Allocation Decisions

Because the two intervention arms were administered by the same project, we extracted the costs from the HES-only arm using a two-step allocation process. First, we used allocation factors for each of the 10 partners to determine the proportion of the total costs attributable to HES activities (0% to 81%). We used the second set of allocation factors to determine the total HES costs attributable to the full ISVP package (66%) and HES-only intervention arms (34%). deriving these costs from beneficiary data on those beneficiaries reached by the two arms. The two-step allocation found that 89 percent of total costs were attributable to the full ISVP package arm, with the remaining 11 percent attributable to the HES-only arm. Following this allocation, we excluded costs to be consistent with the proportion of project expenses used to reach those beneficiaries included in the impact evaluation component (27%), which was smaller than the reach of the ISVP project. We determined this allocation factor using the number of beneficiaries in the impact evaluation cohort (65,631), divided by the total number of beneficiaries reached by the project (246,301). Breaking out costs of the full ISVP arm by IR also used allocation factors derived from staff estimates of their time spent on each IR.

Effectiveness Measures

Cost-effectiveness helps us to understand the cost to achieve one incremental gain in OVC well-being. This analysis aimed to assess the gains for three primary outcomes:

1. Caregiver's knowledge of child's HIV status
2. Regular school attendance among enrolled 13- to 17-year-old secondary youth
3. Percentage of households with moderate or severe household hunger

We also assessed secondary outcomes and grouped the final set of primary and secondary outcomes into four categories for the purposes of the cost-effectiveness results:

- Health, measured by (1) increased caregivers' knowledge of their child's HIV status and (2) increased youth reporting ever having been tested for HIV
- Stability, measured by (3) decreased moderate or severe household hunger and (4) increased household consumption to food
- Schooling, measured by (5) increased adolescent school attendance
- Safety, measured by (6) reduced parent support for harsh punishment at home and in school

Cost-Effectiveness Measure

We used a cost-effectiveness ratio to bring together cost estimation and unit effectiveness data. A CEA ratio indicates the dollars spent per unit of change in the outcome—that is, “per dropout prevented” or “per percentage increase in knowledge.”⁴ The advantage of this measure is that it allows for comparison at the unit cost level. It is calculated using the following equation (Cellini & Kee, 2015):

$$\text{Cost-effectiveness ratio} = \frac{\text{unit cost}}{\text{units of effectiveness}}$$

⁴ Another method of studying cost-effectiveness is to calculate the incremental cost-effectiveness ratio (ICER), which represents the average incremental cost to achieve one additional unit of improvement in the outcome. ICER is a common measure of cost-effectiveness. Because the ICER was developed in the context of clinical, non-packaged interventions, such as averted cases of malaria, there is no consensus in the literature on how to interpret it for complex programs like OVC interventions. We chose CEA ratios for this project to examine costs per beneficiary, a measure more useful for programmatic decision-making purposes. Comparing the costs and impact using a ratio was appropriate because both intervention arms were embedded into the same program and were of roughly similar sizes.

APPENDIX B. SECTOR ASSIGNMENTS (CONFIDENTIAL)

Figure B.1. Map of study group assignments

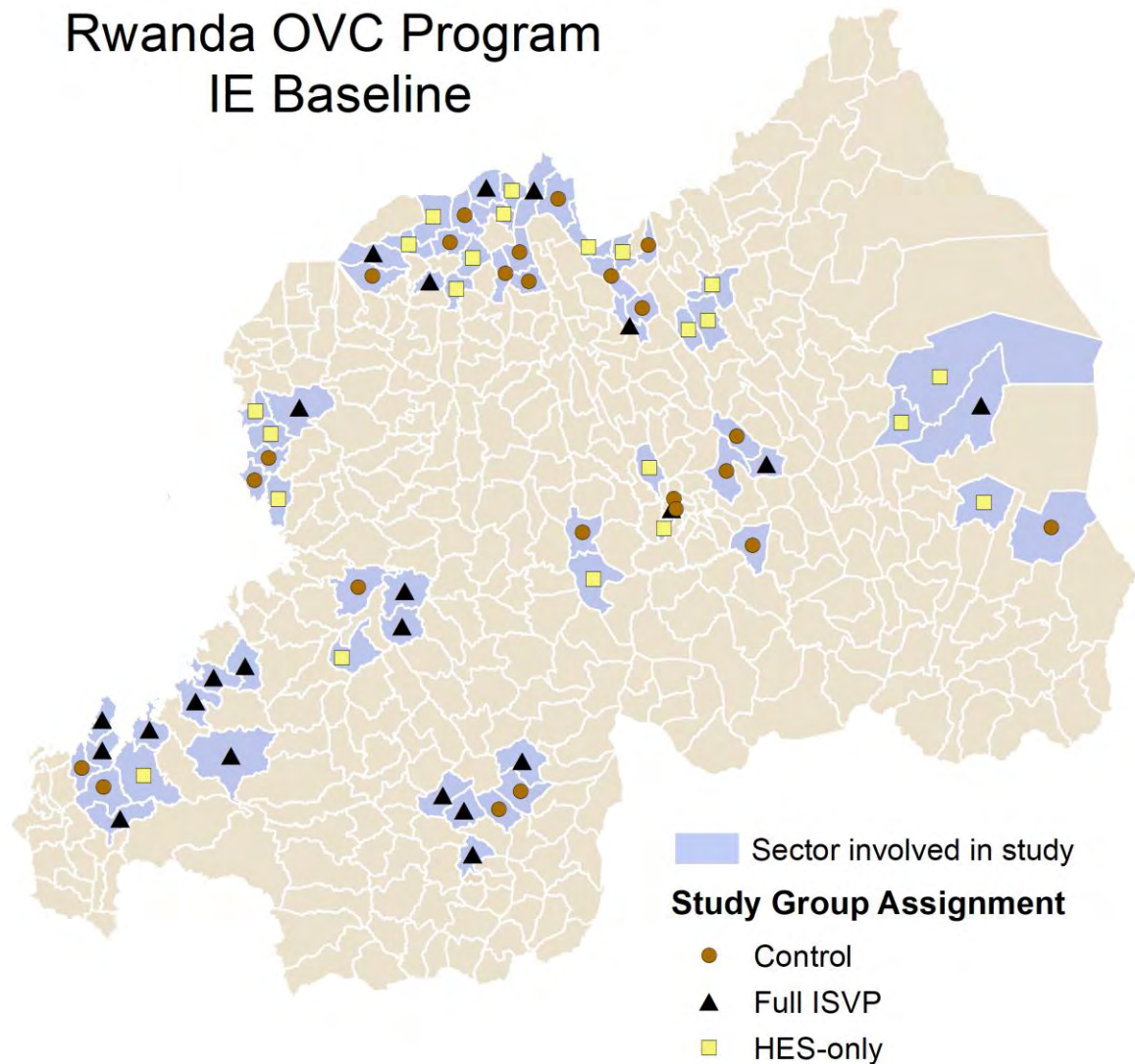


Table B.1. Study sectors and study group assignments

Province ID	Province	District ID	District	Sector ID	Sector	Study arm assignment
4	Northern Province	44	Burera	4403	Cyanika	Full ISVP
4	Northern Province	44	Burera	4410	Kinyababa	Full ISVP
1	Kigali City	12	Gasabo	1203	Gikomero	Full ISVP
4	Northern Province	45	Gicumbi	4509	Miyove	Full ISVP
2	Southern Province	24	Huye	2402	Huye	Full ISVP
2	Southern Province	24	Huye	2404	Kigoma	Full ISVP
2	Southern Province	24	Huye	2405	Kinazi	Full ISVP
2	Southern Province	24	Huye	2413	Simbi	Full ISVP
3	Western Province	31	Karongi	3106	Murambi	Full ISVP
3	Western Province	31	Karongi	3107	Murundi	Full ISVP
5	Eastern Province	54	Kayanza	5401	Gahini	Full ISVP
4	Northern Province	43	Musanze	4309	Muko	Full ISVP
4	Northern Province	43	Musanze	4315	Shingiro	Full ISVP
3	Western Province	37	Nyamasheke	3703	Cyato	Full ISVP
3	Western Province	37	Nyamasheke	3705	Kagano	Full ISVP
3	Western Province	37	Nyamasheke	3708	Karengera	Full ISVP
3	Western Province	37	Nyamasheke	3709	Kirimbi	Full ISVP
3	Western Province	37	Nyamasheke	3710	Macuba	Full ISVP
3	Western Province	37	Nyamasheke	3711	Mahembe	Full ISVP
3	Western Province	37	Nyamasheke	3712	Nyabitekeri	Full ISVP
3	Western Province	37	Nyamasheke	3715	Shangi	Full ISVP
1	Kigali City	11	Nyarugenge	1101	Gitega	Full ISVP
3	Western Province	32	Rutsiro	3211	Nyabirasi	Full ISVP
4	Northern Province	44	Burera	4401	Bungwe	HES-only
4	Northern Province	44	Burera	4408	Kagogo	HES-only
4	Northern Province	44	Burera	4413	Rugarama	HES-only
1	Kigali City	12	Gasabo	1206	Jali	HES-only
4	Northern Province	45	Gicumbi	4502	Bwisige	HES-only
4	Northern Province	45	Gicumbi	4506	Kageyo	HES-only
4	Northern Province	45	Gicumbi	4516	Rukomo	HES-only
2	Southern Province	28	Kamonyi	2808	Nyamiyaga	HES-only
3	Western Province	31	Karongi	3111	Ruganda	HES-only
5	Eastern Province	54	Kayanza	5406	Murundi	HES-only
5	Eastern Province	54	Kayanza	5410	Rukara	HES-only
5	Eastern Province	54	Kayanza	5412	Rwinkwavu	HES-only
4	Northern Province	43	Musanze	4303	Gacaca	HES-only
4	Northern Province	43	Musanze	4310	Musanze	HES-only
4	Northern Province	43	Musanze	4312	Nyange	HES-only
4	Northern Province	43	Musanze	4314	Rwaza	HES-only
3	Western Province	37	Nyamasheke	3701	Bushekeri	HES-only
1	Kigali City	11	Nyarugenge	1108	Nyamirambo	HES-only
3	Western Province	32	Rutsiro	3203	Kigeyo	HES-only
3	Western Province	32	Rutsiro	3204	Kivumu	HES-only
3	Western Province	32	Rutsiro	3208	Musasa	HES-only

Province ID	Province	District ID	District	Sector ID	Sector	Study arm assignment
4	Northern Province	44	Burera	4402	Butaro	Control
4	Northern Province	44	Burera	4405	Gahunga	Control
4	Northern Province	44	Burera	4406	Gatebe	Control
4	Northern Province	44	Burera	4407	Gitovu	Control
4	Northern Province	44	Burera	4414	Rugengabari	Control
1	Kigali City	12	Gasabo	1201	Bumbogo	Control
1	Kigali City	12	Gasabo	1215	Rutunga	Control
4	Northern Province	45	Gicumbi	4504	Cyumba	Control
4	Northern Province	45	Gicumbi	4514	Nyankenke	Control
2	Southern Province	24	Huye	2410	Ruhashya	Control
2	Southern Province	24	Huye	2411	Rusatira	Control
2	Southern Province	28	Kamonyi	2801	Gacurabwenge	Control
3	Western Province	31	Karongi	3110	Rugabano	Control
5	Eastern Province	54	Kayanza	5408	Ndego	Control
1	Kigali City	13	Kicukiro	1308	Masaka	Control
4	Northern Province	43	Musanze	4302	Cyuve	Control
4	Northern Province	43	Musanze	4304	Gashaki	Control
4	Northern Province	43	Musanze	4305	Gataraga	Control
3	Western Province	37	Nyamasheke	3702	Bushenge	Control
3	Western Province	37	Nyamasheke	3714	Ruharambuga	Control
1	Kigali City	11	Nyarugenge	1106	Muhima	Control
1	Kigali City	11	Nyarugenge	1109	Nyarugenge	Control
3	Western Province	32	Rutsiro	3201	Boneza	Control
3	Western Province	32	Rutsiro	3209	Mushonyi	Control
4	Northern Province	44	Burera	4411	Kivuye	HES-only

APPENDIX C. ADDITIONAL TABLES

Study Response Rates and Program Participation

Response Rates

Table C.1. Number of households, caregivers, ISLG members, and youth eligible for interview; number of interviews by completion status; and response rates, according to survey arm

Result	Full ISVP	HES-only	Control
Household questionnaire			
Initial data collection households expected for interview	1,428	1,309	1,216
Households that had split into more than one at end line	6	11	9
Total households expected for end line interview	1,434	1,320	1,225
Households successfully interviewed	1,374	1,270	1,169
Households located, not successfully interviewed ¹	30	16	11
Households not successfully located	30	34	45
Response rate	95.8	96.2	95.4
Caregiver questionnaire			
Number eligible	1,376	1,274	1,137
Successfully interviewed	1,352	1,256	1,129
Respondent not successfully interviewed ²	12	11	5
Respondent not at home	12	7	3
Response rate	98.3	98.6	99.3
ISLG questionnaire			
Number eligible	1,319	1,126	265
Successfully interviewed	1,302	1,104	262
Respondent not successfully interviewed ²	12	22	3
Respondent not at home	5	0	0
Response rate	98.7	98.0	98.9
Youth questionnaire			
Number eligible	1,105	977	844
Successfully interviewed	1,017	916	777
Respondent not successfully interviewed ²	14	10	11
Respondent not at home	74	51	56
Response rate	92.0	93.8	92.1

¹Households located but not successfully interviewed includes those that refused, were absent for a period of time, partially saved cases, or target respondent who was incapacitated.

²Respondents who refused, were incapacitated, partially saved cases.

Twiyubake Participation

Table C.2. Twiyubake participation at end line in program areas—Percentage of households in program areas still participating in the Twiyubake program, according to background characteristics, by program area, Rwanda 2018

Characteristic	Full ISVP	HES-only
Sex of household head		
Male	91.7	87.4
Female	89.6	82.6
Marital status of household head		
Married	93.0	91.1
Cohabiting (not married)	88.7	81.2
Never married	89.9	70.4
Divorced/separated	83.9	86.5
Widowed	89.9	81.3
Education level of household head		
None	90.6	81.8
Primary incomplete	87.9	85.2
Primary complete	94.5	94.2
Secondary incomplete	92.8	83.4
Secondary complete or higher	100.0	81.4
Don't know/refused	96.5	64.6
Initial data collection wealth quintile		
Lowest	86.1	77.3
2nd quintile	89.2	80.3
Middle quintile	93.2	89.1
4th quintile	94.0	88.6
Highest	91.2	95.2
Experienced any negative shock in past 12 months		
Yes	90.6	84.3
No	90.9	85.5
Total	90.7	84.9
Number of households	1,374	1,270

Table C.3. Among those households no longer participating in Twiyubake, reasons given for why household left the program, by program area

	Full ISVP %	HES-only %
Reason for leaving Twiyubake		
Officially graduated from Twiyubake	3.2	0.2
Could not afford expected contribution	46.1	43.6
Not receiving enough services/benefits from program	5.6	11.3
Participant from household moved/died/was too ill to attend	18.7	9.8
Group ceased meeting/operating	9.2	5.8
Problem with group leadership, other members, lack of transparency, disagreements	9.6	6.2
Group leadership misappropriated funds	0.4	4.6
Don't know what Twiyubake is	12.7	27.5
Other reason	4.2	3.7
Number of households that left the program	82	184
NOTE: Households could give more than one reason for why it was no longer participating.		

Table C.4. Among households no longer participating in Twiyubake, amount of time household participated in Twiyubake, by program area

	Full ISVP	HES-only
Amount of time in Twiyubake		
None	20.0	35.4
Less than a month	0.8	0.7
1–6 months	18.5	6.9
7–12 months	29.6	19.8
13–24 months	13.3	5.8
More than 24 months	7.7	11.3
Don't know	5.7	14.3
Refused	4.4	6.0
Total	100.0	100.0
Number of households that left the program	82	184

Gikukiro Participation

Table C.5. Reported participation in the Gikukiro program

	Full ISVP	HES- only	Control	Total
Anyone in household received money, goods, or consumption support from Gikukiro/Give Directly in past 12 months				
Yes	0.2	3.0	4.2	3.3
No	99.5	95.6	95.3	96.1
Don't know	0.3	1.4	0.5	0.7
N	1,374	1,270	1,169	3,813

Table C.6. Percentage of households that had household member who received or accessed various items and services in past six months

	Full ISVP		HES-Only		Control	
	Initial	End line	Initial	End line	Initial	End line
Service						
HIV test	73.3	71.6	49.0	65.6	42.5	54.5
Farmer field school	36.4	39.0	14.0	24.7	9.2	18.3
Free small livestock	8.5	10.1	8.5	14.2	5.5	8.3
Free seed	12.4	20.9	9.2	16.4	3.7	11.2
Nutritional advice in caring for children	28.1	46.2	24.9	36.0	15.2	31.3
Free food	7.5	14.6	6.7	16.0	9.7	10.7
Information on how to prevent HIV and other STIs	75.2	77.5	50.9	67.9	41.6	60.1
Training on ECD	42.2	67.6	31.8	54.4	22.7	54.5
Livelihood training/income generation	43.8	65.6	31.4	48.6	11.5	44.7
Community savings/lending group	84.6	85.4	67.2	68.7	17.6	45.3
Life skills training	54.6	69.2	36.4	50.3	17.6	44.3
Vocational training scholarships	9.5	16.5	5.6	13.9	1.6	8.6
Workforce readiness training	23.7	40.7	17.2	30.3	4.2	20.6
Psychosocial support from a home visitor or social worker	11.2	21.7	6.8	20.1	2.6	11.8
Free school supplies or school uniform	80.2	35.6	9.3	13.2	5.8	11.0
Birth registration support	11.6	18.9	8.2	21.3	4.9	10.3
Mosquito nets	89.8	42.8	81.9	59.5	73.9	55.1
Information on child protection	43.4	55.5	25.5	44.6	18.8	34.5
Nutrition messaging for pregnant or lactating women	40.6	59.4	27.7	45.8	21.6	46.2
One Stop (GBV center)	27.1	26.9	17.8	20.0	6.3	14.2
Information on SHRH	44.2	58.0	25.1	47.8	14.0	41.2
Information on positive masculinity and gender equity	42.4	62.4	29.6	51.9	15.6	50.0
Umugoroba w'ababyeyi (parental evenings)	69.9	88.0	65.3	78.3	43.8	74.4
HIV treatment and care	41.3	60.9	32.5	50.4	16.4	39.6
Advice on childhood immunization	41.6	64.6	32.7	56.4	23.1	48.2
Positive parenting	41.5	58.6	31.1	47.6	15.9	36.4
Growth monitoring for children	49.0	69.4	38.4	64.6	26.0	55.9
Number	1,428	1,374	1,309	1,270	1,216	1,169

Table C.7. Households receiving government or public economic supports

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Received economic support from government or public source						
Yes	90.2	73.8	80.0	65.3	82.0	64.0
No	9.8	26.2	20.0	34.7	18.0	36.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	1,428	1,374	1,309	1,270	1,216	1,169
Among households that received a support, source of support ¹						
Social Security/Caisse Sociale du Rwanda	0.0	0.5	0.0	0.6	0.0	0.4
VUP Direct Support program	10.3	12.7	9.9	20.1	11.3	11.0
Old Age Grant	3.3	6.6	1.3	1.2	1.8	3.0
Disability pension	0.0	0.4	0.0	0.0	0.1	0.5
Survivors pension	0.2	2.0	1.0	0.7	1.1	2.0
Genocide Survivors Support and Assistance Fund (FARG)	2.3	2.7	0.5	1.5	1.6	2.7
Local government education support	1.6	8.4	2.9	5.4	3.5	4.8
Educational scholarships	1.1	1.4	0.5	1.4	0.6	1.6
Food relief	0.4	0.7	0.9	2.6	5.8	4.3
Allowance for dismissal or termination of employment	0.0	0.0	0.0	0.0	0.1	0.1
Government donations	90.2	28.7	82.2	46.3	82.7	40.9
Ubedehe credit scheme loan	1.8	1.8	1.0	1.5	5.6	4.7
Rural Sector Support Project	0.3	0.1	0.3	0.5	0.8	0.1
Community-based health insurance	58.7	76.4	48.4	64.9	45.3	62.0
Fertilizer subsidies and seeds	3.8	10.1	2.6	10.1	1.6	5.2
One cow per family	5.0	11.4	6.8	17.1	8.4	14.1
Other	3.5	2.7	4.3	4.7	5.7	5.9
Number of households	1,272	960	1,054	832	1,011	767

¹Households could report more than one source of economic support.

Table C.8. Households receiving gifts from organizations other than Twiyubake

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Received a gift from an outside organization						
Yes	7.6	3.6	6.5	4.6	4.9	3.3
No	92.3	96.4	93.0	95.3	94.9	96.6
Don't know	0.1	0.0	0.6	0.1	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	1,428	1,374	1,309	1,270	1,216	1,169
Among households that received a gift, type of gift received ¹						
Cash gift	19.8	29.9	24.2	(14.4)	15.6	(45.8)
Food or other consumable	31.7	17.4	21.0	(26.8)	39.4	(13.8)
School uniform/bursary	13.9	19.5	7.7	(32.8)	35.0	(8.1)
Farming assets, tools, animals, and/or other inputs	25.1	9.0	30.8	(2.9)	25.9	(16.8)
Other	32.8	36.3	20.4	(28.6)	30.2	(21.5)
Number of households	111	52	81	(49)	65	(45)

¹Households could report more than one type of gift.

Parentheses indicate N=-25-49.

Population Characteristics

Household

Table C.9. Household population characteristics, per household survey

	Full ISVP						HES-only						Control						Total			
	Initial			End line			Initial			End line			Initial			End line			Initial		End line	
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	M	F
Age, years, %																						
<1	1.9	1.8	1.9*	2.1	1.7	1.9	2	1.1	1.6*	1.7	1.7	1.7	2.9	2.4	2.6	2.4	1.7	2	2.6	2.1	2.2	1.7
1–4	9.1	8	8.5*	8.9	7.7	8.2	9.6	8.8	9.2	8.5	7.5	7.9	11.2	10	10.5	11.2	10.2	10.7	10.6	9.4	10.4	9.4
5–9	17.7	16.1	16.8	16.6	14.4	15.4	18.9	13.9	16.3	18.4	13	15.5	17.4	14.2	15.7	16.2	13.4	14.7	17.7	14.5	16.5	13.6
10–14	21	16.9	18.7	21.3	17.2	19	18.9	16.1	17.4	17.9	16.3	17.1	17	14.9	15.9	17.6	15.3	16.4	18	15.4	18.4	15.8
15–17	10.6	7.5	8.9	10	8.3	9.1	11	8.7	9.8	11.1	8.8	9.9	9.1	7.7	8.3	9.6	7.6	8.5	9.6	7.8	9.8	7.9
18–24	13.8	12.2	12.9	15.6	12.7	14	14.2	11.7	12.9	15.9	12.4	14	11.2	11.9	11.6	12.7	11.6	12.1	12	12	13.6	11.9
25–49	15.5	25	20.8	14.2	24.5	20	16.6	26.6	21.9	17.4	26.3	22.2	21.7	27.9	25	20.6	28	24.5	19.9	27.1	19	27.1
50–64	7.4	8.7	8.1	7.4	9.1	8.4	6.1	9.7	8	5.9	10.5	8.4	6.5	8.2	7.4	6.8	8.8	7.8	6.6	8.5	6.8	9.1
65+	2.9	3.6	3.3	3.7	4.2	4	2.4	2.9	2.7	2.8	3.1	3	2.8	2.8	2.8	2.9	3.3	3.1	2.8	3	3	3.5
Don't know	0.2	0.1	0.2	0.2	0.1	0.2	0.2	0.4	0.3	0.4	0.3	0.4	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0	0.1
n	3,534	4,332	7,866	3,365	4,162	7,527	3,181	3,644	6,825	3,003	3,489	6,492	2,914	3,315	6,229	2,757	3,161	5,918	9,629	11,291	9,125	10,812

F: female; M: male; T: total.

*Versus control (p<0.05).

+Versus HES-only (p<0.05).

Table C.10. Household characteristics, per household survey

	Full ISVP		HES-only		Control		Total	
Characteristics	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Household headship, %								
Male	55.2	53.3	52.7	48.6	67.6	63.2	63.6	59.6
Female	44.8***	46.7	47.3***	51.4	32.4	36.8	36.4	40.4
Household size								
2	3.1	2.1	5.0	4.1	5.8	3.9	5.2	3.6
3	10.7	8.2	12.9	9.3	16.7	12.4	15.1	11.2
4	18.4	16.0	20.0	17.8	21.8	19.5	21.0	18.6
5	22.3	19.7	19.4	18.4	20.1	19.9	20.5	19.7
6	18.7	20.3	20.6	21.2	15.8	18.6	16.9	19.2
7	13.0	13.6	12.8	15.7	8.9	10.6	10.1	11.8
8+	13.9	20.1	9.4	13.5	10.8	15.2	11.2	15.9
Mean household size	5.5***++	5.9	5.2	5.6	5.0	5.5	5.1	5.6
Percentage of households with orphans under the age of 18								
Double orphans	4.6	2.9	2.8	1.8	1.2	1.3	2.0	1.6
Single orphans	24.9	26.1	23.6	25.1	17.1	15.5	19.3	18.6
Any orphan	28.7	28.7	26.3	26.4	18.1	16.8	21.0	20.1
n	1,428	1,371	1,309	1,260	1,216	1,160	3,953	3,791

*** Indicates p<0.001 when compared to control.

++ Indicates p<0.01 when compared to HES only.

Table C.11. Distribution of households, by wealth quintile

	Full ISVP	HES-only	Control
Wealth quintile, %			
Lowest	18.6	26.9	19.3
Second	23.2	20.4	19.0
Middle	20.7	22.3	19.5
Fourth	18.0	16.4	21.1
Highest	19.6	14.0	21.1
n	1,374	1,270	1,169

End line only. Initial and end line wealth quintiles are not comparable.

Table C.12. Household characteristics: utilities, communication, location

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	End line	End line
Access to electricity, %						
Yes	9.0	17.1	7.1	13.0	10.7	10.6
No	91.0	82.9	92.9	87.0	89.3	89.4
Owns mobile phone, %						
Yes	43.9	53.8	40.3*	46.7	49.6	54.3
No	56.1	45.7	59.6	53.1	50.2	45.5
Missing	0.0	0.5	0.0	0.2	0.1	0.2
Residence location, %						
Urban	0.4**	0.1	4.9	4.9	6.5	5.2
Rural	99.6	99.9	95.1	95.1	93.5	94.8
n	1,428	1,374	1,309	1,270	1,216	1,169

*Versus control, $p < 0.05$.

+Versus HES-only, $p < 0.05$.

Table C.13. Household characteristics: type of toilet/latrine facilities

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Improved, not shared facility, %						
Flush/pour flush to piped sewer system	0.3	0.1	0.1	0.0	0.1	0.2
Flush/pour flush to septic tank	0.0	0.4	0.2	1.2	0.1	0.4
Flush/pour flush to pit latrine	2.4	1.4	1.4	2.7	2.4	4.9
Ventilated improved pit latrine	0.6	4.4	0.8	0.8	0.1	1.3
Pit latrine with slab	11.5	25.0	8.4	16.5	7.2	13.1
Composting toilet	2.2	3.3	1.7	2.1	3.4	0.5
Shared facility, ¹ %						
Flush/pour flush to piped sewer system	0.0	0.0	0.0	0.0	0.0	0.0
Flush/pour flush to septic tank	0.0	0.0	0.1	0.0	0.1	0.0
Flush/pour flush to pit latrine	0.3	0.0	0.2	0.3	0.8	0.1
Ventilated improved pit latrine	0.0	0.2	0.0	0.0	0.0	0.1
Pit latrine with slab	0.6	1.5	1.3	1.7	1.0	0.8
Composting toilet	0.1	0.3	0.3	0.1	0.2	0.0
Nonimproved facility, %						
Flush/pour flush not to sewer/septic tank/pit latrine	1.1	0.3	1.0	0.2	0.1	0.1
Pit latrine without slab/open pit	74.1	61.3	72.9	70.2	76.8	75.3
Bucket	0.0	0.0	0.0	0.0	0.0	0.0
Hanging toilet/hanging latrine	0.0	0.4	0.0	0.3	0.0	0.0
No facility/bush/field	5.2	0.7	9.8	2.6	7.2	3.2
Other	1.6	0.5	1.7	1.1	0.6	0.2
Missing	0.0	0.0	0.0	0.1	0.0	0.0
Any improved, not shared facility, %	17.0**+	34.6	12.6	23.3	13.3	20.3
n	1,428	1,374	1,309	1,270	1,216	1,169

¹Facilities that would be considered improved if they were not shared by two or more households.

**Versus control, p<0.01.

+Versus HES-only, p<0.05.

Table C.14. Household characteristics: source of drinking water

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Improved source, %						
Piped water into dwelling, yard, or plot	2.1	0.9	0.3	2.5	1.4	2.0
Public tap/standpipe	34.7	45.7	28.0	40.9	34.0	41.4
Tube well/borehole	0.1	0.1	0.1	3.0	0.1	1.0
Protected dug well	6.7	9.3	9.7	4.8	8.2	4.1
Protected spring	35.2	21.4	28.9	20.7	29.4	23.0
Rainwater	0.3	0.2	0.0	0.4	0.1	0.2
Bottled water	0.0	--	0.0	--	0.1	--
Nonimproved source, %						
Unprotected dug well	1.3	3.3	5.8	3.1	4.0	5.2
Unprotected spring	12.6	10.0	16.5	14.8	12.2	12.2
Tanker truck/cart with drum	0.0	1.0	0.0	0.1	0.1	0.5
Surface water	6.2	6.9	9.6	7.7	10.3	7.8
Other source	0.7	1.3	1.1	1.9	0.1	2.7
Any improved source	79.1++	77.5	67.0	72.2	73.3	71.6
N	1,428	1,374	1,309	1,268	1,216	1,169

++ Indicates p<0.01 as compared to HES-only.

Table C.15. Soap/water presence in handwashing facility, per household

	Full ISVP	HES-only	Control	Total
Handwashing facility observed, %				
Yes	41.9	48.2	56.4	52.7
No	58.1	51.8	43.6	47.3
N	1,374	1,270	1,169	3,813
Water present at handwashing facility, %				
Yes	17.4	12.8	12.2	13.1
No	82.6	87.2	87.8	87.0
N	559	634	622	1,815
Soap, cleansing agent observed at handwashing facility, %				
Soap or detergent	9.6	15.5	10.8	11.1
Ash, mud, sand	6.8	4.2	11.6	10.1
None	83.7	80.3	77.6	78.8
N	559	634	622	1,815
Water and soap/detergent available in handwashing facility, %				
Yes	8.2	5.2	5.8	6.1
No	91.8	94.8	94.2	93.9
N	559	634	622	1,815

End line data only.

Table C.16. Connectivity and airtime totals, per household

	Full ISVP	HES-only	Control	Total
Connectivity and airtime totals, %				
Connectivity	6.8	7.6	6.2	6.5
Airtime (cell phone) cards/ Me 2 you	46.3	43.7	49.2	48.0
Other phone, Internet expenses	1.0	1.8	1.8	1.5
Have any phone/Internet services	48.5	49.1	49.6	49.1
N	1,374	1,270	1,169	3,813

Table C.17. Mean time to reach selected health services, per household report

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Mean travel time from households, min						
Child health services	60.7	60.4	62	64.5	61.1	59.2
HIV testing services	62.7	62.7	62.9	64.8	61.3	58.6
Child growth monitoring services	58.5	59.4	57.7	64.5	57.4	56.2
N	1,444	1,352	1,256	1,327	1,129	1,213

No statistically significant differences between groups.

Table C.18. Children's caregiver arrangements and orphanhood

	Biological mother is primary caregiver, %						Biological father is primary caregiver, %						Neither biological parent is primary caregiver, %										Caregiver other than biological parent, %		One or both parents dead, %		N	
	Initial			End line			Initial			End line			Initial					End line										
	Father alive	Father dead	Unknown status	Father alive	Father dead	Unknown status	Mother alive	Mother dead	Unknown status	Mother alive	Mother dead	Unknown status	Both alive	Only father alive	Only mother alive	Both dead	Unknown status	Both alive	Only father alive	Only mother alive	Both dead	Unknown status	Initial	End line	Initial	End line	Initial	End line
Age, years, %																												
<2	88.2	1.8	0.6	83.2	1.1	0	0.3	0	0	0.8	0	-	7.6	0	0.2	0	1.3	11.2	0.8	0.3	-	2.5	9.1	14.8	2	2.2	862	685
2–4	80.2	3.4	1	77.1	3.5	1	1.9	1	0	2.2	0.2	-	8.3	0.6	0.2	0.1	3.2	10.2	0.6	0.6	0.3	4.3	12.5	16	5.4	5.3	1,480	1,465
5–9	74	6.6	1.3	74.3	6.3	1.2	3.4	0.6	0	2.3	0.6	-	9.1	0.6	1.5	0.5	2.3	9.9	0.6	1.4	0.2	3.1	14	15.2	10.1	9.5	3,414	3,090
10–14	68.5	11.5	1.5	70	11.1	1.2	4.2	0.6	0	2.2	0.9	-	7	2	1.8	1.4	1.5	7.4	2.1	1.6	1.1	2.4	13.7	14.7	17.6	17	3,686	3,718
15–17	63.8	17.4	1.2	69	14.7	1.1	2.9	0.9	0	3.5	1.1	-	5.4	1.3	3.2	2.5	1.3	4.4	1.5	1.6	0.9	2.2	13.8	10.6	25.7	20.4	1,892	1,877
Sex, %																												
Male	72	9.6	1.3	72.5	9.3	1.2	3.6	0.6	0	2.7	0.5	-	7.5	1	1.4	1.1	1.9	7.6	1.4	1.3	0.6	2.8	12.9	13.8	13.8	13.4	5,618	5,363
Female	73.6	8.4	1.2	73.7	7.6	1	2.6	0.8	0	2	0.8	-	7.8	1.2	1.8	0.9	1.9	8.9	1.1	1.4	0.7	2.9	13.6	14.9	13.3	11.8	5,728	5,470
Study group, %																												
Full ISVP	65.9	10.8	1.7	65	10.5	1.2	2.6	0.8	0	2.5	0.6	-	9	1.5	1.2	2.2	4.2	10.7	1.7	1.5	1.2	4.9	18.2	20.1	17.3	16.4	4,299	4,033
HES-only	66.8	13.5	2.4	66.7	12.6	2.1	2.3	1	0	2.6	0.5	-	8.7	0.7	1.2	1.4	2	9.9	0.6	1.4	0.6	2.9	13.9	15.4	17.9	16	3,711	3,442
Control	75.9	7.7	0.9	76.6	7.1	0.9	3.4	0.6	0	2.3	0.7	-	7	1.1	1.8	0.6	1.2	7.3	1.2	1.2	0.4	2.2	11.6	12.5	11.7	10.8	3,336	3,121
Province, %																												
City of Kigali	76.8	7.3	0.7	72.2	5.7	1.1	1.1	0	0	4.6	0.9	-	7.5	2	2.4	0.1	2.2	8.9	1.1	1.9	0.6	3	14.2	15.5	12.2	10.4	1,557	1,420
Southern	63.2	10.7	1	64.4	10.8	1.7	9.1	1.6	0	3.1	1.2	-	8.7	1.3	2.2	1	1.2	9.2	2.6	2	1	4	14.4	18.8	16.9	17.9	1,271	1,163
Western	67.6	10.2	1.9	69.9	9.2	1	1.8	0.7	0	1.4	0.4	-	9.7	1.2	1.5	2	3.3	10.3	1.6	1.4	0.9	3.9	17.7	18.2	16	14	4,395	4,107
Northern	81.5	7.3	0.9	79.4	7.7	1	1.7	0.3	0	2.2	0.5	-	5.3	0.8	1	0.4	0.8	5.9	0.7	0.6	0.3	1.6	8.3	9.2	9.9	10	3,563	3,405
Eastern	64.4	11.1	0.7	69.4	7.8	0.9	8.2	1.6	0	4.5	1.7	-	8.3	0.5	2.9	0.5	1.9	9.3	0.4	3.3	0.1	2.6	14.1	16.1	16.6	13.3	560	501

Table C.19. Occupation of household head¹

	Study group						Sex				Total	
	Full ISVP		HES-only		Control		Male		Female			
	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Occupation, %												
Professional/ technical/ managerial	0.1	0.1	0.3	0.5	0.5	0.5	0.7	0.4	0	0.5	0.4	0.3
Sales and service	1.3	1.5	0.8	1.7	2	2.6	2.2	3	0.8	0.7	1.7	1.9
Agricultural, forestry, fishery	75.4	76.3	80.9	72.9	73.4	71.6	70.2	67.5	82.2	81.4	74.6	73.7
Craft and related trade workers	3.3	3.5	3.7	4.9	6	4.3	7.8	6.2	0.8	0.2	5.3	4.2
Stationary plant and machine operators ²	0.4	0.3	0.2	0.4	0.5	0.3	0.7	0.8	0	0	0.4	0.3
Elementary ³	3.1	4.8	3.8	6.5	6.9	6.9	6.7	8.7	4.5	3.6	5.9	6
Unemployed	5.9	8	2.1	7.6	3.1	8.2	3.1	8.5	4.3	7.1	3.5	8
Housewife/ student/ retired	2.7	1.5	2.2	2.8	2.2	1.8	1.8	0.8	3	2.5	2.3	2
Disabled	7.2	3.6	5.1	2.4	4.4	3.6	5.5	3.7	4.3	3.9	5	3.2
N	1,428	1,374	1,309	1,270	1,216	1,169	2,397	2,179	1,556	1,634	3,953	3,813

No statistically significant differences between groups.

¹Occupational coding followed the major categories detailed in NISR's Customized International Standard Classification for Occupation (ISCO-08), Rwanda Classification Manual, 2012 edition.

²Stationary plant and machine operators include mill workers and commercial drivers of motor vehicles.

³Elementary occupations include cleaners, domestics, petty traders, miners, bicycle transport workers, loaders, and food preparers.

Table C.20. Working status of household head

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Working status, %						
Paid occupation	73.2	58.9	76.5	56.9	73.8	52.1
Unpaid occupation	10.5	24.5	12.9	30.6	15.5	35.0
No occupation	15.8***	16.1	9.5	12.2	9.7	12.5
Missing	0.5	0.4	1.1	0.3	1.0	0.4
N	1,428	1,374	1,309	1,270	1,216	1,169

***Versus control, p<0.01.

++Versus HES-only, p<0.01.

Child Health

Table C.21. Percentage of children whose caregiver reported child has birth certificate

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	10.8	26.4	8.6	44.3	5.5	43.8
Female	9.3	27.0	12.7	44.2	6.9	44.3
Age group of child, %						
<5 years	13.7	28.8	13.4	44.4	7.2	49.5
5–9 years	10.5	26.1	8.1	43.3	7.0	42.8
10–14 years	8.6	26.3	12.0	43.7	5.0	42.0
15–17 years	8.1	26.5	8.9	46.7	5.3	42.1
Total	10.1	26.7	10.5	44.3	6.2	44.1
Number of children	4,210	3,978	3,640	3,415	3,251	3,089

Table C.22. Percentage of children who have birth certificate observed by interviewer

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	1.0	10.7	1.0	22.1	0.1	21.1
Female	1.2	10.4	1.8	19.7	0.1	20.6
Age group of child, %						
<5 years	3.0	13.8	3.2	27.2	0.1	28.9
5–9 years	1.2	10.8	1.2	21.8	0.0	20.5
10–14 years	0.5	9.5	1.2	19.4	0.1	17.8
15–17 years	0.0	8.7	0.1	16.2	0.2	15.7
Total	1.1	10.6	1.4	20.9	0.1	20.9
Number of children	4,210	3,978	3,640	3,415	3,251	3,089

Caregiver

Table C.23. Sex of caregivers

	Full ISVP		HES-only		Control		Total	
	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Sex, %								
Male	4.6	4.6	3.6	4.8	5.1	4.4	4.8	4.5
Female	95.4	95.4	96.4	95.2	94.9	95.1	95.2	95.5
N	1,444	1,352	1,327	1,256	1,213	1,129	3,984	3,737

No statistically significant differences.

Table C.24. Caregiver characteristics: age and marital status

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Age, years, %																		
16–24	4.6	4.1	4.1*	7.6	2.9	3.1	0.0	4.6	4.4	9.6	2.5	2.9	1.0	6.4	6.1	3.1	3.7	3.5
25–34	17.9	20.9	20.7	4.2	16.5	15.9	20.3	20.9	20.9	10.6	16.5	16.2	13.6	27.4	26.7	18.2	25.1	24.8
35–44	19.4	29.0	28.5	26.3	29.4	29.2	34.1	30.6	30.8	12.8	31.7	30.8	29.0	30.4	30.3	20.5	32.5	31.9
45–54	17.6	25.6	25.3	16.2	27.3	26.8	32.9	24.3	24.6	39.9	28.3	28.8	20.3	19.1	19.1	22.8	19.6	19.8
55–64	29.7	13.3	14.0	26.5	16.1	16.6	8.1	13.6	13.4	12.7	14.8	14.7	12.5	11.4	11.4	16.6	12.7	12.9
65+	10.8	7.1	7.3	19.2	7.3	7.9	3.7	6.0	5.9	8.6	5.7	5.9	21.2	5.2	6.0	16.6	6.0	6.4
Mean age	47.8	44.3	44.4	49.7	44.8	45.0	44.3	43.7	43.7	46.6	44.9	44.9	49.4	41.2	41.6	49.5	43.2	43.5
Median age	50.0	43.0	43.0	51.0	43.0	43.0	41.0	43.0	43.0	46.5	43.0	44.0	47.0	39.0	39.0	49.0	42.0	42.0
Marital status, %																		
Married	27.3	39.5	38.9*	53.0	42.4	42.9	24.5	39.1	38.6*	51.8	40.0	40.6	28.5	47.1	46.1	44.7	51.5	51.2
Cohabiting	26.7	12.2	12.9*	6.2	12.9	12.6	21.0	11.0	11.3**	7.2	11.8	11.6	16.1	17.7	17.6	4.6	15.8	15.3
Divorced/ Separated	14.8	8.9	9.1	13.1	6.3	6.7	15.9	12.2	12.4	3.1	9.6	9.3	19.4	7.6	8.2	16.7	6.9	7.3
Widowed	18.8	27.0	26.6	16.4	26.5	26.0	22.5	26.0	25.8	21.5	28.2	27.9	27.4	19.2	19.6	29.7	18.8	19.3
Never married	12.4	12.4	12.4	11.3	11.9	11.8	16.1	11.7	11.8	16.4	10.3	10.6	8.6	8.4	8.4	4.3	7.0	6.9
N	53	1,391	1,444	65	1,287	1,352	54	1,273	1,327	55	1,201	1,256	63	1,150	1,213	61	1,068	1,129

*Versus control, p<0.05.

**Versus control, p<0.01.

Table C.25. Caregiver characteristics: attended school and highest level of education completed

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Attended school, %																		
Yes	62.8	63.6	63.6	69.2	59.9	60.3	59.5	60.7	60.6	73.8	61.5	62.1	61.5	65.4	65.2	75.8	67.7	68.0
No	37.2	36.4	36.4	30.8	40.1	39.6	40.5	39.3	39.3	26.2	38.4	37.9	38.5	34.6	34.8	24.2	32.4	32.0
Highest education level completed, %																		
None/Preprimary	37.2	37.2	37.2	30.8	40.9	40.4	40.5	40.0	40.0	26.2	39.2	38.6	40.0	35.1	35.4	29.2	34.3	34.1
Primary	57.3	58.2	58.2	63.5	55.0	55.4	47.6	56.5	56.2	69.5	56.7	57.3	56.2	57.9	57.9	52.2	59.7	59.4
Secondary	5.5	3.5	3.6	5.7	3.5	3.6	10.0	1.8	2.1***	4.4	1.6	1.7	3.8	5.5	5.4	14.0	5.2	5.6
TVET or higher	0.0	1.1	1.0	0.0	0.5	0.5	1.9	1.6	1.6	0.0	2.4	2.3	0.0	1.3	1.2	4.6	0.8	1.0
N	53	1,391	1,444	65	1,287	1,352	54	1,273	1,327	55	1,201	1,256	63	1,150	1,213	61	1,068	1,129

***Versus control, p<0.001.

TVET: technical and vocational education and training.

Table C.26. Caregiver occupation status

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Employment status																		
Employed in past 3 months	78.3	74.9	75.1	36.8	59.4	58.3	76.0	75.8	75.8	41.4	56.4	55.7	73.4	77.6	77.4	59.2	59.7	59.6
Employed in past 4–12 months	0.0	3.4	3.2	5.2	3.9	3.9	6.8	2.7	2.9	12.7	5.6	5.9	1.8	4.3	4.1	3.8	3.7	3.7
Not employed in past 12 months	21.7	21.7	21.7	58.0	36.8	37.7	17.2	21.3	21.1	46.0	38.0	38.4	24.8	18.1	18.5	36.9	36.7	36.7
N	53	1,391	1,444	65	1,287	1,352	54	1,273	1,327	55	1,201	1,256	63	1,150	1,213	61	1,068	1,129

No statistically significant differences between groups.

¹Includes self-employment, work on the family farm or in the family business, and other employment that yields income in cash or in kind.

Youth

Table C.27. Sex of interviewed youth

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex, %						
Male	54.0	51.7	53.2	50.9	50.3	50.7
Female	46.0	48.4	46.8	49.1	49.7	49.3
N	1,100	1,017	1,162	916	719	777

No statistically significant differences between groups.

Table C.28. Age groups of youth 10- to 17-years-old

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Age, years, %																		
10–14	68.5	71.9	70.1	67.9	72.6	70.2	67.4	68.3	67.8	66.0	67.7	66.8	67.6	61.6	64.6	69.2	72.6	70.9
15–17	31.5	28.1	29.9	32.1	27.4	29.8	32.6	31.7	32.2	34.0	32.3	33.2	32.4	38.4	35.4	30.8	27.4	29.1
N	547	553	1,100	501	516	1,017	601	561	1,162	464	452	916	361	358	719	387	390	777

No statistically significant differences between groups.

Table C.29. Condom use among youth ages 10–17 who had sexual intercourse in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Used a condom at last sex	(32.5)	(19.5)	(26.7)	(31.9)	-	-
Number of youth who have had sex in past 12 months	39	33	44	46	12	18

Parentheses indicate N=25–49.

Dashed line indicates N=<25 and value has been suppressed.

Table C.30. Primary caregiver of youth participant

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Primary caregiver, %																		
Biological mother	82.9	78.7	81.0	74.5	75.5	75.0	87.4	86.9	87.1	82.0	82.8	82.4	80.3	86.0	83.2	80.2	80.5	80.4
Biological father	2.6	3.8	3.1	4.6	2.1	3.4	4.9	1.6	3.3	2.0	4.6	3.3	4.5	3.6	4.0	3.8	3.7	3.7
Step/foster parent	0.9	2.4	1.6	2.3	0.9	1.6	1.1	0.3	0.7	0.2	0.3	0.2	2.0	1.0	1.5	0.6	0.5	0.6
Sibling	1.1	1.1	1.1	1.5	0.8	1.2	0.7	0.3	0.5	1.9	0.5	1.3	0.8	2.2	1.5	0.2	1.4	0.8
Aunt/uncle	2.6	0.8	1.8	0.8	2.4	1.6	0.4	0.4	0.4	1.6	1.1	1.4	1.2	0.7	1.0	3.3	1.4	2.3
Grandparent	9.2	11.5	10.3	16.1	13.7	15.0	5.1	10.1	7.4	11.7	9.5	10.6	11.0	4.9	8.0	11.6	11.1	11.4
Nonfamily member	0.6	1.5	1.0	0.2	3.9	2.0	0.5	0.4	0.5	0.5	0.8	0.7	0.1	1.3	0.7	0.3	1.4	0.9
Self	0.0	0.1	0.0	0.0	0.8	0.4	0.0	0.0	0.0	0.0	0.4	0.2	0.1	0.1	0.1	0.0	0.0	0.0
N	547	553	1,100	499	515	1,014	601	561	1,162	464	449	913	361	358	719	386	390	776

ISLG Members

Table C.31. Age of integrated savings and lending group members, by study arm

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Age, years, %																		
15–24																		
25–34	1.5	2.5	2.2	1.6	1.6	1.6	2.4	3.6	3.3	2.6	1.7	1.9	(3.8)	6.6	6.0	6.475	2.6	3.8
35–44	17.6	17.6	17.6	12.0	13.2	12.9	9.8	18.8	16.8	14.6	13.5	13.8	(34.0)	20.8	23.6	24.13	20.5	21.6
45–54	24.9	28.3	27.4	29.2	27.9	28.3	32.4	30.7	31.0	33.8	29.2	30.3	(34.8)	32.3	32.8	24.95	29.6	28.1
55–64	19.8	27.4	25.4	21.7	29.2	27.0	24.8	25.8	25.6	24.0	31.6	29.7	(12.8)	24.2	21.8	24.12	17.6	19.6
65+	22.5	14.6	16.7	22.6	18.2	19.5	16.7	14.3	14.8	15.1	15.7	15.5	(6.8)	10.3	9.6	13.7	19.4	17.6
Mean age	13.7	9.6	10.7	12.8	9.1	10.2	12.6	6.8	8.0	9.8	7.8	8.3	(7.9)	5.7	6.2	6.633	8.5	7.9
Median age	48.5	46.1	46.8	47.91	46.41	46.88	47.6	44.6	45.3	47.24	45.98	46.29	(40.0)	42.3	41.8	44.92	45.34	45.2

N ¹	47	45	45	47	45	45	47	44	44	46	45	45	(36)	40	39	44	44	44

1N=25–49.

Parenthesis indicate N=25–49.

Table C.32. School attendance and educational attainment of integrated savings and lending group members

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Ever attended school, %																		
Yes	71.2	60.6	63.4	74.0	60.1	64.2	66.1	59.8	61.1	70.2	59.8	62.3	(82.4)	68.4	71.4	83.61	67.4	72.6
No	28.6	39.5	36.6	26.0	39.6	35.6	33.9	40.2	38.8	29.7	40.1	37.6	(17.58)	31.0	28.2	16.39	32.6	27.5
Highest level of education completed, %																		
None/preprimary	29.1	40.2	37.2	26.3	40.5	36.4	35.7	41.1	39.9	30.8	40.3	38.0	(17.6)	31.0	28.2	17.2	35.2	29.4
Primary	67.8	55.4	58.7	69.8	55.2	59.5	57.5	55.1	55.6	64.0	54.7	57.0	(69.4)	57.1	59.7	71.5	61.1	64.4
Secondary	2.6	3.2	3.1	3.5	3.3	3.4	4.9	1.9	2.5	3.4	1.8	2.2	(11.6)	8.5	9.2	10.6	1.8	4.6
TVET or higher	0.1	1.2	0.9	0.0	0.7	0.5	1.7	2.0	1.9	0.0	3.0	2.3	(0.0)	2.8	2.2	0	1.9	1.3
N	394	1,003	1,397	409	893	1,302	280	1,001	1,281	271	833	1,104	42	185	227	85	177	262

Parentheses indicate N=25–49.

Economic Strengthening

Economic Outcomes—Household

Table C.33. Percentage of households with savings, initial

	Full ISVP	HES-only	Control
Household has savings			
Yes	85.6*****	77.2***	30.8
No	14.4	22.7	68.7
Missing	0.0	0.1	0.5
Total	100.0	100.0	100.0
Number	1,428	1,309	1,216
Type of institution with which saves ¹			
Commercial bank	1.2	0.6	1.4
Microfinance/savings and credit cooperative	34.4	32.2	12.7
Tontine	12.9	16.4	12.0
Reports a household member saves, but does not report an account with an institution	42.8	34.3	7.7
Missing	0.0	0.4	0.1
No savings	14.4	22.7	68.7
Number	1,428	1,309	1,216
Among those with savings, mean and median amount in current savings			
Mean	7,099	7,073	18,061
Median	0	0	1,200
Number	1,207	1,012	382
Average amount saved by each arm	6075	5,458	5,570
Number	1,428	1,309	1,216

¹ Percentages do not sum to 100 percent because households could report more than one savings type. Note: Initial and end line savings cannot be compared because of a comprehension problem at initial data collection.

Table C.34. Percentage of households with savings and types of institutions, end line

	Full ISVP	HES-only	Control
Household has savings			
Yes	75.1***+++	63.5***	41.2
No	24.3	35.6	58.2
Missing	0.6	0.9	0.6
Total	100.0	100.0	100.0
Number	1,374	1,270	1,169
Type of institution with which save ¹			
Commercial bank	1.1	1.2	0.5
Microfinance/savings and credit cooperative	34.5	20.9	13.4
Tontine	11.8	17.8	14.8

	Full ISVP	HES-only	Control
Informal savings group	69.0	58.9	30.9
Other	0.2	0.0	0.2
Missing	0.3	0.5	0.2
No savings	24.3	35.6	58.2
Number	1,374	1,270	1,169
Among those with savings, mean and median amount in current savings			
Mean	19,217	21,480	29,636
Median	4,500	5,600	8,000
Number	1,098***	863**	491
Average amount saved by each arm	14,437	13,647	12,212
Number	1,374	1,270	1,169

*** Statistically significant at $p < 0.001$ compared to control, $p = 0.000$ for Full ISVP and HES-only for household has savings and $p = 0.001$ for total amount in savings for full ISVP.

** Statistically significant at $p < 0.01$ compared to control, $p = 0.004$.

+++ Statistically significant at $p < 0.001$ compared to HES-only, $p = 0.000$

¹ Does not sum to 100 percent because households could have multiple savings types.

Table C.35. Percentage of households with household hunger

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Household hunger score						
Little to no hunger in household	21.0	32.8	27.6	30.7	33.6	37.4
Moderate or severe hunger in household	79.0	67.2***	72.4	69.3	66.4	62.6+
	1,40	$p = 0.000$	1,28	$p = 0.374$	1,19	$p = 0.103$
N	5	1,335	9	1,242	1	1,116

+Borderline statistically significant at $p = 0.1$.

*** Statistically significant at $p < 0.001$.

Table C.36. Households' ability to pay for unexpected household expenses (MER)

Characteristics	Able to access money	
Study arm	Initial, % (n)	End line, % (n)
Full ISVP	68.7 (464)	80.2 (351)* $p = 0.012$
HES only	68.1 (373)	75.8 (292) $p = 0.198$
Control	75.5 (450)	82.6 (228) $p = 0.182$

Table C.37. Percentage of household consumption accounted for, by consumption categories

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Consumption category						
Food and beverages	49.4	46.5** p=0.004	51.5	49.7+ p=0.080	54.0	50.4+ p=0.001
Clothing and footwear	1.9	1.9 p=0.709	1.9	1.7+ p=0.138	1.7	1.7 p=0.988
Housing	8.7	12.6*** p=0.000	10.7	12.8** p=0.004	10.5	12.9*** p=0.001
Energy	19.6	20.2 p=0.377	20.0	17.3* p=0.011	17.6	16.7 p=0.250
Transport	1.5	1.5 p=0.751	1.3	1.3 p=0.990	1.4	1.7 p=0.283
Water	2.2	3.9*** p=0.000	2.1	4.3*** p=0.000	2.6	3.2 p=0.180
Education	4.2	2.3*** p=0.000	2.2	1.7 p=0.285	2.2	2.1 p=0.786
Health	6.3	4.6*** p=0.000	5.1	4.5 p=0.158	4.7	4.2+ p=0.113
Personal care	3.0	3.8*** p=0.000	2.5	3.6*** p=0.000	2.6	3.6*** p=0.000
Information and communications technology (ICT)	1.8	1.4+ p=0.067	1.2	1.4 p=0.385	1.2	1.5+ p=0.114
Other	1.5	1.4	1.3	1.6	1.4	1.8
Number	1,428	1,374	1,309	1,270	1,216	1,169

+Statistically significant or borderline significant at p<0.10.

* Statistically significant at p<0.05.

** Statistically significant at p<0.01.

*** Statistically significant at p<0.001.

Economic Outcomes—Youth

Table C.38. Characteristics of youth ages 10–17 reporting new employment in the past six months

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
In past 6 months, began new paid work																		
Yes	0.3	0.4	0.3	2.2	1.9	2.1** p=0.003	0.9	0.7	0.8	2.5	2.2	2.4+ p=0.078	0.0	1.0	0.5	0.7	1.4	1.0 p=0.200
No	9.7	9.5	9.6	7.8	8.2	98.0	9.1	9.3	9.2	7.5	7.8	97.6	10.0	8.6	9.3	9.4	8.6	99.0
Mis- sing	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.2	0.0	0.0	0.0
Nu- mb- er	54	55	100	55	55	1,017	60	55	166	44	44	916	36	37	189	87	90	777

+Statistically significant at p<0.10.

** Statistically significant at p<0.01.

Table C.39. Percentage of youth reporting having the skills needed to have a job, end line

	Full ISVP	HES-only	Control
Feel like have the skills necessary to have a job			
Yes	15.8	15.1	16.0
No	84.2	84.7	83.9
Missing	0.0	0.2	0.2
Number	1,017	916	777

Table C.40. New type of youth employment, totals by group; also, whether employment paid, totals by group

	Full ISVP End line		HES-only End line		Control End line	
	Initial		Initial		Initial	
Any work outside the home						
Yes	16.3	14.7	22.8	17.4	17.9	12.1
No	83.7	85.3	77.2	82.6	82.1	87.9
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of youth	1,100	1,017	1,162	916	719	777
Among those youth who work outside the home, type of employment						
Professional/technical/managerial	0.0	0.6	0.3	0.1	0.0	0.0
Sales and service	26.4	11.8	16.0	17.7	16.4	12.2
Agricultural, forestry, fishery	5.2	17.8	5.0	15.5	12.1	15.4
Craft and related trade workers	2.2	10.1	1.1	3.1	6.6	15.2
Stationary plant and machine operators	2.7	1.4	0.0	1.0	0.0	0.0
Elementary	63.6	58.5	77.5	62.6	64.9	55.5
Missing	0.0	0.0	0.0	0.0	0.0	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of employed youth	175	144	197	126	138	103
Among those youth who work outside the home, receive money as payment						
Yes	83.5	77.3	86.8	87.7	85.2	86.3
No	16.5	22.7	13.2	12.3	14.8	13.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of employed youth	175	144	197	126	138	103

Productive Assets

Table C.41. Household farm tools and agricultural assets

	Full ISVP		HES-only		Control		Total	
	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Farm tools								
Hoes and spades	90.8	91.6	90.1	87.3	89.9	94.2	90.1	92.9
Machetes	71.8	75.0	65.1	66.4	74.4	73.7	72.8	73.1
Hatchets or axes	31.4	36.0	23.7	26.1	34.7	37.0	32.8	35.5
Sickles and knives	79.1	68.0	77.2	68.7	82.2	75.7	81.1	73.4
Picks	2.3	3.3	2.4	3.1	2.1	5.0	2.2	4.4
Sprinklers	2.8	5.8	2.3	2.9	2.2	4.4	2.3	4.5
Other hand tools	5.9	5.4	3.4	3.3	3.1	2.8	3.6	3.4
Mills and pestles	8.5	7.3	7.6	11.2	8.9	8.2	8.7	8.4
Sowers/drills	3.3	8.1	3.0	7.6	4.5	13.4	4.1	11.7
Crop sprayers	1.5	3.5	1.4	1.8	1.1	3.2	1.2	3.1
Own any farm tool	98.1	97.2	97.3	96.5	97.3	98.7	97.4	98.2
Livestock								
Cattle	18.1	26.4	20.9	24.0	28.5	34.9	25.7	32.0
Bulls	2.4	4.3	1.7	2.5	2.8	7.5	2.6	6.3
Sheep	8.9	10.7	5.9	7.4	11.8	10.4	10.6	10.1
Goats	22.3	25.6	25.3	21.7	18.6	18.1	20.1	19.9
Pigs	14.0	17.8	13.0	13.1	14.7	16.2	14.4	16.1
Rabbits	4.2	6.3	6.8	6.0	5.1	7.7	5.1	7.2
Chickens and other poultry	9.7	17.2	10.3	14.3	11.8	17.9	11.2	17.3
Cochon d'Inde/ Amapanya	2.0	1.8	2.5	1.7	1.4	2.4	1.6	2.2
Own any livestock	58.0	66.9***^^ p=0.000	57.0	59.9 p=0.431	61.4	65.9+ p=0.068	60.3	65.4
N	1,428	1,374	1,309	1,270	1,216	1,169	3,953	3,813

+Statistically significant at p<0.10.

*** Statistically significant at p<0.001.

^^ Statistically significant at p<0.05 compared to HES-only at end line, p=0.047.

Table C.42. Percentage of households that own land or cultivated a plot in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Anyone in household owned or cultivated a plot of land in past 12 months						
Yes	77.9	79.3+	76.9	74.8***	78.6	86.9
No	22.1	2.7	23.1	5.3	20.9	1.6
Missing ¹	0.0	18.0	0.0	19.9	0.6	11.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,428	1,374	1,309	1,270	1,216	1,169
Among those who owned or cultivated a plot, total area of all plots, in acres ²						
Mean	11.6	12.6	9.9	13.8	12.6	14.4
Median	3.7	4.0	3.0	4.9	4.0	4.5
Number	1,001	703	873	780	850	786

*** At end line, statistically significant at $p < 0.01$ compared to control, $p = 0.002$.

+ At end line, statistically significant at $p < 0.05$ compared to HES-only, $p = 0.031$.

¹There were 604 households at end line whose data for this section was somehow deleted from the tablet. They are represented in the "Missing" category, along with those who refused to answer the question.

²There were 362 households at Initial data collection and 806 households at end line that owned/cultivated a plot but either did not know the total area or refused to answer. They are not represented in the mean and median or the number below.

Table C.43. Percentage of households that own land, end line

	Full ISVP	HES-only	Control
Anyone in household owned a plot of land in past 12 months			
Yes	69.6+	64.1	75.1
No	12.3	16.1	13.4
Missing ¹	18.0	19.9	11.5
Total	100.0	100.0	100.0
Number	1,374	1,270	1,169
Among those who owned a plot, total area of all plots, in acres ²			
Mean	11.5	12.7	12.7
Median	3.0	4.0	4.0
Number	657	690	697

+ Statistically significant at $p < 0.10$ compared to HES only $p = 0.069$.

¹There were 604 households at end line whose data for this section was somehow deleted from the tablet. They are represented in the "Missing" category, along with those who refused to answer the question.

²There were 624 households that owned/cultivated a plot, but either did not know the total area or refused to answer. They are not represented in the mean and median or the number below.

Household Decision Making and Gender-Related Attitudes and Behaviors

Table C.44. Characteristics of married female caregivers reporting physical or sexual violence in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Caregiver age groups						
18–34 years	22.7	13.5	30.5	35.8	27.4	18.5
35–54 years	19.6	27.2	24.9	22.6	16.2	26.5
55+ years	8.0	8.4	18.2	12.0	7.5	3.9
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Highest level of education attained						
None	15.2	31.3	26.0	27.4	15.4	17.1
Primary	20.5	14.6	25.4	23.4	23.1	20.6
Secondary or higher	20.8	0.0	26.3	0.0	7.7	35.6
Missing	0.0	100.0	0.0	0.0	0.0	0.0
Total ²	18.7	20.4	25.6	24.3	19.8	20.5
Number of married female caregivers	761	193 ¹	665	265 ¹	720	210 ¹

¹The sample for IPV questions was much smaller at end line because of the decision to split the sectors and interview caregivers about IPV in half the sectors and youth about caregiver or adult violence in the other half.

²No statistically significant results for totals.

Table C.45. Characteristics of married female caregivers reporting physical violence in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Caregiver age groups						
18–34 years	18.1	12.3	25.0	25.8	20.7	15.9
35–54 years	13.7	18.9	20.0	15.2	11.2	24.3
55+ years	8.0	4.1	17.6	12.0	6.8	1.0
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Highest level of education attained						
None	10.3	22.5	21.4	19.7	12.4	13.5
Primary	15.7	10.4	20.8	16.7	16.6	18.5
Secondary or higher	20.8	0.0	23.2	0.0	4.0	35.6
Missing	0.0	100.0	0.0	0.0	0.0	0.0
Total	14.0	14.6	21.0	17.4	14.6	18.0
Number of married female caregivers	761	193	665	265	720	210

No statistically significant results for totals.

Table C.46. Characteristics of married female caregivers reporting sexual violence in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Caregiver age groups						
18–34 years	14.4	6.9	11.6	15.9	12.3	6.1
35–54 years	11.6	17.0	13.1	13.8	9.4	11.1
55+ years	0.5	6.6	6.4	9.0	0.7	2.9
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Highest level of education attained						
None	8.9	16.5	11.6	19.0	6.5	5.8
Primary	12.1	10.8	12.1	11.0	11.8	8.4
Secondary or higher	0.0	0.0	5.8	0.0	3.7	14.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total	10.7	12.5	11.8	13.4	9.7	8.0
Number of married female caregivers	761	193	665	265	720	210

No statistically significant results for totals.

Table C.47. Among married female caregivers reporting cash earnings, percentage who reported any physical or sexual violence perpetrated by their partner in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Primary decision maker for her cash earnings						
Married female caregiver	31.5	46.1	35.5	34.1	33.0	31.3
Female caregiver and spouse jointly	15.5	10.1	26.3	18.0	17.9	26.5
Spouse	28.4	33.2	22.8	37.8	27.0	16.4
Other	60.1	0.0	19.9	50.3	0.0	0.0
Total	22.4	32.2	28.4	28.5	22.8	26.0
Number of married female caregivers who earn cash	562	93	450	132	504	71

Table C.48. Among married female caregivers reporting spouse has cash earnings, percentage reporting any physical or sexual violence perpetrated by their partner in past 12 months

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Primary decision maker for her cash earnings						
Married female caregiver	31.4	26.0	22.8	41.7	19.3	27.2
Female caregiver and spouse jointly	11.8	9.9	22.5	19.7	16.9	14.8
Spouse	29.2	25.8	39.8	20.3	29.3	28.1
Other	32.0	0.0	3.5	47.4	0.0	100.0
Total	19.0	17.9	25.7	24.3	19.7	20.5
Number of married female caregivers whose spouse earns cash	754	190	661	264	711	209

Table C.49. Female caregivers reporting joint or sole household decision-making power for various decisions

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Type of decision, %						
Woman's own healthcare	92.7	89.7	93.5	93.8	90.4	91.3
Children's healthcare	94.8	92.5	96.6	96.2	93.4	93.1
What children are fed	95.8	94.4	97.3	96.2	94.2	93.7
Whether child attends ECD services	91.6	87.4	96.4	90.7	93.8	86.6
Making major household purchases	87.7	88.2	89.9	91.5	85.9	87.9
Making purchases for daily household needs	92.7	92.8	93.5	95.5	92.6	92.8
All six decisions made alone or jointly	77.9	76.7 p=0.880	84.3	80.7 p=0.139	76.7	75.8 p=0.577
None of the decisions made alone or jointly	1.7	2.5	0.5	1.2	1.9	3.1
N	1,391	1,287	1,273	1,201	1,150	1,068

No statistically significant results for all six decision totals.

Table C.50. Characteristics of female caregivers in full ISVP group who made some household decisions alone or jointly

	Woman's own healthcare		Children's healthcare		What children are fed		Whether child attends ECD services		Making major household purchases		Making purchases for daily household needs		All six decisions made alone or jointly		None of decisions made alone or jointly		N	
	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Age groups, years, %																		
11–24	(92.2)	62.84	(93.1)	71.88	(93.2)	77.53	(92.6)	72.5	(72.6)	67.56	(77.4)	74.21	(63.6)	45.51	(0.9)	7.633	43	29
25–34	87.2	87.7	92.3	92.7	91.0	95.3	91.1	88.1	77.2	85.0	84.6	91.5	68.4	73.0	4.2	1.3	325	251
35–44	91.3	89.7	92.6	94.0	97.0	95.0	93.8	88.9	88.6	90.5	93.7	93.7	77.2	79.6	0.6	2.4	430	411
45–54	97.1	91.7	98.7	93.8	99.5	96.2	91.9	89.4	94.7	90.0	97.5	94.6	85.5	80.4	0.5	2.7	330	320
55–64	93.5	89.6	95.5	91.2	94.7	92.3	90.4	84.2	90.1	89.5	95.8	93.8	82.5	76.6	3.1	3.0	173	181
65+	97.7	97.9	97.5	93.0	94.7	95.2	85.1	85.6	93.5	85.6	97.5	91.4	81.4	72.2	1.2	1.0	89	93
Total	92.7	89.7	94.8	92.5	95.8	94.4	91.6	87.4	87.7	88.2	92.7	92.8	77.9	76.7	1.7	2.5	1,391	1287
Employment status, %																		
Worked in past 3 months	92.6	91.8	94.5	94.4	96.4	96.0	91.8	87.9	87.3	90.5	92.8	94.6	76.6	78.8	1.2	2.4	1,071	805
Worked past 4–12 months	(82.6)	65.7	(91.2)	68.0	(93)	81.2	(86.5)	73.5	(75.4)	69.9	(77.6)	74.4	(65.6)	52.3	(6)	12.2	42	50
Unemployed	94.6	88.7	96.4	92.1	94.1	93.3	91.8	88.2	91.0	86.5	94.5	92.0	84.4	75.9	2.8	1.5	278	432
Total	92.7	89.7	94.8	92.5	95.8	94.4	91.6	87.4	87.7	88.2	92.7	92.8	77.9	76.7	1.7	2.5	1,391	1287
Highest level of education attained, %																		
None	94.3	90.9	95.6	91.8	95.2	94.7	89.9	88.1	90.4	88.6	94.9	92.9	79.9	78.9	1.9	3.2	498	495
Primary	92.1	89.5	94.6	93.1	96.1	94.5	92.5	87.0	86.7	88.0	91.2	93.0	77.2	75.4	1.6	1.6	827	739
Secondary	(88.1)	78.8	(90.5)	93.2	(96.8)	91.0	(92.4)	87.1	(78.7)	88.3	(93.4)	91.0	(71)	69.5	(1.3)	6.8	44	42
TVET/higher	–	92.1	–	84.3	–	84.3	–	76.1	–	84.3	–	84.3	–	76.1	–	7.9	22	9
Total	92.7	89.7	94.8	92.5	95.8	94.4	91.6	87.4	87.7	88.2	92.7	92.8	77.9+	76.7	1.7	2.5	1,391	1,287

Table C.51. Characteristics of female caregivers in HES-only group who made some household decisions alone or jointly

	Woman's own healthcare		Children's healthcare		What children are fed		Whether child attends ECD services		Making major household purchases		Making purchases for daily household needs		All six decisions made alone or jointly		None of decisions made alone or jointly		N	
	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Age groups, years, %																		
11–24	(93.8)	82.7	(88.2)	84.2	(94.6)	84.2	(96.2)	80.0	(60.5)	81.1	(60.6)	76.9	(58.2)	74.1	(3.8)	14.4	38	21
25–34	85.3	93.1	92.8	94.0	93.6	95.3	94.4	88.8	80.0	84.4	85.6	92.4	73.1	76.9	0.5	3.6	287	225
35–44	92.9	92.3	98.3	97.0	98.0	98.4	97.2	94.5	91.7	91.5	96.5	97.8	85.1	81.5	0.4	0.4	405	393
45–54	97.5	93.7	97.8	95.5	99.1	95.3	97.2	88.9	96.8	93.1	98.8	94.2	91.8	78.0	0.4	0.1	283	296
55–64	98.7	99.0	98.5	99.5	98.7	97.3	96.4	90.2	95.3	96.1	98.7	98.6	91.1	88.8	0.0	0.3	184	183
65+	97.8	96.8	99.4	98.1	98.3	98.7	96.5	88.6	97.2	96.1	98.8	98.1	93.7	85.4	0.0	0.6	75	77
Total	93.5	93.83	96.6	96.17	97.3	96.24	96.4	90.66	89.9	91.46	93.5	95.51	84.3	80.67	0.5	1.204	1,273	1,201
Employment status, %																		
Worked in past 3 months	92.8	94.3	96.6	97.0	97.6	96.5	96.3	87.9	89.4	91.1	93.3	95.8	83.2	78.4	0.5	1.7	958	687
Worked past 4–12 months	(97.6)	91.6	(98.8)	97.4	(97.6)	94.2	(100)	90.9	(95)	88.8	(93.5)	91.5	(89.8)	83.7	0.0	0.0	43	83
Unemployed	95.4	93.5	96.3	94.8	96.2	96.1	96.1	94.8	90.9	92.4	94.3	95.7	87.4	83.7	0.8	0.7	271	429
Total	93.5	93.83	96.6	96.17	97.3	96.24	96.4	90.66	89.9	91.46	93.5	95.51	84.3	80.67	0.5	1.204	1,273	1,201
Highest level of education attained, %																		
None	95.3	93.9	98.2	97.3	98.0	97.0	96.6	89.9	93.6	93.2	95.6	96.0	90.0	80.8	0.4	0.6	478	435
Primary	92.5	93.6	96.0	95.2	96.7	95.5	96.1	90.8	87.3	89.8	92.8	95.1	80.7	79.7	0.6	1.6	741	709
Secondary	(96.3)	90.8	82.0	95.4	(96.3)	97.7	(98.2)	90.8	(78)	97.7	(78)	93.2	(78)	86.1	(1.8)	2.3	32	37
TVET/higher	–	100.0	–	100.0	–	100.0	–	98.5	–	97.3	–	100.0	–	95.8	–	0.0	20	18
Total	93.5*	93.83	96.6*	96.17	97.3*	96.24	96.4*	90.66	89.9	91.46	93.5	95.51	84.3*	80.67	0.5	1.204	1,273	1,201

Table C.52. Characteristics of female caregivers in control group who made some household decisions alone or jointly

	Woman's own healthcare		Children's healthcare		What children are fed		Whether child attends ECD services		Making major household purchases		Making purchases for daily household needs		All six decisions made alone or jointly		None of decisions made alone or jointly		N	
	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Age groups, years, %																		
11–24	77.3	74.9	83.0	81.4	84.9	81.4	91.1	56.9	68.9	72.5	79.3	77.0	58.7	50.5	8.9	16.6	63	41
25–34	84.1	86.0	88.8	89.5	91.0	88.1	95.1	83.4	78.4	81.3	87.3	85.6	68.4	68.8	2.1	6.3	285	233
35–44	94.3	91.0	95.7	93.0	95.8	95.0	94.2	90.9	87.1	88.1	94.9	94.9	80.2	76.8	1.3	1.7	355	342
45–54	92.5	95.8	96.8	97.7	97.7	96.7	94.4	89.7	91.1	92.2	96.0	96.2	81.0	82.2	0.8	1.3	258	249
55–64	95.8	97.6	96.0	95.8	95.0	97.1	93.7	82.8	95.1	92.8	97.5	97.7	87.7	79.2	2.0	0.5	136	145
65+	98.4	96.1	98.4	94.9	98.6	100.0	86.0	91.1	98.9	99.5	99.5	98.6	82.1	85.3	0.0	0.0	50	55
Total	90.4	91.3	93.4	93.1	94.2	93.7	93.8	86.6	85.9	87.9	92.6	92.8	76.7	75.8	1.9	3.1	1,150	1,068
Employment status, %																		
Worked in past 3 months	91.2	91.3	93.7	94.7	94.7	94.9	93.6	85.1	86.6	89.3	93.2	93.2	77.3	74.1	2.1	2.2	893	636
Worked past 4–12 months	(92.9)	92.7	(94.8)	94.9	(91.6)	94.9	(96.5)	85.1	(85.5)	89.8	(92.6)	92.6	(80.6)	80.1	0.0	5.1	48	43
Unemployed	86.6	91.2	91.4	90.4	92.5	91.7	94.0	89.1	82.9	85.6	89.8	92.0	73.4	78.1	1.5	4.3	209	389
Total	90.4	91.3	93.4	93.1	94.2	93.7	93.8	86.6	85.9	87.9	92.6	92.8	76.7	75.8	1.9	3.1	1,150	1,068
Highest level of education attained, %																		
None	91.6	95.4	94.6	96.3	96.5	95.1	92.9	86.7	89.1	90.7	95.5	93.8	79.9	78.1	1.2	2.4	411	389
Primary	89.7	90.1	92.9	92.0	93.3	93.6	94.4	87.2	84.8	87.9	91.4	93.1	75.0	75.7	1.9	2.5	663	622
Secondary	87.5	77.0	88.8	83.9	87.6	84.9	91.2	77.8	72.4	69.3	84.1	81.7	68.7	60.7	7.6	14.5	57	48
TVET/Higher	–	100.0	–	100.0	–	100.0	–	90.1	–	92.5	–	92.5	–	82.6	–	0.0	17	9
Total	90.4	91.3	93.4	93.1	94.2	93.7	93.8	86.6	85.9	87.9	92.6	92.8	76.7	75.8	1.9	3.1	1,150	1,068

Table C.53. Percentage distribution of currently married women who receive cash earnings from employment by person who decides how wife's cash earnings are used, according to survey arm

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Percentage of currently married women who receive cash earnings for employment	73.5	51.0	70.0	52.9	70.7	44.1
N	789	775	700	693	737	693
Among those currently married women who receive cash earnings, person who decides how wife's cash earnings are used:						
Mainly wife	35.1	46.1** p=0.003	29.7	42.9** p=0.002	28.3	38.8* p=0.016
Wife and husband jointly	55.2	40.1	61.8	44.1	61.4	48.8
Mainly husband	9.0	13.8	8.0	10.6	10.0	12.2
Other	0.8	0.0	0.5	2.4	0.3	0.3
N	584	402	477	366	518	307

* Statistically significant at p<0.05.

**Statistically significant at p<0.01.

Table C.54. Percentage distribution of currently married women whose husbands receive cash earnings by person who decides how husband's cash earnings are used, according to survey arm

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Percentage of currently married women whose husbands receive cash earnings	98.3	97.48	99.1	99.6	99.1	98.89
N	789	775	700	693	737	693
Among those currently married women whose husbands receive cash earnings, person who decides how husband's cash earnings are used:						
Mainly wife	18.3	26.4* p=0.015	17.6	25.0+ p=0.061	14.2	18.7+ p=0.056
Wife and husband jointly	59.3	49.2	60.6	47.7	63.0	57.2
Mainly husband	20.9	24.3	19.8	26.0	21.7	23.9
Other	1.4	0.1	2.0	1.3	1.0	0.2
N	782	760	694	686	727	683

+ Statistically significant at p<0.10.

* Statistically significant at p<0.05.

Table C.55. Married female caregiver experience of violence, by her ability to make household decisions

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Number of decisions made solely or jointly						
0–3 decisions	27.3	17.5	25.7	15.3	28.7	21.6
4–5 decisions	20.8	24.2	28.4	21.2	16.0	28.9
6 decisions	17.1	19.2	24.9	26.1	19.7	17.8
Total	18.7	20.4	25.6	24.3	19.8	20.5
Number of married female caregivers	761	193	665	265	720	210

Table C.56. Characteristics of caregivers who agree harsh physical punishment is appropriate means of discipline in the home or school (MER)

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of caregiver, %						
Male	29.7	27.1	26.8	17.3	25.6	25.8
Female	47.1	32.6	37.2	35.6	40.3	43.7
Age group of caregiver, %						
<25 years	51.1	43.8	51.4	63.9	34.4	40.4
25–34 years	52.7	29.0	42.9	39.3	37.8	49.7
35–44 years	44.6	29.5	40.7	31.6	42.2	46.1
45–54 years	44.5	32.5	31.5	28.2	39.1	36.6
55–64 years	39.6	34.0	26.4	42.4	38.5	38.4
65+ years	51.0	41.3	30.8	40.2	42.9	33.1
Don't know/refused	100.0	18.5 32.4***	50.6	14.5 34.8	20.3	23.1 43.0
Total	46.3	p=0.000	36.8	p=0.639	39.5	p=0.486
Number of caregivers	1,444	1,352	1,327	1,256	1,212	1,129

***Statistically significant at p<0.001.

Table C.57. Attitudes toward gender among youth—Among youth ages 13–17, percentage who completed the GEM scale on gender roles, percentage who totally agree with GEM statements

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Completed all GEM questions in scale																		
Yes	83.5	82.6	83.1	90.1	92.1	91.0	66.5	68.7	67.5	86.8	91.0	88.8	92.1	90.4	91.3	92.0	87.2	89.7
Refused at least one question	16.5	17.4	16.9	9.9	7.9	9.0	33.5	31.3	32.5	13.2	9.0	11.2	7.9	9.6	8.7	8.0	12.8	10.3
N	313	311	624	286	295	581	330	335	665	281	258	539	206	210	416	225	212	437
Among those who completed all GEM questions, percentage who totally agree with the following statements																		
A woman's most important role is to take care of her home and family.	72.1	62.9	68.0	53.8	70.7	61.6	79.1	73.7	76.4	66.8	66.4	66.6	71.7	71.5	71.6	67.8	72.9	70.1
Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibilities.	73.6	65.3	69.9	57.2	60.8	58.9	68.3	75.4	71.8	57.3	60.2	58.7	64.5	73.7	69.1	49.6	64.0	56.2
It is a woman's responsibility to avoid getting pregnant.	53.6	39.0	47.1	48.5	46.1	47.4	48.4	51.5	49.9	38.7	52.7	45.6	53.0	49.0	51.0	45.1	53.4	48.9
A man should have the final word about decisions in his home.	53.8	54.1	53.9	43.2	46.9	44.9	56.3	53.2	54.8	49.3	45.3	47.3	57.6	58.9	58.2	48.2	55.7	51.7
To be a man, you need to be tough.	27.0	26.5	26.8	29.0	28.6	28.8	35.3	26.7	31.0	29.1	21.1	25.2	35.5	29.5	32.5	25.2	22.3	23.9
A man is less than a man if he earns less than his wife.	27.5	30.6	28.8	27.5	28.7	28.1	32.8	33.4	33.1	22.9	29.6	26.2	23.1	31.7	27.4	29.5	33.1	31.1
A woman should tolerate violence to keep her family together.	37.8	34.7	36.4	36.4	43.3	39.6	50.0	41.5	45.8	50.7	42.5	46.7	29.3	33.4	31.4	30.7	37.9	34.0
A wife who earns more than her husband provokes violence.	23.6	19.9	22.0	25.9	21.6	23.9	30.0	28.1	29.1	25.2	17.6	21.5	14.3	25.4	19.9	21.9	30.5	25.9
Among those who completed all GEM questions, mean and median composite score																		
Mean	15.7	16.3	16.0	16.4	16.1	16.3	15.0	15.3	15.1	16.0	16.3	16.1	15.7	15.5	15.6	16.7	15.8	16.3
Median	15	16	15	17	16	17	15	15	15	16	16	16	16	15	16	17	15	16
Number	232	232	464	255	273	528	195	195	390	258	232	490	190	189	379	203	192	395

Table C.58. Gender equitable men score, percentage distribution of scores, by age group

	Full ISVP				HES-only				Control			
	Initial		End line		Initial		End line		Initial		End line	
	13-14 years	15-17 years	13-14 years	15-17 years	13-14 years	15-17 years	13-14 years	15-17 years	13-14 years	15-17 years	13-14 years	15-17 years
GEM score bands												
Low gender equitable score	25.0	29.9	21.0	24.0	32.9	36.2	19.4	29.0	29.7	30.1	16.6	27.2
Moderate gender equitable score	52.0	43.1	53.7	59.3	50.3	48.9	59.6	52.0	57.2	51.5	61.9	52.5
High gender equitable score	22.9	27.0	25.3	16.7	16.9	15.0	21.1	19.0	13.2	18.4	21.5	20.4
N	236	228	253	275	173	217	210	280	154	225	175	220

Table C.59. Percentage distribution of gender equitable men score band among youth ages 13-17

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
GEM score bands						
Low gender equitable score	27.4	22.6	34.8	25.0	30.0	22.2
Moderate gender equitable score	47.7	56.7	49.5	55.2	53.7	56.9
High gender equitable score	24.9	20.7	15.8	19.8	16.3	20.9
N	464	528	390	490	379	395

No statistically significant findings for changes over time within arm for high score.

