Third Annual Report for the Tangiraneza "Start Well" Innovation CSP World Relief Rwanda

Nyamagabe District, Rwanda
October 2011-September 2015

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Cooperative Agreement Award Number AID-OAA-A-11-00056
Submitted October 31, 2014

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Acronyms

ACT	Artesunate Combined Treatment (Coartem)
ANC	Ante-Natal Care
ARI	Acute Respiratory Infection
ASM	Agente de Santé Maternelle (Maternal Health Agent)
BCC	Behavior Change Communication
CATCH	Core Assessment Tool on Child Health
CBN	Community-Based Nutrition
CBNP	Community-Based Nutrition Program
CCM	Community Case Management
CDC	Community Development Committee
CHW	Community Health Worker
C-IMCI	Community-Integrated Management of Childhood Illness
COSA	Health Committee (Comite de Sante)
CMAM	Community Management of Acute Malnutrition
CSHGP	Child Survival and Health Grants Program
DDP	District Development Plan
DIP	Detailed Implementation Plan
DPEM	District Plan to eliminate malnutrition
ECD	Early Childhood Development
EIP	Expanded Impact Child Survival Project
FE	Final Evaluation
FY	Fiscal Year
GM	Growth Monitoring
GMP	Growth Monitoring and Promotion
GoR	Government of Rwanda
HBM	Home-Based Management (of fever)
HC	Health Center
HFA	Health Facility Assessment
HMIS	Health Management Information System
HO	Home Office (WR term)
HSSPII	Health Sector Strategic Plan II
IFA	Iron-Folic Acid
IGA	Income-generating activities
ICG	Integrated Care Group
IMCI	Integrated Management of Childhood Illness
IMU	Inpatient Malnutrition Unit
IR	Intermediate Result
IYCF	Infant and Young Child Feeding
LLIN	Long Lasting Insecticide Treated Bed Nets
LOE	Level of Effort
KPC	Knowledge, Practice and Coverage survey
MAM	Moderate Acute Malnutrition
MCG	Modified Care Group
MCH	Maternal and Child Health

MCHIP	Maternal and Child Health Integrated Program
MDP	Millennium Development Goals
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government
MIYCN	Maternal, Infant and Young Child Nutrition
MNC	Maternal and Newborn Care
MNCH	Maternal, Newborn and Child Health
M&E	Monitoring and Evaluation
MOH	Rwandan Ministry of Health
MOU	Memorandum of Understanding
MTE	Midterm Evaluation
MUAC	Mid-Upper Arm Circumference
NTWG	Nutrition Technical Working Group
OR	Operations Research
ORS	Oral Rehydration Solution
OTP	Outpatient Therapeutic Program
PI	Principal investigator
PD Hearth	Positive Deviance/Hearth model
PDA	Personal Data Assistant
PBF	Performance Based Financing
PNC	Postnatal Care
POU	Point-of-use
PVO	US Private Voluntary Organization
QA	Quality Assurance
RDHS	Rwanda Demographic & Health Survey
RDT	Rapid Diagnostic Test (for malaria)
RFA	Request for Applications
RIDHS	Rwanda Interim DHS
RT	Round Trip
RUTF	Ready to Use Therapeutic Food (Plumpy Nut)
SBC	Social and Behavior Change
SED	Social Economic Development
SMS	Short Message Service (text message)
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAS	Vitamin A Supplement
VNC	Village Nutrition Committee
WHO	World Health Organization
WR	World Relief
WRA	Women of Reproductive Age

Contents

1. Introduction, Key Progress, and Main Accomplishments

Introduction: Key accomplishments include implementing 3 Nutrition Weeks cycles, strengthening Growth Monitoring and Promotion Sessions (especially in Kigeme), refresher training MOH staff and Modified Care Groups to implement interventions in nutrition, diarrhea and pneumonia control (ICCM) and MNC. Please see Annex 2, Performance Monitoring Table.

Table 1: Summary of Major Project Accomplishments

IR1: a) Maternal and Newborn Care Objectives: To improve ANC, post-natal check-up rates, and iron/folic acid supplement rates.
b) Pneumonia Case Management Objective: to improve care-seeking for rapid/difficult breathing and cough
IR2: Diarrhea Control Objectives: to improve rates of household water treatment, hand-washing, improved ORT, increased food, fluids and zinc during illness.

Project Inputs	Activities	Outputs	Outcomes
1. Refresher training in Maternal and Newborn Health Package for 57 health facility staff (TOT) & 534 ASM (1 CHW per village working in MNC). ICSP staff provide supportive supervision to all HC for HC staff and ASM on MNH with emphasis on integrated training tool. 2a. Refresher training on ICCM, TOT for HC staff and CHW training (936 CHWs). Focused on ICCM package and BCC counseling cards. 110 new CHWs were newly trained on ICCM package 2b. CHW refresher training on SMS. 2c. ICSP staff trained HC staff in integrated ICCM supervision tool to ensure high quality community services and gave quarterly financial incentive to HC staff for supervision visits. 2d. CHW Cell Coordinators training (184 CHWs) on data compilation, supply chain, resupply procedures, peer supervision using check list, use of tally sheet 2e. ICSP staff attend monthly CHW meetings at HC for updates, refresher training, troubleshooting 3. Quarterly MCG leaders meetings held by HC staff; monthly MCG meetings (including 3 CHWs, the Head of the village, one religious leader, one village leader in charge of Social Affairs, one women leader, one village leader in charge of information, one village leader in charge of community development and one representative of Hygiene Club) to learn/review lessons/key messages and discuss challenges. 4. Quarterly BCC meetings for religious leaders from 13 denominations operating in Nyamagabe	1. -ASM identify and register women of reproductive age and pregnant women, promote ANC, birth preparedness, institutional deliveries, use of FP, attend PN checks for mother and new born and refer women and new born with danger signs to HC - distributed 4,578 counseling cards on MCH to MCGs as BCC tool used during home visits 2a. CHWs visit an average of 24,646 HH for BCC and ICCM treatment each month 2c&d. HC staff make supervision visits to an average of 28% CHW per month (goal 30%); CHW Cell Coordinators make supervision visits to an average of 66% of CHWs per month. 3. -Average of 84% attendance at monthly MCG meetings -535 MCGs (5114 members) are doing BCC at HH visits in Nyamagabe, visiting an average of 24,646 HH each month in Q1-3 FY14 -MCG conduct community meetings to reinforce key messages. From Oct '13 to July '14, at least 18,000 (and up to more than 37,000) people received monthly health education messages this way 4. Key messages promotion through churches	1. 89% of pregnant women (20,443 women) were followed up by ASM, Q1-3 FY14; 95-100% of ASM reporting monthly 2. 95-100% CHWs providing monthly ICCM report; proportion of CHWs reporting by Rapid SMS increased from 43.8% to 97.3% 3, 4. 14,756 families implemented kitchen gardens; 5,865 families have installed hand washing stations (Tippy Tap) in their households; 14,057 families have composts; and 12,144 families set up a dish dryer	1. -97% of deliveries (4965 births) in Q1-3 FY14 occurred in a health facility -Due partly to increasing stability of HC stock, the portion of pregnant women with iron pills increased back to 81% (80%BL, 64% Yr2) in Kaduha and 84% (82%BL, 71% Yr2) in Kigeme; Average number of days iron pills consumed increased to 42 days in both Kaduha (35 BL, 40 Yr2) and Kigeme (33 BL, 33 yr2). 2. -4,909 children <5 with pneumonia treated by CHWs; 1065 children <5 with malaria treated by CHWs; 2271 <5 children with diarrhea treated by CHWs in the first 11 mos of FY14. - Percent of HH with children <2 that received a home visit from a CHW in the last month increased to 62% (27% BL, 52% Yr2) in Kaduha and increased to 37% (22% BL, 28% Yr2) in Kigeme. 3, 4. - Hand-washing at 4 key times increased to 30% (3%BL, 21% Yr2) in Kaduha and increased to 15% (5%BL, 10% Yr2) in Kigeme. -HH with a latrine/toilet in good condition increased to 27% (15%BL, 21% Yr2) in Kaduha and increased to 23% (27%BL, 14% Yr2) in Kigeme -Percent of mothers who disposed of feces safely increased to 81% (71% BL, 69% Yr2) in Kaduha and increased back to 81% (83% BL, 76% Yr2) in Kigeme.

IR3 Nutrition Objectives: To improve nutrition practices for pregnant women and infants and children, as indicated by improved breastfeeding practices, increased frequency and quality of meals (iron and protein-rich foods) and complementary feeding.			
Project Inputs	**Activities**	**Outputs**	**Outcome**
-Improve quality of Growth Monitoring and Promotion Sessions: 2-day refresher TOT training (9 in Charge of CHWs and 9 Nutritionists) on Community Growth Chart and CBNP -ASM training and Binome CHW refresher training on MIYCN in all Nyamagabe Health Centers -ICSP met with 9 Heads of Health Centers of management of CBNP activities -ICSP supported District Plan to Eliminate Malnutrition (DPEM) meetings in February and August. -Monitor Nutritional status of pregnant women (MUAC) -Community BCC via Nutrition Committees, MCG, CHWs, HC staff and Churches. -Promotion of Kitchen Gardens and Animal Breeding -Implementation of 3 Nutrition Week Cycles. -Operations research for Nutrition Weeks	-Distributed 508 pans (2 per village) for cooking demonstrations at GMP sessions in Kigeme Hospital Zone. -Distribute 536 MICYN Counseling Cards, 536 facilitator guides and 536 booklets on kitchen garden to CHW/ASM. -Monthly average of 47% of GMP sites were supervised by HC staff (supervision activities include monitoring MUAC and weight measurements; register completion, nutritional counseling and cooking demonstration) -CHWs & MCG mobilize community members to attend the GMP sessions -Regular MUAC screening in pregnant women by CHWs. BCC on nutrition for pregnant women through home visits and community meetings by ASM and Modified Care Groups and Nutrition Committees. -Results of growth monitoring shared with churches to support families with malnourished children. -ICSP provided technical and financial support to MOH for development of a recipe booklet to be used at national level. -Promotion of Kitchen Gardens by MCG -VNCs implemented 3 NW cycles in Kaduha: December, March, May. -Obtained permission from Rwanda National Ethics Committee for OR. Judy McLean, the OR PI, visited twice to provide technical support, and interns from UBC supported the project for 5 months.	-An average of 148 children suffering from severe malnutrition referred to HCs per month -CHWs have good understanding of GMP tools: use of counselling card is improved; completion of registers and growth chart is improved; -MUAC and weight measurement are completed correctly -Counseling is done individually according the nutrition status of each child, -Key messages given prior to weighing children at GMP -14,756 families established kitchen gardens -Improved nutrition practices observed by HC staff, CHWs and MCGs. -NW participation: 53% of families with children 0-2 in Kaduha participated for 4+ days in the past 6 months.	**Minumum Dietary Diversity** increased to 49% (21%BL, 38% Yr2) in Kaduha and decreased from 38% to 31% in Kigeme. /// **Minimum Acceptable Diet** increased to 38.6% (3%BL, 32.5%Yr2) in Kaduha and 24.5% (3%BL, 23%Yr2) in Kigeme/// **Minimum Meal frequency** increased to 70% (7%BL, 67%Yr2) in Kaduha and 61% (7%BL, 56%Yr2) in Kigeme./// **Responsive feeding** remained high at 97% (7%BL, 96% yr 2) in Kaduha, and 95% (13% BL, 92% yr 2) in Kigeme. /// **Age-appropriate intro of semi-solid foods** remained consistent at 79% (52%BL, 81% yr2) in Kaduha and 75% (58%BL, 79% Yr 2) in Kigeme. /// - Due partly to increasing stability of HC stock, the **portion of pregnant women with iron pills** increased back to 81% (80%BL, 64% Yr2) in Kaduha and 84% (82%BL, 71% Yr2) in Kigeme; **Average number of days iron pills consumed** increased to 42 days in both Kaduha (35 BL, 40 Yr2) and Kigeme (33 BL, 33 yr2). **Immediate Breastfeeding** increased to 82% (48%BL, 71%Yr2) Kaduha, and increased to79% (51%BL, 72%Yr2) Kigeme **Pre-lacteal feeds** decreased to 4% (11%BL, 6%Yr2) Kaduha and decreased to 2% (11%BL, 9%Yr2) Kigeme

Discussion of Implementation Activities and Results

IR1 : Maternal and Newborn Care: The ASM (CHW working in MNC—1 per village) identify and register women of reproductive age and pregnant women, promote ANC, birth preparedness, institutional deliveries, use of FP, attend PN checks for mother and newborn and refer women and newborn with danger signs to the health center. The project provided refresher training in Maternal and Newborn Health Package to 57 health facility staff (TOT) &

534 ASM (out of 536), and ICSP staff provide supportive supervision to HC staff and ASM on MNH with emphasis on integrated training tool. The project distributed 4,578 counseling cards on MCH to MCG members as a BCC tool used during home visits. MCG members visited an average of 24,647 HH each month in Q1-3 FY14, saturating the community with key messages.

IR1 : Pneumonia Case Management: Pneumonia prevention and symptoms and timely care seeking were the focus of MCG messages in July and August 2014. The 5114 MCG members conducted BCC at monthly home visits and in community meetings. CHWs implementing ICCM treated almost 5,000 children under 5 for pneumonia in FY14. Improved CHW supervision by HC staff and the uptake of Rapid SMS increased quality of care and data collection. The proportion of CHWs reporting by Rapid SMS increased from 43.8% in October 2013 to 97.3% in August 2014 (see annex 14). However, during the first quarter the reporting system was down; ICSP staff worked with HC staff to identify and address SMS system problems. The main issue was that 30% (482/1608) of CHWs were not registered in the Rapid SMS system. In December 2013, ICSP staff, Health Center staff (HC data manager and HC In Charge of Community Health) and the ACCESS project made corrections and properly registered all CHWs (binomes and ASM) in the Rapid SMS system. ICSP staff continued monitoring the Rapid SMS system and provided Rapid SMS refresher training to all CHWs. ICSP staff also supported M&E at HC level by organizing quarterly feedback meetings for CHW Cell Coordinators, organizing regular supervision and visit coaching for HC Data Managers, and organizing partners meetings to discuss the HC community data. They also continued monitoring the MOH database and discussed problems and corrections to the data with HCs.

IR2: Diarrhea Control: Hygiene (latrines, handwashing stations, tippy taps) for diarrhea prevention was the focus of MCG messages for 3 months (Oct-Dec) in 2013 and was reviewed again in August 2014. The MCG members conducted BCC at monthly home visits and in community meetings. Good hygiene helps to prevent transmission of the Ebola virus, so the MCG activities complemented the Ebola key messages given by the MOH to CHWs (and shared by CHWs in the community) in September. Following ICCM protocol, CHWs treated 2271 children with diarrhea in 2014. Handwashing at 4 key times increased but point-of-use water treatment decreased, at least partly because the cost of Sur-Eau (chlorine treatment) more than doubled from 150Rwf to 350Rwf. The project will promote boiling water next year. Qualitative inquiry (annex 13) revealed that construction of latrines and tippy taps was considered difficult by the community and few HH have them (latrines: 27%-Kaduha; 23%-Kigeme). The project is engaging religious leaders (in addition to the one in each MCG) in diarrhea prevention (among other health topics). ICSP staff meet quarterly with religious leaders to plan BCC activities in churches, including the dissemination of key messages, supporting MCG church members and supporting vulnerable families in getting health insurance, good latrines, kitchen gardens and sometimes livestock (see annex 13).

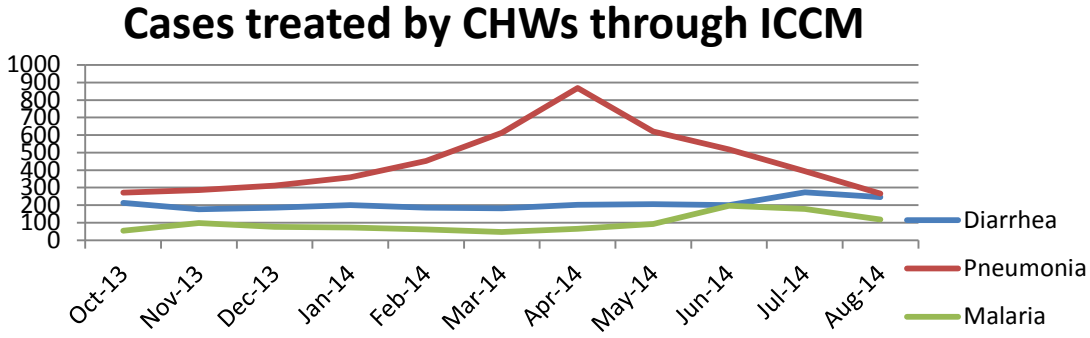
IR3 : Nutrition: MCGs focused on key nutrition messages for 3 months (April-June), which corresponded with the third NW cycle (May) in Kaduha. **Improving GMP sessions**, especially in Kigeme (non-NW area), was a major focus in FY14. GMP sessions integrate anthropometry, individual counselling, screening and referrals of severely malnourished children to the HC and cooking demonstration sessions. The project conducted a refresher training on the Community Growth Chart and CBNP Management for 9 In Charges of CHWs and 9 Nutritionists to

strengthen supportive supervision to the CHWs. HC Nutritionists and ICSP nutrition officers supervise GMP sites (monitoring MUAC and weight measurements, register completion, nutrition counseling and cooking demonstration) and provide technical support to CHWs who lead the integrated GMP sessions. HC staff made supervision visits to an average of 47% of GMP sites each month in FY14. The project provided 508 pans (2 per village) for cooking demonstrations at GMP in Kigeme. The highest levels of participation in GMP sessions occurred in villages where village leaders (Chiefs or In charge of Social Affairs) were involved, or where the MCG was very active in recruiting community members to attend.

The ICSP successfully implemented **3 NW cycles** in FY14 and tapered off food support for sustainability so that by the third cycle all of food contributions were coming from community members. This lowered participation, but the community used innovative solutions to obtain the ingredients, mainly through associations that generated income, food commodities or both. In December 2013, many MCGs started income generating activities (IGA), and many NW beneficiaries also organized themselves into associations. Supervision reports show that 323 MCGs out of 536 (60%) are implementing IGA from their associations (see OR section).

It was planned that the project would implement a **MicroNutrient Powder (MNP)** intervention as part of UNICEF's 1,000 Days Initiative, but the supply of MNP spoiled and had to be re-ordered, so this activity should begin in December. A nutritionist from University of British Columbia (working with UNICEF) trained the ICSP nutrition and BCC officers as master trainers for MNP for all HC supported by UNICEF (10 Districts). Master training at HC was postponed until the new MNP arrives.

Graph: Children Under Five Years treated by CHWs with ICCM



	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Diarrhea	213	177	185	200	186	182	203	205	200	274	246
Pneumonia	271	286	311	360	453	614	868	621	519	394	266
Malaria	54	99	76	73	62	47	66	93	197	179	119

Implementation Lessons Learned

Table 2 : Lessons Learned : Summary of Key Analysis and Use of Findings

Expected Results	Actual Results	Analysis (what worked and didn't, and why)	Stakeholder Engaged in Analysis	Lessons Learned and Recommendations	Use of Findings for course correction, policy, etc.
Reach 80% of HH with pregnant women or children under 2 with NW (EOP goal)	The project implemented 3 NW cycles in FY14. 53% of HH with children under 2 attended at least 4 days of a NW cycle in the last 6 months	Attendance of mothers of children under 2 dropped from 1171 at NW cycle 2 to 854 at NW cycle 3, probably because the project withdrew food support (for sustainability) for cycle 3.	Exit interviews and FGDs with mothers participating in NW, FGDs with fathers in HH that participated and fathers in HH that did not participate in NW, FGDs with village leaders, religious leaders, VNC, HC & hospital staff, MCG members, ICSP staff	Promote kitchen gardens, associations and IGA to enable HH to grow or purchase ingredients for balanced meals. Continue engaging community leaders and MCG members to encourage particpation in NW. Identify the most vulnerable families and encourage them to attend even without food contribution (consider material intervention for those HH).	In FY15 the project will maintain the policy of not providing food to NW and will renew efforts to encourage attendance through the recommendations noted at left.
50% of children 6-23 months recieve Minimum Acceptable Diet (EOP goal)	Kaduha (NW area): 38.6% of children 6-23 mos receive Minimum Acceptable Diet Kigeme (MCG only): 24.5% of children 6-23 mos receive Minimum Acceptable Diet	Nutrition Weeks is effective in promoting behavior change for better children's diet (results in the NW area were 55% higher than in the comparison area).	Exit interviews and FGDs with mothers participating in NW, FGDs with fathers in HH that participated and fathers in HH that did not participate in NW, FGDs with village leaders, religious leaders, VNC, HC & hospital staff, MCG members, ICSP staff	Though not without challenges (those noted above and others, like need for more male involvement), the data suggest that NWs is a more effective method to improve diet for young children (with the goal of reducing stunting) than other community mobilization techniques (MCGs).	The project will continue working with the MOH and sharing NW results and experiences with the goal of influencing national policy.
Improved CHW performance and reporting	HC staff supervised an average of 28% CHW/month (goal 30%); CHW Cell Coordinators supervised an average of 66% of CHWs /month. 49% of HH received visit from CHW in the last month FY14 (increase from 24% at BL). Rapid SMS reporting increased from 43.8% (October '13) to 97.3% (Aug '14).	Training on supervision tools and financial incentives motivated HC staff to increase supervision visits to CHWs. Increased supervision and training increased CHW performance.	FGDs and monthly meetings with CHWs, HC and Hospital staff, ICSP staff. Quarterly feedback meetings for CHW Cell Coordinators. Regular supervision and coaching for HC data Managers. Partners meetings to discuss the HC community data. ICSP staff continue monitoring the MOH database and discuss data problems with HC staff	By building HC staff capacity to use tools and manage data, both performance (of supervisors and CHWs) and complete and timely reporting improved. It must be noted that financial incentives contributed to the motivation of CHW supervisors, which is not a sustainable intervention (unless MOH finds money to continue providing it, which is unlikely due to budget constraints).	The project will continuesupporting CHWs and HC staff. The project will share CHW results and experiences with MOH, and will advocate for future financial incentives for CHW supervisors.

The project engages with stakeholders continuously. ICSP staff meet monthly with MCGs and CHWs, and quarterly with HC staff, CHW cell coordinators, VCN and religious leaders. In addition, the project meets regularly with higher level coordination groups (like the NTWG—see below). During all of these meetings, stakeholders give feedback in terms of what is working, what needs to be adjusted, and finding creative solutions to challenges. During annual project assessments, results of quantitative surveys are shared in the community and with the MOH to influence project planning and implementation. Extensive qualitative assessments are also conducted annually to learn from many different perspectives (see annexes 12&13). In May, ICSP staff organized and facilitated a partner's meeting with HC data managers; the HC in charge of community health, the HC nutritionists; the HC In Charge of clinic IMCI, the Hospital supervisors of community health and the Hospital In Charge of M&E to discuss discrepancies in community health

data collected by CHWs and compiled by HC staff. The main outcomes from the meeting were to properly fill in the report forms, to use the appropriate report forms available at Hospitals and to improve the reporting system in general. During the quarterly feedback meetings with CHW cell coordinators and presidents of CHW cooperatives (held in each HC in Nyamagabe), project staff support HC staff by discussing community health data and planning appropriate actions to improve weak indicators.

The involvement and commitment of stakeholders is essential to the project's success. Because of the encouragement of the village leadership and MCG members, attendance, though lower, was still decent at the first NW session without any food contribution from the project. Also, the involvement of village leaders was pivotal in the improved attendance at GMP sessions. Because ICSP staff are very few, HC staff and CHWs directly implement much of the project's activities and have great insights into how to improve effectiveness of the project. For example, they reviewed the NW curriculum and requested that family planning and breastfeeding be added to meet community needs. MCG members and NW participants have organized themselves into associations with only occassional technical assistance from ICSP staff. The associations have contributed enormously to the feasibility and sustainability of NWs, as they enable community members to obtain the necessary foods for balanced meals (see OR section for details).

The project builds capacity through ongoing refresher training for VNCs, In Charges of Social Affairs and socio economic development at the cell level, the HC nutritionists, the HC In Charge of CHWs, religious leaders and other sector and cell leaders. ICSP staff also regularly support HC Data Managers in monitoring the Rapid SMS system. In addition, the project builds district capacity for planning strategies and training. In February and August, 2014 the project supported (financially and technically) District Plan to Eliminate Malnutrition (DPEM) meetings in collaboration with the District Health Unit, attended by approximately 30 members of District Multi Sectorial Committee to Eliminate Malnutrition. ICSP staff attend monthly Nutrition Technical Working Group meeting and quarterly MCH Technical Working Group meetings organized by the MOH. ICSP has also been active in the quarterly JADF (Joint Action Development Forum) meetings and quarterly District Health Management Team meetings. ICSP staff joined the District Health Unit to prepare for the MCH week in Nyamagabe District and supported MCH Week by helping with supervisions and transport of HC and District staff. In June, 2014, ICSP staff participated in the Results Restitution of the Individual Performance Assessment held at Gisagara District. From June 23-27, 2014 ICSP staff facilitated the MNH Training organized by MoH at Kayonza District.

Sustainability: After seeing a presentation of the project's results at the National Nutrition Summit in February, UNICEF provided funding for WR to implement CBNP in Nyamagabe and Rutsiro Districts this year. FAO funded complementary food security (FS) activities in Kitabi and Nkomane sectors in Nyamagabe. Next year, UNICEF may fund MCGs and NW in Rutsiro and provide continued support for MCGs and NW in Nyamagabe after the close of the ICSP. UNICEF may even fund CBNP, MCGs and NWs in Rusizi District as well. The talks are promising but details are not yet finalized (see OR section for more details). Apart from new funding, the project has made NWs more sustainable by withdrawing food contributions, so that community members obtain the needed ingredients on their own (mostly possible due to the associations

they formed—see OR section for details). The project continues to share data with policy makers and hopes that NWs may be integrated into national nutrition policy, but certain factors, such as cooking demonstrations at GMP sessions, may make it difficult. **On March 8th, 2014 the ICSP Manager and WRR country director presented ICSP results and updates at the USAID Rwanda mission** office in Kigali, to share project updates. The Mission and WRR office have been corresponding and had planned a September visit to the project, but it has been postponed. The project hopes it will be rescheduled in early FY15.

There was no **Specific Information Requested** for this report**.**

Table 3: OR Study Progress and Achievements in Year 3 (FY 2014)

Related Specific Objective/s of the Task/s (as outlined in OR Protocol)	OR Study Key Activities/ Tasks Addressed during this Reporting Period	Any important Findings, Data, and/or Discussion of Progress (positive/negative)	Use and/or Dissemination of Results to Stakeholders
NW surrogate indicators: 1. Increase in the proportion of infants and young children aged 6-23m fed according to the minimum acceptable diet. (**Primary Outcome**) 2. Increase in the number of food groups consumed in a 24 hour period for breastfeeding and non-breastfeeding infants and young children 6-23 months. 3. Increase in meal frequency (per day). 4. Increase in the proportion of infants and young children having timely introduction of complementary foods. 5. Increase in the proportion of infants and young children 6-23 months who are actively fed (assist the child with feeding). The project is measuring the consumption of iron folic acid during pregnancy as an indicator of maternal nutrition.	-Implemented three NW cycles at 564 NW sites (increased from 2 cycles last year) -Implemented a double KPC in July in Kaduha (intervention zone of Nyamagabe) and Kigeme (control zone) -Assessed the 5 surrogate indicators outlined to left. -Implemented NW exit interviews and focus group discussions in August with mothers, fathers (participating and non-partitipating), HC & hospital staff, VNC, sector and cell leaders, religious leaders, WR staff. (see annexes 12&13) -Updated NW curriculum. (see annexes 8&9) -refresher training & NW planning for NW supervisors and VCN	**Minumum Dietary Diversity** increased to 49% (21%BL, 38% Yr2) in Kaduha and decreased from 38% to 31% in Kigeme. /// **Minimum Acceptable Diet** increased to 38.6% (3%BL, 32.5%Yr2) in Kaduha and 24.5% (3%BL, 23%Yr2) in Kigeme /// **Minimum Meal frequency** increased to 70% (7%BL, 67%Yr2) in Kaduha and 61% (7%BL, 56%Yr2) in Kigeme./// **Responsive feeding** remained high at 97% (7%BL, 96% yr 2) in Kaduha, and 95% (13% BL, 92% yr 2) in Kigeme. /// **Age-appropriate intro of semi-solid foods** remained consistent at 79% (52%BL, 81% yr2) in Kaduha and 75% (58%BL, 79% Yr 2) in Kigeme. /// - Due to increasing stability of HC stock, the **portion of pregnant women with iron pills** increased back to 81% (80%BL, 64% Yr2) in Kaduha and 84% (82%BL, 71% Yr2) in Kigeme; **Average number of days iron pills consumed** increased to 42 days in both Kaduha (35 BL, 40 Yr2) and Kigeme (33 BL, 33 yr2). -See annexes (12&13) for Exit Interview and FGD summaries.	-In June 2014, WR submitted an amended study protocol and progress report to Dr Fidel Ngabo/MOH and the Rwanda National Ethics Committee (RNEC) for OR annual renewal and approval of amendments. Changes were limited to contact names due to staff turnover. The RNEC visited the project in July to assess the conditions of the OR. Please see Annex 10 for the approval letter from the RNEC. The amended study protocol is 250 pages and is available by request. -The MCH Regional Technical Advisor presented project and NW data at the National Food & Nutrition Summit, February 11-13, 2014. See Annex 6 for presentation. UNICEF may fund MCGs and NW in Rutsiro and Rusizi next year (see narrative for details). -The project met with the USAID Mission in March 2014 to share project results and updates. The project plans to disseminate recent KPCs and qualitative assessment to community stakeholders, the NTWG and USAID Mission in November 2014.

OR Accomplishments and Increasing the potential for Sustainability: **The project implemented three NW cycles** at 564 NW sites (2 sites per village) in FY14. Minimum Acceptable Diet in Kaduha (intervention area) is 38.6% compared to 24.5% in Kigeme (comparison area). While not yet reaching the EOP goal of 50%, results in the NW area were 55% higher than in the comparison area, where nutrition is promoted using MCGs alone. For sustainability, the project transitioned more responsibilities to the community. All NW cycles were conducted by the Village Nutrition Committees (VNCs), made up of 5 members: 3 CHWs, head of the village and village In Charge of Social Affairs. The project tapered off the food support to NW sessions, so that by Cycle 3 all contributions came from the community and none came from the project. Often, the NW ingredients come from beneficiaries' kitchen gardens or are purchased with money from sales of the garden produce.

Each NW cycle benefits from lessons learned in previous cycles. Improvements to NW include increased involvement of fathers (though more improvement is still needed), improved involvement of opinion leaders and local authorities in community mobilization and supervision, implementing 2 NW sites per village instead of more, to make logistics, supervision and follow up easier.

Independent NW sites were initiated by NW beneficiaries. The mothers in 64 sites continue meet and cook together using their own resources. Each mothers contribute RWF 100-200 to buy the NW ingredients (animal source food, fruits, oil) and they build kitchen gardens for each other to grow the other ingredients. In Mugano sector the mothers created an association for growing small animals as a solution to the inaccessibility of animal source food.

The NW beneficiaries have been creating associations for Income Generating Activities (IGA). They initiate the associations themselves but are supported by project staff or a CHW after they are formed. Associations meet monthly and each mother contributes 100RWF. This money is given to one member, who can use it to buy animal foods for her children, save for *Mutuelle* insurance, etc. The beneficiary then pays back 10% interest in the next meeting. The meetings rotate to different housholds and participants help the host mother to improve her kitchen garden, latrines, etc. During each meeting they have cooking demonstrations where they make thicker porridge and a balanced meal, followed by feeding the children. Each mother is responsible for bringing ingredients and tools. The CHW supporting the association gives a lesson on nutrition or hygiene. With her/his help, the children are weighed and measured with MUAC to see if they are healthy. These associations have been successful in engaging fathers : they helped to build the gardens, they came to listen to the messages in NW cycles and they gave money to their wives. The Social Economic Development (SED) of Cells and the HC and Sectors staff are committed to follow the associations closely to learn how they work. They recommend that all NW beneficiaries be sensitized to initiate at least one association per cell.

Kitchen Gardens have been implemented by 14,756 families in Nyamagabe and are popular in the community, as they help reduce the cost of balanced meals. However, beneficiaries expressed need for additional types of seeds and mineral fertilizer.

Utilizing results to inform the next phase/policy/proposal: The MCH Regional Technical Advisor presented project results and the NW methodology at the third **National Food & Nutrition Summit**, February 11-13, 2014 (see annex 6 for presentation). **UNICEF** was in attendance and requested a visit to the project. As a result, UNICEF provided funding for WR to

implement the Community Based Nutrition Package (CBNP) as part of the OneUN project in Nyamagabe (the ICSP project area) and Rutsiro Districts, which WR has begun. FAO, another member of OneUN, provided funding for WR to implement the food security (FS) component of OneUN, targeting vulnerable families in Kitabi and Nkomane sectors (Nyamagabe District), complementing the nutrition work. Next year, plans are for separate UNICEF funding to add Care Groups and Nutrition Weeks in Rutsiro and potentially to provide continued support for Nyamagabe after the ICSP closes. In addition, also with funding separate from the OneUN project, next year UNICEF would like WR to implement the CBNP, MCGs and NWs in Rusizi District. The talks are promising but the details for activities in Rutsiro, Rusizi and Nyamagabe next year are not yet finalized with UNICEF. FAO also expressed interest in WR expanding FS activities to Rutsiro.

Presentations and Meetings by WR staff on Care Groups

- On March 8th, 2014 the ICSP Manager and WRR country director presented the ICSP progress at **USAID Rwanda mission** office in Kigali, to share project updates.
- On October 10, 2013, the MCH Regional Technical Advisor presented at the **International Conference on Faith Communities: A Promise Renewed at Georgetown University.** Ramba Kibondo Live Long Child Survival Project
- On May 29, 2014 the MCH Regional Technical Advisor presented on the progression of Care Groups to Modified Care Groups in Rwanda. **Care Group Technical Advisory Group Meeting, Washington DC.** Titled: From Care Groups to CHW Peer Support Groups-Scaling Up in Rwanda.
- On June 26, 2014 the MCH Regional Technical Advisor presented Scaling Up Integrated community Case Management with Interpersonal Social and Behavior Change Communication in Rwanda at the **Project Close-Out Event: Critical Concepts for Ending Preventable Child and Maternal Deaths: Lessons Learned from USAID's Maternal and Child Health Integrated Program (MCHIP)**
- On July 30, 2014, the Regional Technical Advisor presented the project, including NW methodology, to a graduate class from the **Future Generations Master's program** peacebuilding class. The international students may spread the NW methodology to other parts of the world in their future work.
- On September 25, 2014, a Health Advisor from WR Home Office presented the project, including NW, to a **Covenant College** class on Women's and Children's health and Development.

Information about the project can be found on the project's blog (updated web address): http://icsprwanda.wordpress.com/

Research products: The ICSP has been supporting the MOH to develop a **nutrition recipes booklet**. The first draft was developed by the ICSP and WR financed the workshop reviewing the first draft. The second draft was reviewed by MOH nutritionists and staff, the USAID nutrition specialist and the Family Health Project nutrition staff. The booklet was then presented to the NTWG. In collaboration with Global Communities, photos have been added; in collaboration with the Garden for Health, the booklet has been tested in the community. Now the booklet is at the MOH Nutrition Desk for signature and validation prior to use by all partners. See annex 7 for a copy of the latest version.

In June 2014, the project revised the NW curriculum based on community needs, adding lessons on breastfeeding and family planning, and adding pictures. Some other lessons were combined together. (see annexes 8&9 for a copy of the revised curriculum)

Problems/challenges: **The complete withdrawl of food support** by the project from NWs for sustainability resulted in decreased NW attendance. Many complained, and some of the poorest felt too embarrassed to attend without a contribution, although CHWs encouraged them to attend anyway. Prior to the reduced food support, the community members were mobilized to attend NW through meetings facilitated by VNCs and the In Charge of SED before each NW cycle at each of 92 cells of 9 sectors of Kaduha. Community members committed to bring their own contributions at that time (some did bring produce from their gardens). The project continues to promote sustainability through MCGs, NW, church and local leaders and HF staff, since they agreed on the decision to end the food support (some even suggested it). In particular, obtaining **animal products, oil, fruit, and finding all 3 types of flour** have been named as challenges by NW participants. Some associations have been formed to raise animals; others implement IGA to buy the foods. Several mentioned trading ingredients with each other to cook a balanced meal. **Participants arriving late** to NW sessions is an ongoing challenge since there may not be time to cover the entire lesson and it makes punctual attendees frustrated. **Low participation of men** is a challenge, as feeding children is seen as women's work, although there were improvements in men's involvement this year (annex 12). Another challenge is the **MOH policy to conduct cooking demonstrations at GMP sessions**. Rolled out in 2011 but just being scaled up now, the duplication of the activity in GMP and NW may discourage the MOH from adopting NWs. Kigeme Hospital zone requested that the project improve cooking demonstrations at GMP (the project has provided pans and technical support) which may be a confounding factor to the OR.

OR changes and plans: No changes were made to planned FY14 OR activities. The project conducted an abridged double KPC (one in the intervention area and one in the comparison area) as well as extensive qualitative assessments in FY14. A summary of the FY14 qualitative assessments are in the annexes (12). The results of the FY14 KPC surveys are throughout the report and in the Perfomance Monitoring Indicator Table (annex 2); however, the full KPC report for FY14 will be included with the Final Evaluation Report. The FY13 KPC suveys report (from last year) is included in the annexes (16). In FY15, the project will implement 3 NW cycles (led by VNC, with all food contributions coming from the community). WR may implement MCGs and NW in Rutsiro and Rusizi Districts, pending a formal agreement with UNICEF, which would add to the body of evidence measuring NW effectiveness.

Annex 1: YEAR 4 (FY 2015) I-CSP Workplan

Activities	Year 4				**Responsible**
	Q1	Q2	Q3	Q4	
BBC Activities					
Semi annual planning meeting for Care Group and NW supervisors	X		X		Tangiraneza ICSP CM & Nutrition Officers, and hospital supervisors and district health staff
Semi annual planning meeting with Care Group leaders	X		X		Tangiraneza ICSP CM Officers, In charge of Social affairs at Sector and cell level, and In charge of CHWs activities at HC,
Meeting with CG members at cell levels		X			Tangiraneza ICSP CM Officers, In charge of Social affairs at Sector and cell level, and In charge of CHWs activities at HC,
Incentives to Care Group members associations		X			Tangiraneza ICSP Manager, CM Officers, Community Health–in-Charge, Social Affairs in-Charge at Sector & cell level
Care Group Leaders lead monthly Integrated CGs meeting	X	X	X	X	Tangiraneza ICSP CM Officers, In charge of CHWs, Social affairs at cell level & sector level
Semi annual meeting with Religious Leaders on MCH	X		X		Tangiraneza ICSP staff
Mobilize churches to disseminate key health message during church services and develop monitoring tools	X	X	X		Tangiraneza ICSP CM Officers, religious leaders
Household health education	X	X	X	X	Care Group leaders
Community mobilization through community meetings	X	X	X	X	Care Group Members: CHW, Village Leaders
Follow up of livestock and kitchen garden distriibuted to the vulnerable families	X	X	X	X	Tangiraneza ICSP staff, health center supervision team and Social affairs at cell level & sector level,

Follow up and provide support to CG IGA	X	X	X	X	Tangiraneza ICSP staff, health center supervision team and Social affairs at cell level & sector level
Nutrition Activities					
Support HC nutritionist to follow up of Growth Monitoring sessions	X	X	X	X	ICSP Nutrition Officers, MOH
Participate in Nutrition Technical Working Group, Solicit input and share findings	X	X	X	X	ICSP Manager, HO Tech Unit; ICSP Nutrition Officers
Orientation meeting on community cooking demonstration for Kigeme zone for H.C staff					ICSP Staff, hospital Supervisors and Nutritionist, One UN officer, Disrtict health officers
Training of Kigeme VNC on CBNP					ICSP Nutrition Officers, MOH
Training VNC on updated NW module & Plan for first semester 20015	X				ICSP Staff, CHWs in Charge, In Charge of Nutrition at H.C,SED of Cell and VNC Members
Planning meeting with VNC for the second semester			X		ICSP Staff, CHWs in Charge, In Charge of Nutrition at H.C, SED of Cell and VNC Members
Cascade meetings for Community Mobilization before the implementation of each NW cycle	X	X	X		ICSP Nutrition Officers, MOH
Conduct nutrition week sessions for FY 2015 Cycle I, II, III FY 2015	X	X	X		ICSP Nutrition Officers, MOH
Dissemination meeting of DPEM Activities			X		ICSP Nutrition and BCC Officers, MOH, One UN, staff & district Staff
Master TOT, HC TOT, CHW training and beneficiaire training on MNP	X	X			ICSP Nutrition, CM officers and MOH
Distribution of MNP Ongera through GMP		X			Tangiraneza ICSP Nutrition Officers, Hospital Nutrition Supervisors, CHWs
Train the NW associations' Committees on IGA		X			WRR staf; Tangiraneza ICSP Nutrition Officers

Supervise and support IGA for NW associations	X	X	X	X	ICSP staff, CHWs; HC In charge of CH activities, SED
Maternal and Newborn Health (MNH)					
Support HC to supervise ASM providing Newborn and post partum care and conselling to pregnant women	X	X	X	X	ICSP MNC Officers, HC; ASM
Support HC to conduct maternal and child death audit and to folow up verbal autopsy conducted by CHWs	X	X	X	X	Tangiraneza MNH/CCM officers, health center supervision team
Refresher Training on verbal autopsy and death audit		X			ICSP M&E, CCM officres ,MOH
Community Case Management (CCM)					
Check out the availability of tools and medicine for CHWs and make an advocacy to avail them where are missing	X	X	X		Tangiraneza MNH/CCM officers, health center supervision team
Support HC to conduct formative supervision to community health workers	X	X	X		Tangiraneza MNH/CCM officers, health center supervision team
Printing, Purchase and distribute to CHWs missing tools & Materials (ASM, Cupboard, CBP tools ….)	X	X	X		Tangiraneza ICSP Manager, Logistic department, MNC/CCM Officers
Support Health centers to supervise CBP activities	X	X	X		Tangiraneza MNH/CCM officers, hospital supervisors
Supervise health center Quality Improvement Team (QIT)	X	X	X	X	Tangiraneza MNH/CCM officers, hospital supervisors
Annual performance Review for community health workers		X			Tangiraneza ICSP Manager MNC/CCM Officers, MOH
Data entry, cleaning & Analysis	X	X	X	X	M&E Officers;
Reporting (Monthly, Quarterly & Annually	X	X	X	X	ICSP Manager & staff, HO health Technical Advisor, UBC students
TraiNet report to USAID	X	X	X	X	M&E Officers; MOH

Quarterly analysis of M&E data and feedback skill building at HC and district level	X	X	X	X	M&E Officers; MOH
Conduct phase out Meetings with District Partners				X	MOH, ICSP Manager, Officers, HO healtTechnical Unit, WR country office
Quarterly meeting with partners to share the result from community health activities and get their feedbacl	X	X	X		Tangiraneza ICSP manager &M&E Officers; MOH
Visit coaching for HC Data Managers	X	X	X		ICSP CCM Officers, MOH
Refresher Training on Rapidsms		X			ICSP M&E , CCM officers, district M&E and MOH
Monitoring of Rapidsms system	X	X	X	X	ICSP M&E officers, district and Hospital M&E
Training on M&E for HC Data Managers,and in charge of community health workers on data quality		X			ICSP Manager, WRR Director of Programs
Develop the study protocol to present to RNEC for Year 4 OR		X			M&E Officer; ICSP Manager, WRR Director of Programs, HO Health Advisor
Conduct final evaluation & KPC Survey				X	M&E Officer ; ICSP Manager, WRR Director of Programs, HO Technical Advisor
Disseminate 2014 KPC & OR findings to NTWG or CHTWG; to District partners; to CGs and to Community members	X				M&E Officer ; ICSP Manager, WRR Director of Programs, HO Technical Advisor
Program closing and results disseminstion				X	ICSP Manager, WRR country office, HO health Technical Advisor
Other Activities					
Provide fiinancial Support to Health Center for CHWs supervision on community health activities	X				ICSP Manager ,Finance department CCM Officers, Kigeme & Kaduha hospital
Support to MCH Week	X	X	X		CHWs, health facilities team ,ICSP Team.In charge of Social Affairs
Attend the CHWS monthly meeting and Technical Support to HC to follow up CHWs	X	X	X	X	ICSP staff

Participate in Community health technical working group organized by MoH					Tangiraneza ICSP Manager MNC/CCM Officers
Technical Assistance and Trips					
Visits by World Relief HO Technical Advisors				X	HO Technical Unit
Visit by World Relief Regional Technical Advisor	X	X	X	X	Regional Technical Advisor

Annex 2: Monitoring and Evaluation Table

Rows shaded in gray are CSP objectives with targets. Additional indicators that will also be tracked for Rapid CATCH, or otherwise, are un-shaded.

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	I. Breastfeeding and Nutrition (40% LOE)								
IR3	Improve breastfeeding practices	Immediate breastfeeding of newborns: Percent of children 0-23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)	OR; MTE KPC, FE KPC	Annually	Kaduha 48.32% (CI: 43.14-53.50%)	Kaduha 71.4% (CI: 66.26-76.54%)	Kadua 82.3% (CI: 76.6-88.0%)	70%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 51.1% (CI: 45.94-56.26%)	Kigeme 72.6% (CI: 67.52-77.68%)	Kigeme 78.7% (CI: 72.9-84.4%)	70%	
		Prelacteal feeding Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.	OR; MTE KPC, FE KPC	Annually	Kaduha 10.99% (CI: 7.74-14.24%)	Kaduha 6.4% (CI: 3.6-9.1%)	Kaduha 3.7% (CI : 0.8-6.5%)	3%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 10.70% (CI:7.42-13.92%)	Kigeme 9.1% (CI: 5.8-12.3%)	Kigeme 2.0% (CI: 0.5-3.5%)	3%	
IR3	Exclusive Breastfeeding (tracking only)	Percent of children age 0-5 months who were exclusively breastfed during the	OR; MTE KPC, FE KPC	Annually	Kaduha 91.11% (CI:85.23-96.99%) By age:	Kaduha 90.1% (CI: 83.96-96.24) By age:	Kaduha 92.9% (CI: 85.1-97.3%) By age: 0-1 m: 91.4%	N/A	BCC through MCG, Churches, Community meetings,

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		last 24 hours. (RC)			0-1m: 64.0% 2-3m: 86.2% 4-5m: 63.6% 0-3m:87.0%	0-1 m: 91.7% 2-3 m: 91.7% 4-5 m: 87.1% 0-3 m: 91.7%	2-3 m: 94.3% 4-5 m: 84.0% 0-3 m: 93.1%		Home visit & NW
					Kigeme 98.89% (CI:96.73-100.00%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	Kigeme 83.8% (CI: 75.41-92.19%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	Kigeme 94.3% (CI: 86.0-98.4) By age: 0-1 m: 96.0% 2-3 m: 96.8% 4-5 m: 80.0% 0-3 m: 95.7%	N/A	
IR3	Continued breastfeeding at 1 year (tracking only)	Percent of children 12-15 months who are still breastfeeding.	OR; MTE KPC, FE KPC	Annually	Kaduha 85.42% (CI:5.44-95.40%)	Kaduha 100.0% (CI: 100.0-100.0%)	Kaduha 93.0% (CI: 85.2-100%)	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 93.44% (87.23-99.65%)	Kigeme 97.9% (CI: 93.8-101.9%)	Kigeme 98.0% (CI: 93.9-100%)	N/A	
	Continued breastfeeding at 2 years (tracking only)	Percent of children 20-23 months who are still breastfeeding.			Kaduha 86.79% (CI:77.67-95.91%)	Kaduha 97.4% (CI: 92.4-102.3%)	Kaduha 87.9% (CI: 75.8-99.9%)	N/A	
					Kigeme 90.91% (CI: 82.42-99.40%)	Kigeme 88.4% (CI: 78.8-97.9%)	Kigeme 93.3% (CI: 83.9-100%)	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
IR3	Improve Infant and Young Child Feeding Practices	% infants and young children age 6-23 months fed according to the **Minimum Dietary Diversity** (OR)	OR; MTE KPC, FE KPC	Annually	Kaduha 21.85% (CI: 16.92-26.78%) By age: 6-11m: 0.0% 12-17m: 31.7% 18-23m: 40%	Kaduha 38.8% (CI: 32.1-45.4 %) By age: 6-11m: 32.2% 12-17m: 36.8% 18-23m: 51.9%	Kaduha 49.4% (CI: 42.0-56.9%) By age: 6-11m: 41.0% 12-17m: 54.9% 18-23m: 54.8%	60%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 38.89% (CI: 33.08-44.70%) By age: 6-11m: 0.0% 12-17m: 50.6% 18-23m: 51.6%	Kigeme 31.0% (CI: 24.9-37.0%) By age: 6-11m: 22.2% 12-17m: 38.5% 18-23m: 34.2%	Kigeme 39.3% (CI: 32.6-46.3%) By age: 6-11m: 36.3% 12-17m: 41.9% 18-23m : 38.5%	55%	
		% infants and young children age 6-23 months fed according to the **Minimum Meal Frequency** (OR)			Kaduha 7.04% (CI: 3.99-10.09%)	Kaduha 66.5% (CI: 58.7 -74.3%)	Kaduha 70.4% (CI: 63.3-67.8%)	55%	
					Kigeme 7.41% (CI: 4.07-10.21%)	Kigeme 50.9% (CI: 44.0-57.8%)	Kigeme 60.6% (CI: 53.6-67.3%)	60%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		% infants and young children age 6-23 months fed according to the **Minimum Acceptable Diet** *WHO 2008 definition (OR, RC*)			Kaduha 2.96% (CI: 0.92-4.94%)	Kaduha 32.5% (CI: 24.9-40.2%)	Kaduha 38.6% (CI: 31.6 – 46.0%)	50%	
					Kigeme 3.33% (CI: 1.19-5.47%)	Kigeme 22.8% (CI: 16.1-29.5%)	Kigeme 24.5% (CI: 18.8-30.9%)	50%	
IR3	Consumption of iron-rich foods	% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)	OR; MTE KPC, FE KPC	Annually	Kaduha 15.19% (CI: 10.91-19.47%)	Kaduha 15.3% (CI: 10.4-20.1%)	Kaduha 25.4% (CI: 17.2-33.6%)	50%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 23.33% (CI: 18.29-28.37%)	Kigeme 12.8% (CI: 8.4-17.1%)	Kigeme 12.0% (CI: 6.3-17.7%)	50%	
IR3	Age appropriate introduction of semi-solid foods	Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.	OR; MTE KPC, FE KPC	Annually	Kaduha 52.00% (CI: 38.15-65.85%)	Kaduha 81.0% (CI: 69.1-92.8)%)	Kaduha 78.9% (CI: 55.3-100%)	75%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 58.50% (CI: 45.23-71.77%)	Kigeme 79.1% (CI: 66.9-91.2%)	Kigeme 75.0% (CI: 57.5-92.5%)	75%	
IR3	Responsive feeding	Percent of Caregivers who assist child when	OR; MTE KPC, FE KPC	Annually	Kaduha 6.93% (CI:3.65-	Kaduha 95.5% (CI: 92.6-	Kaduha 96.7% (CI: 93.8-99.6%)	TBD	BCC through MCG, Churches,

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		eating (of children who consume soft, semi-solid or solid foods)			10.21%)	98.3)%)			Community meetings, Home visit & NW
					Kigeme 13.08% (CI:8.97-17.37%)	Kigeme 92.1% (CI: 88.4-95.7%)	Kigeme 95.0% (CI: 89.9-100%)	TBD	
IR3	Self- Feeding (tracking only)	Percent of children who consume soft, semi-solid or solid foods) who are self-feeding			Kaduha 94.81% (CI:91.95-97.67%)	Kaduha 4.5% (CI:1.6-7.3%)	Kaduha 3.3% (CI: 0.4-6.2%)	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 87.34% (CI: 83.11-91.57%)	Kigeme 7.9% (CI: 4.9-11.5%)	Kigeme 5.0% (CI: 0-10.1%)	N/A	
IR3	Vitamin A Supplementation in the last 6 months	Percent of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall. (RC 8, OR)	MCH week report OR report	Bi-annually	Kaduha 70.37% (CI:64.92-75.82%)	Not included in abridged survey	Not included in abridged survey	N/A	BCC through MCG, Churches, Community meetings, Home visits NW; support to HC for MCH week
					Kigeme 77.04% (CI: 72.02-82.06%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Anthropometry								
IR3	Underweight for Age (tracking only)	Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population)	Monthly Growth Monitor-ing, OR	Monthly Annually	Kaduha 17.8% (CI:14.00-22.50%) Severe: 7.2% (CI: 4.8-10.8%) Moderate:	Kaduha 21.7% (CI : 17.0 – 27.2%) Severe : 5.7% (CI : 3.3-9.6%) Moderate : 16.0% (CI :	Kaduha : 10.8% (CI : 7.1-16.1%) Severe : 3.2% (CI : 1.5-6.9%) Moderate : 7.6% (CI :4.6-12.3%) Yr 3 indicator calculated for 6-23	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		Disaggregate underweight by moderate (≤-2SD and >-3SD) and severe (≤ -3SD) (RC)			10.6%(CI:7.9-14.1%)	11.9-21.1%)	mos		
					Kigeme 8.9% (CI:6.6-15.0%) Severe: 2.2% (CI: 1.2-4.2%) Moderate: 6.7%(CI:4.5-9.9%)	Kigeme 16.0% (CI: 11.4-22.1%) Severe: 3.0% (CI: 1.5-5.8%) Moderate: 13.0% (CI: 9.2-18.1%)	Kigeme 17.6% (CI: 12.0-24.9%) Severe : 2.1% (CI: 0.8-5.5%) Moderate : 15.4% (CI: 10.5-22.2%) Yr 3 indicator calculated for 6-23 mos	N/A	
IR3	Acute Malnutrition / Wasting (tracking only)	% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WH0 reference population) Disaggregate wasting by moderate (≤-2SD and >-3SD) and severe (≤ -3SD) (OR)	OR	Annually	Kaduha 7.6% (CI: 4.9-11.6%) Severe 3.9% (CI:2.3-6.8%) Moderate 3.7% (CI:2.2-5.9%)	Kaduha 8.7% (CI : 5.4-13.6%) Severe 2.3% (CI : 1.0-5.2%) Moderate 6.3% (CI : 3.6-11.0%)	Kaduha 6.5% (CI : 3.7-11.0%) Severe : 1.1% (CI : 0.3-3.9%) Moderate : 5.4% (CI : 3.0-9.7%) Yr 3 indicator calculated for 6-23 mos	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 6.1% (CI:4.1 - 9.1%) Severe 2.2% (CI:1.1-4.6%) Moderate: 3.9% (CI:2.3-6.4%)	Kigeme 2.7% (CI : 1.2-6.0%) Severe : 1.0% (CI: 0.2-4.4%) Moderate : 1.7% (CI: 0.7-3.9%)	Kigeme 5.9 % (CI: 2.8 - 11.9) Severe : 0.5 % (CI: 0.1 - 3.9) Moderate : 5.3% (CI: 2.6-10.4%) Yr 3 indicator calculated for 6-23 mos	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
IR3	Acute Malnutrition (tracking only)	Percent of children 6-23 months acutely malnourished as measured by MUAC Disaggregate by 'at risk', moderate and severe acute malnutrition	Monthly Growth Monitoring Report OR	Monthly Annually	Kaduha 8.3% (CI: 5.3-12.7%) 1.5% severe 6.8% mod. 18.52% at-risk	Kaduha 9.6% (CI: 5.8-15.3%) Severe 2.4% (CI: 1.0-5.5%) Moderate 7.2% (CI: 4.1-12.4%)	Kaduha 0.5% (CI: 0.1-3.0%) Severe : 0.0% (CI : 0.0-2.0%) Moderate : 0.5% (CI : 0.1-3.0%) Yr 3 indicator calculated for 6-23 mos	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 5.2% (CI: 3.0-8.9%) 0.4% severe 4.8% mod. 20.37% at-risk	Kigeme: 4.0% (CI: 2.0-7.6%) Severe 0.0% (CI: 0.0-0.0%) Moderate: 4.0% (CI: 2.0-7.6%)	Kigeme5.3% (CI: 2.8-9.8%) Severe : 0.0% (CI : 0.0-0.0%) Moderate : 5.3% (2.8-9.8%) Yr 3 indicator calculated for 6-23 mos	N/A	
IR3	Stunting (tracking only)	Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population) Disaggregate stunting by moderate (≤-2SD and >-3SD) and severe (≤ -3SD)	OR	Annually	Kaduha 44.3% (CI:37.6-51.2%) Severe 25.1% Moderate 19.2%	Kaduha 33.3% (CI: 26.1-41.3%) Severe: 13.3% (CI: 9.3-18.8%) Moderate: 20.0% (CI: 14.8-26.4%)	Kaduha 34.1% (CI: 27.6-41.1%) Severe : 13.0% (CI : 8.9-18.6%) Moderate : 21.1% (CI : 15.8-27.5%) Yr 3 indicator calculated for 6-23 mos	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 33.4% (CI:27.1-40.4%) Severe 12.5% Moderate 20.9%	Kigeme 34.0% (CI: 26.9-41.9%) Severe: 11.7% (CI: 8.4-16.0%) Moderate:	Kigeme 33.0% (CI: 26.2-40.5%) Severe : 13.3% (CI: 8.4-20.4%) Moderate : 19.7% (CI: 14.5-26.2%)	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
						22.3% (CI: 17.6-27.9%)	Yr 3 indicator calculated for 6-23 mos		

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	II. Maternal & Newborn Care (35% LOE)								
IR1	Increase % of mothers who have 4+ ANC visits	% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)	MT KPC Final KPC	Y3&4	Kaduha 45.5% (CI: 40.34-50.66%)	Not included in abridged survey	Not included in abridged survey	75%	Training ASM CHWs for MNC; BCC; household visit
					Kigeme 48.9% (CI: 43.74-54.06%)	Not included in abridged survey	Not included in abridged survey	75%	
IR1	Increase % of mothers who have ANC in	% mothers of children age 0-23 months who had	MT KPC Final KPC		Kaduha 54.5%	Not included in abridged survey	Not included in abridged survey	N/A	ASM training, BCC, household

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	their first trimester (tracking only)	antenatal visit in the first trimester when they were pregnant with the youngest child			(CI: 49.34-59.56%)				visit
					Kigeme 54.7% (CI: 49.56-59.84%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	Increase % of mothers who get at least two TT	%mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 68.43% (CI: 63.58-73.22%)	Not included in abridged survey	Not included in abridged survey	80%	ASM training, BCC, household visit
					Kigeme 68.33% (CI: 63.49-73.11%)	Not included in abridged survey	Not included in abridged survey	80%	
IR1	Increase skilled birth attendance (tracking only)	% children age 0-23 months whose births were attended by skilled personnel. (RC3)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 83.0% (CI: 79.11-86.89%)	Not included in abridged survey	Not included in abridged survey	N/A	ASM training, BCC, household visit
					Kigeme 91.7% (CI: 88.85-94.55%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	Increase % of newborns who get a post-natal check-up within 2 days of birth (RC 4)	% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth.	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 37.70% (CI: 32.68-42.72%)	Not included in abridged survey	Not included in abridged survey	60%	ASM training, BCC, household visit
					Kigeme 44.2% (CI: 39.07-	Not included in abridged survey	Not included in abridged survey	60%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		(RC4)			49.33%)				
	Current Contraceptive Use Among Mothers of Young Children (tracking only)	% mothers of children 0-23 months who are using a modern contraceptive method. (RC5)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 57.5% (CI: 52.38-62.62%)	Not included in abridged survey	Not included in abridged survey	N/A	ASM training, BCC, community mobilization to use CBP
					Kigeme 62.5% (CI: 57.5-67.5%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)	MT KPC Final KPC OR	Annually	Kaduha 80.4% received (CI: 72.29-84.51%) Average days: 35.37	Kaduha 69.4% received (CI: 64.1-76.6%) Average days: 39.88	Kaduha 81.0% (CI: 74.2-87.8%) Average days: 41.53	90% 60 days	ASM training, BCC, household visit, advocacy to improve quality of ANC
					Kigeme 81.4% received (CI: 77.38-85.42%) Average days: 33.45	Kigeme 70.9% received (CI: 65.7-76.0%) Average days: 33.45	Kigeme 83.7% (CI: 79.3-88.0%) Average days: 42.00	90% 60 days	
	III. Control of Diarrheal Diseases (15% LOE)								
IR1	**Prevention** Increase % of households that treat water effectively	<u>POU Water Tx:</u> Percentage of households of children age 0-23 months that treat	MT KPC Final KPC	Y3&4	Kaduha 50.0% (CI: 44.83-55.17%)	Kaduha 98.3% (CI: 96.6-99.9%)	Kaduha 75.7% (CI: 68.3-83.0%)	65%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		water effectively. (RC15, OR)			Kigeme 56.4% (CI: 51.28-61.52%)	Kigeme 97.6% (CI: 95.2-99.9%)	Kigeme 57.0% (CI: 48.6-65.4)	65%	
IR2	Improve appropriate hand washing practices	Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)	MT KPC Final KPC	Y3&4	Kaduha 38.6% (CI:33.57-43.63)	Kaduha 78.1% (CI:72.9-83.2%)	Kaduha 73.7% (CI: 63.5-83.9)	65%	BCC, Home Visit, Hygiene Club rep in Care Group
					Kigeme 43.9% (CI: 38.77-49.03)	Kigeme 89.4% (CI: 85.4-93.3%)	Kigeme 73.0% (CI: 63.2-82.8%)	65%	
IR2	Hand Washing at Appropriate times (tracking only)	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	MT KPC Final KPC	Y3&4	Kaduha 2.8% (CI: 1.40-5.20%	Kaduha 21.0% (CI: 16.3-25.6%	Kaduha 29.7% (CI: 19.7-39.6%)	N/A	BCC, Home Visit, Hygiene Club rep in Care Group
					Kigeme 5.0% (CI: 3.10-7.90%)	Kigeme 9.7% (CI: 6.3-13.0%)	Kigeme 15.3% (CI: 9.5-21.2%)	N/A	
IR2	Latrine/toilet in good condition (tracking only)	Percentage of households of children age 0-23 months that have a toilet facility in appropriate condition	MT KPC Final KPC	Y3&4	Kaduha 15.0% (CI: 11.31-18.69%)	Kaduha 20.7% (CI: 16.1-25.2%)	Kaduha 27.3% (CI : 19.3-35.4%)	N/A	BCC, Home visit, CHW, use church channel to mobilize for hygiene
					Kigeme 26.9% (CI: 22.32-31.48%)	Kigeme 14.0% (CI: 10.0-17.9%)	Kigeme 23.3% (CI : 17.1-29.6%)	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
IR2	Safe feces disposal (tracking only)	Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time a stool passed. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 71.4% (CI: 66.73-76.07%)	Kaduha 69.0% (CI: 63.7-74.2%)	Kaduha 80.7% (CI: 74.9-86.5%)	N/A	BCC, Home visit, CHW, use church channel to mobilize for hygiene
					Kigeme 82.8% (CI: 78.90-86.70%)	Kigeme 76.3% (CI: 71.4-81.1%)	Kigeme 81.0% (CI: 75.6-86.4%)	N/A	
IR1	**Prevalence** Two week prevalence of diarrhea (tracking only)	Percentage of children 0-23 months with diarrhea in the previous two weeks (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 17.2% (CI: 13.30-21.10%)	Not included in abridged survey	Not included in abridged survey	N/A	BCC, Home visit, CHW, use church channel to mobilize for hygiene
					Kigeme 19.4% (CI: 15.32-23.48%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	Improve home management of diarrhea (ORT use, increased fluids and continued feeding)	Percentage of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids. (RC13)	MT KPC Final KPC	Y3&4	Kaduha 23.1% (CI: 12.85-33-35%)	Not included in abridged survey	Not included in abridged survey	70%	CHW refresher training on CCM, BCC, household visit
					Kigeme 22.9% (CI: 13.06-32.74%)	Not included in abridged survey	Not included in abridged survey	70%	
IR2		Percentage of children 0-23 months with diarrhea in the last	MT KPC Final KPC	Y3&4	Kaduha 36.9% (CI: 25.17-48.63%)	Not included in abridged survey	Not included in abridged survey	70%	CHW refresher training on CCM, BCC,

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		two weeks who were offered more fluids during the illness. (Key Indicator)			Kigeme 40.0% (CI: 28.52-51.48%)	Not included in abridged survey	Not included in abridged survey	70%	household visit
IR2		Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 63.1% (CI: 51.37-74.83%)	Not included in abridged survey	Not included in abridged survey	75%	
					Kigeme 64.3% (CI: 53.08-75.52%)	Not included in abridged survey	Not included in abridged survey	75%	
IR1	**Zinc Treatment** Increase use of zinc to treat diarrhea	Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	MT KPC Final KPC CHW monthly rport	Y3&4 monthly	Kaduha 24.6% (CI: 14.13-35.07%)	Not included in abridged survey	Not included in abridged survey	70%	
					Kigeme 10.0% (CI: 2.97-17.03%)	Not included in abridged survey	Not included in abridged survey	70%	
IR	**Result/ Objective**	**Indicators** (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) =	**Source/ Measurement Method**	**Frequency of data collection**	**Location and Baseline Value (95% Confidence Int.)**			**EOP Target**	**Related Activities**

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		Recommended by USAID							
	IV. Pneumonia Case Management (LOE 10%)								
IR1	**Prevalence** Two week prevalence of suspected pneumonia (tracking only)	Percent of children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey	MT KPC Final KPC	Y3&4	Kaduha 23.9% (CI: 19.49-28.31%)	Not included in abridged survey	Not included in abridged survey	N/A	BCC, Home visit, CHW, use church channel to mobile for hygiene, promote improved stove
					Kigeme 31.4% (CI: 26.61-36.19%)	Not included in abridged survey	Not included in abridged survey	N/A	
IR1	**Care Seeking** Improve appropriate care seeking for pneumonia	Percent of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider. (RC14)	MT KPC Final KPC	Y3&4	Kaduha 44.2% (CI: 33.70-54.70%)	Not included in abridged survey	Not included in abridged survey	70%	BCC, Home visit, CHW, use church channel to mobile for hygiene, promote improved stove
					Kigeme 45.1% (CI: 35.93-54.27%)	Not included in abridged survey	Not included in abridged survey	70%	
	V. Immunization – Not an intervention; Rapid CATCH Only								
	Measles	Percentage of children age 12-23	MT KPC Final KPC	Y3&4	Kaduha	Not included in abridged	Not included in abridged survey	N/A	Community mobilization,