Table C.60. Youth report of witnessing violence in the home, end line

Violence in the home, %	Full ISVP	HES-only	Control	Total
Have you ever seen your caregiver slap, punch, kick, or otherwise hurt another child in your home?	1.7	0.94	1.6	1.6
Have you ever seen your caregiver slap, punch, kick, or otherwise hurt another child in your home in the past 12 months?	1.2	0.09	1.2	1.1
Have you ever seen another adult slap, punch, kick, or otherwise hurt another child in your home?	1.9	1.2	1.9	1.8
Have you ever seen another adult slap, punch, kick, or otherwise hurt another child in your home in the past 12 months?	0.68	0.4	1.1	0.98
N	1,017	916	777	2,710

Table C.61. Age of youth at time of violence and relationship to perpetrator

	Full ISVP	HES-only	Control	Total
Age of youth last time violence of caregiver took place				
0–5 years	-	(0.0)	-	1.1
6–11 years	-	(36.4)	-	25.8
12–17 years	-	(63.6)	-	73.1
N	21	26	18	65
Relationship to perpetrator the last time violence took place				
Parent	-	(28.1)	-	47.9
Sibling	-	(17.8)	-	9.0
Uncle/aunt	-	(2.9)	-	2.0
Other Male	-	(2.0)	-	15.4
Teacher	-	(15.0)	-	9.4
Neighbor	-	(2.7)	-	5.9
Romantic partner	-	(7.8)	-	2.5
Schoolmate	-	(3.2)	-	5.5
Female friend	-	(20.5)	-	2.5
N	20	28	18	66

Parentheses indicate N=25–49.

Dashed line indicates N=<25 and value has been suppressed.

Table C.62. Location and time of last violent act by parent/caregiver/adult in community, per youth report

	Full ISVP	HES-only	Control	Total
Location violence last occurred				
Youth's home	-	(48.8)	-	64.9
Perpetrator's home	-	(1.6)	-	1.0
Someone else's home	-	(0.0)	-	2.7
On a road/street	-	(2.8)	-	12.6
School	-	(14.3)	-	7.2
Lake, river, body of water, other natural area	-	(6.2)	-	5.6
Other	-	(26.3)	-	6.0
N	20	27	19	66
What time of day did the violence last occur?				
Morning	-	-	(35.3)	28.1
Afternoon	-	-	(48.8)	51.5
Evening	-	-	(13.4)	18.7
Late at night	-	-	(2.5)	1.8
N	20	21	25	61

Parentheses indicate N=25–49.

Dashed line indicates N=<25 and value has been suppressed.

Health

Caregiver Health

Table C.63. Characteristics of caregivers who reported ever having had an HIV test

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex, %						
Male	55.6	64.1	45.7	58.6	25.3	55.8
Female	63.5	68.3	42.3	60.5	40.7	60.6
Age, %						
11–24	(81.7)	67.8	(63.5)	84.2	56.4	57.6
25–34	71.8	78.5	48.6	75.3	51.1	67.4
35–44	69.5	69.1	49.9	64.1	47.8	69.7
45–54	54.9	70.3	40.2	61.8	27.1	56.9
55–64	57.2	59.7	26.0	41.6	20.8	46.8
65+	43.1	52.8	13.3	30.8	12.7	30.4
Total	63.1	68.1 p=0.116	42.4	60.4*** p=0.000	39.9	60.4*** p=0.000
N	1,444	1,352	1,327	1,256	1,213	1,129

***Statistically significant at $p < 0.001$.

Table C.64. Percentage of caregivers reporting modern family planning use, by method

	Full ISVP	HES-only	Control	Total
Percentage of caregivers currently using family planning (FP) methods	33.7*	35.5+	42.4	39.9
N	1,287	1,219	1,090	3,596
Among those who reported currently using FP, modern FP methods used: %				
Female sterilization	4.2	2.2	2.3	2.6
Male sterilization	0.1	1.1	0.0	0.1
IUD	4.1	4.3	3.5	3.7
Injectables	46.3	49.7	45.6	46.1
Implants/Jadelle	17.8	22.6	24.2	23.0
Oral contraceptives	11.7	14.6	15.2	14.6
Male condom	8.5	2.2	4.2	4.6
Female condom	1.0	0.1	0.9	0.8
Diaphragm	0.0	0.2	0.2	0.2
Foam/jelly	0.0	0.0	0.0	0.0
Lactational amenorrhea method	0.1	0.2	0.3	0.3
Standard days method	3.2	1.2	2.7	2.6
Other modern methods	2.7	0.3	1.9	1.9
Any modern method	93.2	95.4	98.1	97.0
N	455	438	420	1,313

+Statistically significant at $p < 0.10$ compared to control, $p = 0.088$.

*Statistically significant at $p < 0.05$ compared to control, $p = 0.019$.

Child Health

Table C.65. Caregiver ISLG participation and time spent with children

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Time spent with children						
Increased the time spent with children	17.5	20.0	9.7	11.4	7.8	18.3
Decreased the time spent with children	16.4	18.0++	19.0	27.1*	8.5	20.6
Not changed the time spent with children	64.7	59.7+	69.6	58.3	81.7	56.2
Refused	1.4	2.3	1.7	3.2	2.0	5.0
N	1,397	904	1,281	841	227	171

* Statistically significant at $p < 0.10$ when compared to control at end line, $p = 0.081$.

+ Statistically significant at $p < 0.10$ when compared to HES-only at end line, $p = 0.086$.

++ Statistically significant at $p < 0.001$ when compared to HES-only at end line, $p = 0.003$.

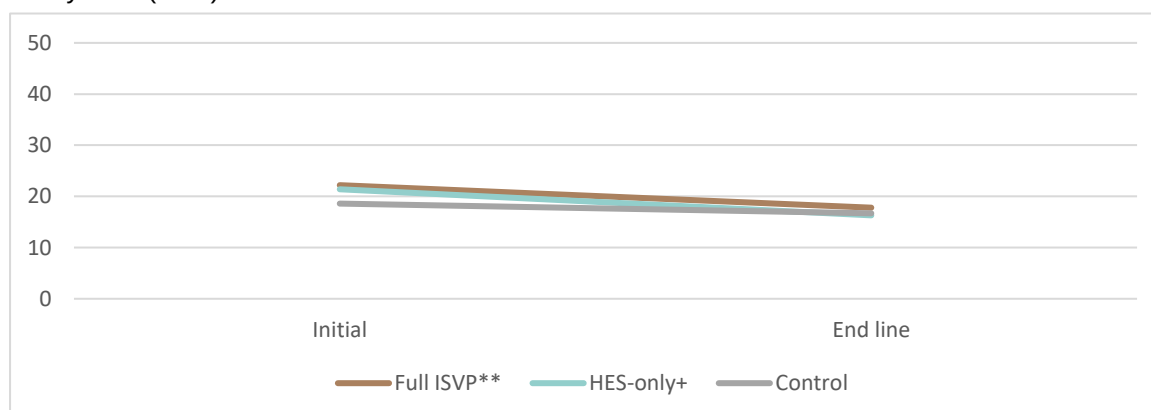
Table C.66. Characteristics of children too sick to participate in daily activities in past two weeks (MER)

	Full ISVP		HES-only		Control	
Characteristics	Initial	End line	Initial	End line	Initial	End line
Sex (%)						
Male	20.5	17.7	20.5	14.8	16.5	16.3
Female	23.8	18.0	22.4	17.9	20.8	17.0
Age (%)						
<5 years	31.7	28.4	29.9	24.7	28.7	23.2
5–9 years	24.7	17.0	22.8	16.5	17.5	17.3
1–14 years	17.1	14.1	16.7	13.3	14.1	13.9
1–17 years	17.1	15.4	18.0	13.1	13.0	11.2
Total	22.2	17.8** $p = 0.002$	21.4	16.3+ $p = 0.051$	18.6	16.7 $p = 0.37$
n	4,210	3,978	3,640	3,415	3,251	3,089

+ Borderline statistically significant at $p = 0.1$.

** Statistically significant at $p < 0.01$.

Figure C.1. Total children too sick to participate in daily activities in the past two weeks, by study arm (MER)



+ $p < 0.10$, $p = 0.051$.

** $p < 0.10$, $p = 0.002$.

Table C.67. Characteristics of birth registration at sector level (MER)

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex, %						
Male	85.7	90.2	79.2	89.4	83.9	89.8
Female	84.7	91.3	79.4	88.8	85.7	92.1
Age, %						
<5 years	77.6	85.1	70.9	76.1	81.3	85.8
5–9 years	85.2	90.9	75.9	88.0	83.1	91.3
10–14 years	86.6	92.3	82.4	94.0	87.8	93.0
15–17 years	90.9	93.8	88.7	95.0	87.7	94.1
Total		90.8***		89.1***		91.0***
	85.2	p=0.000	79.3	p=0.000	84.8	p=0.000
N	4,210	3,978	3,640	3,415	3,251	3,089

***Statistically significant at p<0.001

Table C.68. Children whose caregiver reported child has a birth certificate

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child						
Male	10.8	26.4	8.6	44.3	5.5	43.8
Female	9.3	27.0	12.7	44.2	6.9	44.3
Age group of child						
<5 years	13.7	28.8	13.4	44.4	7.2	49.5
5–9 years	10.5	26.1	8.1	43.3	7.0	42.8
10–14 years	8.6	26.3	12.0	43.7	5.0	42.0
15–17 years	8.1	26.5	8.9	46.7	5.3	42.1
Total	10.1	26.7***	10.5	44.3***	6.2	44.1***
		p=0.000		p=0.000		p=0.000
Number of children	4,210	3,978	3,640	3,415	3,251	3,089

*** Statistically significant at p<0.001.

Table C.69. Children who have a birth certificate that was observed by interviewer

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child						
Male	1.0	10.7	1.0	22.1	0.1	21.1
Female	1.2	10.4	1.8	19.7	0.1	20.6
Age group of child						
<5 years	3.0	13.8	3.2	27.2	0.1	28.9
5–9 years	1.2	10.8	1.2	21.8	0.0	20.5
10–14 years	0.5	9.5	1.2	19.4	0.1	17.8
15–17 years	0.0	8.7	0.1	16.2	0.2	15.7
Total	1.1	10.6***	1.4	20.9***	0.1	20.9***
		p=0.000		p=0.000		p=0.000
Number of children	4,210	3,978	3,640	3,415	3,251	3,089

*** Statistically significant at p<0.001.

Table C.70. Infant and young child feeding practices for children ages 6–59 months

	Among breastfed children								Among non-breastfed children								Among all children											
	Initial				End line				Initial				End line				Initial				End line							
	4+ food groups ¹	Minimum meal frequency ²	4+ food groups and minimum meal frequency ³	Breastfed children, n	4+ food groups ¹	Minimum meal	4+ food groups and minimum meal frequency ³	Breastfed children, n	Milk or milk products ³	4+ food groups ¹	Minimum meal	With 3 IYCF practices ⁵	Non-breastfed children, n	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Non-breastfed children, n	Breast milk, milk or milk products ⁶	4+ food groups ⁷	Minimum meal	With 3 IYCF practices	Number of children, n	Breast milk, milk or milk products ⁶	4+ food groups ⁷	Minimum meal	With 3 IYCF practices	Number of children, n
Full ISVP																												
Age, months, %																												
6–11	8.4	10.8	1.4	74	14.4	12.1	1.2	68	--	--	--	--	2	4.6	4.6	0.0	0.0	7	98.4	8.2	10.6	1.4	76	89.2	13.3	10.7	1.0	75
12–23	10.9	12.8	1.7	130	36.6	19.2	4.1	103	--	--	--	--	16	0.0	39.3	3.9	0.0	16	90.2	11.4	12.4	1.8	146	87.2	36.9	17.2	3.6	119
24–35	23.9	10.1	4.9	81	46.5	11.5	6.7	85	0.9	12.1	5.0	0.0	78	3.4	25.9	12.8	0.0	94	57.4	18.8	7.9	2.8	159	47.7	35.3	12.2	3.1	179
36–47	--	--	--	24	26.6	16.3	3.5	20	2.5	16.7	7.7	0.4	161	4.6	25.5	10.0	0.4	128	17.2	18.1	10.7	1.8	185	16.6	25.6	10.8	0.8	148
48–59	--	--	--	7	51.8	0.0	0.0	11	1.0	19.4	6.0	0.0	173	9.4	34.7	10.1	0.8	163	3.3	19.6	6.2	0.4	180	13.9	35.6	9.6	0.8	174
Sex, %																												
Male	13.5	8.8	2.9	139	36.6	14.7	5.4	140	2.0	19.8	6.0	0.2	207	5.6	24.9	9.1	0.3	188	43.1	17.2	7.2	1.3	346	46.8	30.0	11.6	2.5	328
Female	16.0	16.3	3.5	177	29.3	13.5	2.4	147	1.7	14.4	7.2	0.3	223	6.4	33.0	11.3	0.6	220	47.9	15.1	11.5	1.8	400	45.0	31.5	12.2	1.3	367
HES-only																												
Age, months, %																												
6–11	23.4	26.3	20.3	58	31	30	11	48	--	--	--	--	4	0.0	0.0	0.0	0.0	1	93.4	22.4	25.7	18.9	62	94.6	29.4	28.6	10.0	49
12–23	20.8	16.6	6.8	127	23	12	9	79	--	--	--	--	15	2.8	44.2	5.7	0.0	20	86.6	19.6	14.7	5.8	142	83.2	27.0	11.3	7.7	99
24–35	17.3	16.2	10.3	68	18	11	3	67	0.8	24.2	0.8	0.0	55	7.7	37.6	10.8	1.2	77	55.9	20.4	9.4	5.7	123	53.0	28.2	10.7	2.1	144
36–47	(8.0)	(35.0)	(2.1)	27	19	14	4	13	3.8	15.5	6.7	0.3	157	1.2	20.8	4.0	0.3	137	16.1	14.5	10.4	0.5	184	6.9	20.7	4.5	0.5	150
48–59	--	--	--	6	14	0	0	7	2.9	14.2	3.7	0.0	168	4.2	25.0	2.0	0.7	141	6.3	13.9	3.6	0.0	174	8.6	24.5	2.0	0.7	148
Sex, %																												
Male	14.7	18.1	8.1	147	27	18	9	124	5.5	16.2	8.7	0.2	198	4.8	26.2	5.8	1.1	180	41.0	15.6	12.2	3.2	345	44.9	26.7	10.8	4.2	304

	Among breastfed children								Among non-breastfed children										Among all children									
	Initial				End line				Initial				End line						Initial					End line				
	4+ food groups ¹	Minimum meal frequency ²	4+ food groups and minimum meal ³	Breastfed children, n	4+ food groups ¹	Minimum meal	4+ food groups and minimum meal ³	Breastfed children, n	Milk or milk products ³	4+ food groups ¹	Minimum meal	With 3 IYCF practices ⁵	Non-breastfed children, n	Milk or milk products ³	4+ food groups ¹	Minimum meal frequency ⁴	With 3 IYCF practices ⁵	Non-breastfed children, n	Breast milk, milk or milk	4+ food groups ⁷	Minimum meal	With 3 IYCF practices	Number of children, n	Breast milk, milk or milk products ⁶	4+ food groups ⁷	Minimum meal	With 3 IYCF practices	Number of children, n
Female	22.7	21.2	11.5	139	18	14	5	90	0.2	15.7	0.2	0.0	201	2.7	26.6	3.7	0.2	196	44.2	18.8	9.5	5.1	340	32.7	23.8	6.9	1.8	286
Control																												
Age, months, %																												
6–11	9.3	27.3	6.4	71	20.6	24.2	3.7	66	--	--	--	--	3	100.0	100.0	100.0	0.0	1	95.3	8.9	26.0	6.1	74	100.0	23.2	26.7	3.6	67
12–23	19.2	18.6	7.8	127	22.7	17.3	9.4	84	--	--	--	--	18	0.0	22.2	0.0	0.0	13	92.0	22.1	18.8	7.6	145	87.2	22.7	15.1	8.2	97
24–35	12.4	27.6	6.0	59	24.4	17.0	5.0	81	4.4	18.6	6.1	1.8	76	5.5	26.8	11.9	4.3	102	46.4	15.9	15.5	3.7	135	43.9	25.8	14.0	4.6	183
36–47	--	--	--	17	39.0	36.6	34.9	12	6.0	14.7	10.9	2.3	140	2.9	41.0	9.6	1.2	114	12.3	16.3	13.3	4.1	157	13.3	40.8	12.5	4.8	126
48–59	--	--	--	4	49.4	0.0	0.0	5	0.8	18.2	2.9	0.0	135	8.0	23.8	11.4	1.2	147	4.1	18.3	2.8	0.0	139	12.3	25.0	10.9	1.1	152
Sex, %																												
Male	13.6	25.0	8.5	134	23.4	21.8	5.7	123	5.1	17.5	7.2	2.6	193	6.2	34.9	11.8	2.1	187	45.6	15.8	14.8	5.1	327	42.3	30.5	15.6	3.5	310
Female	18.5	21.9	6.8	144	25.4	17.9	9.7	125	3.2	18.6	7.2	0.3	179	5.7	26.2	10.6	1.9	190	44.7	18.5	13.5	3.1	323	42.0	25.9	13.4	4.9	315

"Note: Figures in parentheses are based on 25–49 unweighted cases. A dashed line indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. Vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, shellfish, and organ meats; g. legumes and nuts.

² For breastfed children, minimum meal frequency is receiving solid or semisolid food at least twice a day for infants ages 6–8 months and at least three times a day for children 9 months and older.

³ Includes two or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt.

⁴ For non-breastfed children, minimum meal frequency is receiving solid or semisolid food or milk feeds at least four times a day.

⁵ IYCF = infant and young child feeding practice. Non-breastfed children are considered to be fed with a minimum standard of three infant and young child feeding practices if they receive other milk or milk products at least twice a day, receive the minimum meal frequency, and receive solid or semisolid foods from at least four food groups, not including the milk or milk products food group.

⁶ Breastfeeding or not breastfeeding and receiving two or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt.

⁷ Children are fed the minimum recommended number of times per day according to their age and breastfeeding status, as described in footnotes 2 and 4.

Table C.71. Characteristics of children ages 0–59 months that had growth monitoring events at home or a health center in past 12 months

	Full ISVP										HES-only										Control										
	Initial					End line					Initial					End line					Initial					End line					
	1–2 times	3–5 times	6+ times	DK	N	1–2 times	3–5 times	6+ times	DK	N	1–2 times	3–5 times	6+ times	DK	N	1–2 times	3–5 times	6+ times	DK	Number	1–2 times	3–5 times	6+ times	DK	N	1–2 times	3–5 times	6+ times	DK	N	
Sex of child																															
Male	38.3	34.4	22.6	4.7	259	32.2	36.6	28.7	2.5	276	28.6	19.3	48.7	3.3	245	43.6	24.6	30.9	0.9	261	35.1	36.2	27.0	1.7	239	37.6	23.9	37.3	1.3	249	
Female	28.7	40.4	30.1	0.8	327	30.6	29.4	37.6	2.4	326	37.1	27.9	31.6	3.4	245	32.4	38.5	28.6	0.5	252	34.9	32.9	30.1	2.2	234	39.4	27.6	32	1	275	
Age group of child																															
0–11 months	37.1	36.1	23.3	3.6	84	38.6	38	23.4	0	91	49.6	21.5	25.5	3.4	60	45.1	33.6	21.2	0	73	47.8	34.6	16.5	1.1	76	39.6	28.4	30.7	1.3	76	
12–23 months	31.6	28.7	38.8	0.9	120	28.1	31.7	39.7	0.5	106	29.9	29.6	39.6	0.9	112	32.5	35.4	32.1	0	87	19.3	50.3	30.4	0.0	107	40.2	19.7	37.3	2.8	82	
24–59 months	32.8	41.2	23.1	3.0	382	30	31.5	34.8	3.6	405	30.6	21.9	43.3	4.1	318	37.2	30.4	31.3	1	353	37.9	28.5	30.7	2.9	290	38	26.6	34.6	0.8	366	
Total	33.1	37.7	26.6	2.6	586	31.4	32.8	33.4	2.5	602	32.7	23.5	40.5	3.4	490	37.9	31.7	29.7	0.7	513	35.0	34.6	28.5	1.9	473	38.6	25.8	34.4	1.2	524	

Table C.72. Characteristics of children ages 0–59 months monitored for growth at home or at a health center in past 12 months

Characteristics	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child						
Male	68.4	80.7	62.4	84.2	66.0	72.1
Female	73.6	85.6	59.4	82.2	67.8	83.4
Age group of child						
0–11 months	53.7	77.4	48.3	78.2	49.9	64.5
12–23 months	81.3	87.5	67.9	91.2	77.2	88.4
24–59 months	72.9	84.1	61.6	82.9	69	79.2
Total	71.1	83.2*** p=0.001	60.9	83.1*** p=0.000	66.9	77.7*** p=0.001
N	825	751	737	649	722	678

***Statistically significant at p<0.001.

Table C.73. Percentage of caregivers who gave correct responses to various nutrition knowledge questions

	Knows child receives breastmilk only until 6 months		Knows sick child should be fed the same amount		Knows 2+ ways to prevent undernutrition among children < 6 months		Knows 2+ ways to prevent undernutrition among children 6–23 months		Knows need to wash hands 2+ times		Knows 2+ ways pregnant woman should eat		Number of caregivers	
	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line	Initial	End line
Sex of caregiver														
Full ISVP														
Male	72.6	72.2	13.6	23.2	27.3	31.8	23.1	54.9	73.7	74.6	29.9	61.0	53	65
Female	80.9	85.6	15.1	14.3	33.3	37.9	40.1	53.8	80.8	82.5	46.9	71.7	1391	1,287
Total	80.5	85.0	15.0	14.7	33.0	37.6	39.3	53.9	80.4	82.1	46.1	71.2	1444	1,352
HES-only														
Male	38.4	43.9	15.6	32.3	13.7	17.7	22.7	32.1	70.6	69.8	32.8	27.9	54	55
Female	77.0	84.0	15.4	16.1	33.6	40.7	44.5	56.7	81.6	82.3	52.6	60.1	1273	1,201
Total	75.6	82.1	15.4	16.9	32.9	39.6	43.7	55.5	81.2	81.7	51.8	58.6	1327	1,256
Control														
Male	67.4	79.2	3.0	12.1	24.7	27.2	25.3	29.8	73.2	62.3	48.3	43.3	62	61
Female	81.0	83.0	11.2	14.1	35.9	35.8	39.6	52.1	81.1	81.3	43.6	62.9	1150	1,068
Total	80.3	82.8	10.7	14.1	35.3	35.4	38.9	51.1	80.7	80.4	43.8	62.0	1212	1,129

Table C.74. Percentage distribution of caregivers by number of correct responses given to questions of nutrition knowledge, by sex

	Initial					End line				
	0	1-2	3-4	5-6	N	0	1-2	3-4	5-6	N
Sex of caregiver										
Full ISVP										
Male	9.9	49.7	28.1	12.3	53	6.4	28.1	47.4	18.1	65
Female	3.9	34.3	45.3	16.5	1,391	3.8	24.3	39.2	32.8	1,287
Total	4.2	35.0	44.5	16.3	1,444	3.9	24.5	39.5	32.1** p=0.002	1,352
HES-only										
Male	15.9	57.8	21.8	4.6	54	7.7	56.5	27.8	8.0	55
Female	4.2	30.6	48.9	16.3	1,273	3.0	29.4	34.3	33.3	1,201
Total	4.6	31.5	47.9	15.9	1,327	3.2	30.7	34.0	32.1** p=0.002	1,256
Control										
Male	8.9	37.4	52.4	1.2	62	7.8	48.6	25.2	18.3	61
Female	3.0	33.6	51.2	12.1	1,150	3.1	27.6	44.4	24.9	1,068
Total	3.3	33.8	51.3	11.5	1,212	3.3	28.5	43.6	24.6*** p=0.000	1,129

** Statistically significant at p<0.01.

***Statistically significant at p<0.001.

Table C.75. Child undernourishment, per mid-upper arm circumference

	Full ISVP		HES-only		Control	
Characteristics	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	2.3	7.2	5.4	2.8	1.8	2.5
Female	3.9	5.6	6.4	0.6	3.0	3.6
Infant and young child age groups, %						
6-11 months	15.2	21.6	8.1	14.0	6.9	11.8
1-4 years	1.7	3.9	5.7	0.3	1.9	2.0
Total	3.1	6.4*** p=0.001	5.9	1.7*** p=0.001	2.4	3.1*** p=0.000
n	746	695	685	590	650	625

***Statistically significant at p<0.001.

Table C.76. Characteristics of children ages 0–59 months old with fever and treatment for fever within two weeks of interview

	Full ISVP								HES-only								Control							
	Initial				End line				Initial				End line				Initial				End line			
			Among children with a fever				Among children with a fever				Among children with a fever				Among children with a fever				Among children with a fever				Among children with a fever	
	Had a fever	Number of children	Sought treatment	Number of children	Had a fever	Number of children	Sought treatment	Number of children	Had a fever	Number of children	Sought treatment	Number of children	Had a fever	Number of children	Sought treatment	Number of children	Had a fever	Number of children	Sought treatment	Number of children	Had a fever	Number of children	Sought treatment	Number of children
Sex of child																								
Male	31.6	381	73.9	111	33.0	354	70.3	97	22.8	376	68.7	87	15.4	330	55.9	58	23.1	368	76.4	88	19.0	339	68.6	70
Female	26.1	444	70.9	109	27.1	397	80.2	95	25.8	361	53.7	78	19.6	319	64.0	62	24.4	354	76.1	95	18.7	339	85.3	66
Age group of child																								
0–11 months	33.1	155	(62.7)	44	35.2	131	(62.1)	31	22.9	114	(33.0)	28	25.2	108	(79.9)	25	26.1	146	(74.9)	40	21.9	120	(84.0)	28
12–23 months	35.1	146	69.7	55	42.9	119	(83.5)	46	31.6	142	(58.0)	43	16.6	99	(81.3)	25	31.7	145	(83.2)	44	25.4	97	(83.1)	26
24–59 months	25.5	524	77.4	121	25.4	501	77.2	115	22.5	481	68.2	94	15.7	442	47.7	70	20.2	431	73.1	99	16.8	461	72.7	82
Total	28.7	825	72.5	220	30.0 p=0.701	751	74.9 p=0.709	192	24.3	737	60.8	165	17.6+ p=0.122	649	60.6 p=0.979	120	23.7	722	76.3	183	18.8 p=0.130	678	76.9 p=0.914	136

No statistically significant changes over time within group.

Parentheses denote based on N=25–49.

Figure C.2. Total children ages 0–59 months old with fever and treatment for fever within two weeks of interview

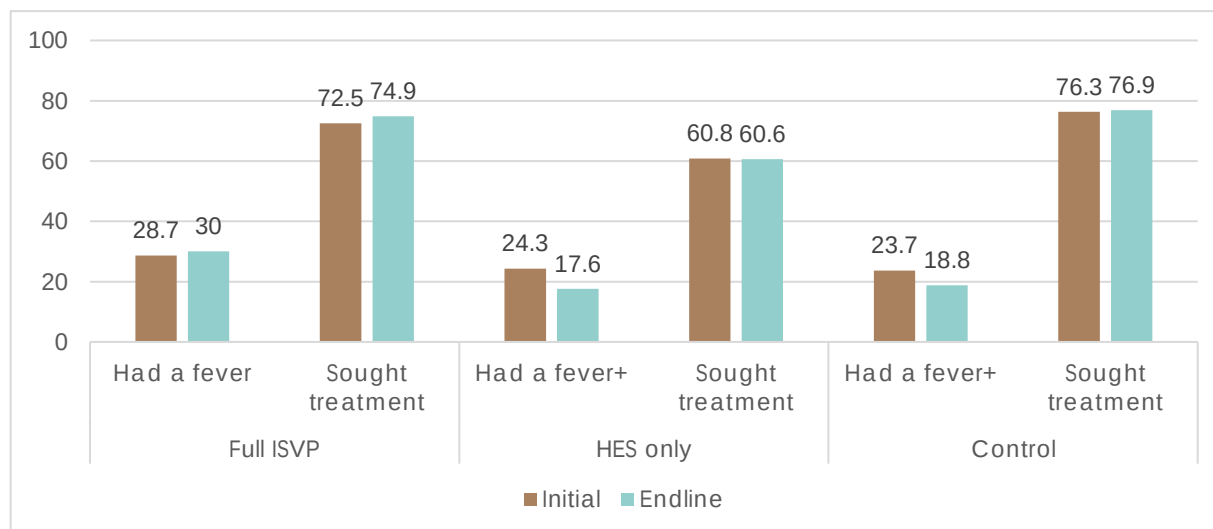


Table C.77. Characteristics of children ages 0–59 months old with diarrhea and treatment within two weeks of interview

	Full ISVP								HES-only								Control							
	Initial				End line				Initial				End line				Initial				End line			
	Had diarrhea	Number of children	Sought treatment	Among children with diarrhea	Had diarrhea	Number of children	Sought treatment	Among children with diarrhea	Had diarrhea	Number of children	Sought treatment	Among children with diarrhea	Had diarrhea	Number of children	Sought treatment	Among children with diarrhea	Had diarrhea	Number of children	Sought treatment	Among children with diarrhea				
Sex of child																								
Male	19.5	381	82.7	74	22.1	354	63.2	74	14.0	376	48.1	53	14.7	330	52.1	57	19.1	368	70.6	64	17.3	339	41.7	53
Female	19.0	444	68.3	69	15.4	397	80.0	64	12.8	361	(36.8)	40	11.9	319	(66.4)	38	12.0	354	(68.8)	42	11.8	339	(68.5)	44
Age group of child																								
0–11 months	19.4	155	(72.7)	26	15.9	131	-	18	10.5	114	-	12	9.0	108	-	11	15.5	146	-	23	24.7	120	(41.3)	25
12–23 months	32.1	146	(84.3)	47	30.1	119	(77.6)	33	29.5	142	(48.0)	35	11.8	99	-	23	28.3	145	(85.8)	38	21.3	97	-	21
24–59 months	15.2	524	70.3	70	17.0	501	75.7	87	9.5	481	(41.8)	46	14.6	442	63.3	61	11.3	431	(59.7)	45	10.6	461	58.4	51
Total	19.3 p=0.868	825	75.3 p=0.503	143	18.7	751	70.3	138	13.4	737	42.8	93	13.2 p=0.957	649	58.8 p=0.289	95	15.6	722	69.9	106	14.5 p=0.576	678	52.5* p=0.019	97

*Statistically significant at p<0.05.

Figure C.3. Total children ages 0–59 months old with diarrhea and treatment within two weeks of interview

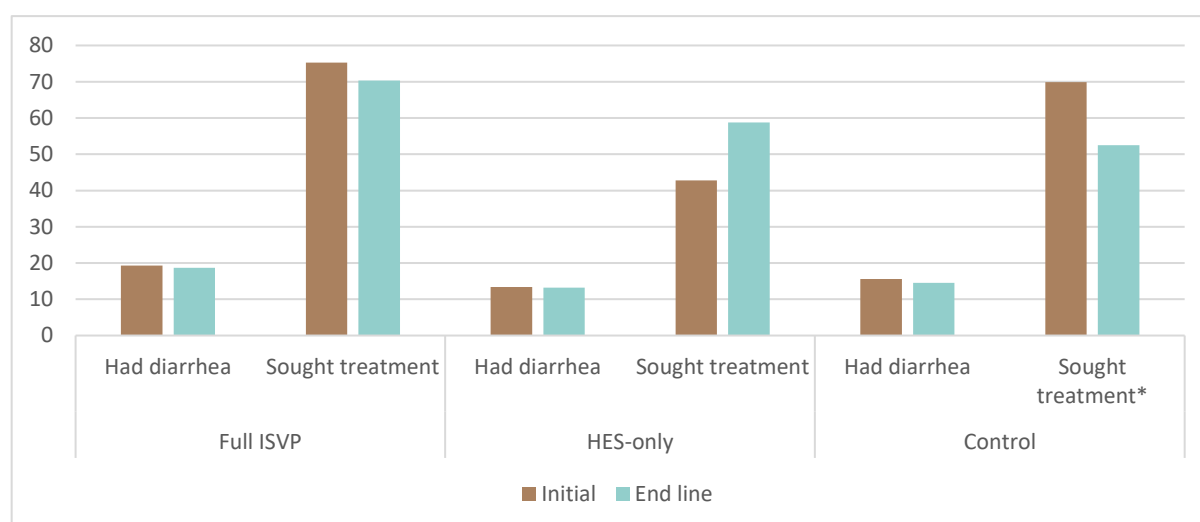


Table C.78. Caregivers' knowledge of child's HIV status (MER)

	Full ISVP		HES-only		Control	
Characteristics	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	29.6	26.6	18.2	14.3	16.3	10.1
Female	30.3	27.0	19.4	15.4	17.6	11.0
Age group of child, %						
<5 years	21.6	20.2	13.7	7.3	12.1	6.9
5–9 years	27.1	26.3	17.9	12.0	18.0	10.9
10–14 years	31.7	27.1	21.0	16.6	17.4	10.3
15–17 years	41.5	34.5	21.9	23.5	21.6	16.0
Total	30.0	26.8+ p=0.057	18.8	14.8 p=0.110	16.9	10.5*** p=0.000
n	4,210	3,978	3,640	3,415	3,251	3,089

***Statistically significant at $p < 0.001$.

Youth Health

Table C.79. Characteristics of 10- to 17-year-old youth who know strategies to prevent HIV

	Full ISVP				HES-only				Control			
	Initial		End line		Initial		End line		Initial		End line	
	%	N	%	N	%	N	%	N	%	N	%	N
Sex of child, %												
Male	46.1	547	34.2	501	35.1	601	38.1	464	40.9	361	35.0	387
Female	34.8	553	36.9	516	29.5	561	34.4	452	37.4	358	34.2	390
Age group of child, %												
10–14 years	34.4	799	26.5	720	23.6	815	27.8	609	28.9	482	24.1	535
15–17 years	56.2	301	56.7	297	51.2	347	53.5	307	57.9	237	60.1	242
Total	40.9	1,100	35.5 p=0.128	1,017	32.5	1,162	36.3 p=0.354	916	39.2	719	34.6 + p=0.129	777

Figure C.4. Youth ages 10–17 tested in past 12 months who knew their HIV status

+ p<0.10, p=0.090.
 ** p<0.01, p=0.008.
 *** p<0.001, p=0.001.

Table C.80. Youth ages 10–17 tested for HIV within past 12 months and knew their HIV status

	Full ISVP				HES-only				Control			
	Initial		End line		Initial		End line		Initial		End line	
	M	F	M	F	M	F	M	F	M	F	M	F
Age group of child, %												
10–14 years	13.0	12.2	23.1	16.6	8.9	9.5	16.4	17.0	6.3	8.8	11.0	6.4
15–17 years	36.1	31.5	45.8	39.9	21.8	16.8	42.3	35.1	19.2	8.7	23.2	22.7
Total	20.3	17.6	30.4	23.0	13.1	11.8	25.2	22.8	10.5	8.7	14.8	10.9
Number of youth	547	553	501	516	601	561	464	452	361	358	387	390

Table C.81. Youth ages 10–17 ever tested for HIV who knew their HIV status

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	Ever tested	Tested in past 12 months	N	Ever tested	Tested in past 12 months	N	Ever tested	Tested in past 12 months	N	Ever tested	Tested in past 12 months	N	Ever tested	Tested in past 12 months	N	Ever tested	Tested in past 12 months	N
Sex of child, %																		
Male	27.6	20.3	547	36.5	30.4	501	21.4	13.1	601	29.2	25.2	464	18.9	10.5	361	18.4	14.8	387
Female	25.7	17.6	553	30.1	23.0	516	15.0	11.8	561	29.0	22.8	452	17.9	8.7	358	13.4	10.9	390
Age group of child, %																		
10–14 years	18.8	12.6	799	25.2	19.8	720	11.9	9.2	815	20.2	16.7	609	13.8	7.5	482	10.4	8.7	535
15–17 years	45.3	34.1	301	52.8	43.2	297	32.1	19.5	347	47.0	38.9	307	26.7	13.5	237	29.5	23.0	242
Total	26.7	19.0	1,100	33.4* p=0.029	26.8** p=0.008	1,017	18.4	12.5	1162	29.1** p=0.006	24.1*** p=0.001	916	18.4	9.6	719	15.9 p=0.360	12.9+ p=0.090	777

+Statistically significant or borderline significant at p<0.10.

* Statistically significant at p<0.05.

** Statistically significant at p<0.01.

*** Statistically significant at p<0.001.

Table C.82. Sexual behavior among 10- to 17-year-old youth

	Full ISVP				HES-only				Control			
	Initial		End line		Initial		End line		Initial		End line	
	M	F	M	F	M	F	M	F	M	F	M	F
Never had sexual intercourse	90.2	90.4	80.4	87.4	90.6	91.6	79.4	91.7	92.2	94.7	89.8	90.2
Had sexual intercourse in past 12 months	2.4	4.7	4.8	1.4	2.5	6.4	6.4	3.3	1.6	1.0	2.3	1.8
Number of youth	547	553	501	516	601	561	464	452	361	358	387	390

Table C.83. Percentage distribution of youth ages 10–17, by contraceptive method currently used

	Full ISVP	HES-only	Control
Any method	0.5	1.7	1.6
Any modern method	0.4	1.1	1.6
Sterilization	0	0.1	0
Implant	0	0	0.2
IUD	0	0	0
Injectable	0	0	0
Pill	0	0	0
Male condom	0.3	1	1.4
Standard days method	0	0.1	0
Lactational amenorrhea method (LAM)/other modern method ¹	0.1	0	0
Any traditional method	0.1	0.6	0
Not currently using	98.8	98.2	98.2
Refused	0.7	0.1	0.2
Number of youth	1,017	916	777

Education

Early Childhood Development

Table C.84. Characteristics of children 36–59 months old attending ECD program

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	30.6	28.9	15.3	11.2	13.4	11.5
Female	45.5	36.9	11.5	6.7	9.7	19.3
Age group of child, %						
36–47 months	23.7	19.9	10.9	4.4	4.5	10.7
48–59 months	51.4	43.5	16.6	13.2	19.3	19.9
		33.0		8.6+		15.4
Total	38.1	p=0.369	13.6	p=0.084	11.6	p=0.236
Number of children	365	322	358	298	296	278

+Statistically significant or borderline significant at p<0.10.

Table C.85. Characteristics of children under 5 who had a household member age 15 or older who engaged the child in any stimulating activities in past 3 days, MER

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	79.1	79.8	79.5	85.1	82.9	90.2
Female	84.4	83.6	79.3	88.0	80.2	91.4
Age group of child, %						
0–11 months	59.6	64.7	61.6	64.9	65.4	69.2
12–23 months	81.6	92.1	79.2	87.3	90.1	95.9
2–4 years	88.5	84.9	83.4	92.3	84.1	95.5
Total	81.9	81.7	79.4	86.6	81.6	90.8
Number of children	825	751	737	649	722	678

Table C.86. Characteristics of children under 5 who had a household member age 15 or older who engaged the child in at least 4 different stimulating activities in past 3 days, MER

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	30.6	39.1	33.2	34.4	30.4	44.2
Female	36.4	43.9	30.8	50.2	34.1	51.3
Age group of child, %						
0–11 months	10.5	13.2	11.5	8.5	4.7	15.8
12–23 months	22.4	45.1	29.2	51.5	26.0	35.8
2–4 years	44.0	49.8	37.3	50.1	43.6	58.3
Total	33.7	41.5** p=0.007	32.0	42.6* p=0.038	32.3	47.7*** p=0.000
Number of children	825	751	737	649	722	678

* Statistically significant at p<0.05.

** Statistically significant at p<0.01.

*** Statistically significant at p<0.001.

Schooling

Figure C.5. Total children ages 5–17 currently enrolled in school

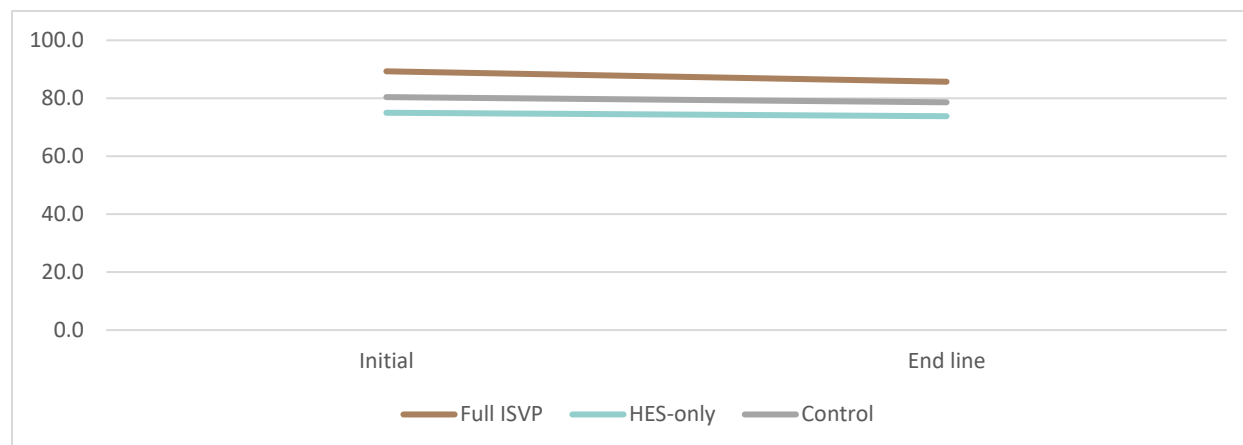


Table C.87. Characteristics of children ages 5–17 currently enrolled in school

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	88.2	84.7	73.9	72.1	79.9	76.5
Female	90.3	86.6	76.3	75.6	81.0	80.7
Age group of child, %						
5–6 years	72.8	62.4	42.4	45.3	51.2	51.9
7–12 years	97.5	93.4	88.3	86.8	94.1	91.1
13–17 years	84.6	83.9	71.1	67.9	76.1	73.4
Total	89.3	85.7	75.0	73.8	80.4	78.6
Number of children	3,385	3,227	2,903	2,766	2,529	2,411

Figure C.6. Percentage of children ages 13–17 currently enrolled in secondary school

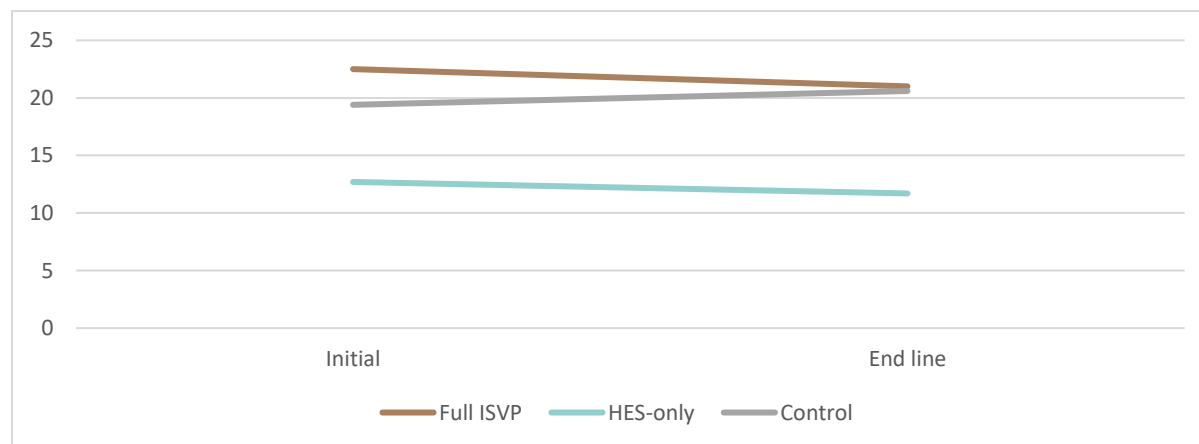


Table C.88. Characteristics of children ages 13–17 currently enrolled in secondary school

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	20.2	17.7	10.0	10.3	18.6	21.1
Female	24.8	24.1	15.6	13.2	20.1	20.1
Age group of child, %						
13–14 years	10.2	10.4	7.8	5.7	12.8	12.3
15–17 years	33.2	29.7	16.1	15.6	24.5	26.8
Total	22.5	21.0	12.7	11.7	19.4	20.6
Number of children	1,250	1,234	1,100	1,035	969	938

No statistically significant differences by total.

Table C.89. Among all children ages 5–17, percentage who did not miss any days of instruction during past full week of school (MER)

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	61.0	68.8	53.6	61.2	61.7	62.2
Female	67.2	75.1	58.2	65.8	59.6	65.6
Age group of child (1), %						
5–9 years	60.7	66.5	48.5	56.4	55.6	58.6
10–14 years	70.2	79.5	70.4	75.8	72.2	75.5
15–17 years	57.8	65.8	42.1	52.7	48.5	50.4
Age group of child (2), %						
5–6 years	52.2	49.9	29.0	39.1	35.2	41.9
7–12 years	68.4	78.4	66.3	73.3	71.2	73.7
13–17 years	62.9	71.6	53.0	59.9	58.7	60.1
Level of education, %						
Pre-primary	67.8	79.4	72.9	90.3	79.4	80.3
Primary	71.5	83.9	74.4	85.1	74.5	81.5
Secondary or higher	78.1	90.2	75.6	91.2	82.3	80.1
Not enrolled	0	0	0	0	0	0
Missing	65	47.8	49.2	0	100	73.8
Total	64.1	72*** p=0.001	55.8	63.4** p=0.003	60.7	63.9* p=0.049
Number of children	4,210	3,978	3,640	3,415	3,251	3,089

*Statistically significant at p<0.05.

** Statistically significant at p<0.01.

*** Statistically significant at p<0.001.

Table C.90. Among all children ages 7–17, percentage who did not miss any days of instruction during past full week of school

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	62.6	72.1	57.9	65.8	66.8	66.7
Female	69.4	78.5	63.0	68.8	64.5	68.8
Age group of child, %						
7–12 years	68.4	78.4	66.4	73.3	71.2	73.7
13–17 years	62.9	71.6	53.0	59.9	58.7	60.1
Total	66.0	75.4*** p=0.000	60.3	67.3** p=0.007	65.6	67.7 p=0.157
Number of children	2,917	2,814	2,492	2,392	2,151	2,091

** Statistically significant increase within arm at p<0.01.

*** Statistically significant increase within arm at p<0.001.

Table C.91. Among children ages 7–17 currently not enrolled in school, percentage distribution of main reason given for why child is not enrolled

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Reasons for missing school, %						
Lack of money for school fees, materials, transport	33.4	34.5	49.8	46.6	46.4	39.4
Child is too sick or disabled to attend	18.5	12.0	8.5	9.9	13.5	8.1
Child is working	3.6	1.0	1.5	3.1	4.8	1.4
Child is caring for a household member	2.0	1.0	1.7	0.2	1.8	0.4
Child does not like school	34.1	25.6	27.0	15.8	24.5	26.3
School related: classes canceled, school too far away, poor-quality teachers	5.6	22.6	7.5	21.9	6.9	18.6
Hunger	1.4	0.0	0.1	0.2	1.2	0.5
Other	1.4	2.2	2.8	2.0	0.8	4.9
Don't know	0.0	1.0	1.0	0.3	0.0	0.2
Number	220	311	404	463	311	361

Table C.92. Among children ages 7–17 currently enrolled in school and who missed at least one day during past week of instruction, percentage distribution of main reason given for that absence

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Reasons for missing school, %						
Lack of money for school fees, materials, transport	11.2	17.9	19.3	17.1	16.2	21.7
Child is too sick or disabled to attend	45.1	51.7	47.8	55.7	54.8	54.8
Child is working	5.9	0.8	5.5	3.4	6.0	2.3
Child is caring for a household member	3.1	2.5	4.0	4.4	4.2	1.6
Child does not like school	6.4	7.8	5.4	10.0	7.6	7.5
School related: classes canceled, school too far away, poor-quality teachers	1.7	0.7	3.3	1.6	0.9	1.7
Hunger	15.7	6.8	9.1	5.0	4.5	2.7
Lacking clean clothes	2.5	0.3	0.1	0.2	1.7	0.0
Visiting home	2.5	4.3	1.7	1.0	1.3	0.6
Other	3.1	0.6	0.3	0.6	1.0	2.8
Don't know	2.7	6.7	3.5	1.0	1.9	4.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	694	403	503	259	471	309

Table C.93. Among children ages 5–17 enrolled in school previous year, percentage who progressed to a more advanced grade in current school year (MER)

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	90.0	77.0	84.1	69.1	86.9	72.1
Female	90.4	77.5	83.5	72.5	91.0	76.9
Age group of child (1), %						
5–9 years	87.3	71.0	85.2	66.5	91.1	68.4
10–14 years	92.5	81.6	89.1	73.2	92.5	81.2
15–17 years	86.9	75.2	70.7	70.2	78.6	65.9
Age group of child (2), %						
5–6 years	46.9	42.1	80.0	38.7	70.5	52.7
7–12 years	91.0	80.3	87.8	71.3	92.1	78.2
13–17 years	90.4	77.6	79.4	72.3	85.6	72.5
		77.3***		70.8***		74.5***
Total	90.2	p=0.000	83.8	p=0.000	89.0	p=0.000
Number of children	2,311	2,635	1,961	2,019	1,698	1,789

*** Statistically significant at p<0.001.

Table C.94. Characteristics of children ages 7–17 enrolled in school previous year who progressed to a more advanced grade in current school year

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	90.3	78.6	84.1	69.7	86.9	73.7
Female	91.2	79.6	83.5	73.9	91.4	77.6
Age group of child, %						
7–12 years	91.0	80.3	87.8	71.3	92.1	78.2
13–17 years	90.4	77.6	79.4	72.3	85.6	72.5
Total	90.7	79.1*** p=0.000	83.8	71.7*** p=0.000	89.1	75.7*** p=0.000
Number of children	2,279	2,491	1,934	1,958	1,684	1,710

*** Statistically significant at p<0.001.

Table C.95. Among children ages 13–17, percentage distribution of their progress within school from previous year

	Full ISVP						HES-only						Control					
	Initial			End line			Initial			End line			Initial			End line		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Schooling level																		
Progressed within primary	56.4	55.2	55.8	47.6	48.2	47.9	53.2	47.8	50.6	46.5	44.2	45.3	50.6	53.9	52.2	37.0	44.8	40.8
Progressed from primary to secondary	11.6	15.4	13.5	8.8	11.1	10.0* p=0.037	4.6	7.5	6.0	6.0	5.8	5.9 p=0.835	11.2	7.3	9.3	6.6	9.9	8.2 p=0.224
Progressed within secondary	7.5	7.9	7.7	8.1	11.8	10.0	4.5	6.6	5.5	3.8	5.7	4.8	7.1	11.5	9.3	10.7	8.6	9.7
Progressed from Secondary to TVET/university	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.2	0.2	0.5	0.0	0.3	0.2	0.7	0.4
Did not progress but still in school	2.8	4.5	3.6	10.6	12.7	11.7	7.0	5.6	6.3	9.5	6.5	8.0	3.8	2.3	3.1	11.2	6.7	9.0
Enrolled this year but not last year	4.3	3.5	3.9	5.5	2.4	3.9	2.1	3.2	2.6	4.2	3.1	3.7	1.9	2.2	2.0	5.6	4.8	5.2
Dropped out this year	4.7	4.3	4.5	8.9	7.1	8.0	7.4	12.4	9.8	13.6	13.4	13.5	10.2	7.5	8.9	12.5	14.2	13.3
Not enrolled this year or last year	12.6	9.1	10.9	10.4	6.8	8.6	21.2	16.8	19.1	16.3	21.1	18.7	14.6	15.4	15.0	16.3	10.4	13.4
Number of children	613	637	1250	601	633	1,234	542	558	1100	533	502	1035	489	480	969	480	458	938

*Statistically significant at p<0.05.

Table C.96. Characteristics of all children ages 13–17 who did not miss any days of secondary school instruction during past full week of school

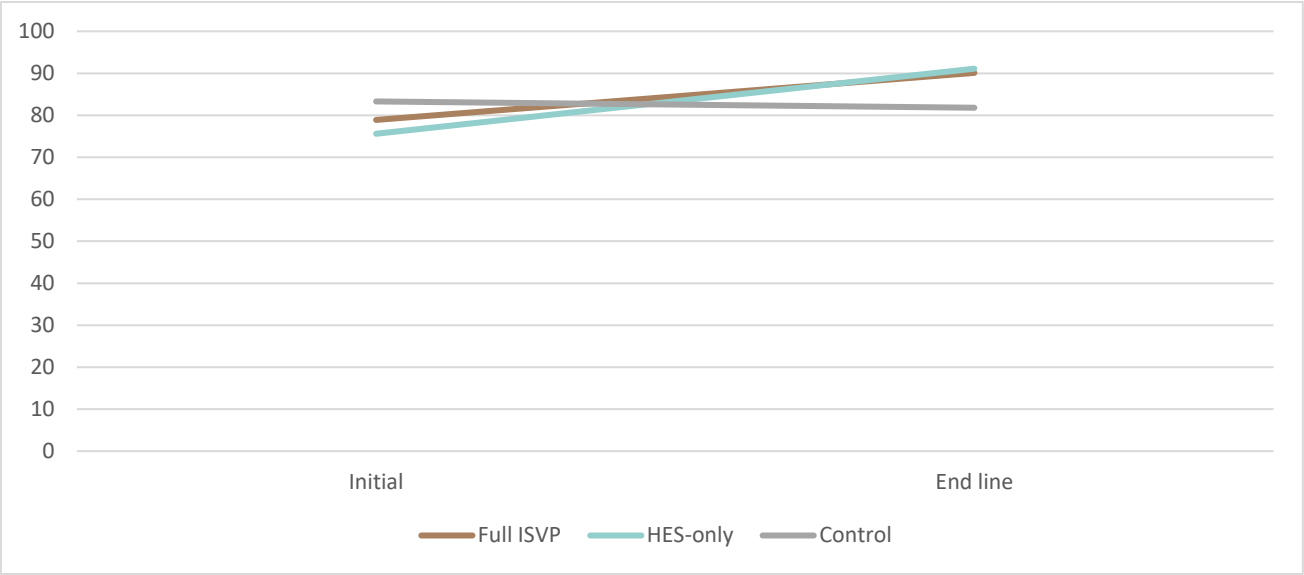
	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	15.7	16.3	7.1	9.3	16.6	17.8
Female	19.8	21.4	12.3	12.1	15.7	15.9
Age group of child, %						
13–14 years	7.3	9.7	5.1	5.2	10.7	10.2
15–17 years	26.8	26.5	12.7	14.2	20.3	21.8
Total	17.7	18.9	9.6	10.7	16.1	16.9
Number of children	1,250	1,234	1,100	1,035	969	938

No statistically significant changes within group over time.

Table C.97. Among those children ages 13–17 currently enrolled in secondary school, percentage who did not miss any days of secondary school instruction during past full week of school

	Full ISVP		HES-only		Control	
	Initial	End line	Initial	End line	Initial	End line
Sex of child, %						
Male	77.9	92.0	70.8	90.5	89.1	84.0
Female	79.7	88.7	78.9	91.7	77.8	79.4
Age group of child, %						
13–14 years	72.0	93.2	65.7	90.8	83.8	83.2
15–17 years	80.7	89.2	79.0	91.2	83.1	81.4
Total	78.9	90.1	75.6	91.1	83.3	81.8
Number of children	283	244	157	152	169	184

Figure C.7. Among those children ages 13–17 currently enrolled in secondary school, percentage who did not miss any days of secondary school instruction during past full week of school



APPENDIX D. INITIAL STUDY PROTOCOL

MEASURE Evaluation Phase IV

Impact Evaluation Protocol: Rwanda's Improved Services for Vulnerable Populations (ISVP) Project

May 8, 2017

Rwanda

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Contents

Summary of Study.....	161
1. Background.....	162
1.1. Evaluation Purpose.....	162
1.2. Government of Rwanda (GOR) and USAID Response.....	162
1.3. Improved Services for Vulnerable Populations (ISVP) Project & Targeting	163
1.4. ISVP Project Implementation Plan.....	164
2. Study Aims and Objectives	165
2.1 Aims.....	165
2.2 Research Objectives	165
3. Study Methods.....	165
3.1 Evaluation Study Description.....	165
3.2 Evaluation Study Design	165
3.3 Study Sites.....	167
3.4 Study Population	167
3.5 ISVP Project Description (Intervention Description)	167
3.6 Main Exposures, Confounders and other Design Challenges, and Outcomes	169
4. Selection of Study Population.....	174
4.1 Inclusion Criteria	174
4.3 Exclusion Criteria.....	174
4.3 Sampling Frame and Design.....	174
4.4 Randomization.....	176
5. Study Procedures	176
5.1 Procedures at Enrollment	176
5.2 Follow-up.....	177
5.3 Measurement of Exposures and Confounders through Survey Instruments.....	177
5.4 Measurement of Outcomes	177
5.5 Sample Size.....	177
5.6 Data Management and Security	177
5.7 Proposed Analysis and Dissemination.....	178
6. Ethical Considerations	179
6.1 Confidentiality.....	179
6.2. Informed Consent	180
6.3 Ethical Approval.....	180

7. Logistics.....	180
7.1 Distribution of Responsibility	180
7.2 Staffing plan and bios	181
7.2. Timeline for Baseline; updated May 9, 2017*.....	186
8. References.....	187
9. Appendices.....	188
Appendix A - Study Sectors and Assignments (Confidential).....	188
Appendix B - PEPFAR Essential Indicators – Outcome Monitoring for OVC Programs	189

Summary of Study

Study Purpose: MEASURE Evaluation, with support from USAID/Rwanda, and in collaboration with the National University of Rwanda, College of Medicine and Health Sciences and School of Public Health (NUR-CMHS/SPH) (baseline) and Incisive Africa (end line), is conducting an outcome and impact evaluation through a baseline survey of the Improved Services for Vulnerable Populations (ISVP) Project, which is led by Global Communities (GC) along with local non-governmental organizations (NGOs), Rwandan civil society organizations (CSOs) and the Ministries of Health (MOH) and Gender and Family Promotion (MIGEPROF). The ISVP Project will be implemented in 12 districts in Rwanda with high HIV prevalence and in 75 sectors within those districts. The evaluation, which will begin with a baseline survey in April 2017, will examine changes in key outcomes in terms of health, education, social services, nutrition, food security and economic stability before and after the implementation of the interventions implemented by the ISVP Project.

Study Participants: The baseline survey will be conducted with beneficiary households in intervention areas; and with households with children on the Most Vulnerable Children (MVC) list produced by the National Commission for Children (NCC). It will include the head of household, primary care givers of children under 18 years of age, members of integrated savings and lending groups (ISLG), and youth in 1,500 households in 23 sectors receiving the full package of ISVP Project interventions, in 22 sectors receiving only household economic strengthening (HES) interventions, and in 24 control sectors.

Study Procedures: Households will be chosen for participation in the survey using a two-stage random selection procedure based on program beneficiary lists and the MVC lists. There will be a four survey instruments administered: household questionnaire, caregiver questionnaire, youth questionnaire and a ISLG questionnaire. The chosen households will be visited by data collectors who will interview household residents using hand-held computer tablets. The data from the tablets will be transferred directly to the Carolina Population Center at UNC via secure FTP for analysis.

1. Background

1.1. Evaluation Purpose

USAID/Rwanda requested MEASURE Evaluation to conduct an impact evaluation of the improved Services for Vulnerable Populations (ISVP) project, known locally as the Twiyubake Program. The overall goal of the ISVP Project is to strengthen the capacity of target populations and communities to improve their health, nutrition and wellbeing, especially orphans and vulnerable children (OVC), people living with HIV/AIDS (PLHA), and economically vulnerable families.⁵ The project will link PLHA, OVC and other vulnerable families to basic health care, as well as to support services that mitigate the impact of HIV disease, including services that promote or support economic empowerment, education, and legal protection. A key component of the ISVP project will be the implementation of household economic strengthening (HES) approaches aimed at providing the necessary support to stabilize and strengthen poor families. The project builds upon USAID/Rwanda's support to the Government of Rwanda (GOR) and civil society partners to improve access to health and social services for vulnerable populations and thus enable them to live productive lives. The ISVP project began in March 2015 and will be implemented over five years.

The impact evaluation will assess the extent to which selected HES interventions compared to implementation of the full range of ISVP services (i.e. HES and related project services), improve the health, nutrition and well-being of the target population. The evaluation will determine the relative contribution of HES strengthening efforts to achieve the project's objectives and goals. The results of the impact evaluation will contribute to the evidence base on support to vulnerable populations and their families in the area of HES and inform policy formation and subsequent program designs beyond the ISVP project.

1.2. Government of Rwanda (GOR) and USAID Response

The GOR has enacted social policies and implemented programs aimed at improving the lives and protection of vulnerable populations, in particular PLHAs, OVCs and their families. Multiple government institutions and non-governmental organizations implement programs aimed at improving health, education, employment, local governance and legal protection for these target populations. USAID/Rwanda, in collaboration with the GOR has implemented a broad range of programs aimed at tackling the health and development challenges facing PLHAs, OVCs, out of school youth, and very poor households. USAID projects have focused on improving the access of individuals, households and communities to a network of services in health, education, social services, nutrition, food security, and economic stability to enable them to live productive lives.

The ISVP project is one project, designed with the support of the Ministry of Health (MOH) and the Ministry of Gender and Family Promotion (MIGEPROF), which will contribute to the achievement of USAID/Rwanda's Mission-level results:

- Increased capacities of families and communities to provide better care for vulnerable individuals;
- Improved household and community care and support practices for vulnerable populations, especially children; and
- Increased access to education and social services for vulnerable populations.

⁵ Global Communities. Annual Work Plan: Improved Services for Vulnerable Populations Program, COP 14/15. Apr 2015

A key component of the ISVP project will be HES activities to provide the necessary support to stabilize and strengthen poor families and decrease family economic vulnerability. The immediate objective of these activities is to improve resilience and purchasing power so that families can afford to consistently feed, educate, and care for their children, even in the face of potential shocks like illness, disability, or death of a key breadwinner in the household.

Understanding the effect that HES activities have in improving the economic strength of participating households and the subsequent impact of this strength on health and education outcomes of target populations, will contribute to the evidence base for improved policy and HES program design efforts in the future.⁶

1.3. Improved Services for Vulnerable Populations (ISVP) Project & Targeting

The ISVP Project will be implemented in 12 districts in Rwanda (see Figure 1) and 75 sectors within these districts. Within each selected sector, all cells and villages will be targeted over the life of the project. The districts were chosen due to their high HIV prevalence. The 75 sectors were then selected based on a mapping of other USAID-funded projects with orphans and vulnerable children – those with little or no USAID investment were selected.



Figure 1. ISVP implementation districts

⁶ Gash, Megan and Odell, Kathleen. *The Evidence-Based Story of Savings Groups: A Synthesis of Seven Randomized Control Trials*. The SEEP Network, Sept 2013. Available at: www.seepnetwork.org.

Within a target community, households are solicited for participation based on their status as a vulnerable household. The primary method of identifying eligible households to participate in ISVP will be based on the Most Vulnerable Children (MVC) lists developed by the National Commission for Children (NCC). Services directed towards OVCs and PLHAs act as additional entry point to target vulnerable households in an integrated manner. Local service providers will refer clients to ISVP for potential participation in the program. Working in partnership with the GOR, local authorities, international and local NGOs, and civil society organizations (CSOs), ISVP will link PLHA, OVC and other vulnerable families to a network of services in health, education, social services, nutrition, food security, and economic stability.⁷

1.4. ISVP Project Implementation Plan

To reach the target of 50,000 households, Twiyubake will contract with local Rwandan partner organizations (RPOs) who are already operational (RPO level 1) or who are emerging community service providers (RPO level 2) to enroll and support three household cohorts from 75 Sectors:

1. Cohort 1: 12,000 HHs enrolled in year 1,
2. Cohort 2: an additional 18,000 HHs in year 2 and
3. Cohort 3: an additional 20,000 HHs in year 3 (Figure 2).

For each cohort, the initial 2-3 months will be devoted to identifying and enrolling eligible beneficiaries who will be offered services and supported for two or more years (depending on household resiliency index(HRI) assessment) and then will “graduate” from the program.⁸

HH=Households	FY 2016 (Apr. 2016- Sept. 2016)	FY 2017 (Oct 2016- Sept. 2017)	FY 2018 (Oct 2017- Sept. 2018)	FY 2019 (Oct 2018- Sept. 2019)	
Cohort 1: 12,000 HHs Cohort enrolled in January- April 2016	Full ISVP: 7,000 new HHs HES Only: 5,000 new HHs Cohort graduates in Jul-Sep 2018				Cumulative 50,000 households will benefit from ISVP
Cohort 2: 18,000 HHs Cohort enrolled in Apr-June 2016	Full ISVP: 18,000 new HHs Cohort 2 graduates in Oct-Dec 2018				
Cohort 3: 20,000 HHs		Full ISVP: 20,000 new HHs			

⁷ With the recent endorsement by the GOR, a national nutrition intervention will be implemented by multiple donors across all sectors. ISVP will be responsible for nutrition activities in all full ISVP sectors and 8 HES-only sectors. The remaining 45 sectors targeted by ISVP will receive nutrition programming from other donors. 32 additional, un-programmed (by ISVP) sectors, will receive nutrition programming from other USAID partners.

⁸ Households’ capacity to graduate will be based on the HRI assessment. It is estimated that households will have the capacity to graduate after two years of receiving program services. However, some household members, depending on their specific needs, may continue to receive program services even after their household has graduated at the two year point.

Cohort enrolled in June-Aug 2017		Cohort 3 graduates in June-Jul 2019			
Total # Sectors	67	75	75	53	

*In addition to these sectors, 25 sectors in 3 districts will receive 'nutrition only' services in line with the approach to support full coverage of Community Based Nutrition Programming (CBNP) across these three districts.

**May 9, 2017: this revised figure is being confirmed with Global Communities

Figure 2. Twiyubake implementation cycle

2. Study Aims and Objectives

2.1 Aims

This impact evaluation seeks to measure the impact of the ISVP Project interventions on the health, education, and economic well-being of vulnerable children and their families. This study will examine whether HES activities alone, or a more comprehensive package of additional social support and referrals, lead to better economic resilience and improvements in health and education among children from the most vulnerable households.

2.2 Research Objectives

The impact evaluation's objectives are to answer the following research questions:

1. Does the full package of Twiyubake services (henceforth Full ISVP) strengthen household economic status and provide the additional support to motivate these economically strengthened families to realize health and education benefits?
2. Can HES-Only (henceforth HES-Only) activities provide the economic stability for households to access health/education services and improve individual health and educational well-being?
3. Which approach is more cost-effective?
 - a. Full-ISVP
 - b. HES-only

3. Study Methods

3.1 Evaluation Study Description

Using a randomized control trial design, administrative sectors will be assigned to study arms receiving different intervention packages. Baseline survey data from a panel of households and individuals from each study arm will be collected in 2017 and resurveyed at endline in late 2018.

3.2 Evaluation Study Design

We propose a prospective, randomized controlled trial, using a difference-in-differences (DID) estimation strategy with fixed effects modeling to evaluate the impact on economic, health and education outcomes, of:

- a. Full-ISVP program vs. HES-only program

- b. Full-ISVP vs. Control
- c. HES-only program vs. Control

Two rounds of population-based survey data collection are proposed. Baseline data collection is planned for April-May 2017, to record household economic status during the most vulnerable period for many families. Endline data collection will be repeated during late 2018 to facilitate comparisons in economic vulnerability from baseline to endline.

	Impact Evaluation of Rwanda Twiyubake Project				
HH=Households	FY 2016 (Apr. 2016- Sept. 2016)	FY 2017 (Oct 2016- Sept. 2017)	FY 2018 (Oct 2017- Sept. 2018)	FY 2019 (Oct 2018- Sept. 2019)	
Cohort 1: 12,000 HHs Cohort enrolled in January- April 2016	Full ISVP: 7,000 new HHs HES Only: 5,000 new HHs Cohort graduates in Jul-Sep 2018				Cumulative 50,000 households will benefit from ISVP
Cohort 2: 18,000 HHs Cohort enrolled in Apr-June 2016	Full ISVP: 18,000 new HHs Cohort 2 graduates in Oct-Dec 2018				
Cohort 3: 20,000 HHs Cohort enrolled in June-Aug 2017		Full ISVP: 20,000 new HHs Cohort 3 graduates in June-Jul 2019			

Figure 3. Evaluation Design of Rwanda Twiyubake Project

The cross-sectional survey at baseline in 2017 will sample households from enrolled beneficiary lists in intervention sectors. The control group will be randomly sampled from households eligible for the program but living in sectors assigned to the control arm. Households surveyed at baseline will be tracked and surveyed at endline in 2018.

Since we will randomize the sectors to different study arms, in theory we could conduct a post-intervention survey only and estimate program impact by measuring the difference in means between the intervention and control groups. However, there are advantages to a DID model worth pursuing. First, including a baseline survey will allow us to test the validity of the random assignment, that is, to examine whether the randomization process produced comparable or balanced groups across all study arms. Second, using a fixed effects specification in a DID model will allow us to improve the precision of our impact estimates by reducing the variability of the error term. Lastly, if despite our efforts the random assignment is inadequate,

then the use of a DID model will allow us to control for pre-intervention observed differences across groups and for fixed unobserved characteristics at the community level to improve the estimation of program impact.

At endline, we will also conduct key informant interviews with District level officials and ISVP program staff to try to assess whether there have been any significant changes in the study areas over time that may have affected implementation of the intervention and/or outcomes relevant to the evaluation.

3.3 Study Sites

Please see Appendix A for the list of sectors and study arm assignments.

3.4 Study Population

The study population will include:

- Economically vulnerable households as identified through a list of the "Most Vulnerable Children (MVC)"⁹, from the MVC database, which is developed by the National Commission for Children; this list is then validated in community meetings; and
- OVC and PLHAs identified by health service providers as coming from vulnerable households that would benefit from participation.¹⁰

Households on MVC list will be eligible and encouraged to participate by ISVP. In a given area, if the number of children on the MVC list is greater than the target number of beneficiaries for that area, ISVP will prioritize children based on guidelines from the NCC, including a vulnerability assessment procedure carried out with local leaders.

Within each selected household, the following members will be selected for the study: 1) all eligible primary caretakers of children; 2) the primary ISLG member (in the program arms); 2) one randomly selected 10-17 year old.

3.5 ISVP Project Description (Intervention Description)

ISVP or Twiyubake is a 5-year, USAID-funded project awarded to Global Communities in partnership with AVSI, Partners in Health, and Plan, as well as local Rwandan partner organizations. The overarching project goal is to improve the protection of vulnerable populations against adverse circumstances, thus contributing to reducing the risk and impact of HIV/AIDS and other health conditions on the most vulnerable populations. Vulnerable populations are defined as OVCs, PLHAs, including members of the household

⁹ The list is developed by NCC by targeting households exclusively in Ubudehe 1 and 2 and then collecting additional information to better understand their specific vulnerabilities (based on questions to identify whether or not they are enrolled in school, disabilities, chronic illness, indication of malnutrition, orphan status, child headed household, psychosocial distress, involvement in child labor etc).

¹⁰ Note that the evaluation study team only has a list of program beneficiaries as of July 2016 and this list will not note how the beneficiaries were made eligible for the program; that is, the study team will not know whether beneficiaries were referred to the program from health service providers or whether they were eligible based on having children on the MVC list.

caring for these two groups, very poor households, especially female and widow-headed households, and out of school youth.

Twiyubake aims to assist 50,000 households (including 250,000 children, youth and adults) by reducing economic vulnerability and empowering families to make investments to meet the unique needs of young children and adolescents. The project, led by Global Communities, will focus on knowledge-based skills development that enhances households' capacity (knowledge, opportunities, and resources) to mitigate the impact of HIV/AIDS. In so doing, the Twiyubake project will address four intermediate results (IR):

IR 1: Increased capacity of families and communities to provide healthy, nurturing, and engaging environments for vulnerable children <5;

IR 2: Family economic vulnerability decreased;

IR 3: Increased knowledge, attitudes, skills, aspirations and confidence of adolescents transitioning to adulthood; and

IR 4: Increased capacity of communities to provide essential preventative and protective services to vulnerable families and children.

ISVP Project Strategy

The foundation of the Twiyubake strategy is four core household economic strengthening (HES) interventions: 1) integrated savings and lending groups (ISLGs); 2) financial education; 3) micro and small enterprises and cooperatives; and 4) activities to improve intra-household communication and joint economic decision-making. Locally-formed ISLGs provide the opportunity for members to grow household assets and access emergency funds. Financial education for the ISLG members teaches money management skills such as savings, debt management, budgeting, bank services, and financial negotiation. The development of micro and small enterprises and cooperatives will be promoted to ISLG members who will receive instructional materials on basic market analysis and resources during their first year as a savings group. In subsequent years, groups will be able to access additional services such as training and business advisory services through a fee-for-service model. Twiyubake will subsidize the costs for individuals and groups to access these services, with subsidies decreasing over time as the cooperatives or enterprises grow and their capacity to pay for these services increases. Lastly, participatory and adult learning techniques will be used to teach members a curriculum to improve relationships within families (e.g., couples communication, parent-child interactions, and intimate partner violence).

Established ISLGs create a platform on which to layer other interventions to reinforce positive parenting practices and strengthen family decision-making in the best interests of children. Sometimes known as “savings plus,” this approach takes advantage of the regular meetings, shared aspirations, and group dynamics of a locally-formed savings and lending group to explore other relevant topics and issues including health, nutrition and agriculture, life skills, parenting education, and referrals.¹¹ Building on the four core HES interventions and specifically layering on the ISLG platform, Twiyubake is implementing and/or promoting a

¹¹Gash, Megan, Odell, Kathleen. *The Evidence-Based Story of Savings Groups: A Synthesis of Seven Randomized Control Trials*. The SEEP Network, Sept 2013. Available at: www.seepnetwork.org.

number of additional activities. Using a case management approach, Twiyubake will work with families to identify economic, health, and education needs, then promote or refer to services as appropriate. Some of the specific individual and household interventions include:

- Consumption Support (or household grants) –ISVP will provide time-limited consumption support to the poorest households who require immediate financial assistance to meet basic needs, including incremental costs related to accessing basic education and health insurance. Households receiving support will simultaneously take the next step on the economic strengthening pathway by enrolling in an ISLG.
- Farmer field schools (FFS) - ISVP will encourage households to form Farmer Field Schools led by trained volunteers. FFSs provide the opportunity for participants to test and adopt improved agricultural production techniques and new fortified crops in order to increase incomes and improve household nutrition.
- Health Promotion and Referrals – promotion of HIV testing and counseling for all ages; referrals and assistance to receive treatment among PLHA; nutrition screening, counseling and referrals; WASH education; family planning and male involvement advocacy.
- Early Childhood Development – parenting education on early childhood development; promotion of ECD centers and playgroups.
- Sexual and reproductive health and gender-based violence education and referrals for adolescents.
- Youth-centered ISLGs and work readiness activities for out-of-school adolescents.
- Education support packages – households with school-age children will receive a one-time disbursement of materials to support schoolwork, such as a lamp and writing materials.

Additional work by Twiyubake through local partners will include working alongside government agencies to improve health service delivery and referrals, strengthen child protection, and support locally-formed gender-based violence committees to combat violence in the home and the community.

3.6 Main Exposures, Confounders and other Design Challenges, and Outcomes

Theory of Change

As noted above, the foundation of the Twiyubake strategy is the HES interventions, in particular the ISLGs which create a platform on which to layer other interventions (Figure 4). The core HES activities help households budget, save, and target their consumption to benefit the health and educational wellbeing of the household members. The additional wrap-around services reach a few different audiences using a case management approach to match needs with services. The household interventions are designed to improve general household welfare including hygiene practices and use of health services. Early childhood interventions work with parents on parenting skills and encouragement to monitor and strengthen early development. Adolescent interventions focus on health education, work readiness and youth-centered ISLGs. The underlying theory of change posits that economic strength enables households to act on the advice and referrals received to better the health and education of their children.

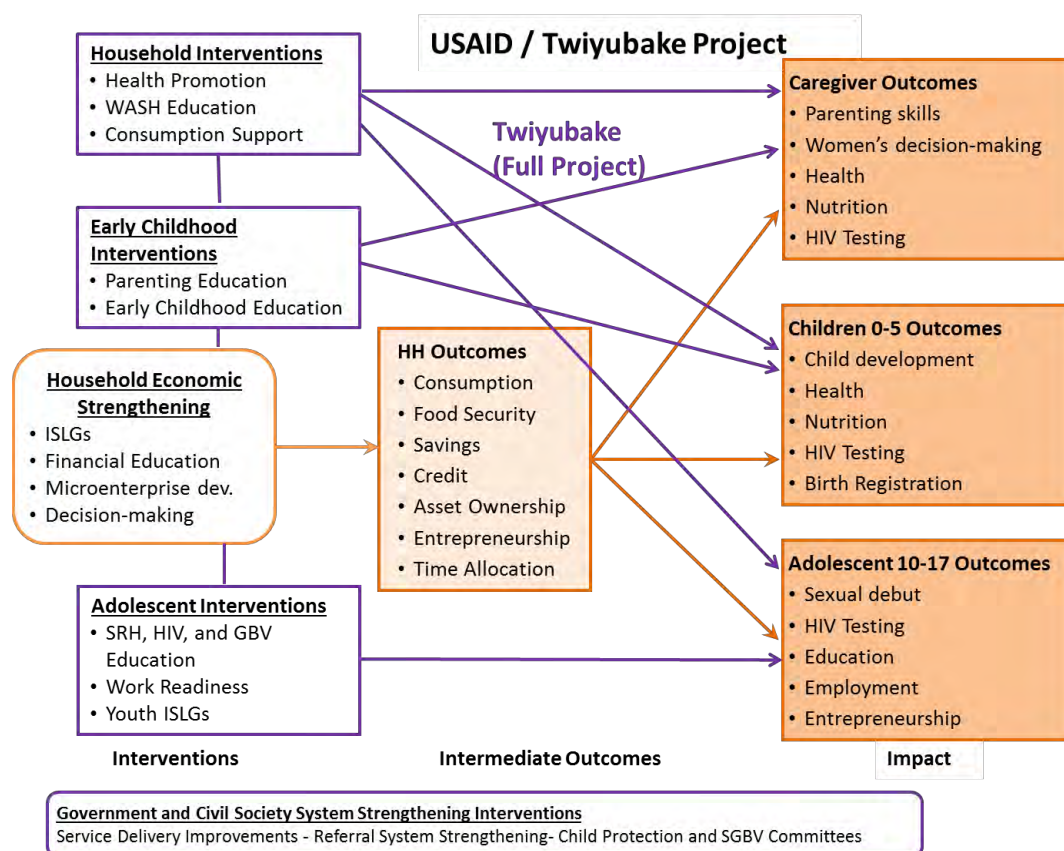


Figure 4. Causal pathways for Twiyubake project

Confounding and Other Design Challenges

Selection Bias and Confounding: The risk of selection bias and confounding due to unobserved heterogeneity across the study arms will be minimized by the random assignment of sectors to study arms. Random assignment of sectors prior to program implementation provides the best opportunity to achieve balanced arms at the community level, removing the selection bias by sector. There remains the potential for selective participation on behalf of the eligible population targeted. Some families, approximately 7-8% as seen in Higa Ubeho,¹² may decline participation when offered the Full ISVP program or the HES-Only package of interventions. However, there is no reason to believe that the rate of refusal or the reasons for refusal will vary between the two intervention arms (Full ISVP and HES-Only) because program promotion will center on ISLG participation and enrollment will require beneficiaries to join an ISLG. Only after beneficiary enrollment will the Full ISVP wrap-around services be offered to beneficiary. Regarding the control population, we will not be able to identify the possible 7-8% of the eligible population who would have declined participation had they been offered the program because we are not offering them the opportunity to enroll. If at baseline the study arms are unbalanced, then we will control for observable factors in the final analysis.