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	vaccination (tracking only)	months who received a measles vaccination.(RC9)			87.4% (CI: 81.2-92.10%)	survey			support HC out reach
					Kigeme 83.4% (CI: 76.49-89.10%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Access to immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey . (RC10)	MT KPC Final KPC	Y3&4	Kaduha 89.3% (CI: 83.40-93.60%)	Not included in abridged survey	Not included in abridged survey	N/A	
					Kigeme 86.9% (CI: 80.30-91.90%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Health System Performance regarding Immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-3 (DTP3 with HepB and Hib) according to the vaccination card or mother's recall by the time of the survey. (RC)	MT KPC Final KPC	Y3&4	Kaduha 84.3% (CI: 77.0-89.7%)	Not included in abridged survey	Not included in abridged survey	N/A	
					Kigeme 84.1% (CI: 77.20-89.70%)	Not included in abridged survey	Not included in abridged survey	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	VI. Malaria – Not an official intervention; Rapid CATCH								
IR1	**Prevention** LLIN/ITN use	Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)	MT KPC Final KPC	Y3&4	Kaduha 66.9% (CI: 61.80-71.80%)	Not included in abridged survey	Not included in abridged survey	N/A	Support HC to distribute ITN , BCC,
					Kigeme 66.9% (CI: 61.80-71.80%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Prevalence Two week prevalence of fever (tracking only)	Percent of children 0-23m with fever in the past two weeks.	MT KPC Final KPC		Kaduha: 20.8% (CI: 16.61-24.99%)	Not included in abridged survey	Not included in abridged survey	N/A	
					Kigeme: 23.9% (CI: 19.49-28.31%)	Not included in abridged survey	Not included in abridged survey	N/A	
	Treatment of fever Treatment of Fever in Malarious Zones (tracking only) NOTE: Because of Rapid Diagnostic Testing, only	Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began. (RC12)	MT KPC Final KPC	Y3&4	Kaduha 14.0% (CI: 7.60-24.70%)	Not included in abridged survey	Not included in abridged survey	N/A	CHW refresher training on integrated CCM, BCC, Home visit
					Kigeme 1.2% (CI: 0.0-6.3%)	Not included in abridged survey	Not included in abridged survey	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	children with a positive test should receive a drug. This is not reflected in Rapid Catch Indicator.								
IR1	Care-seeking for fever (Measured because of RDT issues explained above.)	Percentage of children age 0-23 months with a febrile episode during the last two weeks who sought treatment from appropriate provider.	Final KPC CCM monthly report	Y4 Monthly	Kaduha 53.30% (CI: 42.01-64.59%)	Not included in abridged survey	Not included in abridged survey	N/A	CHW refresher training on integrated CCM, BCC, Home visit
					Kigeme 52.3% (CI41.74-62.86%)	Not included in abridged survey	Not included in abridged survey	N/A	
	VII. Process Indicators related to CHWs and Nutrition Weeks								
IR2	Contact with CHW for health education: Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counseling, Nutrition Week, etc.)		Final KPC	Y4					
IR2	CHW Home Visits Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose		MT KPC Final KPC	Y3&4	Kaduha 26.7% (CI: 22.13-31.27%)	Kaduha 52.2% (CI: 46.3-57.6%)	Kaduha 61.7% (CI: 53.6-69.8%)	75%	CHWs and Local leaders plan in MCG home visits, Care Group visit homes
					Kigeme 21.9%	Kigeme 27.7%	Kigeme 36.7%	75%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	Location and Year 3 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
					(CI 17.63-26.17%)	(CI 22.6-32.7%)	(CI: 28.2-45.1%)		monthly
IR3	Participation in Nutrition Weeks: Percentage of mothers with children 0-23 months who participated in "Nutrition Week" intervention at least once in the past 6 months for 4 or more days.		MT KPC Final KPC	Y3&4 Quarter-ly	Kaduha	Kaduha 53.0% (CI: 47.3-58.6%)	Kaduha 53.0% (CI : 44.3-61.7%)	80%	Community mobilization, organize NW,
					Kigeme N/A	Kigeme N/A	Kigeme N/A	NA	

Annex 3: Project Data Form

Child Survival and Health Grants Program Project Summary

Oct-29-2014

World Relief Corporation (Rwanda)

General Project Information

Cooperative Agreement Number:	AID-OAA-A-11-00056
WRC Headquarters Technical Backstop:	Melanie Morrow
WRC Headquarters Technical Backstop Backup:	Rachel Hower
Field Program Manager:	Carmen Umutoni
Midterm Evaluator:	
Final Evaluator:	
Headquarter Financial Contact:	Rachel Hower
Project Dates:	10/1/2011 - 9/30/2015 (FY2011)
Project Type:	Innovation
USAID Mission Contact:	Patrick M. Condo
Project Web Site:	

Field Program Manager

Name:	Carmen Umutoni
Address:	Rwanda
Phone:	
Fax:	
E-mail:	cumutoni@wr.org
Skype Name:	

Alternate Field Contact

Name:	Melene Kabadege (MCH Regional Technical Advisor)
Address:	Box 6052 Kigali Rwanda
Phone:	250.(0)78.830.6586
Fax:	
E-mail:	mkabadege@wr.org
Skype Name:	melene571

Grant Funding Information

USAID Funding: $1,750,000 **PVO Match:** $583,333

General Project Description

World Relief is implementing a child survival project in Nyamagabe District, Rwanda. The project goal is to reduce morbidity, mortality and underlying malnutrition of children under five and pregnant women. Project resources will build the capacity of Minitry of Health (MOH) staff to train and supervise government-sanctioned community health workers (CHWs) in the implementation of their community-based packages.

Integration of interventions at community level and local problem solving will be enhanced by forming the CHWs into Modified Care Groups with additional members drawn from local and religious leaders and members of the Hygiene Club executive committees. CHWs will retain their specialized responsibilities, as defined by the MOH, yet they will work together with the additional CG members to more effectively mobilize the communities for behavior change and appropriate care seeking by dividing up the village geographically amongst themselves to facilitate more regular home visits.

The project's Strategic Objective is "improved capacity of MOH staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level." The project's intermediate results are:

IR 1) Improved geographic access to and demand for high quality MNCH services;

IR 2) Improved coordination of and impact of community health activities; and

IR 3) Innovation tested to improve the effectiveness of the Community Based Nutrition Program.

Project Location

Latitude: -2.45	**Longitude:** 29.26
Project Location Types:	Rural
Levels of Intervention:	Health Center Health Post Level Home Community District Hospital Other: National MOH
Province(s):	Southern Province
District(s):	Nyamagabe District
Sub-District(s):	Kaduha Hospital Catchment area Kigeme Hospital Catchment area

Operations Research Information

OR Project Title:	Nutrition Weeks addition to Rwanda MOH CBNP Program for malnutrition prevention in first 1000 days.
Cost of OR Activities:	$175,917
Research Partner(s):	PI Dr. Judy McLean, PhD, Assistant Professor, Univ of British Columbia, Vancouver; Co-PI:Dr. Fidele Ngabo, MD, MSc, PhD Candidate, Director of MCH Unit; Co-Investigator and author of Nutrition Weeks: Melene Kabadeghe, WR Regional Technical Advisor;Co-I: Alphonsine Nyirahabineza, MOH Nutrition Head
OR Project Description:	Given the high prevalence of undernutrition and stunting in Rwanda, this operational research study aims to**identify** the most feasible way to reduce and prevent undernutrition in the first 1000 days of life of children in Nyamagabe District, Rwanda through formative research, and then to **test** the innovated intervention, namely, **"Nutrition Weeks"** to evaluate if the intervention is more effective than the standard Community-based Nutrition Program which uses education and cooking demonstrations. "Nutrition Weeks" are a hybrid of PD/Hearth and Care Groups, with a focus on preventing malnutrition through three-times per year Hearth-like community-based learning sessions led by trained (CHWs), and supervised by MOH and WR. The assessment will include an evaluation of the effects through anthropometry and KPCs, CHW interviews to assess additional cost, effort and time involved, changes in health practices and child growth outcomes through maternal exit interviews, and feasibility of scale-up.

Partners

Ministry of Health (Collaborating Partner)	$0
District of Nyamagabe (Collaborating Partner)	$0

Strategies

Social and Behavioral Change Strategies:	Community Mobilization
	Group interventions
	Interpersonal Communication
Health Services Access Strategies:	Addressing social barriers (i.e. gender, socio-cultural, etc)
	Community-based health insurance scheme/Community financing mechanisms
	Implementation with a sub-population that the government has identified as poor and underserved
	Implementation in a geographic area that the government has identified as poor and underserved
Health Systems Strengthening:	Quality Assurance
	Conducting capacity assessment of local partners
	Supportive Supervision
	Task Shifting
	Developing/Helping to develop clinical protocols, procedures, case management guidelines
	Developing/Helping to develop job aids
	Referral-counterreferral system development for CHWs
	Community role in supervision of CHWs
	Community role in recruitment of CHWs
	Coordinating existing HMIS with community level data
	Performance-based incentives or contracts for health facility workers
Strategies for Enabling Environment:	Create/Update national guidelines/protocols
	Advocacy for revisions to national guidelines/protocols
	Stakeholder engagement and policy dialogue (local/state or national)
	Advocacy for policy change or resource mobilization
	Building capacity of communities/CBOs to advocate to leaders for health
Tools/Methodologies:	Community-based Monitoring of Vital Events
	Mobile Devices for Data Collection

Capacity Building

Local Partners:	National Ministry of Health (MOH)
	Dist. Health System
	Health Facility Staff
	Government sanctioned CHWs
	Faith-Based Organizations (FBOs)

Interventions & Components

Control of Diarrheal Diseases (15%)	IMCI Integration	CHW Training
		HF Training
- Water/Sanitation		
- Hand Washing		
- ORS/Home Fluids		
- Feeding/Breastfeeding		
- Care Seeking		
- Case Management/Counseling		
- POU Treatment of water		
- Zinc		
- Community Case Management with Zinc (Implementation)		
- Community Case Management with ORS (Implementation)		
Infant & Young Child Feeding	IMCI Integration	CHW Training
		HF Training
- ENA		
- Gardens		
- Comp. Feed. from 6 mos.		
- Cont. BF up to 24 mos.		
- Growth Monitoring		
- Maternal Nutrition		
- Promote Excl. BF to 6 Months		
Maternal & Newborn Care (35%)	IMCI Integration	CHW Training
		HF Training
- Recognition of Danger signs		
- Newborn Care		
- Post partum Care		
- Child Spacing		
- Integation. with Iron & Folic Acid		
- Normal Delivery Care		
- Birth Plans		
- Emergency Transport		
Pneumonia Case Management (10%)	IMCI Integration	CHW Training
		HF Training
- Case Management Counseling		
- Recognition of Pneumonia Danger Signs		
- Community Case Management with Antibiotics (Implementation)		

Operational Plan Indicators

Number of People Trained in Maternal/Newborn Health			
Gender	**Year**	**Target**	**Actual**
Female	2012	1608	
Female	2012		554
Male	2012		10
Male	2012	1608	
Female	2013	2144	
Female	2013		2740
Male	2013		2374
Male	2013	1608	
Female	2014		2740
Male	2014		2374
Female	2015	2740	
Male	2015	2374	
Number of People Trained in Child Health & Nutrition			
Gender	**Year**	**Target**	**Actual**
Female	2012	1608	
Female	2012		2500
Male	2012		2832
Male	2012	1608	
Female	2013	1608	
Female	2013		2740
Male	2013		2374
Male	2013	1608	
Female	2014		2740
Male	2014		2374
Female	2015	2740	
Male	2015	2374	
Number of People Trained in Malaria Treatment or Prevention			
Gender	**Year**	**Target**	**Actual**
Female	2012		0
Female	2012	0	
Male	2012		0
Male	2012	0	
Female	2013		0
Female	2013	0	
Male	2013		0
Male	2013	0	
Female	2014		0
Male	2014		0
Female	2015	0	
Male	2015	0	

Locations & Sub-Areas

Kaduha Hopsital catchment area of Nyamagabe District	159,195
Kigeme Hospital Catchment area of Nyamagabe District	166,581

Total Population: 325,776

Target Beneficiaries

	Kaduha Hopsital catchment area of Nyamagabe District	Kigeme Hospital Catchment area of Nyamagabe District	Total
Children 0-59 months	20,218	21,096	41,314
Women 15-49 years	54,531	56,900	111,431
Beneficiaries Total	74,749	77,996	152,745

Rapid Catch Indicators: DIP Submission

Sample Type: 30 Cluster

Antenatal Care

Description -- Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child

Numerator: Enter the number of mothers with children age 0-23 months who had at least four antenatal visits while pregnant with their youngest child Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	163	358	45.5%	7.3
Kigeme Hospital Catchment area of Nyamagabe District	176	360	48.9%	7.3

Maternal TT Vaccination

Description -- Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child

Numerator: Enter the number of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	245	358	68.4%	6.8
Kigeme Hospital Catchment area of Nyamagabe District	246	360	68.3%	6.8

Skilled Birth Attendant

Description -- Percentage of children age 0-23 months whose births were attended by skilled personnel

Numerator: Enter the number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	297	358	83.0%	5.5
Kigeme Hospital Catchment area of Nyamagabe District	330	360	91.7%	4.0

Current Contraceptive Use Among Mothers of Young Children

Description -- Percentage of mothers of children age 0-23 months who are using a modern contraceptive method

Numerator: Enter the number of mothers with children age 0-23 months who are using a modern contraceptive method

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	205	358	57.3%	7.2
Kigeme Hospital Catchment area of Nyamagabe District	225	360	62.5%	7.1

Post-Natal Visit to Check on Newborn Within the First 2 Days After Birth

Description -- Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth

Numerator: Enter the number of children age 0-23 months who received a post-natal visit within two days after birth by an appropriate health worker Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	135	358	37.7%	7.1
Kigeme Hospital Catchment area of Nyamagabe District	159	360	44.2%	7.3

Exclusive Breastfeeding

Description -- Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours

Numerator: Enter the number of children age 0-5 months who drank breast milk in the previous 24 hours AND did not drink any other liquids in the previous 24 hours AND was not given any other foods or liquids in the previous 24 hours

Denominator: Enter the total number of children age 0-5 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	82	90	91.1%	8.3
Kigeme Hospital Catchment area of Nyamagabe District	89	90	98.9%	3.1

Infant and Young Child Feeding

Description -- Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Numerator: Enter the number infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	8	270	3.0%	2.9
Kigeme Hospital Catchment area of Nyamagabe District	9	270	3.3%	3.0

Vitamin A Supplementation in the Last 6 Months

Description -- Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall

Numerator: Enter the number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mother's recall or card verified) Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	190	270	70.4%	7.7
Kigeme Hospital Catchment area of Nyamagabe District	208	270	77.0%	7.1

Measles Vaccination

Description -- Percentage of children age 12-23 months who received a measles vaccination

Numerator: Enter the number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	139	159	87.4%	7.3
Kigeme Hospital Catchment area of Nyamagabe District	121	145	83.4%	8.6

Access to Immunization Services

Description -- Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	142	159	89.3%	6.8
Kigeme Hospital Catchment area of Nyamagabe District	126	145	86.9%	7.8

Health System Performance Regarding Immunization Services

Description -- Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	134	159	84.3%	8.0
Kigeme Hospital Catchment area of Nyamagabe District	122	145	84.1%	8.4

Treatment of Fever in Malarious Zones

Description -- Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began

Numerator: Enter the number of children age 0-23 months with a febrile episode in the last two weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug

Denominator: Enter the total number of children age 0-23 months with a febrile episode in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	11	75	14.7%	11.3
Kigeme Hospital Catchment area of Nyamagabe District	1	86	1.2%	3.2

ORT Use

Description -- Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids

Numerator: Enter the number of children age 0-23 months with diarrhea in the last two weeks AND who received oral rehydration solution (ORS) and/or recommended home fluids

Denominator: Enter the total number of children age 0-23 months who had diarrhea in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	15	65	23.1%	14.5

Kigeme Hospital Catchment area of Nyamagabe District	16	70	22.9%	13.9

Appropriate Care Seeking for Pneumonia

Description -- Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Numerator: Enter the number of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Denominator: Enter the total number of children with chest-related cough and fast and /or difficult breathing in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	38	86	44.2%	14.8
Kigeme Hospital Catchment area of Nyamagabe District	51	113	45.1%	13.0

Point of Use (POU)

Description -- Percentage of households of children age 0-23 months that treat water effectively

Numerator: Enter the number of households of mothers of children 0-23 months that treat water effectively

Denominator: Enter the total number of households of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	180	360	50.0%	7.3
Kigeme Hospital Catchment area of Nyamagabe District	203	360	56.4%	7.2

Appropriate Hand Washing Practices

Description -- Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing

Numerator: Enter the number of mothers with children age 0-23 months who live in households with soap at the place for hand washing Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	139	360	38.6%	7.1
Kigeme Hospital Catchment area of Nyamagabe District	158	360	43.9%	7.2

Child Sleeps Under an Insecticide-Treated Bednet

Description -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night

Numerator: Enter the number of children age 0-23 months who slept under an insecticide-treated bednet the previous night Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	241	360	66.9%	6.9
Kigeme Hospital Catchment area of Nyamagabe District	241	360	66.9%	6.9

Underweight

Description -- Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)

Numerator: Enter the number of children 0-23 months with weight/age -2 SD for the median weight for age, according to the WHO/NCHS reference population

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	64	359	17.8%	5.6
Kigeme Hospital Catchment area of Nyamagabe District	32	359	8.9%	4.2

Rapid Catch Indicators: Mid-term

Sample Type: 30 Cluster

Antenatal Care

Description -- Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child

Numerator: Enter the number of mothers with children age 0-23 months who had at least four antenatal visits while pregnant with their youngest child Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Maternal TT Vaccination

Description -- Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child

Numerator: Enter the number of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Skilled Birth Attendant

Description -- Percentage of children age 0-23 months whose births were attended by skilled personnel

Numerator: Enter the number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Current Contraceptive Use Among Mothers of Young Children

Description -- Percentage of mothers of children age 0-23 months who are using a modern contraceptive method

Numerator: Enter the number of mothers with children age 0-23 months who are using a modern contraceptive method

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Post-Natal Visit to Check on Newborn Within the First 2 Days After Birth

Description -- Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth

Numerator: Enter the number of children age 0-23 months who received a post-natal visit within two days after birth by an appropriate health worker Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Exclusive Breastfeeding

Description -- Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours

Numerator: Enter the number of children age 0-5 months who drank breast milk in the previous 24 hours AND did not drink any other liquids in the previous 24 hours AND was not given any other foods or liquids in the previous 24 hours

Denominator: Enter the total number of children age 0-5 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	78	84	92.9%	7.8
Kigeme Hospital Catchment area of Nyamagabe District	66	70	94.3%	7.7

Infant and Young Child Feeding

Description -- Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Numerator: Enter the number infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	73	189	38.6%	9.8
Kigeme Hospital Catchment area of Nyamagabe District	51	208	24.5%	8.3

Vitamin A Supplementation in the Last 6 Months

Description -- Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall

Numerator: Enter the number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mother's recall or card verified) Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Measles Vaccination

Description -- Percentage of children age 12-23 months who received a measles vaccination

Numerator: Enter the number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Access to Immunization Services

Description -- Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Health System Performance Regarding Immunization Services

Description -- Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Treatment of Fever in Malarious Zones

Description -- Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began

Numerator: Enter the number of children age 0-23 months with a febrile episode in the last two weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug

Denominator: Enter the total number of children age 0-23 months with a febrile episode in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

ORT Use

Description -- Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids

Numerator: Enter the number of children age 0-23 months with diarrhea in the last two weeks AND who received oral rehydration solution (ORS) and/or recommended home fluids

Denominator: Enter the total number of children age 0-23 months who had diarrhea in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	

Kigeme Hospital Catchment area of Nyamagabe District			%	

Appropriate Care Seeking for Pneumonia

Description -- Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Numerator: Enter the number of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider

Denominator: Enter the total number of children with chest-related cough and fast and /or difficult breathing in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Point of Use (POU)

Description -- Percentage of households of children age 0-23 months that treat water effectively

Numerator: Enter the number of households of mothers of children 0-23 months that treat water effectively

Denominator: Enter the total number of households of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	227	300	75.7%	6.9
Kigeme Hospital Catchment area of Nyamagabe District	171	300	57.0%	7.9

Appropriate Hand Washing Practices

Description -- Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing

Numerator: Enter the number of mothers with children age 0-23 months who live in households with soap at the place for hand washing Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	221	300	73.7%	7.0
Kigeme Hospital Catchment area of Nyamagabe District	219	300	73.0%	7.1

Child Sleeps Under an Insecticide-Treated Bednet

Description -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night

Numerator: Enter the number of children age 0-23 months who slept under an insecticide-treated bednet the previous night Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Underweight

Description -- Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)

Numerator: Enter the number of children 0-23 months with weight/age -2 SD for the median weight for age, according to the WHO/NCHS reference population

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District	20	185	10.8%	6.3
Kigeme Hospital Catchment area of Nyamagabe District	33	188	17.6%	7.7

Rapid Catch Indicators: Final Evaluation

Sample Type:

Antenatal Care

Description -- Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child

Numerator: Enter the number of mothers with children age 0-23 months who had at least four antenatal visits while pregnant with their youngest child Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Maternal TT Vaccination

Description -- Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child

Numerator: Enter the number of mothers with children age 0-23 months who received at least two tetanus toxoid vaccinations before the birth of their youngest child

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Skilled Birth Attendant

Description -- Percentage of children age 0-23 months whose births were attended by skilled personnel

Numerator: Enter the number of children age 0-23 months whose birth was attended by a doctor, nurse, midwife, auxiliary midwife, or other personnel with midwifery skills

Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Current Contraceptive Use Among Mothers of Young Children

Description -- Percentage of mothers of children age 0-23 months who are using a modern contraceptive method

Numerator: Enter the number of mothers with children age 0-23 months who are using a modern contraceptive method

Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Post-Natal Visit to Check on Newborn Within the First 2 Days After Birth

Description -- Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth

Numerator: Enter the number of children age 0-23 months who received a post-natal visit within two days after birth by an appropriate health worker Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Exclusive Breastfeeding

Description -- Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours

Numerator: Enter the number of children age 0-5 months who drank breast milk in the previous 24 hours AND did not drink any other liquids in the previous 24 hours AND was not given any other foods or liquids in the previous 24 hours

Denominator: Enter the total number of children age 0-5 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Infant and Young Child Feeding

Description -- Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices

Numerator: Enter the number infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Vitamin A Supplementation in the Last 6 Months

Description -- Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall

Numerator: Enter the number of children age 6-23 months who received a dose of Vitamin A in the last 6 months (mother's recall or card verified) Denominator: Enter the total number of children age 6-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Measles Vaccination

Description -- Percentage of children age 12-23 months who received a measles vaccination

Numerator: Enter the number of children age 12-23 months who received a measles vaccination by the time of the interview as seen on the card or recalled by the mother

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Access to Immunization Services

Description -- Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received a DTP1 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Health System Performance Regarding Immunization Services

Description -- Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey

Numerator: Enter the number of children age 12-23 months who received DTP3 at the time of the survey according to the vaccination card/child health booklet or mother's recall

Denominator: Enter the total number of children age 12-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Treatment of Fever in Malarious Zones

Description -- Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began

Numerator: Enter the number of children age 0-23 months with a febrile episode in the last two weeks AND whose mother/caretaker sought treatment for the child within 24 hours AND who were treated with an appropriate anti-malarial drug

Denominator: Enter the total number of children age 0-23 months with a febrile episode in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

ORT Use

Description -- Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids
Numerator: Enter the number of children age 0-23 months with diarrhea in the last two weeks AND who received oral rehydration solution (ORS) and/or recommended home fluids
Denominator: Enter the total number of children age 0-23 months who had diarrhea in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Appropriate Care Seeking for Pneumonia

Description -- Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider
Numerator: Enter the number of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider
Denominator: Enter the total number of children with chest-related cough and fast and /or difficult breathing in the last two weeks

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Point of Use (POU)

Description -- Percentage of households of children age 0-23 months that treat water effectively
Numerator: Enter the number of households of mothers of children 0-23 months that treat water effectively
Denominator: Enter the total number of households of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Appropriate Hand Washing Practices

Description -- Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing
Numerator: Enter the number of mothers with children age 0-23 months who live in households with soap at the place for hand washing Denominator: Enter the total number of mothers of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Child Sleeps Under an Insecticide-Treated Bednet

Description -- Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night
Numerator: Enter the number of children age 0-23 months who slept under an insecticide-treated bednet the previous night Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Underweight

Description -- Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)
Numerator: Enter the number of children 0-23 months with weight/age -2 SD for the median weight for age, according to the WHO/NCHS reference population
Denominator: Enter the total number of children age 0-23 months in the survey

Sub Area Name	Numerator	Denominator	Percent(calculate)	Confidence Limits
Kaduha Hopsital catchment area of Nyamagabe District			%	
Kigeme Hospital Catchment area of Nyamagabe District			%	

Rapid Catch Indicator Comments

The Rapid CATCH indictor for malaria treatment is defined as children with fever who received an antimalarial drug within 24 hours. According to this definition, just 15% of sick children in Kaduha and 1% of sick children in Kigeme met the criteria (compared to 8% in the DHS 2010) as shown in Graph 24. However, it is important to note that this indicator does not take into account rapid diagnostic testing. Now that Rwanda is testing all suspected cases prior to treatment, it would not be expected that all sick children with fever should receive a drug – only those with a positive test. Because rates of malaria are low in Nyamagabe the MOH did not introduce community treatment for malaria until rapid diagnostic testing became available. Consequently, you would only expect a small fraction of fevers to require treatment with a malaria drug.

Minimum Appropriate Feeding Practices were calculated by the WHO definition of Minimum Acceptable Diet. According to the WHO: The composite indicator of a minimum acceptable diet is calculated from the proportion of breastfed children aged 6-23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day AND the proportion of non-breastfed children aged 6-23 months who received at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day. Dietary diversity is present when the diet contained four or more of the following food groups: grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry, liver or other organs); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables. The minimum daily meal frequency is defined as twice for breastfed infants aged 6-8 months, three times for breastfed children aged 9-23 months and four times for non-breastfed children aged 6-23 months.

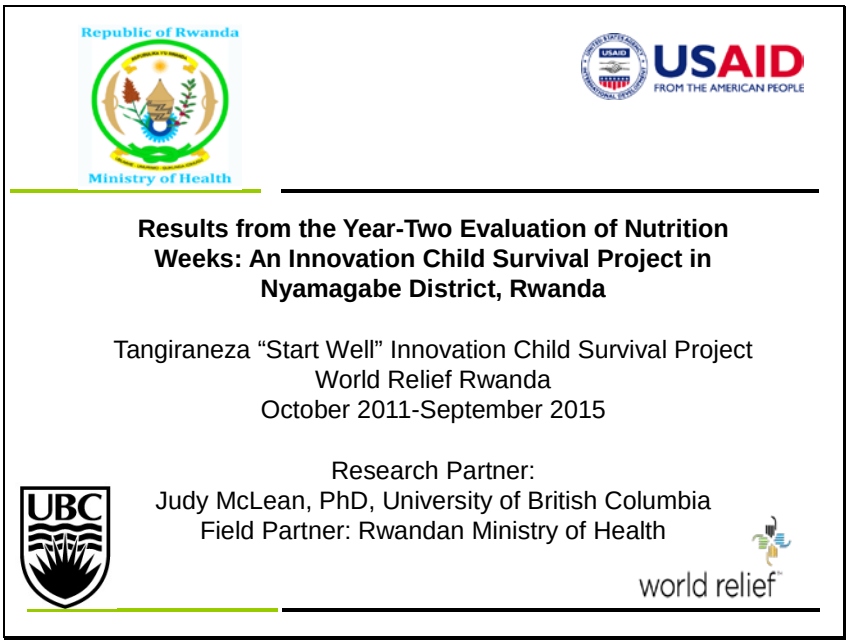
Midterm data for underweight was calculated only for children 6-23 months old.

Annex 4 : Not Included : Optional Operations Research Brief

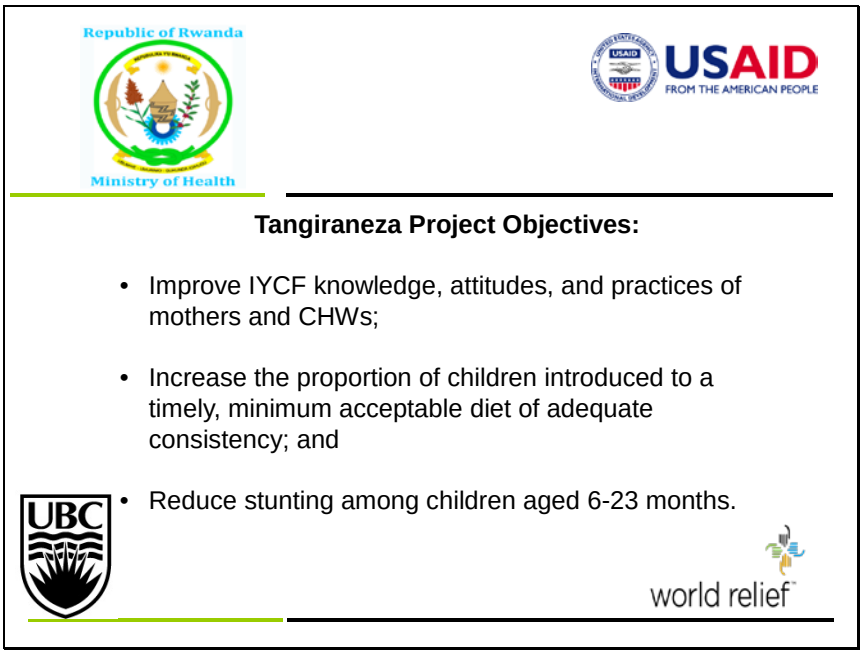
Annex 5 : No Reports or information products were requested

Annex 6 : National Nutrition Summit Presentation-February 2013

Slide 1



Slide 2



Slide 3

Republic of Rwanda
Ministry of Health

USAID
FROM THE AMERICAN PEOPLE

Nyamagabe District:

Total Population: 330,510 WRA: 111,431 Children Under 5: 41,314

UBC

world relief

Slide 4

Republic of Rwanda
Ministry of Health

USAID
FROM THE AMERICAN PEOPLE

44% of children U5 are stunted in Rwanda

53.5% of children U5 in Nyamagabe District are stunted.
(DHS 2010)

UBC

world relief

Slide 5

Tangiraneza Project Operations Research Design:

Kaduha Hospital Catchment Area	Kigeme Hospital Catchment Area
Total population: 161,743	Total Population: 168,767
Intervention Area	Comparison Area
Getting CBNP + Nutrition Weeks intervention (three times per year)	**CBNP alone**

Slide 6

Tangiraneza CBNP Components

- Village level Modified Care Groups provide mobilization and BCC via home visits and community meetings (MIYCF Key messages).
- Monthly CB Growth Monitoring & Nutrition Counseling
- MUAC screening and appropriate referral for children and pregnant women
- Promotion of Kitchen Gardens
- Provision of rabbits for breeding/food source to the most vulnerable families

Slide 7

Nutrition Weeks

- supplements the existing MOH Community-Based Nutrition Program (CBNP)
- Based heavily on Positive Deviance/Hearth model
- targets ALL children in the 'first 1000 days' of life, not just malnourished children
- serves all pregnant women, lactating mothers, fathers and grandmothers of children<2
- provides a time **for intensive learning and practicing new behaviours**.
- CHWs and community leaders are trained and supported in a useful hands-on nutrition curriculum using real local foods and specific, targeted pra

Slide 8

Nutrition Week posters given to 8,460 participating families show food types and meal frequency by age

Slide 9

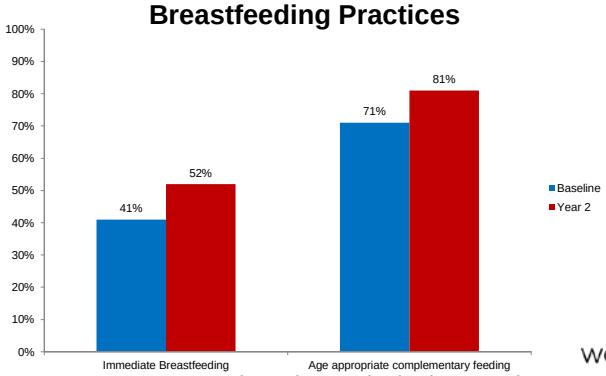
Key practices focused during NW

- Making and Eating Thicker Porridge,
- Eating Fat and Animal-Based Foods,
- Increasing Frequency of Meals
- Eating a Variety of Foods,
- Improving Hygiene Practices,
- Infant Stimulation and Feeding,
- Health of Pregnant Women.