12 Personal communication with Global Communities, June 2015.

Spillover Effects: Randomization at the sector-level should help to reduce potential spillover effects across study arms given the geographic and administrative separation of arms. Many of the system-level interventions promoted in the Full ISVP program may implicate the entire sector, for example improvements to the health system and referral systems. Each sector has a health center which will benefit from these referral system improvements sector-wide and beneficiaries will most often be seeking services within their own sectors. There are a few systems that are targeted at the district-level for improvements including hospitals and one-stop centers for gender-based violence prevention and mitigation. These district-level improvements may be available to survey respondents from any study arm.

Contamination: The effect of other interventions should be small as random allocation minimizes the risk of differential coverage of other interventions in intervention and control areas. For example, Global Communities under the former project Higa Ubeho, developed a gender equity education curriculum which has been adopted for national scale-up by a leading national women's group.

Randomization theoretically should distribute the influence of those activities uniformly across the entire study population, assuming the program is homogeneously rolled out. We will monitor other interventions through collection of programmatic data from ISVP partners and sector stakeholders. Data at the household level will also be collected on participation in ISVP activities as well as in other economic strengthening, health and nutrition, agriculture, or education programs/activities in their communities.

Risk of Attrition: The DID with fixed effects strategy requires pre- and post-intervention measures from the same beneficiary families. Once enrolled in the program, the expectation is that beneficiaries will receive program services for approximately 18 months, representing the typical life cycle of the HES curriculum. After completing a cycle, the household will graduate from the program but will ideally remain active in their ISLG. A 5-8% dropout rate from HES activities is anticipated given the experience of Higa Ubeho¹³. Oversampling at baseline will account for this expected dropout.

Heterogeneity of Impact: Differences in baseline household characteristics such as wealth, family size, and the gender and education of the household head, as well as differences between communities, such as HIV prevalence, chronic malnutrition rates, or education access, may lead to heterogeneous impacts of the ISVP and HES interventions. We will examine the level of heterogeneity of the study sample on the dimensions mentioned above and will study whether the relative impact of the Full ISVP and HES-Only interventions vary by those characteristics. In particular, we will examine whether the impact varies by household consumption, gender, and age of ISLG participant. For individual level outcomes, such as diet diversity, use of health services, school attendance, etc., we will examine if program impact varies by the gender of the child and/or the gender of the ISLG participant.

It is important to note that while we know which sectors will be offered the interventions, we have very limited information on the characteristics of the study population. This limits our ability to sample based on different characteristics of the population. Efforts to measure heterogeneous impacts would require inflating the sample to enable appropriate statistical testing, which would have significant implications for the budget of the evaluation. Instead, we will collect data on individual and household characteristics which will allow

¹³ Ibid.

for the inclusion of interaction terms in our models to look at the differential effects across households, sectors, and type of intervention, but will not power the sample size on these effects.

Gender: The caregiver survey and ISLG participant survey will include questions to help us understand the decision-making process regarding household expenditures and food consumption within a family vis-à-vis gender. This will enable us to determine if the relative impact of the Full-ISVP arm (versus the other arms) varies by the sex of the child, sex of ISLG participant, and the sex of the household head. The caregiver survey, for one randomly selected female caregiver participant per household, will look at experience of intimate partner violence (IPV); some economic empowerment programs with women have found increased IPV to be a negative unanticipated outcome. The caregiver survey will also include questions on household decision-making dynamics within the household.

Risks to the impact evaluation: As with any study, there are risks that may threaten the impact evaluation and the credibility of the results. Non-compliance with the program or evaluation design is one potential threat. It is important, therefore, that the assignment of the sectors to study arms is done randomly, that the treatment status of the study arms is maintained with no change during the duration of the evaluation, and that the interventions are implemented according to plan in all arms. The advantage of maintaining these conditions is that they provide a more robust evaluation design and high credibility to the evaluation results.

Failure of the randomization is a potential threat. We propose the DID model to serve as the best means to control for selection bias resulting from failed randomization. Balance testing will be done at baseline to determine whether the random assignment was successful and to identify variables essential to control for in the final impact analysis. We will be sure to include other USAID programs in the area in the balance testing.

Outcome Measures -- Incl. OVC Outcome Monitoring

Evaluation Indicators

The project objective of poverty alleviation with informed economic decision-making leading to improved household health and education outcomes can be defined and measured in a number of ways. To answer the specific research questions posed by this impact evaluation, a number of primary key outcomes will be measured along with secondary outcomes that will provide additional insight into effects of the program along the causal pathway. The primary project outcomes cover three substantive areas: economic strengthening or resilience, health, and education.

We propose one key impact evaluation indicator with a corresponding cost-effectiveness measure (the additional cost of the ISVP approach for each unit improvement in the outcome) for each of the three areas as follows. Study sample size calculations are based on indicators 1 and 2.

1. *Economic Strengthening:* Percent of households with moderate or severe household hunger – hunger scale created by FANTA and used in the USAID/Feed the Future project.¹⁴

¹⁴ Ballard, Terri; Coates, Jennifer; Swindale, Anne; and Deitchler, Megan. *Household Hunger Scale: Indicator Definition and Measurement Guide*. Washington, DC: Food and Nutrition Technical Assistance II Project, FHI 360. Aug 2011.

2. *Education*: Percent of 13-17 year olds with regular school attendance – binary indicator for no missed days during last week of instruction.
3. *Health*: Percent of children 0-17 whose caregiver knows the child's HIV status.

Additional secondary outcomes to be collected and analyzed (disaggregated by sex, as applicable) include:

- Household consumption patterns
 - Absolute and proportion of expenditures used for food, education, health services;
 - Percent of households with increased savings or productive asset ownership ;
- Economic outcomes – individual
 - Percent of youth reporting new or improved paid employment within the past six months;
- Household decision-making and gender-related attitudes and behaviors
 - Percent of female caregivers who report joint, sole or partner-only household decision-making power for various decisions (e.g. seeking healthcare for children, major household purchases, etc.);
 - Percent of female caregivers reporting experience of intimate partner violence within the previous 12 months;
- Use of health and social services
 - Percent of children 0-59 months receiving routine growth monitoring and nutrition services;
 - Among children 0-59 months with fever in the last two weeks, percent for whom advice or treatment was sought at a health facility/provider;
 - Among children 0-59 months with diarrhea in the last two weeks, percent for whom advice or treatment was sought at a health facility/provider;
 - Percent of children 0-17 for whom caregivers report birth was registered at the sector level;
 - Percent of 10-17 year olds reporting having had an HIV test;
 - Percent of caregivers reporting having had an HIV test;
 - Percent of caregivers reporting use of a modern family planning method;
- Nutrition knowledge and behavior
 - Percent of 6-59 months olds who meet minimum dietary diversity – defined as consuming from four or more food groups in the past 24 hours;
 - Mean score among caregivers on a test of nutrition;
- Youth HIV Knowledge and reproductive health
 - Percentage of 10-17 year olds who correctly identify ways of preventing HIV;
 - Percentage of 10-17 year olds reporting using a condom with their partner the last time they had sex;
- Early childhood development
 - Percent of children 36-59 months old who are attending an early childhood education program;
 - Percent of children 0-59 months old with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days;
- Education
 - Percent of school aged children who progressed in school from previous year;
 - Percent of school aged children with regular school attendance – binary indicator for no missed days during last week of instruction;
 - Percent of youth graduating from primary school and returning to secondary school.

In response to the new PEPFAR outcome monitoring requirements for OVC programs,¹⁵ collection of the nine Essential Indicators for outcome monitoring will be embedded in the impact evaluation data collection tools. See Appendix B for a complete list of these nine indicators. Due to MER reporting deadlines, once complete data is available, the evaluation team will process these indicators first and report them to the Mission before the baseline report is drafted.

4. Selection of Study Population

4.1 Inclusion Criteria

The population under study is households exclusively in Ubudehe 1 and 2 categories, identified as MVC, by the NCC, and OVC that would benefit from participation in ISVP Project interventions. Within each selected household we will interview: 1) all eligible caretakers; 2) the primary ISLG member (in the program arms), and; 3) one randomly selected 10-17 year old. It is possible the eligible caretakers, ISLG members and or the youth may be the same person. Households in the target areas will be chosen through a random selection design.

4.3 Exclusion Criteria

There are no exclusion criteria for the program area – any household on the program beneficiary list as of July 2016 can be sampled for the evaluation. For the control area, any households not identified as having a child from the MVC list are excluded.

4.3 Sampling Frame and Design

In order to capture accurately program impact we must select samples of sufficient size to achieve the key objectives of the study. Sample size estimation for this survey was motivated by the need to detect certain potential differences in population values for key indicators between program and control areas at end line. The key indicators were:

- Indicator 1: Percent of 13-17 year olds with regular school attendance;
- Indicator 2: Percent of households with moderate or severe hunger.

In Table 1 we indicate the sampling goals for each of these key indicators. For instance, the goal is to be able to detect a difference in the population value for indicator 1 of 15.1 percentage points (from 13 percent in the control population to 28.1 percent in the full ISVP populations) at follow up.

¹⁵ Collecting PEPFAR MER Essential Survey Indicators: a supplement to the orphans and vulnerable children survey tools. MEASURE Evaluation, 2014.

Table 1. Sampling Goals

Indicator	Study Population		
	Full ISVP	HES Only	Control
Indicator 1	28.1	20	13
Indicator 2	24.9	33.6	43

Assuming power equal to 0.8 and alpha equal to 0.05, to achieve the sampling goals requires a sample of around 1,380 households in each domain (Full ISVP, HES Only and control) at end line. Given the longitudinal design of the data, having 1,380 households per domain at end line requires some accommodation for attrition from baseline to end line. Assuming attrition of around 8 percent, we would therefore have to select 1500 households in each domain at baseline. We thus must select an overall sample of 4500 households at baseline.

Following Fleiss, Levin and Paik (2003)¹⁶ we employed the following basic sample size estimator for comparison of proportions p_1 and p_2 across two populations (populations 1 and 2):

$$n_1 = \frac{n'}{4} \cdot \left[1 + \left\{ 1 + \frac{2 \cdot (r + 1)}{n' \cdot r \cdot |p_1 - p_2|} \right\}^{1/2} \right]^2$$

$$n_2 = r \cdot n_1$$

$$n' = \frac{\left[z_{1-\alpha/2} \cdot \{(r + 1) \cdot \bar{p} \cdot \bar{q}\}^{1/2} + z_{1-\beta} \cdot (r \cdot p_1 \cdot q_1 + p_2 \cdot q_2)^{1/2} \right]^2}{r \cdot (p_1 - p_2)^2}$$

where

$$\bar{p} = \frac{(p_1 + r \cdot p_2)}{(r + 1)}$$

$$\bar{q} = 1 - \bar{p}$$

$$q_1 = 1 - p_1$$

$$q_2 = 1 - p_2$$

and

$$Z_{1-\alpha/2} \text{ and } Z_{1-\beta}$$

are critical values from the standard normal distribution. This is essentially the conventional sample size estimator for determining sample sizes n_1 and n_2 (constrained¹⁷ so that $n_2 = r \cdot n_1$) sufficient to detect with

¹⁶ Fleiss, J. L., B. Levin, and M. C. Paik. (2003). *Statistical Methods for Rates and Proportions*. 3rd ed. New York: Wiley.

¹⁷ In other words, r defines the ratio of the two sample sizes: $r = n_2/n_1$.

power $1 - \beta$ and α significance a difference between samples of $p_1 - p_2$ for some proportion-based indicator. The first of these equations reflects a “continuity correction”.

Other assumptions about key parameters driving this sample size estimate include an anticipated design effect (or 2 for indicator 1 and 3 for indicator 2), the number of 13-17 year olds we expect to find per household (0.7) and the baseline household non-response rate (0.965050733). Making such key parameter assumptions is somewhat challenging in a society such as Rwanda, where fertility levels are in flux. We regard these sampling parameter assumptions as conservative ones based on projections off of observed values for them through the 2010 Rwanda DHS (e.g. the response rate was actually based on the lowest response rate experienced across the three DHS surveys from 2005 to 2010).

Below the sector the administrative units are cells and then villages. We will sample directly from the full list of villages across the sectors assigned to each domain (i.e. villages would serve as primary sampling units within each domain). The village list will have a size measure (the number of households per village) that inform sampling. Selection will then be based on stratification of villages into large and small villages according to the number of households in them. In full ISVP and HES-only arms, we will then select all beneficiary households in each village based on the ISVP/HES beneficiary lists as of July 2016 for those villages. In the control arm, we will sample from the MVC list; we will similarly stratify villages into large and small villages according to the number of households and select villages based on this; we will verify/update the MVC list for each selected control village with local village leaders. We will then interview all original MVC list households located; and take a random sample from the additional households identified by village leaders as being Ubedeche level 1 or 2. Within each selected household in all three arms we will interview: 1) all eligible caretakers; 2) the primary ISLG members in the program arms; and, 2) a randomly selected 10-17 year old.

4.4 Randomization

Our study area was parsed into different domains. This was accomplished via randomization. Specifically, a draw from the uniform distribution was made for each of the 99 sectors in the study area. They were then assigned to domains/study arms per their rank according to their draw from the uniform distribution. For each domain, the final number of assigned sectors was:

1. Full ISVP program (23 sectors)
2. HES-Only activities (22 sectors)
3. Controls (24 sectors)

The remaining 30 sectors are available to ISVP for additional programming in future years. See Appendix A for the list of sectors and study arm assignments.

5. Study Procedures

5.1 Procedures at Enrollment

Data will be collected through in-person interviews with participant responses recorded on hand-held computer tablets. Data collectors will be trained on how to administer the surveys as well as on human subjects' protection.

5.2 Follow-Up

Households surveyed at baseline will be surveyed again at endline in 2018. The same survey modules will be administered at endline.

5.3 Measurement of Exposures and Confounders through Survey Instruments

Four key questionnaires will be used for the household and individual data collection. The survey and consent forms were created in English and translated into Kinyarwanda. The questionnaires and what they information they collect is as follows:

Household Questionnaire: To be administered to the primary caregiver, with assistance from others in household as needed, at time of interview. It is designed to capture demographic and socio-economic characteristics of the household, including the household roster, household consumption, savings and loans, housing characteristics, information on household member participation in social or development programs.

Caregiver Questionnaire: To be administered to the primary caregivers of children/youth under 18 years of age. Tool is designed to record demographic characteristics of the caregiver, health status of caregiver, household decision-making and own use of services. Additional questions about the caregiver's children include health and well-being of children <10 years including education, recent illness, disabilities, early childhood development, psychosocial well-being, and food consumption. For female caregivers, the tool also covers experience of intimate partner violence.

Youth Questionnaire: To be administered to children/youth ages 10-17. Tool collects individual information on education, employment, chores, disabilities, psychosocial well-being, sexual and reproductive knowledge, and use of services.

ISLG Questionnaire: To be administered to the main household member participating in a local savings and lending group. Tool covers group participation.

5.4 Measurement of Outcomes

Please see section 3.6 for the outcomes to be measured.

5.5 Sample Size

To achieve the sampling goals stated in section 4.3 requires a sample of around 1,380 households in each domain (Full ISVP, HES Only and control) at end line. Given the longitudinal design of the data, having 1,380 households per domain at end line requires some accommodation for attrition from baseline to end line. Assuming attrition of around 8 percent, we would therefore have to select 1500 households in each domain at baseline, for a total sample size of 4500 households at baseline.

5.6 Data Management and Security

Data collection for the quantitative component will be done through the use of Windows-based tablets equipped with CSPro software. There will be 9 supervisors who will supervise teams of 6 enumerators¹⁸.

Enumerators will enter interview data directly into the tablets. Supervisors will check each interview for completeness and consistency.

The tablets will be password protected, and the hard drives will be encrypted. At the end of each data collection day, supervisors will back up the data on each enumerator's tablet by making a copy on the tablet itself, and they will also regularly transfer the backups from the enumerator tablet directly to UNC and National University of Rwanda/School of Public Health via secure FTP and in keeping with UNC and local IRB data security requirements.

The de-identified survey data will be stored on a secure server at UNC. Identifiers will be in a separate file linkable only to the survey data through a study-assigned household ID #; this file with identifiers will be housed on a secure server at the National University of Rwanda. To ensure data protection and confidentiality across the study, all partners will sign a data use agreement and will have committed to using reasonable data protection measures, as outlined in the agreement, to protect the data. When data collection is complete, tablets will be returned to MEASURE Evaluation, checked for completeness of data delivery, and cleared of all survey data.

5.7 Proposed Analysis and Dissemination

Analysis of the data will be completed using quantitative methods. Quantitative methods will be used to compare data on key outcome indicators in the full ISVP Project intervention areas to that in the HES-Only intervention areas and to Control areas. The data collected will act as the baseline in order to measure the rate of change in the key outcome indicators at the end of the ISVP Project. More details on baseline analysis are as follows:

1. Before data collection begins, a final questionnaire is developed. A computer assisted personal interviews (CAPI) data inputting program for tablets is then developed. The purpose of this program is to serve as a platform for inputting the answer to questions provided by survey respondents, and to create a data frame that will rapidly generate data sets well aligned around the likely general analysis requirements for the survey.
2. Before fieldwork can begin, data collection staff are recruited and trained. This is an involved process the purpose of which is to insure the thorough collection of accurate information from respondents, but for present purposes (the analysis plan) is to insure that, where necessary, interviewers understand the analytical purpose of the instruments they will collect (i.e. the "big picture" from the analysis standpoint). This will help to insure there are not interpretational issues at the point of interview in terms of the indicators to be collected.
3. During the data collection process, a tabulation plan will be developed for the baseline report. As tables designs are finalized, programming will begin to generate the tables once data is ready for analysis. This programming will be conducted in STATA. The purpose of the programs will be to create a framework of programs that can rapidly and automatically generate the tables and for which changes (e.g. changes to the standardized categories for a background characteristic such as education) can be rapidly and easily implemented across tables. A program based approach insures much higher table accuracy (compared with cell by cell entry) and allows for much more rapid adjustment to changes (by way of regeneration of tables reflecting those new changes).
4. Before data collection is complete, data quality reports will come in from the field on a regular basis. The timeliness (i.e. near instantaneous) flow of quality information for the data being collected is a major benefit of tablet based CAPI. Since the CAPI data inputting program will be a system control

type program, it will not allow for failure to enter information for any instrument subject to answer (i.e. the valid skip process). Moreover, it should catch inconsistent answers across comparable instruments. The focus of data quality analysis will be insuring plausible patterns for answers, examination of evidence of heaping (as in to avoid valid skips), differential patterns across teams and interviewers, etc. The field reports will also form the basis for key sampling information for weight calculation, which the data processing team will develop in partnership with the sampler.

5. Once data collection is complete final auditing and editing is conducted.
6. The data is then handed over to the sampler. The sampler will calculate probability weights and standardized wealth/expenditures/socioeconomic status measures (i.e. wealth measures to be used for tabulation analysis toward formal reports, to insure consistency of measures of wealth/expenditures/socioeconomic status across the tables of the formal tabulation plan for baseline reporting.
7. Once the sampling work is done an analysis sample is ready. This will involve running tabulation programs, inspection of tables, and possible further programming and re-running as interesting patterns and results become apparent.
8. Once the initial phase of tabulation is done, draft tables will be reviewed by key stakeholders. Their feedback and recommendations will inform further reprogramming and regeneration of tables.
9. Once a final set of tables is complete, writing of a baseline report can commence around those tables.

Dissemination of the baseline results are planned for August/September 2017. A dissemination webinar will be held and attended by USAID/Rwanda, ISVP partners, and other invited stakeholders. Presentations by MEASURE Evaluation and National University of Rwanda will include an overview of the IE protocol and baseline results, followed by discussion of how the results can be used to inform project planning. An in-person dissemination meeting is anticipated following completion of the full study in 2018.

6. Ethical Considerations

6.1 Confidentiality

The study will need to obtain informed consent from all participants. Special population considerations will be necessary for adolescents – parental/caretaker consent will be required in addition to the consent of the adolescent him/herself – and for female caregivers (for administration of the questions on intimate partner violence (IPV)). For the latter, the team will follow the World Health Organization (2001) ethical and safety recommendations for research on IPV. Precautions include:

- Names of respondents are not disclosed and are excluded from all data sets.
- Instruction is built into the survey module requiring the interviewer to continue the interview only if privacy is confirmed. If privacy cannot be obtained, the interviewer must skip the IPV module and explain in tablet what happened.
- At the start of the IPV module, the respondent is read a statement to inform her that the following set of questions are personal and will explore different facets of a woman's life. The statement also assures that her answers are confidential and will not be shared beyond the study team. This statement is in addition to the informed consent already obtained at the start of the interview.
- Special training is provided for interviewers and supervisors to sensitize them to issues surrounding IPV and to the specific concerns regarding collection of data on violence.

- Only one eligible female caregiver in each selected household is to be administered the IPV module questions. In households with more than one woman eligible for the caregiver survey, the woman administered the module will be randomly selected by the tablet. Interviewing only one woman per household for IPV questions minimizes possible security breaches due to other household members knowing that information on IPV was shared.
- Information on local organizations that provide services/referrals related to IPV is given to any respondent who asks the interviewer for help.

Also, no information on HIV status will be available to the study team – for example, the beneficiary list from ISVP will not have information about HIV status and the surveys will not ask participants to report their HIV status.

6.2. Informed Consent

The study will need to obtain informed consent from all participants.

6.3 Ethical Approval

Human subject review of the complete study protocol and data collection instruments from the Rwanda National Ethics Committee (RNEC) and UNC-Chapel Hill Institutional Review Board will be obtained prior to data collection. In addition, the team will obtain a survey visa from the National Institute of Statistics Rwanda (NISR).

7. Logistics

7.1 Distribution of Responsibility

The evaluation, including data collection and analysis, will be conducted by MEASURE Evaluation and the the National University of Rwanda, College of Medicine and Health Sciences, School of Public Health (NUR-CMHS/SPH). The Evaluation Team includes national and international development specialists from MEASURE Evaluation and NUR/CMHS/SPH who have substantial knowledge and experience in (1) evaluation design and implementation, (2) HIV program implementation, including PLHA and OVC programs, and M&E, (3) quantitative methodologies; (4) data analysis and use; and (5) detailed knowledge of Rwanda's public health sector, PLHAs, OVC, HIV/AIDS, FP and SRH, ECD program implementation, relevant governmental and non-governmental institutions. Key personnel for this study include the overall study principal investigator and activity lead, the local principal investigator (from UR-CMHS/SPH), an OVC M&E advisor, a senior evaluation advisor and a sampling specialist.

USAID/Rwanda staff will provide feedback on the evaluation design to ensure that the information they need for future planning and implementation of PLHA, OVC and other vulnerable populations programs will be produced. Implementing Partners such as Global Communities and the RPOs will be consulted to inform the evaluation design in terms of how the full package of ISVP services and HES services are scaled-up.

National counterparts such as the MOH and MIGEPROF will be consulted to gain a greater understanding of the context of PLHAs, OVC and programs aimed at other vulnerable populations in Rwanda.

7.2 Staffing plan and bios

Name	Role/Title	Technical/Managerial Focus
National University of Rwanda-based Advisors		
Sabine F. Musange	Lecturer; Health Policy, economics and Management Department	Local Principal Investigator and Activity Lead
Vedaste Ndahindwa	Lecturer; Epidemiology and Biostatistics Department	Co-Investigator, Sampling strategy, data management and quality
Ina R. Kalisa	Lecturer; Health Policy, economics and Management Department	Co-investigator, Data consolidation and Reporting
Albert Ndagijimana	Assistant Lecturer; Epidemiology and Biostatistics Department	Co-Investigator, Field coordinator
MEASURE Evaluation-based Advisors		
Jessica Fehringer	Gender Portfolio Manager	Principal Investigator and Activity Lead
Lisa Parker	OVC M&E Technical Advisor	Co-Principal Investigator, OVC Specialist
Gustavo Angeles	Senior Technical Advisor for Evaluation	Advisor for Evaluation Design, Cash Transfer
Gabriela Escudero	Research Associate	Management
Peter Lance	Statistician	Sampling design and data analysis
Aimee Benson	Programmer	Tablet programming and data management
Lisa Marie Albert	Graduate Research Assistance (GRA)	Assist in all areas of the IE
Stacie Gobin	Health Economist	Lead for cost-effectiveness component
TBD	Data Analyst	Data analysis and report writing

National University of Rwanda-based Advisors

Sabine F. Musange, MD, MSc is a Lecturer at the University of Rwanda-School of Public Health. She is the principal investigator and the project focal point on behalf of the Rwandan evaluation team. Her responsibilities for this project include overall coordination of in-country evaluation activities. Her research interest areas include operational research, program evaluations in maternal and child health, health policy and financing. For the past 9 years, she has been teaching at the School of Public Health and working closely with

the Ministry of Health and different development partners in developing, implementing and evaluating health interventions/ programs in Rwanda. Dr Musange obtained her Medical Degree from the School of Medicine at the University of Rwanda, and her Masters in Sciences in International Health Policy and Management at the Heller School for Social Policy and Management from Brandeis University. She is currently doing her PhD in Global Health-Implementation Sciences at the University of Washington.

Vedaste Ndahindwa, MD, MSc is a Lecturer at the University of Rwanda, College of Medicine and Health Sciences, School of Public Health. With 9 years' experience as a public health specialist, he has strong interest in Biostatistics, Epidemiology, Nutrition, Clinical Research, Evaluations, Demography and GIS. He has been the Director of Medical Research Unit and the Coordinator of the National Health Research Committee in the Medical Research Center Division (RBC) for one year and a half. He has worked on several research projects and he has a good experience in study design and protocol development. Recently, he was part of the SPH and WB team that evaluated the impact of financial incentives to CHWs on health outcomes, where the cooperatives were part of the assessment. Dr Vedaste holds a degree in Medicine from the University of Rwanda and a Master's degree in Biostatistics from Catholic University of Louvain, Belgium. Dr Vedaste has expertise in data management and data analysis using many statistical packages and software. In this evaluation, Dr Vedaste will be involved in study design, methods, design and piloting of survey tools and data management, quality and analysis.

Kalisa R. Ina, MD, Msc, is one of the University of Rwanda's research team members for the Impact Evaluation of the ISVP project in Rwanda. Her main responsibilities for this work include data consolidation and reporting. She is a medical doctor with a Master in Health Policy and Management from the Université Libre de Bruxelles School of Public Health. She has gained teaching and research experience working since 2006 with the School of Public Health-College of Medicine and Health Sciences at the University of Rwanda as a faculty member and researcher. Over the course of that time, the scope of her work has transitioned from junior to middle-level academic staff and from serving as co-investigator on small research project or consultancies to directing large research project focusing mainly on health financing and policy (sector wide approach, community-based health insurance and performance based financing). Her most recent large research project as a Co-PI is the Impact Evaluation of the Community Performance Based Financing in Rwanda.

Ndagijimana Albert, MPH, MSc is an Assistant Lecturer at the University of Rwanda, College of Medicine and Health Sciences, School of Public Health. He will principally be in charge of coordinating fieldwork activities. At the University of Rwanda, College of Medicine and Health Sciences School of Public Health, he is involved in different activities: teaching (strategic problem solving, leadership, governance and management of health services, public health emergencies and disasters, introduction to one health, etc), research and community activities since 2013. He participates in capacity building workshop for other institutions especially in facilitating workshops on research and publications.

Albert's areas of interest include maternal and child health, HIV prevention, disaster management and one health approach research. He is also involved in different activities for the past two years including community services, where he is involved in strengthening resilient capacities of people from floods and landslides prone area as well as DRC refugees about the effects of these disasters. He is also expert in conducting program evaluation (operations research) such Imbuto Foundation Adolescent sexual and reproductive health program, Rwanda family planning and reproductive health commodities and services assessment. He is good at designing and implementing impact evaluations. He has a strong experience in coordinating field works as he is familiar to the whole country relief and health services infrastructures. He has a good record in publications for the only two years in academia, with four scientific papers.

Albert is expert in monitoring and evaluation of health programs with a long experience in a district hospital for six years. He speaks English, French and Kinyarwanda.

MEASURE Evaluation-based Advisors

Jessica A. Fehringer, PhD, MHS, is the MEASURE Evaluation activity lead and principal investigator for the Rwanda evaluation. Her responsibilities for this work include overall development and implementation of the evaluation design, collaboration with the local research partner, and coordination with USAID/Rwanda and the ISVP activity. Dr. Fehringer is responsible for oversight of gender-related research activities as well as for leading several evaluation and research projects in S. Asia and sub-Saharan Africa. She has a PhD from Johns Hopkins University School of Public Health in Population, Family, and Reproductive Health and a master's in health sciences in International Health, with a focus on Social and Behavioral Interventions, from the Johns Hopkins University School of Public Health. She has worked in international public health, with a focus on the empowerment of marginalized groups, for over 15 years. She has designed and carried out qualitative and quantitative research and evaluation in South and Southeast Asia, South America, and sub-Saharan Africa on a number empowerment and health topics, including the influence of relationship power dynamics on HIV prevention and treatment and gender-based violence. She most recently designed and implemented the baseline for a quasi-experimental mixed methods evaluation examining the MNCH/FP and health service impacts of integrating gender and social inclusion into capacity building with local health facility committees in Nepal; and acted as gender advisor and qualitative lead for the design and baseline survey implementation of a mixed methods quasi-experimental evaluation examining the gender dimensions of impacts of ground nut value chain interventions in Zambia.

Lisa Parker, PhD is the OVC Specialist for the Rwanda evaluation. In this role her responsibilities include development of the evaluation design with particular expertise contributing to choice of key indicators, choice of survey populations, and survey tool design. She has more than 15 years of experience working in the fields of public health, monitoring and evaluation (M&E), and international development with a focus on HIV/AIDS, sexual and reproductive health, household economic strengthening, and vulnerable children. Dr. Parker's doctoral dissertation aimed to help develop and evaluate a pilot Positive Prevention program for Youth Living with HIV/AIDS ages 15-24 in the Democratic Republic of the Congo. Dr. Parker has experience in both quantitative and qualitative research as well as social and behavioral intervention development, adaptation, implementation, and evaluation primarily in sub-Saharan Africa. Currently a Monitoring and Evaluation Technical Advisor at MEASURE Evaluation/Futures Group she oversees a large portfolio of OVC M&E capacity-building programs in Nigeria and Cameroon. In this role she is responsible for providing technical support to stakeholders to develop M&E systems, guidelines for host country OVC programs, and aids in the collection and use of OVC data and information. She contributed to the development of the MEASURE Evaluation Child, Caregiver, and Household Well-being Survey Tools and the Collecting PEPFAR Monitoring, Evaluation and Reporting (MER) Essential Survey Indicators: A Supplement to the OVC Survey Tool Kit, and led the pilot of the survey tools in Nigeria. She is also responsible for designing operations research and evaluation studies, including acting as Principal Investigator for the HIVCore qualitative retrospective evaluation of a community savings group intervention for OVC in Haiti. Dr. Parker provides technical support to the child protection and M&E teams within the Health Policy Project in Haiti. She has extensive experience living, working, and conducting research in Sub-Saharan Africa including in Burkina Faso, Cameroon, Cote d'Ivoire, The DRC, Malawi, Niger, Nigeria, and South Africa. Lisa is fluent in both English and French.

Gustavo Angeles, PhD is the Senior Evaluation Advisor for the Rwanda evaluation. His responsibilities for this work include development of the evaluation design with particular expertise contributing to RCT rigor, sampling strategies, and cost-effectiveness considerations. He is a health economist and faculty member of UNC's Gillings School of Public Health, and a Fellow at the Carolina Population Center. He has over 20 years of experience on evaluation of health and social development programs in Latin America, Africa and Asia and is currently Senior Evaluation Advisor of MEASURE Evaluation where he leads the impact evaluation of USAID/Guatemala Western Highland Integrated Program, and co-leads impact evaluations of two health programs in Bangladesh. He also participates as instructor on a number of training and capacity building activities on impact evaluation conducted in Mexico, South Africa, India, and Nepal. With UNICEF and 3ie funding, he is currently co-investigator for the impact evaluations of Malawi's Social Cash Transfer Program and Zimbabwe's Harmonized Social Cash Transfer Program. Also, in Malawi, Dr. Angeles co-leads the USAID-funded impact evaluation of the Feed the Future's Integrated Nutrition and Value Chain (INVC) program. He has ample expertise in social cash transfer programs from his current work in Malawi and Zimbabwe, and the mid-term evaluation of Mexico's *PROGRESA/Oportunidades* program he led as Executive Director of the Center for Evaluation Research and Survey in Mexico's National Institute of Public Health (INSP) in 2010-2011. Dr. Angeles worked on impact evaluations of Mexico's Secretary of Social Development cash transfers to the elderly and childcare support to poor working mothers programs, both with 3ie funding. He served as Deputy Director of MEASURE Evaluation (2000-2010), providing strategic and technical advice to USAID on evaluation and capacity building. In that role, he was technical lead of health program evaluations in Bangladesh, Tanzania, Indonesia, Nicaragua, Paraguay, Mexico, Ecuador, and Peru. Additional research includes measurement and estimation methods for impact evaluations of health programs.

Gabriela Escudero, MPH is a Research Associate providing technical support for the Rwanda evaluation. Her primary responsibilities for this work include protocol development including literature reviews and program document reviews to assure that design decisions are informed by recent research and activities proposed; budget development; logistics planning and any subcontracting solicitation processes. Gabriela Escudero has worked in the field of public health for 20 years in more than a dozen countries, most recently as a research associate under the MEASURE Evaluation Phase III project providing technical assistance in monitoring and evaluation to the Bangladesh Ministry of Health and Family Welfare's Health, Population and Nutrition Sector-wide Development Program. Ms. Escudero has supported personnel from Ministries of Health, USAID, and NGOs in multiple countries in Central America, Africa, and South East Asia to develop monitoring and evaluation plans, implement evaluation activities related to reproductive health and HIV/AIDS, and coordinated health survey planning, data collection and analysis. Ms. Escudero is fluent in English, French, Portuguese, and Spanish.

Peter M. Lance, PhD is an economist. He will be responsible for calculating final sample sizes required to meet power requirements for the evaluation design, drawing of the sample, calculation of sampling weights, and baseline survey data analysis. Dr. Lance earned his PhD in Economics from the University of North Carolina at Chapel Hill with a focus on health, econometrics and economic development. Since earning his PhD, Dr. Lance's work has focused on program impact evaluation, modelling of health behaviors and outcomes and survey sampling. He has served as a sampling expert and analyst at all phases of many surveys. His work has involved China, India, Thailand, Bangladesh, Nigeria, Senegal, Kenya and Indonesia.

Stacie Gobin, MPH. Stacie Gobin is a health economist with particular expertise in cost-effectiveness analysis and behavioral economic modeling within public health. She will lead the CEA portion of the evaluation. She has experience in conducting various applied economic evaluations including cost-

effectiveness analyses of interventions in low- and middle-income countries. Stacie previously served as the lead health economist for the Pan-African Malaria Vector Research Consortium and the London School of Tropical Medicine's Department of Disease Control in Tanzania. She has additional experience working on the USAID TRAction and ASSIST projects and in management consulting.

Aimee Benson, will lead tablet programming and all data management processes for the tablets during the design and baseline phases. Aimee M. Benson is a data processing specialist with over 15 years' experience in developing both PAPI and CAPI data capture systems and training and supporting field personnel in their use. She has led capacity building workshops in data management and analysis. She has worked in US and international contexts, including Malawi, China, Bangladesh, the Caribbean, Zambia, India, Nigeria, Kenya and Senegal. Ms. Benson holds a Master's degree in Experimental Psychology from Duke University.

Lisa Marie Albert, MS (NCSU), MPH (UNC), is a PhD Candidate in Epidemiology at University of North Carolina and a MEASURE Evaluation Fellow. Her research interests are in HIV prevention, orphans and vulnerable children and reproductive health. Prior to starting at UNC, she worked in South Africa as Monitoring and Evaluation Manager for HPTN 068, a clinical trial studying the effects of cash transfer for the prevention of HIV in young women. With over 14 years of SAS programming experience, Lisa has provided analysis for various global health research projects funded by NIH, USAID, UNICEF and CDC. Lisa dovetails her research interests with documentary photography and innovative research methods such as Photovoice, enabling vulnerable individuals and communities to voice their stories through imagery and video. She hopes that her research will contribute to the prevention of HIV and that her documentary work will provide an advocacy platform for human rights issues.

7.2. Timeline for Baseline; updated May 9, 2017*

Tasks/Timeline	2017											
	Ja	Fe	Ma	Ap	Ma	Ju	Jl	Au	Se	Oc	No	De
Survey 1 Implementation												
Finalize government approvals												
Finalize instruments, consent, and data collection plan												
Edit programs and re-test tablets												
Pre-test survey instruments (UR/SPH)												
HH Listing												
Refresher training for data collectors												
Trip: Train and Data Collection												
Collect data												
Process tablet data, clean, add weights												
Data analysis												
Draft baseline report												
Review by stakeholders and revise												
Dissemination webinar												
Monitoring: routine review of project												
Quarterly update discussions with ISVP Program												

*Pending confirmation from data analysts

MEASURE Evaluation is a MEASURE project funded by the U.S. Agency for International Development (USAID) under the terms of Leader with Associates Cooperative Agreement GHA-A-00-08-00003-00. Views expressed in this report do not necessarily reflect the views of USAID or the U.S. government.

8. References

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9. Appendices

Appendix A - Study Sectors and Assignments (Confidential)

No.	Level 2 Indicators	Rationale for Inclusion in MER Indicator Set
NC.1	Percent of children whose primary caregiver knows the child's HIV status	If a child's HIV status is unknown to their caregiver, the child will not have access to life-saving care, treatment and support interventions.
CW.1	Percent of children <5 years of age who are undernourished	Nutrition is a critical factor in reducing infant mortality and builds a strong foundation for a child's health, growth and development.
CW.4	Percent of children too sick to participate in daily activities	PEPFAR OVC programs support critical linkages to health services and treatment, aiming to reduce the number of sick children and improve functional well-being.
CW.9	Percent of children who have a birth certificate	Ensuring children access to basic legal rights, such as birth certificates, enables them to access other essential services and opportunities, including health, education, legal services, and legal employment when they grow older.
CW.11	Percent of children regularly attending school	Despite being important in its own right, efforts to keep children in school have positive impacts on HIV prevention.
CW.12	Percent of children who progressed in school during the last year	Studies in many countries have linked higher education levels with increased AIDS awareness and knowledge, higher rates of contraceptive use, and greater communication regarding HIV prevention among partners.
CW.13	Percent of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age	Early childhood cognitive, social and physical stimulation is essential for promotion of long-term learning, growth, and health.
CW.14	Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school ¹	Reducing harsh physical discipline, violence and abuse against children is a PEPFAR priority. Perceptions of physical discipline have been linked to actual use of physical discipline against children.
HW.2	Percent of households able to access money to pay for unexpected household expenses	The key goal of household economic strengthening programs is to improve household's resiliency to economic shocks, such as unexpected household expenses.

Appendix B - PEPFAR Essential Indicators – Outcome Monitoring for OVC Programs

Source: Collecting PEPFAR MER Essential Survey Indicators: a supplement to the orphans and vulnerable children survey tools. MEASURE Evaluation, 2014.

Available at: <http://www.cpc.unc.edu/measure/publications/ms-14-90>

APPENDIX E. DISCLOSURES OF CONFLICTS OF INTEREST

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Jessica Fehringer
Title	Senior Technical Specialist for Evaluation and Gender
Organization	MEASURE Evaluation
Evaluation Position?	☒ Team Leader ☐ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	<i>Jessica Fehringer</i>
Date	Sept 4, 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Peter
Title	Lance
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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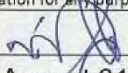
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Signature	Peter Lance
Date	September 19, 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Kenneth Ndirangu
Title	Data collection manager
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	AID-OAA-L-14-00004
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Signature	
Date	August 31, 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Aimee Benson
Title	Data Specialist
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Signature	Aimee Benson
Date	4 September 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Gustavo Angeles
Title	Associate Professor
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
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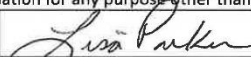
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Signature	<i>Gustavo Angeles</i>
Date	September 4, 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Lisa Parker
Title	Senior Technical Advisor
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Signature	
Date	9/2/19

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Shaylen Foley
Title	Monitoring & Evaluation Specialist
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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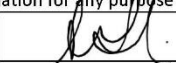
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Signature	Shaylen Foley
Date	Sept. 10, 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Stacie Gobin
Title	Senior Health Economist
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Signature	
Date	09/24/2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Veronica Varela
Title	Research Associate
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
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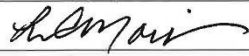
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Signature	Veronica Varela
Date	09/03/2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Lauren Morris
Title	Technical Advisor
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Signature	
Date	9/4/19

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Abby Cannon
Title	Research Associate
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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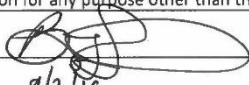
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Signature	
Date	30 August 2019

Disclosure of Conflict of Interest for USAID Evaluation Team Members

Name	Brittany Iskarpatyoti
Title	Research Associate
Organization	MEASURE Evaluation
Evaluation Position?	☐ Team Leader ☒ Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	Twiyubake, implemented by Global Communities
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
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Signature	
Date	9/3/19

APPENDIX F. DATA COLLECTION TOOLS

KII with Community Leaders

Twiyubake Evaluation: Key Informant Interview Discussion Guide for Community Leaders

IRB #:

Document Version Date: 9/27/2019

Thank you for agreeing to participate in this interview.

Date of Interview: _____ **Start Time:** _____ AM PM

Name of Interviewer: _____

Respondent Code # _____

Sex: Male Female

Highest Grade Completed: _____

Marital Status: Married Divorced/Separated Widowed Never married

Occupation: _____

Community Name: _____

Name of District:

Name of Cell:

Name of Village:

Section 1 – Community Characteristics

I'd like to begin by learning about the community you live in.

1. Please tell me about your community.

Probes:

- a. Is it large? Small? Close to or in an urban area?
- b. What resources are in your community (i.e. schools, market, health centers)?
- c. Who lives here? (e.g., high % older persons, mostly farmers, etc.)

2. What is your role in the community?

Section 2 –Community Events/Changes

I'm interested in learning more about any changes that may have occurred in your community over the last 12 months. I am particularly interested in changes that may have affected the economic, health and social welfare of households with orphans and vulnerable children in our community as well as the way these households seek and receive care.

3. Please describe any changes you have seen in the last 12 months in the health of orphans and vulnerable children in your community. To what do you attribute any changes?
4. Please describe any new health, economic, or social welfare programs/initiatives in your community that might impact households with orphans and vulnerable children over the last 12 months?

Probe:

- a. Health-related? Economic development activities? (for example, savings and loan groups, financial education activities, etc.) Programs for orphans and vulnerable children? Education and outreach? Gender-related activities? Other?
 - b. Describe what the programs do and who they work with.
5. In your opinion, what has been the impact of these programs on the health and welfare of households with orphans and vulnerable children in your community?
 6. What types of natural or environmental changes have taken place in the last 12 months?
 - a. Droughts? Flooding? Widespread illness?
 - b. In your opinion, how have these environmental changes affected the health and welfare of orphans and vulnerable children in your community, if at all?
 7. What types of structural changes have taken place in your community over the last 12 months?

Probes:

- a. Major changes to roads, frequency of buses, bridges, and/or other infrastructure?
 - b. Changes in community resources?
 - i. *(note for interviewer: for example, new training for health staff; new school, etc.)*
 - c. Changes in who lives here?
 - i. *(note for interviewer: for example, influx of displaced persons into the community post-conflict or large number of men leaving to work in another country)*
 - d. In your opinion, how have these structural changes affected the health and welfare of orphans and vulnerable children in your community, if at all?
8. Please describe any other changes that might have affected the health and welfare of orphans and vulnerable children in your community in the last 12 months.

Section 3 – Experience with Twiyubake

Now I would like to hear about your community's experience with Twiyubake.

9. What have you heard about Twiyubake, if anything?

10. What do community members think of Twiyubake?

- a. What do they like about the project?
- b. What do they dislike?

11. Do you know any beneficiaries of Twiyubake?

(If No, skip to end.)

12. Thinking of these households, what changes, if any, have you observed over the past 12 months?

Those are all of the questions that I have for our discussion today. Do you have anything else that you would like to add to the discussion?

Thank you for your time and participation.

Do you have any questions about what we have covered today?

KII with Community Leaders Kinyarwanda Translation

Twiyubake Evaluation: Ikiganiro n' abayobozi b' ibanze b' aho umushinga wakoreye

IRB #:

Document Version Date: 5/24/2018

Murakoze kwemera kwitabira ikiganiro cyacu.

Itariki y' ikiganiro: _____ **Igihe gitangiriye:** _____ AM PM

Ubaza: _____

Numero iranga usubiza # _____

Igitsina: Gabo Gore

Ikiciro yagarukirije amashuri ye: _____

Irangamimerere: Yarashatse Yaratanze/yaratandukanye Yarapfakaye Ntiyigeze ashaka

Ibyo akora: _____

Uko aho batuye hitwa: _____

Akarere:

Umurenge:

Akagari:

Umudugudu:

Igika 1 – Ibiranga ako gace

Nifuza gutangira ndushaho gusobanukirwa aho mutuye.

1. Wansobanurira aho mutuye.

Sobanuzwa:

- a. Ni hanyii? Ni hato? Ni hafi y' umujyi cyangwa ni mu mujyi?
- b. Ni bihe bintu bihari? (nka amashuri, isoko, ikigo nderabuzima, ibindi)?
- c. Ni bande bahatuye? (abiganje cyane- abakuze, abahinzi, n' abandi etc.)

2. Ushinzwe iki muri aka gace?

Igika 2 –Ibyabaye muri ako gace/ impinduka

Nifuza kurushaho gusobanukirwa ku impinduka zishobora kuba zarabaye muri ako gace mu mezi 12 ashize. Nifuza kumenya cyane cyane impinduka zagize ingaruka nziza cyangwa mbi ku imfupyi, abana bo mu miryango itishoboye n’ ingo zabo muri ako gace basaba/babona ababitaho

3. Wansobanurira impinduka wabonye mu mezi 12 ashize mu ubuzima bw’ imfupyi n’ abana bo mu miryango itishoboye bo muri ako gace? Niki ubona cyaba cyarateje izo mpinduka?
4. Mu mezi 12 ashize, wansobanurira niba hari ibikorwa bishya cyangwa imishinga mishya yakoreye muri ako gace yita ku imfupyi n’ abana bo mu miryango itishoboye?
Probe:
 - a. Ibijyanye n’ ubuzima? Ibijyanye n’ iterambere (urugero, amatsinda yo kuzigama no kugurizanya, kwigishwa ibijyanye n’ imari, etc.) gahunda zita ku mfupyi n’ abana bo mu miryango itishoboye? Uburezi n’ ihohoterwa rishingiye ku gitsina? Ibindi?
 - b. Iyo mishinga cyangwa izo gahunda umbwiye zikora iki zikorana nande?
5. Ushingiye ku nararibonye yawe muri ako gace, iyo mishinga cyangwa izo gahunda zita k’ubuzima n’ imibereho y’ imfupyi n’ abana bo mu miryango itishoboye zageze/yageze ku ki??
6. Ni bihe biza mwahuye nabyo muri ako gace mu mezi 12 ashize?
 - a. Amapfa? Imyuzure? Ibiza?
 - b. Ushingiye ku nararibonye yawe, ibi biza byagize izihe ngaruka ku buzima n’ imibereho y’ imfupyi n’ abana bo mu miryango itishoboye muri ako gace?
7. Ni zihe mpinduka zikomeye zabaye muri ako gace mu mezi 12 ashize?
Sobanuz:
 - a. Impinduka mu mihanda, umubare w’ imodoka zitwara abagenzi zi hanyura, ibiraro, cyangwa ibindi bikorwa remezo?
 - b. Impinduka zabaye kubyo abatuye muri ako gace babona?
 - i. (*ikitonderwa cy’ ubaza:* urugero, amahugurwa mashya y’ abaganga n’ abashinzwe iby’ ubuzima, ; ikigo gishya, etc.)
 - c. Ni zihe mpinduka zabaye kubahatuye?
 - i. (*ikitonderwa cy’ ubaza:* urugero, kuba abantu benshi barahaje bahunze umutekano muke, abigitsina gabo benshi kuva aho bakajya gukora akazi mu kindi gihugu)
 - d. Ushingiye ku nararibonye yawe, izi mpinduka zagize uruhe ruhare mu mibereho y’ imfupyi n’ abana bo mu miryango itishoboye muri ako gace?
8. Haba hari ibindi bintu byagize ingaruka k’ ubuzima’ n’ imibereho y’ imfupyi n’ abana bo mu miryango itishoboye muri ako gace mu mezi 12 ashize?

Igika 3 – Imikoranire n’ umushinga Twiyubake

Ubu nifuza gusobanukirwa imikoranire y' abatuye muri aka gace n' umushinga Twiyubake.

9. Mwigeze mumva umushinga Twiyubake? Niki mwumvise?
10. Abatuye muri aka gace batekereza iki ku mushinga Twiyubake?
 - a. Niki bishimira kuri uwo mushinga?
 - b. Niki batishimira?

11. Ubwawe, waba uzi abagenerwabikorwa b' umushinga Twiyubake ?

(Niba atabazi jya ku musozo)

12. Utekereje kuri izo ngo, nizihe mpinduka wabonyemo mu mezi 12 ashize?

Ibi nibyo nifuzagako twaganiraho uyu muni. Waba ufite ikindi wifuza kwongera kubyo twaganiriyeho?

Murakoze cyane ku mwanya wanyu mwuduhaye tunganira ku bijyanye n'akazi mwakoze mu mushinga

Waba ufite ibindi bibazo wifuza kumbaza kubyo twaganiriye?

Igihe ikiganiro gisorejwe: _____ AM PM

KII with ISVP Staff

Twiyubake Evaluation: Key Informant Interview Discussion Guide for Local Implementing Staff

IRB Study #

Document Version Date: 5/21/2018

Thank you for agreeing to participate in this interview.

Date of Interview: _____ Start Time: _____ AM PM

Name of Interviewer: _____

Respondent Code # _____

Sex: MaleFemale

Organization: _____

Job title: _____

Length of time in current position: _____

Section 1 – Background

First, I would like to learn about the work that you have been doing with Twiyubake.

1. Please describe the work you have been carrying out under this program.

Probes: Related to HIV? Gender-based violence? ISLGs? Early childhood education? Etc.

Section 2 – Program

Now I have some questions about the program implementation and perceived effects.

2. Please describe any major changes to the program approaches over the past 12 months.
3. How has the community responded to the program?
4. In your experience, what have the major successes of the program been?
5. What have the major challenges been?
6. What, if anything, would you suggest doing differently in the future?
7. What have been the overall positive effects of/changes due to the program for beneficiary households, if any?
 - a. What evidence is there of this/these effect(s)/change(s)?
8. What have been the overall negative effects of/changes due to the program for beneficiary households, if any?

- a. What evidence is there of this/these effect(s)/change(s)?

Section 3 – Other programs

Finally, I would like to learn about any other initiatives or contextual factors you know of in Full ISVP or HES-only areas that could have affected beneficiary knowledge, attitudes and behaviors around health, economic development, and education.

9. Please describe any other program area initiatives that address health, education, or economic development of households with orphans and vulnerable children.
10. In the past 12 months, have there been any infrastructure projects in program areas, such as new or improved roads, or other construction? If yes, please describe.
11. Have there been any natural disasters or climate issues in the past 12 months? If yes, please describe.
12. Have there been any changes access to finance or credit in this area in the past 12 months? If yes, please describe.
13. Have program areas experienced any other changes in the past 12 months that have affected education, health, and/or economic status?

These are the only questions that I have for you today. Is there anything else you would like to tell me?

Do you have any questions for me?

Thank you very much for your time and for speaking with me about your work on the intervention.

End Time: _____ AM PM

6. Ubaye ufite ubushobozi, mu gihe kirimbere ni bihe bintu wakora ukundi ugereranyije nuko byakozwe n' umushinga?
7. Uyu mushinga wahinduye iki mu ngo z' abagenerwa bikorwa bawo? N' akahe kamaro wabagiriye?
 - a. Nikihe gihamya ko izo mpinduka zabaye cyangwa ko uwo mumaro wagaragaye?
8. Nizihe ngaruka zageze mu ngo z'a abagenerwabikorwa b' umushinga?
 - a. Niki kigaragaza ko izo ngaruka zabagezeho?

Igika 3 – Ibindi bikorwa/imishinga

Mu gusozza nifuza ko twaganira ku bindi bishobora kuba byarahinduye ubumenyi, imyumvire, uburezi n' imytwarire ku bijyanye n' ubuzima n' iterambere mu ngo mu duce umushinga wakoreragamo.

9. Ni bihe bikorwa bindi cyangwa imishinga ikorera aho uyu mushinga wakoreye yita k' ubuzima, uburezi, iterambere ry'ingo zifite imfubyi na bandi bana batishoboye
10. Mu mezi 12 ashize, hari ibikorwa remezo nk' imihanda mishya cyangwa yasanywe n' bindi nka byo byubatswe mu gace umushinga wakoreragamo? Ni bihe nsobanurira?
11. Mu mezi 12 ashize, hari ibiza byabaye mu gace umushinga wakoreragamo? Ni bihe, nsobanurira?
12. Mu mezi 12 ashize, haba hari impinduka zabaye mu buryo abantu babona inguzanyo na serivisi z' imari mu gace umushinga wakoreragamo? Ni zihe? Zinsobanurire.
13. Mu mezi 12 ashize, haba hari impinduka izo arizo zose zabaye mu uburezi, ubuvuzi n' ibijyanye n' ubukungu zabaye mu gace umushinga wakoreragamo?

Ibi nibyo nifuzagako twaganiraho uyu muni. Waba ufite ikindi wifuza ko twaganiraho? Kimbwire?

Waba ufite ibindi bibazo wifuza kumbaza?

Murakoze cyane ku mwanya wanyu muduhaye tunganira ku bijyanye n' akazi mwakoze mu mushinga

Igihe ikiganiro gisorejwe: _____ AM PM

Caregiver Survey

Respondent: Main Caregiver

Table of Contents

MODULE A. HOUSEHOLD IDENTIFICATION SHEET.....	212
MODULE C: BACKGROUND INFORMATION ON CAREGIVER & HOUSEHOLD.....	213
SECTION D2. HIV/AIDS TEST RESULTS.....	217
SECTION D3. NUTRITION KNOWLEDGE	217
MODULE E: HOUSEHOLD QUESTIONS	219
SECTION E1. EXPENSES	219
SECTION E2. FOOD SECURITY (FANTA, FTF Hunger Scale).....	220
SECTION E3. GENDER ROLES AND DECISION-MAKING POWER.....	221
SECTION E4. CHILD PROTECTION.....	225
SECTION E5. ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE AND SUPPORT	225
MODULE F: CHILDREN QUESTIONS	231
SECTION F1. CHILD HEALTH & PROTECTION.....	231
SECTION F2. EARLY CHILDHOOD DEVELOPMENT	239
SECTION F3. FOOD CONSUMPTION/NUTRITION	242
SECTION F4. ANTHROPOMETRY	247
SECTION F5. CHILD EDUCATION	248

MODULE A. HOUSEHOLD IDENTIFICATION SHEET

IRB Study Number | _____ |

A001	PROVINCE	
A002	DISTRICT	
A003	SECTOR	
A004	CELL	
A005	VILLAGE	
A006	HOUSEHOLD IDENTIFICATION NUMBER	
A008	LINE NUMBER OF CAREGIVER FROM HH ROSTER	

MODULE C: BACKGROUND INFORMATION ON CAREGIVER & HOUSEHOLD

I'm going to ask you some basic questions about yourself and your household.

EDUCATION CODES FOR C107 and C108.						
0=Pre-Primary	4= Primary 4	17=TVET1	11= Secondary 1	15= Secondary 5	21=University 1	25=Univ. 5 and above
1=Primary 1	6=Primary 6	18=TVET2	12= Secondary 2	16= Secondary 6	22=University 2	77=None
2=Primary 2	7=Primary 7		13= Secondary 3		23=University 3	88=Don't Know
3=Primary 3	8=Primary 8		14= Secondary 4		24=University 4	

No.	Questions	Coding Categories	
C101	Record sex of respondent	Male Female Other _____ REFUSED	1 2 6 9
C102	In what month and year were you born?	MONTH YEAR	
C103	How old were you at your last birthday?	AG IF AGE IS LESS THAN 16, SKIP TO C106	
C106	Have you ever attended school?	Yes No Refuse	1 2 => C109 9 => C109
C107	What is the highest class level that you have attended in school? SEE EDUCATION CODES ABOVE		
C108	What is the highest class level that you have completed? SEE EDUCATION CODES ABOVE		If Code 7 through 25 skip to C110
C109	Now, I would like you to read this sentence to me. Show card to respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence?	Cannot read at all Able to read only parts of sentence Able to read whole sentence No card with required language: _____ (language) Blind/visually impaired	1 2 3 4 5

No.	Questions	Coding Categories		
		Refused to read	9	
C110	Can you add and subtract numbers?	Yes No Refused 1 2 9		
C111	What is your current marital status?	Married 1 Cohabiting (but not married) 2 Never been married 3 Divorced or separated 4 Widowed 5 Refused 9	=> C113 => C113	
C112	Are you in a relationship with someone you are not cohabitating with? (boyfriend/girlfriend)	Yes No Refused 1 2 9		
C113	IF MALE, SKIP TO C116 Are you currently pregnant?	Yes No Don't Know Refuse 1 2 8 9	YES => C116	
C114	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes No Refuse 1 2 9	NO, Refuse => C116	
C115	Which method are you using? CIRCLE ALL MENTIONED	FEMALE STERILIZATION MALE STERILIZATION IUD INJECTABLES IMPLANTS/JADELLE PILL CONDOM FEMALE CONDOM DIAPHRAGM FOAM/JELLY LACTATIONAL AMEN. METHOD RHYTHM METHOD STANDARD DAYS METHOD WITHDRAWAL OTHER MODERN METHOD OTHER TRADITIONAL METHOD	A B C D E F G H I J K L M N X Y	
As you know, some people take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.				
C116	In the last 3 months, have you done any of these things or any other work?	Yes No Refused 1 2 9	1 =>C118	
C117	In the last 12 months, have you done any of these things or any other work?	1 2 9	2 => D201 9 => D201	

No.	Questions	Coding Categories	
C118	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	Throughout the year Seasonally/part of the year Once in a while	1 2 3
C119	Are you paid in cash or kind for this work or are you not paid at all?	Cash only Cash and kind In kind only Not paid Refuse	1 2 3 4 9
C120	What is your occupation, that is, what kind of work do you mainly do? Probe: Anything else? CIRCLE ALL MENTIONED. IF MORE THAN ONE MENTIONED: What is your primary occupation? What is your secondary occupation? That is, what kind of work do you do in addition to your main occupation?	Agricultural labourer Own farm labour Livestock herding Fishing Petty trade Trader Mining Brewing Handicraft Domestic help Carpenter ENTER LETTER OF PRIMARY OCCUPTION ENTER LETTER OF SECONDARY OCCUPATION	Construction (bricklayer) Traditional healer Mechanic Mill worker Seamstress/tailor/clothes repair Hairdresser/barber Charcoal maker Charcoal/firewood seller Unemployed Housewife Student Retired Unable to work due to illness/disability Other, Specify: _____ L M N O P Q R S 1 2 3 4 5 X

--- END OF SECTION ---

MODULE D: CAREGIVER INDIVIDUAL QUESTIONS

SECTION D2. HIV/AIDS TEST RESULTS

Now I would like to ask you some questions about HIV tests.			
D201	I don't want to know the results, but have you ever been tested to see if you have the HIV virus?	Yes No Refused	1 2 => D205 9 => D205
D202	How many months ago was your most recent HIV test?	Months ago Two or more years 95	
D203	Who influenced you to take your most recent HIV test? CIRCLE ALL MENTIONED	Spouse/partner Parent Other relative Neighbor/friend Community health worker Peer educator Case management volunteer Other: _____ Self/nobody	A B C D E F G X Y
D204	I don't want to know the results, but did you get the results of the test?	Yes No Don't Remember Refused	1 2 8 9
D205	Do you know of a place where people can go to get tested for the HIV virus?	Yes No Refused	1 2 9
D206	Should children age 12-14 be taught about using a condom to avoid getting HIV?	Yes No Refused	1 2 9

--- END OF SECTION ---

SECTION D3. NUTRITION KNOWLEDGE

Now I would like to ask you some questions about nutrition for children, and pregnant women.			
D301	How long should a baby receive nothing more than breastmilk (in total months)? [PROBE IF NECESSARY: Until what age is it recommended that a mother feeds nothing more than breastmilk?]	From birth to six months Less than six months More than six months Don't know Refuse	1 2 3 8 9
D302	When a baby or child is sick, should he or she be fed the same amount of food, less food or more food?	The same amount of food Less food than usual More food than usual Other: _____	1 2 3 6 8

		Don't know 9 Refuse
D304	What should we do to prevent undernutrition among infants <u>under 6 months</u> of age? CIRCLE ALL MENTIONED	Breastfeed exclusively / give only breastmilk A Breastfeed on-demand/whenever the baby wants B Go the health center/hospital and check that the child is growing C Wash hands before breastfeeding Other: _____ D Don't know X Refuse Y Z
D305	What should we do to prevent undernutrition among children <u>6-23 months</u> of age? CIRCLE ALL MENTIONED	Go to the health center/hospital and check that the child is growing A Give more food B Feed frequently C Give them attention during meals (e.g., talk to them, make meal times happy times, etc.) D Continue to breastfeed E Other: _____ X Don't know Y Refuse Z
D306	There are key moments when you need to wash your hands to prevent germs from reaching food. What are these key moments? CIRCLE ALL MENTIONED	After going to the toilet / latrine A After cleaning the baby's bottom / changing a baby's nappy B Before preparing / handling food C Before feeding a child / eating D After handling raw food E After handling garbage F Other _____ X Don't know Y Refuse Z
D307	How should a pregnant woman eat in comparison with a non-pregnant woman to provide good nutrition to her baby and help him grow? CIRCLE ALL MENTIONED	Eat more food (more at each meal or more frequent meals) A Eat more protein-rich foods (for example, beans, fish, milk, and animal meat) B Eat more iron-rich foods (for example, dark leafy greens and organ meat) C Use iodized salt when preparing meals D Avoid alcohol E Take vitamin or mineral supplements as advised by health facility F Other _____ X Don't know Y Refuse Z

MODULE E: HOUSEHOLD QUESTIONS

SECTION E1. EXPENSES

Now I have some questions about household expenses.			
E10 1	Did your household incur any food-related expenses in the last four weeks?	Yes No Don't Know Refuse	1 2 => E103 8 => E103 9 => E103
E10 2	Was your household able to pay for these expenses?	Yes No Don't Know Refuse	1 2 8 9
E10 3	Thinking about <u>the last time</u> you bought any food for eating or cooking, where did the money come from? DO NOT READ RESPONSES. RECORD ONE PRIMARY RESPONSE ONLY. PROMPT IF NECESSARY: maize meal, sugar, cooking oil	Current income (cash) Savings Loan Gift/given money Sold asset, specify _____ Other, specify: _____	1 2 3 4 5 6
E10 4	Did your household incur any school-related expenses in the last 12 months?	Yes No Don't Know Refuse	1 2=> E106 8=> E106 9=> E106
E10 5	Was your household able to pay for these expenses?	Yes No Don't Know Refuse	1 2 8 9
E10 6	Thinking about <u>the last time</u> you had to pay for any school-related expenses, where did the money come from? RECORD ONE PRIMARY RESPONSE ONLY. PROMPT IF NECESSARY: fees, uniforms, books, other materials	Current income (cash) Savings Loan Gift/given money Sold asset, specify _____ Other, specify: _____ Not Applicable	1 2 3 4 5 6 7
E10 7	Did your household incur any major unexpected household expenses, such as a house repair or urgent medical treatment, in the last 12 months?	Yes No Don't Know Refuse	1 2=> E109 8=> E109 9=> E109
E10 8	Was your household able to pay for these expenses?	Yes No Don't Know Refuse	1 2 8 9

E109	Thinking about <u>the last time</u> you had to pay for a major <u>unexpected</u> household expense, such as a house repair, or urgent medical treatment, where did the money come from? RECORD ONE PRIMARY RESPONSE ONLY.	Current income (cash)	1
		Savings	2
		Loan	3
		Gift/given money	4
		Sold Asset	5
		(Specify): _____	6
		Other: _____	

--- END OF SECTION ---

SECTION E2. FOOD SECURITY (FANTA, FTF Hunger Scale)

Now I have a few questions about food consumption in your household.			
E201	In the past <u>4 weeks</u> , was there ever <u>no food to eat of any kind</u> in your house because of lack of resources to get food?	Yes No Don't Know Refuse	1 2=> E203 8=> E203 9=> E203
E202	How many times did this happen? READ OUT RESPONSES (DO NOT READ "DON'T KNOW" AND "REFUSE")	Rarely (1-2 times in past 4 weeks) Sometimes (3-10 times in past 4 weeks) Often (more than 10 times in past 4 weeks) Don't Know Refuse	1 2 3 8 9
E203	In the past <u>4 weeks</u> , did you or any household member <u>go to sleep at night hungry</u> because there was not enough food?	Yes No Don't Know Refuse	1 2=> E205 8=> E205 9=> E205
E204	How many times did this happen? READ OUT RESPONSES (DO NOT READ "DON'T KNOW" AND "REFUSE")	Rarely (1-2 times in past 4 weeks) Sometimes (3-10 times in past 4 weeks) Often (more than 10 times in past 4 weeks) Don't Know Refuse	1 2 3 8 9
E205	In the past <u>4 weeks</u> , did you or any member of your household go <u>a whole day and night</u> without eating anything because there was not enough food?	Yes No Don't Know Refuse	1 2=> Section E3 8=> Section E3 9=> Section E3

E206	How many times did this happen? READ OUT RESPONSES (DO NOT READ "DON'T KNOW" AND "REFUSE")	Rarely (1-2 times in past 4 weeks)	1
		Sometimes (3-10 times in past 4 weeks)	2
		Often (more than 10 times in past 4 weeks)	3
		Don't Know	8
		Refuse	9

--- END OF SECTION ---

SECTION E3. GENDER ROLES AND DECISION-MAKING POWER

Now I have some questions about who makes decisions in your household.			
	REFER BACK TO C119: IF RESPONDENT IS PAID IN CASH (C119=1 OR 2) PROCEED TO E301. ☐ ↓	IF RESPONDENT IS PAID IN KIND ONLY, NOT PAID, REFUSED OR NOT WORKING (C119=3,4, 9 OR C117=2 OR 9) SKIP TO FILTER FOR E302. ☐ →	
E301	Who usually decides how the money that you earn will be used: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Other, Specify: _____ 1 2 3 4 5 6 66	
	REFER BACK TO C111: RESPONDENT IS CURRENTLY MARRIED/ COHABITATING (C111=1,2) PROCEED TO E302. COHABITING (C111=1,2) ☐ ↓	RESPONDENT IS NOT CURRENTLY MARRIED/COHABITATING RESPONDENT CURRENTLY MARRIED/ (C111=3,4,5,9) SKIP TO E303. ☐ →	
E302	Who usually decides how the money that your spouse/partner earns will be used: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly 1 2 3 4 5 6	

		Other, Specify: _____	66
		Spouse/partner has no earnings	77
E303	Who usually makes decisions about health care for yourself: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Other, Specify: _____	1 2 3 4 5 6 66
E304	Who usually makes decisions on your child's healthcare: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Other, Specify: _____	1 2 3 4 5 6 66
E304a	Who usually makes decisions about what your child eats: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Other, Specify: _____	1 2 3 4 5 6 66
E304b	Who usually makes decisions about whether your child attends early childhood development services (ECD services): you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Caregiver has no children under 5	1 2 3 4 5 6 7 66 77

		Other, Specify: _____ No ECD services available Don't know about ECD services	88	
E305	Who usually makes decisions about making major household purchases: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Other, Specify: _____	1 2 3 4 5 6 66	
E306	Who usually makes decisions about making purchases for daily household needs: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Other, Specify: _____	1 2 3 4 5 6 66	
E307	Who usually makes decisions about whether or not to use family planning to space or limit births: you, your spouse/partner, you and your spouse/partner jointly, your parents, you and your parents jointly, or you, your parents and spouse/partner jointly, or someone else?	Respondent Spouse/Partner Respondent & Spouse/Partner jointly Parents Respondent & Parents jointly Respondent, Parents, & Spouse/Partner jointly Decision not made Other, Specify: _____ Don't know what family planning is	1 2 3 4 5 6 7 66 88	
E308	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: Read A to F out loud.	Husband	Wife	Both equally
E308. A	a) making large household purchases	1	2	3
E308. B	b) making small daily household purchases	1	2	3
E308. C	c) deciding on the child's healthcare	1	2	3

E308. D	d) deciding what to do with the money the wife earns for her work	1	2	3
E308. E	e) deciding what to do with the money the husband earns for his work	1	2	3
E308. F	f) deciding how many children to have	1	2	3

Enumerator: It is important that you carry out the remainder of this module in a private room or private location away from other people so that others cannot hear the questions or her responses. If privacy is compromised during this module (for example, another family member enters the room), you should stop asking questions until privacy is re-established. In addition, if the participant becomes distraught or sad during these questions, you should pause and ask her if she is okay. Also ask if she would like to continue with the interview, to pause momentarily, skip these questions, or skip to the next section.

Filter: Only ask of selected female who is married/cohabitating

RESPONDENT IS SELECTED MARRIED/COHABITATING FEMALE CAREGIVER <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> 	RESPONDENT IS NOT THE SELECTED MARRIED/COHABITATING FEMALE CAREGIVER <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/>				
Now I would like to ask you questions about some important aspects of a woman's life. There is some risk in the following portion of this study. We will ask you some questions relating to your relationship with your husband/partner and any experience of physical violence. It is possible that you may feel sad or uncomfortable when talking to us about this topic. If you do feel sad or uncomfortable, you will be able to talk to me or to our project staff. You can also end your participation in the interview at any time. We will not share your responses with anyone else and nobody else in your household is being asked these same questions. However, there is still a risk that your family or your husband/partner could find out about the study that they may not agree with your participation in the study. Also, if you would like, I can give you contact information for groups that help women when they are having difficulties with their partners.					
E309	In the last 12 months,(Does/did) your (last) husband/partner do any of the following things to you?	Yes	No	DK/Not Sure	Refuse
		Partner Away			
E309.1	a) Slap you?	1	2	8	9 6
E309.2	b) Twist your arm or pull your hair?	1	2	8	9
E309.3	c) Push you, shake you, or throw something at you?	1	2	8	9
E309.4	d) Punch you with his fist or with something that could hurt you?	1	2	8	9
E309.5	e) Kick you, drag you or beat you up?	1	2	8	9
E309.6	f) Try to choke you or burn you on purpose?	1	2	8	9
E309.7	g) Threaten or attack you with a knife, gun, or any other weapon?	1	2	8	9
E309.8	h) Physically force you to have sexual intercourse with him even when you did not want to?	1	2	8	9
E309.9	i) Physically force you to perform any other sexual acts you did not want to?	1	2	8	9

E309.1 0	j) Force you with threats or in any other way to perform sexual acts you did not want to?	1	2	8	9

--END OF SECTION--

SECTION E4. CHILD PROTECTION

I would now like to ask you some questions about your opinions on child discipline.					
		Always Refuse	Sometimes	Rarely	Never DK
E401	In the home, do you think that hitting or beating a child is an appropriate means of discipline or control?	1 9	2	3	4 8
E402	At school, do you think that hitting or beating a child is an appropriate means of discipline or control?	1 9	2	3	4 8

--- END OF SECTION ---

SECTION E5. ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE AND SUPPORT

CARGIVER IS DIFFERENT FROM RESPONDENT TO SECTION H OF THE HOUSEHOLD QUESTIONNAIRE ☐ ↓	CAREGIVER IS THE SAME AS THE RESPONDENT TO SECTION H OF THE HOUSEHOLD QUESTIONNAIRE E504 ☐ →

E501	I am going to read out a list of items and services. Please tell me if <u>you or anyone else in your household</u> has received or accessed any of these items or services in the <u>last 6 months</u> .		IF RESPONDENT LINE NUMBER 201-220 OR 401-420 ASK: Did you receive this service or someone else in the household?
	SERVICE	ANSWER CATEGORIES	
	E501.1 HIV test	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.2 Farmer Field School	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.3 Free Small Livestock	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.4 Free seed	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.5 Nutritional advice in caring for your children	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.6 Free food	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.7 Information on how to prevent HIV and other sexually transmitted infections	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.8 Information on family planning and/or birth spacing	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

	E501.9 Training on Early Childhood Development	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.10 Livelihood training/income generation	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.11 Community savings/lending group	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.12 Life skills training	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.13 Vocational training scholarships	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.14 Workforce readiness training	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.15 Psychosocial support from a home visitor or social worker	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.16 Free school supplies or a school uniform	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.17 Birth registration support	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.18 Mosquito nets	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

	E501.19 Information on child protection	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.20 Nutrition messaging for pregnant or lactating women	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.21 One Stop (GBV center)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.22 Information on sexual and reproductive health and rights	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.23 Information on hygiene (e.g. safe water, hand washing)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.24 Information on positive masculinity and gender equity	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.25 Umugoroba w'ababyeyi (parental evenings)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.26 HIV treatment and care	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.27 Advice on childhood immunization	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.28 Positive parenting	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

	E501.29 Growth monitoring for children	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.30 Free condoms	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.31 Parent-child communication on sexual health and sexual behavior	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	E501.32 Mentorship program	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

Now let's talk about health services.

E504	How long does it take to reach the health facility that you usually visit for child health? a. Province: _____	: Hours: minutes PROVIDER COMES TO MY RESIDENCE.....0000 -> E506 DO NOT/HAVE NOT USED SERVICE.....7777 →E506 DON'T KNOW.....8888
E505	How do you usually get there? CIRCLE ALL MENTIONED b District: _____	WALK.....A BICYCLE.....B MOTO.....C BUS.....D CAR/PRIVATE TAXI.....E OTHER.....X
E506	How long does it take to reach the health facility that you usually visit for routine child growth monitoring and nutritional services?	: Hours: minutes PROVIDER COMES TO MY RESIDENCE.....0000 -> E508 DO NOT/HAVE NOT USED SERVICE.....7777 →E508 DON'T KNOW.....8888
E507	How do you usually get there? CIRCLE ALL MENTIONED	WALK.....A BICYCLE.....B MOTO.....C BUS.....D CAR/PRIVATE TAXI.....E

		OTHER _____ X
E508	How long does it take to reach the health facility that you usually visit for HIV testing?	 Hours: minutes PROVIDER COMES TO MY RESIDENCE.....0000 -> E510 DO NOT/HAVE NOT USED SERVICE.....7777 →E510 DON'T KNOW.....8888
E509	How do you usually get there? CIRCLE ALL MENTIONED	WALK.....A BICYCLE.....B MOTO.....C BUS.....D CAR/PRIVATE TAXI.....E OTHER _____ X
E510	How long does it take to reach the health facility that you usually visit for family planning?	 Hours: minutes PROVIDER COMES TO MY RESIDENCE.....0000 -> END OF SECTION DO NOT/HAVE NOT USED SERVICE.....7777 →END OF SECTION DON'T KNOW.....8888
E511	How do you usually get there? CIRCLE ALL MENTIONED	WALK.....A BICYCLE.....B MOTO.....C BUS.....D CAR/PRIVATE TAXI.....E OTHER _____ X

--- END OF SECTION ---

I have come to the end of my questions about you and your household. I would now like to ask you some questions about your children. Let's start with [INITIALS]. **(Start with youngest child then move to the next oldest until the caregiver has answered questions about all 0 month – 17 year olds).**

MODULE F: CHILDREN QUESTIONS

SECTION F1. CHILD HEALTH & PROTECTION

ASK QUESTIONS OF ALL CHILDREN FOR WHOM THE CAREGIVER IS THE PRIMARY CAREGIVER. BASED ON THE CHILD'S AGE, ASK THE APPROPRIATE COLUMN OF QUESTIONS. START WITH THE YOUNGEST CHILD AND END WITH ELDEST CHILD. IF MORE THAN ONE CHILD IN THE SAME AGE BRACKET, YOU WILL NEED TO ADD ADDITIONAL QUESTIONNAIRE PAGE AND FILL THE APPROPRIATE COLUMN.

I am now going to ask you a few questions about [insert child's name].

No.	Question	Child (0-59 months)	Child (5-12 years)	Child (13-17 years)	SKIP
F101	RECORD / CONFIRM CHILD'S INITIALS				
F102	CHILD'S LINE NUMBER FROM HOUSEHOLD ROSTER				
F103	RECORD / CONFIRM CHILD'S SEX	Male 1 Female 2 Other _____ 6 Refuse 9	Male 1 Female 2 Other _____ 6 Refuse 9	Male 1 Female 2 Other _____ 6 Refuse 9	
F104	Was [INITIALS's] birth registered at the sector level?	Yes 1 No 2 Don't know 8 Refuse 9	Yes 1 No 2 Don't know 8 Refuse 9	Yes 1 No 2 Don't know 8 Refuse 9	
F105	Does [INITIALS] have a birth certificate?	Yes 1 No 2 Don't know 8 Refuse 9	Yes 1 No 2 Don't know 8 Refuse 9	Yes 1 No 2 Don't know 8 Refuse 9	2,8,9 => F107
F106	Could you please show me [INITIALS'S] birth certificate?	Seen/Confirmed 1 Not Seen/Not Confirmed 2	Seen/Confirmed 1 Not Seen/Not Confirmed 2	Seen/Confirmed 1 Not Seen/Not Confirmed 2	
F107		Month Year	Month Year	Month Year	

	In what month and year was [INITIALS] born? IF BIRTH CERTIFICATE IS AVAILABLE, THEN RECORD BIRTHDATE FROM BIRTH CERTIFICATE) IF UNKNOWN, ASK THE CAREGIVER TO ESTIMATE				
F108	Remind me, how old was [INITIALS] at their last birthday? CONFIRM WITH MONTH AND YEAR OF BIRTH IN F107 AND ADJUST IF NECESSARY. DO NOT LEAVE BLANK. IF UNKNOWN, ASK CAREGIVER TO ESTIMATE. ONLY RECORD MONTHS IF CHILD IS <2 years. IF CHILD IS 0 MONTHS – 23 MONTHS OLD, ENTER 0 FOR YEAR AND PUT THE NUMBER OF MONTHS IN THE MONTHS FIELD.	 YEARS MONTHS	 YEARS	 YEARS	
	F109	What is your relationship to [INITIALS]? SEE CODES BELOW IF THE RELATIONSHIP IS NOT LISTED, USE CODE 66 AND THEN SPECIFY THE RELATIONSHIP			

CODES FOR F109: RELATIONSHIP OF MAIN CAREGIVER TO THE CHILDREN IN HOUSEHOLD

01=Biological Mother	05=Sister	10=Grandfather	13=Self
02=Biological Father	06=Brother	11= Non-Family Member	66=Other, Specify
03=Step-Mother/ Foster Mother	07=Aunt	Female	
04=Step-Father/Foster Father	08=Uncle	12= Non-Family Member Male	
	09=Grandmother		

Now I would like to ask you some questions about [INITIALS's] health.

No.	Question	Child (0-59 months)	Child (5-12 years)	Child (13-17 years)	SKIP
F111	Would you say that in general [INITIALS's] health is.....? READ OUT RESPONSES	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	
F112	In the last 2 weeks, has [INITIALS] been too sick to participate in daily activities?	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	
F113	Does [INITIALS] have a disability that makes it difficult for him/her to participate in daily activities?	Yes 1 No 2 Refuse 9	Yes 1 No 2 Refuse 8 9	Yes 1 No 2 Refuse 9	2,9 F115 =>
F114	How would you describe [INITIALS's] disability?	Blind or partially blind 1 Deaf or partially deaf 2 Has difficulties learning 3 Physical 4 Other_____ 6	Blind or partially blind 1 Deaf or partially deaf 2 Has difficulties learning 3 Physical 4 Other_____ 6	Blind or partially blind 1 Deaf or partially deaf 2 Has difficulties learning 3 Physical 4 Other_____ 6	
F115	I don't want to know the results, but has [INITIALS] ever been tested to see if he/she has the HIV virus?	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	2,8,9=> F117
F115 .1	How many months ago was [INITIALS] most recent HIV test?	Months ago Two or more years 95	Months ago Two or more years 95	Months ago Two or more years 95	

F116	I don't want to know the results, but do you know the result of [INITIALS's] test?	Yes	1	Yes	1	Yes	1	
		No	2	No	2	No	2	
		Don't Know	8	Don't Know	8	Don't Know	8	
		Refuse	9	Refuse	9	Refuse	9	

No.	Question	Child (0-59 months)				Child (5-12 years)				Child (13-17 years)	SKIP
	I am going to read out a list of items and services. Please tell me if <u>[child’s INITIALS]</u> has received or accessed any of these items or services in the <u>last 6 months</u> . READ OUT SERVICES										
F117	F117.1 (Psychosocial) counseling from a home visitor or social worker	Yes 1	No 2	Don’t Know 8	Refuse 9	Yes 1	No 2	Don’t Know 8	Refuse 9	Don’t ask 13-17 years	
	F117.2 Health care from a health professional	1	2	8	9	1	2	8	9		
	F117.3 School fees paid for by organization	1	2	8	9	1	2	8	9		
	F117.4 Free school supplies or a school uniform	1	2	8	9	1	2	8	9		
	F117.5 Vitamin A supplement from an organization	1	2	8	9	1	2	8	9		
	F117.6 Supplemental, emergency feeding	1	2	8	9	1	2	8	9		
F118	Has [INITIALS] had diarrhea in the last 2 weeks?	Yes 1	No 2	Don’t Know 8	Refuse 9	Don’t ask 5-12 years				Don’t ask 13-17 years	2,8,9=> F123
F119	Did you seek advice or treatment for the diarrhea from any source?	1	2	8	9	Don’t ask 5-12 years				Don’t ask 13-17 years	2 =>122 8,9 => 122

F120	Where did you seek advice or treatment? Anywhere else? CIRCLE ALL MENTIONED	Public sector Referral Hospital A District Hospital B Health Center C Health Post D Outreach E Community Health Worker F Other public facility (specify): G Private medical sector Polyclinic H Clinic I Dispensary J Pharmacy K Other Private Medical Facility L (specify): _____ Other source Kiosk M Traditional practitioner N Church O Friend/Relative P Other (Specify) _____ X F120.18 Don't Know Y F120.19 Refuse Z	Don't ask 5-12 years	Don't ask 13-17 years									
F122	Was [INITIALS] given any of the following to drink at any time since he/she started having the diarrhea? F122.1 A pre-packaged ORS (Oral Rehydration Solution) liquid?	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Don't Know</td> <td>Refuse</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </table>				Yes	No	Don't Know	Refuse	1	2	8	9
Yes	No	Don't Know	Refuse										
1	2	8	9										

F122.2 A government-recommended homemade fluid?	1	2	8	9			

No.	Question	Child (0-59 months)				Child (5-12 years)	Child (13-17 years)	SKIP
51 52 53 54 55 56 57 58 59 F123	Has [INITIALS] been ill with a fever at any time in the last 2 weeks?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9=> F201
F124	Did you seek advice or treatment for the fever from any source?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	2 => F127 8,9 =>F127
F125	Where did you seek advice or treatment? Anywhere else? CIRCLE ALL MENTIONED	Public sector Referral Hospital A District Hospital B Health Center C Health Post D Outreach E Community Health Worker F Other public facility (specify): _____ G Private medical sector Polyclinic H Clinic I Dispensary J Pharmacy K Other Private Medical Facility L (specify): _____ Other source Kiosk M Traditional practitioner N Church O Friend/Relative P Other (Specify) _____ X Don't Know Y Refuse Z				Don't ask 5-12 years	Don't ask 13-17 years	

F127	At any time during the illness, did [INITIALS] take any drugs for the illness?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	

--- END OF SECTION ---

SECTION F2. EARLY CHILDHOOD DEVELOPMENT

INSTRUCTIONS TO INTERVIEWER/TABLET PROGRAMMER: ONLY ASK THIS SECTION OF 0 MONTH – 59 MONTH OLDS.