Slide 10

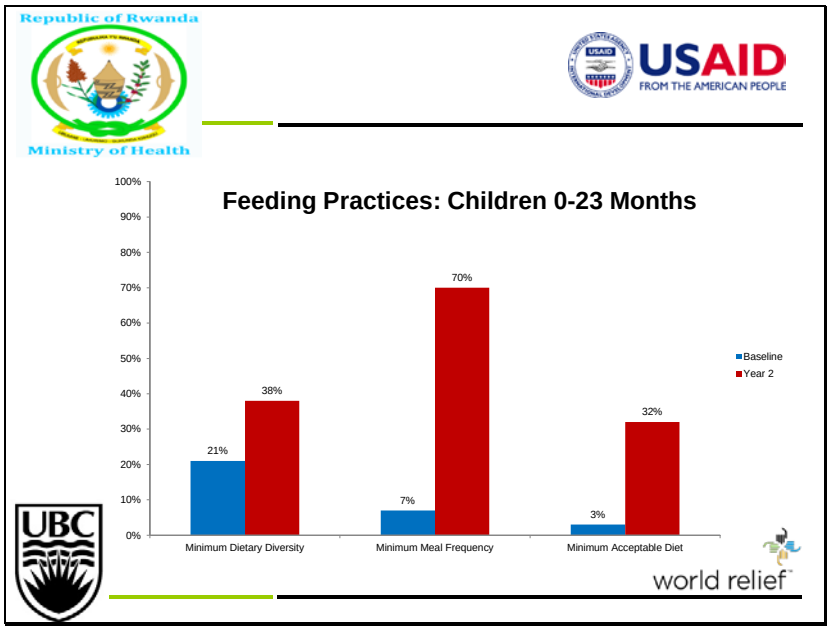
Year 2 Nutrition Weeks Results

Breastfeeding Practices

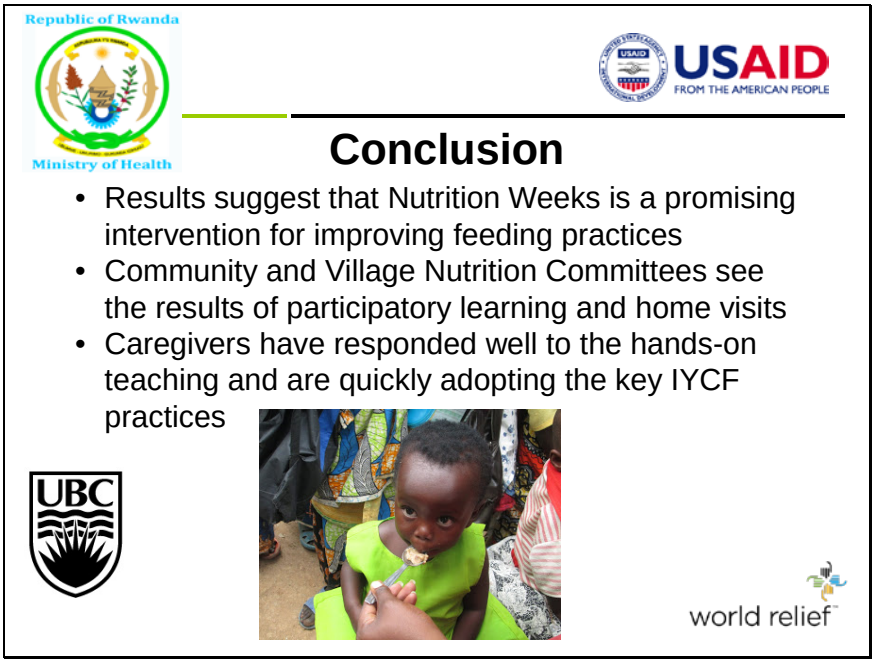


Two 30x10 cluster surveys were conducted—one in the intervention area and one in the comparison area. Results shown in this presentation are from the intervention area. Statistical comparisons between the intervention and comparison areas have not yet been conducted at this early stage of the project.

Slide 11



Slide 12



Slide 13

Annex 7: Recipe Booklet

REPUBLIKA Y'U RWANDA

MINISITERI Y'UBUZIMA

Ukwakira, 2013

World Health Organization

Global Communities Partners for Good

World Vision Building a better world for children

world relief

unicef

USAID FROM THE AMERICAN PEOPLE

IJAMBO RY'IBANZE

Imirire myiza ni ishingiro ry'ubuzima bwa buri wese, kandi igira uruhare runini mu gufa- sha igihugu kugera ku ntego z'ikinyagihumbi zigamije iterambere no kurwanya ubukene. Mu Rwanda, abana, abagore batwite n'abonsa nibo bakunze kwibasirwa n'ikibazo cy'imirire mibi. Imirire mibi ni ikibazo gihangayikishije mu rwego rw'ubuzima kuko ari imwe mu mpamvu zikomeye z'impfu z'abana. Imibare yo mu cyegeranyo cy'ibarurishamibare (DHS 2010), yere- kanye ko abana bagera kuri 44% bari munsi y'imyaka 5 bafite ikibazo cy'imirire mibi yo kug- wingira. Ishingiro ry'ubuzima bwiza bw'umwana ritangirira mu kwita ku mubyeyi agisama, bigakomereza by'umwihariko ku mwana akivuka kugeza yujuje imyaka 2. Iyo umwana amaze kuzuza imyaka ibiri kandi ataragaburiwe neza, imirire mibi iba yararangije kubangamira bika- bije imikurireye. Guverinoma y'u Rwanda imaze gukora ibishoboka byose kugira ngo ishakire umuti icyo kibazo cy'imirire mibi; aha twavuga gushyiraho politike yo kurwanya imirire mibi, gutegura no gutanga imfashanyigisho n'ibikoresho bitandukanye ndetse n'ingamba nshya y'ubukangurambaga yiswe « Iminsi igihumbi y'ubuzima bw'umwana». Uretse izi ngamba, hagaragaye ko hakenewe igitabo cyafasha kuyobora abajyanama b'ubuzima, ababyeyi ndetse n'abandi bose bafite inshingano yo kwita ku mirire y'abana mu bijyanye no gutunganya no gutegura amafunguro. Ni muri urwo rwego Minisiteri y'Ubuzima yateguye iki gitabo gisoba- nura uburyo bwo gutegura no guteka amafunguro, ndetse kikanagaragaza zimwe muri gahun- da za leta zo kuboneza imirire, ubumenyi bw'ibanze ku birebana n'imirire, guhindura imyum- vire n'imyifatire ku birebana n'imirire, isuku ndetse n'ibigomba gushingirwaho mu kugaburira umwana ukurikije ikigero cye.

Minisiteri y'Ubuzima iboneyeho umwanya wo gushimira abantu bose bagira uruhare mu guteza imbere imirire. Turashimira Abajyanama b'Ubuzima kubera ubwitange bwabo mu kugeza ibikorwa by'ubuzima ndetse no kuba intangarugero mu bikorwa bigamije kurandura burundu ikibazo cy'imirire mibi.

Minisitiri w'Ubuzima

Dr. Agnes

BINAGWAHO

IRIBURIRO

Mu rwego rwo kugira imiryango irangwa n'imirire myiza, hateganijwe iki gitabo cy- ateguwe ku buryo abantu bose bamenya gutegura no guteka neza indyo yuzuye ku byiciro by'abantu batandukanye bashobora gufatwa n'imirire mibi cyane cyane abana bari munsi y'imyaka 2, abagore batwite n'abonsa, tutibagiwe n'ababana na virusi itera SIDA hifashijwe ibiribwa twiyezereza iwacu cyangwa dushoboye kubona ku isoko. Intego y'iki gitabo ni ukongera ubumenyi n'ubushobozi bw'abazagikoresha mu guteza imbere ubuzima bwiza muri rusange n' imirire by'umwihariko..Iki gitabo kiragaragaza zimwe muri gahunda za leta zo kuboneza imirire, ubumenyi bw'ibanze ku birebana n'imirire, guhindura imyumvire n'imyifatire ku birebana n'imirire n'uburyo buny- uranye bwo gutegura no guteka amafunguro Iki gitabo muri rusange cyagenewe gu-

fasha abajyanama b'ubuzima, abakangurambaga, abashinzwe guhugura n'abandi bose bifuza kongera ubumenyi mu bijyanye n'imirire. By'umwihariko, iki gitabo kizafasha abagore batwite, abonsa, abita ku mirire y'abana bari munsi y'imyaka ibiri n'ababana na virusi itera SIDA.

Ministeri y'Ubuzima iboneyeho umwanya wo gushimira abafatanyabikorwa bayo ku- bera inkunga ikomeye bayiteye mu gutegura iki gitabo by'umwihariko umuryango World Relief Rwanda, Global Communities/USAID Ejo Heza, World Vision, World Health Organization na Concern.

Ministeri y'Ubuzima irashimira kandi abajyanama b'ubuzima, abakangurambaga, aba- byeyi n'abandi bose batanze ibitekerezo kugira ngo iki gitabo kirusheho kunozwa.

IBIKUBIYE MURI IKI GITABO

IGICE CYA MBERE CY'IGITABO: UBUMENYI BW'IBANZE KU BIJYANYE N'UBIZIMA N'IMIRIRE

I. GAHUNDA ZA LETA MU RWEGO RW'IMIRIRE

Mu rwego rwo kurandura imirire mibi, leta yafashe ingamba zitandukanye zishingiye ku ruhare rw'abaturage zirimo izi zikurikira:

- Akagoroba k'ababyey
- Iminsi1000shingiroy'ubuzimabw'umwana
- Agakono k'umwana
- Inkongoro y'umwana
- Akarima k'igikoni n'ubworozi bw'amatungo magufi
- Gukurikirana imikurire y'umwana
- Igikoni cy'umudugudu

1.1. IGIKONI CY'UMUDUGUDU

Igikoni cy'umudugudu ni igikorwa kigamije kurwanya imirire mibi ku bana bari hasi y'imyaka itanu. Mu gikoni cy'umudugudu niho ababyeyi bigira guteka indyo yuzuye bavanze ibiribwa biboneka iwabo, n'isuku ikenewe mu guteguranoguteka amafunguro.

Muri iki gikorwa, ku masaha abagize umudugudu bumvikanyeho, umubyeyi wese ufite umwana uri munsi y'imyaka 5, azana n'umwana, akazana n'ibyo kurya bibisi, isahane, ikiyiko n'igikombe aza gukoresha kandi bifite isuku.

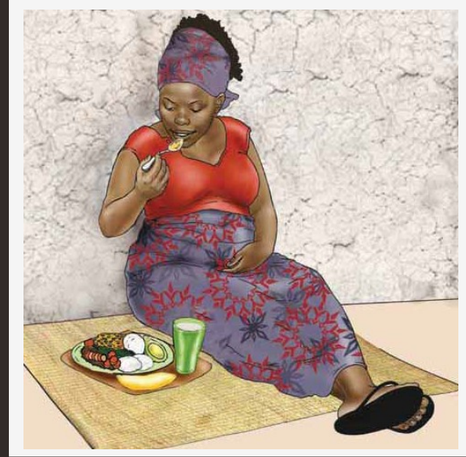
Umubyeyi wese agomba kugira uruhare muri iki gikorwa. Igikoni cy'umudugudu gikorwa rimwe mu kwezi. Uko bahuye, hagomba kuboneka umujyanama w'ubuzima akigisha ababyeyi gutegura no guteka indyo yuzuye ndetse n'isuku. Hasho- bora gutoranywa urugo rugakorerwamo igikoni cy'umudugudu mu gihe badafite ahandi bakorera. Aho bakorera hagomba kuba hari umusarani usukuye n'amazi meza.

1.2. AKAGOROBA K'ABABYEYI (ABAGABO N'ABAGORE)

Akagoroba k'ababyeyi ni itsinda rigizwe n'ababyeyi (abagabo n'abagore) 15-20 baziranye neza, batu-

ranye ku buryo baganira bisanzuye, bahura rimwe mu cyumweru, ku masaha bumvikanyeho mu rugo rumwe, bakiga, bakagirana inama ku buzima bwabo n'ubw'abana kandi bagafashanya ngo biteze im- bere. Akagoroba k'ababyeyi kagamije by'umwihariko guhindura imyumvire n'imyifatire mu byere- keranye no gukumira indwara z'imirire mibi.

1.3. IMINSI 1000 SHINGIRO Y'UBUZIMA BW'UMWANA



Iminsi 1000 shingiro y'ubuzima bw'umwana ni iminsi ibarwa uhereye ku isamwa rye kugeza agize imyaka 2. Imirire myi- za mu gihe cy'iminsi 1000 shingiro y'ubuzima bw'umwana igira ingaruka nziza ku mikurire ye ndetse no ku myigire niyo mpamvu tugomba kwita ku mirire y'umwana kuva akiri munda ya nyina kugera agize imyaka 2.

Mu rwego rwo gushimangira akamaro k'imirire muri iyo minsi 1000, Leta yafashe ingamba z'ubukangurambaga zi- kurikira:

- gushishikariza umubyeyi utwite kurya indyo y'inyongera kuyo yarasanzwe afata. Iyo ndyo igomba kuba yu- zuye ikungahaye mu ntungamubiri atibagiwe imboga n'imbuto.
- gukangurira umubyeyi gushyira umwana ukivuka ku ibere mu isaha ya mbere kugirango abone umuhondo ukungahaye ku ntungamubiri z'ibanze akeneye.
- konsa umwana gusa nta kindi umuhaye mu mezi atan- datu ya mbere.
- guha umwana ifashabere guhera ku mezi 6 kuko amash- ereka yonyine aba atakimuhagije mu ntungamubiri aken- eye. Umwana akomeza konkaigihe cyose ku manywa na nijoro kugeza nibura ku myaka 2.

✓ Kongerera abagore batwite, abonsa n'abana intungamubiri (vit A, ubutare bwa feri, ongera...) n'ikinini cy'inzoka.

1.4. AGAKONO K'UMWANA

Agakono k'umwana ni gahunda yo gutegura no guteka indyo

yuzuye yihariye y'umwana hitawe ku kigero cye n'imimerere y'ifunguro (consistence). Agakono k'umwana kagamije gukumi- ra ndetse no kurandura indwara ziterwa n'imirire mibi ku bana. Agakono k'umwana ni gahunda ikorerwa muri buri rugo rufite umwana muto.

1.5. INKONGORO Y'UMWANA

Inkongoro y'umwana ni gahunda yo guha umwana amata ikor-

erwa mu bigo nderabuzima, mu ngo ndetse no mu mashuli aban- za hagamijwe gukumira ndetse no kurwanya indwara zituruka ku mirire mibi.

Gahunda ya gir'inka munyarwanda no gukamirana zifasha mu kubona inkongoro y'umwana mu buryo bworoshye.

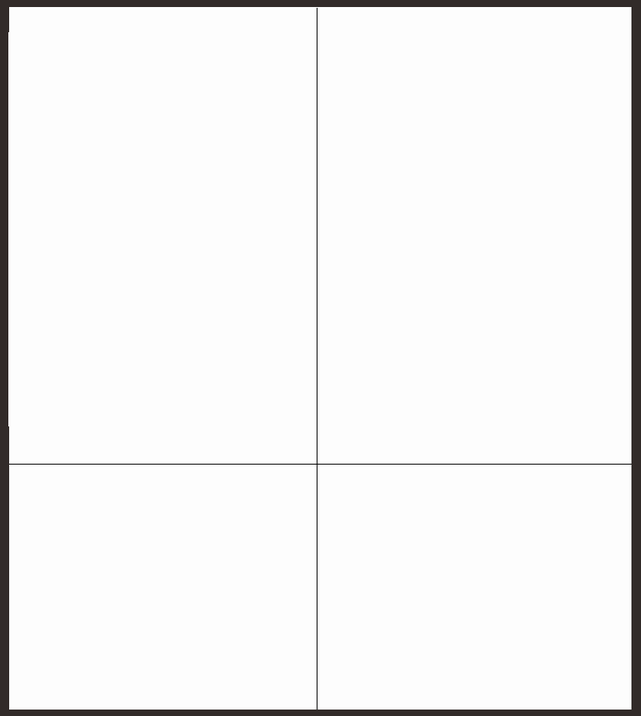
1.6. AKARIMA K'IGIKONI N'UBWOROZI BW'AMATUNGO MAGUFI

Akarima k'igikoni ni gahunda ishishikariza buri muryango kugira umurima w'imboga buri gihe cy'umwaka. Ari

abafite ubutaka bunini cyangwa buto, ndetse n'abatagira ubutaka bashobora gukoresha ubundi buryo nk'imifuka n'ibindi bikoresho bakabona imboga zo kubatunga. Imboga zibonekamo ubwoko bunyuranye bwa vitamini n'imyunyu ngugu bifitiye umubiri akamaro mu kuwurinda indwara; twavuga nka vitamini A ituma abana bakura neza, ikabarinda kurwaragurika kandi ikabarinda ubuhumyi, umunyu

w'ubutare (feri) utuma hatabaho ibura ry'amaraso mu mubiri n'ibindi. Korora amatungo magufi, nk'inkoko,

inkwavu, amafi, imbeba za kizungu, ihene, intama, ingurube, n'ayandi bishobora kuguha za poroteyine zubaka umubiri z'ingenzi n'izindi ntungamubiri za ngombwa. Aya matungo kandi atanga ifumbire ishobora gufasha kongera umusaruro w'imboga



Muri izi gahunda zose zavuzwe hejuru, isuku igomba kwitabwaho muri byose kugirango twirinde indwara zit- erwa n'umwanda. Ni ngombwa kugira isuku y'aho dutuye, iy'umubiri,

1.7. GUKURIKIRANA IMIKURIRE Y'UMWANA

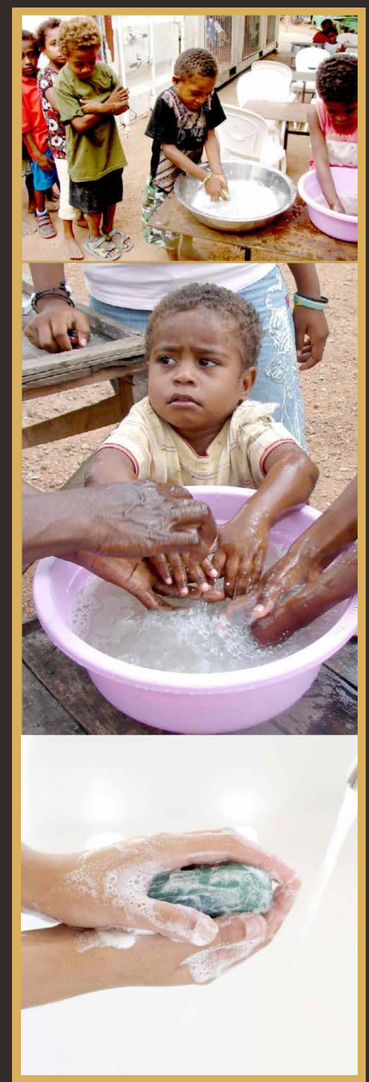
Gukurikirana imikurire y'umwana ni gahunda ya buri kwezi ikorwa n'umujyanama w'ubuzima, ig- amije guteza imbere imikurire y'umwana. Umwa- na ufite ubuzima bwiza akura neza kandi yiyongera ibiro buri kwezi. Niba umwana atiyongera cyang- wa atakaza ibiro, ubwo hari ikibazo ku buzima bwe. Kwitabira inyigisho ku byerekeranye no guku- rikirana no guteza imbere imikurire y'umwana bituma umubyeyi amenya hakiri kare ibibazo um- wana afite mu rwego rw'imirire nko kunanuka bi- kabije

cyangwa kubyimbagana. Ibibazo by'imirire bisho- bora gusaba ko habaho ubuvuzi bwihutirwa hi- fashishijwe

ubwoko bw'ibiryo byihariye bikoreshwa mu bu- vuzi.

iy'ibikoresho byo mu gikoni, iy'imyambaro niy'aho turyama.Tugomba kandi kwita ku isuku y'ibiribwa no kunywa amazi meza atetse cyangwa yasukuwe hakoreshejwe imiti yabugenewe nka Siro. By'umwihariko, ni ngombwa gukaraba intoki dukoresheje amazi meza n'isabuni mu bihe bine by'ingenzi byagenwe ari byo

: mbere yo gutegura amafunguro, mbere yo kugaburira umwana no kumwonsa na nyuma yo guhanagura umwana cyangwa kuva mu bwiherero.



Karaba intoki n'isabuni. Mbere yo: kurya, konsa umwana, gutegura amafunguro. Nyuma yo: kurya, kuva mu bwiherero no guhanagura umwana, kuramukanya

II. UBUMENYI BW'IBANZE KU BIREBANA N'IMIRIRE

2.1. Ibisobanuro by'amwe mu magambo akoreshwa mu mirire

- Imirire: Ni uburyo umubiri wakira kandi ugakoresha ibiryo/in- tungamubiri wabonye.
- Intungamubiri: Ni ibyo dusanga mu biryo turya umubiri wacu ukeneye ngo ukure, wiyubake,ugireimbaragakandiurwanyein- dwara.
- Indyo yuzuye: Ni ifunguro ririmo amoko anyuranye y'ibiribwa akungahaye ku ntungamubiri zose, haba mu bwinshi no mu bwiza zifasha umubiri kubaho neza.
- Konsa umwana akivuka : gushyira umwana ku ibere mu isaha ya mbereakimarakuvuka:
- Konsa gusa : Guha umwana ibere (amashereka) gusa nta kindi umuvangiye kabone n'amazi, kuva akivuka kugeza ku mezi 6;
- Ifashabere: Ni igaburo rihabwa umwana kuva yujuje amezi 6 ku- bera ko amashereka yonyine atakimuhagije mu ntungamubiri.

2.2. Amoko y'ibiribwa n'intungamubiri bigize indyo yuzuye

Kumenya amoko y'ibiribwa ni ikintu cy'ingenzi kuko mu biribwa ariho dukura intungamubiri ziny-

uranye umubiri ukeneye (Intungamubiri zubaka umubiri izitera imbaraga n'ubushyuhe bukenewe n'izirinda indwara). -

Izi ntungamubiri zavuzwe hejuru ziboneka mu moko y'ibiribwa akurikira:

	Amoko y'ibiribwa	**Ibiribwa**	**Akamaro k'intungamubiri zirimo**	**Amashusho**
1	Ibinyabijumba/ Ibinyamafufu/	Ibijumba, Ibirayi,amatek e, imyumbati, ibikoro, Ibitoki	Izitera imbaraga	
2	Ibinyampeke	Umuceli, Ibigori, Amasaka, ingano, uburo,…		
3	Amavuta	Amamesa, ubuto, amavuta y'inka.…		
4	Ibinyamisogwe	Ibishyimbo, Soya, Amashaza, Inkori, ubunyobwa…	Izubaka umubiri	
5	Ibikomoka ku matungo	Inyama, Injanga (indagara), Amafi, Amata, Amagi		
6	Imboga n'Imbuto	Imbogeri, Dodo, Ibisusa, Karoti, Imbwija, , umushogoro, isombe, epinari,… Avoka, Imineke, Amatunda,	Izirinda indwara	

Icyitonderwa: Ni ngombwa kuvanga no guhinduranya amoko atandukanye y'ibiribwa kugira ngo ubone intungamubiri zose zikenewe.

- Ni byiza kurya ubwoko bunyuranye bw'ibiribwa ku munsi kugira ngo umubiri wacu ubone intunga mubiri zose ukeneye kuko nta kiribwa na kimwe cyihagije mu ntungamubiri;

- Amazi ni ingenzi mu buzima kuko umubiri urayakeneye cyane mu mirimo hafi ya yose ukora: Ku muntu mukuru, ibirahure 8 kuzamura ku munsi birafasha; agomba kuba ateguranywe isuku:yabizecyangwa

2.3. Imirire mibi

. Ibura cyangwa ubwinshi bw'i ntungamubiri ni byo bitera imirire mibi ikubiye mu bice bibiri: Imirire mibi iterwa no kubura intungamubiri n'imirire mibi iterwa no kurenza urugero.

Imirire mibi iterwa n'ibura ry'ibiryo(ari nayo yiganje mu Rwanda mu bana bari munsi y'imyaka itanu) iri mu byiciro bikurikira:

- Kugwingira (Uburebure budahwanye n'imyaka y'umwana)
- Bwaki (ibyimbisha, iyumisha, n'ifata impu zombi)
- Ibiro bike ugereranije n'imyaka
- Ibura rya za vitamin n'imyunyu ngugu;

⇒ Imirire mibi iterwa n'indyo ndengarugero : umubyibuho ukabije, diyabeti, umuvuduko w'amaraso, , indwara z'umutima, n'izindi;...

2.4. Uburyo bwiza bwo gutunganya amafunguro tudatakaza intungamubiri ziri mu biribwa

Imboga ziduha intungamubiri dukeneye iyo tuzitetse ntizishye cyane kuko iyo zitinze ku ziko intunga- mubiri zirimo (vitamini n'imyunyu ngugu) zirangirika; imboga n'imbuto ziribwa ari mbisi zirushaho kuba nziza kuko zitanga intungamubiri zose (zigomba kubanza kurongwa neza mbere yo kuzirya);

- Kwirinda kurya imboga n'imbuto zanambye (ntizagombye kurenza umunsi zitararibwa kuvazisoromwe),
- Kwirinda gukeka imboga mbere yo kuzironga;

- Ni byiza gukeka imboga mu gihe ugiye guhita uziteka;

- Kwirinda kuminina amazi yatekeshejwe imboga

- Ni byiza gutumbika/kwinika ibinyamisogwe (ibishyimbo,…) ijoro ryose mbere yo kubiteka kugira ngo umubiri wacu ubyakire neza;

- Ibiribwa biva ku matungo (amagi, amata, inyama ……). bitekwa neza kugeza bihiye; kubera ko mikorobi zororokeramo bityo iyo ubitetse bigashya ubushyuhe burazica

- Igikoma cy'umwana kiba kigizwe n'ubwoko bumwe, bubiri cg butatu bw'amafu (ibigori,amasaka, soya, ingano,uburo,…)hakurikijwe ubushobozi bwa buri wese ngo byuzuzanye mu ntungamubiri, kandi bi gatekwa kugeza bihiye neza .

- Mbere yo gutunganya amafunguro, ikibanze kigomba kwitabwaho ni isuku.

By'umwihariko, gukaraba intoki n'amazi meza n'isabune mbere yo gutegura amafunguro, mbere yo kugaburira umwana, nyuma yo guhanagura umwana umaze kwituma na nyuma yo kuva ku musarane

- Ibiribwa bigomba kugirirwa isuku ihagije mu rwego rwo gukumira indwara zituruka ku mwanda, bibikwa bipfundikiye, kandi iyo byahoze bigomba gushyushywa kugira ngo mikorobi zipfe. Iyo ubibitse (ibiribwa bitetse n'ibidatetse, ibiva ku matungo n'imboga) ntibigomba kuvangwa.

- Ibindi binyobwa nk'amata, umutobe w'ibitoki cyangwa uw'imbuto,… bigomba gutekwa bikabikwa bip fundikiye mu rwego rwo kubirinda umwanda watera impiswi.

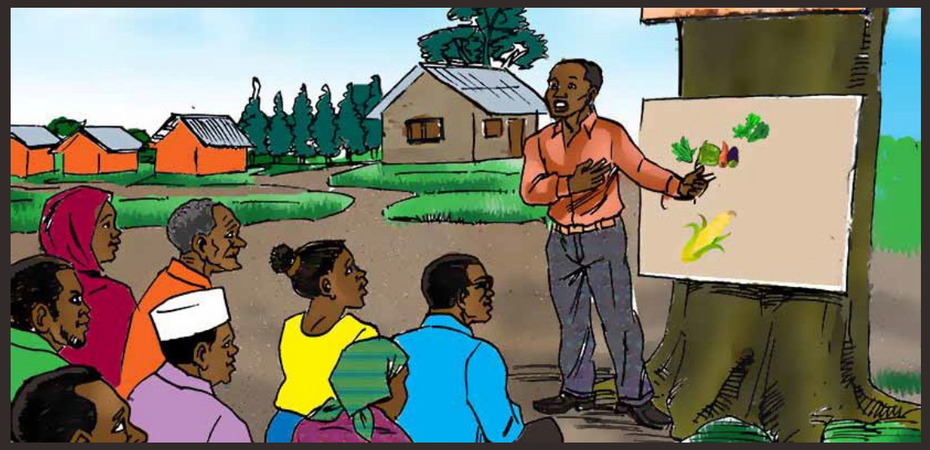
III. GUHINDURA IMYUMVIRE N'IMYIFATIRE KU BIREBANA N'IMIRIRE

3.1. Inyigisho zizibandwaho

- Kwipimisha inda ukimara gukeka ko utwite
- Indyo yuzuye ku umugore utwite n'uwonsa
- Konsa umwana mu isaha ya mbere akimara kuvuka
- Konsa umwana byonyine nta kindi umuha uretse amashereka igihe cy'amezi 6
- Indyo yunganira amashereka/Ifashabere
- Kugena indyo y'umwana
- Indyo yuzuye kandi inyuranye ku mur yango
- Itandukaniro ry'indwara y'irungu (kugwingira) na bwaki (Marasmus/marasme versus Kwashiorkor)
- Isuku n'isukura mu ngo harimo no gukaraba intoki mu bihe 4 by'ingenzi
- Gukumira no kumenya ibimenyetso by',impiswi, malariya n'indwara z'ubuhumekero
- Igihe n'aho umuntu ashobora kubona serivisi z'ubuvuzi
- Kuba umunyamur yango mu bwisungane mu kwivuza (mutuelle)
- Kubonezaurubyaro
- Akamaro ku ruhare rw'umugabo mu gukumira indwara z'imirire mibi
- Kwihaza mu ndyo yuzuye
- Kwirinda virusi itera SIDA n'Igituntu

3.2. Uburyo bwo kuyobora ibiganiro mu matsinda

INTAMBWE	**IGISOBANURO**
Intambwe ya 1: **Inde? (Who?)**	Ni bantu ki ugiye kwigisha: Imyaka, igitsina, aho batuye, ibibazo rusange bahuriyeho.
Intambwe ya2: **Iki? (What?)**	Niyihe nyigisho wateganyije kwigisha uwo munsi. Wayiteguye? Urayumva? Urugero rw'amasomo • Indyo yuzuye ku mugore utwite n'uwonsa ▪ Indyo yuzuye ku mwana ukivuka(Konsa) ▪ Indyo yuzuye ku mwana kuva ku mezi atandatu kugera ku myaka 2 ▪ Isuku muri rusange harimo no gukaraba intoki ▪ Uburyo buboneye bwo guhinga imbuto z'indobanure n'imboga
Intambwe ya 3:**Kuki?(What for?)**	Ni izihe ntego z'isomo zihariye ushaka kugeraho nyuma y'isomo?
Intambwe ya4: **Kuki? (Why?)**	Kuki ari ngombwa ko ubigisha iryo somo?iyi ntambwe igufasha gutegura isomo n'intego bijyanye koko n'ibyifuzo by'abigishwa.
Intambwe ya5&6: **Ryari?Hehe? (When?Where?)**	Ni ryari uteganya gutanga iyi nyigisho? Ese izabera he? Ibi bigufasha gutegura inyigisho hakiri kare, gutumira hakiri kare, kwitegura ibibazo bazakubaza no gutegura aho bazicara ukurikije umubare wabo. Ryari kandi igomba gusubiza igihe uteganya kumara wigisha.



IGICE CYA II CY'IGITABO: GUTEGURA NO GUTEKA AMAFUNGURO

Guteka ntabwo ari umurimo gusa, ahubwo bisaba n'ubumenyi. Hari uburyo butandukanye bwo gutegura no guteka amafunguro. Amafunguro ari muri iki gitabo aribanda cyane cyane ku biribwa biboneka mu turere twose tw'igihugu.

Muri aya mafunguro habonekamo amoko y'igikoma, amasupu, inombe, imitobe, invange n'ibindi biryo bitandukanye. Amagaburo yabashijwe gutegurwa muri iki gitabo ni 43 akurikira:

Igaburo rya 1: Igikoma cy'ifu y'amasaka kirimo amata y'inka bikenewe mu gutegura litiro (Ibikombe 2 bya mironko):

- Amata y'inka angana na kimwe cya kabiri cy'igikombe cya mironko (250 ml)
- Amazi mu gikombe cya mironko
- Ifu y'amasaka : ibiyiko 4 cyangwa 5

Ibikoresho:

✓ Isafuriya, Igikombe cya mironko, Ikiyiko, Umwuko, Inkwi/amakara, Amazi,

Uko bitegurwa:

Gufata amata ukavanga n'ifu bikanoga; kubivanga n'amazi yenda kuzura igikombe cya mironko (3/4) bi-

kanoga neza; gucanira andi mazi anagana n' igikombe cya mironko cyenda kuzura (3/4) cyabira ukonger- amo (rwa ruvange rw'amata n'ifu; gushigisha kugeza kibize bihagije.

Icyitonderwa: Mu buryo bwo kongerera iki

gikoma intungamubiri, ongeramo isukali (ibiyiko

2), n'amavuta (ikiyiko 1).gitangiye kubira Ingano y'iki gikoma ishobora guhabwa abana 4.

Igaburo rya 2: Igikoma cy' ifu y' ibigori kirimo amata y' inka

Ibikenewe mu guteguras litiro 1 (IBIKOMBE BIBIRI BYA MIRONKO):

✓ Amata y'inka kimwe cya kabiri cy'igikombe cya mironko (250 ml)

✓ Amazi mu gikombe cya mironko cyuzuye

✓ Ifu y'ibigori ibiyiko 4 cyangwa 5

Ibikoresho:

✓ Isafuriya 1, Igikombe cya mironko, Ikiyiko, Umwuko/ikimamiyo Inkwi cyangwa amakara

Uko bitegurwa:

Gufata amata ukavanga n'ifu bikanoga; kubivanga n'amazi angana n'igikombe cya mironko cyenda kuzura

(3/4) bikanoga neza; gucanira andi mazi angana n'igikombe cya mironko cyenda kuzura (3/4), yabira ukongeramo rwa ruvange rw'amata n'ifu; gushigisha kugeza kibize bihagije

Icyitonderwa: Mu buryo bwo kongerera iki gikoma intungamubiri, ongeramo isukali (ibiyiko 2), n'amavuta (ikiyiko 1) gitangiye kubira , ingano y'icyi gikoma ishobora guhabwa abana 4

Igaburo rya 3: Igikoma cy'ingano kirimo amata y'inka

-Ibikenewe mu gutegura litiro (ibikombe 2 bya mironko):

- Amata y'inka kimwe cya kabiri cy'igikombe cya mironko (250 ml)
- Amazi yuzuye igikombe kimwe n'igice cya mironko
- Ifu y'ingano ibiyiko 4 cyangwa 5

Ibikoresho:

- Isafuriya, Igikombe cya mironko, Ikiyiko, Umwuko/ikimamiyo, Inkwi/amakara, Amazi,

Uko bitegurwa:

Gufata ya mata ukayavanga n'ifu bikanoga;kongeramo amazi kimwe cya kabiri cy'igikombe cya mironko

ukabivanga bikanoga neza; gucanira andi mazi angana n'igikombe cya mironko cyenda kuzura (3/4) cyabira ukongeramo rwa ruvange rw'amata n'ifu gushigisha kugeza kibize bihagije.;

Icyitonderwa: Mu buryo bwo kongerera iki gikoma intungamubiri, ongeramo isukali (ibiyiko 2), n'amavuta (ikiyiko 1) gitangiye kubira, ingano y'icyi gikoma ishobora guhabwa abana 4.

Igaburo rya 4: Igikoma cy'ifu y'amasaka niya Soya

-Ibikenewe mu gutegura ibikombe kimwe cya mironko:

- Ifu y'amasaka ibiyiko 3,

Ibikoresho:

Uko bitegurwa:

Uko bitegurwa:

Igaburo rya 5: Igikoma cy'uruvange rw'amafu (AMASAKA, SOYA, IBIGORI (SOSOMA)

Ibikoresho:

- Isafuriya, Umwuko, Isekuru, Akayunguruzo/agatambaro gafite isuku, Ikiyiko, Inkwi/amakara

Uko ategurwa kugira ngo ubone ibikombe bibiri bya mironko y'amata(litiro) :

- Kwinika ibiyiko binini 10 za soya (garama 100) mu mazi menshi, iraremo ijoro rimwe.
- Kwinura soya ku munsi ukurikiyeho;
- Gushyira ya soya yinuwe mu isafuriya irimo byibura ibikombe bibiri bya mironko by'amazi;
- Kubicanira iminota makumyabiri;
- Kubikura ku ziko bigasekurwa buhoro buhoro ngo amazi adatar uka kugeza binoze;
- Kubinyuza mu kayunguruzo cyangwa agatambaro gafite isuku kugirango amata atandukanywe n'ibikatsi;
- Gushyira amata ku ziko akabira
- Kuyahoza,
- Kuyaha umwana,
- Kubika asigaye mu gikoresho gipfundikiye

Igaburo rya 9:

TOFU Ibikenewe:

—Amata ya soya angana n' ibikombe bibiri bya mironko, umutobe w'indimu imwe nini.

Ibikoresho: akayunguruzo, agatambaro keza, icyuma gisukuye, akajerekani, umudaho.

Uko ikorwa: gucanira amata ya soya akabira, ugenda uvanga n'umudaho mu cyerekezo kimwe. Usukamo umutobe w'indimu noneho ukavanga uhinduye icyerekezo. Kubikura ku ziko ubona bisa n'ibyacagaguritse, gufata akayunguruzo k'ifu y'imyumbati ukaramburaho agatambaro k'umweru ugasukaho y'amata yacitse. Ubwo umutsima usigara mu kayunguruzo ni wo Tofu.

Icyitonderwa: Mu nshuro imwe y'igikoma cya soya waseye ushyiramo inshuro munani z'amazi uyo ushaka gukora tofu. Mu nshuro imwe y'igikoma cya soya waseye ushyiramo inshuro eshatu z'amazi iyo ushaka gukora amata ya soya.

Igaburo rya 10: Inombe y'ibirayi irimo Soya Ibikenewe

- Ibirayi 3 biri mu rugero,
- Umufungo w'imboga rwatsi
- Umufungo w'injanga/indagara,
- Ikiyiko cy'amavuta,
- Umunyu,
- Ibiyiko 2 bya soya ikaranze,
- Igitunguru,
- Inyanya,
- Amazi

Ibikoresho:

- Isafuriya, Umwuko/ikimamiyo, Ikiyiko, Inkwi/amakara, Icyuma

Uko bitegurwa:

Kuronga ibirayi, kubihar ura, kubishyira mu maziugacanira; kuronga imboga rwatsi ibitunguru n'inyanya, kubikata mo ibice, ukabishyira mu birayi byenda gushya; kwinika indagara, kuzisekura zikanoga, ukazongera muri ya nkono, ukongeramo ifu ya soya, umunyu muke n'amavuta ugakomeza gucanira bipfundikiye kugeza bihiye neza nyuma ukabinomba.

Igaburo rya 11: Inombe y'ibirayi n'ubunyombwa

Ibikenewe:

- Ibirayi 3 biri mu rugero,
- Umufungo w'imboga rwatsi
- Karoti ,
- umufunguw'injanga,
- umunyu ,
- Ibiyiko 2 by'ifu y'ubunyobwa bukaranze,
- Igitunguru,
- Inyanya,
- Amazi

Ibikoresho:

- Isafuriya, Umwuko, Ikiyiko, Inkwi/amakara, icyuma

Uko bitegurwa:

Kuronga ibirayi, kubiharura, kubishyira mu mazi ugacanira; kuronga imboga rwatsi, karoti ibi-

tunguru n'urunyanya, kubikata mo ibice, ukabishyira mu birayi byenda gushya; kwinika injanga, kuzisekura zikanoga, ukazongera muri ya nkono, ukongera mo ifu y'ubunyobwa n' umunyu muke ugakomeza gucanira bipfundikiye kugeza bihiye neza nyuma ukabinomba.

Igaburo rya 12: Inombe y'ibirayi n'amashaza

Ibikenewe:

- Ibirayi 3 biri mu rugero,
- umufungo w'imbogarwatsi,
- umufungo w'injanga,
- Ikiyiko cy'amavuta,
- umunyu
- Ibiyiko 2 by'amashazaatetse,
- Igitunguru,
- Inyanya,

Ibikoresho:

- Isafuriya, Umwuko, Ikiyiko, Inkwi/amakara, Icyuma

Uko bitegurwa:

Kuronga ibirayi, kubiharura, kubishyira mu mazi ugacanira; kuronga imboga rwatsi, ibitunguru n'urunyanya, kubikata mo ibice, ukabishyira mu birayi byenda gushya; kwinika injanga, kuzisekura zikanoga, ukazongera muri ya nkono, ukongera mo amashaza atetse yahiye neza n' umunyu muke n'amavuta, ugakomeza gucanira bipfundikiye kugeza bihiye neza nyuma ukabinomba.

Igaburo rya 13: Inombe y'igitoki

Ibikenewe:

- Amabere 3 cyangwa 4 y'igitoki ku mwana umwe,
- Umufungo w'imbogeri cyangwa izindi mboga rwatsi ziboneka,
- Umufungo w'injanga/amafi,-/,
- Ibiyiko 2 by'ifu ya Soya,
- inyanya,ubutunguru,
- Ikiyiko cy'amavuta, umunyu.

Ibikoresho:

- Isafuriya, Umwuko, Ikiyiko, Inkwi, icyuma

Uko bitegurwa:

Kuronga ibitoki, kubitonora, ukabishyira mu mazi, ukabiteka; kuronga imboga rwatsi ibitunguru

n'inyanya, kubikata mo ibice, ukabishyira mu gitoki cyenda gushya; kwinika injanga, ukazisekura zikanoga, ukazongera muri ya nkono, ukongera mo umunyu muke n'amavuta, ugakomeza gucanira bipfundikiye kugeza bihiye neza nyuma ukabinomba.

Igaburo rya 14: Inombe y'ibijumba

Ibikenewe:

- Ibijumba 3 cyangwa 4 ku mwana umwe,
- Umufungo w'imbogeri cyangwa izindi mboga rwatsi ziboneka, Karoti
- Umufungo w'injanga,
- Ibiyiko bine by'ifu ya soya,
- inyanya,
- Ikiyiko cy'amavuta,
- Umunyu.

Ibikoresho:

- Isafuriya (2), Umwuko, Ikiyiko, Inkwi/amakara, icyuma
- Itunda 1,
- Igisate cy'ipapayi
- Amazi meza

Uko bitegurwa:

Kuronga ibijumba, kubihata, kubikata kubishyira mu mazi ugacanira; kuronga imboga rwatsi, karoti,

ibitunguru n'urunyanya, kubikata mo ibice, ukabishyira mu bijumba byenda gushya; gusekura injanga zikanoga, ukazongera muri ya nkono, ukongera mo na ya fu ya soya , amavuta n'umunyu muke , uga- komeza gucanira bipfundikiye kugeza bihiye neza, nyuma ukabinomba.

Igaburo rya 15: Imvange y'imbuto (UMUNEKE, IKINYOMORO, ITUNDA N'IPAPAYI)

Ibikenewe:

- Umuneke 1,
- Ikinyomoro 1,

Ibikoresho:

Uko bitegurwa:

Igaburo rya 16: Umutsima w'ibigori , Ibishyimbo bivanze n'imboga n'indagara Ibikenewe:

Ibikoresho:

Uko bitegurwa:

Igaburo rya 17: Imvange y'amateke, ibishyimbo, imboga n'indagara

Ibikenewe: **Ibikoresho:**

Uko bitegurwa:

- ✓ Gutora no kuronga ibishyimbo, kubitumbika n'ijoro ukabiteka mu gitondo
- ✓ Kuronga no guhar ura amateke
- ✓ Kugereka amateke ku bishyimbo byenda gushya
- ✓ Kwinika indagara no kuzisekura
- ✓ Kuronga imboga no kuzikata
- ✓ Kugerekaho imboga
- ✓ Gushyiramo ibitunguru bironze kandi bikase
- ✓ Kuminjiramo ifu y'indagara no kongeramo umunyu n' amavuta
- ✓ Gucanira gato kugeza bihiye.
- ✓ Kubigabura bishyushye bikirimo isosi

Igaburo rya 18: Umuceri, ibihumyo, ifu y'ibihwagari, indagara na dodo

Ibikenewe: Umuceri, ibihumyo, indagara, igitunguru, amavuta, ifu y'ibihwagari, dodo, umunyu, amazi.

Ibikoresho: Isafuriya, Icyuma, umudaho, Amasahani, umwuko, Ibiyiko, Inkwi/amakara

Uko bitegurwa:

- ✓ Kuronga neza umuceri, ibihumyo, dodo
- ✓ Gucamo ibihumyo uduce duto, gukata dodo
- ✓ Guteka umuceri ukwawo ugashya
- ✓ Gucamutsa amavuta,
- ✓ Gushyiramo ibihumyo.
- ✓ Gushyiramo ibitunguru wakasemo uduce duto.
- ✓ Gushyiramo dodo
- ✓ Gushyiramo ifu y'indagara
- ✓ Kuminjiramo ifu y'ibihwagari
- ✓ Gushyiramo umunyu uringaniye
- ✓ Gukomeza kubirekera ku ziko ugenda ugaragura
- ✓ Kubikura ku ziko bimaze gushya.
- ✓ Kubigabura bishyushye

Igaburo rya 19: Igitoki mu nkoko

Ibikenewe: inkoko, igitoki, inyanya, itomati ziseye, ubutunguru, ifu y'ubunyobwa, amavuta, umu- nyu, amazi

Ibikoresho: Isafuriya, icyuma, umudaho, amasahani, umwuko, ibiyiko, Inkwi/amakara,

Uko bagitegura:

- ✓ Kubaga inkoko , kuyironga no gukatamo uduce
- ✓ Guteka amavuta
- ✓ Gushyiramo inyama z'inkoko.
- ✓ Kuzikaranga zigafata irange.
- ✓ Kuronga no gutonora igitoki
- ✓ Gukura inyama mu mavuta.
- ✓ Gushyira ibitunguru muri ya mavuta asigaye mu nkono.
- ✓ Gushyiramo inyanya (inyanya ubanza kuzivanamo ububuto) igitunguru kimaze guhinduraibara.
- ✓ Gucanira gato kugeza izo nyanya zihiye.
- ✓ Kongeramo sositomate.
- ✓ Kuminjiramo ifu y'ubunyobwa
- ✓ Kuvangira ku kariro gake.
- ✓ Gushyiramo amazi ashyushye yashobora guhisha igitoki.
- ✓ Gucanira bikabira.
- ✓ Gushyiramo cya gitoki gitonoye hamwe n'umunyu.
- ✓ Kurambika hejeru za nyama z'inkoko.
- ✓ Gupfundikira.

- ✓ Gucana k'umuriro uringaniye kugeza igihe bihiriye.
- ✓ Kwirinda kubipfundura bitarashya.
- ✓ Kubigabura bishyushye bikirimo isosi.

Igaburo rya 20: Umuceri, amafi, imboga, umwumbati,ifu y'ibihwagari

Ibikenewe: Umuceri, amafi, amavuta y'ubuto, inyanya, sositomati, ibitunguru by'ibijumba, sereri, peri- siri, umwumbati w'umuribwa, idegede rito, tungurusumu, intoryi, ishu, indimu , umunyu, ikinzari, ifu y'ibihwagari,amazi.

Ibikoresho: Amasafuriya, icyuma, umudaho, amasahani, umwuko, ibiyiko, Inkwi/amakara

Uko bitegurwa

- ✓ Gusekura igitunguru 1 uvanzemo sereli na perisiri ndetse na tungurusumu.
- ✓ Gufata amafi mabisi, abaze neza asukuye ugakomeretsa umuhore wayo gato.
- ✓ Gutsindagira ya nsekure y'ibibabi by'imboga mu matwi y'amafi no mu mihore yakomerekejwe.
- ✓ Guteka amavuta mu isafuriya nini kandi ngari.
- ✓ Gushyiramo ya mafi.
- ✓ Kuyarura amaze gufata irangi.
- ✓ Kugabanya ya mavuta no gushyiramo ibitunguru by'ibijumba bikase buziga.
- ✓ Kongeramo inyanya zihagije.
- ✓ Gushyiramo sositomate.
- ✓ Kuminjiramo ifu y'ibihwagari.
- ✓ Kugaragura kugeza ikivuge kibonetse n'amavuta arereremba hejuru.
- ✓ Gushyiramo umwumbati ukasemo uduce 3, idegede rikasemo imikeke ine.
- ✓ Gushyiramo ishu rironze rikasemo imikeke ine
- ✓ Gushyiramo intoryi ziciye inkondo zidakase.
- ✓ Gushyiramo indimu ikasemo kabiri n'ikinzari n'ibindi biryoshya bitewe n'ibyo utetse yifuza.
- ✓ Gushyiramo umunyu bimaze kubira.
- ✓ Gucanira bigashya.
- ✓ Kwarura imboga zose uko zigenda zishya.
- ✓ Gusigamo agasosi gacye ko gushyushya ya mafi.
- ✓ Kuronga umuceri ku buryo amazi ya nyuma avamo atacyeruruka no kuwushyira muri ya sosi yasigaye mu nkono.
- ✓ Kunyuzamo akuko ngo hato bidafatana.
- ✓ Kwibuka gucanisha akariro gake.
- ✓ Gupfundikira kugeza bihiye.
- ✓ Gushyushya ya mafi na za mboga mu gasosi uteka yazigamye.
- ✓ Kwarura umuceri igihe utetse abona ko ya mvange y'amafi n'imboga bimaze gushyuha.
- ✓ Kubitegura mu gisorori kimwe kigaramye byose icyarimwe, umuceri ugakikizwa na za mboga.
- ✓ Kubigabura bigishyushye

Igaburo rya 21: Igitoki, amashaza yumye n'imboga

Ibikenewe: Amashaza yumye, igitoki, imboga, amavuta y'ubuto, inyanya, sositomati, ibitunguru by'ibijumba, sereri, perisiri, umunyu, ifu y'ibihwagari, amazi.

Ibikoresho: Isafuriya, Icyuma, umudaho, Amasahani, umwuko, Ibiyiko, Inkwi,/amakara Uko bitegurwa

- ✓ Gutoranya no kuronga amashaza
- ✓ Kuyasuka mu nkono yogeje neza iteretse ku ziko.
- ✓ Gusukamo amazi arengeye bihagije.

- ✓ Kuyipfundikira ariko usize akanya gato gacamo umwuka. Ibyo ni ukugira ngo adashya ashishuka.
- ✓ Gukomeza gucanira ari nako ushyuhije amazi ku ruhande yo kongeramo igihe byaba bibaye ngombwa.
- ✓ Gukomeza gucanira.
- ✓ Iyo byenda gushya ugenda ugabanya umuriro kugeza bihiye.
- ✓ Kuvangamo imboga zaronzwe
- ✓ Kuminjiramo ifu y'ibihwagari
- ✓ Kugerekaho igitoki
- ✓ Bishobora kurungwa cyangwa gukarangwa.
- ✓ Kubitegura mu gisorori kimwe kigaramye byose icyarimwe.

Ushobora kandi kugerekaho ibirayi, imyumbati, ibikoro, ibijumba mu mwanya w'igitoki.

Igaburo rya 22: Ibijumba, indagara, imboga na soya

Ibikenewe: Ibijumba, imboga, indagara, ifu ya soya ikaranze, amazi, ibitunguru, inyanya, amavuta, umunyu

Ibikoresho: Isafuriya, Icyuma, umudaho, Amasahani, umwuko, Ibiyiko, Inkwi,/amakara isekuru n'umuhini.

Uko bitegurwa:

- ✓ Kuronga no guharura ibijumba,
- ✓ Gutogosa ibijumba,
- ✓ Gushyiramo umunyu ugakomeza gucanira kugeza bihiye,
- ✓ Kuronga no gukata imboga,
- ✓ Guteka amavuta,
- ✓ Gushyiramo ibitunguru,
- ✓ Gushyiramo imboga,
- ✓ Kuzigaragura umwanya muto,
- ✓ Gushyiramo inyanya zironze kandi zikase uduce duto,
- ✓ Gushyiramo indagara zisekuye n'ifu ya soya n'umunyu
- ✓ Kongeramo amazi ashyushye no gukomeza kuvanga ku buryo bimera nk'ikinyiga
- ✓ Kureka bikabira ,
- ✓ Gucagagurira ibijumba bihiye ku isahani y'umwana, ugasukaho cya kinyiga.

Igaburo rya 23: Umutsima w'ibigori, isombe, inyama, ubunyobwa

Ibikenewe: Ifu y'ibigori, amababi y'imyubati, ifu y'ubunyobwa, inyama, amavuta, ibitunguru, inyanya, amazi

Ibikoresho: Isafuriya, icyuma, umudaho, amasahani, umwuko, ibiyiko, inkwi, isekuru n'umuhini

Uko bitegurwa:

- ✓ Gutotora amababi y'imyumbati
- ✓ Kuyababura no kuyasekura
- ✓ Guteka isombe
- ✓ Kuronga inyama ugacamo uduce duto ukazishyira mu isombe
- ✓ Gushyiramo umunyu, ibitunguru, inyanya, amamesa ugacanira kugeza bihiye
- ✓ Guteka amazi arimo umunyu muke akabira
- ✓ Gushyiramo ifu y'ibigori
- ✓ Gucumba umutsima w'ibigori
- ✓ Kuwugabura hamwe n'isombe n'inyama n'ubunyobwa

Igaburo rya 29: Inombe y'ibirayi n'amata, isosi y'ubunyobwa na karoti

Ibikenerwa: Ibirayi, karoti, amata, ubunyobwa, amazi, amavuta, umunyu, ubutunguru, tungurusumu

Ibikoresho: Isafuriya, umudaho, umwuko, inkwi/amakara icyuma, amasahani n'ibiyiko.

Uko bitegurwa

- ✓ Kuronga no guharura ibirayi
- ✓ Kubikata/kubisatura
- ✓ Kuronga karoti ,kuziharura no kuzikatamo uduce duto
- ✓ Gusuka amazi make mu birayi no kubishyira ku ziko
- ✓ Kubicanira byatangira kubira ugashyiramo umunyu
- ✓ Gukomeza gucanira kugeza bihiye
- ✓ Kongeramo amavuta, ibitunguru na tungurusumu
- ✓ Kubinomba wongeramo amata y'ishyushyu kugeza bibaye ikinyiga
- ✓ Gushyira amazi menshi mu ifu y'ubunyombwa
- ✓ Gushyira ku ziko no gucanira cyane kandi unyuzamo ukavanga
- ✓ Gukomeza gucanira kugeza bifashe
- ✓ Kongeramo umunyu
- ✓ Gushyiramo karoti n'ibitunguru
- ✓ Gucanira kugeza bihiye
- ✓ Kubigabura

Igaburo rya 30: Ibirayi, imvange y'amashaza n'ibihaza, amagi

Ibikenewe: Ibirayi, amashaza yumye, ibihaza, isogi, amazi, amagi, amavuta, ibitunguru, umunyu.

Ibikoresho: Isafuriya, umudaho, umwuko, inkwi/amakara, icyuma, amasahani, ibiyiko

Uko bitegurwa:

- ✓ Gutora, kuronga no gucanira amashaza yumye Gutotora isogi no kuyironga ukayigereka ku mashaza yenda gushya
- ✓ Kuronga ibihaza no kubikeka , kubigereka ku mashaza
- ✓ Kongeramo amavuta , ibitunguru n'umunyu , gukomeza gucanira kugeza bihiye
- ✓ Kuronga no guharura ibirayi, kubisaturamo ibice binini , kubiteka mu isafuriya irimo amazi ugacanira kugeza bihiye.
- ✓ Guteka amagi mu mazi agashya
- ✓ Kwarura ibirayi ukabiherezanya na ya mvange y'amashaza n'ibihazan'amagi

Igaburo rya 31 : Umutsima w'ifu y'amasaka ivanze n'iy'imyumbati uherekejwe n'imvange y'ibishyimbo, indagara n'umushogoro

Ibikenewe: Ibishyimbo byumye, umushogoro, ifu y'amasaka n'iy'imyumbati, indagara, inyanya, ibitun- guru, amazi.

Ibikoresho: Isafuriya, umudaho, umwuko, inkwi/amakara icyuma, amasahani, ibiyiko, ibisorori.

Uko bitegurwa

- ✓ Kuronga ibishyimbo, kubyinika ukabiteka bukeye
- ✓ Kubiteka mu gitondo mu mazi yabijijwe hakiri kare ugacanira kugeza bihiye
- ✓ Kuronga no kwinika indagara akanya gato , kuzisekura
- ✓ Kuminina ibishyimbo ukabika amamininwa
- ✓ Kuronga no gukata umushogoro
- ✓ Guteka amavuta ugashyiramo umushogoro n'ibitunguru
- ✓ Kugaragura akanya gato

- ✓ Gushyiramo indagara ugakomeza kugaragura
- ✓ Gusukamo ya mamininwa, gushyiramo umunyu muke ,kongeramo ibishyimbo ,gukomeza gucanira kugeza bihiye.
- ✓ Guteka amazi y'ubugari akabira
- ✓ Kubanzamo ifu y'amasaka ugacumba kugeza bibaye nk'ikivuge
- ✓ Kongeramo ifu nkeya y'imyumbati ugacumba kugeza ubugari buhiye
- ✓ Kwarura ubugari ukabuherezanya na ya mvange y 'ibishyimbo n'umushogoro n'indagara.

Igaburo rya 32 : Imvange y'igitoki n'ibishyimbo+Inyama z'isungura/Imbeba ya kizungu Ibikenewe:

- ✓ Igitoki
- ✓ Ibishyimbo
- ✓ Isunguru/Imbeba ya kizungu
- ✓ Ibitunguru
- ✓ Inyanya
- ✓ Amavuta
- ✓ Amazi
- ✓ Umunyu

Ibikoresho

- ✓ Isafuriya, Umwuko, Icyuma, Isahani, Ikiyiko, Inkwi/amakara

Uko bitegurwa:

- ✓ Kuronga, kwinika ibishyimbo no kubiteka bukeye ugacanira kugeza bihiye
- ✓ Kuronga igitoki no kugitonora, kukigereka ku bishyimbo ugacanira kigashya,
- ✓ Kongeramo umunyu muke
- ✓ Kubaga isunguru/imbeba ya kizungu, kuyironga no kuyikatamo uduce
- ✓ Guteka amavuta ugashyiramo inyama z'isunguru, ukazigaragura kugeza zihinduye ibara
  - ✓ Kuzikura mu mavuta ukaba uzishyize ku ruhande
- ✓ Gushyiramo ibitunguru bigahindura ibara
- ✓ Gushyiramo inyanya ukavanga kugeza zihiye
- ✓ Kongeramo amazi make ugacanira umwanya muto
- ✓ Kugaruramo za nyama z'isunguru, ugashyiramo umunyu muke, ugacanira kugeza bihiye.
  - ✓ Kuzigabura hamwe n'imvange y'igitoki

Igaburo rya 33: Ubugali bw'imyumbati n'ingano, isosi ya soya, indagara n'ibishayoti (ubwoko bw'ibihaza)

Ibikenewe:

- ✓ Ifu y'imyumbati
- ✓ Ifu y'ingano zikaranze
- ✓ Ifu ya soya ikaranze
- ✓ Ifuy'indagara
- ✓ Inyanya
- ✓ Ibitunguru
- ✓ Amavuta
- ✓ Umunyu
- ✓ Amazi

Ibikoresho: Isafuriya, Umwuko, Icyuma, Isahani, Ikiyiko, Inkwi/amakara

Uko bitegurwa

- ✓ Kuronga ibishayote, inyanya n'ibitunguru
- ✓ Guhata ibishayote no kubikatamo uduce duto
- ✓ Gukata inyanya n'ibitunguru mo uduce duto
- ✓ Guteka amavuta ugashyiramo ibitunguru ukavanga bigahindura ibara
- ✓ Umunyu
- ✓ Amazi

Ibikoresho: Isafuriya, Umwuko, Icyuma, Isahani, Ikiyiko, Inkwi/amakara

Uko bitegurwa

- ✓ Kuronga ibishayote, inyanya n'ibitunguru
- ✓ Guhata ibishayote no kubikatamo uduce duto

- ✓ Gushyiramo ibishayote ukavanga umwanya muto
- ✓ Gushyiramo inyanya ugakomeza kuvanga kugeza zihiye
- ✓ Gushyiramo ifu y'indagara n' ifu ya soya ukavanga ugenda wongeramo amazi make make, kugeza birekuye buhoro
- ✓ Gushyiramo umunyu muke ugacanira ku muriro muke kugeza bihiye
- ✓ Guteka amazi y'ubugali akabira
- ✓ Kuvanga ifu y'imyumbati n'iy'ingano ku rugero rungana
- ✓ Gushyira mu mazi iyo mvange y'ifu, ugacumba ubugali kugeza bihiye
- ✓ Kubugabura hamwe na ya sosi

Igaburo rya 34: Umutobe w'inanasi:
IBIKENERWA: Inanasi ihiye neza, amazi

Ibikoresho: icyuma, isahani, isorori, igikoresho gisukuye gipfundikirwa (icupa, akajerekani, igikombe …), akayunguruzo

Uko bitegurwa:

- ✓ Gukaraba intoki
- ✓ Kuronga inanasi
- ✓ Guhatira inanasi ku isahani
- ✓ Kuyikatamo uduce duto kugira ngo umutobe uvemo bitagoye
- ✓ Gukamurira utwo duce tw'inanasi mu isorori ifite isuku
- ✓ Kuwuyungurura n'akayunguruzo cyangwa ugatereka umutobe akanya gato ukikeneka uduce tw'inanasi tukajya hasi noneho ugasuka buhoro buhoro udacubanganya.
- ✓ Kuwufunguza amazi meza kugira ngo ugabanye isukari nyinshi iba irimo umwana atashobora.
- ✓ Kuwuha umwana
- ✓ Usigaye kuwubika mu icupa cyangwa ikindi gikoresho gipfundikiye kandi gisukuye nturenze amasaha 24.

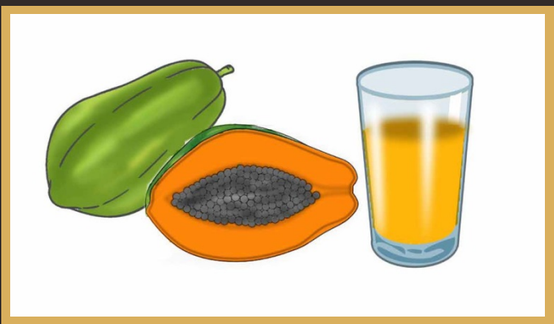
Igaburo rya 35 : Umutobe w'ipapayi

Ibikenewe: Ipapayi ihiye neza

Ibikoresho: Icyuma, Isorori, Isahani, Akayiko

Uko bitegurwa:

- ✓ Gukaraba intoki
- ✓ Kuronga ipapayi
- ✓ Guyihatira ku isahani
- ✓ Gukuramo imbuto zigashiramo
- ✓ Kuyikatamo uduce duto, ukadushyira mu isorori ifite isuku
- ✓ Gufata akayiko ukajya ukanda twa duce tw'ipapayi ku buryo umutobe uboneka.
- ✓ Kuwuha umwana
- ✓ Usigaye kuwubika mu icupa cyangwa ikindi gikoresho gipfundikiye kandi gisukuye nturenze amasaha 24.



Igaburo rya 36 : Umutobe w'amatunda(Maracuja)

Ibikenerwa: Amatunda ahiye neza, amazi meza Ibikoresho: icyuma, isorori, akayunguruzo, icupa **Uko bitegurwa:**

- Gukaraba intoki
- Kuronga amatunda
- Guyakatamo ibice bibiri ushyira mu isorori kugira ngo umutobe n'imbuto bize kuvamoneza
- Kudahisha akayiko ibiri muri buri gisate cy'itunda.
- ushyira mu kayunguruzo gateretse ku gakombe Gukorogesha akayiko ibyageze mu kayunguruzo kugira ngo umutobe umanuke
- Gushyira ibikatsi byari biri mu kayunguruzo ahabugenewe
- Kwongera amazi make muri uwo mutobe kugira ngo isukari igabanuke
- Kuwuha umwana
- Kuwubika mu icupa ripfundikiye igihe kitarengeje amasaha 24

Igaburo rya 37 : Umutobe w'ibinyomoro

Ibikenerwa: ibinyomoro bihiye neza

Ibikoresho: icyuma, isorori, akayunguruzo, icupa

Uko bitegurwa:

- Gukaraba intoki
- Kuronga ibinyomoro
- Kubikatamo ibice bibiri ushyira mu isorori kugira ngo umutobe n'imbuto bize kuvamo neza
- Kudahisha akayiko ibiri muri buri gisate cy'ikinyomoro ubishyira mu kayunguruzo gateretse ku gakombe
- Gukaragisha akayiko ibyageze muka yunguruzo kugira ngo umutobe umanuke
- Gushyira ibikatsi byari biri mukayunguruzo ahabugenewe
- Kwongera utuzi duke muri uwo mutobe kugira ngo isukari igabanuke
- Kuwuha umwana
- Usigaye kuwubika mu icupa cyangwa ikindi gikoresho gipfundikiye kandi gisukuye nturenze amasaha 24.

Igaburo rya 38 : Umutobe w'indimu

Ibikenerwa: indimu zihiye neza, amazi meza

Ibikoresho: icyuma, isahani, isorori, icupa/igikoresho gipfundikirwa

Uko bitegurwa:

- Gukaraba intoki
- Kuronga indimu

- Gusaturira indimu ku isahani
- Gukamurira ibyo bice by’indimu mu isorori ifite isuku.
- Kuwuyungurura n’akayunguruzo cyangwa gutereka umutobe akanya gato ukikeneka imbuto zikajya hasi noneho ugasuka buhoro buhoro udacubanganya
- Kuwufunguza amazi meza make kugira ngo ugabanye ubushiranhe bwinshi buza burimo umwana atashobora.
- Kuwuha umwana
- Usigaye kuwubika mu icupa cyangwa ikindi gikoresho gipfundikiye kandi gisukuye nturenze ama- saha24.

Igaburo rya 39 : Umutobe w’amacunga

Ibikenerwa: Amacunga ahiye neza, amazi meza

Ibikoresho: icyuma, isahani, isorori, icupa/igikoresho gipfundikirwa

Uko bitegurwa:

- Gukaraba intoki
- Kuronga amacunga
- Gusaturira amacunga ku isahaniGukamurira ibyo bice by’amacunga mu isorori ifiteisuku.
- Kuwuyungurura n’akayunguruzo cyangwa gutereka umutobe akanya gato ukikeneka imbutozikajyahasi nonchougasukaburohoburohoudacubanganya
- Kuwuha umwana
- Usigaye kuwubika mu icupa cyangwa ikindi gikoresho gipfundikiye kandi gisukuye nturenze amasaha 24.