No.	Question	Child (0-59 months)	Child (5-12 years)	Child (13-17 years)	SKIP
F201	I am interested in learning about the things that [INITIALS] plays with when he/she is at home.				
F201_1	a) Does [INITIALS] play with: homemade toys (such as dolls, cars, or other toys made at home)?	Yes No Don't Know Refuse 1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F201_2	b) Does [INITIALS] play with: toys from a shop or manufactured toys?	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F201_3	c) Does [INITIALS] play with: household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F202	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week was [INITIALS] left alone for more than an hour? IF NONE, ENTER 0. IF DON'T KNOW, ENTER 8	NUMBER OF DAYS	Don't ask 5-12 years	Don't ask 13-17 years	
F203	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with [[INITIALS]] :		Don't ask 5-12 years	Don't ask 13-17 years	
		Yes No Don't Know Refused			
F203_1	a) Read books to or looked at picture books with [INITIALS]?	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F203_2	b) Told stories to [INITIALS]?	1 2 8 9			
F203_3	c) Sang songs to [INITIALS] or with [INITIALS], including lullabies?	1 2 8 9			

F203_4	d) Took [INITIALS] outside the home, compound, yard or enclosure?	1	2	8	9			
F203_5	e) Played with [INITIALS]?	1	2	8	9			
F203_6	f) Named, counted, or drew things to or with [INITIALS]?	1	2	8	9			

F204	Check Age of Child (Age Filter) Child age 0, 1, or 2 year olds (0 to 35 months) ⇒ skip to next section (SECTION F3 : FOOD CONSUMPTION/NUTRITION). Child age 36 to 59 months (3 & 4 year olds) ⇒ Continue with F205							
No.	Question	Child (0-59 months)				Child (5-12 years)	Child (13-17 years)	SKIP
F205	Does [INITIALS] attend any organized or early childhood education or development program, such as a private or government facility, including kindergarten, school center, playgroups, or community child care?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9⇒F207
F206	Within the last seven days, about how many hours did [INITIALS] attend?	 NUMBER OF HOURS				Don't ask 5-12 years	Don't ask 13-17 years	
I would like to ask you some questions about the health and development of your child. Children do not all develop and learn at the same rate. For example, some walk earlier than others. These questions are related to several aspects of your child's development.								
F207	Can [INITIALS] identify or name at least ten letters of the alphabet?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	
F208	Can [INITIALS] read at least four simple, popular words?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	

F209	Does [INITIALS] know the name and recognize the symbol of all numbers from 1 to 10?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F210	Can [INITIALS] pick up a small object with two fingers, like a stick or a rock from the ground?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F211	Is [INITIALS] sometimes too sick to play?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F212	Does [INITIALS] follow simple directions on how to do something correctly?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F213	When given something to do, is [INITIALS] able to do it independently?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F214	Does [INITIALS] get along well with other children?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F215	Does [INITIALS] kick, bite, or hit other children or adults?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F216	Does [INITIALS] get distracted easily?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	

--- END OF SECTION ---

SECTION F3. FOOD CONSUMPTION/NUTRITION

INSTRUCTIONS TO INTERVIEWER/TABLET PROGRAMMER: ONLY ASK THIS SECTION OF 0 MONTH – 59 MONTH OLDS.

No.	Question	Child (0-59 months)				Child (5-12 years)	Child (13-17 years)	SKIP
Next I would like to ask you about what [INITIALS] eats and drinks.								
F301	Has [INITIALS] ever been breastfed?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9 => F303
F302	Was [INITIALS] breastfed yesterday during the day or at night?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F303	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, bottle, or some other way. This can happen if a mother cannot breastfeed her own baby.	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
	Did [INITIALS] consume breast milk in any of these ways yesterday during the day or at night?							

	Next I would like to ask you about some liquids that [INITIALS] may have had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods. [item from list]?: READ THE QUESTIONS BELOW. READ THE LIST OF LIQUIDS ONE BY ONE, STARTING WITH "PLAIN WATER", AND MARK YES OR NO, ACCORDINGLY							
No.	Question	Child (0-59 months)				Child (5-12 years)	Child (13-17 years)	SKIP
F304	Did [INITIALS] have any plain water?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	
F305	Did [INITIALS] have any infant formula (powdered or liquid infant formula)?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9 =>F307
F306	How many times yesterday during the day or at night did [INITIALS] consume any formula? IF DON'T KNOW, RECORD '88'	TIMES				Don't ask 5-12 years	Don't ask 13-17 years	
F307	Did [INITIALS] have any milk such as tinned, powdered, or fresh animal milk?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9 =>F309
F308	How many times yesterday during the day or at night did [INITIALS] consume any milk? IF DON'T KNOW, RECORD '88'	TIMES				Don't ask 5-12 years	Don't ask 13-17 years	
F309	Did [INITIALS] have any juice or juice drinks?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	
F310	Did [INITIALS] have any clear broth?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F311	Did [INITIALS] have any yogurt?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9 =>F313
F312	How many times yesterday during the day or at night did [INITIALS] consume any yogurt? IF DON'T KNOW, RECORD '88', IF REFUSED '99'.	TIMES				Don't ask 5-12 years	Don't ask 13-17 years	

F313	Did [INITIALS] have any thin porridge?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	
F314	Did [INITIALS] have any other liquids?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	

	Please describe everything that [INITIALS] ate yesterday during the day or night, whether at home or outside the home. A) Think about when [INITIALS] first woke up yesterday. Did [INITIALS] eat anything at that time? IF YES: Please tell me everything [INITIALS] ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. THEN CONTINUE TO PART B). IF NO, CONTINUE TO PART B). B) What did [INITIALS] do after that? Did [INITIALS] eat anything at that time? IF YES: Please tell me everything [INITIALS] ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE. REPEAT QUESTION B) UNTIL THE RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY. IF RESPONDENT MENTIONS MIXED DISHES (dishes containing more than one ingredient), LIKE A RELISH OR PORRIDGE, PROBE: C) What ingredients were in that [mixed dish]? PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE AS THE RESPONDENT RECALLS FOODS, MARK RESPONSE BOX NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW, ENTER THE FOOD IN THE BOX LABELED '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 ENTERED IN THE RESPONSE BOX, ASK THE FOLLOWING QUESTION AND ENTER '1' IF RESPONDENT SAYS YES, '2' IF NO, AND '8' IF DON'T KNOW: Yesterday, during the day or night, did [INITIALS] drink/eat any [food group items]?							
No.	Question	Child (0-59 months)				Child (5-12 years)	Child (13-17 years)	SKIP
F315	Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	Yes 1	No 2	Don't Know 8	Refuse 9	Don't ask 5-12 years	Don't ask 13-17 years	
F316	Food made from grains, such as bread, rice, noodles, porridge, or [Bread, scone, maize meal, maize flour, millet, rice, sorghum, or any other food made from grains?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F317	Pumpkin, carrots, squash, orange or yellow sweet potatoes or [other local yellow/orange foods]?	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F318	White potatoes, white yams, manioc, cassava [Cocoyams, irish potatoes, white sweet potatoes, white yams, cassava, or other local roots or tubers?]	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F319	Any dark green leafy vegetables such as [amaranth, pumpkin leaves, Chinese cabbage, greens, kale, cassava leaves, or sweet potato leaves that are fresh?]	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	
F320	Ripe mangoes, ripe papayas or guava	1	2	8	9	Don't ask 5-12 years	Don't ask 13-17 years	

F321	Any other fruits or vegetables	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F322	Any foods made from beans, peas, lentils, nuts, or seeds [groundnuts, soy, pigeon peas, cow peas]	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F324	Liver, kidney, heart, or other organ meats	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F325	Any meat, such as beef, pork, lamb, goat, chicken, or duck	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F326	Eggs	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F327	Fresh or dried fish, shellfish, or seafood [crabs]	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F328	Cheese, yogurt, or other milk products	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F329	Any sugary foods such as chocolates, sweets, candies, pastries, cakes, or biscuits	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F330	Condiments for flavor, such as chilies, spices, herbs, or fish powder	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F331	Grubs, snails, or insects	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F332	Any oil, fats, or butter, or foods made with any of these	1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F333	Other Foods <list here>	_____	Don't ask 5-12 years	Don't ask 13-17 years	
	Check categories F315-F333: If all 'No' >> F334 If at least one 'Yes' or all 'Don't Know' >> F335		Don't ask 5-12 years	Don't ask 13-17 years	
F334	Did [INITIALS] 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 [INITIALS] eat?	Yes 1 >> Probe what eaten and fill in yes for appropriate response in questions F315-F334 No 2 >> End Module	Don't ask 5-12 years	Don't ask 13-17 years	

F335	How many times did [INITIALS] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? RECORD '88' IF DON'T KNOW	TIMES	Don't ask 5-12 years	Don't ask 13-17 years	

--- END OF SECTION ---

SECTION F4. ANTHROPOMETRY

INSTRUCTIONS TO INTERVIEWER/TABLET PROGRAMMER: ONLY ASK THIS SECTION OF 0 MONTH – 59 MONTH OLDS.

No.	Question	Child (0-59 months)	Child (5-12 years)	Child (13-17 years)	SKIP
F401	Did a health worker or community member visit your home and measure [child's INITIALS] arm during the last 12 months?	Yes No Don't Know Refuse 1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9 ==>F403
F402	How many times was [child's INITIALS] upper arm measured?	Number of times	Don't ask 5-12 years	Don't ask 13-17 years	
F403	Did a health worker or community member visit your home and encourage you to take child to the health center to measure growth during the last 12 months?	Yes No Don't Know Refuse 1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	
F404	Did you or someone else take child to the health center to measure growth during the last 12 months?	Yes No Don't Know Refuse 1 2 8 9	Don't ask 5-12 years	Don't ask 13-17 years	2,8,9=>F406
F405	How many times was child taken to health center for growth monitoring in past 12 months?	Number of times	Don't ask 5-12 years	Don't ask 13-17 years	
F406	We are almost finished! May I measure your child's arm? FOR 0-59 MONTH OLDS, MEASURE MID-UPPER ARM CIRCUMFERENCE. DOCUMENT MEASUREMENTS.	. CM	Don't ask 5-12 years	Don't ask 13-17 years	

--- END OF SECTION ---

SECTION F5. CHILD EDUCATION

ONLY ASK THIS SECTION FOR CHILDREN WHO ARE AT LEAST 5 YEARS OLD.

CLASS LEVEL CODES FOR F505, F509, and F510.						
0=Pre-Primary	4= Primary 4	17=TVET1	11= Secondary 1	15= Secondary 5	21=University 1	25=Univ. 5 and above
1=Primary 1	5=Primary 5	18=TVET2	12= Secondary 2	16= Secondary 6	22=University 2	77=None
2=Primary 2	6=Primary 6	19=TVET3	13= Secondary 3		23=University 3	88=Don't Know
3=Primary 3	7=Primary 7		14= Secondary 4		24=University 4	
	8=Primary 8					

No.	Question	Child (0-59 months)	Child (5-12 years)				Child (13-17 years)				SKIP
I now have some questions for you about [INITIALS's] schooling.											
F501	Is [INITIALS] currently enrolled in school?	Don't ask 0-59 months	Yes 1	No 2	Don't Know 8	9	Yes 1	No 2	Don't Know 8	9	If No: F506
F502	Is [INITIALS's] school currently in session?	Don't ask 0-59 months	1	2	8	9	1	2	8	9	
F503	During the last school week (or last school week when school was in session (not a testing week) in the current term), did [INITIALS] miss any school days for any reason?	Don't ask 0-59 months	1	2	8	9	1	2	8	9	If No, DK,RF: F505

F504	Why did [INITIALS] miss school days during the last school week (or last school week when school was in session (not a testing week) in the current term)? DO NOT READ RESPONSES. CIRCLE ONE PRIMARY RESPONSE.	Don't ask 0-59 months	No money for school fees, materials, transport1	No money for school fees, materials, transport1					
			Child is too sick to attend school2	Child is too sick to attend school2					
			School is too far away / no school near the home3	School is too far away / no school near the home3					
			Child has to work to help family4	Child has to work to help family4					
			Child needs to care for sick household members5	Child needs to care for sick household members5					
			Child does not like school6	Child does not like school6					
			Classes were cancelled7	Classes were cancelled7					
			Other: _____66	Other: _____66					
F505	In what class level is [INITIALS] currently enrolled? SEE CLASS LEVEL CODES ABOVE.	Don't ask 0-59 months	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			AIIF508

No.	Question	Child (0-59 months)	Child (5-12 years)	Child (13-17 years)	SKIP
F506	Why is [INITIALS] not enrolled in school during the current term?	Don't ask 0-59 months	No money for school fees, materials, transport 1	No money for school fees, materials, transport 1	
			Child is too sick to attend school 2	Child is too sick to attend school 2	

	DO NOT READ RESPONSES. CIRCLE ONE PRIMARY RESPONSE.		School is too far away / no school near the home 3 Child has to work to help family 4 Child needs to care for sick household members 5 Child does not like school 6 Classes were cancelled 7 Child is/was too young to attend school 8 Other: _____ 66	School is too far away / no school near the home 3 Child has to work to help family 4 Child needs to care for sick household members 5 Child does not like school 6 Classes were cancelled 7 _____ Other: _____ 6	
F507	Has [INITIALS] ever attended school?	Don't ask 0-59 months	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	2,8,9 =>F513
F508	Was [INITIALS] enrolled in school <u>during the previous school year (2017)?</u>	Don't ask 0-59 months	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	2,8,9 =>F512
F509	What class level was [INITIALS] enrolled in <u>during the previous school year (2017)? SEE CLASS LEVEL CODES ABOVE.</u>	Don't ask 0-59 months			
F510	During the last school week (or last school week when school was in session (not a testing week) in the previous school term (2016), did [INITIALS] miss any school days for any reason?	Don't ask 0-59 months	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9	2,8,9 =>F512

F511	Why did [INITIALS] miss school days during the last school week (or last school week when school was in session (not a testing week) in the previous school term (2016))? DO NOT READ RESPONSES. CIRCLE ONE PRIMARY RESPONSE.	Don't ask 0-59 months	No money for school fees, materials, transport	1	No money for school fees, materials, transport	1	
			Child is too sick to attend school	2	Child is too sick to attend school	2	
			School is too far away / no school near the home	3	School is too far away / no school near the home	3	
			Child has to work to help family	4	Child has to work to help family	4	
			Child needs to care for sick household members	5	Child needs to care for sick household members	5	
			Child does not like school	6	Child does not like school	6	
			Classes were cancelled	7	Classes were cancelled	7	
			Other: _____	66	Other: _____	66	
F512	What is the highest class level that [INITIALS] has <u>completed</u> ? SEE CLASS LEVEL CODES ABOVE.	Don't ask 0-59 months					
F511 3	CHECK THE CHILD'S AGE IN F108. IF AGED 5-9, SKIP TO F511. IF AGED 10-17, ASK: Has [INITIALS] received a scholarship for Technical and Vocational Education and Training (TVET)?	Don't ask 0-59 months	Yes 1 No 2 Don't Know 8 Refuse 9	Yes 1 No 2 Don't Know 8 Refuse 9			

RESPONSE PLAN CHECKLIST:

DID RESPONDENT TELL YOU ABOUT/DISCLOSE ANY VIOLENCE IN THE PAST?

__YES
__NO

DID THE RESPONDENT SHOW ANY SIGNS OF BEING UPSET AT ANY POINT DURING THE VIOLENCE MODULE OR DURING ANY OTHER DISCUSSION RELATED TO ABUSE, E.G. BEING TEARFUL, ANGRY, SAD, SHAKING BODY, DIFFICULTY IN BREATHING ETC.?

__YES
__NO

DID THE RESPONDENT TELL YOU THAT SHE IS IN IMMEDIATE DANGER?

☐ YES

☐ NO

DID THE RESPONDENT TELL YOU ABOUT FEELING UNSAFE IN CURRENT LIVING SITUATION OR ASK FOR HELP WITH CURRENT OR PAST EXPERIENCES OF VIOLENCE AT ANY POINT DURING INTERVIEW?

☐ YES

☐ NO

IF NO WAS SELECTED FOR ALL OF THE ABOVE AND THE RESPONDENT DID NOT DISCLOSE ANY VIOLENCE, CONTINUE TO FINISH OPTION 1.

IF YES WAS SELECTED FOR ANY OF THE ABOVE, CONTINUE TO FINISH OPTION 2.

FINISH OPTION 1: RESPONDENT DID NOT MEET ANY RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to women like you that we can really understand about the health and life experiences of women in Rwanda.

Sometimes the questions I have asked might remind you of times when you, or people you know, have experienced difficulties in life and you may think that you would like to talk to someone about this. This might be now or at any time in the future. I have a list of organizations here that provide various types of services that may be of interest to you. Please contact them if you need help or wish to find out more information about what they offer. You can contact them whenever you would like to.

FINISH OPTION 2: RESPONDENT MET ONE OR MORE RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to women like you that we can really understand about the health and experiences of women in Rwanda.

From what you have told me, I understand that you have experienced some very difficult times in your life. No one has the right to treat someone else in that way and you also have the right to receive protection and support when you need it. You are not alone.

As part of the research we are doing, we care about the welfare of the people we interview and are committed to making sure that support and help is offered and provided.

There may be a time when you may like to talk to someone about your experiences. This might be now or at any time in the future. I have a list of organizations and clinics here that provide various types of services that may be of interest to you, as they provide support, health care, legal advice and listening and social work services to people like you who may have experienced different kinds of violence. Please contact them if you want to talk about your experiences, need help or wish to find out more information about what they offer. You can contact them whenever you feel ready, either soon or later on.

F514	I have come to the end of my questions. Thank you for participating in this interview! Is there anything you would like to add or ask us?	
F515	DATE INTERVIEW COMPLETED (dd/mm/20yy)	[__ / __ / 2 0 __]
F516	TIME INTERVIEW COMPLETED (dd/mm/20yy)	[__ __:__ __]
F517	INTERVIEWER NOTES	

--END OF SECTION --

NEXT STEPS

F518	Is current Caregiver respondent the ISLG respondent according to your control sheet?	Yes	1	Continue with ISLG Questionnaire for Caregiver
		No	2	End interview with Caregiver and begin next survey

Caregiver Survey: Kinyarwanda Translation

Ubazwa: Urera umwana w'ibanze

Table of Contents

IGIKA A. IBIRANGA URUGO	255
IGIKA C: AMAKURU Y'IBANZE KU MUNTU WITA KU MWANA N'UMURYANGO/umurera n'umuryango	256
IGIKA D: IBIBAZO bigenewe UWITA K'UMWANA/umurera	260
IGICE CYA D2. IBISUBIZO BYO KWPIMISHA VIRUSI ITERA SIDA	260
IGICE CYA D3. UBUMENYI KU MIRIRE	261
IGIKA E: IBIBAZO BY'UMURYANGO	263
IGICE CYA E1. IBYO UMURYANGO UTANGAHO AMAFRANGA.....	263
IGICE CYA E2. KWIHAZA MU BIRIBWA (FANTA, FTF Hunger Scale)	264
IGICE CYA E3. UBURINGANIRE HAGATI Y'UMUGABO N'UMUGORE N'UBUBASHA MU GUFATA IBYEMEZO.....	267
IGICE CYA E4. KURINDA/KURENGERA UMWANA	272
IGICE CYA E5. KUGERA KURI SERIVISI Z'UBUZIMA, KWIRINDA VIRUSI ITERA SIDA, KWITABWAHO NO KUVURWA	273
IGIKA F: IBIBAZO BIREBANA N'ABANA	277
IGICE CYA F1. UBUZIMA BW'UMWANA NO KUMURINDA	277
IGICE CYA F2. IMIKURIRE Y'UMWANA UKIRI MUTO	286
IGICE CYA F3. IMIRIRE	291
IGICE CYA F4. IBIPIMO BY'IMIRIRE Y'UMWANA.....	297
IGICE CYA F5. UBUREZI BW'UMWANA.....	299

IGIKA A. IBIRANGA URUGO

IRB Study Number | _____ |

A00 1	INTARA	
A00 2	AKARERE	
A00 3	UMURENGE	
A00 4	AKAGARI	
A00 5	UMUDUGUDU	
A00 6	INOMERO IRANGA URUGO	
A00 8	INOMERO IRANGA URERA UMWANA KU RUTONDE RW'ABAGIZE UMURYANGO	

VERIFY CHILDREN FOR WHOM THE RESPONDENT IS THE PRIMARY CAREGIVER IN THE TRACKING DOCUMENT IN TABLE ON PAGE 9

IGIKA C: AMAKURU Y'IBANZE KU MUNTU WITA KU MWANA N'UMURYANGO/umurera n'umuryango

Ngiye kukubaza ibibazo bimwe by'ibanze ku birebana nawe bwite ndetse n'umuryango wawe.

KODE Z'AMASHURI ZIKORESHA KURI C107 na C108						
0=Incuke	4= Abanza 4	8= Abanza 8	14=Ayisumbuy	17=Imyuga 1	21=Kaminuza	25=Kaminuza 5
1=Abanza 1	5= Abanza 5	11= Ayisumbuye	e 4	18=Imyuga 2	1	no kuzamura
2=Abanza 2	6= Abanza 6	1	15=Ayisumbuy	19=Imyuga 3	22= Kaminuza	77=Ntayo
3= Abanza 3	7= Abanza 7	12= Ayisumbuye	e 5		2	88=Simbizi
		2	16=Ayisumbuy		23= Kaminuza	
		13= Ayisumbuye	e 6		3	
		3			24= Kaminuza	
					4	

No.	Ibibazo	KODE z'ibisubizo	
C101	Andika igitsina cy'usubiza	Gabo Gore Ibindi (Kivuge) _____ Yanze gusubiza	1 2 6 9
C102	Wavutse mu uwuhe mwaka no m' ukuhe kwezi?	 UKWEZI UMWAKA	
C103	Wari wujuje imyaka ingahe ku isabukuru y'amavuko iherutse?	IMYAKA NIBA IMYAKA IRI MUNSI YA 16, SIMBUKIRA KURI C106	
C104	Ufite indangamuntu? NIBA ARI YEGO, BYANDIKE MURI TRACKING DOCUMENT	Yego Oya Yanze gusubiza	1 2 9
C106	Wigeze ugera mu ishuri?	Yego Oya Yanze gusubiza	1 2 => C109 9 => C109

No.	Ibibazo	KODE z'ibisubizo	
C107	Ni uruhe rwego rw'amashuri wagarukiyemo? REBA KODE Z'AMASHURI HEJURU		
C108	Ni uruhe rwego rw'amashuri rwa nyuma wasoje? REBA KODE Z'AMASHURI HEJURU		Niba Kode iri kuva kuri 7 kugeza 25, simbukira kuri C110
C109	Nifuza ko munsomere iyi nteruro. Ereka usubiza ikarita. Niba usubiza adashobora gusoma interuro yose, mubwire: Ushobora gusoma igice cy'interuro?	Ntashobora gusoma na gato 1 Ashobora gusoma ibice by'interuro 2 Ashobora gusoma interuro yose 3 Nta karita iriho urulimi rugomba gusomwa: _____ (Urulimi) 4 Afite ubumuga bwo kutabona/Ntabona neza Yanze gusubiza 5 9	
C110	Ushobora guteranya no gukuramo imibare?	Yego Oya Yanze gusubiza 1 2 9	
C111	Ni irihe rangamimerere ufite ubungubu?	Yarashyingiwe byemewe 1 n'amategeko 2 Abana n'umuntu (Ariko ntibashyingiwe) 3 Ntiyigeze ashyingirwa 4 Yatandukanye cg ntabana n'uwo bashyingiranwe 5 Yarapfakaye 9 Yanze gusubiza	=> C113 => C113

No.	Ibibazo	KODE z'ibisubizo	
C112	Waba ufitanye ubucuti n'undi muntu mutabana? (inshuti yihariye y' igitsina gore cg gabo)	Yego Oya Yanze gusubiza 1 2 9	
C113	NIBA ARI GITSINA GABO, JYA KURI C116 Ubu waba utwite?	Yego Oya Yanze gusubiza 1 2 9	
C114	Ubu hari icyo uri gukora/ukoresha kuguringo udatwita?	Yego Oya Yanze gusubiza 1 2 9	
C115	Urimo gukora/gukoresha iki/ ubuhe buryo kugirango udatwita ubu?	FEMALE STERILIZATION MALE STERILIZATION IUD INJECTABLES IMPLANTS/JADELLE PILL CONDOM FEMALE CONDOM DIAPHRAGM FOAM/JELLY LACTATIONAL AMEN. METHOD RHYTHM METHOD STANDARD DAYS METHOD WITHDRAWAL OTHER MODERN METHOD BUNDI BURYO GAKONDO	A B C D E F G H I J K L M N X Y
Nk'uko mubizi, abantu bamwe bakora akazi kabahemba amafaranga cyangwa ibintu. Abandi bacuruza ibintu, bakora ubushabitsi buciriritse cyangwa bakora imirimo mu masambu yabo cyangwa ubushabitsi (business) bw'umuryango.			
C116	Mu mezi 3 ashize, waba warigeze ukora kimwe mubyo twavuze cyangwa akandi kazi ariko kose?	Yego Oya Yanze gusubiza 1 2 9	1=>C118
C117	Mu mezi 12 ashize, waba warigeze ukora kimwe mubyo twavuze cyangwa akandi kazi ariko kose?	Yego Oya Yanze gusubiza 1 2 9	2=> D101 9=> D101
C118	Musanzwe mukora umwaka wose, cyangwa mukora mu bihe bimwe mu mwaka, cyangwa mukora rimwe na rimwe gusa?	Mu gihe cy'umwaka wose Mu bihe bimwe by'umwaka/igice cy'umwaka Rimwe na rimwe gusa	1 2 3

No.	Ibibazo	KODE z'ibisubizo			
C119	Mwishyurwa amafaranga cyangwa mu ibintu ku kazi mukora, cyangwa ntabwo mwishyurwa na mba?			Amafranga gusa	1
				Amafranga n'ibintu	2
				Ibintu gusa	3
				Ntabwo nishyurwa	4
				Yanze gusubiza	9
C120	Ni uwuhe murimo mukunze gukora? Ni ukuvuga, ni icyi cy'ibanze mukora ? Hari ikindi ? Shyira uruziga kubyo yavuze byose.	Guhingira abandi Guhinga mu murima yanyu Kuragira amatungo Umurobyi Gucuruza ubuconsho Umucuruzi Ubucukuzi bw'amabuye y'agaciro Kwenga inzoga Ubukorikori Imirimo Umukozi wo mu rugo Ububaji	A B C D E F G H I J K	Ubwubatsi Ubuwuzi gakondo Ubukanishi Gusya/kubeta ifu Ubudozi Ubwogoshi/ibijyanye n' imisatsi Gutwika amakara Gucuruza amakara/inkwi Nta kazi agira Umugore ukora imirimo yo murugo rwe Umunyeshuri Mu kiruhuko cy'izabukuru Ntashobora gukora kubera uburwayi/ubumuga Ikindi, kivuge: _____ Nta kazi	L M N O P Q R S 1 2 3 4 5 X
	NIBA YEREKANYE IBISUBIZO BIRENZE KIMWE : Ni uwuhe murimo w'ingenzi ? Ni uwuhe mulimo wa kabiri mukora ? Ni ukuvuga, nyuma y'umurimo w'ibanze, ni iki kindi mukora ?	ANDIKA INYUGUTI IJYANYE N'UMURIMO W'IBANZE ANDIKA INYUGUTI IJYANYE N'UMURIMO WA KABIRI			

--- IGIKA KIRARANGIYE---

IGIKA D: IBIBAZO bigenewe UWITA K'UMWANA/umurera

IGICE CYA D2. SIDA/IBISUBIZO BYO KWIPIMISHA VIRUSI ITERA SIDA

Ubu nifuzi kukubaza ibibazo bijyanye no kwipimisha virusi itera SIDA.					
D201	Sinshaka kumenya ibisubizo wabonye, ariko waba warigeze kwipimisha virusi itera SIDA?	Yego Oya Yanze gusubiza	1 2 => D205 => 9=>D205		
D202	Hashize amezi angaha mwipimishije virusi itera SIDA bwanyuma?	Amezi ashize <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table> Abiri cyangwa arenga			95
D203	Ninde wagushishikariye kujya kwipimisha virusi itera SIDA ubwo uheruka? SHYIRA MU RUZIGA IBISUBIZO BYOSE BIRI BYO	Umugabo/Umugore Umubyeyi Abandi bantu dufitanye isano Umuturanyi/inshuti Umujiyanama w'ubuzima Umujiyanama w'urungano Abakorera busha ke b'ubuvuzi Abandi: _____ Jye ubwanjye/Ntawe	A B C D E F G X Y		
D204	Sinshaka kumenya ibisubizo, ariko se wabonye ibisubizo by'ikizami?	Yego Oya Simbyibuka Yanze gusubiza	1 2 8 9		
D205	Waba uzi ahantu abantu bashobora kujya kwipimishiriza virusi itera SIDA?	Yego Oya Yanze gusubiza	1 2 9		
D206	Abana bari hagati y'imyaka 12-14 bakwiye kwigishwa gukoresha agakingirizo mu kiwirinda kwandura SIDA?	Yego Oya Yanze gusubiza	1 2 9		

--- IGIKA KIRARANGIYE---

IGICE CYA D3. UBUMENYI KU MIRIRE

Ubu nifuza kukubaza ibibazo bijyanye n'imirire y'abana n' abagore batwite.		
D301 Ni igihe kingana iki umwana yagombye amashereka yonyine (amezi yose)? [MUSUBIRIREMO NIBA ARI NGOMBWA: Ni iyihe myaka isabwa ko umubyeyi agomba konsa gusa nta kindi ahaye umwana?]	Kuva avutse kugeza ku mezi atandatu Munsi y'amezi atandatu Hejuru y'amezi atandatu Ntabwo mbizi Yanze gusubiza	1 2 3 8 9
D302 Iyo uruhinja cyangwa umwana arwaye, agomba kugaburirwa ibiryo bingana n'ibyo asanzwe abona, bikeya cyangwa byinshi?	Ibingana n'ibisanzwe Bikeya kubyo yajyaga abona ubusanzwe Ibiryo byinshi kurusha ibisanzwe Ibindi: _____ Ntabwo mbizi Yanze gusubiza	1 2 3 6 8 9
D304 Ni iki dushobora gukora kugirango twirinde imirire idahagije ku bana bari munsi y'amezi atandatu? SHYIRA MU RUZIGA KUBYO YAVUZE BYOSE.	Konsa gusa Konsa igihe cyose umwana abishatse Kujya ku kigo nderabuzima, ibitaro kurebako umwana akura Gukaba intoki mbere yuko wonsa Ibindi _____ Ntabwo mbizi Yanze gusubiza	A B C D Y Z
D305 Ni iki twakora ngo twirinde imirire idahagije ku bana bari gahati y'amezi 6-23? SHYIRA MU RUZIGA KUBYO YAVUZE BYOSE.	Kujya ku kigo nderabuzima, ibitaro kurebako umwana akura Kumuha ibiryo byinshi Kumugaburira kenshi Kubitaho cyane igihe cyo gufata ifunguro (urugero: kubaganiriza, gutuma Cyiza yishima igihe cy'ifunguro, n'ibindi) Komeza kwonsa Ibindi _____ Ntabwo mbizi Yanze gusubiza	A B C D E X Y Z

D306 Hari ibihe by'ingenzi ugomba gukarabamo intoki kugirango wirindeko ifunguro ryandura. Ibyo bihe by'ingenzi ni ibihe? SHYIRA MU RUZIGA KUBYO YAVUZE BYOSE.	Uvuye ku musarane Umaze guhanagura umwana mu kibuno/ umaze guhindurira umwana ikibindo Mbere yo gutegeza/ gukora ku ifunguro Mbere yo kugaburira umwana/ kurya Nyuma yo gutunganya ifunguro ridatetse Nyuma yo gukora ku mwanda/ibishingwe Ibindi _____ Ntabwo mbizi Yanze gusubiza	A B C D E F X Y Z
D307 Ni gute umugore utwite akwiye kurya ugereranyije n'umugore udatwite kugirango ageze kumwana atwite ifunguro rikwiye no kumufasha gukura neza? SHYIRA MU RUZIGA KUBYO YAVUZE BYOSE.	Kurya ibiryo byinshi (byinshi kuri buri nshuro cyangwa gufata ifunguro kenshi Kurya ifunguro ryinshi rikungahaye cyane kuri proteyine(urugero, ibishyimbo, amafi, amata, n inyama) Kurya ibiryo byinshi bikungahaye ku myunyu-ngugu (ubutare) (e.g. imboga rwatsi, inyama zo munda) Gukoresha umunyu urimo iode mu gutegeza amafunguro Kuraka ibisindisha Gufata vitamin, ibindi ntsimbura biryo wagiriye inama n' abakora kwa muganga Ibindi _____ Ntabwo mbizi Yanze gusubiza	A B C D E F X Y Z

IGIKA E: IBIBAZO BY'UMURYANGO

IGICE CYA E1. IBYO UMURYANGO UTANGAHO AMAFARANGA

Ubu nifuza kukubaza ibibazo bijyanye no n'ibyo urugo rukoreshamo amafaranga ?			
E10 1	Urugo rwanyu rwaba rwarahashye ibyo kurya mu byumweru bine bishize (yaba aribyo rwaguze cyangwa rwikopesheje)?	Yego Oya Ntabwo mbizi Yanze gusubiza	1 2 => E103 8 => E103 9 => E103
E10 2	Urugo rwanyu rwashoboye kwishyura ibyo bintu mwahashywe cyangwa mwikopesheje?	Yego Oya Ntabwo mbizi Yanze gusubiza	1 2 8 9
E10 3	Utekereje ubwanyuma muheruka guhaha, amafaranga yakoreshejwe yavuye he?? NTUMUSOMERE. IGISUBIZO KIMWE GUSA NIBA ARI NGOMBWA SOBANUZA: ibigori, isukari, amavuta yo guteka	Amafaranga dusanganywe Ayo twazigamye Inguzanyo Impano/ amafaranga twahawe Ibyo wagurishije, sobanura neza_____ Ibindi, sobanura_____	1 2 3 4 5 6
E10 4	Urugo rwanyu rwaba rwarishyuye amafaranga ayo ariyo yose ajyanye no kwiga mu mezi 12 ashize?	Yego Oya Ntabwo mbizi Yanze gusubiza	1 2=> E106 8=> E106 9=> E106
E10 5	Urugo rwanyu rwaba rwarashoboye kwishyura ayo mafaranga ajyanye no kwiga?	Yego Oya Ntabwo mbizi Yanze gusubiza	1 2 8 9

E10 6	Utekereje ubwanyuma muheruka kwishyura mafaranga ajyanye no kwiga, amafaranga yakoreshejwe yavuye he? FATA IGISUBIZO KIMWE CY'INGENZI. NIBA ARI NGOMBWA VUGA KU: amafaranga y'ishuri, umwambaro w'ishuri, ibitabo, ibindi bikoresheho	Amafaranga dusanganywe 1 Ayo twazigamye 2 Inguzanyo 3 Impano/ amafaranga twahawe 4 Ibyo wagurishije, sobanura 5 neza_____ 6 Ibindi, sobanura_____ 7 Ntibijyanye	
E10 7	Urugo rwanyu rwaba rwarahuye n'itangwa ry'amafaranga ku kintu kinini kitateganyijwe, nko gusana inzu cyangwa kwivuza byihutirwa mu mezi 12 ashize?	Yego 1 Oya 2=> E109 Ntabwo mbizi 8=> E109 Yanze gusubiza 9=> E109	
E10 8	Urugo rwanyu rwaba rwarashoboye kwishyura ibyo bintu bitari biteganyijwe?	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	
E10 9	Utekereje ubwanyuma muheruka kwishyura mafaranga ajyanye no kwishyura ikintu kinini kitateganyijwe, nko gusana inzu cyangwa kwivuza byihutirwa, amafaranga yakoreshejwe yavuye he? FATA IGISUBIZO KIMWE CY'INGENZI.	Amafaranga dusanganywe 1 Ayo twazigamye 2 Inguzanyo 3 Impano/ amafaranga twahawe 4 Ibyo wagurishije, sobanura 5 neza_____ 6 Ibindi, sobanura_____	

--- IGIKA KIRARANGIYE---

IGICE CYA E2. KWIHAZA MU BIRIBWA (FANTA, FTF Hunger Scale)

Ubu nifuza kukubaza ibibazo bijyanye no n'ibiribwa mufungura mu rugo rwanyu			
E201	Mu byumweru bine bishize, mwaba <u>mwarabuze ibyo kurya ibyo aribyo byose</u> bitewe no kubura ubushobozi bwo kubibona?	Yego	1
		Oya	2=> E203
		Ntabwo mbizi	8=> E203
		Yanze gusubiza	9=> E203
E202	Ibyo byabaye inshuro zingaha? SOMA IBISUBIZO (WISOMA "SIMBIZI, NA "YANZE GUSUBIZA").	Ni gakeya (inshuro1-2 mu byumweru 4 bishize)	1
		Rimwe na rimwe (inshuro 3-10 mu byumweru 4 bishize)	2
		Akenshi (birengeje inshuro 10 mu byumweru 4 bishize)	3
		Simbizi	8
		Yanze gusubiza	9
E203	Mu byumweru 4 bishize, haba hari muntu murugo rwanyu <u>wagiye kuryama ashonje</u> kubera ko nta biryo bihagije byari bihari?	Yego	1
		Oya	2=> E205
		Ntabwo mbizi	8=> E205
		Yanze gusubiza	9=> E205
E204	Ibyo byabaye inshuro zingaha? SOMA IBISUBIZO (WISOMA "SIMBIZI, NA "YANZE GUSUBIZA").	Ni gakeya (inshuro1-2 mu byumweru 4 bishize)	1
		Rimwe na rimwe (inshuro 3-10 mu byumweru 4 bishize)	2
		Akenshi (birengeje inshuro 10 mu byumweru 4 bishize)	3
		Simbizi	8
		Yanze gusubiza	9
E205	Mu byumweru 4 bishize, haba hari muntu murugo rwanyu wamaze <u>umunsi wose abwiriwe akanaburara</u> kubera ko nta byo kurya bihagije bihari?	Yego	1
		Oya	2=>Section E3
		Ntabwo mbizi	8=> Section E3
		Yanze gusubiza	9=> Section E3

E206	Byabaye incuro zingahe? SOMA IBISUBIZO (WISOMA “SIMBIZI, NA “YANZE GUSUBIZA”).	Ni gakeya (inshuro1-2 mu byumweru 4 bishize)	1
		Rimwe na rimwe (inshuro 3-10 mu byumweru 4 bishize)	2
		Akenshi (birengeje inshuro 10 mu byumweru 4 bishize)	3
		Simbizi	8
		Yanze gusubiza	9

--- IGIKA KIRARANGIYE---

IGICE CYA E3. UBURINGANIRE HAGATI Y'UMUGABO N'UMUGORE N'UBUBASHA MU GUFATA IBYEMEZO

Ubu nifuza kukubaza ibibazo bijyanye no n'umuntu ufata ibyemezo mu rugo rwanyu? rwanyu.			
	BANZA UREBE KURI C119: NIBA USUBIZA YISHYURWA AMAFRANGA (C119=1 CYANGWA 2) KOMEZA KURI E301 ☐ ↓	NIBA USUBIZA YISHYURWA IBINTU GUSA, ATISHYURWA, YANZE GUSUBIZA, CYANGWA ADAKORA (C119=3,4,9 CYANGWA C117=2 CYANGWA 9) SIMBUKIRA GUHITAMO KURI E302. ☐ →	
E301	Ubusanzwe ninde akenshi ufata icyemezo cy'uko amafaranga wabonye akoreshwa: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababaye Usubiza, ababyeyi hamwe n'umufasha Abandi, bavuge: _____	1 2 3 4 5 6 66
	BANZA UREBE KURI C111: UBU USUBIZA YARASHYINGIWE/AFITE UMUNTU BABANA BITEMEWE N'AMATEGEKO(C111=1,2) KOMEZA KURI E302 ☐ ↓	UBU USUBIZA NTABWO YASHYINGIWE/ NTABWO AFITE UWO BABANA BITEMEWE N'AMATEGEKO (C111=3,4,5,9), SIMBUKIRA KURI E303 ☐ →	
E302	Ubusanzwe ninde akenshi ufata icyemezo kinjyanye nuko amafaranga umufasha wawe yakoreye akoreshwa: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababaye Usubiza, ababyeyi hamwe n'umufasha	1 2 34 5 6 66 77

		Abandi, bavuge: _____ Umufasha ntacyo yinjiza	
E303	Ubusanzwe ninde akenshi ufata icyemezo kinjyanye n'ubuvuzi bwawe: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababaye Usubiza, ababyeyi hamwe n'umufasha Abandi, bavuge: _____	1 2 3 4 5 6 66
E304	Ubusanzwe ninde akenshi ufata icyemezo kinjyanye n'ubuvuzi bw'umwana/abana bawe: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababaye Usubiza, ababyeyi hamwe n'umufasha Abandi, bavuge: _____	1 2 3 4 5 6 66
E304. a	Ubusanzwe ninde akenshi ufata icyemezo kinjyanye n'ibiryo umwana/abana bawe barya: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababaye Usubiza, ababyeyi hamwe n'umufasha Abandi, bavuge: _____	1 2 3 4 5 6 66
E304. b	Ubusanzwe ninde akenshi ufata icyemezo kinjyanye nuko umwana/abana bawe bitabira amashuri y'incuke: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi	1 2 3 4 5 6

		Usubiza afatanyije n'ababayeyi Usubiza, ababyeyi hamwe n'umufasha Nta mwana ufite muni y'imyaka itanu Izo serivisi ntizihari Izo serivisi ntazizi Abandi, bavuge:	7 77 88 66
E305	Ubusanzwe ninde akenshi ufata icyemezo kinjyanye no guhaha ibintu bitwara amafaranga menshi mu: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababayeyi Usubiza, ababyeyi hamwe n'umufasha Abandi, bavuge:	1 2 3 4 5 6 66
E306	Ubusanzwe ninde ufata icyemezo ku bijyanye no guhaha ibintu bikenerwa umunsi ku wundi mu muryango: wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu uwo ariwe wese? Ubusanzwe ninde akenshi ufata icyemezo kinjyanye no guhaha ibintu nkenerwa buri muni murugo rwanyu: ni wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza Umufasha Usubiza afatanyije n'umufasha we Ababyeyi Usubiza afatanyije n'ababayeyi Usubiza, ababyeyi hamwe n'umufasha Abandi, bavuge:	1 2 3 4 5 6 66
E307	Ubusanzwe ninde ufata icyemezo ku bijyanye niba mukoresha cyangwa mudakoresha ibiringaniza urubyaro cyangwa uko mwatatany imbyaro mu rugo rwanyu: wowe, uwo mwashakanye, wowe n'uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n'ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n'uwo mwashakanye	Usubiza Umufasha Usubiza afatanyije n'umufasha we (bombi) Ababyeyi	1 2 3 4 5

	bafatanyije, cyangwa undi muntu uwo ariwe wese? Ubusanzwe ninde akenshi ufata icyemezo kinjyanye no guhaha ibintu nkenerwa buri munsu murugo rwanyu: ni wowe, uwo mwashakanye, wowe n’uwo mwashakanye mufatanyije, ababyeyi bawe, wowe n’ababyeyi bawe mufatanyije, cyangwa wowe, ababyeyi bawe n’uwo mwashakanye bafatanyije, cyangwa undi muntu?	Usubiza afatanyije n’ababayeyi Usubiza, ababyeyi hamwe n’umufasha Nta cyemezo cyafashwe			6 7
E308	Mu bashakanye, ninde utekereza ufite ijamba riruta ry’ undi mu gufata ibyemezo mu bikurikira; n’ umugabo, umugore, bombi ku buryo bungana: Musomere A-F	Umugabo	Umugore	Bombi ku buryo bungana	
E308. A	g) Kugura ibikoresho bihenze byo mu nzu	1	2	3	
E308. B	h) Ibihahwa buri munsu mu rugo	1	2	3	
E308. C	i) Guhita kubijyanye n’ ubuvuzi bw’ umwana/abana	1	2	3	
E308. D	j) Guhitamo igikoreshwa amafaranga umugore yakoreye mu kazi ke	1	2	3	
E308. E	k) Guhitamo igikoreshwa amafaranga umugabo yakoreye mu kazi ke	1	2	3	
E308. F	l) Guhitamo umubare w’ abana babyara	1	2	3	

Ubaza: Ni ingirakamaro kubaza ibibazo bisigaye mu cyumba cy'ibanga cyangwa ahantu h' ibanga kure y'aho abandi bantu badashobora kumva ibibazo cyangwa ibisubizo. Igihe ibanga ritubahirijwe/ribangamiwe muri iki IGKA (nk'urugero, undi muntu wo mu muryango yinjiye mu cyumba), ugomba guhagarika kubaza ibibazo kugeza igihe ibanga ubona risubiye mu buryo. Ikindi cyongeyeho, igihe uwitabiriye ikiganiro atwawe n' ibitekerezo cyangwa atishimye muri ibi bibazo, ugomba gufata akaruhuko kandi ukamubaza niba yumva ameze neza. Nanone kandi baza niba ashaka gukomeza ibazwa, gufata akaruhuko bitewe n'igihe, simbuka ibi bibazo, cyangwa simbukira ku gika gikurikira.

Hitamo: Baza gusa ab'igitsina gore niba yarashyigikiye cg afite uwo babana

USUBIZA NI IGITSINA GORE WASHYINGIWE/UFITE UWO BABANA WATORANYIJWE KUBAZWA IKI GICE 	USUBIZA NI UNDI WESE UTATORANYIJWE KUBAZWA IKI GICE → E401

↓						
Ubu noneho ndashaka kukubaza ibibazo birebana n’ibintu by’ingenzi ku ubuzima bw’igitsina gore. Hari ingaruka zimwe ku gice gikurikira muri iki kiganiro. Turaza kukubaza ibibazo birebana n’ imibanire yawe hamwe n’uwo mwashakanye cyangwa uwo mukundana na niba wigeze uhura n’ ihohoterwa ry’ umubiri. Birashoboka ko wakumva biguteye ikibazo cyangwa utisanzura igihe uganira natwe kuri iyi ngingo. Igihe wumva utisanzuye cyangwa ubangamiwe, wambwira cyangwa ukabwira abakozi bw’umushinga wacu. Ushobora kandi guhagarika ikiganiro igihe icyo aricyo cyose. Ntabwo tuzasangiza ibisubizo byawe undi muntu uwo ariwe wese kandi ntawundi muntu wo mu rugo rwanyu ubazwa ibibazo bisa n’ibi. Ariko, birashoboka ko abagize rugo rwanyu, cyangwa umugabo wawe/ uwo mukundana ashobora kudashimishwa n’uko wagize uruhare muri iki kiganiro. Kandi, niba ubishatse, nshobora kuguha amakuru ku bantu bafasha gitsina gore bafitanye bibazo n’abagabo babo cyangwa abo bakundana.						
E309	Mu mezi 12 ashize, umugabo wawe/uwo mukundana cyangwa uwo washatse ubwanyuma yaba yaragukoreye kimwe muri ibi bikurikira?	Yego	Oya	Simbizi	Yanze	Uwo babana gusubiza amaze igihe ada hari
E309.1	k) Kugukubita urushyi?	1	2	8	9	6
E309.2	l) Kugushikuzwa ukuboko cyangwa kugukurura imisatsi?	1	2	8	9	
E309.3	m) Kugusunika, kugucugusa cyangwa kuguhirikiraho ikintu?	1	2	8	9	
E309.4	n) Kugukubita igipfunsi cyangwa ikindi kintu gishobora kugukomeretsa?	1	2	8	9	
E309.5	o) Kugukandagira, kugukurura cyangwa kugukubita?	1	2	8	9	
E309.6	p) Kugerageza kukuniga cyangwa kugutwika abigambiriye?	1	2	8	9	
E309.7	q) Kugutera ubwoba cyangwa kukurwanya yitwaje icyuma, imbunda cyangwa iyindi ntware iyo ariyo yose?	1	2	8	9	
E309.8	r) Kuguhatiriza mukorane imibonano mpuzabitsina utabishaka?	1	2	8	9	
E309.9	s) Kuguhatiriza (akoresheje imbaraga) ukore ibindi bikorwa bijyanye n’imibonano mpuzabitsina utabishaka?	1	2	8	9	

E309.1 0	t) Kuguhatiriza (akoresheje ibindi bitari imbaraga) ukore ibindi bikorwa bijyanye n'imibonano mpuzabitsina utabishaka?	1	2	8	9

--IGIKA KIRARANGIYE--

IGICE CYA E4. KURINDA/KURENGERA UMWANA

Ubu nifuza ko tunganira kubyo utekereza ku ikinyabupfura ku umwana.					
		Igihe Yanze	Rimwe	Gake	Nta Ntabizi
		cyose gusubiza	na rimwe		na rimwe
E401	Mu rugo, utekereza ko gukubita umwana aribwo buryo bukwiye bwo kumuhana cyangwa bwatuma yumvira?	1 9	2	3	4 8
E402	Ku ishuri, utekereza ko gukubita umwana aribwo buryo bukwiye bwo kumuhana cyangwa bwatuma yumvira?	1 9	2	3	4 8

--- IGIKA KIRARANGIYE---

IGICE CYA E5. KUGERA KURI SERIVISI Z'UBUZIMA, KWIRINDA VIRUSI ITERA SIDA, KWITABWAHO NO KUVURWA

E501	I am going to read out a list of items and services. Please tell me if <u>you or anyone else in your household</u> has received or accessed any of these items or services in the <u>last 6 months</u> .		IF RESPONDENT LINE NUMBER 201-220 OR 401-420 ASK: Did you receive this service or someone else in the household?
	SERVICE	ANSWER CATEGORIES	
	E501.1 Kwipimisha virusi itera SIDA	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.2 Amashuli yo kwigisha abahinzi mu murima	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.3 Guhabwa amatungo magufi	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.4 Guhabwa imbuto	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.5 Amahugurwa yo gutekera, kugaburira no kwita ku bana muri rusange	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.6 Guhabwa ibiribwa	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.7 Amakuru kuburyo bwo kwirinda SIDA 'izindi ndwara zandurira mu mibonano mpuzabitsina	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.8 Amakuru ajyanye no kuringaniza urubyaro no gutatanya urubyaro	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.9 Amahugurwa ku mikurire y'abana bato	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
	E501.10 Amahugurwa ku kwiteza imbere mu mibereho no gukora imirimo ibyara inyungu	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI

E501.11 Amashyirahamwe yo kuzigama no kuguriza	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.12 Amahugurwa y' ubumenyi bukenerwa mu buzima muri rusange	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.13 Inkunga /inguzanyo yo kwiga ubumenyi ngiro (Imyuga)	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.14 Amahugurwa yo kwitegurira umurimo	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.15 Gufashwa n'abashinzwe ihungabana bagusanze mu rugo cg umusosiyale	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.16 Guhabwa ibikoresho by'ishuli cg imyambaro y'ishuli	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.17 Inkunga yo kwandikisha umwana wavutse	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.18 Inzitiramubu iteye umuti	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.19 Amakuru y' uko warinda umwana.wakubungabunga umwana	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.20 Amakuru ku mirire k'umugore utwite cg wonsa	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.21 Ibigo bikurikirana abakorewe ihohoterwa rishingiye ku gitsina (Isange One stop center)	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI
E501.22 Amakuru ku bijyanye n'ubuzima n'uburenganzira ku buzima bw'imyororokere	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ⁷ USUBIZA 3 BOMBI

E501.23 Amakuru ajyanye n' isuku (amazi meza, gukaraba intoki)	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.24 Amakuru ku bijyanye n'igitsina gabo kumva ibyerekeye ubwuzuzanye n'uburinganire mu rugo	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.25 Umugoroba w'ababyeyi	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.26 Kwita no kuvura ababana n'ubwandu bw'agakoko gatera SIDA	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.27 Ubujyanama ku ikingizwa ry'umwana	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.28 Ububyeyi buboneye/ buteza umwana imbere	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.29 Gukurikirana imikurire y'abana	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.30 Udukingirizo tw' ubuntu	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.31 Ibiganiro hagati y' ababyeyi n' abana ku imyororokere n' ibijyanye n' imibonanyompuza bitsina	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI
E501.32 Itoza rya bato kugirango bemere nka bantu bikitegerereze mu ako gace (mentorship program)	YEGO 1 OYA 2 => KOMEZA NTAZI 8 => KOMEZA YANZE 9 => KOMEZA	USUBIZA 1 UNDU MU 2 RUGO RW ³ USUBIZA 3 BOMBI

Noneho reka tuganire ku bijyanye na serivisi z'ubuvuzi.		
E504	Bigutwara igihe kingana gite kugera ku kigo cy'ubuvuzi ukunda kujyaho ku bijyanye n'ubuvuzi bw'umwana?	: Amasaha: Iminota ABATANGA SERIVISI BANSANGA AHO NTUYE.....0000 -> E506 SINJYA /SINIGEZE NKORESHA IYO SERIVISE.....7777 →E506

		SIMBIZI.....8888
E505	Ukoresha ubuhe buryo kugera yo? SHYIRA MU RUZIGA IBYO AVUZE BYOSE	Amaguru.....A Igare.....B Moto/Ipikipiki.....C Bisi.....D Imodoka/Taxi.....E Ubundi buryo _____X
E506	Bigutwara igihe kingana gite kugera ku kigo cy'ubuvuzi ukunda kujyaho ku bijyanye no gukingiza no gukurikirana imikurire y'umwana na serivisi z'imirire?	Amasaha: Iminota ABATANGA SERIVISI BANSANGA AHO NTUYE.....0000 -> E508 SINJYA /SINIGEZE NKORESHA IYO SERIVISE.....7777 → E508 SIMBIZI.....8888
E507	Ukoresha ubuhe buryo kugera yo? SHYIRA MU RUZIGA IBYO AVUZE BYOSE	Amaguru.....A Bigare.....B Ipikipiki.....C Bisi.....D Imodoka/Taxi.....E Ubundi Buryo _____X
E508	Bigutwara igihe kingana gite kugera ku kigo cy'ubuvuzi ukunda kujyaho ku bijyanye no kwipimisha virusi itera SIDA?	Amasaha: Iminota ABATANGA SERIVISI BANSANGA AHO NTUYE.....0000 -> E510 SINJYA /SINIGEZE NKORESHA IYO SERIVISE.....7777 → E510 SIMBIZI.....8888
E509	Ukoresha ubuhe buryo kugera yo? SHYIRA MU RUZIGA IBYO AVUZE BYOSE	Amaguru.....A Bigare.....B Ipikipiki.....C Bisi.....D Imodoka/Taxi.....E Ubundi Buryo _____X
E510	Bigutwara igihe kingana gite kugera ku kigo cy'ubuvuzi ukunda kujyaho ku bijyanye no kuringaniza urubyaro?	Amasaha: Iminota ABATANGA SERIVISI BANSANGA AHO NTUYE.....0000 -> SOZA IGIKA SINJYA /SINIGEZE NKORESHA IYO SERIVISE.....7777 → SOZA IGIKA SIMBIZI.....8888
E511	Ukoresha ubuhe buryo kugera yo? SHYIRA MU RUZIGA IBYO AVUZE BYOSE	Amaguru.....A Bigare.....B Ipikipiki.....C Bisi.....D Imodoka/Taxi.....E Ubundi Buryo _____X

--- IGIKA KIRARANGIYE---

Ngeze ku musozo w'ibibazo birebana nawe hamwe n'ukuriye urugo rwanyu. Ubu nifuza kukubaza ibibazo bimwe birebana n'abana banyu. Reka dutangirane na [AMAZINA] . **(Tangirira ku mwana muto kuruta abandi bose ukurikize umukurikira gutyo kugeza ubabije ku bana bose bafite imyaka 17 no muni yayo (imyaka 0-17)**

IGIKA F: IBIBAZO BIREBANA N'ABANA

IGICE CYA F1. UBUZIMA BW'UMWANA NO KUMURINDA

BAZA IBIBAZO KU BANA IGIHE ABABARERA ARIKO BABARERA B'IBANZE. UKURIKIJE IMYAKA Y'UMWANA, BAZA IBIBAZO BIJYANYE MU MPAGARIKE. TANGIRIRA KU MWANA UFITE IMYAKA MIKE URANGIRIZE K'URUTA ABANDI. NIBA HARI ABANA BARENZE UMWE BAHUJE IKIGERO CY'IMYAKA, BIRAGUSABA KONGERA URUPAPURO KURI IBI BIBAZO NONEHO WUZUZE IBIBAZO BIJYANYE.

Ubu tugiye kuganira kuri [shyiramo izina ry'umwana].

No.	Ikibazo	Umwana (amezi 0-59)	Umwana (imyaka 5-12)	Umwana (imyaka 13-17)	Simbuka
F101	ANDIKA/EMEZA IZINA RY'UMWANA				
F102	INOMERO IRANGA UMWANA UBARIZWA MU MURYANGO				
F103	ANDIKA/EMEZA IGITSINA CY'UMWANA	Gabo 1 Gore 2 Ibindi 6 _____ 9 Yanze gusubiza 9	Gabo 1 Gore 2 Ibindi 6 _____ 9 Yanze gusubiza 9	Gabo 1 Gore 2 Ibindi 6 _____ 9 Yanze gusubiza 9	
F104	[AMAZINA] yaba yaranditswe ku umurenge mu bitabo by' amavuko?	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	
F105	[AMAZINA] yaba afite icyemezo cy'amavuko (act de naissance/attestation de naissance)?	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	2,8,9 => F107

F106	Mushobora kunyereka icyo cyemezo cy'amavuko cya [AMAZINA] ?	Nayibonye/Nabyemeje 1 Sinayibonye/Sinabyemeje 2	Nayibonye/Nabyemeje 1 Sinayibonye/Sinabyemeje 2	Nayibonye/Nabyemeje 1 Sinayibonye/Sinabyemeje 2	
F107	Ni mu kuhe kwezi n'umwaka [AMAZINA] yavutse? (NIBA ICYEMEZO CY'AMAVUKO GIHARI UBWO ANDIKA ITARIKI Y'AMAVUKO IRI KU CYEMEZO CY'AMAVUKO) NTIBIZWI, SABA URERA UMWANA AGERERANYE	Ukwezi Umwaka 	Ukwezi Umwaka 	Ukwezi Umwaka 	
F108	Nyibutsa, [AMAZINA] yari ufite imyaka ingahe ku itariki y'amavuko ye iheruka? EMEZA UKWEZI N'UMWAKA W'AMAVUKO KURI F107 KANDI UKOSORE NIBIBA NGOMBWA. WIHASIMBUKA HATUJUJE. IGIHE ATABIZI, BAZA URERA UMWANA AGERERANYE. ANDIKA AMEZI UMWANA NIBA AFITE MUNSI Y'IMYAKA 2. NIBA UMWANA ARI HAGATI Y'AMEZI 0-23, SHYIRAMO 0 KU MWAKA NONEHO USHYIRE UMUBARE W'AMEZI MU KAZU K'AMEZI.	 IMYAKA AMEZI	 IMYAKA	 IMYAKA	
F109	Mufitanye iyihe sano na [AMAZINA] ? Reba KODE ahagana hasi. NIBA ISANO MUFITANYE RITARI KU RUTONDE, KORESHA CODE 66 NONEHO USOBANURE IRYO ARI RYO.				

KODE ZIKORESHWA KURI F109: ISANO IRI HAGATI Y'URERA ABANA W'IBANZE N'ABANA BO MU MURYANGO.

01=Nyina bwite	05=Mushiki we	10= Sekuru	13=We ubwe
02=Se bwite	06=Musaza we	11=Utari uwo mu	66=Irindi, sobanura
03=Mukase/Nyina bitari bwite	07= Nyirasenge/Nyina wabo	muryango/Igitsina gore	
04=Umugabo wa nyina/Se bitari bwite	08=Se wabo/Nyirarume	12= Utari uwo mu	
	09=Nyirakuru	muryango/Igitsina gabo	

Ubu nifuza ko tunganira k'ubuzima bwa [AMAZINA] .

No.	Ikibazo	Umwana uri hagati y'amezi 0-59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Simbuka
F111	Muri rusange wavuga, ko ubuzima bwa [AMAZINA] bwifashe gute? SOMA IBISUBIZO	Burahebuje 1 Bwiza cyane 2 Bwiza 3 Murugero 4 Ni bubi/burakennye 5	Burahebuje 1 Bwiza cyane 2 Bwiza 3 Murugero 4 Ni bubi/burakennye 5	Burahebuje 1 Bwiza cyane 2 Bwiza 3 Murugero 4 Ni bubi/burakennye 5	
F112	Mu byumweru 2 byashize, [AMAZINA] yaba yararwaye kuburyo adakora ibikorwa bye bya buri muni?	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	
F113	[AMAZINA] afite ubumuga butuma atabasha kugira uruhare mu bikorwa bya buri muni?	yego 1 oya 2 yabyanze 9	yego 1 oya 2 yabyanze 9	yego 1 oya 2 yabyanze 9	2,9 => F115
F114	Wansobanura gute ubwo bumuga bwa [AMAZINA] ?	Ubumuga bwo kutabona na mba cyangwa kutabona neza 1 2 Ubumuga bwo kutumva na mba cyangwa kutumva neza 3 Afite ikibazo mu kwiga/gufata ibintu bishya	1 Ubumuga bwo kutabona na mba cyangwa kutabona neza 2 3 Ubumuga bwo kutumva na mba cyangwa kutumva neza	1 Ubumuga bwo kutabona na mba cyangwa kutabona neza 2 3 Ubumuga bwo kutumva na mba cyangwa kutumva neza	

		Ubumuga bw'ingingo z'umubiri Ibindi _____ 4 6	Afite ikibazo mu kwiga/gufata ibintu bishya 4 Ubumuga bw'ingingo z'umubiri 6 Ibindi _____	Afite ikibazo mu kwiga/gufata ibintu bishya 4 Ubumuga bw'ingingo z'umubiri 6 Ibindi _____	
F115	Sinshaka kumenya ibisubizo, ariko [AMAZINA] yaba yarigeze yipimisha ngo arebako niba afite virusi itera SIDA?	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	2,8,9=>F117
F115.1	Hashize amazi angahe kuva ubwanyuma [INITIALS] aheruka kwisuzumisha virusi itera SIDA?	Amezi ashize Niba arengeje imyaka 2 = 95	Amezi ashize Niba arengeje imyaka 2 = 95	Months ago Niba arengeje imyaka 2 = 95	
F116	Sinshaka kumenya ibisubizo, ariko uzi ibisubizo by'ibizami bya [AMAZINA] ?	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	

No.	Ikibazo	Umwana uri hagati y'amezi 0-59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Gusimbuka ^a
F117	Ngiye kugusomera urutonde rw'ibintu na servisi. Nifuza ko umbwira niba [INYUGUTI ZITANGIRA AMAZINA y'umwana] yarahawe cyangwa yarabonye iki kintu cyangwa servisi mu mezi 6 ashize. SOMA SERIVISI				

	F117.1 Umujyanama w' isana mutima (counseling) / cyangwa umukozi ushinzwe imibereho myiza bamusuye mu rugo. F117.2 Ubuvuzi buturutse ku bavuzi babigize umwuga F117.3 Minerivali yishyurwa n'umushinga F117.4Ibyangombwa by'ishuri cyangwa imyenda y'ishuri by'ubuntu F117.5 Inyongera ya Vitamine A zivuye mu muryango runaka F117.6 Inyongerafunguro, ibiribwa by'ubutabazi	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 13-17	
F118	[AMAZINA] yagize impiswi mu byumweru 2 bishize?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9=>F1 23
F119	Mwigeze mushaka ubufasha cyangwa ubuvuzi bw' impiswi ahantu ahariho hose?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2 =>121 8,9 =>122

F120	Ni hehe mwashakiye ubujyanama cyangwa umuti? Nta handi? SHYIRA MU RUZIGA IBISUBIZO BYOSE UHawe.	Inzego z'ubuvuzi za Leta Ibitaro bikuru ku rwego rw'igihugu A Ibitaro by'akarere B Ikigonderabuzima C Agashami k'ubuzima (Health post) D Abaganga basura abaturage aho batuye (outreach) E	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

F12 2		Abajyanama b'ubuzima	F		
		Izindi nzego za Leta, zivuge_____	G		
		Inzego z'ubuvuzi zigenga			
		Ivuriro rifite ibikorwa bikomatanyije (Polyclinic)	H		
		Ivuriro (Clinic)	I		
		Akavuriro gatoya (Dispensary)	J		
		Aho bagurira imiti/Farumasi (Pharmacy)	K		
		Ibindi bigo by'ubuvuzi byigenga, bivuge : _sobanura_____	L		
		Ahandi			
		Akaduka (Kiosk)	M		
		Abavuzi ba gakondo	N		
		Urusengero	O		
		Inshuti, abavandimwe	P		
		Ahandi(sobanura)	X		
		F120.18 Simbizi	Y		
		F120.18 Yanze gusubiza	Z		
	[IZINA] yigeze ahabwa ibi bikurikira byo kunywa kuva yafatwa n'impiswi?	Yego	oya	Ntabizi	Yanze gusubiza
		1	2	8	9

F122.1 Ubufasha bwa mbere bw'amazi y'imyunyungu yo kuvura umwuma (SRO)?	F122.2 Ibinyobwa byagenwe na leta bikorera mu rugo?	1 2 8 9			

No.	Ikibazo	Umwana uri hagati y'amezi 0-59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Gusimbuka
F123	[AMAZINA] yaba yaragize umuriro igihe icyo aricyo cyose mu byumweru 2 bishize?	Yego oya Ntabizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyakla 13-17	2,8,9=>F201
F124	Mwigeze mushaka ubufasha cyangwa ubuvuzi bw'uwo muriro ahantu ahariho hose?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2=>F1268,9=>F127
F125	Ni hehe mwashakiye ubujyanama cyangwa umuti? Nta handi? SHYIRA MU RUZIGA IBISUBIZO BYOSE UHAWE.	Inzego z'ubuvuzi za Leta Ibitaro bikuru ku rwego rw'igihugu A Ibitaro by'akarere B Ikigonderabuzima C Agashami k'ubuzima (Health post) D	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

Abaganga basura abaturage aho batuye (outreach)	E
Abajyanama b'ubuzima	F
Izindi nzego za Leta, zivuge_____	G
Inzego z'ubuvuzi zigenga	
Ivuriro rifite ibikorwa bikomatanyije (Polyclinic)	
Ivuriro (Clinic)	H
Akavuriro gatoya (Dispensary)	I
Aho bagurira imiti/Farumasi (Pharmacy)	J
Ibindi bigo by'ubuvuzi byigenga, bivuge	K
: _sobanura_____	L
Ahandi	
	M
Akaduka (Kiosk)	N
Abavuzi ba gakondo	O
Urusengero	P
Inshuti,abavandimwe	X
Ahandi(sobanura)	Y

		Simbizi	Z			

F127	Igihe icyo aricyo cyose mu burwayi (INYUGUTI ZITANGIRA AMAZINA), yigeze afata imiti y'ubwo burwayi?	Yego	Oya	Ntabizi	Yanze gusubiza	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
		1	2	8	9			

-- IGIKA KIRARANGIYE---

IGICE CYA F2. IMIKURIRE Y'UMWANA UKIRI MUTO

AMABWIRIZA K' UBAZA: BAZA IBIBAZO BIKURIKIRA KU BANA BARI HAGATI Y'AMEZI 0-59.

No.	Ikibazo	Umwana uri hagati y'amezi 0-59	Umwana uri hagati y'imyaka 5-12	Imwana uri hagati y'imyaka 13-17	Gusimbu ka
F201	Ubu nifuza kumenya ibyo [IZINA] akinisha igihe ari mu rugo.				
F201_1	d) [AMAZINA] akinisha: udukinisho dukorerwa mu rugo (twavuga nk'igikinisho cy'isura y'umuntu (igipupe), utumodoka cyangwa utundi dukinisho dukorerwa mu rugo)?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyakla 5-12	Ntubaze hagati y'imyakla 13-17	
F201_2	e) [AMAZINA] akinisha: udukinisho two mu iduka cyangwa mva ruganda?	1 2 8 9	Ntubaze hagati y'imyakla 5-12	Ntubaze hagati y'imyakla 13-17	

F201_3	f) [AMAZINA] akinisha: ibikoresho byo mu rugo (twavuga nka ibisorori cyangwa amasafuriya) cyangwa ibikoresho byo hanze (twavuga nka uduti dutoya, amabuye, ibikinisho bikomoka ku nyamaswa cyangwa amababi)?	1	2	8	9
F202	Rimwe na rimwe abantu bakuru bita ku bana bakenera kuva mu rugo bakajya guhaha, kumesa imyenda, cyangwa kubera izindi mpamvu bikabagomba gusiga abana. Ni iminsi ingahe mu cyumweru cyashize [IZINA] yasigaye wenyine igihe kirenze isaha? NIBA “NTA N’UMWE”, INJIZA “0”. NIBA “NTABYO AZI”, INJIZA “8”.	 UMUBARE W’IMINSI			

F203	Mu minsi itatu yashize, waba cyangwa undi muntu mu muryango urengeje imyaka 15 yarakoze ibi bintu bikurikira na [AMAZINA] :					Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
		Yego	Oya	Simbizi	Yanze gusubiza			
F203_1	g) Mwarasomeye [AMAZINA] ibitabo kugirango arebe amashusho cyangwa waramweretse amashusho	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F203_2	h) Mwarabariye inkuru [AMAZINA]	1	2	8	9			
F203_3	i) Mwararirimbiye cg wararirimbanye indirimbo na [IZINA] [AMAZINA] , harimo uturirimbo dutuje/dusinziriza?	1	2	8	9			
F203_4	j) Mwarajyanye [AMAZINA] hanze y'urugo cyangwa mu rupangu?	1	2	8	9			
F203_5	k) Mwarakinnye na [AMAZINA]	1	2	8	9			

F203_6	l) Mwarise amazina ibuntu, warabaze, cyangwa warashushanyirije ibintu hamwe na [AMAZINA] ?	1	2	8	9			

F204	Genzura imyaka y'umwana (imyaka yatanze) Umwana ufite imyaka 0,1, cyangwa 2 (amezi 0-35) →simbuka ujye ku cyiciro (IGICE CYA F3: IKORESHA RY'IBIRIBWA/ IMIRIRE). Umwana ufite amezi 36 kugera kuri 59 (imyaka 3&4) → komeza na F205							
No.	Ikibazo	Umwana ufite amezi 0-59				Umwana ufite imyaka 5-12	Umwana ufite imyaka 13-17	Simbuka
F205	[AMAZINA] yaba ajya ahantu bigisha abana bato cyane, habahigenga cyangwa aha Leta, amashuri y'incuke, ikigo cy'amashuri, ibibura byo gukiniraho, cyangwa ahantu hateguirirwe kwita ku bana bato?	Yego 1	Oya 2	Simbizi 8	Yanze gusubiza 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9 ⇒F207
F206	Mu minsi 7 ishize, ni nk' amasaha angahe yabyitabiriye [AMAZINA] ?	UMUBARE W'AMASAHA				Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
Ubu nifuza ko tunganira k' ubuzima n' imikurire y' umwana. Abana ntibakura ku rugero rumwe cyangwa ngo . Urugero, bamwe bamenya kugenda mbere y' abandi. Ibibazo bikurikirye bijyany n' mikurire y'umwana.								
F207	[AMAZINA] azi cyangwa yavugaga byibura inyuguti icumi hagati ya A-Z (alphabet)?	Yego 1	Oya 2	Simbizi 8	Yanze gusubiza 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

F208	[AMAZINA] ashobora gusoma byibura amagambo ane yoroshye, asanzwe akoreshwa cyane?	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F209.	[AMAZINA] azi amazina n' ibirango by' imibare kuva kuri 1 kugera ku 10?	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F210.	[AMAZINA] ashobora gutora ikintu gitoya n'intoki ebyiri nk'agati cyangwa akabuye	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F211.	[AMAZINA] rimwe na rimwe aba arwaye ku buryo adashobora gukora?	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F212.	[AMAZINA] akurikiza amabwiriza yoroheje ku buryo yakora ikintu neza?	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F213.	Iyo ahawe ikintu cyo gukora, [AMAZINA] ashobora kugikora wenyine nta wundi umufashije?	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati	

				y'imyaka 13-17	
F214.	[AMAZINA] abana n' abandi bana neza nta kibazo?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F215.	[AMAZINA] yaba akandagira, aruma, ahirika abandi bana cyangwa abakuru?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F216.	[AMAZINA] yaba arangara byihuse?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

--- IGIKA KIRARANGIYE---

AMABWIRIZA K' UBAZA: BAZA IBIBAZO BIKURIKIRA KU BANA BARI HAGATI Y'AMEZI 0-59.

	Ikibazo	Umwana ufite amezi0-59	Umwana ufite imyaka 5-12	Umwana ufite imyaka 13-17	Simbuka
Ubu nifuza ko tunganira ku byo [AMAZINA] aya n' ibyo anywa					
F301	[AMAZINA] yaba yarigeze yonka?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9 => F303
F302	[AMAZINA] yaba yaronse ejo hashize ku manywa cyangwa nijoro?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F303	Rimwe na rimwe abana bahabwa amashereka mu buryo butandukanye, nk'urugero hakoreshejwe ikiyiko, igikombe cyangwa bibero. Ibi bishobora kubaho igihe mama we adashobora kuba hamwe n'umwana we buri gihe. Rimwe na rimwe abana bonswa n'undi mubyeyi cyangwa bagahabwa amashereka y'undi mubyeyi hakoreshejwe ikiyiko, agakombe cyangwa bibero, cyangwa ubundi buryo. Ibi bibaho igihe mama adashoboye konsa umwana we. [AMAZINA] yaba yarahawe amashereka muri bumwe muri ubu buryo ejo hashize amanywa cyangwa nijoro?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

	Igikurikiyeho ndashaka kukubaza ibirebana n'ibyo kunywa [AMAZINA] ejo yanyoye ku manywa cyangwa nijoro. Ndibanda cyane kumenya niba yaranyoye ibyo ngiye kukubwira niyo byaba byaravanzwe n'ibindi. [Ibiri ku kutonde]? SOMA IBIBAZO BIKURIKIRA. SOMA URUTONDE RW'IBINYOBWA KIMWE KIMWE, UHEREYE KU "AMAZI YONYINE", WANDIKE YEGO CYANGWA OYA, UKO BIKWIYE.				
No.	Ikibazo	Umwana uri hagati y'amezi 0 kugera 59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Simbuka
F304	[AMAZINA] yanyweye amazi yonyine?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F305	[AMAZINA] yabonye amata y' imfashabere (nka Gigozi....)?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9 =>F307
F306	Ni inshuro zingahe ejo ku manywa cyangwa nijoro [AMAZINA] yanyoye amata y' imfashabere (nka Gigozi)? NIBA ATABIZI, ANDIKA '88'	INSHURO	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F307	[AMAZINA] yanyweye amata ayo ari yose yaba ayo mubikopo, ay' ifu, cyangwa amata asanzwe?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9 =>F309
F308	Ni inshuro zingahe ejo ku manywa cyangwa nijoro [AMAZINA] yanyoye ayo mata? NIBA ATABIZI, ANDIKA '88'	INSHURO	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F309	[AMAZINA] yaba yaranyoye umutobe uwo ariwo wose?	Yego Oya Simbizi Yanze gusubiza	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

		1 2 8 9			
F310	[AMAZINA] yaranyoye umufa/potage?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F311	[AMAZINA] yaranyoyeyawurute cyangwa ikivuguto?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9 =>F313
F312	Ni inshuro zingahe ejo ku manywa cyangwa nijoro [AMAZINA] yanyoye yogurt cyangwa ikivuguto? NIBA ATABIZI, ANDIKA '88'	 INSHURO	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F313	[IZINA] yafashe igikoma icyo aricyo cyose [AMAZINA] ?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F314	[AMAZINA] yaba yaranyoye ikindi kinyobwa icyo aricyo cyose?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

	Ndagusabye sobanura ikintu cyose [AMAZINA] yariye ejo ku manywa cyangwa nijoro, haba mu rugo cyangwa hanze y'urugo. A) Tekereza ku igihe [AMAZINA] yabyukiye bwa mbere ejo. Hari ikintu yariye icyo gihe [AMAZINA] ? NIBA ARI YEGO: mbwira ikintu cyose [AMAZINA] yariye icyo gihe. PROBE: hari ikindi? KUGEZA UBWO USUBIZA NTA KINDI KINTU AVUZE KINDI. NONEHO KOMEZA KU GICE CYA B. NIBA ARI OYA, KOMEZA KU GICE CYA B. B) Ni iki [AMAZINA] yakoze nyuma y'ibyo? [AMAZINA] yariye ikindi kintu icyo gihe? NIBA ARI YEGO: ndagusabye mbwira ikintu cyose yariye icyo gihe [AMAZINA] . Ongera ubaze: hari ikindi? KUGEZA IGIHE USUBIZA NTA KINDI KINTU AVUZE. SUBIRAMO IKIBAZO B) KUGEZA UBWO USUBIZA AVUZE KO UMWANA YAGIYE KURYAMA KUGEZA UMUNSI UKURIKIYE. NIBA USUBIZA AVUZE IBIRYO BIVANZE (ibyo kurya bikoze mu bintu birenga kimwe), NKA ISUPU CYANGWA IGIKOMA, PROBE:

	C) Ni ibihe bintu byari bigize iyo mvange [ibyo kurya bivanze]? PROBE: hari ikindi? KUGEZA UBWO USUBIZA ATAVUGA IKINDI KINTU. UKO USUBIZA AVUGA IBYO KURYA, ANDIKA IGISUBIZO MU TUZU DUKURIKIRA MU KICIRO CY'IBIRIBWA. NIBA IBYOKURYA BITARI KU RUTONDE RW'IBYICIRO BY'IBIRYO RUKURIKIRA, ANDIKA IBYO KURYA MU KAZU KANDITSEHO 'IBINDI BIRIBWA'. NIBA ARI IBIRIBWA BIKORESHA GAKE CYANGWA NKA IBYONGERA UBURYOHE, BIBARIRWA MU CYICIRO CYO KURWOSHYA IBIRIBWA. IGIHE USUBIZA ARANGIJE KWIBUTSA IBIRIBWA BYARIWE, SOMA BURI CYICIRO CY'IBIRIBWA AHO'1' ITANDITSWE MU KAZU K'IBISUBIZO, BAZA IKIBAZO GIKURIKIRA NONEHO WANDIKE '1' NIBA USUBIZA AVUZE YEGO,'2' NIBA ARI OYA, NA '8' NIBA ATABIZI: Ejo ku manywa cyangwa nijoro, [AMAZINA] yaba yaranyweye cyangwa yarariye kimwe muri ibi [ibiribwa biri mu byiciro byatanzwe]?				
No.	Ikibazo	Umwana uri hagati y'amezi 0 kugera 59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Simbuka
F315	Ibiribwa bicuruzwa by'abana, nka Cerelac, Guigoz, igikoma cy'ifu y'imvange ikungahaye mu ntunga mubiri?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F316	Ibiribwa bikoze mu mpeke, nk'umugati, umuceri, noodles, igikoma, cyangwa [umugati, umutsima w'ibigori, ifarine y'ibigori, uburo, umuceri, amasaka, cyangwa ikindi kiribwa gikozwe mu mpeke?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F317	Ibihaza, karoti, icunga cyangwa ibijumba by' umuhundo cyangwa Orange?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F318	Ibinyamafufu by' umweru nka (ibijumba, ibikoro, imyumbati, amateke, ibirayi, cyangwa ibindi bihingwa by'ibinyabijumba?)	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F319	Amabibabi y' icyatsi kibisi aro ariyo yose y'ibihingwa nka [dodo, ibisusa, amashu yo mubushinwa, imboga rwatsi, ishu, ibitika, isombe , cyangwa amabibabi y'ibijumba bikiri mu murima?	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

F320	Imyembe ihiye, amapapayi ahiye cyangwa amapera.	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F321	Izindi mbuto cyangwa imboga	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F322	Ibyo kurya bikoze mu binyamisogwe nka ibishyimbo, amashaza, lentiye, inkori, ubunyobwa, soya, cyangwa ubundi bwoko bwi binyamisogwe	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F324	Umwijima, impyiko, umutima, cyangwa indi nyama iyo ariyo yose yo munda	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F325	Inyama iyo ariyo yose, nk'iy'inka, ingurube, intama, ihene, inkoko, cyangwa imbata	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F326	Amagi	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F327	Amafi mabisi cyangwa ayumye, ibiribwa byo mu nyanja	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F328	Amavuta y'inka, yawurute, ikivuguto, cyangwa ubundi bwoko bw'ibindi bikomoka ku mata	1	2	8	9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

F329	Ibiribwa biryohereye nka chocola, bombo, keke, ibisukuti cyangwa ibindi binyamasukari	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F330	Ibirungo byongera uburyohe, nka mucyayicyayi, urusenda, ibyatsi, cyangwa ifu y'amafi	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F331	Isenene, inswa cyangwa utundi dukoko	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F332	Amavuta ayo ariyo yose, ibinure. Amavuta y'inka, cyangwa ikiribwa cyose gikoze muri ibi	1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F333	Ibindi biribwa<byandike hano>	_____	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
	Reba niba ibyiciro F315-F333: Niba byose ari 'oya'>> F334 Niba byibuze kimwe ari'yego' cyangwa byose ari 'Simbizi'>> F335		Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F334	[AMAZINA] ejo ku manywa cyangwa nijoro yariye ibikomeye, ibijya gukomera, cyangwa ibiryo byoroshye? Niba ari 'yego' PROBE: Ni ubuhe bwoko bw'ibikomeye, ibijya gukomera, cyangwa ibyoroshye [AMAZINA] yariye?	Yego 1 >>Probe ibyo yariye uzuzwa muri yego ku gisubizo bijyanye F315-F334 Oya 2 >> End IGIKA	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

F335	Ni inshuro zingahe [AMAZINA] yariye ibikomeye, ibijya gukomera, cyangwa ibyoroshye bitari ibyo kunywa ejo ku manywa cyangwa nijoro? ANDIKA'88' NIBA ATABIZI	INSHURO	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

--- IGIKA KIRARANGIYE---

IGICE CYA F4. IBIPIMO BY'IMIRIRE Y'UMWANA

AMABWIRIZA K'UBAZA/TABLET PROGRAMMER: BAZA IKI GIKA GUSA NIBA UMWANA AFITE AMEZI 0 – 59.

No.	Ikibazo	Umwana uri hagati y'amezi0 kugera 59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Simbuka
F401	Umukozi wo ku kigo cy'ubuvuzi cyangwa umujyanama w'ubuzima yaba yarabasuye agapima [AMAZINA] ikizigira cy'akaboko mu mezi 12 ashize?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9 - =>F403
F402	Ni inshuro zingahe [AMAZINA] yapimwe ikizigira mu mezi 12 ashize?	Inshuro	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F403	Umukozi wo ku kigo cy'ubuvuzi cyangwa umujyanama w'ubuzima yaba yarabasuye abashishikariza kujyana umwana ku kigo nderabuzima kugirango afatirwe ibipimo bijyanye n'imikurire mu mezi 12 ashize?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

F404	Wowe cyangwa undi muntu yaba yarajyanye umwana ku kigo nderabuzima gupimisha ibijyanye n'imikurire y'umwana mu mezi 12 ashize?	Yego Oya Simbizi Yanze gusubiza 1 2 8 9	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	2,8,9=>F 406
F405	Ni inshuro zingahe umwana yajyanywe ku kigo nderabuzima gupimwa ibijyanye n'imikurire mu mezi 12 ashize?	Inshuro	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	
F406	Twnda gusoza! Nshobora gupima ukuboko k'umwana wawe? KU MWANA UFITE HAGATI Y'AMEZI 0-59, PIMA UMUZENGURUKO W'IKIZIGIRA CY'UKUBOKO. ANDIKA IBYO WABONYE UPIMA.	• CM	Ntubaze hagati y'imyaka 5-12	Ntubaze hagati y'imyaka 13-17	

--- IGIKA KIRARANGIYE---

IGICE CYA F5. UBUREZI BW'UMWANA

BAZA IKI GICE GUSA KU BANA BAFITE NIBURA IMYAKA ITANU

KODE Z'AMASHURI YIZE KURI F505, F509, na F510						
0=Incuke	4= Abanza 4	8= Abanza 8	14=Ayisumbuye 4	17=Imyuga 1	21=Kaminuza 1	25=Kaminuza 5 no kuzamura
1=Abanza 1	5= Abanza 5	11= Ayisumbuye 1	15=Ayisumbuye 5	18=Imyuga 2	22= Kaminuza 2	77=Ntayo
2=Abanza 2	6= Abanza 6	12= Ayisumbuye 2	16=Ayisumbuye 6	19=Imyuga 3	23= Kaminuza 3	88=Simbizi
3= Abanza 3	7= Abanza 7	13= Ayisumbuye 3			24= Kaminuza 4	

No.	Ikibazo	Umwana uri hagati y’amezi0 kugera 59	Umwana uri hagati y’imyaka 5-12				Umwana uri hagati y’imyaka 13-17				Simbuka
Ubu mfite ibibazo bimwe nkubaza ku [AMAZINA] ku birebana no kwiga											
F501	Ubu tuvugana [AMAZINA] ariga?	Ntubaze umwana uri hagati y’amezi 0-59	Yego Oya Simbizi Yanze gusubiza				Yego Oya Simbizi Yanze gusubiza				Niba ari oya: F506
			1	2	8	9	1	2	8	9	
F502	[AMAZINA] ari mu bihe by’amasomo ubu ngubu?	Ntubaze umwana uri hagati y’amezi 0-59									
			1	2	8	9	1	2	8	9	
F503		Ntubaze umwana uri									Niba ari OYA, SIMBIZI,
			1	2	8	9	1	2	8	9	

	Mu cyumweru gishize cy'amasomo (cg icyumweru cy'amasomo cyashize (atari icyumweru cy'ibazwa/ibizamini/test) muri iki gihembwe, [AMAZINA] yigeze asiba ishuri ku mpamvu iyo ariyo yose?	hagati y'amezi 0-59			YANZE GUSUBIZA: F505
F504	Kuki [AMAZINA] yasibye ishuri mu cyumweru cyashize (cyangwa icyumweru cya nyuma mu gihe bigaga (atari icyumweru cy'ibazwa) muri iki gihembwe)? NTUSOME IBISUBIZO. SHYIRA MU RUZIGAIGISUBIZO CYA MBERE CY'INGENZI.	Ntubaze umwana uri hagati y'amezi 0-59	Nta mafaranga y'ishuri, nta bikoresho, nta mafranga y'urugendo. 1 Yari arwaye cyane ntiyabasha kujya kwiga 2 Ishuri riri kure cyane/ nta shuri riri hafi y'urugo 3 Yagombaga gukora kugirango afashe urugo 4 Yagombaga kwita ku bandi bantu bo mu rugo barwaye 5 Ntakunda ishuri 6 Amasomo yarasubitswe 7 Ibindi_____ 66	Nta mafaranga y'ishuri, nta bikoresho, nta mafranga y'urugendo 1 Yari arwaye cyane ntiyabasha kujya kwiga 2 Ishuri riri kure cyane/ nta shuri riri hafi y'urugo 3 Yagombaga gukora kugirango afashe urugo 4 Yagombaga kwita ku bandi bantu bo mu rugo barwaye 5 Ntakunda ishuri 6 Amasomo yarasubitswe 7 Ibindi_____ 66	
F505	Ni mu wuhe mwaka [AMAZINA] ubu yiga mu uwuhe mwaka w' amashuri muri iki gihembwe cy'amasomo? REBA KODE Z'AMASHURI HEJURU	Ntubaze umwana uri hagati y'amezi 0-59			Byose: F508

No.	Ikibazo	Umwana uri hagati y'amezi 0 kugera 59	Umwana uri hagati y'imyaka 5-12	Umwana uri hagati y'imyaka 13-17	Simbuka
F506	kuki [AMAZINA] atarimo kwiga ubu? NTUSOME IBISUBIZO. SHYIRA MU RUZIGA IGISUBIZO CYA MBERE CY'INGENZI.	Ntubaze umwana uri hagati y'amezi 0-59	Nta mafaranga y'ishuri, nta bikoreho, nta mafaranga y'urugendo. 1	Nta mafaranga y'ishuri, nta bikoreho, nta mafaranga y'urugendo. 1	
			Umwana ararwaye cyane ntiyabasha kujya kwiga 2	Umwana ararwaye cyane ntiyabasha kujya kwiga 2	
			Ishuri riri kure cyane/ nta shuri riri hafi y'urugo 3	Ishuri riri kure cyane/ nta shuri riri hafi y'urugo 3	
			Agomba gukora ngo afashe urugo 4	Agomba gukora ngo afashe urugo 4	
			Agomba kwita ku bandi bantu bo mu rugo barwaye 5	Agomba kwita ku bandi bantu bo mu rugo barwaye 5	
			Ntakunda ishuri 6	Ntakunda ishuri 6	
			Amasomo yarasubitswe 7	Amasomo yarasubitswe 7	
			Aracyari muto kugirango ajye kwiga 8	Aracyari muto kugirango ajye kwiga	
F507	[AMAZINA] yigeze ajya mu ishuri?	Ntubaze umwana uri hagati y'amezi 0-59	Ibindi_____ 66	Ibindi_____ 66	2,8,9 =>F513
			Yego 1	Yego 1	
			Oya 2	Oya 2	
			Ntabwo mbizi 8	Ntabwo mbizi 8	
			Yanze gusubiza 9	Yanze gusubiza 9	

F508	Umwaka ushize w’amashuri (2017) [AMAZINA] yigaga?	Ntubaze umwana uri hagati y’amezi 0-59	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	Yego 1 Oya 2 Ntabwo mbizi 8 Yanze gusubiza 9	2,8,9 =>F512																								
F509	Ni uwuhe mwaka/urwego rw’ishuri [AMAZINA] yigagamo umwaka ushize (2017)? REBA KODE Z’AMASHURI HEJURU.	Ntubaze umwana uri hagati y’amezi 0-59	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>																							
F510	Mu cyumweru cya nyuma cy’amasomo (atari icyumweru cy’ibazwa/ibizamini/test) mu gihembwe cya nyuma cya 2017, [AMAZINA] yigeze asiba ishuri ku mpamvu iyo ariyo yose?	Ntubaze umwana uri hagati y’amezi 0-59	Yego gusubiza Oya Yanze 1 2 9	Yego gusubiza Oya Yanze 1 2 9	Niba ari Oya cg Yanze gusubiza: =>F512																								
F511	Kuki [AMAZINA] yasibye ishuri mu cyumweru cya nyuma cya masomo (atari icyumweru cy’ibazwa) mu gihembwe cya nyuma cya 2016? NTUSOME IBISUBIZO. SHYIRA MU RUZIGA IGISUBIZO CYA MBERE CY’INGENZI.	Ntubaze umwana uri hagati y’amezi 0-59	<table><tr><td>Nta mafaranga y’ishuri, nta bikoresho, nta mafranga y’urugendo</td><td>1</td></tr><tr><td>Yarwaye cyane ntiyabasha kujya kwiga</td><td>2</td></tr><tr><td>Ishuri riri kure cyane/ nta shuri riri hafi y’urugo</td><td>3</td></tr><tr><td>Yagombaga gukora kugirango afashe urugo</td><td>4</td></tr><tr><td>Yagombaga kwita ku bandi bantu bo mu rugo barwaye</td><td>5</td></tr><tr><td>Ntakunda ishuri</td><td>6</td></tr></table>	Nta mafaranga y’ishuri, nta bikoresho, nta mafranga y’urugendo	1	Yarwaye cyane ntiyabasha kujya kwiga	2	Ishuri riri kure cyane/ nta shuri riri hafi y’urugo	3	Yagombaga gukora kugirango afashe urugo	4	Yagombaga kwita ku bandi bantu bo mu rugo barwaye	5	Ntakunda ishuri	6	<table><tr><td>Nta mafaranga y’ishuri, nta bikoresho, nta mafranga y’urugendo</td><td>1</td></tr><tr><td>Yarwaye cyane ntiyabasha kujya kwiga</td><td>2</td></tr><tr><td>Ishuri riri kure cyane/ nta shuri riri hafi y’urugo</td><td>3</td></tr><tr><td>Yagombaga gukora kugirango afashe urugo</td><td>4</td></tr><tr><td>Yagombaga kwita ku bandi bantu bo mu rugo barwaye</td><td>5</td></tr><tr><td>Ntakunda ishuri</td><td>6</td></tr></table>	Nta mafaranga y’ishuri, nta bikoresho, nta mafranga y’urugendo	1	Yarwaye cyane ntiyabasha kujya kwiga	2	Ishuri riri kure cyane/ nta shuri riri hafi y’urugo	3	Yagombaga gukora kugirango afashe urugo	4	Yagombaga kwita ku bandi bantu bo mu rugo barwaye	5	Ntakunda ishuri	6	
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Ntakunda ishuri	6																												

			Amasomo yarasubitswe	7	Amasomo yarasubitswe	7																	
			Ibindi: _____	66	Ibindi: _____	66																	
F512	Ni uruhe rwego rw’amashuri rwo hejuru [AMAZINA] yarangije? REBA CODES Z’AMASHURI HEJURU.	Ntubaze umwana uri hagati y’amezi 0-59	<table><tr><td></td><td></td></tr></table>				<table><tr><td></td><td></td></tr></table>																
F513	REBA IMYAKA Y’UMWANA KURI F108. NIBA AFITE IMYAKA 5-9, SIMBUKIRA KURI F511. NIBA FITE IMYAKA 10-17, BAZA : Yaba [AMAZINA] yarahawe inkunga yo kwiga Imyuga/Ubumenyingiro (TVET) ?	Ntubaze umwana uri hagati y’amezi 0-59	<table><tr><td>Yego</td><td>1</td></tr><tr><td>Oya</td><td>2</td></tr><tr><td>Ntabwo mbizi</td><td>8</td></tr><tr><td>Yanze gusubiza</td><td>9</td></tr></table>	Yego	1	Oya	2	Ntabwo mbizi	8	Yanze gusubiza	9		<table><tr><td>Yego</td><td>1</td></tr><tr><td>Oya</td><td>2</td></tr><tr><td>Ntabwo mbizi</td><td>8</td></tr><tr><td>Yanze gusubiza</td><td>9</td></tr></table>	Yego	1	Oya	2	Ntabwo mbizi	8	Yanze gusubiza	9		
Yego	1																						
Oya	2																						
Ntabwo mbizi	8																						
Yanze gusubiza	9																						
Yego	1																						
Oya	2																						
Ntabwo mbizi	8																						
Yanze gusubiza	9																						

BISABWA YUJUJE

USUBIZA YABA YAKUBWIYE KO YARAKOREWE IHOHOTERWA MU GIHE CYASHIZE?

__Yego

__Oya

USUBIZA YABA YIGEZE AGARAGAZA KUDATEKANA MUGANIRA URUGERO AMARIRA KUMUBUNGA MU MASO, UBURAKARI, AGAHINDA, GUTTTIRA, GUHUMEKA INSIGANE N'IBINDI...?

__Yego

__Oya

USUBIZA YABA YAKUBWIYE KO ARI MU KAGA (MU BYAGO)?

__ Yego

__ Oya

USUBIZA YABA YAKUBWIYEKO UBU ADATEKANYE CYANGWA KO YASABYE
UBUFASHA KU IHOHOTERWA YAKOREWE MURI MU KIGANIRO?

__ Yego

__ Oya

***NIBA IBIBAZO BYOSE HARUGURU BISUBIJWE OYA N' USIBIZA NTABWO
ASUBIJE NTAHOHOTERWA AHURA NARYO, KOMEZA USOZE UHITAMO
NUMERO YA MBERE(1)***

***NIBA YASUBIJE YEGO MURI KIMWE MU BIBAZO YABAJIJWE HARUGURU,
KOMEZA USOZE UHITAMO NUMERO YA KABIRI (2)***

**SOZA AMAHITAMO RIMWE (1): USUBIZA NTA NA KIMWE MU BISABWA
YUJUJE**

Ndabashimiye cyane ku bwo kumfasha. Nishimiye igihe cyanyu mwampaye .
Nziko ibi bibazo byaba byabakomereye gusubiza ariko ni mu gutega amatwi
abagore nkawe byadufasha gusobanukirwa ubuzima n'imibereho by'abagore
mu Rwanda.

Hari ubwo ibibazo nakubajije byaba byakwibukije ibihe wowe cyangwa undi muntu uzi mwanyuzemo mu buzima bukomeye ugategereza ko wagira uwo wabiganiriza. Wenda wasanga ari ubu cyangwase mu gihe kiri imbere. Dore urutonde rw'ibigo bitanga serivise zishobora kugufasha. Wabahamagara ukeneye ubufasha cyangwa andi makuru y'ingenzi. Wabahamagara igihe icyo ari cyo cyose ubishatse.

SOZA AMAHITAMO RIMWE (2): USUBIZA KIMWE MU BISABWA YUJUJE

Ndashimiye cyane ku bwo kumfasha. Ndashimiye igihe cyanyu mwampaye . Nziko ibi bibazo byaba byabakomereye gusubiza ariko ni mu gutega amatwi abagore nkawe byadufasha gusobanukirwa ubuzima n'imibereho by'abagore mu Rwanda.

Nkurikije ibyo wambwiye ndumva warahuye n'ibibazo bikomeye mu buzima bwawe. Nta muntu n'umwe ufite uburenganzira bwo guhohotera undi muri ubu buryo. Ufite uburenganzira bwo kurindwa no guhabwa ubufasha igihe ubukeneye. Nturi wenyine.

Mu bushakashatsi dukora, twita ku mibereho myiza y'abantu tunganiriza, tukaniyemeza kugenzura ko ubufasha bagenerwa bubageraho.

Hari ubwo wifuza kugira uwo uganyiriza ibyawe. Ibi bishobora kuba uyu muni cyangwa ikindi gihe. Dore urutonde rw'ibigo n'amavuriro bitanga ubufasha wakenera, nkuko bitanga ubufasha, bikita ku buzima, ubujyanama ku mategeko bikanatega amatwi abantu nkawe bahura n'ihohoterwa ritandukanye. Wabahamagara uramutse wifuza kubabwira ibyawe, ukeneye ubufasha cyangwa wifuza kumenya amakuru kuri serivisi batanga. Ushobora kubahamagara igihe wumva witeguye, byaba akakanya cyangwa ikindi gihe

F514	Ngeze ku musozo w'ibibazo byanjye. Murakoze kubera uruhare rwanyu muri iki kiganiro! Haba hari ikindi mwifuza kongeraho cg kumbaza?	
F515	ITARIKI IKIGANIRO KIRANGIRIYE (dd/mm/20yy)	[____/____/20____]
F516	ISAHA IKIGANIRO KIRANGIRIYE (dd/mm/20yy)	[____ ____:____ ____]
F517	IBINDI UBAZA YONGERAHO	

--IGIKA KIRARANGIYE--

IBIKURIKIRAHU

F518	Uyu usubiza ubu (urera umwana w'ibanze wasubije) ni nawe usubiza ISLG ukurikije Control sheet wujuje?	Yego Oya	1 2	Niba ari Yego, komeza na ISLG questionnaire kuri we. Niba ari Oya, rangiza ibazwa ukomeze n'izinde questionnaires

Table of Contents

MODULE A. HOUSEHOLD IDENTIFICATION COVER SHEET	308
MODULE C. HOUSEHOLD ROSTER AND DEMOGRAPHICS.....	308
MODULE D. DWELLING CHARACTERISTICS	317
MODULE E. HOUSEHOLD TRANSFERS AND CREDIT SENT / RECEIVED.....	322
<i>SECTION E1. TRANSFERS GIVEN TO INDIVIDUALS OUTSIDE OF THE HOUSEHOLD OR TO ORGANIZATIONS</i>	<i>322</i>
<i>SECTION E2. TRANSFERS RECEIVED FROM INDIVIDUALS</i>	<i>323</i>
<i>SECTION E3. TRANSFERS RECEIVED NGO & GOVERNMENT</i>	<i>324</i>
<i>SECTION E4. SAVINGS</i>	<i>328</i>
MODULE F. HOUSEHOLD CONSUMPTION EXPENDITURE	330
<i>SECTION F1. FOOD CONSUMPTION OVER PAST MONTH (FOUR WEEKS)</i>	<i>330</i>
<i>SECTION F2. NON-FOOD EXPENDITURES OVER PAST ONE MONTH (FOUR WEEKS)</i>	<i>338</i>
<i>SECTION F3. NON-FOOD EXPENDITURES OVER PAST TWELVE MONTHS</i>	<i>341</i>
<i>SECTION F5. HOUSEHOLD FARMING AND FARM ASSETS</i>	<i>350</i>
<i>SECTION F6. CULTIVATION</i>	<i>351</i>
<i>SECTION F7. AGRICULTURAL ASSETS</i>	<i>352</i>
MODULE G. SHOCKS	356
<i>SECTION G1. NEGATIVE EVENTS.....</i>	<i>356</i>
<i>SECTION G2. POSITIVE EVENTS.....</i>	<i>358</i>
MODULE H: ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE AND SUPPORT	358

MODULE A. Household Identification Cover Sheet

Note to Programmer: Preprogram the IRB Study Number into tablets for all surveys so interviewers do not need to document this.

IRB Study Number | _____ |

IDENTIFICATION DATA

A001	PROVINCE	
A002	DISTRICT	
A003	SECTOR	
A004	CELL	
A005	VILLAGE	
A006	HOUSEHOLD IDENTIFICATION NUMBER	

MODULE C. Household Roster and Demographics

SECTION C1. ROSTER

Table 3. Adults and Children Combined

CODES FOR C109: RELATIONSHIP TO HEAD OF HOUSEHOLD FOR ADULTS IN HOUSEHOLD			
1 = HEAD	4 = SON-IN-LAW or DAUGHTER-IN-LAW	7 = PARENT-IN-LAW	10 = ADOPTED/FOSTER/STEPCHILD
2 = WIFE OR HUSBAND	5 = GRANDCHILD	8 = SIBLING	11 = NOT RELATED
3 = SON OR DAUGHTER	6 = PARENT	9 = OTHER RELATIVE	88 = DON'T KNOW

CODES FOR C111: RELATIONSHIP OF MAIN CAREGIVER TO THE CHILDREN IN HOUSEHOLD			
01=Biological Mother	05=Sister	10=Grandfather	13=Self
02=Biological Father	06=Brother	11= Non-Family Member Female	66=Other
03=Step-Mother/ Foster Mother	07=Aunt	12= Non-Family Member Male	88=Don't Know
04=Step-Father/Foster Father	08=Uncle		
	09=Grandmother		

CODES FOR C114. CLASS LEVEL CODES						
0=Pre-Primary	4= Primary 4	17=TVET1	11= Secondary 1	15= Secondary 5	21=University 1	25=Univ. 5 and above
1=Primary 1	5=Primary 5	18=TVET2	12= Secondary 2	16= Secondary 6	22=University 2	77=None
2=Primary 2	6=Primary 6	19=TVET3	13= Secondary 3		23=University 3	88=Don't Know
3=Primary 3	7=Primary 7		14= Secondary 4		24=University 4	
	8=Primary 8					

COMPLETE TABLES 1 AND 2 (QUESTIONS C101-C106) IN THE TRACKING DOCUMENT

Now I would like to ask you some further questions about the members of your household.

C106.1 Line Number (pre- populat ed from 101- end of adult list, and 201 – end of children list)	C106.2 List initials of household members From table 1 and 2 in ID survey.	C107. Is (INITIAL) male or female? 1=Male, 2=Fema le 6=Other (specify) 9=Refus e	C108. How old is (INITIAL)? RECORD AGE IN YEARS. IF LESS THAN 1 YEAR OLD, PUT 0 FOR YEARS AND RECORD NUMBER OF MONTHS DOUBLE CHECK CORRECT PLACEMENT OF HOUSEHOLD MEMBER BASED ON AGE. IF MEMBER PLACED IN WRONG TABLE, PLEASE CORRECT.	C109. What is the relationship of (INITIAL) to the head of the household? See Relationship codes above ALL ADULTS AGED 18+ SKIP TO C114. NOTE: IF HH HEAD IS AGED 10-17, ANSWER C110-C113.	C110: Who usually cares for/looks after (INITIAL)? INSERT LINE NUMBER OF MAIN CAREGIVER IF (INITIAL) TAKES CARE OF HER/HIMSELF, REC ORD THEIR LINE NUMBER (from C104.1) HERE FOR C110 AND '13' FOR C111. THEN ASK C112.	C111. What is the relationship to the child of the main person who cares for/looks after (INITIAL)? See Relationship Codes above. If parent, probe for biological /non- biological.	C112. If C111=01, record 1=Yes for C112 and skip to C113 Is (INITIAL)'s natural mother alive? 1=Yes, 2=No=>C113 8=DK=>C113	C112.1 Does (INITIAL)'s natural mother usually live in this household? IF YES: What is her name? RECORD LINE NUMBER IF NO: RECORD 000	C113. If C111=02, record 1=Yes for C113 and skip to C114 Is (INITIAL)'s natural father alive? 1=Yes, 2=No=>C11 4 8=DK=>C11 4	C113.1 Does (INITIAL)'s natural father usually live in this household? IF YES: What is his name? RECORD LINE NUMBER IF NO: RECORD 000	C114. Filter: Ask of those >3 years of age. What is the highest class level that [INITIAL] has completed in school? See Class level codes below.	C114.1 Filter: Ask of those aged 10 or older:. What is your current marital status? See marital status codes below.
101.			__ __ years __ __ months									
102.			__ __ years __ __ months									
103.			__ __ years __ __ months									
104.			__ __ years __ __ months									
105.			__ __ years __ __ months									
106.			__ __ years __ __ months									
107.			__ __ years __ __ months									
108.			__ __ years __ __ months									
109.			__ __ years __ __ months									
110.			__ __ years __ __ months									

C106.1 Line Number (pre- populat ed from 101- end of adult list, and 201 – end of children list)	C106.2 List initials of household members From table 1 and 2 in ID survey.	C107. Is (INITIAL) male or female? 1=Male, 2=Fema le 6=Other (specify) 9=Refus e	C108. How old is (INITIAL)? RECORD AGE IN YEARS. IF LESS THAN 1 YEAR OLD, PUT 0 FOR YEARS AND RECORD NUMBER OF MONTHS DOUBLE CHECK CORRECT PLACEMENT OF HOUSEHOLD MEMBER BASED ON AGE. IF MEMBER PLACED IN WRONG TABLE, PLEASE CORRECT.	C109. What is the relationship of (INITAL) to the head of the household? See Relationship codes above ALL ADULTS AGED 18+ SKIP TO C114. NOTE: IF HH HEAD IS AGED 10-17, ANSWER C110-C113.	C110: Who usually cares for/looks after (INITIAL)? INSERT LINE NUMBER OF MAIN CAREGIVER IF (INITAL) TAKES CARE OF HER/HIMSELF, REC ORD THEIR LINE NUMBER (from C104.1) HERE FOR C110 AND ‘13’ FOR C111. THEN ASK C112.	C111. What is the relationship to the child of the main person who cares for/looks after (INITIAL)? See Relationship Codes above. If parent, probe for biological /non- biological.	C112. If C111=01, record 1=Yes for C112 and skip to C113 Is (INITIAL)'s natural mother alive? 1=Yes, 2=No=>C113 8=DK=>C113	C112.1 Does (INITIAL)’s natural mother usually live in this household? IF YES: What is her name? RECORD LINE NUMBER IF NO: RECORD 000	C113. If C111=02, record 1=Yes for C113 and skip to C114 Is (INITIAL)'s natural father alive? 1=Yes, 2=No=>C11 4 8=DK=>C11 4	C113.1 Does (INITIAL)’s natural father usually live in this household? IF YES: What is his name? RECORD LINE NUMBER IF NO: RECORD 000	C114. Filter: Ask of those >3 years of age. What is the highest class level that [INITIAL] has completed in school? See Class level codes below.	C114.1 Filter: Ask of those aged 10 or older:. What is your current marital status? See marital status codes below.	
111.			__ __ years __ __ months										
112.			__ __ years __ __ months										
113.			__ __ years __ __ months										
114.			__ __ years __ __ months										
115.			__ __ years __ __ months										
116.			__ __ years __ __ months										
117.			__ __ years __ __ months										
118.			__ __ years __ __ months										
119.			__ __ years __ __ months										
120.			__ __ years __ __ months										
201.			__ __ years __ __ months										

C106.1 Line Number (pre- populat ed from 101- end of adult list, and 201 – end of children list)	C106.2 List initials of household members From table 1 and 2 in ID survey.	C107. Is (INITIAL) male or female? 1=Male, 2=Fema le 6=Other (specify) 9=Refus e	C108. How old is (INITIAL)? RECORD AGE IN YEARS. IF LESS THAN 1 YEAR OLD, PUT 0 FOR YEARS AND RECORD NUMBER OF MONTHS DOUBLE CHECK CORRECT PLACEMENT OF HOUSEHOLD MEMBER BASED ON AGE. IF MEMBER PLACED IN WRONG TABLE, PLEASE CORRECT.	C109. What is the relationship of (INITAL) to the head of the household? See Relationship codes above ALL ADULTS AGED 18+ SKIP TO C114. NOTE: IF HH HEAD IS AGED 10-17, ANSWER C110-C113.	C110: Who usually cares for/looks after (INITIAL)? INSERT LINE NUMBER OF MAIN CAREGIVER IF (INITAL) TAKES CARE OF HER/HIMSELF, REC ORD THEIR LINE NUMBER (from C104.1) HERE FOR C110 AND ‘13’ FOR C111. THEN ASK C112.	C111. What is the relationship to the child of the main person who cares for/looks after (INITIAL)? See Relationship Codes above. If parent, probe for biological /non- biological.	C112. If C111=01, record 1=Yes for C112 and skip to C113 Is (INITIAL)'s natural mother alive? 1=Yes, 2=No=>C113 8=DK=>C113	C112.1 Does (INITIAL)’s natural mother usually live in this household? IF YES: What is her name? RECORD LINE NUMBER IF NO: RECORD 000	C113. If C111=02, record 1=Yes for C113 and skip to C114 Is (INITIAL)'s natural father alive? 1=Yes, 2=No=>C11 4 8=DK=>C11 4	C113.1 Does (INITIAL)’s natural father usually live in this household? IF YES: What is his name? RECORD LINE NUMBER IF NO: RECORD 000	C114. Filter: Ask of those >3 years of age. What is the highest class level that [INITIAL] has completed in school? See Class level codes below.	C114.1 Filter: Ask of those aged 10 or older:. What is your current marital status? See marital status codes below.	
202.			__ __ years __ __ months										
203.			__ __ years __ __ months										
204.			__ __ years __ __ months										
205.			__ __ years __ __ months										
206.			__ __ years __ __ months										
207.			__ __ years __ __ months										
208.			__ __ years __ __ months										
209.			__ __ years __ __ months										
210.			__ __ years __ __ months										
211.			__ __ years __ __ months										
212.			__ __ years __ __ months										

C106.1 Line Number (pre- populat ed from 101- end of adult list, and 201 – end of children list)	C106.2 List initials of household members From table 1 and 2 in ID survey.	C107. Is (INITIAL) male or female? 1=Male, 2=Fema le 6=Other (specify) 9=Refus e	C108. How old is (INITIAL)? RECORD AGE IN YEARS. IF LESS THAN 1 YEAR OLD, PUT 0 FOR YEARS AND RECORD NUMBER OF MONTHS DOUBLE CHECK CORRECT PLACEMENT OF HOUSEHOLD MEMBER BASED ON AGE. IF MEMBER PLACED IN WRONG TABLE, PLEASE CORRECT.	C109. What is the relationship of (INITAL) to the head of the household? See Relationship codes above ALL ADULTS AGED 18+ SKIP TO C114. NOTE: IF HH HEAD IS AGED 10-17, ANSWER C110-C113.	C110: Who usually cares for/looks after (INITIAL)? INSERT LINE NUMBER OF MAIN CAREGIVER IF (INITAL) TAKES CARE OF HER/HIMSELF, REC ORD THEIR LINE NUMBER (from C104.1) HERE FOR C110 AND ‘13’ FOR C111. THEN ASK C112.	C111. What is the relationship to the child of the main person who cares for/looks after (INITIAL)? See Relationship Codes above. If parent, probe for biological /non- biological.	C112. If C111=01, record 1=Yes for C112 and skip to C113 Is (INITIAL)'s natural mother alive? 1=Yes, 2=No=>C113 8=DK=>C113	C112.1 Does (INITIAL)’s natural mother usually live in this household? IF YES: What is her name? RECORD LINE NUMBER IF NO: RECORD 000	C113. If C111=02, record 1=Yes for C113 and skip to C114 Is (INITIAL)'s natural father alive? 1=Yes, 2=No=>C11 4 8=DK=>C11 4	C113.1 Does (INITIAL)’s natural father usually live in this household? IF YES: What is his name? RECORD LINE NUMBER IF NO: RECORD 000	C114. Filter: Ask of those >3 years of age. What is the highest class level that [INITIAL] has completed in school? See Class level codes below.	C114.1 Filter: Ask of those aged 10 or older:. What is your current marital status? See marital status codes below.	
213.			__ __ years __ __ months										
214.			__ __ years __ __ months										
215.			__ __ years __ months										
216.			__ __ years __ __ months										
217.			__ __ years __ __ months										
218.			__ __ years __ __ months										
219.			__ __ years __ __ months										
220.			__ __ years __ __ months										

CODES FOR C115: OCCUPATION

1=Agricultural labourer 2 = Own farm labour	3=Livestock herding 4=Fishing 5=Petty trade 6=Trader	7=Mining 8=Brewing 9=Handicraft 10=Domestic help 11=Carpenter	12=Construction (bricklayer) 13=Traditional healer 14=Mechanic 15=Mil worker 16=Seamstress/tailor/clothes repair 17=Hairdresser/barber 18=Charcoal maker	19=Charcoal/firewood seller 51=Unemployed 52=Housewife 53=Student 54=Retired 55=Unable to work due to illness/disability 66=Other

CODES FOR C114.1: MARITAL STATUS

1=Married	2=Cohabiting (but not married)	3=Never been married	4=Divorced or Separated	5=Widowed	9=Refused

* An Integrated Savings and Lending Group (ISLG) is a community-based and member-owned institutions composed a group of people who save together and take small loans from those savings. The activities of the group run in cycles of one year, after which the accumulated savings and the loan profits are distributed back to members. **ISLG integrate financial education services for members. They can also integrate other types of education into their meetings.**

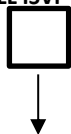
Table 4. For C115-C120 Filter: Ask C115 – C120 of those >59 months (>5 years) of age

C115.1 Line Number (pre-populated from 101- end of adult list, and 201 – end of children list)	C115.a Has [INITIALS] been away from home over the course of the last 12 months? For example, for studies, seasonal work, prison/detention or other reason? 1=Yes 2=No -> C115.2	C115.b How long has [INITIALS] been absent over the last 12 months?	C115.c What was the primary reason for this absence? 1=Studies 2=Seasonal work 3=Working away now 4=For health care 5=Attend ceremony 6=Visiting friends/family 7=Training 8=Detention/compulsary service 9=Unexplained absence 66=Other (specify)	C115.2 What is [INITIALS] main occupation? See Occupation Codes above	C116. Is [INITIALS] paid for this occupation or for other work they may do? 1=Yes 2=No 8=DK If No =>C118	C117. Is [INITIALS] paid in cash or kind for this occupation? 1=Cash only 2=Cash and in kind 3=In kind only	C118. Is [INITIALS] in the Twiyubake integrated savings and lending group program?* 1=Yes=>C120 2=No 8=DK	C119. Is [INITIALS] a participant in any integrated savings and lending group (ISLG)?* 1=Yes 2=No 8=DK IF YES, PROBE TO SEE IF THE ISLG GROUP IS TWIYUBAKE	C120. For how many children that live in this household is [INITIALS] the primary caregiver? IF NO CHILDREN, RECORD 00. IF [NAME] IS <18 AND CARES FOR SELF, COUNT AS 1 CHILD. IF [NAME] CARES FOR ADDITIONAL CHILDREN, ADD THESE ADDITIONAL CHILDREN TO 1. RECORD TOTAL.
101									

102	☐ ☐					
Etc.	☐ ☐					

C120.1 CHECK IF YOU ARE IN A PROGRAM AREA (FULL ISVP OR HES ONLY):

YES, IN FULL ISVP OR HES ONLY



NO, IN CONTROL AREA C120.3



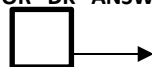
C120.2 CHECK C118. ARE THERE ANY "YES" ANSWERS INDICATING AT LEAST ONE HOUSEHOLD MEMBER IS PARTICIPATING IN TWIYUBAKE?

YES, AT LEAST ONE YES IN C118



C120.8

NO, ALL "NO" OR "DK" ANSWERS IN C118



C120.4

C120.3 CHECK C119. ARE THERE ANY "YES" ANSWERS INDICATING AT LEAST ONE HOUSEHOLD MEMBER IS PARTICIPATING IN AN ISLG?

YES, AT LEAST ONE YES IN C119



C120.8

NO, ALL "NO" OR "DK" ANSWERS IN C119



C120.9

C120.4 Why is no member from your household participating in Twiyubake?

OFFICIALLY GRADUATED	1
LEFT TWIYUBAKE WITHOUT OFFICIALLY GRADUATING	2 => C120.6
TRANSFERRED TO ANOTHER OVC PROGRAM (STATE NAME): _____	3 => C120.7
HOUSEHOLD MEMBER WHO PARTICIPATED MOVED OUT	4 => C120.7
HOUSEHOLD MEMBER WHO PARTICIPATED DIED	5 => C120.7
NEVER PARTICIPATED IN TWIYUBAKE/DK TWIYUBAKE	6 => C120.7
OTHER _____	7 => C120.7
	66 => C120.7

	(SPECIFY)	
C120.5 In what month and year did your household participate in the graduation ceremony for Twiyubake (guchutsa)?	MONTH YEAR	ALL SKIP TO C120.8
C120.6 For what reason(s) did your household drop out of Twiyubake? CIRCLE ALL THAT APPLY	NOT RECEIVING ENOUGH SERVICES/BENEFITS FROM THE PROGRAM NOT INTERESTED IN THE CONTENT OF THE MEETINGS COULD NOT AFFORD THE EXPECTED CONTRIBUTION NO TIME TO ATTEND MEETINGS COULD NOT GET/AFFORD THE TRANSPORTATION TO MEETINGS TOO MANY MEETINGS TO ATTEND DID NOT LIKE THE OTHER GROUP MEMBERS DID NOT LIKE THE GROUP LEADERS DID NOT FEEL INCLUDED IN THE GROUP GROUP WAS DISORGANIZED OTHER _____ (SPECIFY)	A B C D E F G H I J X
C120.7 For how many months were you a part of Twiyubake?	LESS THAN A MONTH 1-3 MONTHS 4-6 MONTHS 7-12 MONTHS 13-18 MONTHS 19-24 MONTHS MORE THAN 24 MONTHS DON'T KNOW	1 2 3 4 5 6 7 8
C120.8 GO TO THE TRACKING DOCUMENT TO DETERMINE THE MOST KNOWLEDEABLE ISLG MEMBER		
C120.9 GO TO THE TRACKING DOCUMENT TO COMPLETE THE KISH GRID TO DETERMINE THE RESPONDENT FOR THE IPV MODULE IN THE CAREGIVER QUESTIONNAIRE		

C121	In the last <u>12 months</u> , has this household welcomed any new members, either new children that have been born, or children or adults that have moved in?			Yes No	1 2=>C123
C122	Among those new household members, how many were: Read each age group	Under 5 years	__ __	18-59 years	__ __
		5-17 years	__ __	60 years or older	__ __
C123	In the last <u>12 months</u> , has this household experienced the death of any household members – that is, people who were living in this household when they died?			Yes No	1 2=>C201
C124	Among those who died, how many were: Read each age group	Under 5 years	__ __	18-59 years	__ __
		5-17 years	__ __	60 years or older	__ __

MODULE D. Dwelling Characteristics

Enumerator: Ask primary household decision-maker (likely the person who answered Module C). Enter responses to Questions D06 – D08, D11 based on your own observations.>

Now I am going to ask you some questions about your dwelling.					
D101. What is your current occupancy status?	Owner occupier (no loan or mortgage)	1	Dwelling provided free of charge	5	
	Owner with loan or mortgage	2 =>D103	Appropriation/Squatting	6	
	Tenancy – renting	3 =>D103	Temporary camp/settlement	7 =>D105	
	Dwelling provided by employer	4	Other, Specify_____	66	
D102. How much would you have to pay in rent for this dwelling if you didn't own it or have it provided? SPECIFY TIME PERIOD RENT WOULD COVER		RWF		Day 1 =>D104 Week 2 =>D104 Month 3 =>D104 Year 4 =>D104	
D103. How much do you pay in mortgage/loan or in rent? SPECIFY TIME PERIOD RENT WOULD COVER		RWF		Day 1 Week 2 Month 3 Year 4	
D104. How many years ago was this dwelling built? How old is it? IF DO NOT KNOW RECORD 888					
D105. <OBSERVE – DO NOT ASK > Exterior (outer) Walls: The outer wall of the main dwelling of the household are predominantly made of what material?	Natural Walls:		Finished Walls:		
		No walls	11	Cement	31
		Cane / Palm / Trunks	12	Stone with Lime/Cement	32
		Dirt	13	Bricks	
	Rudimentary Walls:		Cement Blocks	33	
		Bamboo with mud	21	Covered adobe	34
		Stone with mud	22	Wood Planks / Shingles	35
		Uncovered adobe	23		36
		Plywood	24	Other(specify_____)	66
		Cardboard	25		
	Reused Wood	26			
	Mud bricks with cement (stucco)	27			

D106. <OBSERVE- DO NOT ASK > Roof: The roof of the main dwelling is predominantly made of what material?	Natural Roofing:			Finished Roofing:	
	No roof	11		Metal sheets /iron	31
	Thatch / Palm leaf / Leaf	12		Wood	32
	Sod	13		Calamine / Cement Fiber	33
	Rudimentary Roofing:			Ceramic Tiles	34
	Rustic Mat / Plastic	21		Cement	35
	Palm / Bamboo	22		Roofing Shingles	36
	Wood Planks	23			
	Cardboard	24		Other(specify_____)	66
D107. <OBSERVE – DO NOT ASK > Floor: The floor of the main dwelling is predominantly made of what material?	Natural Floor:			Finished Floor:	
	Earth / Sand	11		Parquet or polished Wood	31
	Dung	12		Vinyl or Asphalt Strips	32
	Rudimentary Floor:			Ceramic Tiles	33
	Wood Planks	21		Cement	34
	Palm / Bamboo	22		Carpet	35
				Other(specify_____)	66
D108. How many rooms in this household are used for sleeping? (DO NOT COUNT BATHROOMS, TOILETS, STOREROOMS, OR GARAGE)					
D109. Does your household have electricity?	Yes	1	No	2 >>D111	
D110. What was the total cost of electricity for your household? Please specify over which time period.	RWF			Day 1 Week 2 Month 3 Year 4	
D111. Is the cooking usually done in the dwelling, in a separate building, or outdoors?	In the dwelling 1 In a separate building 2		Outdoors 3 No food cooked in household 4 => D113 Other (specify____) 6		
D112.1 What is your main source of <u>cooking fuel</u> ?	Electricity from EUCL 1 =>D113.1 LPG/Natural gas 2 Biogas 3 Oil/Kerosene 4		Animal Dung 9 Crop Waste 10 Solar Power 11 Biomass Pellets 12		

	Charcoal 5=>D113.1 Firewood 6 =>D113.1 Straw/Shrubs/Grass 7 Agricultural Crop 8	Other(specify) 66 Don't Know 88 =>D113.1 Refuse 99 =>D113.1								
D112.2 What is the total value of the fuel you used for cooking in the past 30 days, whether purchased or gathered?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF									
D113.1 What is your main source of <u>lighting fuel</u> ?	Electricity from EUCL 1 =>D114 Biogas 2 Generator 3 Oil/Kerosene Lamp 4 Firewood 5 =>D114 Candle 6	Solar Panel 7 Batteries + Bulb 8 Other (specify____) 66 Don't Know 88 =>D114 Refuse 99 =>D114								
D113.2 What is the total value of the fuel you used for lighting in the past 30 days?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF									
D114 If answer to D112.1 is 6 (Firewood) or D113.1 is 5 (Firewood), circle YES for D114 and answer D115. Have you used firewood for fuel in the last 30 days?	Yes 1	No 2 =>D116								
D115 What is the total value of the firewood you used in the past 30 days for cooking or lighting, whether gathered or purchased? (Estimate purchase cost of gathered wood)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF									
D116 If answer to D112.1 is 5 (Charcoal) record 1=Yes for D116 and answer D117. Have you used charcoal for fuel in the last 30 days?	Yes 1 No 2 >>D118									
D117. What is the total value of the charcoal you used in the past 30 days, whether produced or purchased? (Estimate purchase cost of own produced charcoal)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF									
D118 What is your <u>main</u> source of drinking water for members of your household?	Tube well or Borehole 1 Piped Water: Piped into dwelling 2 => D120	Unprotected spring 8 Rain water 9 Tanker Truck 10								

	Piped into plot/yard 3 => D120 Public tap/standpipe 4 Dug Well: Protected well 5 Unprotected well 6 Water from Spring: Protected spring 7	Cart with small tank 11 Surface water (dam, stream, irrigation) 12 Bottled water 13 Other (specify) _____ 66 Don't know 88 Refuse 99						
D119. Where is the water source located?		In own dwelling 1 In own yard/plot 2 Elsewhere 3						
D120. What was the total cost of water for your household in the past 30 days? (IF NONE, ENTER 0)		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF						
D121. Do you do anything to the water to make it safer to drink?	Yes 1 No 2 => D123	Don't know 8 => D123 Refuse 9 => D123						
D122. What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED	Boil A Add bleach/chlorine (Sur Eau) B Add P&G (water purifying packet) C Strain through a cloth D Use water filter (ceramic/sand/composite/etc) E	Solar disinfection F Let it stand and settle G Other (specify ____) X Don't know Y Refuse Z						
D123. Please show me where members of your household most often wash their hands.	Observed 1 Not observed, not in dwelling/yard/plot 2 => D126 Not observed, no permission to see 3 => D126 Not observed, other reason 4 => D126							
D124. OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE SPECIFIC PLACE FOR HANDWASHING.		Water is available 1 Water is not available 2						
D125. OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE SPECIFIC PLACE FOR HANDWASHING. CIRCLE ALL RESPONSES THAT APPLY	Soap or Detergent (bar, liquid, powder, paste) A Ash, mud, sand B None C							

D126. What kind of <u>toilet facility</u> do members of your household usually use?	Flush or Pour Flush Toilet:		Composting toilet	31
	Flush to piped sewer system	11	Bucket toilet	41
	Flush to septic tank	12	Hanging toilet / hanging latrine	51
	Flush to pit latrine	13	No facility/bush/field	61=>E101
	Flush to somewhere else	14	Other (specify_____)	66
	Flush, don't know where	15	Refuse	99=>E101
	Pit Latrine:			
	Ventilated improved pit latrine	21		
	Pit latrine with slab	22		
	Pit latrine without slab/open pit	23		
D126b. OBSERVATION ONLY: OBSERVE PRESENCE OF COVER FOR TOILET FACILITY			Toilet cover present	1
			No toilet cover present	2
D127. Do you share this toilet facility with other households?	Yes	1	No	2=>E101
D128. How many households use this toilet facility?	IF LESS THAN 10 , PUT NO. OF HOUSEHOLDS IF 10 OR MORE HOUSEHOLDS PUT 95 IF DON'T KNOW PUT 88			

--- END OF SECTION --

MODULE E. Household Transfers and Credit Sent / Received

SECTION E1. TRANSFERS GIVEN TO INDIVIDUALS OUTSIDE OF THE HOUSEHOLD OR TO ORGANIZATIONS

	1A. Cash Gifts	1B. Gifts of food or other consumables	1C. Labor or time	1D. Farming Assets, Tools, animals and other farm inputs
E101. In the last 12 months, have any members of your household provided any [ITEM] to persons or organizations who are not members of your household? For example to children, parents, relatives or friends living elsewhere? *If no, probe for gifts, money given for funerals, child support, weddings, goods or money to help sick persons – in the last 12 months (include transfers for schooling expenses, medical expenses, and gifts of land). Ask about children who no longer live in the household and ask about gifts, loans and transfers to these children. NOTE: IF TRANSFER IS TO AN INDIVIDUAL, THAT INDIVIDUAL CANNOT BE LISTED ON THE HOUSEHOLD ROSTER	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> 1B.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> 1C.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> 1D.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> E201.
E102. To how many different people did members of your household send money, goods, and/or gifts to in the last 12 months?				
E103. In the last 12 months, how much has your household sent to persons who are not members of your household, including money and the value of gifts in kind?	 RWF	 RWF	 RWF	 RWF

SECTION E2. TRANSFERS RECEIVED FROM INDIVIDUALS

		2A.Cash Gifts	2B.Gifts of food or other consumables	2C.Labor or time	2D.Farming Assets, Tools, animals and other farm inputs
E201	In the last 12 months, has anyone in your household received [ITEM] from individuals (not organizations) who are not members of your household? For example from children, parents, relatives or friends living elsewhere? *If No, probe for gifts, money received for funerals, child support, weddings, goods or money to help sick persons – in the last 12 months (include transfers for schooling expenses, medical expenses, and gifts of land). Refer back to the household roster if needed.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> 2B.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> 2C.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> 2D.	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refused --> E301.
E202	From how many different people (who are not members of your household) did members of your household receive money, goods, and/or gifts in the last 12 months?				
E203	In the last 12 months, across all household members, how much did your household receive (from persons who are not members of your household), including money and the value of gifts in kind?	 RWF	 RWF	 RWF	 RWF
E204	Do members of your household have to repay any part of this amount?	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refuse skip to next transfer or E301	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refuse skip to next transfer or E301	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refuse skip to next transfer or E301	Yes 1 No 2 DK 8 Refuse 9 No, DK, Refuse skip to E301

E205	How much has been already repaid?				
		RWF	RWF	RWF	RWF

SECTION E3. TRANSFERS RECEIVED NGO & GOVERNMENT

Now I'm going to ask you about money or gifts received from non-governmental organizations.

E301	Has anyone in your household received money, goods, or consumption support from Twiyubake in the last 12 months?	Yes 1 No 2 => E302c	DK 8 => E302c Refuse 9 => E302c
E302	IF HOUSEHOLD DOES NOT KNOW AMOUNT, ENTER 8888888 (same number of digits as field); IF HOUSEHOLD REFUSES TO ANSWER, ENTER 9999999 (same number of digits as field) For each of the items:	E302a Did your household receive the item from Twiyubake? Yes No DK Refuse	SKIP IF E302.1 = NO, DK, REFUSE E302b. How much in total value did your household receive (including all members) for each of the items listed in the past 12 months?
	E302.1 Cash Gifts	1 2 8 9	RWF
	E302.2 Gifts of food or other consumables	1 2 8 9	RWF
	E302.3 School Uniforms/ Bursary	1 2 8 9	RWF
	E302.4 School books, materials, supplies	1 2 8 9	RWF
	E302.5 Farming Assets, Tools, animals and other farm inputs	1 2 8 9	RWF
	E302.6 Other: _____	1 2 8 9	RWF
E302 c	Has anyone in your household received money, goods, or consumption support from Gikuriro/Give Directly in the last 12 months?	Yes 1 No 2 => E303	DK 8 => E303 Refuse 9 => E303
E302 d	In the last 12 months, how much did your household receive from Gikuriro/Give Directly including money and the value of gifts in kind?	RWF	
E303	Has anyone in your household received money or gifts from any other organization (not including Twiyubake or the government) in the last 12 months?	Yes 1 No 2=> E306	DK 8=> E306 Refuse 9=> E306

	* Probe for food transfers from organizations (ex: Church, Bank, Food Organization), loans from banks, loans from churches, etc.						
	Instructions for E305. IF HOUSEHOLD DOES NOT KNOW AMOUNT, ENTER 8888888 (same number of digits as field); IF HOUSEHOLD REFUSES TO ANSWER, ENTER 9999999 (same number of digits as field) For each of the items:	E304. Did your household receive the item from organizations? Yes No DK Refuse				SKIP IF E304 = NO, DK, REFUSE E305. How much in total value did your household receive (including all members) for each of the items listed in the past 12 months?	
	E304.1 Cash Gifts	1	2	8	9		RWF
	E304.2 Gifts of food or other consumables	1	2	8	9		RWF
	E304.3 School Uniforms/ Bursary	1	2	8	9		RWF
	E304.4 Farming Assets, Tools, animals and other farm inputs	1	2	8	9		RWF
	E304.5 Other: _____	1	2	8	9		RWF
Now I'm going to ask you about money or gifts received from government or public sources.							
	For question E307: Instruction to interviewer: IF HOUSEHOLD DOES NOT KNOW AMOUNT, ENTER 8888888 (same number of digits as field); IF HOUSEHOLD REFUSES TO ANSWER, ENTER 9999999 (same number of digits as field) For each of the items:	E306. Has anyone in your household received benefits from any government or public sources in the last 12 months? Yes No DK Refuse				SKIP IF E306 = NO, DK, REFUSE E307. Including all household members, how much in total value did your household receive for each of the items listed in the past 12 months?	
	a) Social Security/ Caisse Sociale du Rwanda	1	2	8	9		RW
	b) VUP Direct Support program	1	2	8	9		RWF

c) Old Age Grant	1	2	8	9		RWF
d) Disability Pension	1	2	8	9		RWF
e) Survivors Pension	1	2	8	9		RWF
f) FARG	1	2	8	9		RWF
g) Local government education support	1	2	8	9		RWF
h) Educational scholarships (primary, secondary, university, TVET)	1	2	8	9		RWF
i) Food relief	1	2	8	9		RWF
j) Allowance for dismissal or termination of employment	1	2	8	9		RWF
k) Government donations (cell phones, bicycles, mosquito nets, etc.)	1	2	8	9		RWF
l) Ubedehe Credit Scheme Loan	1	2	8	9		RWF
m) RSSP program (Rural Sector Support Program)	1	2	8	9		RWF
n) CBHI (Community Based Health Insurance; ex. MUSA, Mutuelles de Sante; Military Medical Insurance; and Rwanda Health Insurance Scheme.)	1	2	8	9		RWF
o) Fertilizer subsidies and seeds	1	2	8	9		RWF
p) One Cow per Family (small animals for poor families)	1	2	8	9		RWF
q) Other (specify) _____	1	2	8	9		RWF

Now I am going to ask you about any debts, loans or acquired money you or your household has received.

For question E309:	E308. Do you or someone else in this household have a debt, loan, or acquired	SKIP IF E308 = NO, DK, REFUSE

	Instruction to interviewer: IF HOUSEHOLD DOES NOT KNOW AMOUNT, ENTER 8888888 (same number of digits as field); IF HOUSEHOLD REFUSES TO ANSWER, ENTER 9999999 (same number of digits as field)	money in the past 12 months from any of the following sources? Yes No DK Refuse				E309. Including all household members, how much in total value did your household acquire from each of the items listed in the past 12 months?
	a) Bank b) Microfinance c) SACCO d) Integrated savings and lending group (ISLG) e) Tontine f) Supplier/employer g) Client h) Other (specify)_____	1 1 1 1 1 1 1	2 2 2 2 2 2 2	8 8 8 8 8 8 8	9 9 9 9 9 9 9	RWF RWF RWF RWF RWF RWF RWF RWF

SECTION E4. SAVINGS

For E404. Savings Institution Codes: 1=Commercial bank, 2=Microfinance, 3= Savings & credit cooperatives, 6=Other Specify (_____)													
E400	Are there members of your household who save with any savings institution (including a tontine/community savings)?								Yes 1 No 2				
E400.1	Are there members of your household who save with an informal savings group (including an ISLG)?								Yes 1 No 2 =>F101				
E401. Account Line No.	E402. ID of the person saving (From Roster)	E403. Does [INITIAL] have a savings account? 1=Yes 2=No If No =>>E408	E404. What institution does [INITIAL] save with? See institution codes above	E405. What is the current amount of money in the savings account?	E406. How much has [INITIAL] deposited in the account over the last 12 months? (They can reference their individual savings record book if needed)	E407. How much has the person withdrawn over the course of the last 12 months?	E408. Does "INITIAL" participate in a tontine? 1=Yes 2=No If No =>E411	E409. What was the total amount received over the course of last 12 months?	E410. What was the total amount contributed over the course of the last 12 months?	E411. Does "INITIAL" participate in an informal saving group (including an ISLG)? 1=YES 2=NO => next person	E412. What is the current amount of money in the informal savings group?	E413. How much has [INITIAL] deposited in the account over the last 12 months?	E414. How much has the person withdrawn over the course of the last 12 months?
				RWF	RWF	RWF		RWF			RWF	RWF	RWF
01													
02													

03													
04													
05													
06													
07													
08													
09													
10													

--- END OF SECTION ---

MODULE F. Household Consumption Expenditure

Enumerator: Ask these questions about all household members. Ask whoever is most knowledgeable about the food the household members have eaten in the past week, as well as any non-food items that household members have bought. The same respondent should be asked all the questions in this module.

F100. Record Line Number of Respondent for this Module:

SECTION F1. FOOD CONSUMPTION OVER PAST MONTH (FOUR WEEKS)

In this section, we are interested in the different types of food that you and other members of your household may have consumed in the last 4 weeks. We would like you to include food eaten communally in the household and separately by individual household members, both inside and outside the home. For each food item, we would like you to answer for the amount actually consumed. For example, if you purchased 16 bananas in the last 4 weeks, but your household only consumed 12 of those bananas, your answers should be about those 12 consumed bananas and not all 16 purchased bananas.

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
CEREALS								
Rice (local, imported)	1001							
Maize (fresh and dry maize-grain)	1002							
Sorghum (including fermented)	1003							
Other cereals (Wheat grain and others)	1004							
CEREAL FLOURS								

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Corn (flour)	1005							
Sorghum (flour)	1006							
Flours of other cereals (wheat, millet, others)	1007							
FOOD PRODUCTS								
Pasta, Bread, Cakes/Chapati/Mandazi, Biscuits	1008							
MEAT, FISH, ANIMAL & DAIRY PRODUCTS								
Beef meat	1009							
Other meat (sheep/mutton/lamb, goat, pork, rabbit, wild, chicken, preserved/canned meat)	1010							
Eggs	1012							
Fish (fresh / frozen/ dry/smoked, preserved/canned)	1013							
Fresh milk	1015							
Curdled Milk	1016							

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Milk powder, Other milk products (condensed milk, yogurt, ice cream)	1017							
Cheese, butter, margarine	1019							
EDIBLE OILS								
Peanut oil	1020							
Palm oil	1021							
Other plant oils	1022							
FRUITS								
Banana fruit (Imineke)	1023							
Banana - cooking (Inyamunyo)	1024							
Mangos	1025							
Papayas	1026							
Avocado	1027							
Pineapple	1028							

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Guava	1029							
Orange, tangerine (local, imported)	1030							
Citron - Lemon	1031							
Passion Fruit	1032							
Plums	1033							
Apples	1034							
LEGUMES								
Beans (string or fresh)	1035							
Dry beans	1036							
Soya (fresh, dry, flour)	1037							
Ground nuts (peanuts, grilled ground nuts)	1039							
Groundnut flour	1040							

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Green pea (fresh, dry)	1041							
VEGETABLES								
Tomato	1042							
Onion	1043							
Garlic	1044							
Pepper	1045							
Pumpkin	1046							
Eggplant	1047							
Carrot	1048							
Leeks	1049							
Celery	1050							
Mushrooms	1051							
Cassava leaves	1052							
Amarante (small and large leafed green)	1053							

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Cabbages	1054							
Other vegetables (cucumber, lettuce, parsley, spinach)	1055							
ROOTS AND TUBERS								
Potatoes (Irish, sweet)	1056							
Cassava (root)	1057							
Cassava (fermented)	1058							
Cassava (flour)	1059							
Tarot/amateke	1060							
Yams/Ibikoro	1061							
SUGAR AND SWEETS								
Sugar (local, imported)	1062							
Sugarcane	1063							
Candy / Gum	1065							
Powdered juice(super dip)	1066							

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Other sugar products (jam/marmalade, honey)	1067							
SPICES AND OTHER FOOD ITEMS								
Salt	1068							
Tomato concentrate	1069							
Pepper-raw	1070							
Other food items (pepper-ground/liquid, vinegar, bouillon cubes, mayonnaise, baby food)	1071							
BEVERAGES								
Coffee (local, imported)	1072							
Tea (local, imported)	1073							
Mineral water	1074							
Sorghum juice(Ubushera)	1075							
Banana juice and banana beer (like Ikakama/Inkashi)	1076							

	F101. Item Code	F102. Over the last 4 weeks, have you or others in your household consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F103. Of the total amount of [ITEM] that your household consumed, did any come from purchases? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F105	F104. How much did you spend on [ITEM] that you consumed over the last 4 weeks? Amount ____RWF	F105. Of the total amount of [ITEM] that your household consumed, did any come from gifts? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F107	F106. What would you say is the value of the amount you consumed from gifts over the last 4 weeks? Amount ____RWF	F107. Has your household consumed any [ITEM] from your own production or from your storage over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F108. What would you say is the value of the amount you consumed from your own production or from your storage over the last 4 weeks? Amount ____RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Other juices (local, imported–passion fruit, others)	1077							
Carbonated Soft Drinks	1078							
Local sorghum beer(ikigage)	1079							
Commercial beer (local)	1080							
Other alcoholic drinks (imported/commercial beer, wine, liquor)	1081							
MEALS AND DRINKS PURCHASED OUTSIDE								
Restaurant food & drinks, Other meals and drinks purchased outside the household (Shish Kebab(brochette), chicken/fish grilled, bar foods, bar drinks)	1082							

SECTION F2. NON-FOOD EXPENDITURES OVER PAST ONE MONTH (FOUR WEEKS)

One Month Recall	F201. Item code	F202. Over the last 4 weeks, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F203. Has your household purchased any [ITEM] over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F204. How much did you spend on [ITEM] over the last 4 weeks? Amount ____RWF	F205. Has your household received as a gift any [ITEM] over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F206. What would you say is the value of the gifts received? Amount ____RWF
	F201	F202	F203	F204	F205	F206
DOMESTIC HYGIENE & PRODUCTS						
Broom/Brush	201					
Shoe brush and polish	202					
Other cleaning items (sponges, window cleaning products, bleach, disinfectants, cleaners)	203					
Wages and fees for cleaning services (wages for household/domestic help, laundry services, rubbish collection services)	204					
Soaps, detergents and shampoos	205					
Toilet paper	206					
Insecticides	207					
PERSONAL CARE						
Men's haircut (barber)	208					
Women's haircut (stylist & treatment)	209					
Hair products	210					
Shaving accessories	211					
Sanitary napkins	212					
Beauty/cosmetics products	213					

One Month Recall	F201. Item code	F202. Over the last 4 weeks, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F203. Has your household purchased any [ITEM] over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F204. How much did you spend on [ITEM] over the last 4 weeks? Amount __RWF	F205. Has your household received as a gift any [ITEM] over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F206. What would you say is the value of the gifts received? Amount __RWF
	F201	F202	F203	F204	F205	F206
Other personal care and hygiene (toothpaste and accessories, razor blades and shaving accessories, combs, deodorants)	214					
COMMUNICATION, DOCUMENTS, ADMINISTRATIVE COSTS						
Connectivity e.g. Rwandatel/MTN fixed, line charges, internet connection, fax and courier services etc.	215					
Photocopies/printing/scanner/other secretarial services	216					
Film and developing, passport photos	217					
Airtime (cell phone) cards/Me 2 you	218					
Other phone, internet expenses	219					
Stationary (paper, staples, pen, pencil, etc..)	220					
Security services	221					
TRANSPORTATION						
Repair, spare parts, maintenance of vehicles (including bicycles, motorcycle)	222					
Public transport by taxi, minibus, bus, including coaster, Other local transport (truck, boat, other)	223					
Transport by motorcycle/bicycle	224					
Fuel for transportation (Petrol, diesel)	226					
LEISURE & CULTURE						
Recreational items (books, magazines, toys, audio video cassettes, CDS, DVD disks, etc.)	227					
BASIC PREVENTION AND MEDICINES						
Pain relievers (Aspirin/Paracetamol/Hedex,...)	228					

One Month Recall	F201. Item code	F202. Over the last 4 weeks, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F203. Has your household purchased any [ITEM] over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F204. How much did you spend on [ITEM] over the last 4 weeks? Amount __RWF	F205. Has your household received as a gift any [ITEM] over the last 4 weeks? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F206. What would you say is the value of the gifts received? Amount __RWF
	F201	F202	F203	F204	F205	F206
Antimalarial drugs	229					
Worm medicine	230					
Condoms and contraceptive drugs, Other basic/preventive medicine (including iodine/alcohol)	231					

SECTION F3. NON-FOOD EXPENDITURES OVER PAST TWELVE MONTHS

12 MONTH RECALL	F301. Item code	F302. Over the last 12 months, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F303. Has your household purchased any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F304. How much did you spend on [ITEM] over the last 12 months? Amount ____RWF	F305. Has your household received as a gift any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F306. What would you say is the value of the gifts received over the last 12 months? Amount ____RWF
	F301	F302	F303	F304	F305	F306
CLOTHING						
Fabric (cloth; for men or women)	301					
Wrap around cloth for women(Igitenge)	302					
Men's garments	303					
Women's garments	304					
Children's clothing (excluding school uniform)	305					
Men's underwear	306					
Women's underwear	307					
Children's underwear	308					
Tailoring (for men and women)	309					
Men's footwear	310					
Women's footwear	311					
Children's footwear	312					

<u>12 MONTH RECALL</u>	F301. Item code	F302. Over the last 12 months, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F303. Has your household purchased any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F304. How much did you spend on [ITEM] over the last 12 months? Amount ____RWF	F305. Has your household received as a gift any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F306. What would you say is the value of the gifts received over the last 12 months? Amount ____RWF
	F301	F302	F303	F304	F305	F306
Men's accessories (ties, hats, belts, sunglasses, watches)	313					
Women's accessories (scarves, hats, belts, sunglasses, jewelry, watches)	314					
Clothing and shoe repairs	315					
PERSONAL BELONGINGS						
Umbrellas, Cases (metal/wooden cases, suitcases) and bags (like travel bags and hand bags)	316					
HOUSEHOLD REPAIRS, FURNISHINGS & APPLIANCES						
Repairs (building repairs - supplies and labor, furniture repairs)	318					
Mattresses	319					
Floor coverings (rugs, carpets, mats)	320					
Bedding	321					
Other household cloths and textiles (curtains, tablecloths, rags)	322					
Iron (electric and non-electric)	323					

<u>12 MONTH RECALL</u>	F301. Item code	F302. Over the last 12 months, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F303. Has your household purchased any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F304. How much did you spend on [ITEM] over the last 12 months? Amount ____RWF	F305. Has your household received as a gift any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F306. What would you say is the value of the gifts received over the last 12 months? Amount ____RWF
	F301	F302	F303	F304	F305	F306
Dishes and kitchen utensils (pots and pans), and cutlery	324					
Torch (flashlight)	325					
Other household goods	326					
LEISURE & CULTURE						
Entertainment venue entrance fees- stadium entry, dancing, cinema/movie entry/video club, Leisure and cultural items (like cameras, sporting equipment, musical instruments)	330					
MEDICAL EXPENSES						
Medical consultations (for any health problem, not giving birth)	332					
Medical exams	333					
Hospitalization	334					
Health insurance (Mutuelle, RAMA, MMI, etc.)	335					
Giving birth (all expenses related to birth delivery)	336					

12 MONTH RECALL	F301. Item code	F302. Over the last 12 months, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F303. Has your household purchased any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F304. How much did you spend on [ITEM] over the last 12 months? Amount ____RWF	F305. Has your household received as a gift any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F306. What would you say is the value of the gifts received over the last 12 months? Amount ____RWF
	F301	F302	F303	F304	F305	F306
Medical paraphernalia (spectacles/eye lenses, dentures, hearing aids, prosthetic limbs, wheel chair, crutches)	337					
Drugs and medicine (for diabetes, heart disease, high/low blood pressure, asthma, ARV, other chronic diseases, or drugs prescribed by the doctor)	338					
MISCELLANEOUS						
Newspapers	339					
Matches	340					
Batteries	341					
Cigarettes and tobacco	342					
Other non-food products	343					
OTHER SERVICES						
Nursery and daycare fees	344					

12 MONTH RECALL	F301. Item code	F302. Over the last 12 months, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F303. Has your household purchased any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F304. How much did you spend on [ITEM] over the last 12 months? Amount ____RWF	F305. Has your household received as a gift any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F306. What would you say is the value of the gifts received over the last 12 months? Amount ____RWF
	F301	F302	F303	F304	F305	F306
Issue of administrative (official) documents	345					
Weddings/Introductions	346					
Baptism, Religious Festivals	347					
Death (including funerary articles like coffins)	348					
Sacrifices, offerings, Other ceremonies (like child naming and graduation)	349					
Other expenditures (specify)	351					
EDUCATION						
Registration, school fees and tuition	352					
Parent contributions to the school (to infrastructure, maintenance, others)	353					
School uniforms and other sports uniforms	354					
School books and supplies	355					
Transportation to and from school	356					

12 MONTH RECALL	F301. Item code	F302. Over the last 12 months, have you or others in your household used or consumed any [ITEM]? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F303. Has your household purchased any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>F205	F304. How much did you spend on [ITEM] over the last 12 months? Amount ____RWF	F305. Has your household received as a gift any [ITEM] over the last 12 months? 1=Yes, 2=No, 8=DK, 9=Refused. If 2,8,9 =>Next Item	F306. What would you say is the value of the gifts received over the last 12 months? Amount ____RWF
	F301	F302	F303	F304	F305	F306
Room and board	357					
Other education expenditures (field trips, clubs, tutoring, after school activities, school insurance, others)	358					

SECTION F4. DURABLE GOODS EXPENDITURES

	ITEM CODE	F402. Does your household own a [ITEM]? 1=YES; 2=NO; 8=DK; 9=REFUSED 2/8/9 ==> NEXT ITEM	F403. How many [ITEM]s do you own?	F406. Did you purchase or pay for any of these [ITEM]s in the last 12 months? 1=YES; 2=NO; 8=DK; 9=REFUSED 2/8/9 ==> NEXT ITEM	F407. How much in total did you pay for [ITEM]s in the last 12 months? IF DK RECORD 88888 (LENGTH OF FIELD) ____RWF
ITEM	F401	F402	F403	F406	F407
Dressing Table	401				
Mortar/Pestle (<i>mtondo</i>)	402				

	ITEM CODE	F402. Does your household own a [ITEM]? 1=YES; 2=NO; 8=DK; 9=REFUSED 2/8/9 ==> NEXT ITEM	F403. How many [ITEM]s do you own?	F406. Did you purchase or pay for any of these [ITEM]s in the last 12 months? 1=YES; 2=NO; 8=DK; 9=REFUSED 2/8/9 ==> NEXT ITEM	F407. How much in total did you pay for [ITEM]s in the last 12 months? IF DK RECORD 88888 (LENGTH OF FIELD) _____RWF
ITEM	F401	F402	F403	F406	F407
Bed	403				
Table	404				
Chair	405				
Fan	406				
Radio ('wireless')	408				
Tape or CD player	409				
Music System	410				
Television	411				
VCR or DVD player	412				
Sewing machine	413				
Electric or gas stove; hot plate	415				
Local energy saving stove	416				

	ITEM CODE	F402. Does your household own a [ITEM]? 1=YES; 2=NO; 8=DK; 9=REFUSED 2/8/9 ==> NEXT ITEM	F403. How many [ITEM]s do you own?	F406. Did you purchase or pay for any of these [ITEM]s in the last 12 months? 1=YES; 2=NO; 8=DK; 9=REFUSED 2/8/9 ==> NEXT ITEM	F407. How much in total did you pay for [ITEM]s in the last 12 months? IF DK RECORD 88888 (LENGTH OF FIELD) ____RWF
ITEM	F401	F402	F403	F406	F407
Lantern (paraffin)	428				
Desk	429				
Clock	430				
Computer equipment & accessories	431				
Satellite dish	432				
Solar panel	433				
Generator	434				
Freezer	435				
Mobile telephone	437				

SECTION F5. HOUSEHOLD FARMING AND FARM ASSETS

< Ask of the main person responsible for farming in the household >

F501. Over the past 12 months has anyone in the household owned or cultivated a plot of land including kitchen gardening? This includes all plots, including kitchen/garden plots, fallow, owned, shared-out, shared-in, rented, by the household in the previous 12 months (do not include land plot in which you worked as hired labor)?	F502. How many plots of land did you or someone in your household own or cultivate (not including those that you cultivate as hired labor)? RECORD NUMBER OF PLOTS.	F503. What is the total area of all plots owned or cultivated (in acres or hectares)? RECORD TOTAL AREA AND UNITS:		F503.3 Were any of the plots mentioned in F503 those that you or someone in your household owned?
F501	F502	F503.1 Quantity	F503.2 Unit	F503.3
Yes 1 No 2 ==> Next section (AGRICULTURAL ASSETS: F701)			Acres 1 Hectares 2	Yes 1 No 2

E503.4 What is the total area of all plots owned by you or someone in the household (in acres or hectares)?	F504. How many of your plots of land were cultivated as a kitchen garden? RECORD NUMBER OF GARDEN PLOTS. IF NO GARDEN PLOTS RECORD 0 AND SKIP TO F601.	F505. What is the total area of land that was cultivated as a kitchen garden (in acres or hectares)? RECORD TOTAL AREA AND UNITS:		
F503.4 Quantity	F503.4 Unit	F504	F505.1 Quantity	F505.2 Unit
	Acres 1 Hectares 2			Acres 1 Hectares 2

SECTION F6. CULTIVATION

CROP CODES FOR F601			UNIT CODES FOR F602.2 & F603.2		
1=Maize	9=Potatoes	15=Tea	1=Kilogram	6=Bunch	11=small plastic cup (less than 1 ½ kilo)
2=Sorghum	10=Cassava	16=Pyrethrum	2=Small bucket (less than 5 kilo)	7=Piece	12=Bag 100 kg
3=Rice	11=Other tubers (sweet potatoes, yams, taro)	17=Sunflower	3=Small bowl (5 kilo)	8=Bale	13=Bag 50 kg
4=Other cereals	12=Vegetables (tomato, cabbage, amaranthe, onion, etc)	18= None	4=Bucket (large)	9=Basket (larger than bucket and bowl)	14=Bag 25 kg
5=Bananas/Plantains	13=Fruit (avocado,mango,tree tomato,passion fruit, pineapple,orange,guava,etc.)	66=Other (specify_____)	5=Large bowl	10=Grams	66=Other (specify)_____
6= Beans	14=Coffee				
7=Groundnuts					
8=Other legumes (peas, soy)					

Now I'd like to ask about your crops cultivated by you, someone in your household, or by labor you hired in all your plots of land. (This includes all plots, including kitchen/garden plots, fallow, owned, shared-out, shared-in, rented, by the household in the previous 12 months (do not include land plot in which you worked as hired labor).					
F601. Please list the main crops cultivated over the last 12 months:	F602. How much [CROP] in total did you, someone in your household, or labor you hired harvest during the last 12 months?		F603. How much of the [CROP] harvest <u>did you or someone in your household sell?</u>		F604. What was the <u>value of the total amount of</u> [CROP] sold?
					Skip F604 if F603.1 is 0
F601 CROP CODE ABOVE IF NO CROPS CULTIVATED, RECORD 13 (NONE) AND SKIP TO F701 IF CROP CULTIVATED, BUT CROP FAILED, RECORD CROP CODE AND 0 FOR F602.1	F602.1 Quantity	F602.2 Unit UNIT CODES ABOVE (Skip TO NEXT CROP if F602.1 is 0)	F603.1 Quantity	F603.2 Unit UNIT CODES ABOVE (Skip if F603.1 is 0)	F604 RWF

			.		
	.		.		
	.		.		

SECTION F7. AGRICULTURAL ASSETS

	F701. ITEM CODE	F702. Does your household currently own a [ITEM]? Response Codes: Yes=1 , No=2, DK=8 ,Ref=9 2,8,9=>>Next item	F703. How many [ITEM]s does your household currently own?
Farm Tools	F701	F702	F703 Number
Hoes and spades	101		
Machetes	102		
Hatchet or axes	103		

	F701. ITEM CODE	F702. Does your household currently own a [ITEM]? Response Codes: Yes=1 , No=2, DK=8 ,Ref=9 2,8,9=>>Next item	F703. How many [ITEM]s does your household currently own?
Sickles and Knives	104		
Rakes and shovels	105		
Picks	106		
Wheel barrow	107		
Sprinklers	108		
Other hand tools	109		
Peeling machine	110		
Mills and pestles	111		
Sower/drill	112		

	F701. ITEM CODE	F702. Does your household currently own a [ITEM]? Response Codes: Yes=1 , No=2, DK=8 ,Ref=9 2,8,9=>>Next item	F703. How many [ITEM]s does your household currently own?
Crop sprayer	113		
Other (specify_____)	118		
LIVESTOCK	F701	F702	F703 Number
Cattle (traditional)/milk cows (modern)/hybrid cattle (cross breed traditional and modern)	119		
Bulls	122		
Sheep	123		
Goats	124		
Pigs	125		
Rabbits	126		

	F701. ITEM CODE	F702. Does your household currently own a [ITEM]? Response Codes: Yes=1 , No=2, DK=8 ,Ref=9 2,8,9=>>Next item	F703. How many [ITEM]s does your household currently own?
Chickens and other poultry	127		
Cochon d'Inde/Amapanya	128		
Other Animals (specify)_____	130		

MODULE G. SHOCKS

SECTION G1. NEGATIVE EVENTS

INTERVIEWER READ OUT LOUD: *Households sometimes experience good and bad events. First we would like to ask you about any bad events your household may have experienced in the last 12 months.*

IN THE LAST 12 MONTHS.

SHOCK COPING CODES for G102				
A=Spent Cash Savings	D=Started a new business	F=Sent children to live with relative	H=Reduced food consumption	W=Nothing
B=Sold Assets	E=Removed children from school to work	G=Received Aid	I=Borrowed Money	Y=Don't Know
C=Sold livestock			X=Other Specify	Z=Refused to answer

	G101. Did a [EVENT] occur in this household in the last 12 months? If No, Skip G102 and go to next item.		G102. How did the household cope with the shock? CIRCLE ALL THAT APPLY – CODES ABOVE
	READ OUT EACH EVENT:	Yes No DK Refuse	SEE SHOCK COPING CODES ABOVE
1	Death of a resident household member	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
2	Death of a friend / non-resident family member you depended on for financial assistance	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
3	Serious illness or injury of a household member	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
4	Widespread death of livestock	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
5	Disease of livestock	1 2 8 9	A B C D E F G H I X W Y Z

			IF X CIRCLED, Other (specify) _____
6	Theft of livestock	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
7	Major crop failure / loss	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
8	Job loss of a breadwinner	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
9	Cut off or decrease in remittances to the household	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
10	Cut off or decrease in government grants	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
11	Theft of household property	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
12	Destruction of household property	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
13	Inherited outstanding debt from deceased family member	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____
14	Other (specify _____)	1 2 8 9	A B C D E F G H I X W Y Z IF X CIRCLED, Other (specify) _____

SECTION G2. POSITIVE EVENTS

Now we would like to ask you about any good events your household may have experienced IN THE LAST 12 MONTHS					
G103	Did a [...] occur in this household in the last 12 months?	Yes	No	Don't Know	Refuse
G103.1	New regular job for a household member	1	2	8	9
G103.2	New or increased remittances	1	2	8	9
G103.3	New government grant/support	1	2	8	9
G103.4	Inheritance, large gift, lottery winnings	1	2	8	9
G103.5	Big payment from a firm	1	2	8	9
G103.6	Scholarship / bursary for children or adults in the household	1	2	8	9
G103.7	Other (specify)	1	2	8	9

MODULE H: ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE AND SUPPORT

PLEASE RECORD THE LINE NUMBER OF THE RESPONDENT FOR THIS SECTION:

	I am going to read out a list of items and services. Please tell me if <u>you or anyone else in your household</u> has received or accessed any of these items or services in the <u>last 6 months</u> .		IF RESPONDENT LINE NUMBER 201-220 OR 401-420 ASK: Did you receive this service or someone else in the household?
	SERVICE	ANSWER CATEGORIES	
	H101.1 HIV test	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.2 Farmer Field School	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.3 Free Small Livestock	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.4 Free seed	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.5 Nutritional advice in caring for your children	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.6 Free food	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.7 Information on how to prevent HIV and other sexually transmitted infections	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.8 Information on family planning and/or birth spacing	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.9 Training on Early Childhood Development	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

	H101.10 Livelihood training/income generation	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.11 Community savings/lending group	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.12 Life skills training	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.13 Vocational training scholarships	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.14 Workforce readiness training	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.15 Psychosocial support from a home visitor or social worker	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.16 Free school supplies or a school uniform	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.17 Birth registration support	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.18 Mosquito nets	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.19 Information on child protection	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

	H101.20 Nutrition messaging for pregnant or lactating women	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.21 One Stop (GBV center)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.22 Information on sexual and reproductive health and rights	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.23 Information on hygiene (e.g. safe water, hand washing)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.24 Information on positive masculinity and gender equity	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.25 Umugoroba w'ababyeyi (parental evenings)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.26 HIV treatment and care	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.27 Advice on childhood immunization	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.28 Positive parenting	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.29 Growth monitoring for children	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

	H101.30 Free condoms	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.31 Parent-child communication on sexual health and sexual behavior	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3
	H101.32 Mentorship program	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE 2 IN HOUSEHOLD BOTH 3

H102	I have come to the end of my questions. Thank you for participating in this interview! Is there anything you would like to add or ask us?	
H103	DATE INTERVIEW COMPLETED (dd/mm/20yy)	[__ / __ / 20 __]
H104	TIME INTERVIEW COMPLETED (dd/mm/20yy)	[__ : __ : __ __]
H105	INTERVIEWER NOTES	

Table of Contents

IGIKA A. IBIRANGO BY'URUGO	364
IGIKA C. URUTONDE RW'ABAGIZE URUGO N'IBIBARANGA	365
IGIKA D. IBIRANGA URUGO	374
IGIKA E. IBYOHEREJWE N'INGUZANYO BYATANZWE CG BYAKIRIWE N'UMURYANGO	380
IGICE E1. IBYOHEREREJWE UMUNTU KU GITI CYE HANZE Y'UMURYANGO CYANGWA BYOHEREREJWE IMIRYANGO.....	380
IGICE E2. IBYAKIRIWE BITURUTSE KU BANTU KU GITI CYABO	381
IGICE E3. IMPANO ZATURUTSE MU MISHINGA CG MURI LETA	383
IGICE E4. KUZIGAMA	388
IGIKA F. IBYO URUGO RUKORESHA MU KUBAHO/ UBURYO N'IBYO BARYA	390
IGICE F1: IBIRIBWA BARIYE MU KWEZI GUSHIZE (IBYUMWERU BINE)	390
IGICE F2. IBYAKORESHEJWE MU RUGO BITARI IBIRIBWA MU KWEZI GUSHIZE (IBYUMWERU BINE).....	399
IGICE F3. IBYAKORESHEJWE BITARI IBIRIBWA MU MEZI 12 ASHIZE	402
IGICE F4. IBIKORESHO BYO MU RUGO BIRAMBA.....	410
IGICE F5. UBUHINZI BWOROZI N'IMIRIMO BIYANYE MU RUGO.....	414
IGICE F6. GUHINGA	415
IGICE F7. IBIKORESHO BY'UBUHINZI	416
IGIKA G. IBYAGO	419
IGICE G1. IMINSI MIKURU Y'AGAHINDA	419
IGICE G2. IBIRORI	420
IGIKA H: KWEGEREZWA IBIKORWA BY'UBUVUZI, KWIRINDA SIDA, KWITABWAHO NO GUFASHWA	421

IGIKA A. IBIRANGO BY'URUGO

Note to Programmer: Preprogram the IRB Study Number into tablets for all surveys so interviewers do not need to document this.