Igaburo rya 40 : Isupu y’imboga Ibikenerwa:

- Imboga rwatsi (imbogeri, Dodo, Imbwija, inyabutongo, isogi, isogo, isaga, isogereza, ..
- karoti,
- Ubutunguru
- ibirayi,
- Tungurusumu
- amazi,
- Puwavuro
- umunyu

Ibikoresho: Amasafuriya, Umudaho, Umwuko, Inkwi/amakara, Icyuma

Uko bitegurwa:

- Guharura karoti no kuzikatamo uduce duto cyane
- Kuronga izindi mboga neza kugeza igihe imyanda ishiriyeho
- Kuzikatamo uduce duto cyane
- Kuronga ibirayi no kubiharura
- Kubikatamo uduce duto

- kubiteka
- Gutekaimboga zose hamwe mu mazi yabize
- Kureka zikaba imijugwe
- Gushyiramo umunyuKuvanga neza iyo supu
- Kuyigabura

Igaburo rya 41: Isupu y'ibihumyo

Ibikenerwa: Ibihumyo/imegeri, umunyu, amazi meza

Ibikoresho :

- Amasafuriya, Umudaho, Umwuko, Inkwi/amakara, Ikiyiko, Isahani, isorori

Uko itegurwa:

- Koza neza ibihumyo cyangwa imegeri
- Kubicamo uduce duto cyane
- Guteka amazi akabira
- Gushyiramo bya bihumyo cyangwa imegeri
- Gushyiramo umunyu
- Gucanira kugeza igihe bihira neza
- Kuvanga neza isupu
- Kuyigabura

Igaburo rya 42: Isupu y'imboga

Ibikenerwa :

- Imboga z'ibyatsi (imbogeri, Dodo, imbwija,ibisusa mbogagifu…)
- Karoti
- Ibirayi
- Amazi,
- Umunyu

Ibikoresho

- Amasafuriya, Umudaho, Umwuko, Inkwi/amakara, Ikiyiko, Isahani, isorori

Uko itekwa:

- Guharura karoti no kuzikatamo uduce duto cyane
- Kuronga izindi mboga neza kugeza igihe imyanda ishiriyemo
- Kuzikatamo uduce duto cyane
- Guteka mboga zose hamwe mu mazi yabize
- Kureka zigashya neza
- Gushyiramo umunyu
- Gushyiramo ibirayi binombye
- Kuvanga neza iyo supu
- Kuyigabura

Igaburo rya 43: Isupu y'amashaza

akaranze Ibikenerwa:

- Ifu y'amashaza, Ibitunguru, puwavuro, umunyu, amavuta, Tungurusumu, Inyanya / sositomate

Ibikoresho:

Isafuriya, Umudaho, Umwuko, Inkwi/amakara, Icyuma, Amazi, Agasekuru, Isahane

Uko bitegurwa:

- Gukata inyanya ,ibitunguru, na puwavuro
- Gutonora tungurusumu no kuzisekura
- Gukaranga inyanya ,ibitunguru na puwavuro bigashya
- Gushyiramo tungurusumu
- Kuvanga ifu y'amashaza mu mazi y'akazuyazi
- Gusuka cya gikoma muri za nyanya zihiye
- Gukomeza kuvanga ugenda usukamo amazi make make kugeza ku rugero rw'isosi ushaka guteka
- Kureka bikabira
- Kubikuraho nyuma ukabigabura

Icyitonderwa: Amasupu ashobora gufatwa nk'amafunguro mato cyangwa se agafatirwa rimwe n'amafunguro manini.

Icyitonderwa:

- Iyo umwana atangiye guhabwa ifashabere hatangirirwa ku rubuto rumwe, urera umwana akagenda yongeramo izindi mbuto uko umwana agenda amenyera
- Avoka ni imwe mu mbuto zigomba guhabwa umwana umenyerezwa ifashabere.
- Imboga, imbuto kimwe n'ibiryo bikomoka ku matungo, ni ngombwa guhinduranya ibiribwa bigize ifunguro rinini.
- Ongeramo amavuta make kugirango wongerere umwana imbaraga (si ngombwa kongeramo amavuta mu gihe waba uhaye umwana ibiryo n'ubundi byateguwe mu mavuta, cyangwa se niba umwana bigaragara ko afite umubyibuho ukabije.
- Gaburira umwana ukurikije ikigero agezemo.Shishikariza umwana kurya ibiryo bye byose wamugeneye. Ku mwana ubana na virusi itera SIDA nta ndyo yindi yihariye akenera, afata amafunguro inshuro zabugenewé ku kigero cye nk'umwana udafite ubwo bwandu keretse mugihe yarwaye.
- Ha umwana amagaburo 3 kugeza kuri 4 manini n'igaburo rito 1 kugeza kuri 2 ku munsi, kandi ukomeze kumwonsa
- Mugitondo: ifunguro rinini (umwana abyutse): inombe y'ibirayi Igikoma gifashe, imbuto
- Saa yine :Ifunguro rito (Imbuto,amata,umutobe)
- Saa sita: ifunguro rinini (Inombe y'igitoki, Igikoma cg amazi atetse, imbuto)
- Saa cyenda:ifunguro rito (Imbuto,amata,umutobe)
- Nijoro: ifunguro rinini (igikoma, inombe y'ibijumba, imbuto)
- Buri gihe uko ugaburiye umwana wawe, muhe ubwoko 2 cyangwa 3 bw'ibiryo biribwa mu rugo: ibiribwa by'ibanze (ibinyabijumba/ibinyamafufu, ibinyampeke, ibinyamisogwe),

ISOSI Y'IBIHUMYO

Ibiryo bigendana: Ubugali, Umuceri, Makaroni, Ibirayi

IBIKENERWA:

—Ibihumyo bitumye 1/2Kg 750RWF

—Ibitunguru bibiri=100Rwf

—Sositomate 1=200Rwf

—Inyanya 100Rwf

—Sereri 50Rwf

—Tungurusumu 100Rwf

—Maggi 50Rwf

—Royco 1000Rwf

—Amavuta 2000Rwf

—Umunyu 150Rwf

UBURYO ITEGURWA:

- Kuronga ibihumyo, sereri n'ibitunguru mu mazi meza,hanyuma ukabikatamo duto duto turinganiye
- Gusekura tungurusumu
- Gushyira isafuriya ku muriro ikumuka ugasukamo rushe imwe y'amavuta agashya
- Gushyiramo ibitunguru ukabivanga umunota umwe, ukongeramo ibihumyo ukavanga iminota ibiri, ukongeramo sererina tungurusumu ukavanga iminota ibiri, hanyuma sositomate ukavanga umunota umwe, ukongeramo inyanya ukavanga iminota itatu, ukonger amo maggie n'ikiyiko kimwe cya Royco ukavanga umunota umwe
- Gusukamo amazi angana n'igikombe kimwe, ukongeramo akayiko kamwe k'umunyu ukareka bigatogota iminota icumi ukabikuraho.

IBIHUMYO N'IMBOGA 1

Ibiryo bigendana: Ubugali, Umuceri, Makaroni, Ibirayi

IBIKENERWA:

-Ibihumyo bitumye ½ kg=750rwf

—Ibitunguru 2 = 100rwf

—Inyanya 100rwr

—Sereri 50rwf

—Tungurusumu 100rwf

—Puwavuro 100rwf

-Maggi 50rwf

—Royco ikiyiko kimwe

—Amavuta rushe imwe

-Ibirayi 3kg=750rwf

-Sositomate 200rwf

—Umunyu agace k'akayiko

IBIHUMYO N'IMBOGA 2

Ibiryo bigendana: Umuceri, Inyama

IBIKENERWA:

—Ibihumyo bitumye ½ Kg

-Ibitunguru bibiri 100rwf

-Inyanya 100rwf

-Sereri 50rwf

—Tungurusumu 100rwf

-Puwavuro 100rwf

—Maggi 50rwf

-Amavuta rushe imwe

-Umunyu agace k'akayiko

UBURYO BITEGURWA:

- Kuronga ibihumyo mu mazi meza ukabikata- mo udupande duto
- Gukata ibitunguru, sereri, inyanya na puwa- vuro; ugasekuranatungurusumu
- Gushyira ku muriro rushe imwe y'amavuta agashya
- Gushyiramo ibitunguru ukavanga umunota umwe, ukongeramo ibihumyo ukavanga iminota ibiri, ukongeramo puwavuro na sereri ukavanga imi- nota ibiri, tungurusumu ukavanga umunota umwe, inyanya ukavanga iminota ibiri, ukongeramo maggi n'agacek'akayikok'umunyuukuvangaumunotaumwe
- Kongeramo igice cy'ikirahuri cy'amazi ukare- ka bigatogota ku buryo bifata hanyuma ukabikuraho.

IBIHUMYO N'IMBOGA 3

Ibiryo bigendana: Ibirayi bitogosheje, umuceli

IBIKENERWA:

—Ibihumyo bitumye ½ kg

-Igitunguru 50rwf

-Karoti 100rwf

-Imiteja 100rwf

-Tungurusumu 100rwf

-Intoryi 100rwf

-Inyanya 100rwf

-Sositomate 200rwf

-Sereri 50rwf

-Maggi 50rwf

-Royco ikiyiko kimwe

-Umunyu agace k'akayiko

IMVANGE/AGATOGO

IBIKENERWA (Abantu 5):

-Ibihumyo bitumye 1/2kg

-Igitoki 3kg

-Ibitunguru 100rwf

-Tungurusumu 100rwf

-Sereri 50rwf

-Maggi 50rwf

-Inyanya 100rwf

−Sositomate 200rwf

-Karoti 100rwf

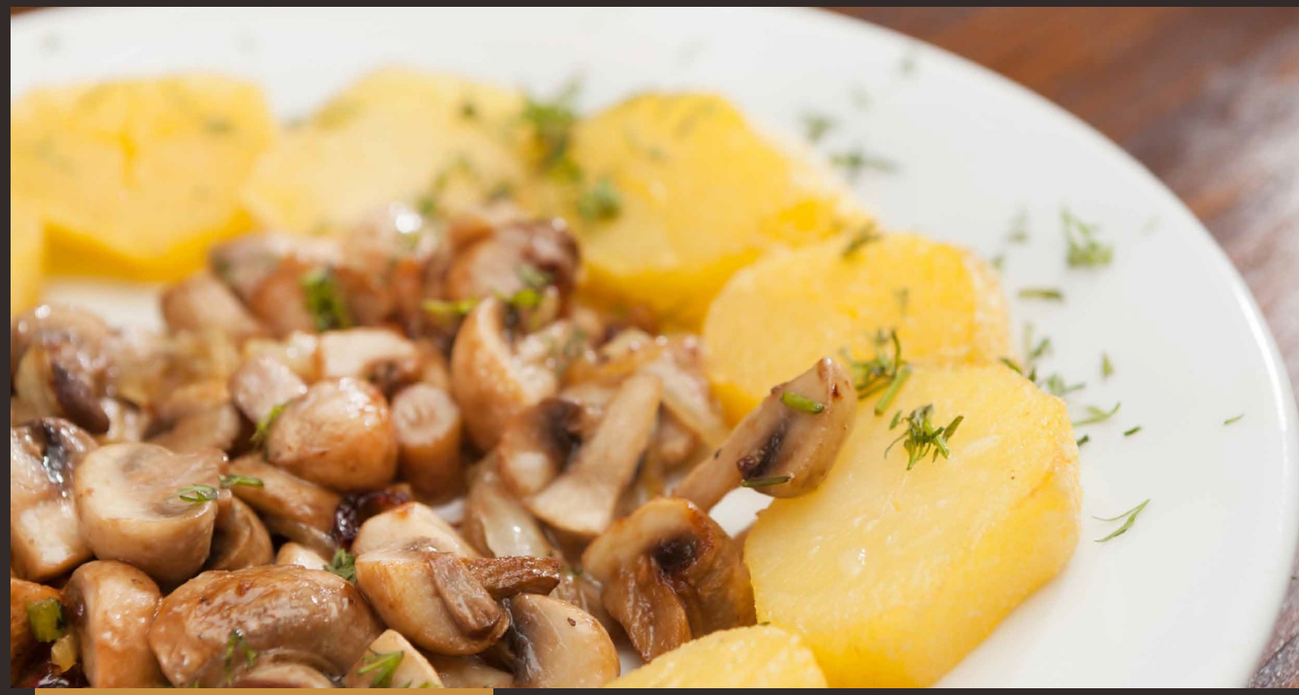
−Amashaza 1/2kg=1200rwf

−Ubunyobwa 200rwf

-Amavuta rushe imwe

-Umunyu agace k'akayiko

IBIHUMYO N'IBIRAYI



UBURYO BITEGURWA:

- Gukata ibihumyo, karoti, ibitunguru, inyanya na sereri ugasekura tungurusumu, ugahata n'igitoki
- Gushyira ku muriro rushe y'amavuta agashya
- Gushyiramo ibitunguru na karoti ukavanga imi-

nota ibiri, ukongeramo ibihumyo ukavanga iminota ibiri,

hanyuma sereri na tungurusumu ukavanga iminota ibiri, in- yanya na sositomate ukavanga iminota ibiri, amashaza wa- banje gutogosa ukavanga umunota umwe, hanyuma ibitoki ukavanga umunota umwe, ukongeramo igikombe kimwe cy'amazi

- Gukaranga ubunyobwa nta mavuta umunota umwe,
- Gushyiramo igikombe kimwe cy'amazi ukongemo maggi ukarekabigatogotaiminotaine
- Gusukamo ibitoki ukareka bigatogota iminota ma- kumyabiri, ukabikuraho.

UBIHUMYO NA UMUCERI

IBIKENERWA:

- Ibihumyo 1kg
- bitumye ½ kg =750 frw
- Ifu y'imigati ibiyiko 2 (chapelure) =1,300frw(kg)
- Amvuta 2L = 4,000 frw (sun seed)
- Umunyu agace kagahiko = 50 frw
- Urusenda = 500 frw (akabanga)
- Sereri uduti tubiri = 100 frw
- Tungurusumu impeke ebyiri = 100 frw
- Maggi 2 = 100 frw
- Ibitungu by'ibibabi impeke 1(poireau) = 100 frw
- Igi 1 = 150 frw
- Umuceri ½ kg = 450 frw

UBURYO ITEGURWA:

- Ufata ibihumyo ukabisekura kuburyo binoga. Hanyuma ukabikamura, ukabishira kuruhande
- warangiza ugashyiramo umunyu n'urusenda ruke, sereri wakase duto cyane, tungurusumu wasekuye nibitunguru wakase duto cyane na maggi n'igi rimwe ukarimeneramo uka- bivanga.
- ugashyiramo umuceli wabanje guteka ukabivanga kuburyo binoga hanyuma ugakora utubumbe turinganiye ukaduteka mu mavuta ya- hiye nkuwutetse ifiliti,
- twamara gufata irangi ukudukuramo.

IBIHUMYO SAMBUSA

IBIKENERWA:

- Ibihumyo bitumye ½ kg =750 frw
- Amvuta 2L = 4,000 frw (sun seed)
- Umunyu agace kagahiko = 50 frw
- Urusenda = 500 frw (akabanga)
- Sereri uduti tubiri = 100 frw
- Tungurusumu impeke ebyiri = 100 frw
- Maggi 2 = 100 frw
- Ibitungu by'ibibabi impeke 1(poireau) = 100 frw
- Umuceri ½ kg = 450 frw
- Ifarini = 1,300 frw

UBURYO ITEGURWA:

1. Ufata ibihumyo ukabikatamo uduce dutoduto.
2. warangiza ukabikaranga mu mavuta y'igice cya rushe iminota 2, ugashyiramo ubitunguru wakase duto, na tungurusumu wasekuye na sereri wakase duto.
3. Ibyo byose, ukavanga wabona bihinduye ibara ugashyiramo maggi n'urusenda ruke n'umunyu. ukavanga iminota itanu ; ukabikuraho bigahora.
4. Hanyuma, ugakora impapuro : ugafata ifarini ukay- iponda mu mazi angana n'igikombe kimwe ugashyiramo umunyu muke hamwe nikiyiko kimwe cya chapamandazi.
5. wabona inoze ukabumba utubumbe turinganiye, ugafata kamwe ukakarambura buhoro buhoro nkuko bakora capati. ukagenda utugerekeranya usigaho amavuta kugiran- go tudafatana.
6. warangiza ukaturamburira twose icyarimwe ugater- ura icyo gipondo(pate), ugashyira ku ipanu iri kumuriro muke. ukagenda wubura akohasi kafashe umuriro ugakura- ho ukagenda uhinduranya kugeza turangiye.
7. warangiza ukatugerekeranya ukakatamo umuron- go uhagaze n'utambitse ukoresheje icyuma. ukagenda ufata agapande kamwe ukakazinga nka mpande eshatu ; ukagenda ushyiramo byabindi wakaranze warangiza ukazishyira mu mavuta ukaziteka nkutetse ifilit.

IBIHUMYO N'AMASHAZA SAMBUSA

IBIKENERWA:

- Ibihumyo
- bitumye ½ kg =750 frw
- Amvuta 2L = 4,000 frw (sun seed)
- Umunyu agace kagahiko = 50 frw
- Urusenda = 500 frw (akabanga)
- Sereri uduti tubiri = 100 frw
- Tungurusumu impeke ebyiri = 100 frw
- Maggi 2 = 100 frw
- Ibitungu by'ibibabi impeke 1(poireau)= 100 frw
- Umuceri ½ kg = 450 frw
- Ifarini = 1,300 frw
- Chapamandazi = 300 frw

UBURYO ITEGURWA:

- Ufata ibihumyo ukabikatamo uduce duto ; warangiza ukadukaranga mu mavuta angana n'igice cyarushe iminota ibiri.
- warangiza ugashyiramo ubitunguru wakase duto duto n'atungurusumu wasekuye na sereri wakase duto duto warangiza ukabivanga iminota 3 ; agashiramo amashaza wabanje gutogosa ukavanga iminota 3 ugashyiramo maggi,urusenda n'umunyu ukavanga iminota 3 ubundi ukabikuraho ugakora impapuro.
- ufata ifarine ukayiponda mu mazi angana n'igikombe kimwe ungashyiramo akunyu gake na chapamandazi.
- wabona imaze kunoga ukabumba utubumbe turinganiye ukaturambura nkukora capati uka- genda utugerekerenya ukaturamburira icyarimwe hanyuma icyo gipondo (pate) ukakirambika ku ip- anu iri kumuriro muke, ukagenda ukuraho akohasi kamazegufata umuriro kugeza turangiye.
- warangiza ukatugerekeranya ukaducyamo umu- rongo uhagaze n'utambitse ukoresheje icyuma, uka genda uzinga agapaqnde kamwe nkukora mpande eshatu ukagenda ushyiramo byabindi wa karanze.

IBIHUMYO N'KAROTI NA IMITEJA

IBIKENERWA:

- Ibihumyo
- bitumye ½ kg =750 frw
- Amvuta 2L = 4,000 frw (sun seed)
- Umunyu agace kagahiko = 50 frw
- Urusenda = 500 frw (akabanga)
- Sereri uduti tubiri = 100 frw
- Tungurusumu impeke ebyiri = 100 frw
- Maggi 2 = 100 frw
- Ibitungu by'ibibabi impeke 1(poireau)= 100 frw
- Imiteja na karoti = 300 frw
- Ifarini = 1,300 frw
- Chapamandazi 1 = 300 frw

UBURYO ITEGURWA:

- Ufata ibihumyo ukabikatamo uduce duto uk abikaranga mu mavuta angana n'igice cya rushe.
- ugashyiramo kaloti wakasemo uduce duto cyane n'imiteja wakase duto cyane ukabivanga iminota 2, ugashyiramo ibitunguru wakasemo duto duto na tungurusumu wasekuye ukabivanga iminota 2 na sereri wakase duto cyane ugashy- iramo maggi n'umunyu ukavanga iminota 5.
- hanyuma ukabikuraho, ugakora impap- uro. ufata ifarini ukayiponda mu mazi angana n'igkombe kimwe.
- ugashyiramo umunyu muke na chapaman- daziikiyikokimwe.
- wabona imaze kunoga ugakora utubumbe turinganiye ukaturamburankukoracapati.
- ukagenda utugerekeranya ukaturambur- ira rimwe warangiza ugafata icyo gipondo (pate) ukagishyira ku ipanu irikumuriro muke uka- genda ukuraho ako hasi kafashe umuriro, kugeza turangiye.
- warangiza ukatugerekeranya ukakatamo umurongo uhagaze n'utambitse, ukagenda ufata agapande kamwe ushyiramo byabindiwakaranze warangizaukabitekankutekaifiliti.
- za mara gufata irangi ukazikuraho.

IFUB'IBIHUMYO

Uburyo Bwa Kabiri (Green Vegetables)

IBIKENERWA:

- 4 Nakoresheje
- imifungoy'imboga
- 2 Ibitunguru
- Tungurusumu(50Frw)
- 2 Maggi
- Igice cya rushe Amavuta
- 2 ibiyiko Ifu Y'Ibihumyo

UBURYOITEGURWA:

1. Uronga imboga neza warangize ukazikatamo duto turinganiye warangiza ugafata isafuriya watung- anyije ukayishyira ku muriro yakumuka ugashyiramo amavuta igice cya rushe yashya ugashyiramo ibitun- guru wakase byafata irangi ugashyiramo tungurusumu warangiza ugashyiramo za mboga ukavanga iminota 10
2. Wabon azihiye ugashyiramo urunyanya rumwa Rukasa ukavanga hanyuma ugashyiramo maggi hanyuma ugashyiramo ibihumyo ukavanga iminota 5
3. Hanyuma ugashyiramo amazi macye cyane ukareka bigatogota iminota 10 ukabikuraho.

Uburyo Bwa Gatatu

IBIKENERWA:

1kg Nakoresheje cy'inyama 4 Inyanya

2 Ibitunguru

Tungurusumu (100 Frw)

Sereri (50 Frw)

Teyi (50 Frw)

Amavuta rushe 1 Sositomate

2 Maggi

2 Ibiyiko Ifu Y'Ibihumyo 2 Puwavuro

SOUP

IBIKENERWA:

Nakoresheje ibitunguru (200 Frw)

½ container Marigarine 2

Maggi

Igice cya litiro Amata

UBURYO ITEGURWA:

1. Ukata ibitunguru muri forme ushaka ariko ku kuryo biba bitubutse warangize ukabikaraga muri bwere cg margarine kugeza bihinduye ibara ugashyiramo cube maggi ugashyiramo ifarine ukagaranya iminota 2
2. Ugashyiramo ibihumyo ukareka bigatogota iminota 10

IBIRAYI

IBIKENERWA:

5kg by'ibirayi Nakoresheje ibiro

2 Ibitunguru

Tungurusumu (100 Frw)

4 Maggi

Sereri (50 Frw)

50g Ibihumyo Byumye 4

Inyanya

1 Sositomate Ibiyiko

½ Amavuta

UBURYO ITEGURWA:

1. Uhata ibirayi ukabironga ukabicamo ibipande 4
2. Ugatumbika ibihumy mu mazi iminota 20
3. Warangiza ukabitogosa iminota 15
4. Ukabikuraho ukabikatagura warangiza ugafata isafuriye wateguye ukayishyira ku muriro ugasukamo amavuta aringaniye
5. Yashya ugashyiramo bya bitunguru na tungurusumu byahin- dura irangi ugashyiramo bya bihumyo ukavanga nk'iminota 3
6. Ugashyiramo inyanya, zashya ugashyiamo sositomate ugashyiramo maggi ukavanga nk'iminota 2
7. Hanyuma ugashyiramo bya birayiwateguye ukavanga nk'iminota 3
8. Ugashyiamo umunyu n'amazi ukareka bigatogota iminota 30

LISTE YIBYO NZAKORESHA KU WA KANE

50gIbihumyoByumye

IBIKENERWA:

1 kg Nakoresheje Y'Umuceri

4 Ikaroti

Sereri (50 Frw)

Tungurusumu (50 Frw)

Irushe imwe Amavuta

Simambiri (50 Frw)

2 Maggi

IBIHUMYO

BOULETTE

IBIKENERW

A:

- Ibihumyo 1 kg
- bitumye ½ kg =750 frw
- Ifu y’imigati ibiyiko 2 (chapelure)= 1,300 frw (kg)
- Amvuta 2L = 4,000 frw (sun seed)
- Umunyu agace kagahiko = 50 frw
- Urusenda = 500 frw (akabanga)
- Sereri uduti tubiri = 100 frw
- Tungurusumu impeke ebyiri = 100 frw
- Maggi 2 = 100 frw
- Ibitungu by’ibibabi impeke 1(poireau)= 100 frw
- Igi 1 = 150 frw

UBURYO ITEGURWA:

1. Ufata ibihumyo ukabisekura kuburyo binoga neza. Hanyuma ukabikamura, ukabishira kuru- hande;
2. Warangiza ugashyiramo umunyu agace ka gahiko k’isukari n’ urusenda ruke, sereri wakase duto cyane na tungurusumo wasekuye na maggi n’ibitunguru wakase duto cyane, ugashyiramo igi rimwe wa- rangiza ukabivanga cyane, ukanyanyagizaho agafu k’imigati ibiyiko bibiri ukavanga kuburyo binoga.
3. Hanyumaugakorautubumbeturinganiyeukadutekamumavutayahiyenk’uwutetseifilititwafata irangi ukadukuramo ukaduteka ku muriro muke.

GUKURIKIRANA UKO INGO ZISHYIRA MU BIKORWA IBIRI MURI AKA GATABO

IBIREBWA	YEGO	OYA	Icyo ubivugaho
Muri rusange urugo rufite isuku?			
Urugo rufite aho gukarabira intoki (Kandagirukarabe)?			
Aho gukarabira intoki hari isabune?			
Urugo rufite umusarane wujuje ibyangombwa?			
Urugo rufite agatara k’amasahane?			
Urugo rufite akarima k’igikoni?			
Urugo rufite igikoni gihagije kandi gisukuye?			
Ese umwana uri munsi y’amezi 6 aronka gusa ?			
Hari ibiryo bateguriye umwana uri munsi y’amezi 24?			
Niba bihari, birahagije?			
Ibiryo byateguriwe umwana bihuye n’ikigero cye (Imiterere)?			
Ibiryo byeteguriwe umwana birimo amavuta cyangwa ibinyamavuta ?			
Ibiryo byateguriwe umwana birimo ibikomoka ku matungo ?			
Ese umwana yaba yahawe imbuto?			
Kwitegereza niba bishoboka: Ese umubyeyi cyangwa uwita ku mwana afata igihe gihagije cyo kugaburira umwana			

Kureba niba bishoboka: Ese umugabo afatanya n'umugore kwita ku mwana?			
NIba hari umugore utwite cyangwa wonsa baza niba abona indyo yuzuye			
Ese amazi yo kunywa arahari kandi aratunganije ?			

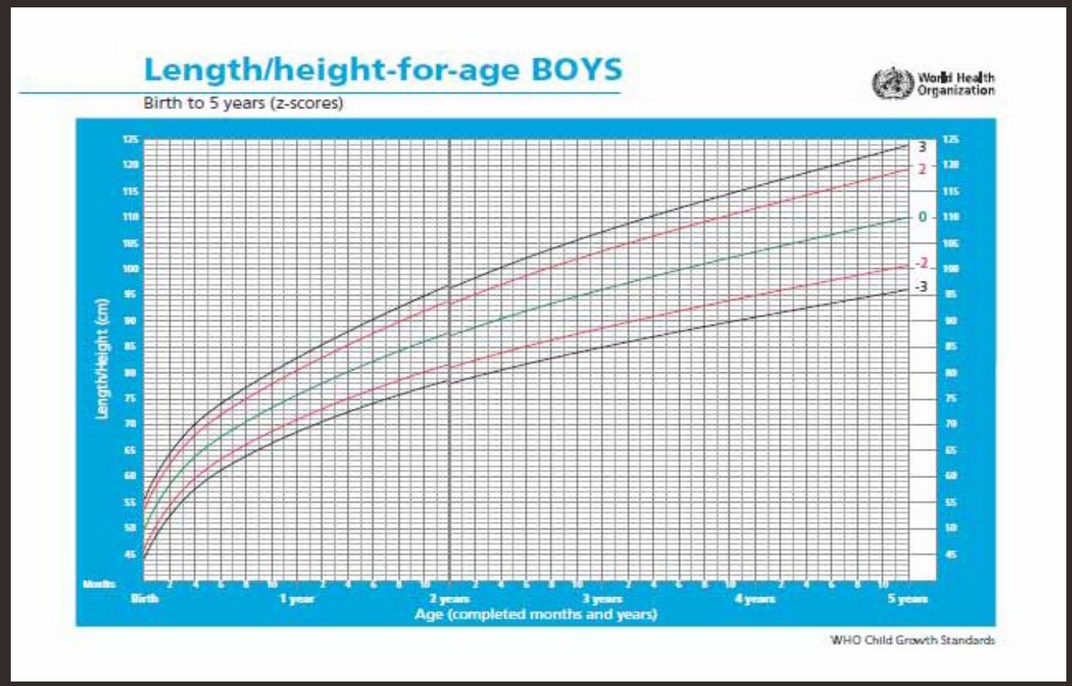
Itariki yasuriyeho urugo:…… Amazina y'uwasuye urugo ….....

Icyo akora: ……

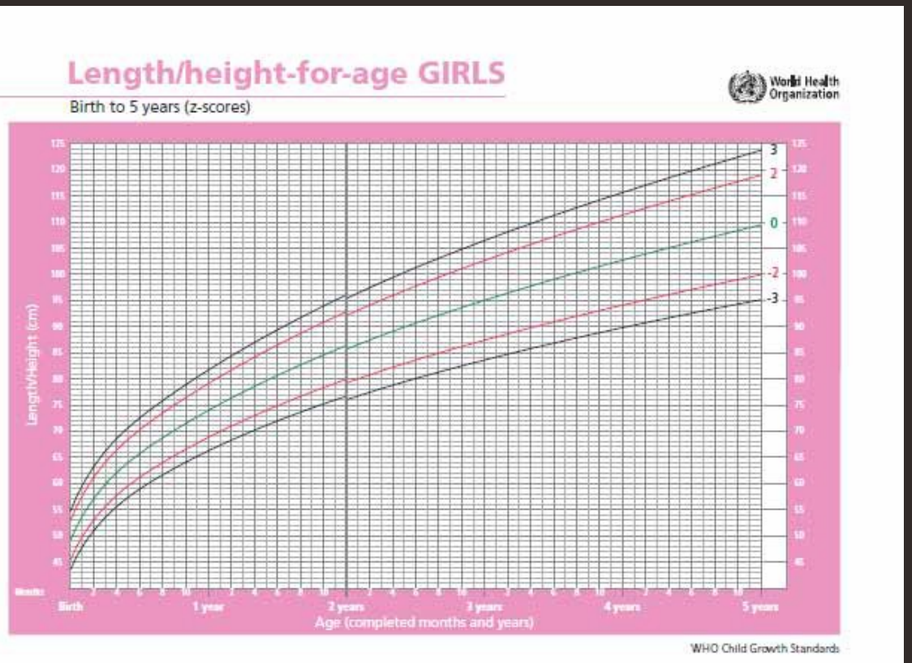
Umukono:……

Imigereka

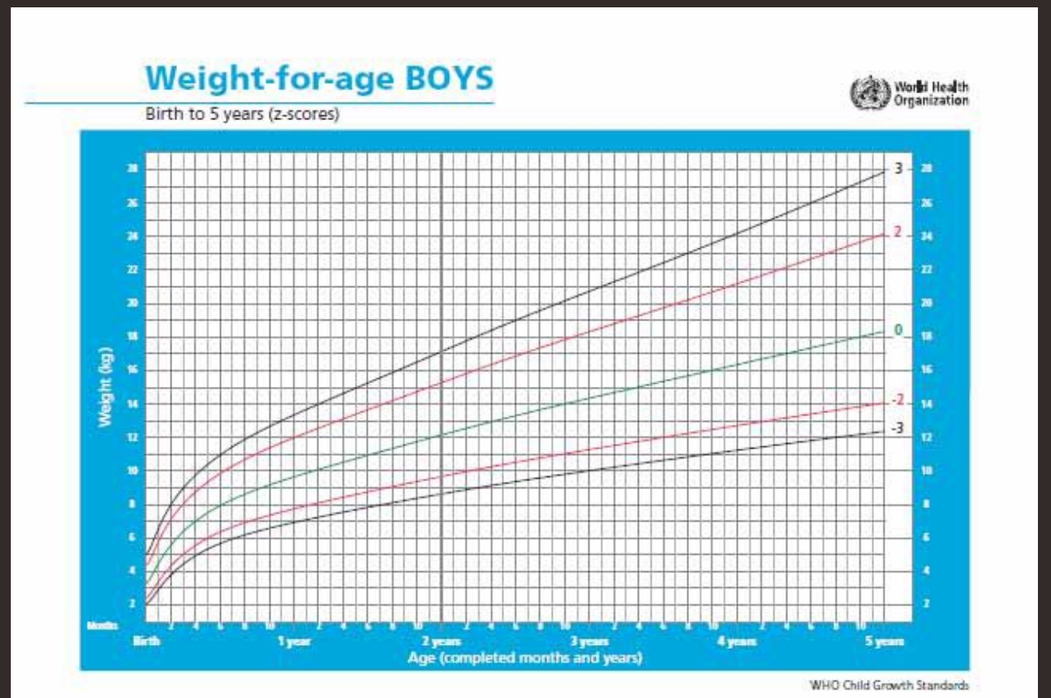
1. ***Ifishi bapipimiraho uburebure bukagerereranywa n'imyaka k'umwana w'umuhungu***



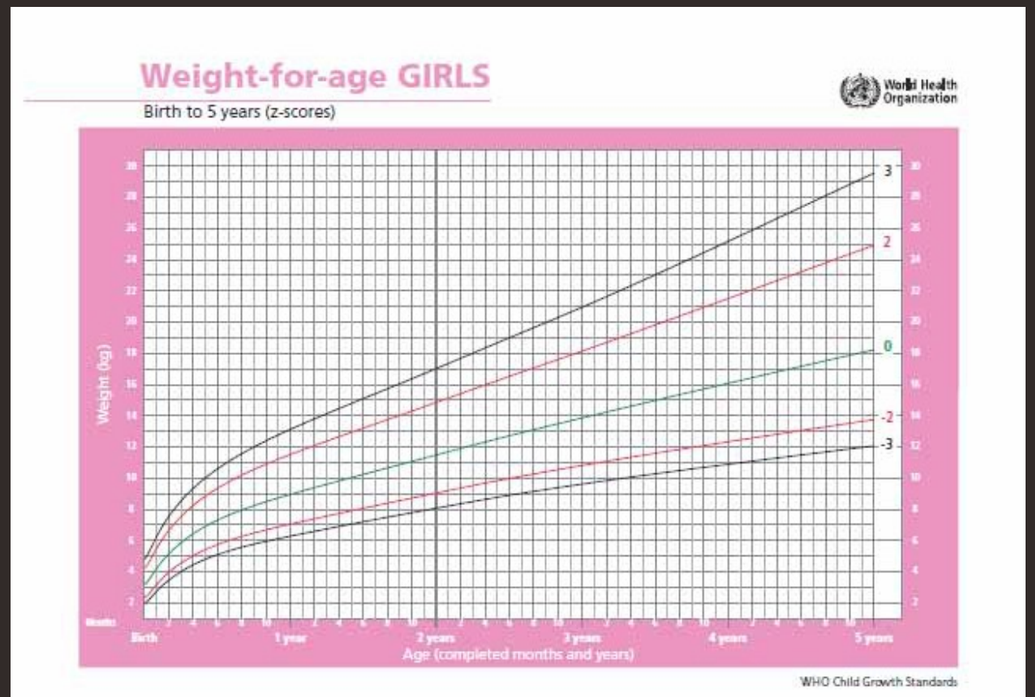
2. *Ifishi bapimiraho uburebure bukagerereranywa n'imyaka k'umwana w'umukobwa*



3. **Ifishi bapimiraho ibiro bikagerereranywa n'imyaka ku mwana w'umuhungu**



4. Ifishi bapimiraho ibiro bikagerereranywa n'imyaka ku mwana w'umukobwa



ABATEGUYE IKI GITABO

No	Amazina	Function	Organization	Phone
1	Dukuzeyezu Diogene	Nutritionist	Kirehe DH	0788453691
2	Dusengimana Gratien	Nutritionist	Nemba DH	0788871350
3	Iyarwema Lydia	Nutritionist	Kigeme DH	0788772074
4	Julie	Nutritionist	Garden for Health	0783570762
5	Kazungu Leopold	I/C of CBNP	MCH	0788531008
6	Macara Faustin	Nutritionist	RBC	0788684897
7	Muhire Claire	Nutritionist	WRR	0788730246
8	Mujawayezu Mediatrice	Nutritionist	Kabutare DH	0788574391
9	Mukabutera Christine	Nutritionist	WVI	0788302223
10	Muteteli Beatrice	Nutritionist	CWW	0788436983
11	Ntaganda Justin	Nutritionist	CRS	0788489801
12	Nyirajambere Jeanne d'Arc	Public health specialist	Global Communities/USAID Ejo Heza	0788387455
13	Rekeraho Leonard	Nutritionist	Kibilizi DH	0788410171
14	Rugaza Nehemie	Nutritionist	Byumba DH	0788446256
15	Sekunda Vincent	Nutritionist	Rwamagana DH	0788474258

IGITABO CY'IMIRIRE,

GUTEGURA NO GUTEKA INDYO YUZUYE

Annex 8: Nutrition Weeks Curriculum-TOT for Health Center staff

Tangiraneza-Child Survival Project: TOT at H.C. Curriculum on Nutrition Weeks

July, 2014

Contents

- Introduction

What is a Nutrition Week (NW)? A Nutrition Week is one week (5 days), held 3 times each year, meant to teach mothers in the community about proper nutrition for children up to 2 years of age, pregnant women, and lactating mothers. Instead of teaching, like you do with your regular home visits, this is a time where a group of mothers from the village come together to learn by doing—and leave empowered to improve their feeding practices when they go home. Nutrition Weeks are designed to complement the Community Based Nutrition Program (CBNP) by providing a hands-on time for learning and practicing ideal Maternal Infant & Young Child Nutrition (MIYCN). They are meant to be very interactive and participatory between Village Nutrition Committees (VNC) and small groups of mothers (10 per group).