IRB Study Number | _____ |

A001	INTARA					
A002	AKARERE					
A003	UMURENGE					
A004	AKAGARI					
A005	UMUDUGUDU					
A006	INOMERO IRANGA URUGO					

IGIKA C. URUTONDE RW'ABAGIZE URUGO N'IBIBARANGA

Table 3. Abakuru n'abato bavanze

Ubusobanuro bwa Kode z'ikibazo cya C109: ISANO IRI HAGATI YA BURI MUNTU UBA MURI URU RUGO NA NYIRURUGO			
1=NYIRURUGO	4= UMUKWE CYANGWA UMUKAZANA	7=SEBUKWE/NYIRABUKWE	10=UWO BARERA BYEMWEWE
2=UWO BASHAKANYE	5= UMWUZUKURU	8=UMUVANDIMWE	N'AMATEGEKO/ UWO BARERA GUSA/
3=UMUHUNGU WE CG	6=UMUBYEYI WE	9= IRINDI SANO	UMWANA W'UWO BASHAKANYE
UMUKOBWA WE			11 = NTA SANO
			88 = NTABYO AZI

Ubusobanuro bwa Kode z'ikibazo cya C111: Isano riri hagati y'urera n'abana bwo muri uru rugo			
01=Nyina umubyara	05=Mushiki we (mukuru	11= Ni igitsina gore	13= Ni umwana wirera
02= Se umubyara	we/murumuna we)	badafitanye isano	66= Irindi sano
03= Mukase/ Nyina bitari bwite	06=Musaza we (mukuru	12= Igitsina gabo	88=Ntabizi
04=Umugabo wa Nyina ariko	we/murumuna we)	badafitanye isano	
utari se	07=Nyirasenge		
	08=Se wabo/Nyirarume		
	09= Nyirakuru		
	10=Sekuru		

KODES Z'AMASHURIKURI C114						
0=Incuke	4= Abanza 4	8= Abanza 8	14=Ayisumbuye	17=Imyuga 1	21=Kaminuza 1	25=Kaminuza 5 no kuzamura
1=Abanza 1	5= Abanza 5	11=	4	18=Imyuga 2	22= Kaminuza	77=Ntayo
2=Abanza 2	6= Abanza 6	Ayisumbuye 1	15=Ayisumbuye	19=Imyuga 3	2	88=Simbizi
3= Abanza 3	7= Abanza 7	12=	5		23= Kaminuza	
		Ayisumbuye 2	16=Ayisumbuye		3	
		13=	6		24= Kaminuza	
		Ayisumbuye 3			4	

UZUZA IMBONERAHAMWE YA MBERE N'IYA KABIRI (IBIBAZO C101-C106) MURI TRACKING DOCUMENT

Noneho ndifuza kubabaza ibibazo byimbitse ku bagize urugo rwanyu

106.1 Inomero ku rutonde rw'abagize umuryango (uhereye kuri 101 ukarangiza urutonde rw'abantu bakuru, ugatangirira kuri 201 ukarangiza urutonde rw'abana).	C106.2 Andika amazina y'abagize umuryango bose uhereye kumbonerahamwe 1 n'ya 2.	C107. (IZINA) ni igitsina gabo cg igitsina gore? 1=Gabo 2=Gore 6=Ibindi (bivuge) 9=Yanze gusubiza	C108. (Izina) afite imyaka ingahe? ANDIKA IMYAKA MU MIBARE, NIBA AFITE MUNSI Y'UMWAKA UMWE, ANDIKA 0 KU MYAKA, HANYUMA WANDIKE UMUBARE W'AMEZI REBA NEZA AHO UGIZE URUGO AHEREREYE UKURIKIJE IMYAKA. NIBA ARI MU MBONERAHAMWE ITARI YO, KOSORA.	C109. Isano riri hagati ya (Izina) na Nyirurugo Reba kode z'amasano hejuru KU BANTU BAKURU BOSE BAFITE IMYAKA 18 KUZAMURA, SIMBUKIRA KURI C114. ICYITONDERWA: NIBA UMUTWARE W'URUGO AFITE IMYAKA 10-17, SUBIZA C110-C113.	C110. Ninde ubusanzwe ushinzwe kwita/kurera (Izina)? INJIZAMO INOMERO Y'UMUREZI W'IBANZE IRI KU RUTONDE NIBA (IZINA) YIYITAHU CG YIRERA UBWE, ANDIKA INOMERO Y'UMURONGO WE (UHEREYE KURI C104.1) HANO KURI C110 NA "13" KURI C111. HANYUMA UBAZE C112.	C111. Nirihe sano riri hagati y' umurezi w'ibanze na (IZINA) Reba Kode hejuru Niba ari umubyeyi, baza niba ari uw'umubyaye/umubyeyi umurera ataramubyaye	C112. Niba C111=01, Andika 1=Yego kuri C112 ubundi usimbukire kuri C113 Nyina wa (IZINA) aracyariho? 1=Yego, 2=Oya, 8=Ntabizi	C113. Niba C111=02, andika 1=Yego kuri C113 ubundi usimbukire kuri C114 Se wa (IZINA) aracyariho? 1=Yego, 2=Oya, 8=Ntabizi	C114. Hitamo: Baza ku bafite hejuru y'umyaka itatu. Ni uruhe rwego rw'amashuri (IZINA) yarangije? Reba Kode z'amashuri hejuru.	C114.1 Hitamo: Baza ku bafite umyaka 10 kuzamura: Ni iyihe rangamimerere ryanyu ubungubu? Reba codes z'irangamimerere hasi
101.			___ imyaka ___ ukwezi							
102.			___ imyaka ___ ukwezi							
103.			___ imyaka ___ ukwezi							
104.			___ imyaka ___ ukwezi							
105.			___ imyaka ___ ukwezi							
106.			___ imyaka ___ ukwezi							
107.			___ imyaka ___ ukwezi							
108.			___ imyaka ___ ukwezi							
109.			___ imyaka ___ ukwezi							
110.			___ imyaka ___ ukwezi							
111.			___ imyaka ___ ukwezi							
112.			___ imyaka ___ ukwezi							
113.			___ imyaka ___ ukwezi							
114.			___ imyaka ___ ukwezi							
115.			___ imyaka ___ ukwezi							
116.			___ imyaka ___ ukwezi							
117.			___ imyaka ___ ukwezi							

106.1 Inomero ku rutonde rw'abagize umuryango (uhereye kuri 101 ukarangiza urutonde rw'abantu bakuru, ugatangirira kuri 201 ukarangiza urutonde rw'abana).	C106.2 Andika amazina y'abagize umuryango bese uhereye kumbonerahamwe 1 n'iya 2.	C107. (IZINA) ni igitsina gabo cg igitsina gore? 1=Gabo 2=Gore 6=Ibindi (bivuge) 9=Yanze gusubiza	C108. (Izina) afite imyaka ingahe? ANDIKA IMYAKA MU MIBARE, NIBA AFITE MUNSI Y'UMWAKA UMWE, ANDIKA O KU MYAKA, HANYUMA WANDIKE UMUBARE W'AMEZI REBA NEZA AHO UGIZE URUGO AHEREREYE UKURIKIJE IMYAKA. NIBA ARI MU MBONERAHAMWE ITARI YO, KOSORA.	C109. Isano riri hagati ya (Izina) na Nyirurugo Reba kode z'amasano hejuru KU BANTU BAKURU BOSE BAFITE IMYAKA 18 KUZAMURA, SIMBUKIRA KURI C114. ICYITONDERWA: NIBA UMUTWARE W'URUGO AFITE IMYAKA 10-17, SUBIZA C110-C113.	C110. Ninde ubusanzwe ushinze kwita/kurera (Izina)? INJIZAMO INOMERO Y'UMUREZI W'IBANZE IRI KU RUTONDE NIBA (IZINA) YIYITAHO CG YIRERA UBWE, ANDIKA INOMERO Y'UMURONGO WE (UHEREYE KURI C104.1) HANO KURI C110 NA "13" KURI C111. HANYUMA UBAZE C112.	C111. Nirihe sano riri hagati y' umurezi w'ibanze na (IZINA) Reba Kode hejuru Niba ari umubyeyi, baza niba ari uw'umubyaye/umubyeyi umurera ataramubyaye	C112. Niba C111=01, Andika 1=Yego kuri C112 ubundi usimbukire kuri C113 Nyina wa (IZINA) aracyariho? 1=Yego, 2=Oya, 8=Ntabizi	C113. Niba C111=02, andika 1=Yego kuri C113 ubundi usimbukire kuri C114 Se wa (IZINA) aracyariho? 1=Yego, 2=Oya, 8=Ntabizi	C114. Hitamo: Baza ku bafite hejuru y'imyaka itatu. Ni uruhe rwego rw'amashuri (IZINA) yarangije? Reba Kode z'amashuri hejuru.	C114.1 Hitamo: Baza ku bafite imyaka 10 kuzamura: Ni iyihe rangamimerere ryanyu ubungubu? Reba codes z'irangamimerere hasi
118.			___ imyaka ___ ukwezi							
119.			___ imyaka ___ ukwezi							
120.			___ imyaka ___ ukwezi							
201.			___ imyaka ___ ukwezi							
202.			___ imyaka ___ ukwezi							
203.			___ imyaka ___ ukwezi							
204.			___ imyaka ___ ukwezi							
205.			___ imyaka ___ ukwezi							
206.			___ imyaka ___ ukwezi							
207.			___ imyaka ___ ukwezi							
208.			___ imyaka ___ ukwezi							
209.			___ imyaka ___ ukwezi							
210.			___ imyaka ___ ukwezi							
211.			___ imyaka ___ ukwezi							
212.			___ imyaka ___ ukwezi							
213.			___ imyaka ___ ukwezi							
214.			___ imyaka ___ ukwezi							
215.			___ imyaka ___ ukwezi							

106.1 Inomero ku rutonde rw'abagize umuryango (uhereye kuri 101 ukarangiza urutonde rw'abantu bakuru, ugatangirira kuri 201 ukarangiza urutonde rw'abana).	C106.2 Andika amazina y'abagize umuryango bose uhereye kumbonerahamwe 1 n'iya 2.	C107. (IZINA) ni igitsina gabo cg igitsina gore? 1=Gabo 2=Gore 6=Ibindi (bivuge) 9=Yanze gusubiza	C108. (Izina) afite imyaka ingahe? ANDIKA IMYAKA MU MIBARE, NIBA AFITE MUNSI Y'UMWAKA UMWE, ANDIKA 0 KU MYAKA, HANYUMA WANDIKE UMUBARE W'AMEZI REBA NEZA AHO UGIZE URUGO AHEREREYE UKURIKIJE IMYAKA. NIBA ARI MU MBONERAHAMWE ITARI YO, KOSORA.	C109. Isano riri hagati ya (Izina) na Nyirurugo Reba kode z'amasano hejuru KU BANTU BAKURU BOSE BAFITE IMYAKA 18 KUZAMURA, SIMBUKIRA KURI C114. ICYITONDERWA: NIBA UMUTWARE W'URUGO AFITE IMYAKA 10-17, SUBIZA C110-C113.	C110. Ninde ubusanzwe ushinzwe kwita/kurera (Izina)? INJIZAMO INOMERO Y'UMUREZI W'IBANZE IRI KU RUTONDE NIBA (IZINA) YIYITAHU CG YIRERA UBWE, ANDIKA INOMERO Y'UMURONGO WE (UHAREYE KURI C104.1) HANO KURI C110 NA "13" KURI C111. HANYUMA UBAZE C112.	C111. Nirihe sano riri hagati y' umurezi w'ibanze na (IZINA) Reba Kode hejuru Niba ari umubyeyi, baza niba ari uw'umubyaye/umubyeyi umurera ataramubyaye	C112. Niba C111=01, Andika 1=Yego kuri C112 ubundi usimbukire kuri C113 Nyina wa (IZINA) aracyariho? 1=Yego, 2=Oya, 8=Ntabizi	C113. Niba C111=02, andika 1=Yego kuri C113 ubundi usimbukire kuri C114 Se wa (IZINA) aracyariho? 1=Yego, 2=Oya, 8=Ntabizi	C114. Hitamo: Baza ku bafite hejuru y'umyaka itatu. Ni uruhe rwego rw'amashuri (IZINA) yarangije? Reba Kode z'amashuri hejuru.	C114.1 Hitamo: Baza ku bafite umyaka 10 kuzamura: Ni iyihe rangamimerere ryanyu ubungubu? Reba codes z'irangamimerere hasi
216.			___ imyaka ___ ukwezi							
217.			___ imyaka ___ ukwezi							
218.			___ imyaka ___ ukwezi							
219.			___ imyaka ___ ukwezi							
220.			___ imyaka ___ ukwezi							

KODE Z'IBISUBIZO KU KIBAZO CYA C115: IMIRIMO BAKORA			
1 = Guhingira abandi 2 = Umuhinzi mu murima we 3 =Umworozi 4 = Umurobyi 5 = Acuruza uducogocogo 6 = Umucuruza	7= Ubucukuzi bw'amabuye y'agaciro 8 = Kwenga inzoga 9 = Ubukorikori 10= Umukozi wo mu rugo 11 = Ububaji (charpentier) 12 = Ubwubatsi	13 = Ubuvuzi gakondo 14 = Ubukanishi 15 = Gusya/ Kubeta ifu 16= Ubudozi 17= Ubwogoshi/ibijyanye n'imisatsi 18= Gutwika amakara 19= Gucuruza inkwi/amakara	51= Nta kazi agira 52= Umugore ukora imirimo yo mu rugo rwe 53= Umunyeshuri 54= Mu kiruhuko cy'izabukuru 55= Ntashobora gukora kubera uburwayi/ Ubumuga 66 = Ikindi, kivuge

CODES Z'IBISUBIZO KURI C114.1: IRANGAMIMERERE					
1=Yarashyingiwe	2=Afite uwo babana (ariko ntarasezerana mu mategeko)	3=Ntiyigeze ashaka	4=Afite ubutane/yatandukanye n'uwo bashakanye	5=Yarapfakaye	9=Yanze gusubiza

Itsinda ryo kuzigama no kugurizanya ni itsinda rigizwe n'abaturage bishyize hamwe kugira ngo bizigamire kandi bagurizanye kuri ubwo bwizigame bwabo. Ibikorwa by'itsinda bimara umwaka aho ubwizigame bwabo bwose ndetse n'inyungu ku nguzanyo babigabana bakongera gutangira umwaka bundi bushya. Itsinda ryo kuzigama no kugurizanya rinaha abanyamuryango ubumenyi ku bijyanye n'icungamutungo.

Table 4. Kuri C115-C120 Hitamo: Baza C115 – C120 ku bafite hejuru y'amezi 59 (Bangana cg bafite imyaka 5) y'amavuko

C115.1 Nomero z'umurongo (uhereye kuri 101 ukarangiza urutonde rw'abantu bakuru, ugatangirira kuri 201 ukarangiza urutonde rw'abana).	C115.a Mu mezi 12 ashize [KANAKA] yigeze amara igihe atari mu rugoNk'urugero, ku masomo, ku pamvu z'akazi, afunze, cg indi mpamvu? 1= Yego 2= Oya =>C115.2	C115.b Ni igihe kingana iki [KANAKA] yamaze atari mu rugo mu mezi 12 ashize? NIBA UWO MUNTU ATARI AHARI MU MEZI 12 ASHIZE, AKABA ARI N'UMUGABO W'URERA UMWANA W'IWANZE ; UWO URERA UMWANA NTABWO ABAZWA IGIKA CYA E3, KUVA KURI E309-E309.10	C115.c Ni iyihe mpamvu y'ingenzi yatumye ataba mu rugo? 1= Amashuri 2= Akazi ngarukamwaka 3= Ubu akorera hanze y' urugo 4= Kwivuza/Kurwaza 5= Kwitabira ibirori 6= Gusura inshuti/ abavandimwe 7= Amahugurwa 8= Gufungwa/imirimo ntsimburagifungo 9= Impamvu itazwii 66= Iyindi, sobanura	C115.2 Ni akahe kazi (IZINA) akora? Reba hejuru kode z'imirimo	C116. [IZINA] Yaba ahemberwa uyu murimo akora cyangwa akandi kazi kose yaba akora? 1= Yego 2= Oya 8= Ntabizi Niba ari Oya=>C118	C117. [IZINA] yaba ahembwa amafaranga cg Ibintu 1 = Amafaranga gusa 2. Amafaranga hamwe n'ibintu 3 = Ibintu gusa	C118. Yaba [IZINA] aba mu matsinda yo kuzigama no kugurizanya y'umushinga Twiyubake? 1 = Yego=> C120 2=Oya 8=Ntabizi	C119. Yaba [IZINA] aba mu itsinda iryo ariryo ryose ryo kuzigama no kugurizanya? 1 = Yego 2 = Oya 8 = Ntabizi NIBA ARI YEGO, ONGERA UBAZE NIBA IRYO TSINDA ARI TWIYUBAKE	C120. Ni abana bangahe bari muni y'umyaka 18 baba muri uru rugo [IZINA] yaba abereye umurezi w'ibanze? NIBA NTA BANA BAHABA, ANDIKA 00. NIBA [IZINA] AFITE MUNSI Y'IMYAKA 18 AKABA YIRERA, MUBARE NK'UMWANA 1, NIBA HARI N'ABANDI BANA ARERA, BONGERE KURI UWO UMWE WANDIKE IGITERANYO CYABO BOSE
101									
102									
Etc.									

BAZA C120A YO MURI TRACKING DOCUMENT KUGIRANGO UMENYE UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KU GURIZANYA UFITE UBUMENYI KURUSHA ABANDI

UZUZA KISH GRID YO MURI TRACKING DOCUMENT KUGIRANGO UMENYE URERA UMWANA W'IBANZE USUBIZA IBIBAZO BYA IPV MODULE

C120.1 REBA NIBA URI AHO UMUSHINGA UKORERA (AHO IBIKORWA BYAWO BYOSE BIKORA CYANGWA AHARI BIMWE MU BIKORWA BYAWO BIKORERWA)	
YEGO, AHO UMUSHINGA UKORERA (AHARI IBIKORWA BYAWO BYOSE	AHO MUSHINGA UDAKORERA → C120.3
C120.2 CHECK C118. REBA C118. NIBA HARI AHASUBIJE "YEGO" KO NIBURA UMWE MU BAGIZE URUGO YITABIRA TWIYUBAKE?	

YEGO, ASUBIJE YEGO NIBURA HAMWE MURI C118	→ C120.8	YASUBIJE “OYA” CYANGWA “NTAZI” NIBURA MURI C118	→ C120.4
C120.3 REBA C119 NIBA HARI AHASUBIJWE “YEGO” KO NIBURA UMWE MU BAGIZE URUGO ARI MU ITSINDA RYO KUZIGAMA NO KUGURIZANYA?			
YEGO, ASUBIJE YEGO NIBURA HAMWE MURI C119	☐ → C120.8	YASUBIJE “OYA” CYANGWA “NTAZI” NIBURA MURI C119	☐ → C120.9

C120.4 Kuki nta munyamuryango w'uru rugo uba muri Twiyubake?	GUSOZA KU MUGARAGARO KUVA MURI TWIYUBAKE ITARASOZA KU MUGARAGARO/GUCIKIRIZA) (KOHAREZWA MUYINDI GAHUNDA YITA KU BANA B'IMFUBYI N'ABATAGIRA KIRENGERA (STATE NAME) (ANDIKA ABANA B'IMFUBYI N'ABUGARIJWE N'ABATAGIRA KIRENGERA: _____ UMUNYAMURYANGO W'URUGO WITABIRAGA YARIMUTSE UMUNYAMURYANGO W'URUGO WITABIRAGA YARAPFUYE NTA BWITABIRE NAMBA MURI TWIYUBAKE IBINDI _____ NTAZI TWIYUBAKE ICYO ARI CYO	1 2 => C120.6 3 => C120.7 4 => C120.7 5 => C120.7 6 => C120.7 7 => C120.7 66 => C120.7 88
C120.5 Ni mukuhe kwezi n'umwaka urugo rwanyu rwitabiriye ibirori byo gucuka/gusoza kuri Twiyubake?	UKWEZI UMWAKA	=> C120.8
C120.6 Ni zihe mpamvu zatumye urugo rwanyu ruhitamo kuva muri Twiyubake?	NTA SERIVISI/INYUNGU BAHawe KUVA MURI TWIYUBAKE NTASHISHIKAJWE N'IBIVA MU NAMA NTASHOBORA KUBONA INKUNGA ITEGANYIJWE NTA GIHE CYO KWITABIRA INAMA NTASHOBORA KWISHYURA URUGENDO AJYA MU NAMA INAMA ZO KWITABIRWA ZARI NYISHI NTIYISHIMIYE/NTIYAKUNZE ABANDI BANYAMURYANGO B'ITSINDA NTIYISHIMIYE/NTIYAKUNZE ABAYOBOZI B'AMATSINDA	A B C D E F G H

	NTIYIYUMVAGA MU ITSINDA ITSINDA NTIRYAGIRAGA GAHUNDA IBINDI _____ SOBANURA	I J X
C120.7 Hari undi muntu witabiriye akenshi inama za Twiyubake?	YEGO 1 OYA 2	
C120.8 Mwaba mwaramaze ameziangahe muri Twiyubake?	MUNSI Y'UKWEZI AMEZI 1-3 AMEZI 4-6 AMEZI 7-12 AMEZI 13-18 AMEZI 19-24 HEJURU Y'AMEZI 24 NTABYO AZI	1 2 3 4 5 6 7 8 C120.9

C120.8 Jya KU RUTONDE UBASHE GUHITAMO UFITE AMAKURU MENSHI KU ITSINDA RYO KUZIGAMA NO KUGURIZANYA
C120.9 JYA KU RUTONDE KUGIRANGO WUZUZE KISH GRID UBASHE GUHITAMO UGUSUBIZA IGIKA CYA IPV NA CAREGIVER

C121	Mu mezi 12 ashize, muri uru rugo rwanyu haba hari abandi bantu bashya binjijye mu rugo rwanyu? Ni ukuvuga nk'umwana wavutse cyangwa umwana cyangwa undi waje kuba hano?	Yego Oya	1 2=>C123
C122	Muri abo bantu bashya mwungutse mu murugo rwanyu ni bangahe bari:	Munsi y'imyaka 5 __ __	Hagati y'imyaka 18 na 59 __ __
	Soma buri gice cy'imyaka	Hagati y'imyaka 5 na 17 __ __	Imyaka 60 no kuzamura __ __
C123	Mu mezi 12 ashize, hari abantu mwapfushije mu rugo rwanyu-Ni ukuvuga abantu babaga mu rugo rwanyu igihe bitabaga imana?	Yego Oya	1 2=>C201:

C124	Muri abo bapfuye, ni bangahe bari: Soma buri gice cy'imyaka	Munsi y'imyaka 5	__ __	Hagati y'imyaka 18 na 59	__ __
		Hagati y'imyaka 5 na 17	__ __	Imyaka 60 no kuzamura	__ __

UZUZA IGIKA C2 MURI TRACKING DOCUMENT (IBIBAZO C201-C207)

IGIKA D. IBIRANGA URUGO

Ubaza: Baza umuntu ufata ibyemezo wa mbere muri uru rugo (Nkuwagusubije mu gika cya C). Andika ibisubizo by'ibibazo D06, D08, D11 ugendeye/ushingiye kubyo wowe ubona.

Ubu noneho ngiye kubabaza ibibazo bimwe na bimwe ku nzu yanyu				
D101. Iyi nzu muyituyemo mu buhe buryo?	Niyabo (kandi nta deni rya banki)	1	Ni inzu bahawe nta ubukode	5
	Niyabo ariko bafite ideni rya Banki	2=>D103	Ni imbohozanyoBubatse mu butaka butari ubwabo	6
	Barakodesha	3=>D103	ntaruhushya/Barahitije	7 =>D105
	Ni inzu y'umukoresha/y'akazi	4	Bahatuye by'igihe gito, ni mu nkambi	
			Ibindi, sobanura_____	66
D102. Iyi nzu yawe uramutse uyikodesha wa kwishyura amafaranga angahe? SOBANUZA, NI MUGIHE KINGANA IKI AYO MAFARANGA YISHYURWA		 RWF		Umunsi 1 1 =>D104 Icyumweru 2 =>D104 Ukwezi 3 =>D104 Umwaka 4 =>D104
D103. Ubukode/inguzanyo mwafashe y'iyinzu muyishyura amafaranga angahe? SOBANUZA, NI MUGIHE KINGANA IKI AYO MAFARANGA YISHYURWA		 RWF		Umunsi 1 Icyumweru 2 Ukwezi 3 Umwaka 4
D104. Hashize imyaka ingahe iyi nzu yubatswe? Ifite imyaka ingahe? NIBA NTABYO AZI, ANDIKA 888				
D105. "REBA GUSA WANDIKE IGISUBIZO UTABAJIJE" Urebeye inyuma, inkuta z'inzu nini muri uru rugo ahanini zubatswe n'iki?	<u>Inkuta zisanzwe (IBIKORESHO GAKONDO)</u>		<u>Inkuta zisennye, zirangiye (IBIKORESHO BIRAMBYE)</u>	
	Nta nkuta ifite		Sima	
	Ibyatsi/ imikindo/ibirere n'ibisa nabyo		Amabuye n'ishwagara/sima	
	Icyondo		Amatafari ahiye	
	<u>Inkuta zidakomeye (IBIKORESHO BITARAMBA)</u>		Bloke sima	
	Ibiti/Imigano n'ibyondo		Rukarakara itwikiriye	
	Amabuye n'ibyondo		Imbaho / Planche z'ibiti	
	Rukarakara idatwikiriye		Ibindi (sobanura)	
	Contre plaquet/Triplex			
	Ibikarito			
Ibiti byari byigeze gukoreshwa				
Rukarakara iteye sima				
D106. "REBA GUSA WANDIKE IGISUBIZO UTABAJIJE" Igisenge : Igisenge cy'inzu nini yo muri uru rugo ahanini gikozwe n'iki/Cyubakishije iki?	<u>Igisenge gisanzwe (IBIKORESHO GAKONDO)</u>		<u>Igisenge gisakaye kiyambere (IBIKORESHO BIRAMBYE)</u>	
	Nta gisenge ifite		Amabati	
	Ibyatsi/imikindo/ibirere		Ibiti	
	Igitaka		Amategura ya fibro sima	
<u>Igisenge kidakomeye (IBIKORESHO BITARAMBA)</u>				

	Shitingi, / amashashi Imikindo/imigano Ibibaho Ibikarito	21 22 23 24	Amakaro Sima Amategura Ibindi (Sobanura_____)	34 35 36 66								
D107. “REBA GUSA WANDIKE IGISUBIZO UTABAJIJE” Hasi: Hasi mu nzu nini yo muri uru rugo ahanini hakoze n’iki/hubakishije iki?	<u>Hasi mu nzu hasanzwe (IBIKORESHO GAKONDO)</u> Ubutaka/umucanga Amase <u>Hasi mu nzu ntihakomeye (IBIKORESHO BITARAMBA)</u> Imbaho Imikindo/Imigano	11 12 21 22	<u>Hasi mu nzu haratunganye (IBIKORESHO BIRAMBYE)</u> Imbaho zisennye Amakaro ya plastic/Vinyl or Asphalt Strips Amakaro Sima Tapi Ibindi (Sobanura_____)	31 32 33 34 35 66								
D108.Ni ibyumba bingahe byo muri iyi nzu biryamamwamo (NTUBARE AHO BAKARABIRA, IMISARANE, UBUBIKO BW’IBINTU CG UBUBIKO BW’IMODOKA)				<table border="1"><tr><td></td><td></td></tr></table>								
D109. Urugo rwanyu rufite amashanyarazi?	Yego	1	Oya	2 >> D111								
D110. Amafaranga yose hamwe mwishyura amashanyarazi ni angahe? Sobanura neza, Umuriro wayo mafaranga bawukoresha mu gihe kingana iki?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> RWF										Umunsi Icyumweru Ukwezi Umwaka	1 2 3 4
D111. Igikoni cyubatse mu nzu bararamo, mu yindi nzu yo hanze, cg nticyubakiye?	Mu nzu bararamo Muyindi nzu yo hanze	1 2	Hanze y’inzu Muri uru rugo ntibateka Ahandi (sobanura_____)	3 4 => D113 6								
D112.1. Mutekesha iki?	Amashanyarazi EUCL LPG/ Gazi Biyogazi Peterori Amakara Inkwi Imikenke/ibihuru/ibyatsi Ibisigazwa by’ibihingwa	1=>D113.1 2 3 4 5=>D113.1 6=>D113.1 7 8	Amase Ibisigazwa by’ibihingwa Ingufu z’izuba Nyiramugengeli Ibindi (Sobanura) Ntabyo azi Yanze gusubiza	9 10 11 12 66 88=>D113.1 99 =>D113.1								
D112.2 Ibyo watekesheje mu minsi 30 ishize bifite agaciro kangana gute, waba warabiguze cyangwa utarabiguze?				<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> RWF								
D113.1 N’iki mukoresha mucana/mu murika mu nzu	Amashanyarazi ya EUCL Biyogazi Moteli/groupe Itara rya peterori	1=>D114 2 3 4	Imirasire y’ izuba Ampoule na Bateri Ibindi (sobanura) Ntabyo azi	7 8 66 88 >D114								

	Inkwi 5 >D114 Buji 6	Yanze gusubiza 99 >D114							
D113.2 Ibyo mwifashishije mu gucana mu nzu muri iyi minsi 30 ishize bifite agaciro kangana iki?	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								RWF
D114 Niba igisubizo cya D112.1 ari 6 (Inkwi) cg D 113.1 ari 5 (Inkwi). Uzuzamo YEGO kuri D114 hanyuma usimbuke ku kibazo cya D115. Waba warigeze ukoresha inkwi nk'ibicanwa mu minsi 30 ishize?	Yego 1	Oya 2 =>D116							
D115 Mwatubwira agaciro k'inkwi mwakoresheje mu minsi 30 ishize mu guteka cg gucana? Mwaba mwaraziguze cyangwa mutara biguze? (Niba mutaraziguze gereranya ikiguzi mwarikuziguramo).		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> RWF							
D116 Niba igisubizo cya D112.1 ari 5 (amakara), andika 1=Yego kuri D116 hanyuma usubize ikibazo cya D 117 Mu minsi 30 ishize mwaba mwarakoresheje amakara nk'ibicanwa?		Yego 1 Oya 2 >>D118							
D117. Mwatubwira agaciro k'amakara mwakoresheje mu minsi 30 ishize? Mwaba mwarayaguze cg mwarayitwikiye ubwanyu. (Niba mwarayitwikiye ubwanyu mugereranye nk'ikiguzi cyayo muramutse muyaguze).		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> RWF							
D118. Amazi munywa mu muryango wanyu muyakura hehe?	Amazi 1 azamurwa na pompe cg mu 2 => D120 <u>ruhombo(itiyo)</u> 3 => D120 <u>Amazi ya</u> 4 <u>Robine</u> Robine iri mu 5 nzu 6 Robine iri mu 7 rugo Robine rusange <u>Amazi y'Iriba</u> Iriba ryubakiye Iriba ritubakiye <u>Amazi yo mu</u> <u>Isoko</u> Isoko yubakiye	Isoko itubakiye 8 Amazi y'imvura 9 Amazi azanwa n'ikamyo ya tanki 10 Ikigega gifite robine giteretse ku ngorafani 11 isunikwa/icungwa Amazi y'ikidendezi(mu kidamu,imigezi, ayo mu 12 miringoti yo kuhira imirima) 13 Amazi bazana mu macupa apfundikiye 66 Ibindi(Sobanura)_____ 88 Simbizi 99 Yanze gusubiza							
D119. Amazi mukoresha aturuka hehe, cg muyavoma ahagana hehe?		Mu nzu 1 Mu gipangu 2							

		Ahandi	3														
D120. Urugo rwanyu rwakoresheje amazi y' amafaranga angahe mu minsi 30 ishize? (NIBA ATARAGUZWE ANDIKA 0)			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="7">RWF</td> </tr> </table>								RWF						
RWF																	
D121. Haba hari ikintu mukorera amazi yanyu ngo muyanywe asukuye?	YEGO OYA	1 2 => D123	NTABYO AZI YANZE GUSUBIZA														
D122. Mukora iki kugirango amazi munywa abe asukuye? PROBE: Nta ikindi krengaho?	Boil (TURAYATEKA AKABIRA) Add bleach/chlorine (Sur Eau) (DUSHYIRAMO UMUTI WA SIRO) Add P&G (water purifying packet) (DUSHYIRAMO UMUTI UBA MU DUPAKI TUYASUKURA) Strain through a cloth (KUYAYUNGURURA N'UMWENDA USUKUYE) Use water filter (ceramic/sand/composite/etc) (GUKORESHA FILITIRE)	A B C D E	Solar disinfection (KUYATEREKA KU ZUBA) Let it stand and settle (KUYATEREKA AGACAYUKA, IMYANDA IKAJYA HASI) Other (IBINDI) (specify SOBANURA____) Don't know (NTABIZI) Refuse (YANZE GUSUBIZA)														

D123. Mushobora kunyereka aho abantu bo muri uru rugo rwanyu bakunze gukarabira intoki?	Observed (HAREBWE) Not observed, not in dwelling/yard/plot (NTIHAREBWE, SI MU NZU,SI MU RUGO/MU GIPANGU) Not observed, no permission to see (NTIHAREBWE, NTA BURENGANZIRA BWATANZWE BWO KUHAREBA) Not observed, other reason (NTIHAREBWE KUBERA IZINDI MPAMVU)
D124. REBA GUSA NTUBAZE: Itegeze neza niba aho bakarabira intoki hari amazi	Water is available (AMAZI ARAHARI) Water is not available (NTA MAZI AHARI)
D125. ITEGEREZE GUSA NTACYO UBAJIJE NIBA AHO BAKARABIRA INTOKI HARI ISABUNE CG IKINDI KIFASHISHWA MU GUSUKURA IMYANDA IRI KU NTOKI.	Soap or Detergent (bar, liquid, powder, paste) (ISABUNE CG IBYICA UDUSIMBA (Y'ITAFARI NKA TEMBO, Y'AMAZI, Y'IFU, IFASHE NK'UBUGALI)) Ash, mud, sand (IVU, AKONDO, UMUCANGA) None (NTABYO)

D126. Mukoresha ubuhe bwoko bw'umugarani?	Flush or Pour Flush Toilet: Flush to piped sewer system (UMUGARANI UREKURA AMAZI, BICARAO , UPFUNDIKIYE, WOHEREZA IMYANDA MU RUHOMBO RWABUGENEWE) Flush to septic tank (UMUGARANI UPFUNDIKIYE, WOHEREZA AMAZI MU CYOBO CYABUGENEWE) Flush to pit latrine (YOHEREZA MU MUGARANE WO HANZE UCUKUYE) Flush to somewhere else (UMUGARANI WOHEREZA IMYANDA AHANDI HANTU) Flush, don't know where (UMUGARANI WOHEREZA IMYANDA AHANDI HANTU ATAZI) Pit Latrine: Ventilated improved pit latrine (UMUGARANE WA KIYAMBERE, W'UMWOBO, UFITE UBUHUMEKERO KDI WUBAKIYE) Pit latrine with slab (UMUGARANE W'UMWOBO UPFUNDIKIRWA) Pit latrine without slab/open pit (UMUGARANE W'UMWOBO UDAPFUNDIKIRWA)	11 12 13 14 15 21 22 23	Composting toilet (UMUGARANI UKORESHWA NK'INGARANI) Bucket toilet (KWITUMA MU GIKORESHO (NK'INDOBO) BAKAJYA KUYIMENA AHANDI) Hanging toilet / hanging latrine (UMUGARANE UMENA MU MAZI) No facility/bush/field (NTA MUGARANI/BAJYA MU GIHURU/MURIMA) Other (BAKORESHA UBUNDI BURYO) (specify_____) Refuse (YANZE GUSUBIZA)	
D126. Mukoresha ubuhe bwoko bw'umugarani?	<u>Imugarane bicaraho, yohereza cg itohereza imyanda</u> Umugarani urekura amazi, bicaraho , upfundikiye, wohereza imyanda mu ruhombu rwabugenewe Umugarani upfundikiye, wohereza amazi mu cyobo cyabugenewe Yohereza mu mugarane wo hanze ucukuye Umugarani wohereza imyanda ahandi hantu Umugarani wohereza imyanda ahandi hantu atazi	11 12 13 14 15 21 22 23	Umugarani ukoreshwa nk'ingarani Kwituma mu gikoresho (nk'indobo) bakajya kuyimena ahandi Umugarane umena mu mazi Nta mugarani/bajya mu gihuru/murima	31 41 51 61=>E101 66 99=>E101

	<u>Imisarane icukuye (icyobo)</u> Umusarane wa kijyambere, w'umwobo, ufite ubuhumekero kdi wubakiye Umusarane w'umwobo upfundikirwa Umusarane w'umwobo udapfundikirwa		Bakoresha ubundi buryo Busobanure....) Yanze gusubiza	
D126b. REBA GUSA: REBA KO UMUSARANI UFITE UMUPFUNDIKIZO			Umupfundikizo w'umusarani urahari Umupfundikizo w'umusarani nta uhari	1 2
D127. Mwaba mufatanya uyu musarani n'izindi ngo?	Yego	1	Oya	2=>>E101
D128. Ni ingo zingahe zikoresha uyu musarane?	Niba ari muni y'ingo 10, andika umubare wazo Niba ari ingo 10 kuzamura, andika 95 Niba ntabwo azi, andika 88			

E101. Mu mezi 12 ashize, haba hari muntu wo mu rugo rwanyu waba waratanze [ICYO ARICYO CYOSE] ku bandi bantu batari abo murugo rwanyu Urugero: nk’abana, ababyeyi, abavandimwe cg inshuti badatuye mu rugo rwanyu *Niba ari oya, sobanura niba mu mezi 12 ashize nta impano, amafaranga yatanze mu biriyo (abapfushije/“peteroli”), indezo , intwererano y’ amakwe n’ibindi ibintu, amafaranga yo gufasha umurwayi (harimo amafaranga akenerwa mu kwiga (minerivali,ibikoresho etc) , mu kwivuza, cg impano y’ubutaka). Baza ku bijyanye n’abana batakiba muri urwo rugo, ubaze niba nta mpano, inguzanyo cg ibindi bintu bohererejwe. ICYITONDERWA: NIBA IBYOHAREJWE BYARI BIGENEWE UMUNTU KU GITI CYE, UWO MUNTU NTABWO AGOMBA GUSHYIRWA KU RUTONDE RW’ABAGIZE URUGO	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza-->1B	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza → 1C	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza→1D	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza →E201
E102. Ni abantu bangahe bohererejwe amafaranga, ibintu, hamwe/cyangwa n’ impano mu mezi 12 ashize n’ abagize urugo rwanyu				
E103. Mu mezi 12 ashize, ni amafaranga angahe yose hamwe yatanze/yoherejwe n’abagize urugo rwanyu (ahabwa bandi bantu bataba muri uru rugo, ni ukuvuga amafaranga cg izindi mpano uzibariye agaciro mu mafaranga?	RWF	RWF	RWF	RWF

IGICE E2. IBYAKIRIWE BITURUTSE KU BANTU KU GITI CYABO

		2A. Impano y’amafaranga	2B. Impano y’ibibwira cg ibindi bikoreshwa	2C. Umurimo cg igihe	2D. Ibikoresho by’ubuhinzi, ibikoresho, amatungo, n’ibindi bikoreshwa mu buhinzi n’ubworozi

E201	Mu mezi 12 ashize, haba hari muntu wo mu rugo rwanyu waba warakiriye [ICYO ARICYO CYOSE] kuva ku bandi bantu batari abo murugo rwanyu (utabaze ibigo) Urugero: nk’abana, ababyeyi, abavandimwe cg inshuti badatuye mu rugo rwanyu *Niba ari oya, sobanuka niba mu mezi 12 ashize nta mpano bakiriye y’ amafaranga y’ikiriyo (abapfushije/“peteroli”), indezo , intwererano y’ amakwe n’ibindi ibintu, amafaranga yo gufasha umurwayi, ubaze n’ amafaranga akenerwa mu kwiga (minerivali,ibikoresho etc) , mu kwivuka, cg impano y’ubutaka). Baza niba abana batakiba muri urwo rugo haribyo bohereje, ubaze niba nta mpano, inguzanyo cg ibindi bintu abatuye muri urwo rugo bakiriye. Ifashishe urutonde rw’ abagize rugo bibaye ngombwa.	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri 2B	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri 2C	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri 2D	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri E301																																																																
E202	Ni abantu bangahe batandukanye boherereje abatuye muri uru rugo rwanyu amafaranga, ibintu, hamwe/cyangwa n’ impano mu mezi 12 ashize?	<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>			<table><tr><td></td><td></td></tr></table>																																																										
E203	Mu mezi 12 ashize, ni amafaranga angahe yose hamwe yahawe/yakiriwe/yohererejwe abatuye muri uru rugo rwanyu, (aturutse ku bandi bantu batarutuyemo), ni ukuvuga amafaranga cg izindi mpano uzibariye agaciro mu mafaranga?	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="8">RWF</td></tr></table>									RWF								<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="8">RWF</td></tr></table>									RWF								<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="8">RWF</td></tr></table>									RWF								<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="8">RWF</td></tr></table>									RWF							
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E204	Muri ayo amafaranga/ibintu abatuye mu rugo rwanyu bohererejwe haba hari ayo bagomba kuzishyura?	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri E301	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri E301	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri E301	Yego 1 Oya 2 Ntabyo azi 8 Yanze gusubiza 9 Oya, Ntabizi, yanze gusubiza Simbukira kuri E301																																																																

E302c	Mu mezi 12 ashize, haba hari mu abatuye mu rugo rwanyu waba warahawe amafaranga, ibintu cyangwa imfashanyo iyo ari yose kuva ku mushinga Gikuriro/Give Directly?	Yego 1 Oya 2 =>E303	Ntabizi 8 => E303 Yanze 9 => E303								
E302d	Mu mezi 12 ashize, ubaze mu mafaranga, ibintu byose abatuye mu rugo rwanyu bakiriye kuva ku mushinga Gikuriro/Give Directly byaba bifite agaciro kangana ki (mu mafaranga)?	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF									
E303	Haba hari umuntu mubo muri uru rugo rwanyu we wahawe amafaranga, cg izindi mpano ziturutse mu yindi mishanga (itari TWIYUBAKE cg Leta) mu mezi 12 ashize? Urugero impano z'ibiryo byatanzwe n'imishinga, (insengero, banki, PAM), inguzanyo za banki cg zo mu nsengero, n'ibindi	Yego 1 Oya 2=> E306	Ntabizi 8=> E306 Yanze 9=> E306								
	Amabwiriza kuri E305 NIBA URUGO RUTAZI UMUBARE W'AMAFARANGA, ANDIKA 8888888 (uzuzamo iminani ingana n'utuzu twabugenewe duhari) NIBA BANZE GUSUBIZA, INJIZA 9999999 (Uzuzamo icyenda zingana n'utuzu twabugenewe duhari) Kuri buri kintu cyavuzwe	E304. Urugo rwanyu rwaba rwarahawe n'umushinga? Yego Oya Ntabizi Yanze gusubiza	SIMBUKA NIBA IGISUBIZO KURI E304 ARI OYA, NTABYO AZI cg YANZE GUSUBIZA E305. Mu mezi 12 ashize, ubaze mu mafaranga, ibyo abagize urugo rwanyu bose babonye byaba bifite agaciro kangana iki?								
	E304.1 Impano y'amafaranga	1 2 8 9	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF								
	E304.2 Impano y'ibiryo cg ibindi biribibwa	1 2 8 9	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF								
	E304.3 Imyenda y'ishuli/minerivali	1 2 8 9	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF								
	E304.4 Ibikoresho by'ubuhinzi, , amatungo n'ibindi bikenerwa mu buhinzi	1 2 8 9	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF								
	E304.5 Ibindi: _____	1 2 8 9	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> RWF								
Noneho ngiye kubabaza ibirebana n'amafaranga cg impano zatanzwe na Leta											

	Ku kibazo cya E307 Amabwiriza ku ubaza Niba urugo rutazi umubare w'amafaranga, andika 8888888 (uzuzamo iminani ingana n'utuzu twabugenewe duhari) Niba banze gusubiza, injiza 9999999 (Uzuzamo icyenda zingana n'utuzu twabugenewe duhari) Kuri buri kintu cyavuzwe	E306. Mu mezi 12 ashize, haba hari uwe ariwe wese mu abagize urugo rwanyu waba warahawe imfashanyo na leta? Yego Oya Ntabizi Yanze gusubiza	SIMBUKA IKIBAZO NIBA E306=OYA, SIMBIZI, YANZE GUSUBIZA E307. Mu mezi 12 ashize, ubaze mu mafaranga, ibyo abagize urugo rwanyu bese babonye byaba bifite agaciro kangana iki?																																																																																																																																																																																												
	a) Isanduku yo kwizigamira y'u Rwanda (Caisse Sociale) b) Gahunda yo gufasha mu Budehe/VUP c) Ikigega gishinzwe gufasha abasaza n'abakecuru d) Pansiyo y'ubumuga e) Inkunga y'abacitse ku icumu f) Ikigega cya Leta gishinzwe gutera inkunga abacitse ku icumu rya Genocide (FARG) g) Inkunga ya Leta mu Burezi h) Inguzanyo yo kuriha amashuli (abanza, ayisumbuye, Kaminuza n'ay'imyuga) i) Inkunga y' ibiribwa j) Imperekeza mu kazi k) Impano ya Leta (telefoni zigendanwa, igare, inzitiramibu, n'ibindi)	<table border="1"> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>8</td><td>9</td></tr> </table>	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	1	2	8	9	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="9">RWF</td> </tr> </table>										RWF																		RWF																		RWF																		RWF																		RWF																		RWF																		RWF																		RWF								
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	l) Inguzanyo y'ubudehe	1	2	8	9	 RWF
	m) Gahunda yo gufasha kuzamura ibyaro (RSSP)	1	2	8	9	 RWF
	n) Mitiweli (ubwishingizi mu kwivuza mu buvuzi bw'ibanze)(ex: MUSA, bwisungane mu kwivuza, RSSB/RAMA, MMI, n'izindi)	1	2	8	9	 RWF
	o) Ifumbire mva rugunda n'imbuta	1	2	8	9	 RWF
	p) Gahunda ya Leta ya Girinka	1	2	8	9	 RWF
	q) Ibindi (Sobanura)	1	2	8	9	 RWF
Noneho ngiye kubabaza ku bijyanye n'amadeni, inguzanyo cyangwa amafanga mwe cyangwa umuryango wanyu waba warakiriye						
	Ku kibazo E309: Amabwiriza areba ubaza Niba urugo rutazi umubare w'amafanga, andika 8888888 (uzuzamo iminani ingana n'utuzu twabugenewe duhari) Niba banze gusubiza, injiza 9999999 (Uzuzamo icyenda zingana n'utuzu twabugenewe duhari)	E308. Mu mezi 12 ashize, wowe cyangwa undi mu abagize urugo rwanyu yaba yarahawe ideni cyangwa inguzanyo iyo ari yose kuva aha hakurikira? Yego Oya Ntabizi Yanze gusubiza				Simbuka niba E308=OYA, Ntabizi, Yanze gusubiza E309. Mu mezi 12 ashize, igiteranyo cy' amadeni n' inguzanyo zose zahawe abagize urugo rwanyu zaba zingana zite?
	a) Banki	1	2	8	9	 RWF
	b) Ibigo by'imali iciriritse (Microfinance)	1	2	8	9	 RWF
	c) SACCO	1	2	8	9	 RWF
	d) Itsinda ryo kuzigama no kugurizanya	1	2	8	9	 RWF
	e) Ikimina	1	2	8	9	 RWF

f) Abo mukorana/Umukoresha/ ku kazi	1	2	8	9	 RWF
g) Umukiriya/ abakugurira	1	2	8	9	 RWF
h) Ibindi (Bisobanure)_____	1	2	8	9	 RWF

IGICE E4. KUZIGAMA

Kuri E 404. Kode z'ibigo byo kwizigamira: 1=Banki y'ubucuruzi, 2= Ikigo cy'imali iciriritse (Microfinance), 3=Koperative zo kuzigama no kuguriza, 6=Ibindi (Sobanura)									
E400	Haba hari abo mu rugo rwanyu bizigamira muri kimwe muri ibi bigo byo kuzigama no kuguriza (harimo n'ikimina)								Yego 1 Oya2=>F101
E401. Numero y'umurongo	E402. Numero y'umuntu uzigama (Numero yok' urutonde rw'abagize urugo)	E403. [IZINA] afite konti yo kuzigama 1=Yego 2=Oya Niba ari Oya, simbukira kuri E408	E404. [IZINA] yizigamira mu kihe kigo? Reba kode z'ibigo hejuru	E405. Ubu [IZINA] afite amafaranga angahe kuri konti yawe yo kuzigama	E406. Mu mezi 12 ashize, [IZINA] yabikije amafaranga angahe?	E407. Mu mezi 12 ashize, [IZINA] yabikuje amafaranga angahe?	E408. [IZINA] aba mu kimina? 1=Yego 2=Oya Niba ari oya, jya kuwundi	E409. Mu mezi 12, [IZINA] yahawe amafaranga angahe yose hamwe?	E410. Mu mezi 12, [IZINA] yabikije amafaranga angahe yose hamwe?
				RWF	RWF	RWF		RWF	RWF
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

E411. Ese %memberName% yaba yitabita amatsinda yo kubitsa no kugurizanya? 1. YEGO 2. OYA	E412. UBU HARI AMAFARANGA ANGAHE KURI KONTI Y'AMATSINDA YO KUBITSA NO KUGURIZANYA?	E413. Mu mezi 12 ashize %memberName% yabikije amafaranga angahe?

--- END OF SECTION ---

IGIKA F. IBYO URUGO RUKOresha MU KUBAHO/ UBURYO N'IBYO BARYA

Ubaza. Baza ibibazo bireba abantu bose baba mu rugo. Baza uwo ariwe wese ushobora kubimenya ibirebana n'ibyo abagize umuryango bariye mu cyumweru gishize, ndetse n'ibindi bintu bitaribwa abo muri urwo rugo baguze. Umuntu umwe gusa niwe ugomba kubazwa ibibazo byosse muri iki gika.

F100. Andika inomeru y'usubiza muri iki giko				

IGICE F1: IBIRIBWA BARIYE MU KWEZI GUSHIZE (IBYUMWERU BINE)

Muri iki gika, twifuzaga kumenya ubwoko bw'ibiribwa mwe n'abagize umuryango mwaba mwarariye mu byumweru bine bishize. Twifuzaga ko mutubwira ibio urugo rwanyu rwakoresheje muri rusange (mwese hamwe), n'ibyo buri wese mu bagize urugo rwanyu yariye ku giti cye ; yaba ari mu rugo cg hanze yarwo. Kuri buri bwoko bw'ibiribwa, turabasaba kutubwira umubare w'amafaranga byatwaye. Urugero, niba mwarahashye ibitoki 16 mu byumweru bine bishize, ariko urugo rwanyu rukaba rwarariye gusa ibitoki 12, igisubizo cyanyu kiraba ku bitoki 12 mwariye, aho kuba ibitoki 16 byose mwarahashye.

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga-----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
IBINYAMPEKE								
Umuceli (uw'u Rwanda, uva hanze)	1001							
Ibigori (ibibisi n'ibyumye)	1002							
Amasaka (harimo n' amamera)	1003							
Ibindi binyampeke (nk'ingano n'ibindi)	1004							
IFU Z'IBINYAMPEKE								

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga-----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Ifu y'ibigori (akawunga)	1005							
Ifu y'amasaka	1006							
Andi mafu (Ingano, uburo, ibindi)	1007							
IBIKOMOKA KU BIHINGWA								
amakaroni, Umugati, keke, chapatti, amandazi, ibisuguti	1008							
INYAMA, AMAFI, N'IBIKOMOKA KU MATUNGO N'AMATA								
Inyama z'inka	1009							
Izindi nyama (intama,ihene,ingurube,urukwavu, inyamaswa zo mu gasozi, inkoko,inyama zibitse mu bikombe	1010							
Sosiso, Inyama zitunganyijwe mu ruganda, Jambo	1011							
Amagi	1012							

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga-----RWF																		
ITEM	F101	F102	F103	F104	F105	F106	F107	F108																		
Amafi (amabisi n'ayumukije, Yumye/ataze ku muriro, acuruzwa mu bikombe)	1013			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Amata	1015			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Ikivuguto	1016			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Amata y'ifu, ibindi bikomoka ku mata (nk', yawurute, ice cream)	1017			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Foromage, amavuta y'inka, marigarine,	1019			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
AMAVUTA ARIBWA																										
Amavuta akomoka ku bunyobwa	1020			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Amamesa	1021																									
Andi mavuta akomoka ku bihingwa	1022			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
IMBUTO																										

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-- -----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-- -----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga-- -----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Imineke	1023							
Inyamunyo	1024							
Imyembe	1025							
Amapapayi	1026							
Avoka	1027							
Inanasi	1028							
Amapera	1029							
Amacunga na mandarine (byeze mu Rwanda, ava hanze)	1030							
Indimu	1031							
Amatunda/ marakuja	1032							
Plums ?	1033							

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-- -----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-- -----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga----- -----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Pome	1034							
IBINYAMISOGWE								
Ibishyimbo (imiteja n'ibitonore)	1035							
Ibishyimbo byumye	1036							
Soya (yumye, mbisi, Ifu ya soya)	1037							
Ubunyobwa (bubisi, bukaranze)	1039							
Ifu y'ubunyobwa	1040							
Amashaza (yumye, urunyogwe)	1041							
IMBOGA								
Inyanya	1042							
Ibitunguru	1043							
Tangawizi	1044							
Urusenda	1045							

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga-----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Igihaza	1046							
Intoryi	1047							
Karoti	1048							
Puwavuro (poirreaux)/ibitunguru by'amababi	1049							
sereli	1050							
Ibihumyo	1051							
Isombe	1052							
Dodo/ Irengarenga	1053							
Amashu	1054							
Izindi mboga z'amababi nka salade(Letue), sukumawiki, epinari	1055							
ROOTS AND TUBERS: IBINYAMIZI N'IBINYABIJUMBA								

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-- -----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-- -----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwarariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga----- -----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Ibirayi, ibijumba	1056							
Imyumbati y'imiribwa	1057							
Imyumbati y'imivunde	1058							
Ifu y'imyumbati	1059							
Amateke	1060							
Ibikoro	1061							
ISUKARI N'IBINYASUKARI								
Isukari (iyo mu Rwanda, iva hanze)	1062							
Ibisheke	1063							
	1064							
Bombo/Shikarete	1065							
Umutobe ukoze mu mafu (supa dipu)	1066							

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwabwariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga-----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Ibindi bintu birimo isukari (ubuki, konfitiri)	1067							
IBIRUNGO N'IBINDI BIRIBWA								
Umunyu	1068							
Sositomate (Sauce tomates)	1069							
Urusenda rubisi	1070							
Ibindi biribwa (urusenda rubese/ifu, amazi y'urusenda/nk'akabanga, vinaigre, mayoneze, ibiryo by'abana, ibindi)	1071							
IBINYOBWA								
Ikawa (iyacu, iva hanze)	1072							
Icyayi (icy'iwacu, ikiva hanze)	1073							
Amazi mvaruganda/ yo mu macupa	1074							

	F101. Kode z'ikiribwa	F102. Mu byumweru 4 bishize, waba wowe cg abo mu rugo rwanyu mwarariye (IZINA RY'IKIRIBWA) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F103. Mu [IZINA IKIRIBWA] urugo rwanyu rwariye haba harimo ibyaguzwe? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F105	F104. Mwatanze amafaranga angahe ku (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru bine bishize Ingano y'amafaranga-- -----RWF	F105. Mu (IZINA RY'IKIRIBWA) urugo rwanyu rwariye haba harimo ibyo mwahawe nk'impano? 1=Yego, 2=Oya, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya kuri F107	F106. Iyo mpano ya (IZINA RY'IKIRIBWA) urugo rwanyu rwariye mu byumweru 4 bishize, wayiha agaciro k'amafaranga angahe? Ingano y'amafaranga-- -----RWF	F107. Mu byumweru bine bishize urugo rwanyu rwaba rwariye(IZINA RY'IKIRIBWA) mwiyejereje mu murima wanyu? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku kiribwa gikuriyeho	F108. (IZINA RY'IKIRIBWA) mwiyejereje urugo rwanyu rwariye mu byumweru bine bishize wabiha agaciro ki mu mafaranga? Ingano y'amafaranga----- -----RWF
ITEM	F101	F102	F103	F104	F105	F106	F107	F108
Ubushera	1075							
Umutobe w'ibitoki n'urwagwa	1076							
Indi mitobe (y'iwacu, iva hanze, iyindi)	1077							
Ibinyobwa bigira udufuro bidasindisha nka fanta	1078							
Ikigage	1079							
Inzoga zicuruzwa	1080							
Ibindi binyobwa bisindisha (bitumizwa hanze, imivinyo, liqueurs, ibindi)	1081							
IBIRYO N'IBINYOBWA BYAGURIWE HANZE								
Ibiry n'ibinyobwa byo muri restora, ibindi biryo n'ibinyobwa byaguriwe hanze y'urugo (inyama zokeye/brochette, inkoko/amafi byokeje, ibiry byo mu kabari, ibinyobwa byo mu kabari)	1082							

IGICE F2. IBYAKORESHEJWE MU RUGO BITARI IBIRIBWA MU KWEZI GUSHIZE (IBYUMWERU BINE)

	F201. Kode z'ibintu (z'ibikoreshe)	F202. Mu byumweru bine bishize, haba hari wowe cg uwo mu rugo rwanyu uwarakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikuriiyeho	F203. Mu byumweru 4 bishize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F204. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) mu byumweru 4 bishize? Igiteranyo cy'amafaranga _____RWF	F205. Urugo rwawe rwaba rwarahawe ikmpano ya (IZINA RY'IKINTU) muri ibi byumweru 4 bishize? 1=Yego, 2=No, 8=Ntabyo azi,9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikuriiyeho	F206. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____RWF
	F201	F202	F203	F204	F205	F206
ISUKU YO MU RUGO N'IBIKOresho BY'ISUKU						
Umweyo - (iyo ari yose-ifite igiti n' idagifite)	201					
Ubugororwaho bw' inkweto na siraje	202					
Ibindi bikoreshe byo gusukura (nka eponje/agace k'ikusi, umuti woza amadirishya, umuti wica mikorobe,javel,imiti yo guhanagura)	203					
amafaranga yishyurwa abakora amasuku (abakora mu rugo/abakozi bo mu rugo, abamesa imyenda, abatwara imyenda yo mu rugo/poubelle)	204					
Amasabune, imiti yica mikorobe n'amasabune amesa mu mutwe	205					
Urupapuro rw'isuku rwo mu musarane (papier hygienic)	206					
Umuti wica udukoko/udusimba duto (nk'imibu, ubushishi, n'utundi)	207					
KWYITAHU UBWAWA						
Kwiyogoshesha umusatsi n'ubwanwa ku bagabo	208					

	F201. Kode z'ibintu (z'ibikoreshe)	F202. Mu byumweru bine bishize, haba hari wowe cg uwo mu rugo rwanyu uwarakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikuriiyeho	F203. Mu byumweru 4 bishize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F204. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) mu byumweru 4 bishize? Igiteranyo cy'amafaranga _____ RWF	F205. Urugo rwawe rwaba rwarahawe ikmpano ya (IZINA RY'IKINTU) muri ibi byumweru 4 bishize? 1=Yego, 2=No, 8=Ntabyo azi,9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikuriiyeho	F206. Uratekerezako ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF																
	F201	F202	F203	F204	F205	F206																
<u>Mu kwezi kumwe</u>																						
Kwiyogoshesha imisatsi ku bagore (kujya muri salon gukoreshe imisatsi)	209			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Amavuta n'imiti y'umusatsi	210			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Ibikoreshe byo kogosha	211			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Kotexi	212			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Amavuta yo kwisiga n'ibikoreshe byo kwigira mwiza muri rusange	213			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Ibindi bikoreshe by'isuku no kwiyitaho (nk'umuti woza amenyo, inzembe, ibyo kwiyogoshesha byose, ibisokozo, imibavu)	214			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
IKIGUZI CY'ITUMANAHU, KUBIKA INYANDIKO N'IBIKENERWA MURI RUSANGE MU UBUYOBOZI N'IMIYOBORERE																						
Itumanaho, urugero: telefoni za Rwandatel/MTN/TIGO/AIRTEL, kwishyura umurongo w'itumanaho, interineti (murandasi), imirimo yo kohereza amabaruwa na fagisi.	215			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Gufotora inyandiko, kuzisohora mu mashini,kuzisikana n'indi mirimo rusange y'ubunyamabanga	216			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Filime no guhanaguzwa amafoto, amafoto magufi	217			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Kugura ama inite ya telefoni zigendanwa, , kugura mituyu (me 2 U)	218			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Kugura ibindi bijyanye ta terephoni cyangwa murandasi (internet)	219			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

	F201. Kode z'ibintu (z'ibikoresho)	F202. Mu byumweru bine bishize, haba hari wowe cg uwo mu rugo rwanyu uwarakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikuriyeho	F203. Mu byumweru 4 bishize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F204. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) mu byumweru 4 bishize? Igiteranyo cy'amafaranga _____ RWF	F205. Urugo rwawe rwaba rwarahawe ikmpano ya (IZINA RY'IKINTU) muri ibi byumweru 4 bishize? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikuriyeho	F206. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF																
	F201	F202	F203	F204	F205	F206																
<u>Mu kwezi kumwe</u>																						
Ibikoresho byo mu biro (Impapuro, garafezi, amakaramu, amakaramu y'igiti/crayons, n'ibindi)	220			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Ibijyanye n'umutekano	221			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
IBIFASHA MU NGENDO																						
Gukoresha mu igarage, kugura ibikoresho bisimbura ibyapfuye cg byarwaye, kumena amavuta no gusukura ikinyabiziga (harimo imodoka, amagare na moto)	222			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Kugendera mu mamodoka rusange nka tagisi, minibus, bus, harimo na Kwasiteri, Ibindi byifashishwa mu gutwara abantu n'ibintu (rukururana, ubwato, nibindi)	223			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Kugenda kuri moto/igare	225			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Lisansi cyangwa mazout ikoreshwa n'inyabiziga	226			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
KWIDAGADURA N'UMUCO																						
Ibikoresho byo kuruhuka no kwirangaza (ibitabo, ibinyamakuru, ibikinisho by'abana, amakasete ya filime n'imiziki cg ibiganiro, CDS, DVD n'ibindi)	227			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
INKINGO Z'IBANZE N'IMITI																						
Imiti igabanya ububabare (Aspirin/Paracetamol/Hedex,...)	228			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

<u>Mu kwezi kumwe</u>	F201. Kode z'ibintu (z'ibikoresho)	F202. Mu byumweru bine bishize, haba hari wowe cg uwo mu rugo rwanyu uwarakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikuriyeho	F203. Mu byumweru 4 bishize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F204. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) mu byumweru 4 bishize? Igiteranyo cy'amafaranga _____RWF	F205. Urugo rwawe rwaba rwarahawe ikmpano ya (IZINA RY'IKINTU) muri ibi byumweru 4 bishize? 1=Yego, 2=No, 8=Ntabyo azi,9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikuriyeho	F206. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____RWF																
	F201	F202	F203	F204	F205	F206																
Imiti ya malariya	229			<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Imiti y'inzoka	230			<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Udukingirizo n'imiti yo kuringaniza imbyaro, iyindi miti y'ibanze/ yo kwirinda indwara (nk'imiti yo koza ibisebe: iodine/alcohol)	231			<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

IGICE F3. IBYAKORESHEJWE BITARI IBIRIBWA MU MEZI 12 ASHIZE

IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE	F301. Kode z'ibintu (z'ibikoreshe)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F306. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____RWF																				
	F301	F302	F303	F304	F305	F306																				
IMYENDA																										
Ibitambara (Imyenda, y'abagabo cg abagore)	301			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Kudodesha ibitenge n'amaribaya	302			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Imyambara y'abagabo	303			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Imyambara y'abagore	304			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Imyenda y'abana hatarimo iy'ishuli	305			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Imyenda y'imbere y'abagabo	306			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Imyenda y'imbere y'abagore	307			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Imyenda y'imbere y'abana	308			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Kudodesha (iby'abagabo n'abagore)	309			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Inkweto z' abagabo	310			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

	F301. Kode z'ibintu (z'ibikoresho)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____ RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikurikiyeho	F306. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF																
	F301	F302	F303	F304	F305	F306																
IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE																						
Inkweto z'abagore	311			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Inkweto z'abana	312			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Ibikoresho by'abagabo (noeuds,ingofero, imikandara,amadarubindi y'izuba, isaha)	313			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Ibikoresho by'abagore (eshalupe,ingofero, imikandara,amadarubindi y'izuba,imirimbo nk'imikufi/ amaherena/impeta, isaha)	314			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Kudodesha/gusana imyenda n'inkweto byacitse	315			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
IBIKOresho BYE BWITE																						
Umutaka, amasanduku (iz'ibiti/ iz'ibyuma), ibikapu, amavalise) n'ibikapu by'urugendo n'amasakoshi mato yo mu ntoki	316			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
GUSANA, IBIKORESHO N'AMAMASHINI BYO MU RUGO																						

	F301. Kode z'ibintu (z'ibikoresho)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____ RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikurikiyeho	F306. Uratekerezwa ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF
	F301	F302	F303	F304	F305	F306
IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE						
Gusana (inzu, ibikoresho byo mu nzu)	318					
Matela/Igodora	319					
Ibyo gusasa hasi mu nzu (nka tapi, imikeka n'imisambi)	320					
Ibyo gusasa mu buriri	321					
Indi myenda yo gukoresha mu nzu nka (rido/rideaux, ibitambaro by'ameza, ibihanaguzo)	322					
Ipasi (Iy'amakara n'iy'amashanyarazi)	323					
Ibyombo n'ibikoresho byo mu gikoni (nk'amasafuriya n'amapanu), ibiyiko, amakanya ibyuma, amasahane n' ibikombe	324					
Isitimu/itoroshi	325					
Ibindi bikoresho byo mu rugo	326					
UKWIDAGADURA N'UMUCO						

IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE	F301. Kode z'ibintu (z'ibikoresho)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____ RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoresho gikurikiyeho	F306. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF
	F301	F302	F303	F304	F305	F306
Amafaranga yo wishyura kwinjira ahabera imyidagaduro (muri stade, kubyina, kureba filime), Kugura ibikoresho by'imyidagaduro (kamera, ibikoresho bya sport, ibikoresho bya muzika)	330					
AMAFARANGA YO						
Kwisuzumisha kwa muganga (uburwayi bwose hatarimo kubyara)	332					
Ibizamini byo kwa muganga	333					
Gushyirwa mu bitaro	334					
Ubwishingizi bwo kwivuzza (RSSB/RAMA, MMI, Mutuelle de sante)	335					
Kubyara (amafaranga yose yishyurwa umuntu ku wabyaye)	336					
Insimburangingo (lunette (indorerwamo z' amaso, Insimbura imboni y'ijisho, yo mu	337					

	F301. Kode z'ibintu (z'ibikoreshe)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoreshye (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____ RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F306. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF																								
IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE	F301	F302	F303	F304	F305	F306																								
menyo, utwuma two mu matwi dufasha kumva, amagare y'abamugaye, insimburangingo, imbago)																														
Imiti (ya diyabete/indwara y'isukari, indwara z'umutima, indwara z'umuvuduko w'amaraso, asima, imiti igabanya ubukana bwa SIDA, izindi ndwara zabaye karande, cg indi miti yanditswe na muganga)	338			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
IBINDI BIKENERWA																														
Ibinyamakuru	339			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
Ibibiriri	340			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
Amabuye ya radio n'isitimu, cg batiri	341			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
Itabi (isegereti n'irinyarwanda)	342			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																
Ibindi bikoreshe bitari ibiribwa	343			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																

IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE	F301. Kode z'ibintu (z'ibikoreshe)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoresheje (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____ RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F306. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF
	F301	F302	F303	F304	F305	F306
IYINDI MIRIMO IKENERWA						
Kwishyura amashuri y'inshuke zirirwamo	344					
Amafaranga yishyurwa ku byangombwa n'inyandiko zitangwa n'ubuyobozi	345					
Amakwe no gusaba	346					
Kubahirisha no kubatizwa, cg indi mihango y'idini	347					
Urufu n'ibijyanye no gushyingura byose	348					
Ibitambo n'amaturu, Indi minsi mikuru nko kurya ubunyanano/ kwita izina, imihango yo gusoza ikiciro cy' amashuri	349					
Ibindi bikoreshe (sobanura)	351					
UBUREZI						
Amafaranga yo kwiandikisha no minerivali (kwishyura ishuli)	352					

IBYO BASABWA KWIBUKA MU MEZI 12 ASHIZE	F301. Kode z'ibintu (z'ibikoreshe)	F302. Mu mezi 12 ashize, haba hari wowe cg uwo mu rugo rwanyu wakoreshye (IZINA RY'IKINTU) 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F303. Mu mezi 12 ashize, urugo rwawe rwaba rwaraguze (IZINA RY'IKINTU)? 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku cya F205	F304. Ni amafaranga angahe mwatanze kuri (IZINA RY'IKINTU) Mu mezi 12 ashize Igiteranyo cy'amafaranga _____ RWF	F305. Urugo rwawe rwaba rwarahawe impano ya (IZINA RY'IKINTU) Mu mezi 12 ashize 1=Yego, 2=No, 8=Ntabyo azi, 9=Yanze gusubiza. Niba igisubizo ari 2,8,9, jya ku gikoreshe gikurikiyeho	F306. Uratekereza ko iyo mpano mwahawe ifite agaciro kangana gute? Igiteranyo cy'amafaranga _____ RWF
	F301	F302	F303	F304	F305	F306
Inkunga y'ababyeyi ku kigo umwana yigaho (kugura ibikoreshe, gusana n'ibindi)	353					
Imyambaro y'ishuli n'iya sport	354					
Ibitabo n'ibikoreshe by'ishuli	355					
Uburyo bwo kujya no kuva ku ishuli	356					
kwishyura icyumba no kwiga babayo (internat)	357					
Ibindi bijyana n'uburezi (ingendo zo kujya kwigira hanze y'ishuli, amatorero abana bakiniramo,kwishyura umwarimu umufasha gusubiramo amasomo (coaching),gahunda zikorwa nyuma y'amasomo, ubwishingizi muburezi, ibindi)	358					

IGICE F4. IBIKORESHO BYO MU RUGO BIRAMBA

	Kode y'igikoresho	F402. Urugo rwanyu rwaba rutunze (IZINA RY'IGIKORESHO) 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F403. Mutunze (IZINA RY'IGIKORESHO) bingahe?	F406. Mwaba mwaraguze cg mwarishyuye kimwe muri ibyo bikoresho (IZINA RY'IGIKORESHO) muri aya mezi 12 ashize? 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F407. Ni amafaranga angahe yose hamwe mwishyuye ibyo (IZINA RY'IBIKORESHO) mu mezi 12 ashize Niba ntabyo azi andika 888888 (iminani ingana n'utuzu twabugenewe two kuzuzamo
ITEM	F401	F402	F403	F406	F407
Ameza yo kwisigiraho amavuta, puderi n' ibindi	401				
Isekuru n'umuhini	402				
Igitanda	403				
Ameza	404				
Intebe	405				
Ventilateri	406				
Ibyuma bitera amafu mu nzu (air conditionier)	407				
Radiyo	408				
Iradiyo isoma amakasete cg amasede (CD) y'umuziki	409				
Radiyo zigezweho zicuranga umuziki zifite amabafure menshi (music system)	410				
Televisiyo	411				

	Kode y'igikoresho	F402. Urugo rwanyu rwaba rutunze (IZINA RY'IGIKORESHO) 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F403. Mutunze (IZINA RY'IGIKORESHO) bingahe?	F406. Mwaba mwaraguze cg mwarishyuye kimwe muri ibyo bikoresho (IZINA RY'IGIKORESHO) muri aya mezi 12 ashize? 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F407. Ni amafaranga angahe yose hamwe mwishyuye ibyo (IZINA RY'IBIKORESHO) mu mezi 12 ashize Niba ntabyo azi andika 888888 (iminani ingana n'utuzu twabugenewe two kuzuzamo
ITEM	F401	F402	F403	F406	F407
Legiteri (lecteur) ya Videyo VCR cg DVD	412				
Imashini idoda	413				
Resho	414				
Amashyiga y' amashanyarazi cyangwa gaze	415				
Amashyiga ya rondereza	416				
Frigo	417				
Imashini imesa n' iyumutsa	418				
Igare rikoreshwa n' abo mu rugo gusa)	419				
Ipikipiki (ikoreshwa n' abo mu rugo gusa)	420				
Imodoka (voiture/minibús) ikora ikoreshwa ibyo mu rugo gusa)	421				

	Kode y'igikoresho	F402. Urugo rwanyu rwaba rutunze (IZINA RY'IGIKORESHO) 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F403. Mutunze (IZINA RY'IGIKORESHO) bingahe?	F406. Mwaba mwaraguze cg mwarishyuye kimwe muri ibyo bikoresho (IZINA RY'IGIKORESHO) muri aya mezi 12 ashize? 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F407. Ni amafaranga angahe yose hamwe mwishyuye ibyo (IZINA RY'IBIKORESHO) mu mezi 12 ashize Niba ntabyo azi andika 888888 (iminani ingana n'utuzu twabugenewe two kuzuzamo)
ITEM	F401	F402	F403	F406	F407
Imodoka (voiture/minibús/ikamiyo/etc) ikora ikoreshe iby' ubucuruzi	422				
	423				
Ubwato (bukoreshe n' abo murugo gusa)	424				
Intebe zo muri salon z'amafoteyi (sofá set)	425				
Akabati k'ibitabo	426				
Akabati k'ibyombo, akabati k'imyenda, ameza yo gukoreraho	427				
Itara rya peterori	428				
Ameza n'intebe byo kwigiraho	429				
Isaha yo mu nzu	430				
Mudasobwa n'ibijyana nayo byose	431				
Antenne parabolique / Antene bamanika hejuru y'inzu ibafasha kureba amashusho ya televiziyo	432				
Icyuma gifata imirasire y'izuba (Panel soleil)	433				
Moteri yo gucana amashanyarazi yagiye (groupe)	434				

	Kode y'igikoresho	F402. Urugo rwanyu rwaba rutunze (IZINA RY'IGIKORESHO) 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F403. Mutunze (IZINA RY'IGIKORESHO) bingahe?	F406. Mwaba mwaraguze cg mwarishyuye kimwe muri ibyo bikoresho (IZINA RY'IGIKORESHO) muri aya mezi 12 ashize? 1=yego, 2=Oya, 8=Ntabyo nzi, 9=Yanze gusubiza Niba igisubizo ari 2/8/9, jya ku gikoresho gikurikiyeho	F407. Ni amafaranga angahe yose hamwe mwishyuye ibyo (IZINA RY'IBIKORESHO) mu mezi 12 ashize Niba ntabyo azi andika 888888 (iminani ingana n'utuzu twabugenewe two kuzuzamo)
ITEM	F401	F402	F403	F406	F407
Congerateur/Icyuma gikonjesha ku rwego rwa barafu	435				
Dekoderi (Icyuma kibafasha kureba amashusho yo ku minara itandukanye)	436				
Telefoni igendanwa	437				

IGICE F5. UBUHINZI BWOROZI N'IMIRIMO BIYANYE MU RUGO

Baza umuntu mukuru ushinze imirimo y'ubuhinzi mu rugo

F501. Mu mezi 12 ashize, hari umuntu wo mu rugo rwanyu utunze, wahinze umurima yanyu, niyo byaba akarima k'igikoni? Ni ukuvuga imirima yose, uturima tw'igikoni, iyari yararajwe, isangiwe n'abandi, iyanyu bwite, imikodeshanyo cg iyatishijwe n'urugo rwanyu muri aya mezi 12 ashize. (Ntubariremo iyo wagiye guhingamo imisiri/imibyizi/guca inshuro)	F502. Ni imirima ingahe wowe cg undi wo mu rugo rwanyu yahinze (Ntubariremo iyo wagiye guhingamo imisiri/imibyizi/guca inshuro) ANDIKA UMUBARE W'IMIRIMA	F503. Iyo mirima yose yahinzwe n' abo murugo ifite ubuso bungana iki (muri acre cg hegitari) ANDIKA UMUBARE W'UBUSO BWOSE N'IGIPIMO CYABWO	F504. Muri iyo mirima yose n' ingahe ari uturima tw' igikoni? ANDIKA UMUBARE W'UTURIMA TW'IGIKONI, NIBA NTA NA KAMWE, ANDIKA 0 USIMBUKIRE KURI F601	F505. Imirima yose y'akarima k'igikoni ifite ubuso bungana gute muri (acre cg hegitari) ANDIKA INGANO Y'UBUSO BW'AKARIMA K'IGIKONI,		
F501	F502	F503.1 Ingano	F503.2 Igipimo	F504	F505.1 Ingano	F505.2 Igipimo
Yego 1 Oya 2, niba ari oya jya ku gice gikurikiyeho (cy'ubuhinzi: F701)		.	Ari 1 Hegitali 2		.	Ari 1 Hegitali 2

IGICE F6. GUHINGA

Kode y'igihingwa kuri F601			KODES Z'IBIPIMO BYA F602.2 & F603.2		
1=Ibigori	7=Ubunyobwa	14=Ikawa	1=Ikiri	6=Umutwaro	9=Igitebo (kinini kuruta indobo nini (4) n' ibase nini (5)
2=Amasaka	8=Ibindi binyamisogwe (amashaza,soya)	15=Icyayi	2=Akadobo gato (munsi y'ibiro bitanu)	7=Igisate	10=Amagarama
3=Umuceli	9=Ibirayi	16=Ibireti	3= Ibase nto (Ibiro bitanu)	8=Umufungo	11=Ingemeri/mironko (munsi y'ikiri n'igice)
4=Ibindi binyampeke (Ingano, uburo)	10= Imyumbati	17=Ibihwagari	4=Indobo nini		12= Umufuka 100kg
5=Ibitoki	11=Ibindi binyamafufu (Ibijumba, ibikoro, amateke)	18= Ntacyo	5=Ibase nini		13= Umufuka 50kg
6= Ibishyimbo	12=Imboga (inyanya, amashu, ibitunguru, dodo, n'ibindi)	66= Ibindi (sobanura)			14= Umufuka 25kg
	13=Imbuto (avoka,imyembe, ibinyomoro, amatunda, inanasi, amacunga, amapera, etc)				66= Ibindi (sobanura)

Noneho ndifuzza kukubaza ku bihingwa wahinze, byahinzwe n'uwu mu muryango wanyu cg byahinzwe n'umukozi wishyuye mu mirima yanyu yose. (ni ukuvuga imirima yose, harimo uturima tw'igikoni, iyo wari mwararaje, iyanyu bwite, iyo watije niyo watijwe, iyo mwakodeshejwe, mu rugo rwanyu mu mezi 12 ashize. (Ariko ntushyiremo imirima wahinzemo muhingira amafaranga)					
F601. Dukorere urutonde rw'ibihingwa byahinzwe mu mezi 12ashize.	F602. Muri rusange, wowe, abo mu rugo rwanyu cg abo mwakoresheje babakorere, basaruye [igihingwa] bingana gute		F603. Ku [igihingwa] mwasaruye, wowe cg abo mu rugo rwanyu mwagurushijeho ibingana iki?		F604. [igihingwa] mwagurishije byagurishijwe angahe?
F601 KODE Z'IGIHINGWA ZIRI HEJURU Niba batarahinze, andika 13 (ntabyo) hanyuma usimbukire kuri F701 Niba barahinze ariko bakarumbya, andika kode y'igihingwa na 0 kuri F602.1	F602.1 Ingano	F602.2 Igipimo KORESHA IBIPIMO BIRI HARUGURU (Simbukira ku GIHINGWA GIKURIKIRAHU niba F602.1 ari 0)	F603.1 Ingano	F603.2 Igipimo KORESHA IBIPIMO BIRI HARUGURU (Simbuka niba F603.1 ari 0)	F604 RWF

	.		.		

IGICE F7. IBIKORESHO BY'UBUHINZI	F701. Kode y'ibikoresho	F702. Urugo rwanyu rwaba rutunze [igikiresho]? Kodes z'ibisubizo: 1=yego, 2 = Oya, Ntabyo azi = 8, Yanze gusubiza=9 Niba igisubizo ari 2,8,9, jya ku kindi gikoresho	F703. Urugo rwanyu rutunze [igikoresho] bingahe?
IBIKORESHO BY'UBUHINZI	F701	F702	F703 Umubare
Isuka na majagu	101		
Umuhero	102		
Ishoka	103		
Ibyuma na nanjoro	104		
Rato ikurura ivana imyanda mu murima cg muri jardin (rateau), igitiyo	105		
Ipiki	106		
Ingorofani	107		

IGICE F7. IBIKOresho by'UBUHINZI	F701. Kode y'ibikoresho	F702. Urugo rwanyu rwaba rutunze [igikiresho]? Kodes z'ibisubizo: 1=yego, 2 = Oya, Ntabwo azi = 8, Yanze gusubiza=9 Niba igisubizo ari 2,8,9, jya ku kindi gikoresho	F703. Urugo rwanyu rutunze [igikoresho] bingahe?
Igikoresho cyo kuhira / kuvomerera imyaka (arozwali/aroseur)	108		
Ibindi bikoresho by'intoki	109		
Imashini ihata	110		
Urusyo n'ingasire	111		
Ibikoresho byo kubiba	112		
Ipompo itera umuti	113		
Isuka y'ibimasa Indogobe ihinga	114		
Indogobe/ibimasa bihinga	115		
Imashini ihinga	116		
Ipompo ya moteri	117		

IGICE F7. IBIKORESHO BY'UBUHINZI	F701. Kode y'ibikoresho	F702. Urugo rwanyu rwaba rutunze [igikiresho]? Kodes z'ibisubizo: 1=yego, 2 = Oya, Ntabyo azi = 8, Yanze gusubiza=9 Niba igisubizo ari 2,8,9, jya ku kindi gikoresho	F703. Urugo rwanyu rutunze [igikoresho] bingahe?			
Ibindi, sobanura	118		<table border="1"><tr><td></td><td></td></tr></table>			
UBWOROZI	F701	F702	F703 Umubare			
Inka za Kinyarwanda/Inka za kiyambere zitanga umukamo/ Inka z'imvange (Inyarwanda zabanguriwe ku za kiyambere)	119		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Ibimasa/amapfizi	122		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Intama	123		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Ihene	124		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Ingurube	125		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Inkwavu	126		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Inkoko n'ibindi bisa nazo	127		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Sumbiligi/imbeba za kizungu	128		<table border="1"><tr><td></td><td></td><td></td></tr></table>			
Andi matungo (sobanura)_____	130		<table border="1"><tr><td></td><td></td><td></td></tr></table>			

IGIKA G. IBYAGO

IGICE G1. IMINSI MIKURU Y'AGAHINDA

UBAZA ARASOMA IBI: Hari igihe ingo zugira iminsi y'ibyishimo ni ya kababaro. Ubu nagirango mbabaze ku byago urugo rwanyu rwaba rwarahuyena byo mu mezi 12 ashize

Kode z'uburyo bitwaye nyuma y'ibyago				
A=Gukoresha amafaranga bari barazigamye B=Kugurisha ibikoresho byo mu rugo C=Kugurisha itungo	D=Gutangira ubucuruzi bushyashya E= Kuvana umwana mu ishuli ukamujyana mu kazi	F= Kohereza umwana kujya kuba kwa bene wanyu G=Guhabwa imfashanyo	H= Kugabanya amafunguro mwafataga mu rugo I=Kuguza amafaranga X=Ibindi (Sobanura)	W= Ntacyo Y=Ntabyo nzi Z=Yanze gusubiza
G101. [ICYAGO] cyigeze kiba mu mezi 12 ashize? Niba ari OYA, simbukira kuri G102 ubundi uje ku gikurikiyeho			G102. Ni gute urugo rwitwaye muri icyo cyago? HITAMO IBISUBIZO BYOSE AGUHAYE-KODE ZIRI HEJURU	
SOMA CYANE BURI CYAGO		Yego Oya Ntabizi Yanze gusubiza	REBA KODE Z'UKO BITWAYE MU CYAGO ZIRI HEJURU	
1	Urupfu rw'umwe mu bari bagize urugo rwanyu	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
2	Urupfu rw'umuvandimwe mutabanaga ariko ariwe wabafashaga mubijyanye n'amafaranga	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
3	Uburwayi bukomereye cg gukomereka k' umwe mubatuye murugo rwanyu	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
4	Gupfusha amatungo	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
5	Kurwaza itungo	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
6	Kwibwa itungo/amatungo	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
7	Kurumbya imyaka wahinze/gutakaza ibyo wahinze	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	
8	Gutakaza/kwirukanwa ku akazi k'uwaru utunze rugo	1 2 8 9	A B C D E F G H I X W Y Z Niba ari X ahisemo, Ibindi (sobanura)	

9	Gutakaza cg kugabanyirizwa amafaranga yoherezwaga urugo rwanyu	1 2 8 9	<u>A B C D E F G H I X W Y Z</u> Niba ari X ahisemo, Ibindi (sobanura)
10	Gutakaza cg kugabanyirizwa inkunga ya Leta urugo rwanyu rwabonaga	1 2 8 9	<u>A B C D E F G H I X W Y Z</u> Niba ari X ahisemo, Ibindi (sobanura)
11	Kwibwa murugo	1 2 8 9	<u>A B C D E F G H I X W Y Z</u> Niba ari X ahisemo, Ibindi (sobanura)
12	Kwangirizwa ibyo mutunze	1 2 8 9	<u>A B C D E F G H I X W Y Z</u> Niba ari X ahisemo, Ibindi (sobanura)
13	Umwenda munini mwasigiwe n'umuvandimwe witabye Imana	1 2 8 9	<u>A B C D E F G H I X W Y Z</u> Niba ari X ahisemo, Ibindi (sobanura)
14	Ibindi (Sobanura	1 2 8 9	<u>A B C D E F G H I X W Y Z</u> Niba ari X ahisemo, Ibindi (sobanura)

IGICE G2. IBIRORI

Noneho turifuza kubabaza ibyiza urugo rwanyu rwabonye mu mezi 12 ashize				
G103	Mwaba mwaragize (...) mu mezi 12 ashize?	Yego Oya		
G103.1	Umwe mu bagize urugo yabonye akazi gahoraho	1	2	8 9
G103.2	Kwohererezwa amafaranga cyangwa kwongererwa ayo wohererezwaga	1	2	8 9
G103.3	Inkunga nshyashya ya Leta (urugero: Ubudehe, VUP)	1	2	8 9
G103.4	Guhabwa umunani, impano, cg gutsinda tombola	1	2	8 9
G103.5	Igihembo kinini giturutse mu kigo icyaricyo cyose.	1	2	8 9
G103.6	Inkunga yo kwishyura amashuri y'abana cg undi muntu mukuru wo mu rugo rwanyu	1	2	8 9
G103.7	Ibindi (sobanura)	1	2	8 9

IGIKA H: KWEGEREZWA IBIKORWA BY'UBUVUZI, KWIRINDA SIDA, KWITABWAHO NO GUFASHWA

ANDIKA INOMERO Y'UMURONGO Y'USUBIZA IKI

GICE:

Ngiye gusoma urutonde rw'ibintu na serivisi. Umbwire niba wowe cyangwa undi muntu wo mu murugo rwanyu yaba yarigeze ahabwa cyangwa agera kuri ibyo bintu cyangwa serivisi mu mezi atandatu ashize.

		Yego Oya Ntabizi Yanze gusubiza					Yego Oya Ntabizi Yanze gusubiza			
H101	H101.1 Kwipimisha virusi itera SIDA	1	2	8	9	H101.16 Guhabwa ibikoresho by'ishuli cg imyambaro y'ishuli	1	2	8	9
	H101.2 Amashuri yo kwigisha abahinzi mu murima	1	2	8	9	H101.17 Inkunga yo kwandikisha umwana wavutse	1	2	8	9
	H101.3 Guhabwa amatungo magufi	1	2	8	9	H101.18 Inzitiramubu iteye umuti	1	2	8	9
	H101.4 Guhabwa imbuto	1	2	8	9	H101.19 Amakuru y' uko warinda umwana.wa kubungabungaumwana	1	2	8	9
	H101.5 Amahugurwa yo gutekera, kugaburira no kwita ku bana muri rusange	1	2	8	9	H101.20 Amakuru ku mirire k'umugore utwite cg wonsa	1	2	8	9
	H101.6 Guhabwa ibiribwa	1	2	8	9	H101.21 Ibigo bikurikirana abakorewe ihohoterwa rishingiye ku gitsina (Isange One stop center)	1	2	8	9
	H101.7 Amakuru kuburyo bwo kwirinda SIDA 'izindi ndwara zandurira mu mibonano mpuzabitsina	1	2	8	9	H101.22 Amakuru ku bijyanye n'ubuzima n'uburenganzira ku buzima bw'imyorokere	1	2	8	9
	H101.9 Amahugurwa ku mikurire y'abana bato	1	2	8	9	H101.24 Amakuru ku bijyanye n'igitsina gabo kumva ibyerekeye ubwuzuzanye n'uburinganire mu rugo	1	2	8	9
	H101.10 Amahugurwa ku kwiteza imbere mu mibereho no gukora imirimo ibyara inyungu	1	2	8	9	H101.25 Umugoroba w'ababyeyi	1	2	8	9
	H101.11 Amashyirahamwe yo kuzigama no kuguriza	1	2	8	9	H101.26 Kwita no kuvura ababana n'ubwandu bw'agakoko gatera SIDA	1	2	8	9
	H101.12 Amahugurwa ku mibereho myiza	1	2	8	9	H101.27 Ubujyanama ku ikingizwa ry'umwana	1	2	8	9
	H101.13 Inkunga /inguzanyo yo kwiga ubumenyi ngiro (Imyuga)	1	2	8	9	H101.28 Ububyeyi buboneye/ buteza umwana imbere	1	2	8	9
	H101.14 Amahugurwa yo kwitegurira umurimo	1	2	8	9	H101.29 Gukurikirana imikurire y'abana	1	2	8	9

	H101.15 Gufashwa n'abashinzwe ihungabana bagusanze mu rugo cg umusosiyale	1	2	8	9	H 101.30Udukingirizo tw' ubuntu	1	2	8	9
						H101.31 Ibiganiro hagati y' ababyeyi n' abana ku imyororokere n' ibijyanye n' imibonanompuza bitsina	1	2	8	9
							1	2	8	9
						H101.32 Itoza rya bato kugirango bemere nka bantu bikitegererezo mu ako gace (mentorship program)				

H102	Ndangije ibibazo narimfite. Ndabashimiye cyane umwanya wanyu mwaduhaye mukadufasha iki kiganiro. Haba hari icyo mwifuzaga kutubaza?	
H103	ITARIKI IBAZWA RIRANGIRIYEHO (Umunsi/Ukwezi/Umwaka)	[__ / __ / 20__]
H104	ISAHA IBAZWA RIRANGIRIYEHO (Isaha/Iminota)	[__ __:__ __]
H105	ICYO UBAZA YONGERAHO	

Integrated Savings and Lending Group Member Survey

Table of Contents

MODULE A. HOUSEHOLD IDENTIFICATION SHEET	424
MODULE C. INTEGRATED SAVINGS AND LENDING GROUP INDIVIDUAL QUESTIONS	425
SECTION C1. BACKGROUND INFORMATION	425
SECTION C2: PARTICIPATION IN AN INTEGRATED SAVINGS AND LENDING GROUP.....	426
SECTION C4. ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE AND SUPPORT	432

MODULE A. HOUSEHOLD IDENTIFICATION SHEET

A001	PROVINCE				
A002	DISTRICT				
A003	SECTOR				
A004	CELL				
A005	VILLAGE				
A006	HOUSEHOLD IDENTIFICATION NUMBER				
A008	LINE NUMBER OF INTEGRATED SAVINGS AND LENDING GROUP MEMBER FROM HH ROSTER				

Respondent: Integrated Savings and Lending Group Member

MODULE C. INTEGRATED SAVINGS AND LENDING GROUP INDIVIDUAL QUESTIONS

IS THE INTEGRATED SAVINGS AND LENDING GROUP MEMBER THE SAME AS A CAREGIVER?	☐ Yes ☐ No	1 => Fill C101 and copy/verify C102 and C103 from the CAREGIVER QRE. THEN Skip to C201 2 => C101

SECTION C1. BACKGROUND INFORMATION

EDUCATION CODES FOR C107 AND C108.							
0=Pre-Primary	4=Primary 4	17=TVET1	11= Secondary 1	15= Secondary 5	21=University 1	25=Univ. 5 and above	
1=Primary 1	5=Primary 5	18=TVET2	12= Secondary 2	16= Secondary 6	22=University 2		
2=Primary 2	6=Primary 6	19=TVET3	13= Secondary 3		23=University 3	77=None	
3=Primary 3	7=Primary 7		14= Secondary 4		24=University 4	88=Don't Know	
	8=Primary 8						

I'm going to begin by asking you some basic questions about yourself.			
C101	Record sex of respondent	Male 1 Female 2 Other _____ 6 Refuse 9	
C102	IF ISLG MEMBER IS A CAREGIVER, VERIFY MONTH/YEAR OF BIRTH FROM CAREGIVER AND RECORD HERE In what month and year were you born?	MONTH YEAR	
C103	IF ISLG MEMBER IS A CAREGIVER, VERIFY AGE FROM CAREGIVER AND RECORD HERE How old were you at your last birthday?	AGE	
FILTER	IS THE INTEGRATED SAVINGS AND LENDING GROUP MEMBER THE SAME AS A CAREGIVER?	YES => SKIP TO C201 NO => CONTINUE	
C106	Have you ever attended school?	Yes 1 No 2=>C201 Refused 9=> C201	
C107	What is the highest class level that you have attended in school? SEE EDUCATION CODES ABOVE		

C108	What is the highest class level that you have completed? SEE EDUCATION CODES ABOVE	<table border="1"><tr><td></td><td></td></tr></table>			

-- End of section --

SECTION C2: PARTICIPATION IN AN INTEGRATED SAVINGS AND LENDING GROUP

I have some questions about your and your household's participation in integrated savings and lending groups. To remind you, an Integrated Savings and Lending Group (ISLG) is a community-based and member-owned institutions composed a group of people who save together and take small loans from those savings. The activities of the group run in cycles of one year, after which the accumulated savings and the loan profits are distributed back to members. ISLG integrate financial education services for members.				
C201	In what month and year did your household first join an integrated savings and lending group?	___ / ___ (mm/yyyy)		
C202	For how long has your household participated in integrated savings and lending groups? CHECK WITH PREVIOUS ANSWER	Less than one month 1 1-3 months 2 Between 3 months and 1 year 3 More than 1 year 4 Other, Specify: _____ 6		
C206	How many different integrated savings and lending groups have members of your household been a member of?	<table border="1"><tr><td></td><td></td></tr></table>		
C207	Has any member of your household ever been an official in any integrated savings and lending group?	Yes 1 No 2=>C208A		

MEASURE Evaluation: Rwanda ISVP Impact Evaluation TWIYUBAKE, End line

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

C208	What official titles have your household members held? <u>Probe:</u> Any others? PROBE WITH RESPONSE CATEGORIES IF NECESSARY. CIRCLE ALL MENTIONED	Chairperson A Secretary B Treasurer C Money counter D Other, Specify: _____ X
C208 A	How many different integrated savings and lending groups are members of your household <u>currently</u> a member of?	
C209	What is/are the name(s) of your household's current integrated savings and lending group (s)?	
C209 A	IF TWIYUBAKE GIVEN AS ANSWER TO C209, CIRCLE YES. OTHERWISE ASK: Are you or any member of your household currently a member of the Twiyubake integrated savings and lending group program?	YES 1 NO 2
C209 B	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: In what month and year did any member of your household join your current integrated savings and lending group?	/ MM/YYYY
C210	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: What project or organization helped to create your household's group? CIRCLE ALL THAT APPLY	DUHAMIC A EPR B YWCA C AEE D CARITAS E FXB F RSSP/LWH G CARE H PPMER Amajyambere mu cyaro I CAPMER J Other, Specify: _____ X Don't know Y
C211	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: What is the standard savings contribution to your household's current integrated savings and lending group at every meeting?	 RWF
C212	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: What interest rate does your household's current group charge? THIS SHOULD BE A PERCENTAGE.	%

C213	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: Have you or any member of your household ever borrowed any money from your household's current integrated savings and lending group?	Yes No	1 2=>C219
C214	The last time you or any member of your household borrowed money from your household's current integrated savings and lending group, how much money did your household borrow?	RWF	
C215	How much was your household supposed to pay back (including interest?)	RWF	
C216	What did your household do with the money that was borrowed this last time? Anything else? CIRCLE ALL MENTIONED.		
	Purchased food for eating A Purchased food for selling B Purchased items (not food) to sell C Purchased household items: such as: TV, radio, refrigerator, mobile phone D Paid for medical care E Paid for school fees/materials for children F Purchased livestock or poultry G	Purchased seeds for planting H Purchased farm equipment I Purchased business equipment, such as: sewing machine J Home improvement: buying new roofing sheets, repairing house K Gave it to spouse or other relative L Repaid a debt M Paid funeral expenses N Paid wedding expenses O Other, Specify: _____ X	
C217	Has your household already repaid this loan in full?	Yes No	1 2
C219	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: Have you or any member of your household ever received a share-out from the integrated savings and lending group? Share-outs are savings distributed to integrated savings and lending group members at the end of the integrated savings and lending group cycle.	Yes No	1 2=>C223
C220	Since joining an integrated savings and lending group, how many share-outs have you or your household received?	One Two Three (or more)	1 2 3
C221	Thinking about the last time your household received a share-out from integrated savings and lending group, how much did your household receive?	RWF	
C222	Thinking about the last time your household received a share-out from an integrated savings and lending group, what did your household do with the money?	Purchased food for eating	A
		Purchased food for selling	B
		Purchased items (not food) to sell	C

MEASURE Evaluation: Rwanda ISVP Impact Evaluation TWIYUBAKE, End line

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

	Anything else?	Purchased household items: such as: TV, radio, refrigerator, mobile phone	D
	CIRCLE ALL MENTIONED.	Paid for medical care	E
		Paid for school fees/materials for children	F
		Purchased livestock or poultry	G
		Purchased seeds for planting	H
		Purchased farm equipment	I
		Purchased business equipment, such as: sewing machine	J
		Home improvement: buying new roofing sheets, repairing house	K
		Gave it to spouse or other relative	L
		Repaid a debt	M
		Paid funeral expenses	N
		Paid wedding expenses	O
		Other, Specify: _____	X
C223	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: Have you or any member of your household ever borrowed or received money from the integrated savings and lending group social fund?	Yes 1 No 2=>C225	
C224	The last time you or any household member borrowed or received funds from the integrated savings and lending group social fund, what did your household do with this money? CIRCLE ALL MENTIONED.	Purchased food for eating A Purchased food for selling B Purchased items (not food) to sell C Purchased household items: such as: TV, radio, refrigerator, mobile phone D Paid for medical care E Paid for school fees/materials for children F Purchased livestock or poultry G Purchased seeds for planting H Purchased farm equipment I Purchased business equipment, such as: sewing machine J	

		Home improvement: buying new roofing sheets, repairing house Gave it to my spouse or other relative Repay a debt Paid funeral expenses Paid wedding expenses Other, Specify: _____	K L M N O X
C225	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOOUT THEIR MOST RECENT GROUP: Have you or any member of your household ever felt pressured to contribute money to the integrated savings and lending group savings when your household needed to spend the money on a household item?	Yes No	1 2
FILTER	IS THE INTEGRATED SAVINGS AND LENDING GROUP MEMBER THE SAME AS A CAREGIVER?	YES => CONTINUE NO => SKIP TO C227	
C226	We are interested in whether your participation in an integrated savings and lending group has affected the amount of time you have to spend with your children (including biological or non-biological). Would you say that your participation in an integrated savings and lending group has increased, decreased, or not changed the amount of time you have to spend with your children?	Increased time with children Decreased time with children About the same	1 2 3
C227	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOOUT THEIR MOST RECENT GROUP: How often does your household's current integrated savings and lending group hold meetings? CIRCLE ONE RESPONSE ONLY.	Weekly Monthly No set schedule Other, Specify: _____	1 2 3 6
C228	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOOUT THEIR MOST RECENT GROUP: Did any household member attend the last integrated savings and lending group meeting?	Yes No	1 2
C229	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOOUT THEIR MOST RECENT GROUP: Does your household's current integrated savings and lending group have a constitution?	Yes No Don't Know	1 2 8

MEASURE Evaluation: Rwanda ISVP Impact Evaluation TWIYUBAKE, End line

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

C230	IF C209A=YES, ASK THIS ABOUT TWIYUBAKE. IF C209A=NO, ASK ABOUT THEIR MOST RECENT GROUP: Does your household's current integrated savings and lending group discuss any of the following topics during group weekly/monthly meetings? SERVICE	ANSWER CATEGORIES	IF YES, How many times did your group discuss [TOPIC]?
	C230.1 Family planning and/or birth spacing	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.2 HIV/AIDS	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.3 Adolescent sexual and reproductive health	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.4 Nutrition	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.5 Hygiene (e.g., safe water, handwashing, etc.)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.6 Child protection	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.7 Gender-based violence	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2

	C230.8 Positive masculinity and gender equity	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.9 Malaria prevention/treatment	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.10 Livelihood training/income generation	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.11 Workforce readiness training	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.12 Life skills training	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.13 Parent-child communication on sexual health and sexual behavior	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2
	C230.14 Financial education (planning, budgeting, etc.)	YES 1 NO 2 => NEXT SERVICE DK 8 => NEXT SERVICE REFUSE 9 => NEXT SERVICE	ONCE 1 MORE THAN ONCE 2

--END OF SECTION

SECTION C4. ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE AND SUPPORT

C4 Filter	IS THE INTEGRATED SAVINGS AND LENDING GROUP MEMBER THE SAME AS THE RESPONDENT FOR SECTION H OF THE HOUSEHOLD QUESTIONNAIRE OR A CAREGIVER RESPONDENT?	☐ Yes	1 => C402
		☐ No	2 => C401

MEASURE Evaluation: Rwanda ISVP Impact Evaluation TWIYUBAKE, End line

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

C401	I am going to read out a list of items and services. Please tell me if <u>you or anyone else in your household</u> has received or accessed any of these items or services in the <u>last 6 months</u> .	ANSWER CATEGORIES		IF RESPONDENT LINE NUMBER 201-220 OR 401-420 ASK: Did you receive this service or someone else in the household?
	SERVICE			
	C401.1 HIV test	YES	1	RESPONDENT 1
		NO	2 => NEXT	SOMEONE 2
		DK	SERVICE	ELSE IN
		REFUSE	8 => NEXT	HOUSEHOLD 3
			SERVICE	BOTH
			9 => NEXT	
			SERVICE	
	C401.2 Farmer Field School	YES	1	RESPONDENT 1
		NO	2 => NEXT	SOMEONE 2
		DK	SERVICE	ELSE IN
		REFUSE	8 => NEXT	HOUSEHOLD 3
			SERVICE	BOTH
			9 => NEXT	
			SERVICE	
	C401.3 Free Small Livestock	YES	1	RESPONDENT 1
		NO	2 => NEXT	SOMEONE 2
		DK	SERVICE	ELSE IN
		REFUSE	8 => NEXT	HOUSEHOLD
			SERVICE	BOTH 3
			9 => NEXT	
			SERVICE	
	C401.4 Free seed	YES	1	RESPONDENT 1
		NO	2 => NEXT	SOMEONE 2
		DK	SERVICE	ELSE IN
		REFUSE	8 => NEXT	HOUSEHOLD
			SERVICE	BOTH 3
			9 => NEXT	
			SERVICE	
	C401.5 Nutritional advice in caring for your children	YES	1	RESPONDENT 1
		NO	2 => NEXT	SOMEONE 2
		DK	SERVICE	ELSE IN
		REFUSE	8 => NEXT	HOUSEHOLD
			SERVICE	BOTH 3
			9 => NEXT	
			SERVICE	
	C401.6 Free food	YES	1	RESPONDENT 1
		NO	2 => NEXT	SOMEONE 2
		DK	SERVICE	ELSE IN
		REFUSE	8 => NEXT	HOUSEHOLD
			SERVICE	BOTH 3
			9 => NEXT	
			SERVICE	

	C401.7 Information on how to prevent HIV and other sexually transmitted infections	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.8 Information on family planning and/or birth spacing	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.9 Training on Early Childhood Development	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.10 Livelihood training/income generation	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.11 Community savings/lending group	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.12 Life skills training	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.13 Vocational training scholarships	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.14 Workforce readiness training	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3

MEASURE Evaluation: Rwanda ISVP Impact Evaluation TWIYUBAKE, End line

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

	C401.15 Psychosocial support from a home visitor or social worker	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.16 Free school supplies or a school uniform	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.17 Birth registration support	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.18 Mosquito nets	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.19 Information on child protection	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.20 Nutrition messaging for pregnant or lactating women	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.21 One Stop (GBV center)	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3

	C401.22 Information on sexual and reproductive health and rights	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.23 Information on hygiene (e.g. safe water, hand washing)	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.24 Information on positive masculinity and gender equity	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.25 Umugoroba w'ababyeyi (parental evenings)	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.26 HIV treatment and care	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.27 Advice on childhood immunization	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.28 Positive parenting	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3
	C401.29 Growth monitoring for children	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE 2 ELSE IN HOUSEHOLD BOTH 3

MEASURE Evaluation: Rwanda ISVP Impact Evaluation TWIYUBAKE, End line

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

	C401.30 Free condoms	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.31 Parent-child communication on sexual health and sexual behavior	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3
	C401.32 Mentorship program	YES NO DK REFUSE	1 2 => NEXT SERVICE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT SOMEONE ELSE IN HOUSEHOLD BOTH	1 2 3

C402. I have come to the end of my questions. Thank you for participating in this interview! Is there anything you would like to add or ask us?

C403	DATE INTERVIEW COMPLETED (dd/mm/20yy)	[__ __ / __ __ / 2 0 __ __]
C404	TIME INTERVIEW COMPLETED (dd/mm/20yy)	[__ : __ : __]
C405	INTERVIEWER NOTES	

NEXT STEPS

C406	Is current integrated savings and lending group respondent the index youth (if 10-17 years old) according to your control sheet?	Yes	1	1=>Continue with the Youth Survey
		No	2	2=>Continue with next survey.

Table of Contents

IGIKA A. IBIRANGO by'URUGO	440
IGIKA C. IBIBAZO BIGENEWE UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA	441
IGICE CYA C1. AMAKURU Y'IBANZE.....	441
IGICE CYAC2: KUBA MU ITSINDA RYO KUZIGAMA NO KUGURIZANYA	442
IGICE CYA C4. KUGERA KURI SERIVISI Z'UBUZIMA, KWIRINDA AGAKOKO GATERA SIDA, KUVURA NO GUFASHA ABABANA N'UBWANDU BWA VIRUSI ITERA SIDA.....	451

IGIKA A. IBIRANGO BY'URUGO

A001	INTARA	
A002	AKARERE	
A003	UMURENGE	
A004	AKAGARI	
A005	UMUDUGUDU	
A006	INOMERO IRANGA URUGO	
A008	INOMERO Y'UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA IGARAGARA KU RUTONDE RW'ABAGIZE URUGO	

Ubazwa: Umunyamuryango w'itsinda ryo kuzigama no kugurizanya

IGIKA C. IBIBAZO BIGENewe UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA

UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA NI NAWA URERA UMWANA?	☐ Yego	1=> Uzuza C101 hanyuma wandukure/ugenzure C102 na C103 biri ku bibazwa by'urera umwana. Noneho usimbukire kuri C201
	☐ Oya	2=> C101

IGICE CYA C1. AMAKURU Y'IBANZE

KODES Z'AMASHURI KURI C107 na C108					
0=Incuke	4= Abanza 4	11= Ayisumbuye	15=Ayisumbuye 5	21=Kaminuza 1	25=Kaminuza
1=Abanza 1	5= Abanza 5	1	16=Ayisumbuye 6	22= Kaminuza2	kuza 5 uzamura
2=Abanza 2	6= Abanza 6	12= Ayisumbuye	17=Imyuga1	23= Kaminuza3	77=Ntayo
3= Abanza 3	7= Abanza 7	2	18=Imyuga2	24= Kaminuza4	88=Simbizi
	8= Abanza 8	13= Ayisumbuye	19=Imyuga3		
		3			
		14= Ayisumbuye			
		4			

Ngiye gutangira nkubaza ibibazo by'ibanze kuri wowe ubwawe			
C101	Andika igitsina cy'usubiza	Gabo 1 Gore 2 Ibindi, sobanura 6 Yanze gusubiza 9	
C102	NIBA UMUNYAMURYANGO W'ITSINDA ARI NAWA URERA UMWANA, REBA UKWEZI/UMWAKA BY'IGIHE YAVUKIYE KU BIBAZWA BY'URERA UMWANA UBYANDIKE HANO Ni mu kuhe kwezi n'umwaka wavutsemo?	UKWEZI UMWAKA	
C103	NIBA UMUNYAMURYANGO W'ITSINDA ARI NAWA URERA UMWANA, REBA UKWEZI/UMWAKA BY'IGIHE YAVUKIYE KU BIBAZWA BY'URERA UMWANA UBYANDIKE HANO Mwari mwujije imyaka ingahe ku isabukuru y'amavuko iherutse?	IMYAKA	
HITAMO	UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA NI NAWA URERA UMWANA	YEGO=> SIMBUKIRA KURI C201 OYA=> KOMEZA	

C106	Wigeze ujya mw' ishuri?	Yego 1 Oya 2=>C201 Yanze gusubiza 9=>C201		
C107	Ni uruhe rwego rw'amashuri ruhanitse waba waragezemo? REBA KODE Z'AMASHURI HEJURU			
C108	Ni uruhe rwego rw'amashuri ruhanitse waba wararangije? REBA KODE Z'AMASHURI HEJURU			

--IGIKA KIRARANGIYE--

IGICE CYAC2: KUBA MU ITSINDA RYO KUZIGAMA NO KUGURIZANYA

Mfite ibibazo ngirango munsubize ku bijyanye no kuba mu matsinda yo kuzigama no kugurizanya. Nagirango nkwiubutse, Itsinda ryo kuzigama no kugurizanya ni itsinda rigizwe n'abaturage bishyize hamwe kugirango bizigamire kandi bagurizanye kuri ubwo bwizigame bwabo. Ibikorwa by'itsinda bimara umwaka aho ubwizigame n'inyungu ku nguzanyo babigabana bakongera gutangira umwaka bundi bushya. Itsinda ryo kuzigama no kugurizanya rinaha abanyamuryango ubumenyi ku bijyanye n'icungamutungo.		
C201	Ni mu kwezi n'umwaka urugo rwanyu rwinjiye bwa mbere mu itsinda ryo kuzigama no kugurizanya?	___ / ___ (Ukwezi/Umwaka)
C202	Urugo rwanyu rumaze igihe kingana iki mu itsinda ryo kuzigama no kugurizanya? BANZA UGENZURE IGISUBIZO KU KIBAZO KIBANZA.	Munsi y'ukwezi 1 Hagati y'ukwezi 1-3 2 Hagati y'amezi 3 n'umwaka 3 Hejuru y'umwaka 4 Ikindi, sobanura: _____ 6
C206	Ni amatsinda yo kuzigama no kugurizanya angahe abo mu rugo rwanyu baba babereye abanyamuryango?	
C207	Haba hari umuntu wo mu rugo rwanyu waba warigeze aba umuyobozi mw' itsinda ryo kuzigama no kugurizanya?	Yego 1 Oya 2=>C208A

C208	Ni uwuhe mwanya yagize? <u>Ongerera ubaze: Nta yindi myanya?</u> ONGERA UBAZE UKORESHEJE IBISUBIZO BYATANZE NIBA ARI NGOMBWA SHYIRA URUZIGA KU BISUBIZO BYOSE UHAWWE	Umuyobozi Umwanditsi Umubitsi Ubara amafanga Undi mwanya, wuvuge: _____	A B C D X
C208A	Ubu, ni amatsinda yo kuzigama no kugurizanya angahe abo mu rugo rwanyu babereye abanyamuryango?	[] []	
C209	N' ayahe mazina y' amatsinda yo kuzigama no kugurizanya urugo rwanyu rurimo ubu?		
C209A	NIBA "TWIYUBAKE" ITANZWE NK'IGISUBIZO KURI C209, SHYIRA MU RUZIGA "YEGO". NIBA TARI IBYO, BAZA: Ubu, wowe cg undi muntu wo mu rugo rwanyu ni umunyamuryango w'itsinda ryo kuzigama no kugurizanya ry'umushinga Twiyubake"?	Yego Oya	1 2
C209B	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA BAHERUKA KWINJRAMO: Ni mu kuhe kwezi n'umwaka nibura umuntu umwe wo mu rugo rwanyu yinjie mu itsinda murimo ubu?	[] [] / [] [] [] [] UKWEZI/IMYAKA	
C210	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA AHERUKA KWINJRAMO: Ni uwuhe mushinga cyangwa umuryango wafashije urugo rwanyu gushinga itsinda ryanyu? HITAMO IGISUBIZO CYOSE KIRI CYO.	DUHAMIC EPR YWCA AEE CARITAS FXB RSSP/LWH CARE PPMER Amajyambere mu cyaro CAPMER Iyindi, yivuge: _____ Simbizi	A B C D E F G H I J X Y
C211	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA AHERUKA KWINJRAMO: Ni amafaranga angahe urugo rwanyu rutanga yo kuzigama mu itsinda ryanyu ryo kuzigama no kugurizanya igihe cyose mukoze inama?	RWF	

C212	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA AHERUKA KWINJRAMO: Ni inyungu ingana iki itsinda ryanyu urugo rwanyu rurimo risaba? IGISUBIZO KIGOMBA KUBA MU IJANISHA		%	
C213	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA AHERUKA KWINJRAMO: Mwe cg undi muntu wo mu rugo rwanyu yigeze asaba inguzanyo mu itsinda murimo ubu ryo kuzigama no kugurizanya?		Yego Oya	1 2=>C219
C214	Ubwanyuma wowe cg undi muntu wo mu rugo rwanyu aheruka gusaba inguzanyo mu itsinda murimo ubu ryo kuzigama no kugurizanya, ni amafanga angahe mwasabye?		RWF	
C215	Ni angahe urugo rwanyu rwagombaga kwishyura? (Mwongeyeho inyungu?)		RWF	
C216	Ni iki urugo rwanyu rwakoresheje amafanga mwabonye ubwo muheruka gusaba inguzanyo? Nta kindi? ZENGURUTSA URUZIGA IBYO AVUZE BYOSE			
	Nayahahishije ibyo kurya A Nayaguzemo imyaka yo kugurisha B Nayaguzemo ibintu (bitari ibiribwa) byo kugurisha C Nayaguzemo ibikoresho byo mu rugo nka: TV, radiyo, firigo, telefoni igendanwa D Nayishyuye mu kwivuza E Nayishyuye amashuri/ibikoresho by'abana F Nayaguzemo amatungo cyangwa inkoko byo kworora G	Nayaguzemo imbuto zo gutera H Nayaguzemo ibikoresho byo mu buhinzi I Nayaguzemo ibikoresho byo gukora ubushabitsi, nk'imashini idoda J Gutunganya inzu ntuyemo: kugura amabati mashya, gusana inzu K Nayahaye uwo twashakanye cyangwa abo dufitanye isano L Nayishyuye ideni M Nayishyuye ibijyanye no gushyingura N Nayishyuye ibijyanye no gushyingirwa O Ibindi, bivuge: _____ X		
C217	Urugo rwanyu rwaba rwararangije kwishyura iyo nguzanyo yose?		Yego Oya	1 2

C219	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA AHERUKA KWINJRAMO:							Yego Oya	1 2=>C223
	Wowe cg undi muntu wo mu rugo rwanyu yaba yarigeze abona ku biva ku migabane mufite mu itsinda ryo kuzigama no kugurizanya? <i>Ibiva ku migabane ni ubwizigame bugabanywa abanyamuryango b'itsinda ryo kuzigama no kugurizanya nyuma y'igihe runaka cy'ubwizigame no kugurizanya hagati y'abanyamuryango</i>								
C220	Kuva wakwinjira mu itsinda ryo kuzigama no kugurizanya, ni imigabane ingana iki wowe cg undi muntu wo mu rugo rwanyu yahawe?							Umwe Ibiri Itatu (cyangwa irenga)	1 2 3
C221	Utekereje igihe urugo rwanyu ruheruka kubona imigabane mu itsinda ryo kuzigama no kugurizanya, rwabonye amafaranga angahe?							RWF	
C222	Utekereje igihe urugo rwanyu ruheruka kubona imigabane mu itsinda ryo kuzigama no kugurizanya, ayo rwabonye rwayakoresheje iki? Nta kindi? ZENGURUTSA URUZIGA IBYO AVUZE BYOSE							Nayahashishije ibyo kurya	A
								Nayaguzemo ibiryo byo gucuruza	B
								Nayaguzemo ibintu (bitari ibiribwa) byo kugurisha	C
								Nayaguzemo ibikoresho byo mu rugo nka: TV, radiyo, firigo, telefoni igendanwa,	D
								Nayishyuye mu kwivuza	E
								Nayishyuye amashuri/ibikoresho by'abana	F
								Nayaguzemo amatungo cynagwa inkoko byo kworora	G
								Nayahashishije imbuto zo gutera	H
								Nayaguzemo ibikoresho byo mu buhinzi	I
								Nayaguzemo ibikoresho byo gukora ubusabitsi, nk'imashini idoda	J
								Gutunganya inzu ntuyemo: kugura amabati mashya, gusana inzu	K
								Nayahaye uwo twashyakanye cyangwa abo dufitanye isano	L
								Nayishyuye ideni	M
								Nayishyuye ibijyanye no gushyingura	N
								Nayishyuye ibijyanye no gushyingirwa	O

		Ibindi, bivuge: _____	X
C223	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA BAHERUKA KWINJRAMO: Wowe cg undi muntu wo mu rugo rwanyu yigeze asaba cyangwa kuguzwa amafaranga y'ingoboka mu itsinda ryo kuzigama no kugurizanya?	Yego Oya	1 2=>C225
C224	Igihe wowe cg undi muntu wo mu rugo rwanyu aherutse gusaba amafaranga y'ingoboka mu itsinda ryo kuzigama no kugurizanya, yakoreshejwe iki? ZENGURUTSA URUZIGA IBYO AVUZE BYOSE	Nayahashishije ibyo kurya Nayaguzemo ibiryo byo gucuruza Nayaguzemo ibintu (bitari ibiribwa) byo kugurisha Nayaguzemo ibikoresho byo mu rugo nka: TV, radiyo, firigo, telefoni igendanwa, Nayishyuye mu kwivuza Nayishyuye amashuri/ibikoresho by'abana Nayaguzemo amatungo cynagwa inkoko byo kworora Nayahashishije imbuto zo gutera Nayaguzemo ibikoresho byo mu buhinzi Nayaguzemo ibikoresho byo gukora ubusabitsi, nk'imashini idoda Gutunganya inzu ntuyemo: kugura amabati mashya, gusana inzu Nayahaye uwo twashyakanye cyangwa abo dufitanye isano Nayishyuye ideni Nayishyuye ibijyanye no gushyingura Nayishyuye ibijyanye no gushyingirwa Ibindi, bivuge: _____	A B C D E F G H I J K L M N O X
C225	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIJYANYE N'AMATSINDA AHERUKA KWINJRAMO: Wowe cg undi muntu wo mu rugo rwanyu mwaba mwarigeze mwumva ushyizweho imbaraga/ingufu/agahato/igitutu mu gutanga umugabane mu itsinda ryo kuzigama no kugurizanya mu gihe wumvaga wari kuyakoresha ibindi bintu bijyanye n'urugo?	Yego Oya	1 2

FILTER	UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA NI NAWA URERA UMWANA	YEGO=> KOMEZA OYA=> SIMBUKIRA KURI C227	
C226	BAZA GUSA IGIHE ARI URERA UMWANA W'IBANZE. Turashaka kumenya niba kuba mu itsinda ryo kuzigama no kugurizanya kwawe hari icyo kwaba kwahinduye ku mwanya uba uri kumwe n'abana bawe (abana bawe bwite n'abo urera). Wavugaga ko kuba mu itsinda ryo kuzigama no kugurizanya kwawe kwongereye, kwagabanyije, cyangwa ntacyo bwahinduye mu ngano y'igihe uba uri kumwe n'abana bawe?	Byongereye umwanya marana n'abana Byagabanyije umwanya marana n'abana Byenda kungana	1 2 3
C227	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIYANYE N'AMATSINDA AHERUKA KWINJRAMO: Ni kangaha itsinda ryanyu ryo kuzigama no kugurizanya rikora inama? ZENGURUTSA AKAZIGA IGISUBIZO KIMWE GUSA	Buri cyumweru Buri kwezi Nta gahunda izwi Ikindi gihe, kivuge: _____	1 2 3 6
C228	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIYANYE N'AMATSINDA AHERUKA KWINJRAMO: Hari umuntu wo mu rugo rwanyu wigeze yitabira inama y'itsinda ryo kuzigama no kugurizanya iheruka?	Yego Oya	1 2
C229	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIYANYE N'AMATSINDA AHERUKA KWINJRAMO: Itsinda ryo kuzigama no kugurizanya wowe cg. undi mu rugo rwanyu arimo ubu rifite amategeko arigenga?	Yego Oya Simbizi	1 2 8

C230	NIBA C209A=YEGO, BAZA IKI KIBAZO KURI TWIYUBAKE. NIBA C209A=OYA, MUBAZE KU BIYANYE N'AMATSINDA AHERUKA KWINJRAMO:		

	Itsinda ryanyu ryo kuzigama no kugurizanya ryaba rivuga/riganira ku ngingo zikurikira mu nama isanzwe y'itsinda?		Ni kangahe muganira ku [TOPIC]?
	C230.1 Kuboneza urubyaro/gutandukanya imbyaro	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.2 Virusi itera Sida	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.3 Ubuzima bw'imyororokere n'imikorere y'imyanya ndangagitsina mu rubyiruko	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2

	C230.4 Imirire	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.5 Isuku (urugero: amazi meza, gukaraba intoki, etc)	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.6 Kurengera/kurinda umwana	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.7 Ihohotera rishingiye ku gitsina	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2

	C230.8 Ibijyanye n'uburinganire n'ubwuzuzanye hagati y' igitsina gabo na gore	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.9 Kwirinda cyangwa kuvura malariya	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.10 Amahugurwa ku kuzamura ubukungu bw'umuryango	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.11 Amahugurwa ku bumenyi bw'ibanze ku murimo/AKAZI KANOZE (eg: imiyoborere, imibanire mu kazi, etc)	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE 9 => NEXT GUSUBIZA SERVICE	RIMWE 1 BIRENZE RIMWE 2

	C230.12 Amahugurwa ku kumenya kwirinda imyitwarire yagushyira mu kaga (eg: gukora imibonano mpuzabitsina idakingiye, ibiyobyabwenge, etc)	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE GUSUBIZA 9 => NEXT SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.13 Umubyeyi kuganiriza umwana ku bijyanye n'imyanya y'ibanga n'imyitwarire kuriyo.	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE GUSUBIZA 9 => NEXT SERVICE	RIMWE 1 BIRENZE RIMWE 2
	C230.14 Kwishyura ibirebana n'uburezi (urugero: igenamigambi , kugena ingengo y'imari)	YEGO 1 OYA 2 => NEXT SERVICE Ntabizi 8 => NEXT SERVICE YANZE GUSUBIZA 9 => NEXT SERVICE	RIMWE 1 BIRENZE RIMWE 2

--IGIKA KIRARANGIYE

IGICE CYA C4. KUGERA KURI SERIVISI Z'UBUZIMA, KWIRINDA AGAKOKO GATERA SIDA, KUVURA NO GUFASHA ABABANA N'UBWANDU BWA VIRUSI ITERA SIDA

C4 Hitamo	UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA NI NAWA WASUBIJE (CG WASUBIJE) IGIKA CYA H KU BIBAZWA BIGENEWE URUGO cg NI NAWA WASUBIJE IBIBAZWA URERA UMWANA W'IBANZE?	☐ YEGO ☐ OYA	1=>C402 2=>C401

Ngiye gusoma urutonde rw'ibintu na serivisi. Umbwire niba wowe cyangwa undi muntu wo mu muryango wawe yaba yarigeze ahabwa cyangwa agera kuri ibyo bintu cyangwa serivisi mu mezi atandatu ashize.

		Yego gusubiza	Oya	Ntabizi	Yanze		Yego gusubiza	Oya	Ntabizi	Yanze
C401	C401.1 Kwipimisha virusi itera SIDA	1	2	8	9	C401.14 Amahugurwa yo kwitegurira umurimo	1	2	8	9
	C401.2 Amashuri yo kwigisha abahinzi mu murima	1	2	8	9	C401.15 Gufashwa n'abashinzwe isanamutima bagusanze mu rugo cg umukozi ushinze imibereho myiza	1	2	8	9
	C401.3 Guhabwa amatungo magufi	1	2	8	9					
	C401.4 Guhabwa imbuto	1	2	8	9					
	C401.5 Amahugurwa yo gutekera, kugaburira no kwita ku bana muri rusange	1	2	8	9					
	C401.6 Guhabwa ibiribwa	1	2	8	9	C401.19 Amakuru ku kubungabunga umwana	1	2	8	9
	C401.7 Amakuru kuburyo bwo kwirinda SIDA 'izindi ndwara zandurira mu mibonano mpuzabitsina	1	2	8	9	C401.20 Amakuru ku mirire k'umugore utwite cg wonsa	1	2	8	9

	C401.28 Ububyeyi buboneye/ buteza umwana imbere	1	2	8	9
	C401.29 Gukurikirana imikurire 'abana	1	2	8	9
	C 401.30Udukingirizo tw' ubuntu	1	2	8	9
	C401.31 Ibiganiro hagati y' ababyeyi n' abana ku imyororokere n' ibijyanye n' imibonanompuza bitsina	1	2	8	9
	C401.32 Itoza rya bato kugirango bemere nka bantu bikitegererezo mu ako gace (mentorship program)	1	2	8	9

C402. Ngeze ku musozo w'ibibazo byanjye. Urakoze kuba wemeye kugira uruhare muri iki kiganiro. Haba hari ikindi wifuza kongeraho cyangwa kutubaza?

C403	ITARIKI IKIGANIRO KIRANGIRIYEHO (umunsi/ukwezi/umwaka)	[__ / __ / 20 __]
C404	ISAHA IKIGANIRO KIRANGIRIYEHO (isaha/iminota)	[__ : __ : __ : __]
C405	IBYO UBAZA YONGERAHO	

IBIKURIKIYEHO

C406	Uyu muntu wo mu itsinda ryo kuzigama no kugurizanya wasubije niwe rubyiruko rugambiriwe (niba afite imyaka 10-17) hakurikijwe urupapuro rw'igenzura (Control sheet) ufite?	Yego	1	1=>Komeza n'ibibazwa urubyiruko
		Oya	2	2=>Komeza n'ibaza rikurikiyeho

Youth Survey

Table of Contents

MODULE A. HOUSEHOLD IDENTIFICATION SHEET	457
MODULE C. BACKGROUND INFORMATION	457
MODULE D. INDIVIDUAL YOUTH SURVEY (10-17 years)	458
SECTION D1. CHORES & WORK	458
SECTION D3. HEALTH, SUPPORT AND PROTECTION	461
SECTION D4. HIV/AIDS KNOWLEDGE, ATTITUDES & SEXUAL BEHAVIOR	461
SECTION D5. GENDER NORMS AND RELATIONSHIP DYNAMICS	467
SECTION D6. ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE & SUPPORT	474

MODULE A. HOUSEHOLD IDENTIFICATION SHEET

IRB Study Number | _____ |

A00 1	PROVINCE	
A00 2	DISTRICT	
A00 3	SECTOR	
A00 4	CELL	
A00 5	VILLAGE	
A00 6	HOUSEHOLD IDENTIFICATION NUMBER	
A00 8	LINE NUMBER OF YOUTH FROM HH ROSTER	

MODULE C. BACKGROUND INFORMATION

Let's start out by you telling me a little about yourself.

No.	Questions	Coding Categories	SKIP
C101	Record / Confirm Child's Sex	Male 1 Female 2 Other 6 _____ (SPECIFY) 9 REFUSED	
C102	IF THE YOUTH IS THE SAME AS A CAREGIVER AND/OR ISLG MEMBER, VERIFY MONTH AND YEAR OF BIRTH AND RECORD DATA HERE In what month and year were you born? (I IF BIRTH CERTIFICATE WAS SEEN DURING CAREGIVER SURVEY, RECORD MONTH AND YEAR FROM CAREGIVER SURVEY F107 for youth 10-17). IF UNKNOWN, ASK YOUTH TO ESTIMATE	MONTH YEAR	
C103	Record / Confirm Youth's Age- IF THE YOUTH IS THE SAME AS A CAREGIVER		

	AND/OR ISLG MEMBER, VERIFY AGE AND RECORD DATA HERE Remind me, how old were you at your last birthday? CONFIRM WITH MONTH AND YEAR BORN IN C102 AND ADJUST IF NECESSARY. DO NOT LEAVE BLANK. IF UNKNOWN, ASK YOUTH TO ESTIMATE	<table border="1"> <tr> <td></td> <td></td> </tr> </table> AGE																													
A PRIMARY CAREGIVER IS DEFINED AS A PERSON WHO IS RESPONSIBLE FOR FEEDING, CLOTHING, AND CARE FOR A CHILD. IT SHOULD NOT BE THE PERSON WHO SOLELY PROVIDES FINANCIAL SUPPORT, UNLESS THAT PERSON IS ALSO THE ONE RESPONSIBLE AS NOTED HERE. IT DOES NOT NEED TO BE THE MOTHER OR FATHER OR HEAD OF HOUSEHOLD.																															
C104	Who is your primary caregiver? DO NO READ RESPONSES. RECORD ONE PRIMARY RESPONSE ONLY.	<table> <tr><td>Mother (biological)</td><td>1</td></tr> <tr><td>Father (biological)</td><td>2</td></tr> <tr><td>Step-mother and/or foster mother</td><td>3</td></tr> <tr><td>Step-father and/or foster father</td><td>4</td></tr> <tr><td>Sister</td><td>5</td></tr> <tr><td>Brother</td><td>6</td></tr> <tr><td>Aunt</td><td>7</td></tr> <tr><td>Uncle</td><td>8</td></tr> <tr><td>Grandmother</td><td>9</td></tr> <tr><td>Grandfather</td><td>10</td></tr> <tr><td>Non-family member (female)</td><td>11</td></tr> <tr><td>Non-family member (male)</td><td>12</td></tr> <tr><td>No one/self</td><td>13</td></tr> <tr><td>Other: _____</td><td>66</td></tr> </table>	Mother (biological)	1	Father (biological)	2	Step-mother and/or foster mother	3	Step-father and/or foster father	4	Sister	5	Brother	6	Aunt	7	Uncle	8	Grandmother	9	Grandfather	10	Non-family member (female)	11	Non-family member (male)	12	No one/self	13	Other: _____	66	
Mother (biological)	1																														
Father (biological)	2																														
Step-mother and/or foster mother	3																														
Step-father and/or foster father	4																														
Sister	5																														
Brother	6																														
Aunt	7																														
Uncle	8																														
Grandmother	9																														
Grandfather	10																														
Non-family member (female)	11																														
Non-family member (male)	12																														
No one/self	13																														
Other: _____	66																														

--- END OF SECTION ---

MODULE D. INDIVIDUAL YOUTH SURVEY (10-17 years)

SECTION D1. CHORES & WORK

No.	Questions	Coding Categories	SKIP																								
D101	Do you sometimes do <u>household or farm chores</u> for your own family, or care for a member of your household?	<table> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>2</td></tr> <tr><td>Don't Know</td><td>8</td></tr> <tr><td>Refuse</td><td>9</td></tr> </table>	Yes	1	No	2	Don't Know	8	Refuse	9	2=>D104 8=>D104 9=>D104																
Yes	1																										
No	2																										
Don't Know	8																										
Refuse	9																										
D102	What household or farm chores do you usually do for your family? Anything else? CIRCLE ALL MENTIONED	<table> <tr><td>Prepare food</td><td>A</td></tr> <tr><td>Fetch water</td><td>B</td></tr> <tr><td>Clean house/toilets</td><td>C</td></tr> <tr><td>Wash clothes, blankets</td><td>D</td></tr> <tr><td>Take care of children</td><td>E</td></tr> <tr><td>Take care of adult household members</td><td>F</td></tr> </table>	Prepare food	A	Fetch water	B	Clean house/toilets	C	Wash clothes, blankets	D	Take care of children	E	Take care of adult household members	F	<table> <tr> <td>Plant/tend /harvest crops</td> <td>G</td> </tr> <tr> <td>Feed, care for animals</td> <td>H</td> </tr> <tr> <td>Other _____</td> <td>X</td> </tr> <tr> <td>_____</td> <td>Y</td> </tr> <tr> <td>Don't Know</td> <td>Z</td> </tr> <tr> <td>Refuse</td> <td></td> </tr> </table>	Plant/tend /harvest crops	G	Feed, care for animals	H	Other _____	X	_____	Y	Don't Know	Z	Refuse	
Prepare food	A																										
Fetch water	B																										
Clean house/toilets	C																										
Wash clothes, blankets	D																										
Take care of children	E																										
Take care of adult household members	F																										
Plant/tend /harvest crops	G																										
Feed, care for animals	H																										
Other _____	X																										
_____	Y																										
Don't Know	Z																										
Refuse																											

No.	Questions	Coding Categories	SKIP
D103	About how much time do you spend per day doing household or farm chores for your family?	Less than 1 hour 1 1-2 hours 2 3-4 hours 3 More than 4 hours / most of the day 4 5 It depends / it is different everyday	
D104	(Apart from these chores,) do you sometimes do <u>other work</u> outside your home?	Yes 1 No 2	2=> D109
D105	What kinds of other work do you sometimes do (that is not a household or farm chore for your own family)? Anything else? PROBE WITH RESPONSE CATEGORIES IF NECESSARY. CIRCLE ALL MENTIONED.	Sell/hawk goods while walking A Sell food at market B Household chores for <u>other</u> families C D Farm chores for <u>other</u> families E Help out in shop F Construction G Sewing H Mechanic I Clerk, Delivery, Administrative J Agricultural labourer	Livestock herding K Own farm labour L Petty trade (Small shop) M N Trader (Buy/sell in large quantities, sell to petty traders) O Mining P Firewood/charcoal Q Brewing R Handicraft S Fishing X Other: _____

No.	Questions	Coding Categories	SKIP
D106	How often do you do other work (that is not household/farm chores for your own family)? Would you say....? READ RESPONSE CATEGORIES	Every day / most days 1 Several times a week 2 Once a week 3 Once in a while 4	1=>D107 All others: D108
D107	About how much time do you spend per day doing this work?	Less than 1 hour 1 1-2 hours 2 3-4 hours 3 More than 4 hours 4 It depends / it is different everyday 5	
D108	Have you ever received money for any of the work that you do?	Yes 1 No 2	

No.	Questions	Coding Categories	SKIP
D109	What [else] do you do to get money? CIRCLE ALL MENTIONED IF WORK MENTIONED, RETURN TO D105-D109	Nothing Y Begging A Other: X _____	
Filter	CHECK ANSWERS TO D108 AND D109: RESPONDENT GETS MONEY SOMEHOW (D108=1 OR D109=A,X) ☐ ↓ RESPONDENT DOES NOT GET MONEY (D108=2 AND D109=Y) D111 ☐ →		
D110	What do you do with the money you get? Anything else? CIRCLE ALL MENTIONED	Give to parents / guardians A Pay for my school expenses B Pay for school expenses of others C Buy food for myself D Buy alcohol E Buy other things for myself F Save it G Other: X _____ Y Don't Know Z Refuse	
D111	In the last 6 months, have you begun new paid work outside the home? This may include self-employment.	Yes No Refuse	1 2 => D113 9=> D113
D112	Is this job an improvement over your previous job? IMPROVEMENT IS BASED ON THE PARTICIPANT'S PERCEPTION	Yes 1 No 2 Did not have job previously 3 Don't Know 8 Refuse 9	
D113	Are you currently looking for work?	Yes No Refuse	1 2 9
D114	Do you feel you have the skills you need to have a job?	Yes No Refuse	1 2 9

--- END OF SECTION ---

SECTION D3. HEALTH, SUPPORT AND PROTECTION

Enumerator: It is important that you carry out the remainder of this module in a private room or private location away from other people so that others cannot hear the questions or the youth's responses. If privacy is compromised during this module (for example, another family member enters the room), you should stop asking questions until privacy is re-established. In addition, if the participant becomes distraught or sad during these questions, you should pause and ask he/she if he/she is okay. Also ask if he/she would like to continue with the interview, to pause momentarily, skip these questions, or skip to the next section.

Now I have a few questions about your health and wellbeing. I'm going to ask you a few questions about people in your life. Please respond yes or no. We are not asking for names of people.

No.	Question	Coding Category
D301	Do you have someone in your life to turn to for suggestions about how to deal with a personal problem?	Yes No 1 2
D302	Do you have someone in your life to help with daily chores if you were sick?	1 2
D303	Do you have someone in your life that shows you love and affection?	1 2
D304	Do you have someone in your life to do something enjoyable with?	1 2

--- END OF SECTION ---

SECTION D4. HIV/AIDS KNOWLEDGE, ATTITUDES & SEXUAL BEHAVIOR

We are nearly done. I have a few short questions on a disease called HIV/AIDS.

No.	Question	Coding Categories		
D401	Has anyone ever talked to you or taught you about how children grow and develop? PROMPT: HOW CHILDREN’S BODIES CHANGE OVER TIME (PUBERTY CHANGES)	Yes 1 No 2=>D403		
D402	Who talked to you about how children grow and develop? Anyone else? CIRCLE ALL MENTIONED	Mother(biological or foster) Father (biological or foster) Grandparent Aunt Uncle Sister	A B C D E F	Brother Friend Neighbor Teacher Other: _____ Don’t Know Refuse Z

D403	Has anyone ever talked to you or taught you about sex or sexual behavior?		Yes 1 No 2=>D405			
D404	Who talked to you about sex or sexual behavior? Anyone else? CIRCLE ALL MENTIONED	Mother(biological or foster) Father (biological or foster) Grandparent Aunt Uncle Sister	A B C D E F	Brother Friend Neighbor Teacher Other: ____ Don't Know Refuse	G H I J X Y Z	
D405	Have you ever heard of an illness called HIV or AIDS?		Yes 1 No 2 => D419			
D406	Has anyone ever talked to you or taught you about HIV or AIDS?		Yes 1 No 2 => D408			
D407	Who talked to you about HIV or AIDS? Anyone else? CIRCLE ALL MENTIONED	Mother(biological or foster) Father (biological or foster) Grandparent Aunt Uncle Sister	A B C D E F	Brother Friend Neighbor Teacher Other: ____ Don't Know Refuse	G H I J X Y Z	
D408	HIV is the virus that leads to AIDS. Can people reduce their chances of getting the HIV by having just one uninfected sex partner who has no other sex partners?		Yes 1 9	No 2	DK/Not Sure 8	Refuse
D409	Can people reduce their chance of getting HIV by using a condom every time they have sex?		1	2	8	9
D410	Is it possible for a healthy-looking person to have HIV?		1	2	8	9
D411	Can people get HIV from mosquito bites?		1	2	8	9
D412	Can people get the HIV virus by sharing food with someone who has HIV?		1	2	8	9
D413	Can HIV be transmitted from a mother to her baby:		Yes	No	DK/Not Sure	Refuse
D413.1	a) During pregnancy?		1	2 9	8	
D413.2	b) During delivery?		1	2 9	8	
D413.3	c) By breastfeeding?		1	2 9	8	
I have a few more questions about HIV. If you don't want to answer, that is all right.						

D414	I don't want to know the results, but have you ever been tested to see if you have HIV?	Yes 1 No 2 DK/Not Sure 8 Refuse 9 If 2,8,9 =>D418
D415	How many months ago was your most recent HIV test?	Months ago Two or more years 95
D416	Who influenced you to take your most recent HIV test? CIRCLE ALL MENTIONED	Spouse/partner A Parent B Other relative C Neighbor/friend D Community health worker E Peer educator F Case management volunteer G Other: X _____ Self/nobody y
D417	I don't want to know the results but did you get the results of your test?	Yes 1 No 2 DK/Not Sure 8 Refuse 9
D418	Do you know of a place where people can go to get an HIV test?	1 2 8 9
My next few questions relate to sex. These questions may be awkward to answer. If you do not wish to answer, you do not have too. Please just say PASS. If you do choose to answer, please be as honest as you can. The information you provide will help us to improve our programs to meet the needs of children like you. Everything that you tell me will be held strictly confidential.		
D419	How old were you when you had sexual intercourse for the very first time? For the purposes of this survey, 'sexual intercourse' is when a male puts his penis inside of a female's vagina or inside of someone's anus. IF RESPONDENT CANNOT RECALL, ASK THEM TO ESTIMATE.	AGE NEVER HAD SEXUAL INTERCOURSE...00 ->D436 Refused..99 → D424
D420	When was the last time you had sexual intercourse?	DAYS AGO.....[][] WEEKS AGO.....[][] MONTHS AGO.....[][]

	IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	YEARS AGO.....[][]→D422 REFUSED...999→D422								
D421	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, . . . PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS DON'T KNOW . . .88 95 OR MORE, WRITE '95'. IF REFUSED, RECORD 99.	NUMBER OF SEXUAL PARTNERS								
D422	The last time you had sexual intercourse, was a condom used?	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>DK/Not Sure</td> <td>Refuse</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </table>	Yes	No	DK/Not Sure	Refuse	1	2	8	9
Yes	No	DK/Not Sure	Refuse							
1	2	8	9							
D423	What was your relationship to this person with whom you had sexual intercourse? If "BOYFRIEND"/"GIRLFRIEND": Were you living together as if married? If yes, choose "2" and if no, choose "3"	HUSBAND/WIFE..... 1 LIVE-IN PARTNER 2 BOYFRIEND/GIRLFRIEND NOT living with ReSPONDENT 3 Casual ACQUAINTANCE 4 PROSTITUTE 5 OTHER _____ 6 (SPECIFY)								
THE FOLLOWING QUESTIONS ARE ABOUT PREGNANCIES AND BIRTHS OF CHILDREN WHO ARE BIOLOGICALLY RELATED TO THE RESPONDENT. THE FIRST STEP IS TO DETERMINE IF YOU HAVE FILLED A CAREGIVER QUESTIONNAIRE FOR THIS RESPONDENT. IF YOU HAVE FILLED A CAREGIVER QUESTIONNAIRE, THEN YOU WILL NEED TO CHECK THE ANSWERS IN QUESTION F110 FOR ALL CHILDREN FOR WHOM THE RESPONDENT IS THE PRIMARY CAREGIVER TO SEE IF THE RESPONDENT IS THE BIOLOGICAL MOTHER/FATHER TO ANY CHLD. THEN FOLLOW THE INSTRUCTIONS AS LISTED.										
D424	FEMALE, OTHER, REFUSED C101 & NO CAREGIVER SURVEY OR FEMALE, OTHER, REFUSED C101 & CAREGIVER SURVEY WITH NO CHILDREN THAT HAVE F110=01 ↓	FEMALE, OTHER, REFUSED C101 & CAREGIVER SURVEY WITH AT LEAST ONE CHILD THAT HAS F110=01 => D426 MALE & CAREGIVER SURVEY WITH AT LEAST ONE CHILD THAT HAS F110=02 => D431								

		MALE & NO CAREGIVER SURVEY OR MALE & CAREGIVER SURVEY WITH NO CHILDREN THAT HAVE F110=02 => D430
D425	Have you ever been pregnant?	Yes No Don't Know Refuse 1 2 8 9 If 2=> D432; If 8,9 => D428
D426	How old were you the first time you became pregnant? IF DON'T KNOW, RECORD 88. IF REFUSED, RECORD 99.	AGE
D427	FEMALE, OTHER, REFUSED C101 & NO CAREGIVER SURVEY OR FEMALE, OTHER, REFUSED C101 & CAREGIVER SURVEY WITH NO CHILDREN THAT HAVE F110=01 ↓	FEMALE, OTHER, REFUSED C101 & CAREGIVER SURVEY WITH AT LEAST ONE CHILD WITH F110=01=> D429
D428	Have you ever given birth?	Yes No Refuse 1 2 9 If 1 => D429 If 2,8,9=>D432
D429	How old were you when you first gave birth?	AGE All skip to D432
D430	Have you ever fathered any children with any woman?	Yes No Don't Know Refuse 1 2 8 9 If 2,8,9 => D432
D431	How old were you when your (first) child was born?	AGE
D432	FEMALE, OTHER, REFUSED C101 & NO CAREGIVER SURVEY ↓	MALE OR FEMALE, OTHER, REFUSED C101 & CAREGIVER SURVEY → D436
D433	Are you currently pregnant?	Yes No Don't Know Refuse 1 2 8 9
D434	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes No Refuse 1 2 9 2,9 -> D436

D435	Which method are you using? CIRCLE ALL MENTIONED		FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS/JADELLE E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L STANDARD DAYS METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y													
D436	FOR THOSE YOUTH WHO HAVE EITHER A CAREGIVER OR ISLG MEMBER QRE, VERIFY CURRENT MARITAL STATUS AND RECORD HERE What is your <u>current</u> marital status?		Married 1 Cohabiting (but not married) 2 Never been married =>D438 Divorced or separated 3 Widowed =>D439 Refused 4 5 9 =>D439													
D437	How old were you when you first got married?		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> AGE													
D438	How old were you when you first started cohabitating?		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> AGE													
D439	Do you know of a place where a person can get condoms?		<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>DK/Not Sure</td> <td>Refuse</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td colspan="4" style="text-align: center;">If 2,8,9 => D501</td> </tr> </table>		Yes	No	DK/Not Sure	Refuse	1	2	8	9	If 2,8,9 => D501			
Yes	No	DK/Not Sure	Refuse													
1	2	8	9													
If 2,8,9 => D501																
D440	Where is that? Any other place? PROBE to identify each type of source. CIRCLE ALL MENTIONED	Public sector Referral Hospital District Hospital Health Center Health Post Outreach Community Health Worker Other public facility, specify_____ Private medical sector Polyclinic Clinic Dispensary	A B C D E F G H I J	Pharmacy K Family Planning Clinic L Other Private Medical M Facility, specify_____ Other source Kiosk N Traditional birth attendant O Friend/Relative P Church Q Other, specify _____ X Refuse Z												

--- END OF SECTION ---

SECTION D5. GENDER NORMS AND RELATIONSHIP DYNAMICS

	Interviewer script: <i>We would now like to ask you some questions about relationships between men and women. For each statement, please tell us if you agree a lot, somewhat agree, or do not agree at all with the statement.</i>	Agree a lot	Somewhat agree	Do not agree at all
	Violence Domain			
D501	There are times when a woman deserves to be beaten.			
D502	A woman should tolerate violence to keep her family together.			
D503	A wife who earns more than her husband provokes violence.			
	Sexuality			
D504	Men are always ready to have sex.			
D505	Men need sex more than women do.			
D506	You don't talk about sex, you just do it.			
	Masculinities			
D507	A man is less of a man if he earns less than his wife.			
D508	To be a man, you need to be tough.			
D509	Men should be embarrassed if unable to get an erection.			
D509A	If someone insults me, I will defend my reputation, with force if I have to			
	Reproductive Health			
D510	It is a woman's responsibility to avoid getting pregnant.			
D511	Men should be outraged if their wives/partners ask them to use a condom.			
	Gender roles			
D512	Changing diapers, giving a bath, and feeding kids is the mother's responsibility.			
D513	A woman's most important role is taking care of her home and family.			
D514	A man should have the final word about decisions in his home.			

Enumerator: It is important that you carry out the remainder of this module in a private room or private location away from other people so that others cannot hear the questions or her responses. If privacy is compromised during this module (for example, another family member enters the room), you should stop asking questions until privacy is re-established. In addition, if the participant becomes distraught or sad during these questions, you should pause and ask if she/he is okay. Also ask if she/he would like to continue with the interview, to pause momentarily, skip these questions, or skip to the next section.

Now we would like to ask you questions about some important aspects of a young person's life. I would like to ask you some questions about violence. I want to reassure you that any information you share with me is private. I will not share it with your caregiver, any family member, or anyone else in your house or community. I will not share it with another staff person at the research unit unless it suggests that there may be immediate harm to you or to someone else. However, there is still a risk that your family could find out that you participated in answering these questions. If you think there is any danger for you to answer these questions, please do let us know. If you do feel sad or uncomfortable, or you want some help, I can give you contact information for groups or services that help people when they are having difficulties with their caregivers, other family members, or anyone else. May I continue?				
D515	Have you ever seen your caregiver slap, punch, kick or otherwise hurt another child in your home?	1	Yes	
		2	No → D517	
		9	REFUSED	
D516	Have you seen your caregiver slap, punch, kick or otherwise hurt another child in your home in the last 12 months?	1	Yes	
		2	No	
		9	REFUSED	
D517	Have you ever seen another adult in your house slap, punch, kick or otherwise hurt another child in your home?	1	Yes	
		2	No → D519	
		9	REFUSED	
D518	Have you seen another adult in your house slap, punch, kick or otherwise hurt another child in your home in the last 12 months?	1	Yes	
		2	No	
		9	REFUSED	
D519	Has a parent, adult caregiver, or other adult relative ever:	Yes	No	DK/Not Sure Refuse
D519.1	u) Punched, kicked, whipped, or beat you with an object?	1	2	8 9
D519.2	v) Choked, smothered, tried to drown you, or burned you intentionally?	1	2	8 9
D519.3	w) Used or threatened you with a knife, gun, or other weapon?	1	2	8 9
	IF ANY YES TO D519.1, D519.2, D519.3, CONTINUE	IF ALL ANSWERS IN D519.1, D519.2, D519.3 ARE NO/DK/REFUSED, SKIP TO D526		
D520	Now think about the <u>last time</u> this happened. Did this happen in the last 12 months?	Yes	No	DK/Not Sure Refuse
		1	2	8 9

D521	Thinking of all of these experiences, how old were you the last time this happened?	0 to 5 years 6 to 11 years 12 to 17 years 18 or older Don't know Refused	1 2 3 4 8 9
D522	The parent, adult caregiver or adult relative who did this to you the last time, what was this person's relationship to you?	Father Step father Brother Step brother Uncle Mother Step Mother Sister Step sister Aunt Other male relative/caregiver Other female relative/caregiver Don't know Refused	1 2 3 4 5 6 7 8 9 10 11 12 88 99
D523	Did this parent, adult caregiver, or adult relative live within the same household as you when this last time occurred?	Yes No DK/Not Sure Refuse 1 2 8 9	
D524	The last time this parent, adult caregiver or adult relative did this to you, where did it occur?	MY HOME PERPETRATOR'S HOME SOMEONE ELSE'S HOME ON A ROAD/STREET MARKET/SHOP SCHOOL INSIDE A CAR/BUS LAKE, RIVER, OTHER BODY OF WATER FIELD OR OTHER NATURAL AREA BAR/RESTAURANT/DISCO/CLUB OTHER LOCATION (SPECIFY): _____ DON'T KNOW REFUSED	1 2 3 4 5 6 7 8 9 10 66 88 99
D525	The last time this parent, adult caregiver, or adult relative did this to you, what time of day did it occur?	MORNING (SUNRISE TO NOON) AFTERNOON (NOON TO SUNSET) EVENING (SUNSET TO MIDNIGHT) LATE AT NIGHT (MIDNIGHT-SUNRISE) DON'T KNOW REFUSED	1 2 3 4 8 9
D526	The next questions are about adults who are in your community. This includes adults such as teachers, police, employers, religious or community leaders, neighbors, or other adults you don't know. Remember, you can ask to skip any question that you do not want to answer. Have one of these people ever:	Yes No DK/Not Sure Refuse	
D526.1	a) Punched, kicked, whipped, or beat you with an object?	1 2 8 9	

D526.2	b) Choked, smothered, tried to drown you, or burned you intentionally?	1	2	8	9
D526.3	c) Used or threatened you with a knife, gun, or other weapon?	1	2	8	9
	IF ANY YES TO D526.1, D526.2, D526.3, CONTINUE	ALL ANSWERS TO D526.1, D526.2, D526.3 ARE NO/DK/REFUSED, SKIP TO INTRODUCTION TO SEXUAL VIOLENCE PARAGRAPH			
D527	Now think about the <u>last time</u> this happened. Did this happen in the last 12 months?	Yes	No	DK/Not Sure	Refuse
		1	2	8	9
D528	Thinking of all of these experiences, how old were you the last time this happened?	0 to 5 years 1 6 to 11 years 2 12 to 17 years 3 18 or older 4 Don't know 8 Refused 9			
D529	The adult in the community who did this to you the last time, what was this person's relationship to you?	MALE TEACHER 1 MALE POLICE/ SECURITY PERSON 2 MALE EMPLOYER 3 MALE COMMUNITY LEADER 4 MALE RELIGIOUS LEADER 5 MALE NEIGHBOR 6 MALE HOUSEHELP 7 FEMALE TEACHER 8 FEMALE POLICE/ SECURITY PERSON 9 FEMALE EMPLOYER 10 FEMALE COMMUNITY LEADER 11 FEMALE RELIGIOUS LEADER 12 FEMALE NEIGHBOR 13 FEMALE HOUSEHELP 14 OTHER MALE 66 OTHER FEMALE 77 DON'T KNOW/ DECLINED 99			
D530	The last time the adult in the community did this to you, where did it occur?	MY HOME 1 PERPETRATOR'S HOME 2 SOMEONE ELSE'S HOME 3 ON A ROAD/STREET 4 MARKET/SHOP 5 SCHOOL 6 INSIDE A CAR/BUS 7 LAKE, RIVER, OTHER BODY OF WATER 8 FIELD OR OTHER NATURAL AREA 9 BAR/RESTAURANT/DISCO/CLUB 10 OTHER LOCATION (SPECIFY): _____ 66 DON'T KNOW 88 REFUSED 99			
D531	The last time the adult in the community did this to you, what time of day did it occur?	MORNING (SUNRISE TO NOON) 1 AFTERNOON (NOON TO SUNSET) 2 EVENING (SUNSET TO MIDNIGHT) 3 LATE AT NIGHT (MIDNIGHT-SUNRISE) 4 DON'T KNOW 8 DECLINED 9			
Youth may experience unwanted sexual contact by people they know well, such as a romantic partner, family member or friend, or by strangers. Your answers are confidential and you can skip any questions that you don't feel comfortable answering.					

D532	How many times in your life have you been <u>physically forced</u> to have sex?	NEVER/NONE ONCE/ONE TIME 2 TIMES OR MORE DON'T KNOW/DECLINED	0 → D538 1 2 9
D533	Now think about the <u>last time</u> this happened. Did this happen to you within the past 12 months?	Yes No DK/Not Sure Refuse 1 2 8 9	
D534	How old were you the <u>last time</u> this happened?	YEARS OLD: _____ DK/NOT SURE REFUSE	88 99
Of these people who physically forced you to have sex this last time, think of the person you know best for the following questions:			
D535	What was this person's relationship with you? MALE BOYFRIEND/ROMANTIC PARTNER. HUSBAND FATHER STEP FATHER BROTHER UNCLE MALE CLASSMATE/SCHOOLMATE MALE TEACHER MALE POLICE/ SECURITY PERSON. MALE EMPLOYER MALE NEIGHBOR MALE LOCAL/RELIGIOUS LEADER. MALE FRIEND MALE STRANGER MALE HOUSEHELP OTHER MALE (SPECIFY) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	FEMALE GIRLFRIEND/ROMANTIC PARTNER WIFE... MOTHER STEP MOTHER SISTER... AUNT FEMALE CLASSMATE/SCHOOLMATE FEMALE TEACHER FEMALE POLICE/ SECURITY PERSON FEMALE EMPLOYER FEMALE NEIGHBOR.... FEMALE LOCAL/RELIGIOUS LEADER FEMALE FRIEND FEMALE STRANGER..... FEMALE HOUSEHELP..... OTHER FEMALE (SPECIFY) _____ DON'T KNOW/DECLINED..... 99
D536	Where were you when this happened to you the last time?	MY HOME PERPETRATOR'S HOME SOMEONE ELSE'S HOME ON A ROAD/STREET MARKET/SHOP SCHOOL INSIDE A CAR/BUS LAKE, RIVER, OTHER BODY OF WATER FIELD OR OTHER NATURAL AREA BAR/RESTAURANT/DISCO/CLUB	1 2 3 4 5 6 7 8 9 10

		OTHER LOCATION (SPECIFY): _____	66
		DON'T KNOW	88
		REFUSED	99
D537	What time of day did it occur?	MORNING (SUNRISE TO NOON) AFTERNOON (NOON TO SUNSET) EVENING (SUNSET TO MIDNIGHT) LATE AT NIGHT (MIDNIGHT-SUNRISE) DON'T KNOW REFUSED	1 2 3 4 8 9
D538	How many times in your life has someone <u>pressured</u> you to have sex through harassment, threats or tricks and did succeed?	NEVER/NONE ONCE 2 TIMES OR MORE_ DON'T KNOW/DECLINED	0 → D544 1 2 9
D539	Now think about the <u>last time</u> this happened. Did this happen to you within the past 12 months?	Yes No DK/Not Sure Refuse 1 2 8 9	
D540	How old were you the <u>last time</u> this happened?	YEARS OLD: _____ DON'T KNOW/DECLINED.....99	
Of the people who pressured you to have to have sex when you did not want to this <u>last time</u>, think of the person you know the best for the following questions:			
D541	What was this person's relationship with you? MALE BOYFRIEND/ROMANTIC PARTNER. HUSBAND FATHER STEP FATHER BROTHER UNCLE MALE CLASSMATE/SCHOOLMATE MALE TEACHER MALE POLICE/ SECURITY PERSON. MALE EMPLOYER MALE NEIGHBOR MALE LOCAL/RELIGIOUS LEADER. MALE FRIEND MALE STRANGER MALE HOUSEHELP OTHER MALE (SPECIFY) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	FEMALE GIRLFRIEND/ROMANTIC PARTNER WIFE... MOTHER STEP MOTHER SISTER... AUNT FEMALE CLASSMATE/SCHOOLMATE.... FEMALE TEACHER FEMALE POLICE/ SECURITY PERSON FEMALE EMPLOYER FEMALE NEIGHBOR.... FEMALE LOCAL/RELIGIOUS LEADER... FEMALE FRIEND FEMALE STRANGER..... FEMALE HOUSEHELP..... OTHER FEMALE (SPECIFY) _____ DON'T KNOW/DECLINED..... 99
D542	Where were you when this happened to you the last time?	MY HOME PERPETRATOR'S HOME SOMEONE ELSE'S HOME ON A ROAD/STREET MARKET/SHOP	1 2 3 4 5

		SCHOOL	6
		INSIDE A CAR/BUS	7
		LAKE, RIVER, OTHER BODY OF WATER	8
		FIELD OR OTHER NATURAL AREA	9
		BAR/RESTAURANT/DISCO/CLUB	10
		OTHER LOCATION (SPECIFY): _____	66
		DON'T KNOW	88
		REFUSED	99
D543	What time of day did it occur?	MORNING (SUNRISE TO NOON)	1
		AFTERNOON (NOON TO SUNSET)	2
		EVENING (SUNSET TO MIDNIGHT)	3
		LATE AT NIGHT (MIDNIGHT-SUNRISE)	4
		DON'T KNOW	8
		REFUSED	9
D544	Skip to D551 if all answers for D519.1-3, D526.1-3, D532, and D538 are No, Never/none, DK/Refuse/Declines		
D545	Thinking about all these experiences with parents, other adults, romantic partners and people within your age range that we just discussed, did you ever have to miss school because of what happened?	Yes No DK/Not Sure Refuse 1 2 8 9	
D546	Did you abandon school?	Yes No DK/Not Sure Refuse 1 2 8 9	
D547	Did you know a hospital/clinic, One Stop centers, police station, hotline, helpline, social welfare authority, or legal office, or other places to go for help?	Yes No DK/Not Sure Refuse 1 2 8 9 2,8,9→D551	
D548	Did you try to seek help from any of these places for any of these experiences?	Yes No DK/Not Sure Refuse 1 2 8 9 2 → D550 8,9→D551	
D549	Which place did you try to seek services? CHOOSE ALL THAT APPLY	HOSPITAL/CLINIC ONE STOP CENTRE.. POLICE STATION HOTLINE/HELPLINE SOCIAL WELFARE AUTHORITY LEGAL OFFICE OTHER/SPECIFY: _____ DON'T KNOW/DECLINED....	A ALL B SKIP C TO D D551 E F X Z
D550	What was the <u>main reason</u> you did not try to seek help from hospital/clinic, One Stop centers, police station, hotline, helpline, social welfare authority, legal office, or other places?	AFRAID OF GETTING IN TROUBLE..... ASHAMED/EMBARRASSED FOR SELF/FAMILY..... COULD NOT AFFORD SERVICES..... COULD NOT REACH SERVICES..... DEPENDENT ON PERPETRATOR..... PERPETRATOR THREATENED ME..... DID NOT THINK IT WAS A PROBLEM.. FELT IT WAS MY FAULT..... AFRAID OF BEING ABANDONED..... DID NOT NEED/WANT SERVICES.....	1 2 3 4 5 6 7 8 9 10 11

		UNSATISFACTORY/NEGATIVE PRIOR EXPERIENCE WITH SERVICES..... OTHER (SPECIFY): _____ DON'T KNOW/DECLINED.....	66 99
D551	Now, we'd like to know if any of these situations described have ever happened to you in your life. Have you ever seen your caregiver be slapped, punched, kicked or otherwise hurt by a spouse, boyfriend, or girlfriend?	1 Yes 2 No → D553 9 REFUSED	
D552	Have you seen your caregiver be slapped, punched, kicked or otherwise hurt by a spouse, boyfriend or girlfriend in the last 12 months?	1 Yes 2 No 9 REFUSED	
D553	Have you ever seen your caregiver be slapped, punched, kicked or otherwise hurt by someone else in the home?	1 Yes 2 No → SECTION D6 9 REFUSED	
D554	Have you seen your caregiver be slapped, punched, kicked or otherwise hurt by someone else in the home in the last 12 months?	1 Yes 2 No 9 REFUSED	

--- END OF SECTION ---

SECTION D6. ACCESS TO HEALTH SERVICES, HIV PREVENTION, CARE & SUPPORT

We have arrived at the last section of the questionnaire. We are almost finished. Thank you very much for your participation so far.