There are 7 key practices/principles that you will be trying to focus on all week: making thicker porridge, eating fat and animal-based foods, increasing frequency of meals (5 each day), eating a variety of foods, improving hygiene practices, infant stimulation and feeding, and health of pregnant women. You will practice each of these every single day through cooking practices and discussions. Drawing on what you learned from the Behavior Change module of your training for NWs, you are there to help women believe they can actually make these changes in their homes! For the weeks afterwards, you will be responsible for visiting the mothers in their homes to see if they have adopted the new practices, to encourage them and to answer their questions. As you lead the Nutrition Week and do these home visits, you will hopefully see mothers start to adopt these practices, meaning that the mothers and children in your village will become healthier and grow up strong!

The implementation of NWs requires ownership and collaborative effort at all levels. These include, community mobilization and education, for the effective implementation and supervision of NWs activities in addition to monitoring and

evaluation of impact for possible replication in other areas. The capacity building in NWs will be at 4 levels: Master trainers from the Ministry of Health (MOH) and district level, Health Centre Trainers, Village Nutrition Committees and village members.

- Acronyms & Abbreviations

CBNP: Community Based Nutrition Program
CHWs: Community Health Workers
HC: Health Center
MIYCN: Maternal Infant & Young Child Nutrition
MOH: Ministry of Health
NW: Nutrition Week
VNC: Village Nutrition Committees

- Objectives of Health Centre Trainers' Workshop

General objective: Improve the capacity of Ministry of Health/district staff and CHWs to implement high impact maternal, newborn and child health interventions at the community level.

Specific objectives:

- Equip MOH and district staff in charge of nutrition with knowledge and skills to plan, implement and supervise Nutrition Weeks
- Reinforce the capacity of health centre level staff to train village nutrition committee and staff on Nutrition Weeks.
- Create an opportunity for practice of key aspects of NWs: cooking demonstrations and role plays focusing on key messages of NWs.

- People targeted by this training curriculum

The health centre trainers on Nutrition Weeks will be at health centre level. The people attending the TOT workshop will come from KADUHA health centers and sectors. They will include representatives, social affairs of each sector, the Nutritionist of the health centre and leader in charge of CHWs.

Participants from HCs and sectors' staff will be responsible for cascading the training to village nutrition committees who in turn, will be responsible to implement nutrition week. Village Committees are composed of 5 people.

- Agenda for TOT at HC level workshop

Day one

- Time	- Topic	- Facilitator/observation
- 9AM	- Opening	-
- 9:10	- Pretest	-
- 9:30	- Introduction on “Nutrition Weeks” Innovation	-
- 10:30	- Break	-
- 11:00	- Discuss the content of the curricula VNC (Village nutrition committee) Trainers	-
- 13:00	- Lunch	-
- 14:00	- Discuss key messages for Nutrition Weeks	-
- 15:00	- Discuss themes for role plays on following day	-
- 16:00	- Evaluation & Closing of the day	-

- Day Two

- Time	- Topic	- Facilitator/

		- **observation**
- 9:00	- Review Day one	-
- 9:30	- Role Plays: Preparation in small groups, Role Plays, Questions and Answers	-
- 10:30	- Break	-
- 11:00	- Cooking Demonstrations: - (1) Market: varieties, prices, status -	-
- 12:00	- Lunch	-
- 13:00	- Cooking: thicker Porridge, food (discuss variety & consistency)	-
- 16:00	- Evaluation & Closing of the day	-

-

-

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Day Three

- Time	- Topic	- Facilitator/observation
- 9:00	- Review Day two	-
- 9:30	- General knowledge: Adult learning, leading small groups, home visits	-
- 10:30	- Break	-
- 11:00	- Preparation of trainings at community level	-
- 13:00	- Lunch	-
- 14:00	- Supervision of Nutrition Weeks: NW supervision check list,…	-
- 15:00	- Plan for pre-nutrition weeks: Community Meetings	-
- 15:45	- Post test	-
- 16:00	- Evaluation & Closing	-

- Annexes:

Annex 1: Adult learning

Principles of adult learning:

1. **Dialogue**: Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with the facilitator/trainer about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue needs to be encouraged and used in formal training, informal talks, one-on-one counseling sessions or any situation where adults learn.

    - **Safety in environment and process**: Make people feel comfortable making mistakes. Adults are more receptive to learning when they are both **physically and psychologically comfortable.**Physical surroundings (temperature, ventilation, overcrowding, and light) can affect learning. Learning is best when there are no distractions.

2. **Respect**: Appreciate learner's contributions and life experiences. Adults learn best when their experience is acknowledged and new information builds on their past knowledge and experiences.

3. **Affirmation**: Learners need to receive praise for even small attempts.

    - People need to be sure they are correctly recalling or using information they have learned.

4. **Sequence and reinforcement**: Start with the easiest ideas or skills, and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.

5. **Practice**: Practice first in a safe place, and then in a real setting.

6. **Ideas, feelings, actions**: Learning takes place through thinking, feeling and doing. Learning is most effective when it occurs across all three.

7. **20/40/80 rule**: Learners remember more when visuals are used to support the verbal presentation and best when they practice the new skills. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.

8. **Relevance to previous experience**: People learn faster when new information or skills are related to what they already know or can do.

    - **Immediate relevance**: Learners should see how to use and apply what they have learned in their job or life immediately.

    - **Future relevance**: People generally learn faster when they realize that what they are learning will be useful in the future.

9. **Teamwork**: Help people learn from each other and solve problems together. This allows learning to be easier , as they can apply it to real life scenarios.

10. **Engagement**: Involve learner's emotions and intellect. Adults prefer to be active participants in learning, rather than passive recipients of knowledge. People learn faster when they actively process information, solve problems, or practice skills.

11. **Accountability**: Ensure that learners understand and know how to put into practice what they have learned.

12. **Motivation:** Make the attendees want to learn.

    - People learn faster and more thoroughly when they want to learn. The trainer's challenge is to create conditions in which people want to learn.

    - Learning is natural, as basic a function of human beings as eating or sleeping.

    - Some people are more eager to learn than others, just as some are hungrier than others. Even in one individual, there are different levels of motivation.

    - All the principles outlined will help the learner become motivated.

13. **Clarity:**

    - Messages should be clear.

    - Words and sentence structures should be familiar. Technical words should be explained and their understanding confirmed.

14. **Feedback** : Feedback informs the learner in what areas s/he is strong or weak.

Annex 2: Leading small groups

For leading small group/interactive group, you must follow these steps:

- Introduce **yourself**
- Conduct attendance, if there are enough participants to start
- How participants are seated influences the way they understand
- Avoid anything that can be a barrier to learning
- Greet the participants and begin the presentation
- State the topic and objective
- Motivate participation, the should play an active role and share their experiences

b) **Talk about a story/drama or provide visuals**:

c) Use Observe – ask the group of participants:

- What happened in the story/drama or visual?
- What are the characters in the story/drama or visual doing?
- How did the character feel about what he or she was doing? Why did he or she do that?

d) Use think- asks the group of participants:

- Whom do you agree with? Why?
- Whom do you disagree with? Why?
- What is the advantage of adopting the practice described in the story/drama or visual?
- Discuss the key messages of today's topic.

e) Use Try – ask the group of participants:

- If you were the mother (or another character), would you be willing to try the new practice?
- Would people in this community try these practices in the same situation? Why?

f) Use Act-ask the group of participants:

- What would you do in the same situation? Why?

- What difficulties might you experience?

How would you be able to overcome these difficulties?**Repeat the key messages.**
Commitment and closing

Behavior of one who leads the group:

The group session leader must:

- Know the participants
- Have good hygiene
- Use a speaking voice that is loud and understandable
- Know the lesson
- Respect the Time
- Use dialogue
- Respect the participants and motivate them
- Avoid using judgmental words
- Avoid taking the measures or facilitate the participants to take.
- Have self confidence
- Answer all questions and share with the participants

Annex 3: Effective home visits

Steps for home visit of Nutrition Week:

- Greet and provide an introduction
- Establish a comfortable setting with caregivers
- Build confidence and give support skills????
- Listeni and learning counseling???
- Proceed with the topic of the (day, week, month, quarterly) it depends on the topic given.
- Use counseling steps (**3 A's** = **A**sses, **A**nalyses and **A**ct)
- During the asses step (ask ,listen and observe), observe the home situation.

- Use age appropriate counseling cards if applicable.
- Avoid using judgmental words.
- Commitments discussions and summarize.
- Make an Appointment??

Check list at Home Visit for NW

At home visit for Nutrition Week practices, look for:

- Hygiene in general
- Tip Tap (Hand washing station)
- Latrine
- Radish
- Kitchen garden
- Kitchen
- Food prepared forchild(frequency, texture, active feeding amount, variety)
- Observation of feeding a child if possible
- Observation of interaction between the child and mother and ather if possible
- Water for drinking
- Soap at hand washing station
- Availability of posters to reminder mother about:
  - ✓ Thick Porridge
  - ✓ Frequency for feeding a child
  - ✓ Four Key Times for hand washing
  - ✓ Variety of food
  - ✓ Health of Pregnant women(Need an extra meal and extra rest)

Annex 4: Nutrition Week Supervision Checklist

XXXXXXXXXXXXXXXXx

Annex 5: Module for Health Centers training Lesson

1: Behavior Change

- Principles of Behavior Change/ Changing feeding Habits

This lesson is the foundation for all that can be accomplished in Nutrition Weeks. What you learn today, will be applied all week as we learn about the 5 key feeding practices we want to change. Children in Rwanda are malnourished and stunted. Mothers and families can change WHAT, HOW and WHEN they feed their children, in order to improve nutritional status and health of infants and children.

- **Start with a question:** "Think of a time when you changed a habit. It is not necessarily an eating or health habit, and it could have been either for better or worse."

Now, thinking of that example in your mind, ask yourself:
"Why did I change?"
"Was it intentional or did it 'just happen'?"
"What were the factors that caused me to change? Think about both internal (how I felt or thought about it) and external (family members opinions or lack of money)."
"Was it easier to start doing something or to stop doing something?"

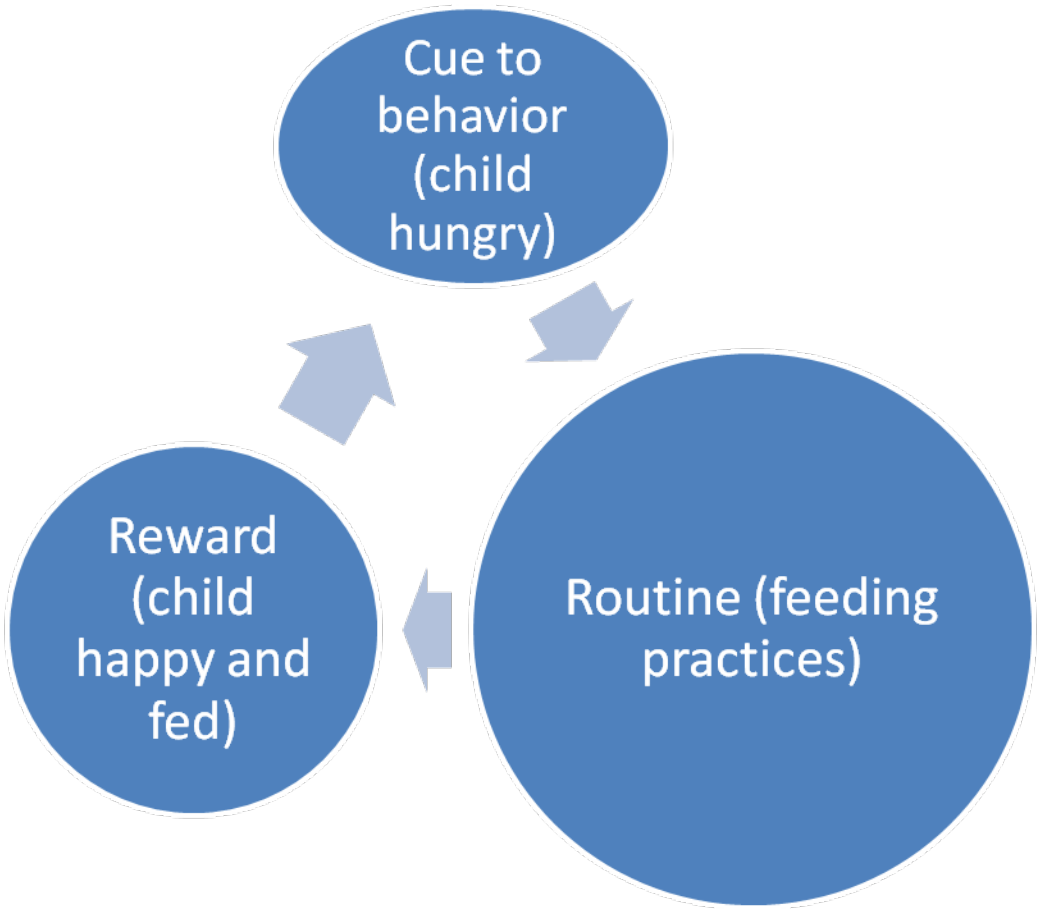
Discussion

Keep in mind that examples from your own life, because it can be very difficult to change habits, especially feeding habits.
We will be asking mothers to change how they cook, when they feed their children, what they feed them, and it can be difficult to make these changes—however--- it is not impossible.
Research in Rwanda has shown that mothers are willing and able to change how they feed their children, because all mothers want what is best for their children. They just need to be given tools for change and confidence to believe that they can do it.

The Golden Rule of Habit Change

Don't try to create NEW habits- instead just CHANGE the old ones.
Habits are a three-step loop- we already have the cue and the reward, we want to change the routine (second circle).
People CAN change their routines, but once they are set, it takes intentional thought to change.
Also, support of family and friends in this case is important.
It is important to ask mothers WHY they feed their children the way they do now (and point out that it is not working, because children are getting malnourished and stunted in their first 2 years

of life.) When they actually start to think about WHY they do certain things, then they realize their reasons are not good enough, and they are open to change.
It is also VERY IMPORTANT that they BELIEVE they CAN change. Getting together in a group for Nutrition Weeks is part of the support (as is inviting their husbands and mothers in law).



Lesson 2: *Consistency of Foods*

Training Objectives :

After this topic the Participants will be able:

To demonstrate to the CHW how to cook thicker food

To explain to the CHW what is the proper consistency of food for child

To explain to the CHW why to feed child animal source food and fats at each meal

- To explain the CHW why the children need more frequent meals (four-five each day, as well as continued breastfeeding), and to have a separate cup for eating
- Explain to the CHW the key times for hands washing
- To explain to the CHW why the mothers need extra rest and an extra meal daily when pregnancy.

Methods:

- Aski questions (both direct and brainstorming questions)
- Small Group discussions
- Working groups
- Use visual examples (picture of Thick Porridge)

Materials and Tools

Sorgho Flourrs

- Maze flours
- Soja flours
- Safe water
- Oil
- Recipient/Pan
- Big Spoon
- Cups and Small spoon
- Wood for fire
- Jerry cans to transport water
- Soap, sponges, and tubs for washing dishes
- Flip chart, Markers, Bloc Notes, Pens, Scotch

- Counseling Card for MIYCN

Timing: 3hours

Introduction

Ask questions from last lesson and listen if they properly answer, and complete them if necessary.

- What is Nutrition Week and what is the importance of NW for BCC?
- What is importance of getting family involved (Mothers in law, fathers) in Nutrition Week?
- How to take care of a pregnant woman?

Tell them:

When the child has6 months of age, the milk doesn't provide enough energy and nutrients, thus the child starts to take complementary feeding in addition to breast feeding. The consistency of food must be thicker, including the porridge (not consistency as breast milk).We will study the consistency of food and how to prepare the Thick Porridge for childrenwho have 6 to 24 months . .

Topic of the day: **Consistency of foods for a baby over 6 months**

Step1: Consistency of food:

- Divide the participants in 2 working groups and ask them to share what is a proper consistency/texture of food for feeding child over 6 months to 24 months?
- After the presentation discuss in a large group, add to them the following responses :

Age	Texture(thickness/consistency
Start complementary foods when reachs 6 months	Thick porridge/pap
From 6 up to 9 months	Thick porridge/pap mashed/pureed family foods
From 9 months up to 12 months	Finely chopped family foods/finger foods, Sliced foods
From 12 months up to 24 months	Sliced foods/ family foods
Note: If child is less than 24 months and is not breastfeed	Same as above according to age group

Step 2: Hygiene Practice

- Bwira abahugurwa ko ababyeyi bagomba gukarabya abana intoki mbere yo kurya, bamaze kwituma. Ababyeyi nabo bagomba gukaraba intoki mbere yo gutegura ibiribwa, mbere yo kurya cyangwa kugaburira umwana ,Nyuma yo gutunganya umwana amaze kwituma Clean up the children-hand washing, etc.

- Babwire kandi ko ibikoresho bikoreshwa mugutegura ibiribwa bigomba kozwa bikumukirizwa kugatanda/Agatara .Cleaning Dishes (use of dish racks to keep clean)

Step3: Discussionon 5 Key Messages

- Eating fat and animal-based foods,
- Increasing frequency of meals (5 each day),
- Eating a variety of foods,
- Improving hygiene practices,
- Infant stimulation and feeding and health of pregnant women

Step 4: Cooking Thick Porridge.

Step4.1: Importance of Thick Porridge and materials

ASK: What is the importance of thicker porridge for child?

Listen to their answers and add to them:

- Porridge is good for babies to eat (not to drink!), but it needs to be thick for them to get all the nutrition that they need.
- Eating thicker porridge will help them to fill their stomachs, and to sleep better and longer.

ASK: What are the materials for cooking a thick porridge?

Listen to the answers and demonstrate the following materials:

Listen to their answers and write on flipchart

- Sorghum Flours
- Maize fluors
- Soja flours
- Safe water
- Oil
- Recipient
- Big Spoon, Cups and Small spoon
- Wood for fire, Jerry cans to transport water

- Soap, sponges, and tubs for washing dishes

Step 4.2: To prepare the Thick Porridge

Divide the participants in 2 working groups and ask them to answer the following question:
How do you prepare the thick porridge?
Discuss in large group and summarize:

- Mix the flour for making local SOSOMA according to the available child: Ex: 10Spoons of Sorghum flours, 10 Spoons of Maize flours and 4 Spoons of Soya flours is appropriate for 10 children
- Heat the water until it boils.
- Mix the flour well(SOSOMA) in cold water until the mixture becomes thicker.
- Put the thicker SOSOMA in boiled water
- Let it begin to boil and add 2 spoons of Palm oil
- Let it to cooled it and serve the porridge to the children with small spoons or a cup

.

Step 4.3: Cooking Thick Porridge:

Divide the participants in 2 working groups:

- one group for getting water to cook
- one group responsible for mixing the flours (SOSOMA) and cooking porridge

After the cooking, ask all participants to eat the porridge and share or discuss on consistency of this Porridge.

Step5: Review and Discuss on key messages for the Lesson of the Day

Ask the participants:

- Why is it important to give thicker porridge for child? How do you mix the flours for make SOSOMA in our area?
- What is the texture of food for feeding child over 6 months to 24 months?
- What are the times for hands washing?

Closure for NW song

Lesson2: Frequency of Food

Training Objectives

After this topic, the participants will able:

- To explain about feeding more frequent meals each day, as well as continued breastfeeding, and to have a separate cup for eating.
- To explain how to prepare and to feed thicker porridge to their children, starting at six months of age.
- To explain how to wash regularly the four key times they need to wash their hands
- To explain to pregnant mothers how to take extra rest and an extra meal for pregnancy mothers

Methods

- Brainstorming
- Group discussion

Materials and Tools

- **Flip shirt**
- **Marker**
- **Scotch**
- **Note books**
- **Pens**
- **Facilitate guide**
- **Counseling card for MIYCN**

Lesson 3:FREQUENCY OF MEALS:

Introduction *(20 minutes)*

Review Nutrition Week and topic of yesterday and introduce the Topic for the Day (frequency of meals)

ASK : What is the importance of Nutrition week model?

ASK : What is the importance of getting family involved (mothers in low, fathers)?

ASK: What is the importance of action in empowering for moms to change behavior?

ASK : How to take care of pregnant Woman?

ASK: Why to promote thick porridge from 6 mouths?

Tell them:

> This program is built on successful programs in Rwanda (Care Groups and Hearth). Also, we have learned a lot about how adults learn and change their behaviors. You will learn the secrets of that this week.
> It is not enough to just share messages and hope that they will be able to change their behavior. We need to teach mothers how to change their feeding habits- what, when and how they feed their children.
> It is really important that they believe they CAN do it. In fact, I'd go so far as to ask the C.H.Ws near the end of each session, "how likely is it that you and your family will be able to do ___(the lesson for that day, eg: thick porridge, giving animal food, high fat food, feeding 5 times per day plus breastfeeding, etc.)

Step 1: Frequency of meals

Step1 – Group discussion

4 Group discussions about the frequency of meals per day

ASK: What frequency per day do you feed you child of 6 months to 9 months of age?

ASK: What frequency per day do you feed your child of 9 months to 12 months of age?

ASK: What frequency per day do you feed your child of 12 months to 24 months of age?

After group discussion, and presentation in large group tell them:

- Child aged between 6 months and 9 months must feed 2-3 big meal and 1-2 snacks
- Child aged between 9months and 12 months must feed 3-4 big meal and 1-2 snacks
- Child aged between 12 months-24 months must feed 3-4 big meal and1-2 snacks

The table is also important to guide nutrients

Age	Recommendations	
	Frequency (per day)	**Amount of food an average child usually eat at each meal(in addition to breast milk)**
Start complementary foods when baby reaches	2 to 3 meals plus frequent breastfeeds	Start with 2 to 3 tablespoons Start with 'tastes' and gradually increase amount
From 6 up 9 months	2 to 3 meals plus frequent breastfeeds 1 to 2 snaks may be offered	Start with 2 to 3 tablespoons Start with 'tastes' and increase gradually to half(1/2) 250 ml cup/bowl
From 9 to 12 months	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	half(1/2) 250 ml cup/bowl
From 12 to 24 months	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	Three-quarters (3/4) to 1 250 ml cup/bowl

Step 2. Pregnant women need an extra meal:

ASK: What frequency per day do you feed you child of 6 months to 9 months of age?

ASK: What frequency per day do you feed your child of 9 months to 12 months of age?

ASK: What frequency per day do you feed your child of 12 months to 24 months of age?

ASK: What recommended frequency per day for eating pregnant women?

ASK: What do you think a bout **extra meal and rest for** pregnant women?

Tell them:

During pregnancy woman, must eat one extra meal each day to provide energy and nutrition for her and growing baby. Pregnant woman need to eat the best nutritious foods available, including milk, fresh fruit and vegetables, peas and beans extra meal will help their baby grow.

Step3: Pregnant women need an extra rest

Pregnant women need extra rest, to nourish their own body as well as their growing baby's.

Group discussion of Fathers for extra meal and rest for pregnant women

Step 4: Review for the lesson

ASK: For pregnant women, what is the recommended frequency of meals per day ?

ASK: What do you think about an **extra meal for** pregnant women?

Lesson 3: Hygiene Practices & Child care

Training objectives

After this topic, the participants will be able **:**

- To practice good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.
- To drink the safe water.
- To wash regularly the four key times they need to wash their hands
- To feed the child animal source foods and fats at each meal
- To take an extra rest and an extra meal for pregnancy mother.
- To feed more frequent meals (four-five each day, as well as breastfeeding still), and to have a separate cup for eating.
- To take care of a child

Methods

- Role play
- Asking questions (brainstorming questions)
- Small Group discussions

Materials and tools

- Soap
- Tip tap
- Water
- Cups
- Tub
- Sur'eau
- Jerry cans
- Robine
- Scotch
- Flip chart
- CC MYICN
- Markers

Counseling card for MIYCN

Introduction

Ask the question on last lesson and listen if they properlly answers, if necessary complete them

ASK : What frequency per day do you feed you child of 6 months to 9 months of age?

ASK : What frequency per day do you feed your child of 9 months to 12 months of age?

ASK : What frequency per day do you feed your child of 12 months to 24 months of age?

After discussion tell them:

- Child aged between 6 months and 9 months must be feed 2-3 big meal and 1-2 snacks
- Child aged between 9months and 12 months must be feed 3-4 big meal and 1-2 snacks
- Child aged between 12 months-24 months must be feed 3-4 big meal and1-2 snacks

Topic for the day: Hygiene Practices & Child care

The village nutrition committee also helps to reinforce proper hygiene during the nutrition week such as hand washing 4 times, to drink safe water and hygiene in general. Child care brings good health.

Step 1: Discuss on the topic

Ask the questions related the topic and facilitate the participants to Share their experiences.

Split the mothers in tree small group

Ask: How many times do you wash your hands per day?

Ask: Do you clean your drinking water?

Ask: How do you take care of your child?

Step 2: Hygiene practice: After group discussion ,and presentation in large group tell them:

2.1. Hand washing at different key times

- Wash your hands with soap before cooking
- Wash your hands with soap before feeding the baby
- Wash your hands with soap after changing their diaper
- Wash your hands with soap after using the toilet
- They must use the appropriate method for hand washing.
- Feed your baby using clean hands, clean utensils and clean cups.
- Use a clean spoon or cup to give foods or liquids to your baby.
- Bottles, teats and spouted cups are unsafe to use because they are difficult to wash and can be easily contaminated.
- Store the foods given to your baby in a safe clean place.

Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

Use appropriate didactics materials.

2.2. To drink the safe water; after group discussion, and presentation in large group tell them:

Drinking water needs to be boiled or treated so that it is clean and safe and does not cause diarrhea.

To ensure that water is safe to drink, either:

- ✓ Boil it for one minute after large bubbles appear and then keep it covered or
- ✓ Use Sur'Eau as directed

2.3.To practice good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

Reminder the CHWs :

- ➢ Wash all bowls, cups and utensils with clean running water and soap, dry on a rack, and keep covered before using.
- ➢ Tell the CHW how to pick water;
- ➢ Prepare food in a clean area.
- ➢ If you are not going to serve the food that you prepare for the baby right away, put it inside of a cupboard or cover it with a clean cloth after you prepare it.
- ➢ Wash raw fruits and vegetables with safe water before cutting and eating.
- ➢ Keep animal products away from other foods before cooking, to prevent contamination.
- ➢ Cook meat, fish and eggs until they are well done.
- ➢ Serve food immediately after preparation. Thoroughly reheat any food that has been kept for more than one hour.
- ➢ It is crucial to keep the home and the compound clean and free of feces and rubbish.
- ➢ A child's feces can spread illness just like an adult's. Before a child is old enough to use a latrine, you need to throw his or her feces into the latrine or bury it.
- ➢ Keep animals in a separate place, away from the family living area.
- ➢ Animals should not sleep in the same house with the family.
- ➢ Latrines should not be constructed too near the family living area.
- ➢ The latrine should be kept clean and the pit must be kept covered.

Step 3: Child care ; After group discussion ,and presentation in large group tell them:

- ✓ Be patient, actively encourage your baby to eat, but do not force him or her to eat.
- ✓ Play and sing with your child
- ✓ Show your child love
- ✓ Help her/him to sleep
- ✓ Wrap your child
- ✓ Bring your sick child to a health facility .

- ✓ Feeding times are periods of learning and love.
- ✓ Help your older child eat.
- ✓ Initiate your child to walk

Step 4 : Review on Key messages

- ✓ Making thicker porridge,
- ✓ Eating fat and animal-based foods, increasing frequency of meals (5 each day),
- ✓ Eating a variety of foods,
- ✓ Improving hygiene practices,
- ✓ Infant stimulation and feeding, and health of pregnant women

Step 6 : Review and discuss the lesson for the day

- ✓ The four times they need to wash their hands
- ✓ The practice of good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.
- ✓ To drink the safe water.
- ✓ Child care.

Lesson 4: RESPONSIVE FEEDING &FEEDING SICK CHILD

Training objectives

After this topic the participants will be able:

- To explain why children need active feeding when sick.
- To explain the best feeding for a sick child.
- To explain why children need more frequent meals (five each day, as well as breastfeeding still).
- To explain the importance of hand washing at all four key times.
- To explain that pregnant mothers need extra rest and an extra meal daily.

Methods

- Group discussion

Materials and tools

- **Cooking supplies:**

- ✓ Spoon
- ✓ Oil
- ✓ Small fish
- ✓ Wood for fire (and matches)
- ✓ Water
- ✓ Pans
- ✓ Tubs
- ✓ Soaps
    - ✓ Potatoes
    - ✓ Carrots
    - ✓ Tomatoes
    - ✓ Salt
    - ✓ Onions
    - ✓ Beans
    - ✓ Green Pepper
    - ✓ Green Leaves
- **C.C MIYCN**
- **Flipchart**
- **Markers**
- **Scotch**
- **Facilitate guide**
- **Pens**
- **Note books**

Introduction

Good Nutrition and responsive feeding are very important, especially when the child is sick. It is also important during recovery because the child is still growing and needs to build his/her immunity. Therefore in order to recuperate all nutrients he /she lost, responsive feeding is very needed.

Review of previous topic: Hygiene practice &child care

Reminder some key points of good hygiene.

Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses.

ASK: What are the 4 key times of hands washing?

TELL THEM:

- Wash your hands with soap and clean running water before preparing foods and feeding your child.
- Wash your hands and your child's hands before eating.
- Wash your hands with soap and clean water after using the toilet and washing or cleaning your child's bottom.
- Feed your child using clean hands, clean utensils and clean cups

- Store the foods given to your child in a safe clean place.

Topic of the day: Responsive feeding and feeding sick child.

Step1: Group discussion

Split the participant into groups of 6 persons and have them try to answer these questions:

ASK: How to feed a child less than 6 months old during illness?
ASK: How to feed a child more than 6 months old during illness?
ASK: How to feed a child with poor appetite?
ASK: What is relationship between illness and feeding.
ASK: Write the key point of active feeding and responsive feeding.