Filter: IS THE YOUTH THE SAME AS THE RESPONDENT TO THE HOUSEHOLD SURVEY, A CAREGIVER OR ISLG MEMBER?		
NO	YES	D602
	☐	☐ →
	↓	

D601	I am going to read out a list of items and services. Please tell me if <u>you or anyone else in your household</u> has received or accessed any of these items or services in the <u>last 6 months</u> .		IF RESPONDENT LINE NUMBER 201-220 OR 401-420 ASK: Did you receive this service or someone else in the household?
	SERVICE	ANSWER CATEGORIES	
	D601.1 HIV test	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.2 Farmer Field School	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD 3 BOTH
	D601.3 Free Small Livestock	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.4 Free seed	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD 3 BOTH
	D601.5 Nutritional advice in caring for your children	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3

	D601.6 Free food	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.7 Information on how to prevent HIV and other sexually transmitted infections	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.8 Information on family planning and/or birth spacing	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.9 Training on Early Childhood Development	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.10 Livelihood training/income generation	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.11 Community savings/lending group	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3

	D601.12 Life skills training	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.13 Vocational training scholarships	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.14 Workforce readiness training	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.15 Psychosocial support from a home visitor or social worker	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.16 Free school supplies or a school uniform	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.17 Birth registration support	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3

	D601.18 Mosquito nets	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.19 Information on child protection	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.20 Nutrition messaging for pregnant or lactating women	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.21 One Stop (GBV center)	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.22 Information on sexual and reproductive health and rights	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.23 Information on hygiene (e.g. safe water, hand washing)	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3

	D601.24 Information on positive masculinity and gender equity	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.25 Umugoroba w'ababyeyi (parental evenings)	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.26 HIV treatment and care	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.27 Advice on childhood immunization	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.28 Positive parenting	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.29 Growth monitoring for children	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3

	D601.30 Free condoms	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.31 Parent-child communication on sexual health and sexual behavior	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3
	D601.32 Mentorship program	YES 1 NO 2 => NEXT DK SERVICE REFUSE 8 => NEXT SERVICE 9 => NEXT SERVICE	RESPONDENT 1 SOMEONE ELSE IN 2 HOUSEHOLD BOTH 3

--- END OF SECTION ---

RESPONSE PLAN CHECKLIST:

DID RESPONDENT TELL YOU ABOUT/DISCLOSE ANY VIOLENCE IN THE LAST 12 MONTHS?

☐ YES
☐ NO

DID THE RESPONDENT SHOW ANY SIGNS OF BEING UPSET AT ANY POINT DURING THE VIOLENCE MODULE OR ANY OTHER CONVERSATION RELATED TO ABUSE, E.G. BEING TEARFUL, ANGRY, SAD, SHAKING BODY, DIFFICULTY IN BREATHING ETC.?

☐ YES
☐ NO

DID THE RESPONDENT TELL YOU THAT HE/SHE IS IN IMMEDIATE DANGER?

☐ YES
☐ NO

DID THE RESPONDENT TELL YOU ABOUT FEELING UNSAFE IN CURRENT LIVING SITUATION OR ASK FOR HELP WITH CURRENT OR PAST EXPERIENCES OF VIOLENCE AT ANY POINT DURING INTERVIEW?

☐ YES
☐ NO

IF NO WAS SELECTED FOR ALL OF THE ABOVE AND THE RESPONDENT DID NOT DISCLOSE ANY VIOLENCE, CONTINUE TO FINISH OPTION 1.

IF YES WAS SELECTED FOR ANY OF THE ABOVE, CONTINUE TO FINISH OPTION 2.

FINISH OPTION 1: RESPONDENT DID NOT MEET ANY RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to children and young people like you that we can really understand about the health and life experiences of children and young people in Rwanda.

Sometimes the questions I have asked might remind you of times when you, or people you know, have experienced difficulties in life and you may think that you would like to talk to someone about this. This might be now or at any time in the future. I have a list of organizations here that provide various types of services that may be of interest to you. Please contact them if you need help or wish to find out more information about what they offer. You can contact them whenever you would like to.

FINISH OPTION 2: RESPONDENT MET ONE OR MORE RESPONSE PLAN CRITERIA

I would like to thank you very much for helping me. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by listening to children and young people like you that that we can really understand about the health and experiences of children and young people in Rwanda.

From what you have told me, I understand that you have experienced some very difficult times in your life. No one has the right to treat someone else in that way and you also have the right to receive protection and support when you need it. You are not alone. As part of the research we are doing, we care about the welfare of the people we interview and are committed to making sure that support and help is offered and provided.

There may be a time when you may like to talk to someone about your experiences. This might be now or at any time in the future. I have a list of organizations and clinics here that provide various types of services that may be of interest to you, as they provide support, health care, legal advice and listening and social work services to people like you who may have experienced different kinds of violence. Please contact them if you want to talk about your experiences, need help or wish to find out more information about what they offer. You can contact them whenever you feel ready, either soon or later on.

I also understand that it may be very difficult to ask for help when you need it. If you wish, I can put you in contact with a social worker who is specially trained to listen and support people with problems similar to the ones you have told me about. Sometimes having someone listen to your thoughts and feelings can be very helpful to relieve stress and help you decide what you need to do.

There are also other services in this area that offer support and a social worker could talk about them with you and what they provide, and help put you in touch with these organizations if you wish.

If I put you in touch with a social worker, I will only share with that person the information you want to share. As I explained at the beginning, your answers are confidential.

D602. I have come to the end of my questions. Thank you for participating in this interview! Is there anything you would like to add or ask us?

D603	DATE INTERVIEW COMPLETED (dd/mm/20yy)	[__ / __ / 2 0 __]
D604	TIME INTERVIEW COMPLETED (dd/mm/20yy)	[__:__:__]
D605	INTERVIEWER NOTES	

Table of Contents

IGIKA A. IBIRANGO BY'URUGO.....	485
IGIKA C. AMAKURU KU MATEKA Y'UBAZWA.....	486
IGIKA D. UBUSHAKASHATSI KU RUBYIRUKO (IMYAKA 10-17)	488
IGICE CYA D1. IMIRIMO YO MU RUGO N' AKAZI	488
IGICE CYA D3. UBUZIMA, GUFASHA NO KUBUNGABUNGA/KURINDWA	491
IGICE CYA D4. UBUMENYI KURI VIRUSI ITERA SIDA, IMICO N' IMYITWARIRE KU MIBONANO MPUZABITSINA	492
IGICE CYA D5. UBURINGANIRE/UBWUZUZANYE BW'ABAGABO N'ABAGORE	500
IGICE CYA D6. KWEGEREZWA IBIKORWA BY'UBUVUZI, KWIRINDA VIRUSI ITERA SIDA, KWITABWAHO NO GUFASHWA	512

IGIKA A. IBIRANGO BY'URUGO

IRB Study Number | _____ |

A001	INTARA	
A002	AKARERE	
A003	UMURENGE	
A004	AKAGARI	
A005	UMUDUGUDU	
A006	INOMERO IRANGA URUGO	
A008	INOMERO Y'URUBYIRUKO IGARAGARA KU RUTONDE RW'ABAGIZE URUGO	

IGIKA C. AMAKURU KU MATEKA Y'UBAZWA

Reka dutangire unyibwira muri macye

No.	Ibibazo	kode z'ibisubizo	Simbuka
C101	Andika igitsina cy'umwana	Gabo 1 Gore 2 Ibindi, sobanura _____ 6 Yanze gusubiza 9	
C102	NIBA UMUNTU URI MU KIGERO CY'URUBYIRUKO (URUBYIRUKO) ARI NAWA URERA UMWANA NA/CYANGWA UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA, REBA UKWEZI N'UMWAKA YAVUKIYEHO UBUNDI UBYANDUKURE HANO. Wavutse mu kuhe kwezi, mu wuhe mwaka? (NIBA ICYEMEZO CYE CY'AMAVUKO MWAKIBONYE MU IBAZWA RY'URERA UMWANA, ANDUKURA UKWEZI N'UMWAKA YAVUTSEHO BIGARAGARA KU IBAZWA RY'URERA UMWANA (F107 KU RUBYIRUKO RW'IMYAKA 10-17). NIBA BITAZWI, MUSABE AGERERANYE	UKWEZI UMWAKA	
C103	Andika/Emeza imyaka y'urubyiruko. NIBA URUBYIRUKO ARI NAWA URERA UMWANA /CYANGWA UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA, REBA IMYAKA UBUNDI UYANDUKURE HANO. Nyibutsa, harya ku isabukuru yawe y'amavuko iheruka wari ufite imyaka ingahe? EMEZA UKWEZI N'UMWAKA YAVUTSEMO MURI C102 HANYUMA UKOSORE NIBA ARI NGOMBWA. NTUHASIGE HADASUBIJE. NIBA BITAZWI, MUSABE AGERERANYE	IMYAKA	

URERA UMWANA W'IBANZE NI UMUNTU USHINZWE KUMUGABURIRA, KUMWAMBIKA, NO KUMWITAHU. NTIYAGOMBYE KUBA UMUNTU UTANGA GUSA INKUNGA Y'AMAFRANGA, KERETSE IGIHE UWO MUNTU ARAMUTSE ARIWE UNITA KU MWANA BY'IBANZE. NTIBIKENEWE KO ABA ARI UMUBYEYI (PAPA/MAMA) CYANGWA UMUTWARE W'URUGO.

C104	Ninde se ukurera w'ibanze? NTUMUSOMERE IBISUBIZO. ANDIKA IGISUBIZO CYA MBERE AGUHA GUSA	Nyina bwite	1	
		Se bwite	2	
		Mukase/Nyina bitari bwite	3	
		Umugabo wa nyina/Se bitari bwite	4	
		Mushiki we	5	
		Musaza we	6	
		Nyirasenge/Nyina wabo	7	
		Se wabo/Nyirarume	8	
		Nyirakuru	9	
		Sekuru	10	
		Utari uwo mu muryango/Igitsina gore	11	
		Utari uwo mu muryango/Igitsina gabo	12	
		We ubwe	13	
		Undi _____	66	

--- IGIKA KIRARANGIYE---

IGIKA D. UBUSHAKASHATSI KU RUBYIRUKO (IMYAKA 10-17)

IGICE CYA D1. IMIRIMO YO MU RUGO N' AKAZI

No.	Ibibazo	Kode z'ibibazo	SIMBUKA
D101	Ujya rimwe na rimwe ukora imirimo yo mu rugo cg y' ubuhinzi/bworozi, cg ukita ku bagize urugo rwanyu?	Yego 1 Oya 2 Ntabizi 8 Yanze gusubiza 9	2=>D104 8=>D104 9=>D104
D102	Ni iyihe mirimo yo mu rugo cg y' ubuhinzi/bworozi ujya ukorera umuryango wawe? Hari iyindi? SHYIRA MU RUZIGA IBISUBIZO BYOSE AGUHAYE	Guteka A Kuvoma B Gusukura inzu/umusarane C Kumesha imyenda, ibiringiti D Kurera abana E Kwita ku bantu bakuru baba mu rugo F	Gutera/gusarura imyaka Kugaburira, G kuragira amatungo H Ibindi _____ X Simbizi Y Yanze gusubiza Z
D103	Ni igihe kingana iki umara ku munsu ukora ako kazi ko mu rugo cg k' ubuhinzi/bworozi?	Munsi y'isaha 1 1 Isaha 1-2 2 Amasaha 3-4 3 Arenza amasaha 4/hafi umunsi wose 4 Biterwa / iminsi yose ntisa 5	
D104	Uretse iyo mirimo yo mu rugo iwanyu, waba hari akandi kazi ukora hanze y'urugo rwanyu?	Yego 1 Oya 2	2=> D109

No.	Ibibazo	Kode z'ibibazo	SIMBUKA
D105	Ni ubuhe bwoko bw'akazi ujya ukora rimwe na rimwe hanze y' urugo rwanyu? Nta kandi?? NIBIBA NGOMBWA UMUHE INGERO MU BISUBIZO USOMA HANO SHYIRA MU RUZIGA IBISUBIZO BYOSE AGUHAYE	Gucuruza ibintu ugendana (abazunguzayi) A	Kuragira amatungo K
		Kugurisha ibiribwa ku isoko B	Gukora mu mirima yawe L
		Gukorera abandi imirimo yo mu rugo C	Gucuruza M
		Gukorera abandi imirimo y' ubuhinzi/bworozi D	uduconsho/umudandaza
		Kwikorera imizigo yahashywe/Gufasha E	Kuranguza N
		abacuruzi/abaguzi F	Umucukuzi w'amabuye y'agaciro O
		Kubaka G	Gutashya inkwi /Gutwika P
		Kudoda H	amakara Q
		Ubukanishi I	Kwenga R
		Pulanto/intumwa yo mu biro J	Ubukorikori S
		Kurima/Guhinga mu mirima	Kuroba X
			Ibindi_____

No.	IBIBAZO	KODE Z'IBISUBIZO		GUSIMBUKA
D106	Iyo mirimo yindi uyikora kangahe?(Ndavuga itari iy'iwanyu mu rugo cg mu mirima y'iwanyu)? SOMA IBISUBIZO BISHOBOKA	Buri muni / iminsi hafi ya yose	1	1=>D107 Ibisigaye byose jya kuri D108
		Inshuro nyinshi mu cyumweru	2	
		Rimwe mu cyumweru	3	
		Rimwe na rimwe	4	
D107	Ni igihe kingana gute umara ukora aka kazi ku muni?	Muni y'isaha 1	1	
		Isaha 1-2	2	
		Amasaha 3-4	3	
		Arenza amasaha 4	4	
		Biterwa / iminsi yose ntisa	5	

No.	IBIBAZO	KODE Z'IBISUBIZO		GUSIMBUKA
D108	Waba hari amafaranga wahembwe kuri nibura umwe muri iyo mirimo ukora?	Yego	1	
		Oya	2	
D109	Ni iki kindi ukora ngo ubone amafaranga? SHYIRA MU RUZIGA IBISUBIZO BYOSE AGUHAYE NIBA AGARAGAJE UMURIMO, SUBIRA KURI D105-109	Ntacyo	Y	
		Gusabiriza	A	
		Ibindi: _____	X	
HITAMO	REBA IBISUBIZO BYO KURI D108 NA D109: USUBIZA ABONA AMAFRANGA KU BURYO UBWO ARIBWO BWOSE (D108=1 CYANGWA D109=A,X) ☐ ↓ USUBIZA NTABONA AMAFRANGA (D108=2 NA D109=Y) ☐ → D111			
D110	Amafaranga ukorera uyakoreshe iki? Nta kindi? SHYIRA MU RUZIGA IBISUBIZO BYOSE AGUHAYE	Ayaha ababyeyi/abamurera Yishyura amafaranga y'ishuli rye/minerivali Yishyurira amafaranga y'ishuli/ minerivali abandi Nyagura ibiryo byanyje Nyagura inzoga Nyagura ibyo nkenere Ndayazigama Ibindi _____ Ntabizi Yanze gusubiza	A B C D E F G X Y Z	

No.	IBIBAZO	KODE Z'IBISUBIZO	GUSIMBUKA
D111	Mu mezi 6 ashize, waba hari akandi kazi gashyashya watangiye hanze y' urugo rwanyu? Harimo n' imirimo wigengaho/wikorera;	Yego Oya Yanze gusubiza	1 2 => D201 9=> D201
D112	Aka kazi gashyashya kaba hari icyo karusha ako wakoraga mbere? "AKARUSHO" BITERWA N'UKO USUBIZA ABIBONA	Yego Oya Nta kazi yigeze mu minsi ishize Ntabizi Yanze gusubiza	1 2 3 8 9
D113	Ubu waba urimo ushakisha akazi?	Yego Oya Yanze gusubiza	1 2 9
D114	Utekereza ko ufite ubumenyi bihagije kugirango ubone akazi	Yego Oya Yanze gusubiza	1 2 9

--- IGIKA KIRARANGIYE---

IGICE CYA D3. UBUZIMA, GUFASHA NO KUBUNGABUNGA/KURINDWA

UBAZA: Ni ingirakamaro kubaza ibibazo bisigaye mu cyumba cy'ibanga cyangwa ahantu h' ibanga kure y'aho abandi bantu badashobora kumva ibibazo cyangwa ibisubizo. Igihe ibanga ritubahirijwe/ribangamiwe muri iki IGIKA (nk'urugero, undi muntu wo mu muryango yinjiye mu cyumba), ugomba guhagarika kubaza ibibazo kugeza igihe ibanga ubona risubiye mu buryo. Ikindi cyongeyeho, igihe uwitabiriye ikiganiro atwawe n' ibitekerezo cyangwa atishimye muri ibi bibazo, ugomba gufata akaruhuko kandi ukamubaza niba yumva ameze neza. Nanone kandi baza niba ashaka gukomeza ibazwa, gufata akaruhuko bitewe n'igihe, simbuka ibi bibazo, cyangwa simbukira ku gika gikurikira

Ubu noneho nifuza kukubaza ibibazo birebana n' ubuzima bwawe n'imibereho yawe. Ngiye kukubaza ibibazo bike ku bantu mubanye mu buzima bwawe. Urasubiza Yego cg Oya. Ntabwo tubaza amazina yabo.

No.	Ibibazo	Kode z'ibisubizo
D301	Hari umuntu ufite mu buzima bwawe wiyambaza uramutse ufite ibibazo byawe bwite?	Yego Oya 1 2
D302	Waba ufite umuntu mu buzima bwawe ugufasha mu mirimo ya buri muni iyo urwaye?	1 2
D303	Waba hari umuntu ufite mu buzima bwawe ujya akwerekana urukundo cyo akwitaho?	1 2
D304	Waba hari umuntu ufite mu buzima bwawe mugirana ibihe bigushimisha?	1 2

--- IGIKA KIRARANGIYE---

IGICE CYA D4. UBUMENYI KURI VIRUSI ITERA SIDA, IMICO N' IMYITWARIRE KU MIBONANO MPUZABITSINA

Tugiye gusoma, mfite ibibazo bike kuri virusi itera SIDA

N	Ibibazo	Kode z'Ibisubizo			
D401	Haba hari uwakuganirije cyangwa waba yarakwigishije ibijyanye n'imikurire y' abana? <i>MUSOBANURIRE: UBURYO IMIBIRI Y'ABANA IGENDA IHINDUKA UKO BAKURA? (UBUGIMBI CG UBWANGAVU)</i>	Yego 1 Oya 2=>D403			
D402	Ninde wakuganirije uburyo abana bakura mu gihagararo no mu mubiri? Nta wundi wabikuganirijeho? SHYIRA MU URUZIGA IBISUBIZO BYOSE AGUHAYE	Nyina (umubyara cg umurera) Ise (umubyara cg umurera) Ba sekuru na nyirakuru Nyirasenge/Nyinawabo Se wabo/Nyirarume Mukuru we/mushiki we	A B C D E F	Mukuru we/ musaza we Inshuti Umuturanyi Mwarimu Abandi Ntabizi Yanze Z	G H I J X Y
D403	Haba hari uwigeze akuganiriza cyangwa aguhugura ku ibijyanye n' imibonano mpuzabitsina cg ku ibindi bijyanye nayo?	Yego 1 Oya 2=>D405			

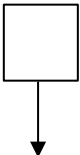
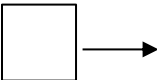
D404	Ninde wakuganirije cyangwa waguheye ku ibijyanye n' imibonano mpuzabitsina cg ku ibindi bijyanye nayo? Nta wundi wabikuganirijeho? SHYIRA MU URUZIGA IBISUBIZO BYOSE AGUHAYE	Nyina (umubyara cg umurera) A Mukuru we/ musaza we G Ise (umubyara cg umurera) Inshuti Ba sekuru na nyirakuru B Umuturanyi H Nyirasenge/Nyinawabo C Mwarimu I Ise wabo/Nyirarume D Abandi_____ J Mukuru we/mushiki we E Ntabizi X F Yanze Y Z
D405	Waba warigeze wumva indwara yitwa VIRUSI ITERA SIDA?	Yego 1 Oya 2 => D419
D406	Haba hari uwakuganirije cg wakwigishije kuri VIRUSI ITERA SIDA?	Yego 1 Oya 2 => D408
D407	Ninde wakuganirije cg wakwigishije kuri VIRUSI ITERA SIDA? SHYIRA MU URUZIGA IBISUBIZO BYOSE AGUHAYE	Nyina (umubyara cg umurera) A Mukuru we/ musaza we G Ise (umubyara cg umurera) Inshuti Ba sekuru na nyirakuru B Umuturanyi H Nyirasenge/Nyinawabo C Mwarimu I Ise wabo/Nyirarume D Abandi_____ J Mukuru we/mushiki we E Ntabizi X F Yanze Y Z
D408	HIV ni virusi itera SIDA. Buriya abantu bayirinda cg bagabanya ikwirakwizwa ryayo babonana n'umuntu umwe utanduye kandi atagira undi baryamana?	Yego 1 Oya 2 Simbizi 8 Yanze 9
D409	Abantu se bagabanya ibyago byo kwandura HIV bakoresha agakingirizo igihe cyose bakoze imibonano mpuzabitsina?	1 2 8 9
D410	Birashoboka ko umuntu ugaragara ko afite ubuzima bwiza ko yaba afite HIV?	1 2 8 9
D411	Ese umubu wakwanduzaga umuntu HIV?	1 2 8 9
D412	Ese gusangira n'umuntu wanduye HIV byayanduzaga utayifite?	1 2 8 9

D413	Ese umubyeyi wanduye HIV yabasha kuyanduza umwana we?	Yego	Oya	Simbizi	Yanze
D413.1	d) Mu gihe amutwite	1	2	8	9
D413.2	e) Mu gihe amubyara	1	2	8	9
D413.3	f) Mu gihe amwonsa	1	2	8	9
Mfite ibibazo bike bijyanye n'agakoko gatera SIDA. Niba mutifuza kubisubiza, nta kizabo					
D414	Sinkeneye kumenya ibisubizo wabonye. Waba warigeze kwipimisha Virusi itera SIDA.	Yego Oya Simbizi Yanze gusubiza 1 2 8 9 Niba 2,8,9 =>D418			
D415	Hashize amezi angahe mwipimishije bwa nyuma?	Amezi ashize Imyaka ibiri cg irenga 95			
D416	Ninde wagushishikarije kwipimisha ubwo uheruka kwipimisha bwa nyuma? SHYIRA MU RUZIGA IBYO AVUZE BYOSE	Umugabo/umugore Umubyeyi Abandi bantu dufitanye isano Umuturanyi/incuti Umujyanama w'ubuzima Umujyanama w'urungano Abakorera bushake b'ubuzima Abandi: _____ Jye ubwanjye/Ntawe A B C D E F G X Y			

D417	Sinshaka kumenya igisubizo wabonye, ariko se mwaba mwarahawe ibisubizo icyo gihe muheruka kwipimisha?	Yego 1 Oya 2 Simbizi 8 Yanze gusubiza 9
D418	Waba se uzi aho umuntu ashobora kwipimishiriza virusi itera SIDA?	1 2 8 9
Ibibazo byanjye bikurikira biraganisha ku mibonano mpuzabitsina. Ibyo bibazo bishobora kukugora kubisubiza, niba udashaka gusubiza kibazo runakambwira “KOMEZAE”. Niba uhisemo kunsubiza ndakwinginze umbwize ukuri uko ushoboye kose. Amakuru uri bumpe aradufasha kunoza gahunda yacu yo gusubiza ibyifuzo by’abana nkawe. Kandi nkwiyeje ko ibyo umbwira byose bizabikwa nk’ibanga rikomeye		
D419	Wari ufite imyaka ingahe igihe wakoraga imibonano mpuzabitsina bwa mbere? Muri gahunda y’ubu bushakashatsi, “GUHUZA IBITSINA” bivuga igihe cyose umugabo yinjije igitsina cye mu cy’umugore cg mu kibuno cy’undi umuntu. NIBA USUBIZA ADASHOBORA KWIBUKA, MUSABE AGERERANYE	IMYAKA NTIYIGEZE AKORA IMIBONANO MPUZABITSINA 00-> D436 Yanze gusubiza 99→ D424
D420	Ni ryari uheruka gukora imibonano mpuzabitsina? NIBA HASHIZE AMEZI ARI HASI YA 12, IGISUBIZO KIGOMBA KUBA MU MINSI, IBYUMWERU CG AMEZI NIBA HASHIZE AMEZI 12 (UMWAKA UMWE) CG IGIHE KIRENZE AMEZI 12, IGISUBIZO KIGOMBA KWANDIKWA MU MYAKA	IMINSI ISHIZE.....[][] IBYUMWERU BISHIZE.....[][] AMEZI ASHIZE.....[][] IMYAKA ISHIZE.....[][]→D422 YANZE GUSUBIZA...999→D422

D421	Bose hamwe, ni abantu bangahe batandukanye mwakoranye imibonano mu mezi 12 ashize? NIBA ATAGUHAYE IGISUBIZO CY'UMUBARE, ONGERA UBAZE KU BURO AGERERANYA. NIBA IGISUBIZO KU MUBARE ARI "NTABYO NZI", ANDIKA 88 95 CG HEJURU YAWO, ANDIKA 95 NIBA YANZE GUSUBIZA ANDIKA 99	UMUBARE W'ABO BAKORANYE IMIBONANO MPUZABITSINA <table border="1" data-bbox="1296 379 1413 462"> <tr> <td></td> <td></td> </tr> </table>														
D422	Ubwo uherua gukora imibonano mpuzabitsina, wakoresheje agakingirizo?	<table border="1"> <tr> <td>Yego</td> <td>Oya</td> <td>Simbizi</td> <td>Yanze gusubiza</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </table>	Yego	Oya	Simbizi	Yanze gusubiza	1	2	8	9						
Yego	Oya	Simbizi	Yanze gusubiza													
1	2	8	9													
D423	Ni irihe sano mufitanye n'uko muntu mwakoranye imibonano mpuzabitsina? Niba ari "INCUTI Y'UMUHUNGU/UMUKOBWA": Mwarabana nk'aho mwashingiwe? Niba ari Yego, hitamo "2", niba ari Oya, hitamo "3"	<table border="1"> <tr> <td>Umugabo wanjye/umugore wanjye</td> <td>1</td> </tr> <tr> <td>Uwo babana ariko batarashyigirwe</td> <td>2</td> </tr> <tr> <td>Incuti y'umuhungu/umukobwa ariko utabana n'usubiza</td> <td>3</td> </tr> <tr> <td>Incuti y'igihe gito</td> <td>4</td> </tr> <tr> <td>Indaya</td> <td>5</td> </tr> <tr> <td>Undi (muvuge) _____</td> <td>6</td> </tr> </table>			Umugabo wanjye/umugore wanjye	1	Uwo babana ariko batarashyigirwe	2	Incuti y'umuhungu/umukobwa ariko utabana n'usubiza	3	Incuti y'igihe gito	4	Indaya	5	Undi (muvuge) _____	6
Umugabo wanjye/umugore wanjye	1															
Uwo babana ariko batarashyigirwe	2															
Incuti y'umuhungu/umukobwa ariko utabana n'usubiza	3															
Incuti y'igihe gito	4															
Indaya	5															
Undi (muvuge) _____	6															
IBIBAZO BIKURIKIYE BIYANYE N'UGUTWITA NO KUBYARA ABANA BAFITANYE ISANO Y'AMARASO N'USUBIZA. ICYA MBERE NI UKUREBA NIBA WUJUE IBIBAZWA BY'UWITA KU MWANA KURI UYU MUNTU URIMO GUSUBIZA. NIBA WUJUE IBIBAZWA BY'UWITA KU MWANA, NONENO BIRAGUSABA GUSUZUMA IBISUBIZO KU KIBAZO CYA F110 KU BANA BOSE USUBIZA ABEREYE UMUREZI W'IBANZE KUGIRANGO TUMENYE NIBA USUBIZA ARI UMUBYEYI W'UMUBIRI KU MWANA UWO ARI WESE. NONEHO UKURIKIZE AMABWIRIZA UKO YATANZWE.																
D424	IBAZWA RY'IGITSINA GORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101, UTARERA UMWANA CYANGWA IBAZWA RY'IGITSINA GORE, UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101, URERA UMWANA RIGARAGAZA KO NTA BANA BAFITE F110=01	IBAZWA RY'IGITSINA GORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101, URERA UMWANA UFITE NIBURA UMWANA UMWE UFITE F110=01=>D426 IBAZWA RY'IGITSINA GABO URERA UMWANA UFITE NIBURA UMWANA UMWE RIGARAGAZA F110=02 =>D431 IBAZWA RY'IGITSINA GABO UTARERA UMWANA CYANGWA IBAZWA RY'UMUGABO URERA UMWANA UTAGIRA UMWANA RIGARAGAZA F110=2=> D430														

	↓									
D425	Waba warigeze utwita?	<table border="0"> <tr> <td>Yego</td> <td>Oya</td> <td>Simbizi</td> <td>Yanze</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </table> Niba 2=>D432; Niba 8,9 =>D428	Yego	Oya	Simbizi	Yanze	1	2	8	9
Yego	Oya	Simbizi	Yanze							
1	2	8	9							
D426	Wari ufite imyaka ingahe utwita bwa mbere? NIBA NTABYO AZI ANDIKA 88; NIBA YANZE GUSUBIZA ANDIKA 99	IMYAKA								
D427	IBAZWA RY'IGITSINA GORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101 & NTA BAZWA RY'URERA UMWANA <u>CYANGWA</u> IGITSINA GORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101 & IBAZWA RY'URERA UMWANA RIGARAGAZA KO NTA BANA BAFITE F109=01 ↓	IBAZWA RY'IGITSINA GORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101 & URERA UMWANA RIGARAGAZA NIBURA UMWANA UMWE UFITE F110=01=>D429								
D428	Waba warigeze ubyara?	<table border="0"> <tr> <td>Yego</td> <td>Oya</td> <td>Simbizi</td> <td>Yanze gusibiza</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </table> Niba 1 => D429 Niba 2,8,9=>D432	Yego	Oya	Simbizi	Yanze gusibiza	1	2	8	9
Yego	Oya	Simbizi	Yanze gusibiza							
1	2	8	9							
D429	Wari ufite imyaka ingahe igihe wabyaraga bwa mbere?	IMYAKA Simbukira kuri D432								
D430	Waba warigeze ubyara umwana?	<table border="0"> <tr> <td>Yego</td> <td>Oya</td> <td>Simbizi</td> <td>Yanze gusubiza</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </table> Niba 2,8,9 => D432	Yego	Oya	Simbizi	Yanze gusubiza	1	2	8	9
Yego	Oya	Simbizi	Yanze gusubiza							
1	2	8	9							
D431	Wari ufite imyaka ingahe igihe umwana wa mbere wawe avuka?	IMYAKA								

D432	IBAZWA RY'UMUGORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101 & UTARERA UMWANA, NTABE NO MU ITSINDA RYO KUZIGAMA NO KUGURIZANYA 	IBAZWA RY'UMUGORE, CG UWASUBIJE IBINDI N'UWANZE GUSUBIZA KURI C101 & URERA UMWANA IBAZWA RY'UMUGABO & URERA UMWANA 
D433	Ubu se uratwite?	Yego Oya Simbizi Yanze 1 2 8 9
D434	Ubu, wowe cyangwa uwo mukundana mwaba mukoresha uburyo ubwo aribwo bwose kugirango mudasama inda	Yego Oya Oya 1 2 9 2,9 -> D436
D435	Murimo gukoresha ubuhe buryo? EREKANA IBISUBIZO BYOSE	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS/JADELLE E PILL F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L STANDARD DAYS METHOD M WITHDRAWAL N OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y

D436	KURI URWO RUBYIRUKO RUGOMBA NO GUSUBIZA IBIBAZO BY'URERA UMWANA CYANGWA UMUNYAMURYANGO W'ITSINDA RYO KUZIGAMA NO KUGURIZANYA, REBA IRANGAMIMERERE Y'UBU NONEHO URYANDIKE AHA Ni irihe rangamimerere yawe?		Yarashatse 1 Barabana batarasezeranye 2 =>D438 Ntiyigeze ashaka 3 =>D439 Yatandukanye nuwo bashakanye 4 Yarapfakaye 5 Yanze gusubiza 9 =>D439	
D437	Washyingiwe bwa mbere ufite imyaka ingahe		IMYAKA	
D438	Watangiye kubana n'umugabo/umugore mutasezeranye ufite imyaka ingahe?		IMYAKA	
D439	Waba uzi aho umuntu yagurira agakingirizo?		Yego 1 Oya 2 Simbizi 8 Yanze 9 Niba ari 2,8,9 => D501	
D440	Ni hehe? Hari ahandi uzi? Gerageza kumusobanura neza ubwoko bw'aho hantu Niba atabasha gusobanura niba ari ahantu ha Leta cg higenga, andika izina ry'aho hantu_____	Ibigo bya Leta Ibitaro bikuru A Ibitaro by'akarere B Ibigo nderabuzima C Post de santé D Mu gihe cy'amahugurwa E n'ubukangurambaga ku buzima Umujyanama w'ubuzima Ahandi mu bigo bya Leta. Sobanura_____ F G	Ibigo by'ubuvuzi byigenga Ibitaro byigenga H Ivuriro ryigenga I Disipanseri J Farumasi/Iguriro ry'imiti K Aho batanga uburyo bwo kuboneza urubyaro L Ibindi bigo by'ubuvuzi byigenga,sobanura_____ M Ahandi tuboneka Kiyosike Ababyaza ba gihanga N Inshuti/umuvandimwe O Insengero/Amadini P Ahandi, Sobanura_____, Q Yanze gusubiza X Z	

--- IGIKA KIRARANGIYE---

IGICE CYA D5. UBURINGANIRE/UBWUZUZANYE BW'ABAGABO N'ABAGORE

	<i>Amagambo Ubaza atangiza: Noneho turashaka kukubaza ibibazo bimwe na bimwe ku isano riri hagati y'abagore n'abagabo. Kuri buri nteruro ngusomera, urambwira niba wemeranya nayo cyane, gahoro cg niba mutemeranya na gato</i>	<i>Wemeranya nayo cyane</i>	<i>wemeranya gahoro</i>	<i>Ntiwemeranya na mba</i>
	<i>Ibirebana n'ihohoterwa</i>			
D501	Hari igihe umugore aba agomba gukubitwa			
D502	Igitsina gore kigomba kwihanganira ihohoterwa kugirango urugo rwe rudasenyuka			
D503	Umugore winjiza byinshi kurusha umugabo atuma habaho ihohoterwa.			
	<i>Guhuza ibitsina</i>			
D504	Igitsina gabo gihora igihe cyose yiteguye imibonano			
D505	Igitsina gabo kifuza imibonano cyane kurusha abagore			
D506	Ibijyanye n'imibonano mpuzabitsina ntibiganirwaho, urabikora gusa			
	<i>Kuba umugabo</i>			
D507	Umugabo aba ari sugabo iyo yinjiza bike kubyo umugore yinjiza mu rugo			
D508	Kuba umugabo ugomba kuba ukarishye			
D509	Igitsina gabo kigomba kugira ipfunwe/guhangayika iyo kitabasha gushyukwa			
D509A	Niba umuntu antutse, nzihagararaho, bibaye ngombwa nakoreshe n' imbaraga			
	<i>Ubuzima bw'imyororokere</i>			
D510	Ni inshingano z' igitsina gore kwirinda gutwita			
D511	Igitsina gabo -kigomba kurakara bikomeye iyo igitsina gore babasabye gukoresha agakingirizo			
	<i>Uruhare rwa buri wese mu burunganire</i>			
D512	Guhindura ibyahi/ibibindo , gukarabya no kugaburira abana ni inshingano z'igitsina gore			
D513	Inshingano za mbere z' igitsina gore ni ukwita ku rugo rwe no ku muryango we			
D514	Umugabo niwe ugomba kugira ijamba rya nyuma mu byemezo bifatwa mu rugo			

UBAZA: Ni ingirakamaro kubariza ibibazo bisigaye ahantu hiherereye cyangwa ahantu h' ibanga kure y'aho abandi bantu badashobora kumva ibibazo cyangwa ibisubizo. Igihe ibanga ritubahirijwe/ribangamiwe muri iki GIKA (nk'urugero, undi muntu wo mu muryango yinjiye mu cyumba), ugomba guhagarika kubaza ibibazo kugeza igihe ibanga ubona risubiye mu buryo. Ikindi cyongeyeho, igihe uwitabiriye ikiganiro atwawe n' ibitekerezo cyangwa atishimye muri ibi bibazo, ugomba gufata akaruhuko kandi ukamubaza niba yumva ameze neza. Nanone kandi baza niba ashaka gukomeza ibazwa, gufata akaruhuko bitewe n'igihe, simbuka ibi bibazo, cyangwa simbukira ku gika gikurikira.

D515	Waba warigeze ubona ukurera/ukwitahaho akubita urushyi, igipfunsi, umugeri cg ababaza undi mwana murugo rwanyu?	1 2 9	YEGO OYA D517 YANZE GUSUBIZA
D516	Waba warigeze ubona ukurera/ukwitahaho akubita urushyi, igipfunsi, asunika cg ababaza undi mwana murugo rwanyu mu mezi 12 ashize?	1 2 9	YEGO OYA YANZE GUSUBIZA
D517	Waba warigeze ubona undi muntu mukuru akubita urushyi, igipfunsi, umugeri cg ababaza undi mwana murugo rwanyu?	1 2 9	YEGO OYA D519 YANZE GUSUBIZA
D518	Waba warigeze ubona undi muntu mukuru akubita urushyi, igipfunsi, umugeri cg ababaza undi mwana murugo rwanyu mu mezi 12 ashize?	1 2 9	YEGO OYA YANZE GUSUBIZA
Hamwe harasa nka aha, hari amabwiriza gusa nta bibazo birimo. icyo gihe urasoma amabwiriza yose, ukanda iburyo kugirango ukomeze. Ugize ikibazo mu gusubiza, wambwira kugirango nkusobanurire. Subiza ibibazo byose ukoresheje ukuri uko bishobotse. Ntabwo ndi mubone ibyo wasubije kandi ntabwo bisangiza abandi. Wifuje gukosora igisubizo menyesha ngufashe gusiba icyo gisubizo wifuza gusiba Ubaye ufite ibyo wifuza gusobanura wambaza utaratangira, ariko ushobora nko kumbaza usohojwe gusubiza. Niba witeguye gutangira kandi > ibutyo utangire gusubiza ibibazo			

Ubu nifuzu kukubaza ibibazo bijyanye n' ibintu by' ingenzi mu buzima by' urubyiruko. Nifuza kukuganiriza bijyanye n' ihohoterwa. Ndakwizeza ibisubizo byawe ntabwo tubisangiza abakwitaho, abo muvukana, abo mubana cyangwa abatuye muri aka gace. Ntabwo bisangiza abandi dukorana kiretse niba wowe cyangwa undi muntu abaye akomeretswa. Birshoboka ku abandi muri abo mubana bashobora kumenya ko wasubije ibi bibazo, niba byakugwa nabi gusubiza ibi bibazo menyesha. Niba byagutera agahinda cyangwa bigutera kudisanzura nakurangira aho wabafasha abafite ibibazo bituruka k' ababitaho, abo bavukana, abo babana n abandi bese. Twakomeza?				
D519	Ababyeyi bawe/ abakurera cyangwa undi mu bavandimwe bawe bujuje imyaka y' ubukure	Yego	Oya	Ntazi Yanze
D519.1	x) Kugukubita igipfunsi, umugeri cyangwa kugukubita n' ikuntu?	1	2	8 9
D519.2	y) Kugerageza kukuniga, kugerageza kuguheza umwuka cyangwa kugerageza kukuroha mu mazi cyangwa kugutwika abigambiriye?	1	2	8 9
D519.3	z) Kukurwanya cyangwa kugutera ubwoba yitwaje icyuma, imbunda cyangwa iyindi ntware iyo ariyo yose?	1	2	8 9
	NIBA ARI YEGO JYA KURI D519.1, D519.2, D519.3, KOMEZA	IF ALL ANSWERS IN D519.1, D519.2, D519.3 ARE NO/DK/REFUSED, SKIP TO D526		
D520	Utekereje <u>ubwanyuma ibi byabaye</u> , Byabaye mu mezi 12 ashize?	Yego 1	Oya 2	Ntazi/Arashindikanya 8 Yanze gusubiza 9
D521	Utekereje kuri ibyo byose, warufite imyaka ingaha y' amavuko ubwo biheruka kuba?	Hagati 0 kugeza 5 1 Hagati 6 - 11 years 2 Hagati 12 - 17 years 3 18 no kurenza 4 Sinzi 8 Wanze gusubiza 9		
D522	Ufitanye Irihe sano n' umubyeyi cyangwa ukurera cyangwa undi muvandimwe wujuje imyaka y' ubukure wabikoze ibi umaze kumbwira ubwanyuma?	Papa wawe 1 Umugabo wa mama wawe utari papa wawe 2 Musaza/murumuna wawe (w' igitsina gabo) 3 Musaza/murumuna wawe mudahuye ababyeyi bese (igitsina gabo) 4 So wanyu/Nyokorume 5 Mama wawe 6 Umugore wa papa wawe utari mama wawe 7 Mushiki/mukuru/murumuna wawe(w' igitsina gore) 8		

		Mushiki/mukuru/murumuna wawe mudahuje ababyeyi bose (w' igitsina gore) 9 Nyogosenge/Nyoko wanyu 10 Undi muvandimwe/ ukwitaho w' igitsina gabo 11 Undi muvandimwe/ ukwitaho w' igitsina gore 12 Ntuzi 88 Yanze gusubiza 99
D523	Uyu mubyeyi cyangwa ukurera cyangwa undi muvandimwe wujuje imyaka y' ubukure wabikoze ubwo biherutse mwarabanaga murugo rumwe?	Yego Oya Ntazi/Arashindikanya Yanze gusubiza 1 2 8 9
D524	Ubwo ibi biherutse kuba bikozwe n' umubyeyi cyangwa ukurera cyangwa undi muvandimwe wujuje imyaka y' ubukure byabereye he?	MURUGO IWACU 1 IWABO W' UWABINKOREYE 2 MURUGO RW' ABANDI 3 MU MUHANDA 4 MW' ISOKO/IDUKA 5 KW' ISHULI 6 MU MODOKA/BISI 7 MU KIYAGA, URUZI/ AHANDI MU MAZI 8 MU MURIMA CYANGWA AHANDI NYABURANGA 9 MU KABARI, RESTORA/AKABYINIRO 10 AHANDI (SOBANURA): _____ 66 NTUZI 88 YANZE GUSUBIZA 99
D525	Ubwo ibi biherutse kuba bikozwe n' umubyeyi cyangwa ukurera cyangwa undi muvandimwe wujuje imyaka y' ubukure byabaye mu yahe masaha?	MU GITONDO (IZUBA RIRASHE KUGEZA SAA SITA) 1 NYUMA YA SAA SITA (KUVA SAA SITA KUGEZA IZUBA RIRENZE) 2 NI MUGORоба (IZUBA RIRENZE KUGEZA SAA SITA Z' IJORO) 3 NIJORO MU GICUKU (SAA SITA Z' IJORO KUGEZA BUCYEYE) 4 NTUZI 8 YANZE GUSUBIZA 9
D526	Ibibazo bikurikira bijyanye n' abantu bakuru batuye mu gace mutuyemo, ni kuvuga n' abantu bujuje imyaka y' ubukure nka abarimu, abapolisi, abakoresha, aboyobozi mu madini, abayobozi b'ibanze aho mutuye, abaturanyi cyangwa abandi bafite imyaka y' ubukure utazi. Ibuka ko ushobora gutaruka ikibazo icyo aricyo cyose utifuza gusubiza Muri aba bantu bose, haba hari uwigeze:	Yego Oya Ntazi/Arashindikanya Yanze gusubiza

D526.1	d) Kugukubita igipfunsi, umugeri cyangwa kugukubita n' ikuntu?	1	2	8	9
D526.2	e) Kugerageza kukuniga, kugerageza kuguheza umwuka cyangwa kugerageza kukuroha mu mazi cyangwa kugutwika abigambiriye?	1	2	8	9
D526.3	f) Kukurwanya cyangwa kugutera ubwoba yitwaje icyuma, imbunda cyangwa iyindi ntware iyo ariyo yose?	1	2	8	9
	NIBA ARI YEGO JYA KURI D526.1, D526.2, D526.3,, KOMEZA	ALL ANSWERS TO D526.1, D526.2, D526.3 ARE NO/DK/REFUSED, SKIP TO INTRODUCTION TO SEXUAL VIOLENCE PARAGRAPH			
D527	Utekereje <u>ubwanyuma ibi byabaye</u> , Byabaye mu mezi 12 ashize?	Yego	Oya	Ntazi/Arashindikanya	Wanze gusubiza
		1	2	8	9
D528	Utekereje kuri ibyo byose byakubayeho, warufite imyaka ingahe y' amavuko ubwo biheruka kuba?	Hagati 0 kugeza 5			1
		Hagati 6 - 11 years			2
		Hagati 12 - 17 years			3
		18 no kurenza			4
		Sinzi			8
		Yanze gusubiza			9
D529	Ufitanye irihe sano n' uwo muntu mukuru utuye mu gace kanyu wagukoreye ibi umaze kumbwira ubwanyuma?	UMWALIMU W' IGITSINA GABO 1 UMUPOLISI/UNDI USHINZWE MUTEKANO W' IGITSINA GABO. 2 UMUKORESHA W' IGITSINA GABO 3 UMUYOBOZI WAHO MUTUYE W' IGITSINA GABO 4 UMUYOBOZI W' IDINI W' IGITSINA GABO 5 UMUTURANYI W' IGITSINA GABO 6 UMUKOZI WO MURUGO W' IGITSINA GABO 7 UMWALIMU W' IGITSINA GORE 8 UMUPOLISI/UNDI USHINZWE MUTEKANO W' IGITSINA GORE. 9 UMUKORESHA W' IGITSINA GORE 10 UMUYOBOZI WAHO MUTUYE W' IGITSINA GORE 11 UMUYOBOZI W' IDINI W' IGITSINA GORE 12 UMUTURANYI W' IGITSINA GORE 13 UMUKOZI WO MURUGO W' IGITSINA GORE 14 UNDI W' IGITSINA GABO 66 UNDI W' IGITSINA GORE 77 NTAZI/ YANZE GUSUBIZA 99			

D530	Ubwo ibi biherutse kuba bikozwe n’umuntu mukuru/wujuje imyaka y’ubukure byabereye he?	MURUGO IWACU 1 IWABO W’ UWABINKOREYE 2 MURUGO RW’ ABANDI 3 MU MUHANDA 4 MW’ ISOKO/IDUKA 5 KW’ ISHULI 6 MU MODOKA/BISI 7 MU KIYAGA, URUZI/ AHANDI MU MAZI 8 MU MURIMA CYANGWA AHANDI NYABURANGA 9 MU KABARI, RESTORA/AKABYINIRO 10 AHANDI (SOBANURA):_____ 66 NTAZI 88 YANZE GUSUBIZA 99
D531	Ubwo ibi biherutse kuba bikozwe n’umuntu mukuru/wujuje imyaka y’ubukure byabaye mu yahe masaha?	MU GITONDO (IZUBA RIRASHE KUGEZA SAA SITA) 1 NYUMA YA SAA SITA (KUVA SAA SITA KUGEZA IZUBA RIRENZE) 2 NI MUGORоба (IZUBA RIRENZE KUGEZA SAA SITA Z’ IJORO) 3 NIJORO MU GICUKU (SAA SITA Z’ IJORO KUGEZA BUCYEYE) 4 NTAZI 8 YANZE GUSUBIZA 9
Youth may experience unwanted sexual contact by people they know well, such as a romantic partner, family member or friend, or by strangers. Your answers are confidential and you can skip any questions that you don’t feel comfortable answering Urubiruko rushobora gushorwa mu imibonanyuma bitsina na bantu runzi neza n’ urugero uwo bakundana, umuvandimwe, inshuti cyangwa abantu rutazi. Ibisubizo byawe ni ibanga kandi ushobora gutaruka ikibazo gituma umva utisanzuye gusubiza.		
D532	Mu buzima bwawe n’ inshuro zingahe <u>wahatirijwe</u> gukora imibonanyompuza bitsina?	NTA NA RIMWE 0 →D538 RIMWE 1 INSHURO 2 NO KURENZA 2 NTAZI/YANZE GUSUBIZA 9
D533	Utekereje <u>ubwanyuma ibi byabaye</u> , Byabaye mu mezi 12 ashize?	Yego Oya Ntazi/Arashindikanya Yanze gusubiza 1 2 8 9

D534	Warufite imyaka ingahe y’ amavuko ubwanyuma ubwo biheruka kuba?	IMYAKA Y’ AMAVUKO: _____ NTUZI/URASHINDIKANYA 88 WANZE GUSUBIZA 99
Ninde muri aba bakurikira waguhatirije gukora imibonanompuzabitsina nawe ubwo biherutse/ ubushize? <i>Of these people who physically forced you to have sex this last time, think of the person you know best for the following questions:</i>		
D535	Mufitanye rihe sano n’uwo muntu waguhatirije kubikora? <u>IGITSINA GABO</u> UWO MUKUNDANA W’ IGITSINA GABO UMUGABO WAWE PAPA WAWE UMUGABO WA MAMA WAWE ARIKO UTARI SO UMUVANDIMWE WAWE W’UMUHUNGU NYIRARUME/SE WABO UWO MWIGANA W IGITSINA GABO UMWALIMU W’ IGITSINA GABO UMUPOLISI/UNDI USHINZWE MUTEKANO W’ IGITSINA GABO. UMUKORESHA W’ IGITSINA GABO UMUTURANYI W’ IGITSINA GABO UMUYOBOZI WAHO MUTUYE/W’ IDINI W’ IGITSINA GABO INSHUTI Y’ IGITSINA GABO UMUNTU UTAZI W’ IGITSINA GABO UMUKOZI WO MURUGO W’ IGITSINA GABO UNDI W’ IGITSINA GABO (SOBANURA) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
	<u>GITSINA GORE</u> UWO MUKUDANA W’ IGITSINA GORE UMUGORE WAWE... MAMA WAWE UMUGORE WA PAPA WAWE ARIKO UTARI MAMA WAWE MUSHIKI WAWE/ UMUKURU/MURUMUNA WAWE W’ IGITSINA GORE NYOGOSENGE/NYOKO WANYU UWO MWIGANA W’ IGITSINA GORE UMWALIMU W’ IGITSINA GORE UMUPOLISI/UNDI USHINZWE MUTEKANO W’ IGITSINA GORE UMUKORESHA W’ IGITSINA GORE UMUTURANYI W’ IGITSINA GORE UMUYOBOZI W’ AHO MUTUYE/ W’ IDINI W’ IGITSINA GORE INSHUTI Y’ IGITSINA GORE UMUNTU UTAZI W’ IGITSINA GORE UMUKOZI WO MURUGO W’ IGITSINA GORE UNDI W’ W’ IGITSINA GORE(SOBANURA) _____ NTUZI/WANZE GUSUBIZA	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 99
D536	Ubwo ibi biherutse kukubaho byabereye he?	MURUGO IWACU 1 IWABO W’ UWABINKOREYE 2 MURUGO RW’ ABANDI 3

		MU MUHANDA 4 MW' ISOKO/IDUKA 5 KW' ISHULI 6 MUJ MODOKA/BISI 7 MU Kiyaga, URUZI/ AHANDI MU MAZI 8 MU MURIMA CYANGWA AHANDI NYABURANGA 9 MU KABARI, RESTORA/AKABYINIRO 10 AHANDI (SOBANURA): _____ 66 NTAZI 88 YANZE GUSUBIZA 99	
D537	Ubwo ibi biherutse kukubaho byabaye mu yahe masaha?	MU GITONDO (IZUBA RIRASHE KUGEZA SAA SITA) 1 NYUMA YA SAA SITA (KUVA SAA SITA KUGEZA IZUBA RIRENZE) 2 NI MUGORоба (IZUBA RIRENZE KUGEZA SAA SITA Z' IJORO) 3 NIJORO MU GICUKU (SAA SITA Z' IJORO KUGEZA BUCYEYE) 4 NTAZI 8 YANZE GUSUBIZA 9	
D538	Mu buzima bwawe n' inshuro zingahe <u>wahatirijwe</u> gukora imibonanompuzabitsina utotejwe, utewe ubwoba cyangwa uriganijwe bikarangira ubikoze?	NTA NA RIMWE RIMWE INSHURO 2 NO KURENZA NTUZI/WANZE GUSUBIZA	0 → D544 1 2 9
D539	Utekereje <u>ubwanyuma ibi byabaye</u> , Byabaye mu mezi 12 ashize?	Yego Oya Ntazi/Arashidikanya Wanze gusubiza 1 2 8 9	
D540	Warufite imyaka ingahe y' amavuko <u>ubwanyuma ubwo biheruka</u> kuba?	IMYAKA Y' AMAVUKO: _____ NTAZI/URASHIDIKANYA 88 YANZE GUSUBIZA 99	
Mu bantu bose baguhatirije gukorana nabo imibonanompuzabitsina mu gihe utabishakaga ubwo biherutse, ku bibazo bikurikira muri abo bantu bose tekereza umuntu uzi neza cyane kurusha abandi usubiza ibibazo bikurikira <i>Of the people who pressured you to have to have sex when you did not want to this <u>last time</u>, think of the person you know the best for the following questions:</i>			

D541	Mufitanye irihe sano n’uwo muntu waguhatirije kubikora? <u>GITSINA GABO</u> UWO MUKUNDANA W’ IGITSINA GABO UMUGABO WAWE PAPA WAWE UMUGABO WA MAMA WAWE ARIKO UTARI SO UMUVANDIMWE WAWE W’UMUHUNGU NYOKORUME/SO WANYU UWO MWIGANA W IGITSINA GABO UMWALIMU W’ IGITSINA GABO UMUPOLISI/UNDI USHINZWE MUTEKANO W’ IGITSINA GABO. UMUKORESHA W’ IGITSINA GABO UMUTURANYI W’ IGITSINA GABO UMUYOBOZI W’AHO MUTUYE/W’ IDINI W’ IGITSINA GABO INSHUTI Y’ IGITSINA GABO UMUNTU UTAZI W’ IGITSINA GABO UMUKOZI WO MURUGO W’ IGITSINA GABO UNDI W’ IGITSINA GABO (SOBANURA) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	<u>GITSINA GORE</u> UWO MUKUDANA W’ IGITSINA GORE UMUGORE WAWE... MAMA WAWE UMUGORE WA PAPA WAWE ARIKO UTARI MAMA WAWE MUSHIKI WAWE/ UMUKURU/MURUMUNA WAWE W’ IGITSINA GORE NYOGOSENGE/NYOKO WANYU UWO MWIGANA W’ IGITSINA GORE UMWALIMU W’ IGITSINA GORE UMUPOLISI/UNDI USHINZWE UMUTEKANO W’ IGITSINA GORE UMUKORESHA W’ IGITSINA GORE UMUTURANYI W’ IGITSINA GORE UMUYOBOZI W’ AHO MUTUYE/ W’ IDINI W’ IGITSINA GORE INSHUTI Y’ IGITSINA GORE UMUNTU UTAZI W’ IGITSINA GORE UMUKOZI WO MURUGO W’ IGITSINA GORE UNDI W’’ IGITSINA GORE(SOBANURA) _____ NTAZI/YANZE GUSUBIZA	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 99
D542	Ubwo biherutse kukubaho byabereye he?	MURUGO IWACU IWABO W’ UWABINKOREYE MURUGO RW’ ABANDI MU MUHANDA MW’ ISOKO/IDUKA KW’ ISHULI MU MODOKA/BISI MU KIYAGA, URUZI/ AHANDI MU MAZI	1 2 3 4 5 6 7 8	

		MU MURIMA CYANGWA AHANDI NYABURANGA 9 MU KABARI, RESTORA/AKABYINIRO 10 AHANDI (SOBANURA): _____ 66 NTAZI 88 YANZE GUSUBIZA 99
D543	Ubwo ibi biherutse byabaye mu yahe masaha?	MU GITONDO (IZUBA RIRASHE KUGEZA SAA SITA) 1 NYUMA YA SAA SITA (KUVA SAA SITA KUGEZA IZUBA RIRENZE) 2 NI MUGORоба (IZUBA RIRENZE KUGEZA SAA SITA Z' IJORO) 3 NIJORO MU GICUKU (SAA SITA Z' IJORO KUGEZA BUCYEYE) 4 NTAZI 8 YANZE GUSUBIZA 9
D544	Skip to D551 if all answers for D519.1-3, D526.1-3, D532, and D538 are No, Never/none, DK/Refuse/Declines	
D545	Utekereje kuri ibi twaganiriyeho byakubayeho wakorewe na babyeyi, Abandi bantu bakuru, abo mukundana ,abo murungano, wigeze usiba ishuli kubera ibyo?	Yego 1 Oya 2 Ntazi/Urahshidikanya 8 Yanze gusubiza 9
D546	Wigeze ureka inshuli?	Yego 1 Oya 2 Ntazi/Urahshidikanya 8 Yanze gusubiza 9
D547	Waruzi ibitaro, ikigo nderabuzima,One Stop centers, sitasiyo ya polisi, umurongo wa telefoni witabaza (hotline)/uwo wafashirizwaho, abandi bagufasha kubijyanye n' amategeko cyangwa ahandi wari kubona ubufasha?	Yego 1 Oya 2 Ntazi/Urahshidikanya 8 Yanze gusubiza 9 2,8,9→D551
D548	Wigeze ugeregeza kubona ubufasha kuva aho ariho hose muri aho kubera ibyo wanyuzemo?	Yego 1 Oya 2 Ntazi/Urahshidikanya 8 Yanze gusubiza 9 2 → D550 8,9→D551

D549	Nihe wagerageje gukura ubufasha? EREKANA IBISUBIZO BYOSE	IBITARO/IKIGO NDERABUZIMA ONE STOP CENTRE.. SITASIYO YA POLISI UMURONGO WA TELEFONI WITABAZA (HOTLINE)/UBUFASHA (HOTLINE/HELPLINE) IKIGO GIFASHA ABANTU IKIGO GIFASHA ABANTU KU BIJYANYE N' AMATEGEKO IBINDI /SOBANURA _____ NTAZI/YANZE GUSUBIZA....	A JYA B C KURI D D551 E F X Z
D550	Ni yihe mpamvu nyamukuru yakubujije kugerageza gushakisha ubufasha kuva ku bitaro, ikigo nderabuzima, One Stop centers, sitasiyo ya polisi, umurongo wa telefoni witabaza (hotline)/uwowafashirizwaho, abandi bagufasha kubijyanye n' amategeko cyangwa ahandi wari kubona ubufasha	WATINYE KWIZANIRA IBIBAZO WAGIZE IKIMWARO/UBONA KO WASEBYA UMURYANGO WANYU..... NTABWO WARUSHOBOYE KWISHYURA AMAFARANGA ASABWA NTABWO WARUSHOBOYE KUGERA AHO UBWO BUFASHA BUTANGIRWA UWABIKOZE UMUTEZEHO BYINSHI/ MU BUZIMA BWawe AFITE URUHARE RUNINI UWABIKOZE YAGUTEYE UBWOBA NTABWO WATEKEREJE KO ARI KIBAZO NUMVISE KO ARI NGEWE WABITEYE WATINYE GUTERERANWA N' ABANDI NTABWO WARUKENEYE UBWO BUFASHA/ NTIWIGEZE WIFUZA UBWO BUFASHA UBWO WAHERUKAGA KUGANA ABATANGA IZO SERIVISI BAKWAKIRIYE NABI/NTIWANYUZWE NUKO WAKIRIWE MBERE YAHU IBINDI (SOBANURA): _____ NTAZI/YANZE GUSUBIZA	1 2 3 4 5 6 7 8 9 10 11 66 99
D551	Ubu, twifuza kumenya niba ibyo twavuze bigeze bikubaho mu buzima bwawe .	1 Yego 2 Oya → D553 9 YANZE GUSUBIZA	

	Wigeze ubona ukwitaho w' ibanze akubitwa urushyi, igipfunsi, umugeri, cyangwa akomeretswa n' umufasha we, uwo bakundana w'gitsina gabo cyangwa gore?	
D552	Wigeze ubona ukwitaho w' ibanze akubitwa urushyi, igipfunsi, umugeri, cyangwa akomeretswa n' umufasha we, uwo bakundana w'gitsina gabo cyangwa gore mu mezi 12 ashize?	1 Yego 2 Oya 9 YANZE GUSUBIZA
D553	Wigeze ubona ukwitaho w' ibanze akubitwa urushyi, igipfunsi, umugeri, cyangwa akomeretswa n'umuntu uwo ariwe wese murugo rwanyu?	1 Yego 2 Oya → SECTION D6 9 YANZE GUSUBIZA
D554	Wigeze ubona ukwitaho w' ibanze akubitwa urushyi, igipfunsi, umugeri, cyangwa akomeretswa na muntu uwe ariwe wese murugo rwanyu mu mezi 12 ashize?	1 Yego 2 Oya 9 YANZE GUSUBIZA

--- END OF SECTION ---

--- IGIKA KIRARANGIYE---

IGICE CYA D6. KWEGEREZWA IBIKORWA BY'UBUVUZI, KWIRINDA VIRUSI ITERA SIDA, KWITABWAHO NO GUFASHWA

Tugeze ku gice cya nyuma cy'ibibazo. Harabura gato ngo turangize ikiganiro. Nkomeje kubashimira ubwitabire mwagize muri iki kiganiro kugeza ubu.

D601	Ubu ngiye kugusomera urutonde rw' ibintu cyangwa serivisi. Urabwira niba hari umuntu mu rugo rwanyu waba warabikoresheje cyangwa yarabibonye <u>mu mezi 6 ashize</u>	IBISUBIZO	IF RESPONDENT LINE NUMBER 201-220 OR 401-420 ASK: Ni wowe ubwawe wabonye iyi serivisi cyangwa n' undi muntu murugo rwanyu wayibonye?
	SERVICE		
	D601.1 Kwipimisha virusi itera SIDA	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.2 Amashuri yo kwigisha abahinzi mu murima	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.3 Guhabwa amatungo magufi	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.4 Guhabwa imbuto	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.5 Amahugurwa yo gutekera, kugaburira no kwita ku bana muri rusange	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3

	D601.6 Guhabwa ibiribwa by' ubuntu	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.7 Amakuru kuburyo bwo kwirinda SIDA n'izindi ndwara zandurira mu mibonano mpuzabitsina	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.8 Amakuru ajyanye no kuringaniza urubyaro cyangwa gutatanya urubyaro	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.9 Amahugurwa ku mikurire y'abana bato	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.10 Amahugurwa ku kwiteza imbere mu mibereho no gukora imirimo ibyara inyungu	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.11 Amashyirahamwe yo kuzigama no kuguriza	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3

	D601.12 Amahugurwa ku mibereho myiza	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.13 Inkunga /inguzanyo yo kwiga ubumenyi ngiro (Imyuga)	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.14 Amahugurwa yo kwitegurira umurimo	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.15 Gufashwa n'abashinzwe ihungabana bagusanze mu rugo cg umusosiyale	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.16 Guhabwa ibikoresho by'ishuli cg imyambaro y'ishuli	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.17 Inkunga yo kwandikisha umwana wavutse	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3

	D601.18 Inzitiramubu iteye umuti	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.19 Amakuru y' uko warinda umwana/wakubungabunga umwana	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.20 Amakuru ku mirire k'umugore utwite cg wonsa	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.21 Ibigo bikurikirana abakorewe ihohoterwa rishingiye ku gitsina (Isange One stop center)	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.22 Amakuru ku bijyanye n'ubuzima n'uburenganzira ku buzima bw'imyororokere	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.23 Amakuru ajyanye no kugira isuku (e.g. amazi meza, gukaraba intoki)	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3

	D601.24 Amakuru ku bijyanye n'igitsina gabo kumva ibyerekeye ubwuzuzanye n'uburinganire mu rugo	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.25 Umugoroba w'ababyeyi	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.26 Kwita no kuvura ababana n'ubwandu bw'agakoko gatera SIDA	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.27 Ubujyanama ku ikingizwa ry'umwana	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.28 Ububyeyi buboneye/ buteza umwana imbere	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.29 Gukurikirana imikurire y'abana	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3

	D601.30 Udukingirizo tw' ubuntu	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.31 Ibiganiro hagati y' umubyeyi n umwana bijyanye n' imyororokere	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3
	D601.32 Gahunda y'ubujyanama	YEGO 1 OYA 2 => KOMEZA KU GIKURIKIRA NTAZI 8 => KOMEZA KU GIKURIKIRA YANZE 9 => KOMEZA KU GIKURIKIRA	USUBIZA 1 UNDI MU RUGO RWABO 2 BOMBI 3

--- IGIKA KIRARANGIYE---

BISABWA YUJUJE

USUBIZA YABA YAKUBWIYE KO YARAKOREWE IHOHOTERWA MU GIHE CYASHIZE?

__Yego

__Oya

USUBIZA YABA YIGEZE AGARAGAZA KUDATEKANA MUGANIRA URUGERO AMARIRA KUMUBUNGA MU MASO, UBURAKARI, AGAHINDA, GUTITIRA, GUHUMEKA INSIGANE N'IBINDI...?

__Yego

__Oya

USUBIZA YABA YAKUBWIYE KO ARI MU KAGA (MU BYAGO)?

__Yego

__Oya

USUBIZA YABA YAKUBWIYEKO UBU ADATEKANYE CYANGWA KO YASABYE
UBUFASHA KU IHOHOTERWA YAKOREWE MURI MU KIGANIRO?

__Yego

__Oya

NIBA IBIBAZO BYOSE HARUGURU BISUBIJWE OYA N' USIBIZA NTABWO ASUBIJE NTAHOHOTERWA AHURA NARYO, KOMEZA USOZE UHITAMO NUMERO YA MBERE(1)

NIBA YASUBIJE YEGO MURI KIMWE MU BIBAZO YABAJIWE HARUGURU, KOMEZA USOZE UHITAMO NUMERO YA KABIRI (2)

SOZA AMAHITAMO RIMWE (1): USUBIZA NTA NA KIMWE MU BISABWA YUJUJE

Ndagushimiye cyane kumfasha. Nibyagaciro kumwanya waduhaye. Nziko ibi bibazo bikomeye kubisubiza ariko ni mu gutega amatwi abana n'urubyiruko nkawe twumva ibyerekeye ubuzima n'imibereho y'abana n'urubyiruko mu Rwanda.

Hari ubwo ibibazo nakubajije byaba bakwibukije ibihe wowe cyangwa undi muntu uzi mwanuzemo mu buzima bukomeye ugatekereza ko wagira uwo ubiganiriza. Wenda wasanga ari ubu cyangwa mu gihe kirimbere. Dore urutonde rw'ibigo bitanga serivise zishobora kugufasha. wabahamagara ukeneye ubufasha cyangwa andi makuru y'ingenzi. wabahamagara igihe icyo aricyo cyose ubishatse.

SOZA AMAHITAMO RIMWE (2): USUBIZA KIMWE MU BISABWA YUJUJE

Nkurikije ibyo wambwiye, ndumva warahuye n'ibibazo bikomeye mu buzima bwawe. Nta numwe ufite uburenganzira bwo guhohotera undi muri ubu buryo, ufite uburenganzira bwo kurindwa no guhabwa ubufasha igihe ubukeneye. Nturi wenyine+C30

Hari ubwo wifuza kugira uwo ubiganiriza ibyawe. Ibi bishobora kuba uyu munsu cyangwa ikindi gihe. Dore urutonde rw'ibigo n'amavuriro bitanga ubufasha wakenera, nk'uko bitanga ubufasha, bikita kubuzima, ubujyanama ku mategeko bikanatega amatwi abantu nkawe bahura n'ihohoterwa ritandukanye. Wabahamagara uramutse wifuza kubabwira ibyawe, ukeneye ubufasha cyangwa wifuza amakuru kuri serivise batanga. Ushobora kubahamagara igihe

wumva witeguye, byaba aka akanya cyangwa ikindi gihe. Mu bushakashatsi dukora, twita kumibereho myiza y'abantu tunganiriza tukaniyemeza kugenzura ko ubufasha bagenerwa bubabageraho.

Ndacyumva ko bikomeye cyane gusaba ubufasha igihe ubukenye. Uramutse ukeneye ko nagufasha naguhuza n'abasosiyare bahuguriwe gutega amatwi no gufasha abantu bahura n'ibibazo nk'ibyo wambwiye. Ukeneye abasosiyare mu ibanga, ibi byakorohera. yo ufite umuntu ugutega amatwi ku bitekerezo n'ibyifuzo byawe bishobora ku kugabanyiriza akababaro bikanagufasha guhitamo icyo wakora.

Hari nizindi servise zitanga ubufasha muri aka gace n'umusosiyare ushobora kuganiriza bakaguhuza n'ibyo bigo niba ubyifuza

Ubu birashobokako wumva udakeneye kuvugana n' Umusosiyare . Ariko wisubiyeho, Wahamagara aharho hose hatangirwa serivise ziri ku rutonde ukagira uwo uganyiriza ibyawe. Ushobora kuzajyayo igihe witeguye byaba ubu cyangwa ikindi gihe.

Ndamutse nguhuza n'umusosiyare, namubwira gusa amakuru ushaka kumusangiza. Nkuko nabisobanuye mbere ibisubizo byawe ni ibanga.

D602. Ngeze ku musozo w'ibibazo nari mfite. Ndabashimiye umwanya wanyu mwaduhaye mukitabira iki kiganiro. Haba hari icyo mwifuzaga kutubaza?		
D603	ITARIKI IBAZWA RIRANGIRIYEHO (ukwezi/(Umunsi/Umwaka)	[__ __ / __ __ / 2 0 __ __]
D604	ISAHU IBAZWARIRANGIRIYEHO(ukwezi/(Umunsi/Umwaka)	[__ __ __ __ : __ __ __ __]
D605	ICYO UBAZA YONGERAHO	

APPENDIX G. STUDY TEAM

Jessica A. Fehringer, PhD, MHS, is the MEASURE Evaluation activity lead and principal investigator for the Rwanda evaluation. Her responsibilities for this work include overall development and implementation of the evaluation design, collaboration with the local research partner, and coordination with USAID/Rwanda and the ISVP activity. Dr. Fehringer is responsible for oversight of gender-related research activities as well as for leading several evaluation and research projects in South Asia and sub-Saharan Africa. She has a PhD from Johns Hopkins University School of Public Health in Population, Family, and Reproductive Health and a master's in health sciences in International Health, with a focus on Social and Behavioral Interventions, from the Johns Hopkins University School of Public Health. She has worked in international public health, with a focus on the empowerment of marginalized groups, for over 15 years. She has designed and carried out qualitative and quantitative research and evaluation in South and Southeast Asia, South America, and sub-Saharan Africa on a number empowerment and health topics, including the influence of relationship power dynamics on HIV prevention and treatment and gender-based violence. She most recently designed and implemented the baseline for a quasi-experimental mixed methods evaluation examining the MNCH/FP and health service impacts of integrating gender and social inclusion into capacity building with local health facility committees in Nepal; and acted as gender advisor and qualitative lead for the design and baseline survey implementation of a mixed methods quasi-experimental evaluation examining the gender dimensions of impacts of ground nut value chain interventions in Zambia.

Peter M. Lance, PhD is an economist. He was responsible for calculating final sample sizes required to meet power requirements for the evaluation design, drawing of the sample, calculation of sampling weights, and baseline survey data analysis. Dr. Lance earned his PhD in Economics from the University of North Carolina at Chapel Hill with a focus on health, econometrics, and economic development. Since earning his PhD, Dr. Lance's work has focused on program impact evaluation, modelling of health behaviors and outcomes and survey sampling. He has served as a sampling expert and analyst at all phases of many surveys. His work has involved China, India, Thailand, Bangladesh, Nigeria, Senegal, Kenya, and Indonesia.

Kenneth Ndirangu, a director at Incisive Africa, a research firm in Rwanda, is a consummate research professional with over 20 years research experience in Rwanda. He is an extremely hands-on trainer and field manager who spares no effort to ensure the task gets done. Over the years, he has worked on multiple national surveys for various international, private, and development partners in Rwanda and the great lakes region of Africa.

Aimee Benson lead tablet programming and all data management processes for the tablets during the design and baseline phases. Aimee M. Benson is a data processing specialist with over 15 years' experience in developing both PAPI and CAPI data capture systems and training and supporting field personnel in their use. She has led capacity building workshops in data management and analysis. She has worked in U.S. and international contexts, including Malawi, China, Bangladesh, the Caribbean, Zambia, India, Nigeria, Kenya, and Senegal. Ms. Benson holds a master's degree in Experimental Psychology from Duke University.

Gustavo Angeles, PhD is the Senior Evaluation Advisor for the Rwanda evaluation. His responsibilities for this work include development of the evaluation design with particular expertise contributing to RCT rigor, sampling strategies, and cost-effectiveness considerations. He is a health economist and faculty member of UNC's Gillings School of Public Health, and a Fellow at the Carolina Population Center. He has over 20 years of experience on evaluation of health and social development programs in Latin America, Africa, and Asia and is currently Senior Evaluation Advisor of MEASURE Evaluation where he leads the impact evaluation of USAID/Guatemala Western Highland Integrated Program, and co-leads

impact evaluations of two health programs in Bangladesh. He also participates as instructor on a number of training and capacity building activities on impact evaluation conducted in Mexico, South Africa, India, and Nepal. With UNICEF and 3ie funding, he is currently co-investigator for the impact evaluations of Malawi's Social Cash Transfer Program and Zimbabwe's Harmonized Social Cash Transfer Program. Also, in Malawi, Dr. Angeles co-leads the USAID-funded impact evaluation of the Feed the Future's Integrated Nutrition and Value Chain (INVC) program. He has ample expertise in social cash transfer programs from his current work in Malawi and Zimbabwe, and the mid-term evaluation of Mexico's *PROGRESA/Oportunidades* program he led as Executive Director of the Center for Evaluation Research and Survey in Mexico's National Institute of Public Health (INSP) in 2010–2011. Dr. Angeles worked on impact evaluations of Mexico's Secretary of Social Development cash transfers to the elderly and childcare support to poor working mothers' programs, both with 3ie funding. He served as Deputy Director of MEASURE Evaluation (2000–2010), providing strategic and technical advice to USAID on evaluation and capacity building. In that role, he was technical lead of health program evaluations in Bangladesh, Tanzania, Indonesia, Nicaragua, Paraguay, Mexico, Ecuador, and Peru. Additional research includes measurement and estimation methods for impact evaluations of health programs.

Lisa Parker, PhD is the OVC Specialist for the Rwanda evaluation. In this role her responsibilities include development of the evaluation design with particular expertise contributing to choice of key indicators, choice of survey populations, and survey tool design. She has more than 15 years of experience working in the fields of public health, monitoring, and evaluation (M&E), and international development with a focus on HIV/AIDS, sexual and reproductive health, household economic strengthening, and vulnerable children. Dr. Parker's doctoral dissertation aimed to help develop and evaluate a pilot Positive Prevention program for Youth Living with HIV/AIDS ages 15–24 in the Democratic Republic of the Congo. Dr. Parker has experience in both quantitative and qualitative research as well as social and behavioral intervention development, adaptation, implementation, and evaluation primarily in sub-Saharan Africa. Currently a Monitoring and Evaluation Technical Advisor at MEASURE Evaluation/Futures Group she oversees a large portfolio of OVC M&E capacity-building programs in Nigeria and Cameroon. In this role she is responsible for providing technical support to stakeholders to develop M&E systems, guidelines for host country OVC programs, and aids in the collection and use of OVC data and information. She contributed to the development of the MEASURE Evaluation Child, Caregiver, and Household Well-being Survey Tools; the Collecting PEPFAR Monitoring, Evaluation, and Reporting (MER) Essential Survey Indicators: A Supplement to the OVC Survey Tool Kit; and led the pilot of the survey tools in Nigeria. She is also responsible for designing operations research and evaluation studies, including acting as Principal Investigator for the HIVCore qualitative retrospective evaluation of a community savings group intervention for OVC in Haiti. Dr. Parker provides technical support to the child protection and M&E teams within the Health Policy Project in Haiti. She has extensive experience living, working, and conducting research in Sub-Saharan Africa including in Burkina Faso, Cameroon, Cote d'Ivoire, The DRC, Malawi, Niger, Nigeria, and South Africa. Lisa is fluent in both English and French.

Shaylen Foley, MPH is a monitoring and evaluation and learning (MEL) specialist for MEASURE Evaluation in the health economics portfolio. She focuses on economic evaluations and cost analyses and the application of qualitative methods to economic evaluation, and she has regional experience in sub-Saharan Africa and Southeast Asia. Prior to joining MEASURE Evaluation, she led research activities through the Yale Global Health Justice Partnership and Centre for Excellence in Research on AIDS in Malaysia. She also completed a Fulbright Fellowship in Indonesia.

Stacie Gobin, MPH Stacie Gobin is a health economist with particular expertise in cost-effectiveness analysis and behavioral economic modeling within public health. She will lead the CEA portion of the evaluation. She has experience in conducting various applied economic evaluations including cost-effectiveness analyses of interventions in low- and middle-income countries. Stacie previously served as

the lead health economist for the Pan-African Malaria Vector Research Consortium and the London School of Tropical Medicine's Department of Disease Control in Tanzania. She has additional experience working on the USAID TRAction and ASSIST projects and in management consulting.

Veronica Varela, MPH received her MPH in epidemiology and maternal and child health from the University of South Florida. Ms. Varela has experience working in perinatal, child, and sexual health epidemiology and community health assessments. Ms. Varela also has experience in quantitative data analysis using statistical methods such as generalized linear models, logistic regressions, and survival analysis along with producing data visualization aids for reports and publications. Prior to working at MEASURE Evaluation, Ms. Varela worked domestically with various public health programs including the Florida Department of Health, March of Dimes, and the Florida Birth Defects Surveillance Program.

Lauren D. Morris, PhD is a technical advisor at Palladium/MEASURE Evaluation. She has a PhD in Mineral Economics from the Colorado School of Mines, USA, and a master's degree in economics from Boston University, USA. Her background is in economic impacts of public policy, including public health policy and economy-wide impacts of environmental policy. Her technical areas of expertise include economic evaluation including costing and cost-benefit analysis; building and applying policy models that project costs and benefits of intervention and inform advocacy efforts; mathematical modeling, including operations research approaches and computable general equilibrium models; health financing; and qualitative analysis.

Abby Cannon, MPH, MSW, is the Gender Portfolio Manager for USAID's MEASURE Evaluation Project within the Carolina Population Center at the University of North Carolina. She joined the MEASURE Evaluation team in 2010 and has since spearheaded efforts to integrate gender across project technical areas, international health information systems, and capacity building. Her research focuses on the intersection of gender and health within HIV, gender-based violence, and orphans and vulnerable children. Abby's experience with gender and health includes domestic and international work, as well as direct service, monitoring and evaluation, and research. She received her MSW and MPH in Maternal and Child Health from the University of North Carolina at Chapel Hill.

Brittany Iskarpatyoti, MPH is Technical Specialist for Monitoring and Evaluation with MEASURE Evaluation. Ms. Iskarpatyoti provides technical expertise in evaluation planning, gap analyses, and indicator review and development particularly in the context of gender norms and inequalities. She has led activities triangulating program data with routine health data for improved case management, DQA, and capacity building in qualitative research and gender integration. Most recently, she has worked on a multi-faceted, mixed-methods evaluation of a public sector project in Tanzania where she applied novel qualitative methods and analyses. She holds a Master's in Public Health from Emory University and previously worked on the Gender and Empowerment Team at CARE and as a U.S. Peace Corps Volunteer in Namibia.

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