After group work and presentation tell them:

1.1 Feeding your sick child less than 6 months of age

- Breastfeed more frequently during illness, including diarrhea, to help the child fight sickness, reduce weight loss and recover more quickly.
- Breastfeeding also provides comfort to your sick child
- Give only breast milk and medicines recommended by your doctor/ health care provider.
- If the child is too weak to suckle, express breast milk to give the child. This will help you to keep up your milk supply and prevent breast difficulties.
- After each illness, increase the frequency of breastfeeding to help your child regain health and weight.
- When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.

1.2 Feeding your sick child more than 6 months of age

- Breastfeed more frequently during illness, including diarrhea, to help your child fight sickness, reduce weight loss and recover more quickly.
- If the child has diarrhea or vomiting, give him or her oral rehydration salts as recommended by your health care worker, to avoid dehydration.
- Avoid giving your baby traditional herbs.
- Your baby needs more food and liquids while he or she is sick.
- If your child's appetite is decreased, encourage him or her to eat small frequent meals.
  - Offer the baby simple foods like porridge and avoid spicy or fatty foods. Even if the child has diarrhoea, it is better for him or her to keep eating.
  - After your child has recovered, actively encourage him/her to eat one additional meal each day during the following two weeks. This will help your child regain the weight s/he has lost and make up for missed growth.
  - When you are sick, continue to breastfeed your child.

1.3 How to feed a child above 6 months with poor appetite

- Children need to learn to eat new foods. Sometimes they do not like foods that are bitter or mushy, and will reject a meal served with a food they don't like.

- If this happens, select and offer the foods the child seems to like. Introduce new foods one at a time to learn what is acceptable. Try foods such as egg, potatoes in groundnut sauce, and soft, cooked carrots in small pieces rather than mashed.

- Especially during the second year of life, children can go through periods when they seem like they do not want to eat. Caregivers need to be patient, but persistent in feeding them.

- Often the child will eat with an older sibling, but not with the mother. Try different eating situations.

- Allow the child to eat smaller portions, but feed the child more frequently. For example if the child only eats a small amount of his or her food in the middle of the day, offer some of the food later, cut up in small pieces, and offer the child a piece of fruit.

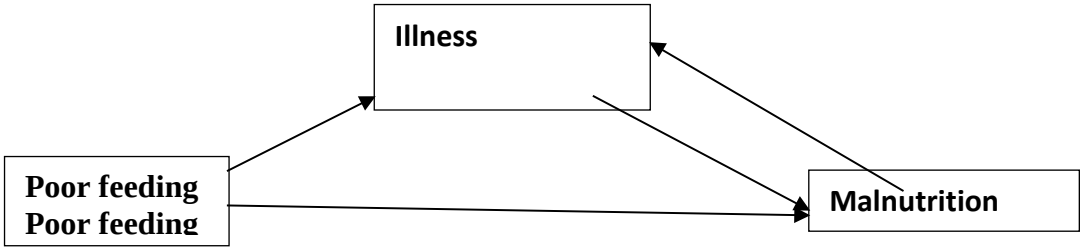
- It is a critical situation when the child reaches the point of showing no interest in eating or has lost his or her appetite completely. This often happens after being allowed to get extremely hungry.

- A child with no appetite should be offered small amounts of any favorite like fruit or soft porridge to eat with patience increasing the quantity gradually.

- A child's appetite can be stimulated by adding a
- few drops of lemon juice are added to a food (rice or a soft porridge) it becomes sweet and sour.

- Continue to breastfeed your baby.

1.4 Relationship between illness and feeding



1.5. Key point of active feeding and responsive feeding

- ✓ Baby may need time to get used to eating foods other than breast milk.
- ✓ Be patient, actively encourage your baby to eat, but do not force him or her to eat.
- ✓ Use a separate plate to feed the baby to make sure he or she eats all the food given
- ✓ If you r young child refuses to eat, encourage him/her repeatedly, try holding the child in your lap during feeding, or face him/her while he or she is sitting on some one else's lap.
- ✓ Offer new foods several times, children may not like (or accept) new foods in the first few tries.
- ✓ Feeding times are periods of learning and love.
- ✓ Interact and minimize distraction during feeding.
- ✓ Don't force feed.
- ✓ Help your older child eat.

Step2 Interactive practices on Cooking

- collect food and materials that CHWs brought for the day
- split CHWs into three sub groups:
    - one group responsible for cleaning foods and materials of cooking
    - one group for getting water to cook.
    - one group responsible for starting the fire to cook over

2.1 Hygiene, Wash Hands,

- As they go to wash their hands, this is an opportunity to talk about the 4 times that you need to wash your hands: before cooking, before feeding the baby, after attending a child, after using the toilet.

2.2. Directions for cooking

- Clean vegetables and remove skins from the potatoes, soak small fish in cold water for 15 min
- Boil pot of water
    - Add potatoes, boil for 15minutes
- Reduce heat and add all vegetables, small fish and oil, stirring and cooking
- Add a small amount of salt, after vegetables have been cooking for five minutes.

- After vegetables have been cooking for 15 minutes (30 minutes total including the potatoes), take off heat for serving
- Mash up cooked food, then serve CHWs on a clean plate, with a clean spoon—with a slice of avocado

2.3 Clean all used materials and put it on dish rack

2.4 Step3. Review and reminder of the lesson

ASK: How to feed a child less than 6 months old during illness?
ASK: How to feed a child more than 6 months old during illness?
ASK: How to feed a child with poor appetite?
ASK: What is th relationship between illness and feeding.
ASK: Write the key point of active feeding and responsive feeding.

2.5 N W Song and closure

Lesson 5: ***Home visit***

Training Objectives :
After this topic the Participants will be able :

- To explain to the CHW the importance of Home Visit
- To explain to the CHW what is the Step for home visit.
- To explain to the CHW the key points of home visit
- To explain to the CHW why to feed child animal sauce food and fats at each meal
- To explain the CHW why the children need more frequent meals (four-five each day, as well as breastfeeding still), and to have a separate cup for eating
- Explain the CHW the key times for hands washing
- To explain the CHW why the mothers need extra rest and an extra meal daily when pregnancy.

Methods:
Brainstorming
Small Group discussions
Role Play
Materials and Tools :
Flip chart, Markers, Bloc Notes, Pens, Scotch
Check list of home visit
Counseling Card of MIYCN
Timing: 1hour

Introduction:
Ask:
Why use a separate cup for child's food?
What is the importance of hand washing at different intervals?
How to include a father in childcare discussion?
Topic for the day: Home Visit:
NW ni gahunda imara iminsi itanu igafasha abantu kumudugudu(abagore batwite,abagore bonsa,abagabo,Banyirabukwe) kwiga no gukora ibijyanye n'imiriere iboneye y'abana bato n'abagore batwite,babigizemo uruhare rufatika. Nyuma y'icyumweru bigira hamwe bakanashyira mubikorwa ibyo bize, bakomeza gushyira mubikorwa ibyo bize mungo zabo. Niyo mpamvu hakwiye kubaho isura ryihariye nibura mugihe cy'ibyumweru 3 kugira ngo bafashwe kurushaho kunoza imirire y'abana n'abagore batwite mungo zabo. Nyuma y'ibyumweru 3 bakurikiranwa, bakomeza gusurwa n'abagize V.N.C kugira ngo bashishikarizwe gukomeza gushyira mubikorwa Key Practices on feeding.
Step1: Importance of home visit for a Nutrition Week:
Ask: what is the importance of a home visit?
Discuss and write their answers on the Flipchart, Check that the following points are included:

- Education(Explain according the recent situation, Help on BCC and Motivation)
- Practice evaluation (Realization, Weakness, Counseling and Commitment)

Step2: Hygiene Practice:
Ask and Discuss: The Village Nutrition Committee helps the mothers to reinforce the best hygiene practices in the Nutrition Week and Home Visits such as hand washing 4 times (before eating, before prepare food and feed your child, after using toilet, after .cleaning child bottom), to drink safe water and hygiene in general (Food safety, Clean utensils, Clean body, Safe clean place)
Step3: Discuss on 5 Key Messages

- Eating fat and animal-based foods,
- Increasing frequency of meals (5 each day),
- Eating a variety of foods,
- Improving hygiene practices,
- Infant stimulation and feeding and health of pregnant women

Step4: Step for home visit of Nutrition Week:

Divide the participants in 2 groups and ask them to discuss on the steps of home visits. Share their answers in the large group and summarize the following elements:

- Greeting and introduction
- Establish comfortable setting with caregivers
- Build confidence and give support skills
- Listening and learning counseling
- Go to the topic of the (day, week, month, quarterly) it depends on the topic given.
- Using counseling steps (**3 A** = **A**sses, **A**nalyses and **A**ct)
- During the asses step (ask ,listen and observe), observe the home situationUse age appropriate counseling cards if applicable.
- Avoid using judgmental words.
- Commitments discussions and summarize.
- Appointment

Step 5: Check list at Home Visit for NW

Ask: What are you looking in a home visit for NW practices? Listen their answers and tell them:

When you visit homes for Nutrition Week practices, you look for:

- Hygiene in general
- Tip Tap (Hand washing station)
- Latrine

- Radish
- Kitchen garden
- Kitchen
- Food prepared for child(frequency, texture, active feeding amount, variety)
- Observation of feeding a child if possible
- Observation of interaction between child and mother and father if possible
- Water for drinking
- Soap at hand washing station
- Availability of Posters to reminder mothers about:
  - ✓ Thick Porridge
  - ✓ Frequency for feeding a child
  - ✓ Four Key Times for hand washing
  - ✓ Variety of food
  - ✓ Health of Pregnant women(Need extra meal and extra rest)

Role Player: Ask one participant to play a role of CHW, another to play a role of a mother at home. Ask again 2 Participants to be observers and check that CHW respect the Steps for home visits. After the role play, discuss in large group on good practices and input on home visit improvements.

Step5: Review on lesson for to day:
Ask:
What is the importance of home visit in Nutrition Week?
What are the steps of home visit?
What are the points for checklist of home visit?
Closure

Lesson 6: Variety of foods(Include Kitchen Garden Demonstration)

Training objectives

After this topic, the participants will be able :

- To wash regularly the four key times they need to wash their hands
- To feed the child animal source food and fats at each meal
- To take an extra rest and an extra meal for pregnancy mother.
- To feed more frequent meals (four-five each day, as well as breastfeeding still), and to have a separate cup for eating.
- To prepare a variety of foods for their child.

Methods

- Role play
- Asking questions (brainstorming questions)
- Small Group discussions

Materials and tools

- Wood for fire (and matches)
- Pans for making porridge
- Oil
- Small fish
- Tomatoes
- Cabbage
- Salt
- Potatoes
- Onions
- Beans
- Green Pepper
- Green Leaves
- Avocado
- Flip chart
- CC MYICN
- Markers

Counseling card for MIYCN

Introduction

Ask the question on last lesson and listen they answers if necessary complete them

ASK : How to feed a child less than 6 months old during illness?

ASK : How to feed a child more than 6 months old during illness?

After discussion tell them:

- Breastfeed more frequently during illness, including diarrhea, to help the child fight sickness, reduce weight loss and recover more quickly.
- Breastfeeding also provides comfort to your sick child
- If the child is too weak to suckle, express breast milk to give the child. This will help you to keep up your milk supply and prevent breast difficulties.
- After each illness, increase the frequency of breastfeeding to help your child regain health and weight.
- When you are sick, you can continue to breastfeed your baby. You may need extra food and support during this time.
- If the child has diarrhea or vomiting, give him or her oral rehydration salts as recommended by your health care worker, to avoid dehydration.
- Avoid giving your baby traditional herbs.
- Your baby needs more food and liquids while he or she is sick.

Topic for the day: Variety of foods (Include Kitchen Garden Demonstration)

This day is going to be different than the three days beforehand. While you are going to introduce the topic, the variety of foods, you will also be taking a trip to visit the best kitchen garden in your village,. This will allow mothers and fathers to see what they look like, how to tend them, and how they can be a good source of fresh, nutrient-rich food for their families.

Step1 – Group discuss

Split the participants in four groups of 6 persons and try to answer those questions:

ASK: What variety per day do you feed you child of 6 months to 9 months of age?

ASK: What variety per day do you feed your child of 9 months to 12 months of age?

ASK: What variety per day do you feed your child of 12 months to 24 months of age?

After group discussion, and presentation in large group tell them:

The table is also important to guide nutrients

AGE	RECOMMENDATIONS	
	Frequency (per day)	Variety
Start complementary foods when baby reaches	2 to 3 meals plus frequent breastfeeds	Breastfeeding (Breastfeed as often as the child wants) +Animal foods(local examples) + Staples(porridge ,other local examples) + Legumes(local examples) + Fruits /Vegetables(local examples)
From 6 up 9 months	2 to 3 meals plus frequent breastfeeds 1 to 2 snacks may be offered	
From 9 to 12 months	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	
From 12 to 24 months	3 to 4 meals plus breastfeeds 1 to 2 snacks may be offered	

Key Points to Emphasize

- ✓ Eating a variety of foods will help you and your child to be strong and live a healthy life.
- ✓ Your children need the nutrients that come from eating a variety of foods. This will help to build their immunity and help them to grow strong.

Step2: Visit the best kitchen garden in your village

- Introduce the topic in a few minutes, and take the time you would use to have small group discussions to walk to the kitchen garden, where you can practice together.
- As you walk to and from the best garden in the village, use the time to answer questions that the mothers may have, to talk with them about any problems they may have in planting a kitchen garden or providing a variety of foods for their children.

- When you get to the garden, show the mothers how to plant one, how to tend to it, and how to water it (in the dry season, for example, use the rinse water from washing your clothes).
- Split the participants into two groups, mothers group and fathers group.
- Group discussion about relationship between kitchen garden and varied foods.

Step 3: Discussion on Key messages

- Making thicker porridge,
- Eating fat and animal-based foods, increasing frequency of meals (5 each day),
- Eating a variety of foods,
- Improving hygiene practices,
- Infant stimulation and feeding, and health of pregnant women

Step4: Review on lesson for to day:

ASK: What variety per day do you feed you child of 6 months to 9 months of age?

ASK: What variety per day do you feed your child of 9 months to 12 months of age?

ASK: What variety per day do you feed your child of 12 months to 24 months of age?

Step5: Closure

Annex 6: Module for Community Health Workers Training

Facilitator's Guide for Nutrition Weeks

Facilitator's Guide for Nutrition Week

Annex 9: Nutrition Weeks Curriculum-CHW (revised 2014)

CHW Nutrition Weeks Curriculum

Introduction

This is a manual for Community Health Workers (CHWs) to use while implementing the Nutrition Weeks Intervention. In the following pages, you will find the schedule for each day of the Nutrition Week, as well as tips for how to run each day effectively.

So what is a Nutrition Week? A Nutrition Week is one week (5 days), held 3 times each year, meant to teach mothers in the community about proper nutrition for children up to 2 years of age, pregnant women, and lactating mothers. Instead of teaching, like you do with your regular home visits, this is a time where a group of mothers from the village come together to learn by *doing*—and leave empowered to improve their feeding practices when they go home.

Nutrition Weeks are meant to be very interactive and participatory between CHWs and the mothers involved. They are intentionally with smaller groups (maximum 10 mothers) so that you can have good interactions with all of the participants. Included every day is a chance for small groups to discuss their practices, for women to learn from each other, and learn how to make these changes in a feasible way in their homes.

There are 9 key practices/principles that you will be trying to focus on all week: improving hygiene practices, health of pregnant women, exclusive breastfeeding, making thicker porridge, eating fat and animal-based foods, increasing frequency of meals (5 each day), eating a variety of foods, , infant stimulation and active feeding, and family planning. You will practice each of these every single day through cooking practices and discussions. Drawing on what you learned from the Behavior Change module of your training for Nutrition Weeks, you are there to help women believe they can actually make these changes in their homes! For the weeks afterwards, you will be responsible for visiting the mothers in their homes to see if they have adopted the new practices, to encourage them and to answer their questions. As you lead the Nutrition Week and do these home visits, you will hopefully see mothers start to adopt these practices, meaning that the mothers and children in your village will become healthier and grow up strong!

List of Acronyms and Names Used

- **BCC:** Behavior Change Communication
- **CHWs**: Community Health Workers
- **ICSP**: Innovation Child Survival Project
- **MCH:** Maternal and Child Health
- **MIYCN:** Maternal and Infant young Child Nutrition
- **MNC:** Maternal and Newborn Care
- **MOH:** Ministry of Health
- **NW**: Nutrition Week
- **WR**: World Relief

DAY 1: MAIN TOPIC –

Hygiene, Pregnant Women Care, and Breastfeeding

Training Objectives

After this topic the participants will be able to:

- To exclusively breastfeed until their child is 6 months of age
- To wash regularly at the four key times they need to wash their hands
- To take an extra rest and an extra meal for pregnant mothers

Methods

- Asking questions (brainstorming questions)

Materials and Tools

1. Counseling card for MIYCN

2. Photos of Proper Breastfeeding Attachment

Introduction *(20 minutes)*

- Opening & Welcome mothers and grandmothers
- Take attendance
- **Check children for sickness** (refer to HC if they are sick)
- Introduce the Topic of the Hygiene, Pregnant Women Care, and Breastfeeding

Step 1: Hygiene

Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.

- Wash your hands with soap and clean running water before preparing foods and feeding your baby.
- Wash your hands and your baby's hands before eating.

- Wash your hands with soap and clean water after using the toilet and washing or cleaning your baby's bottom.
- Use a clean spoon or cup to give foods or liquids to your baby.
- Drinking water needs to be boiled or treated so that it is clean and safe and does not cause diarrhoea. To ensure that water is safe to drink, either:
    - boil it for one minute after large bubbles appear and then keep it covered or
    - use Sur'Eau as directed
- If you are not going to serve the food that you prepare for the baby right away, put it inside of a cupboard or cover it with a clean cloth after you prepare it.
- Wash raw fruits and vegetables before cutting and eating.
- Serve food immediately after preparation. Thoroughly reheat any food that has been kept for more than one hour.

✓ The 4 times that you need to wash your hands are: before cooking, before feeding the baby, after attending a child, after using the toilet.

Step 2: Pregnancy

Pregnant women need the following:

- During your pregnancy, eat one extra meal each day to provide energy and nutrition for you and your growing baby.

- You need to eat the best nutritious foods available, including milk, fresh fruit and vegetables, peas and beans extra meal will help your baby grow .
- **Pregnant women need an extra rest**
- Avoid hard work. Your role is to make these mothers realize that it is possible for them to do this at home in order to become a habit.

Step 2.1 It is important that pregnant women:

- Take iron and folic acid tablets to prevent anaemia during pregnancy and for at least 3 months after your baby's birth.
- Take vitamin A tablets immediately after delivery or within 6 weeks so that your baby receives the vitamin A in your breast milk to help prevent illness.
- Use iodised salt to help your baby's brain and body develop well.
- Attend antenatal care at least 4 times during pregnancy, beginning during the first 3 months. These check-ups are important for you to learn about your health and how your baby is growing.
- Take de-worming tablets to help prevent anaemia.
- To prevent malaria, sleep under an insecticide-treated mosquito net every night.

Step 3: Breastfeeding

Early Initiation

- Hold your newborn skin-to-skin immediately after birth.
- Begin breastfeeding within the first hour of birth. Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, and helps reduce your bleeding.
- Colostrum, the thick yellowish milk, is good for your baby.
- Colostrum helps protect your baby from illness and helps your baby pass his/her first dark stool.
- Breastfeed frequently to help your breast milk 'come in' and to ensure plenty of breast milk.

Exclusive Breastfeeding

- Do not give water or other liquids or fluids to your baby during the first days after birth. Your baby does not need any pre-lacteal feeds. They are not necessary and are dangerous for your newborn.
- During the first few days after birth, your baby only needs colostrum.
- Breast milk provides all of the food and water that your baby needs during the first 6 months of life.
- **Do not give anything else, not even water, during your baby's first 6 months.**
- Breastfeed the baby on demand, both day and night.

Proper Attachment

- The more your baby suckles (with good attachment), the more breast milk you will produce.
- The four key points about your baby's position are: straight, facing you, close, and supported.
- The baby's body should be straight, not bent or twisted, but with the head slightly back.
- The baby's body should be facing the breast not held flat to your chest or abdomen, and he or she should be able to look up into your face.

Review and Discuss the Lessons of the Day

ASK : What is the importance of good hygiene?

ASK : What is the importance of breastfeeding? How long should a baby be exclusively breastfed for?

ASK: Give us some examples of good care practices for the pregnant women?

ASK : Give us some example of good hygiene practices.

ASK : Should a child still be breastfed after 6 months? Why?

Step5: Prepare for the next day: Who is bringing what foods, materials. ***(5 minutes)***

NW song and closure

DAY 2: MAIN TOPIC -
Eating Thicker Porridge and Incorporating

Training Objectives

After this topic, the participants will be able :

- To prepare and to feed thicker porridge to their children, starting at six months of age
- To mix flours for thicker porridge
- To feed the child animal source food and fats at each meal (and understand why it is important)
- To feed more frequent meals (four-five each day, as well as breastfeeding still), and to have a separate cup for eating.

The following will be reviewed with the participants:

- To exclusively breastfeed until their child is 6 months of age
- To wash regularly at the four key times they need to wash their hands
- To take an extra rest and an extra meal for pregnant mothers

Methods

- Asking questions (both direct and brainstorming questions)
- Small Group discussions
- Tell a story
- Group work (Cooking practiced by mothers –in-law, infant stimulation, hygiene…)

Materials and Tools

1. Cooking supplies and materials:

- Wood for fire (and matches)
- 2 Pans (for making porridge and balanced meal)
- Jerry cans to transport water
- Soap, sponges, and tubs for washing hands, vegetables and dishes
- 2 Big Spoon (for cooking)
- Cups, plates and spoons to feed the children
- Palm Oil
- Flour for porridge
- Small fish
- Tomatoes
- Amaranth
- Beans
- Onions
- Green pepper
- Irish potatoes
- Avocadoes
- Snacks for small children (small bananas)

2. Counseling card for MIYCN

Introduction *(20 minutes)*

- Opening & Welcome mothers and grandmothers
- Take attendance
- **Check children for sickness** (refer to HC if they are sick)
- Review the nutrition week and yesterday's topic, and introduce the Topic of the Day (Incorporating thicket porridge, fat and animal source foods in the children's diet)

Yesterday's topic: **Hygiene, Pregnant Women Car and Breastfeeding**

Review of yesterday topic

ASK : What is the importance of good hygiene?

ASK : What is the importance of breastfeeding? How long should a baby be exclusively breastfed for?

ASK: Give us some examples of good care practices for the pregnant women?

ASK : Give us some example of good hygiene practices.

ASK : Should a child still be breastfed after 6 months? Why?

Tell them:

- ✓ Child must be breastfed exclusively until the age of 6 months. They must be breastfed as often as possible. After 6 months, continue breastfeeding until the age of 2.
- ✓ Hygiene is extremely important. Mothers need to wash their hands before cooking, before feeding their babies, before eating, after going to the washroom and after attending their child. Children must also have their hands washed before eating and after going to the washroom.
- ✓ Pregnant mothers need to eat more fat and animal source foods to build weight for pregnancy and to prevent anemia. They must rest often and eat more frequently.

Topics of the day: Thickness of porridge and eating animal foods

- Porridge is good for babies to eat (not to drink!), but it needs to be thick for them to get all the nutrition that they need.

- Eating thicker porridge will help them to fill their stomachs, and to sleep better and longer
- Children and mothers must fat and eat animal sauce food to build a body and have iron to prevent anemia.
- Also good to bring up here the use of a child's bowl- to wash and use separately to keep track of how much is fed to the child.
- The point of this week is to involve the mothers as much as possible. Have them help make the porridge and balanced meal.

Step 1. Practices on cooking thicker porridge and fat and animals source foods (1 hour)

- Collect materials that women brought for second day ***(5 minutes)***

Step 1.1. TELL A STORY (about fats and animal source foods)

One day, mama KAGEYO went to borrow her neighbor's knife, and saw mama MURENZI feed her 8 months old child some foods that contained avocado and egg. She told mama MURENZI: *"What are you doing?! Don't you know that avocado contain fats that is harmful for child, it can cause liver diseases, and also eggs are for selling, not for feeding babies. Me, I never make that mistake!"*

Mama MURENZI responded: *"Mama KAGEYO, that avocado is very good for children because it contains good fats for them. Fats are an energy source; they help with body heat and good growth, and help prevent malnutrition. And eggs are not for selling – they help to prevent anemia. You can feed your child one egg every three days, you'll see it isn't a problem."*

Mama KAGEYO said: *"Well, I am going to do that, I will tell you the results"*. Mama KAGEYO tried it and adopted a good change.

QUESTIONS RELATED TO THE STORY AND DISCUSSION.

ASK: What is the importance of fats and animal source foods for children?

ASK: Give us some examples of foods that contain high amount fats and animal source food?

Step 1.2. How to mix the flour for thicker porridge

ASK : What is thicker porridge? Listen to their answers and show them pictures of the thicker porridge.

ASK : What is the importance of thicker porridge for child?

- Porridge is good for babies to eat (not to drink!), it needs to be thick for them to get all the nutrition that they need.
- Eating thicker porridge will help them to fill their stomachs, and to sleep better and longer

ASK: Have you ever made and fed your child thicker porridge? If yes give us your testimony and discuss on that.

ASK : What the kind of flours do you use to make the porridge in this area and how do you mix the flours? Tell them how to mix the flour: for 10 children, take 10 spoonful of sorghum flour, 10 spoonful of maize flour and 4 spoonful of soy flour.

ASK: "Why porridge is made this way in Rwanda?" This will bring up the reasons, which then they will realize are not good reasons at all, it is just habit. People tend to eat the way they have grown up eating.)

After the group discussion, tell them the following summary:

- Put the water in good recipients on the fire till boiled
- Mix the flours in a separate bowl
- Mix that mixture of flours with the cold water
- Put that thicker mixture into the boiled water
- Mix till the 1st boiled and add 2 spoons of palm oil (**for fat & Vitamin A**)
- Continue to mix till well boiled
- Cool the porridge before serving it to the child
- Feed the porridge to the child with a small spoon

Step 1.2. Cooking direction but their must remember to practice good hygiene

- **Split the group of mothers into three sub groups:**
    - One group responsible for looking after kids,
    - One group for getting water to cook,
    - One group responsible for starting the fire to cook, ask the mothers in-law to cook
- **Wash Hands**
    - Wash the children's hands
    - As they go to wash their hands, this is an opportunity to talk about the 4 times that you need to wash your hands: before cooking, before feeding the baby, after attending a child, after using the toilet.
    - Ask the mothers when they need to do this, use this time as a learning and discussion opportunity as they are washing their hands
- **Give a small snack to the children**: Avocado
- **COOKING:**
    - **Time for cooking thicker porridge and meal**
    - **Cooking the daily recipe (whatever food is brought will create the day's recipe)**

Have the mothers participate as much as possible (peeling and chopping vegetables, tending the pot)
The point of this day is to involve the pregnant women as much as possible. To help them to understand and practice every day in order to develop the habit

Ingredients *(amounts will depend on number of servings, make sure ingredients include Fat and animal food)*

- ✓ Tomatoes
- ✓ Amaranths

- ✓ Small Fish
- ✓ Oil
- ✓ Banana plant
- ✓ Onions
- ✓ Soy flour
- ✓ Salt
- ✓ Green Pepper
- ✓ Avocado

Directions for cooking

- ✓ Clean vegetables and remove skins from the banana plant, soak small fish in cold water for 5 minutes
- ✓ Boil pot of water
- ✓ Add banana plant, boil for 15 min.
- ✓ Reduce Heat and Add all vegetables, small fish and oil, stirring and cooking for 15 minutes
- ✓ Add a small amount of salt after vegetables have been cooking for five minutes.
- ✓ After vegetables have been cooking for 15 minutes (30 minutes total including the banana plant), take off heat for serving
- ✓ Mash up cooked food, and then serve to child on a clean plate, with a clean spoon—with one part of avocado.

- **After cooking thick porridge and balanced diet, let the food cool.**

  - Serve the porridge and the balanced meal to the children with small spoons and cups

- **Feed the children**

  - Show them how to feed their child and have them practice active feeding: Help your older child eat
  - Use a separate plate to feed the baby to make sure he or she eats all the food given.
  - Children need more frequent meals (four-five each day, as well as breastfeeding still),

Step2: Hygiene Practice: split the mothers in small group

- One group clean up the children-hand washing, etc.
- Other group Cleaning Dishes (use of dish racks to keep clean)

Main Messages:

- ✓ The children need fats and animal source foods to build a body and iron to prevent anemia
- ✓ The children need to be fed thicker porridge, which is more nutrient-dense and better for the children.

Step3: Discussion on Key feeding behaviors (thicker porridge, fats and animal foods).

- Use a participatory style (no lectures) to talk about the main topics.
- Answer questions that mothers have about this, talk about problems that mothers have to making porridge thicker, finding animal source foods, and so on.
- Make these mothers realize that it is possible for them to do this at home!
- Discuss how gradnmothers and husbands can be involved in making porridge thicker and finding animal source foods —making sure that they are doing so when they are taking care of the children.

Step4: Review and Discuss the Lessons of the Day

- Why is it necessary to feed children animal sauce foods?
- Why is it necessary to give children fat food sources?
- Why is thicker porridge important?
- How thick should the porridge be?
- What do you need to do before you begin to cook and eat?

Step5: Prepare for the next day: Who is bringing what foods, materials. ***(5 minutes)***

NW song and closure

DAY 3: MAIN TOPIC - FREQUENCY OF MEALS: FOUR TO FIVE TIMES EACH DAY

Introduction *(20 minutes)*

Training Objectives

After this topic, the participants will able

- To feed more frequent meals (four-five each day, as well as breastfeeding still), and to have a separate cup for eating.

The following will be reviewed with the participants:

- To prepare and to feed thicker porridge to their children starting at six months of age
- To wash regularly at the four key times they need to wash their hands
- To take an extra rest and an extra meal for pregnancy mothers
- To feed animal sources to their child
- To exclusively breastfeed until 6 months of age

Methods

- Brainstorming
- Group work

Materials and Tools

1. Cooking supplies:

- ✓ Wood for fire (and matches)
- ✓ 2 Pans (for making porridge and food)
- ✓ Jerry cans to transport water
- ✓ Flour for porridge
- ✓ Big Spoon (for cooking)
- ✓ Oil
- ✓ Small fish
- ✓ Soap, sponges, and tubs for washing dishes
- ✓ Tomatoes
- ✓ Amaranths (green leafy vegetables)
- ✓ Carrots
- ✓ Onions
- ✓ Green pepper
- ✓ Irish potatoes

Snacks for small children (Passion fruit)

2. Counseling card for MIYCN

- Opening & Welcome mothers and grandmothers
- Attendance
- **Check children for sickness** (refer to HC if they are sick)
- Review nutrition week and topic of Yesterday and introduce the Topic for the Day

Topic for Yesterday: Thicker Porridge and eating fat and animal source food

Review of yesterday's topic

ASK : What is the importance of fats for child?

ASK : What is the importance of animal's source foods for a child?

ASK: Give us some examples of foods which contain high amount fats and animal's source food?

ASK : can children up to 6 months of age eat animal's sources foods?

ASK : Child up to 6 month can eat oil?

Ask questions about how to make the thicker porridge

ASK Why is thicker porridge important?

ASK How thick should the porridge be?

Tell them:

- ✓ Child must eat animal sauce food to build a body and to prevent anemia.
- ✓ Mothers need to eat more fat and animal sauce food to build a body and to prevent anemia.

Topic for the day: Feeding children five times per day

- Children's stomachs are only the size of their fist, and so they need to eat more often! Adult's stomachs are bigger, so we can eat less frequently.
- Eating five times per day will help them to fill their stomachs, and to sleep better.
- Also good to bring up here the use of a child's bowl- to wash and use separately to keep track of how much is fed to the child.

Step1 – Practices on Cooking and child feeding

Collect food and materials that women brought for third day.

3 Group discussions about to the frequency of meal per day

ASK : What frequency per day do you feed you child of 6 months to 9 months of age?

ASK : What frequency per day do you feed your child of 9 months to 12 months of age?

ASK : What frequency per day do you feed your child of 12 months to 24 months of age?

After group discussion ,and presentation in large group tell them:

- Child aged between 6 months and 9 months must feed 2-3 big meal and 1-2 snacks
- Child aged between 9months and 12 months must feed 3-4 big meal and 1-2 snacks
- Child aged between 12 months-24 months must feed 3-4 big meal and1-2 snacks

The texture is also important to guide nutrients

Tell them also about texture:

- For child of 6months and 9 months, meals is like thicker porridge (pureed food)
- For child of 9months and 12 months, meals is like finger food, sliced food
- For child of 12 month and 24 months, meals is like family food or sliced food

Step2: Hygiene Practice

- Clean up the children-hand washing, etc.
- Cleaning Dishes (use of dish racks to keep clean)

Getting ready to feed children— split the group of mothers into three sub groups:

- one group responsible for looking after kids,
- one group for getting water to cook,
- one group responsible for starting the fire to cook over
- **Wash Hands,**
- As they go to wash their hands, this is an opportunity to talk about the 4 times that you need to wash your hands: before cooking, before feeding the baby, after attending a child, after using the toilet.
- Ask the mothers when they need to do this, use this time as a learning and discussion opportunity as they are washing their hands

Small snacks for children— Passion Fruits

Cooking thick porridge and meal

Cooking the daily recipe (whatever food is brought will create the day's recipe)

Cook the food, following recipes, and including mothers and mothers-in-law as much as possible.

While you are cooking, there will be time for you to answer questions that mothers have about the topic for the day!

Ingredients *(amounts will depend on number of servings)*

- ✓ Tomatoes
- ✓ Amaranths (green leafy vegetables)
- ✓ Small Fish
- ✓ Oil
- ✓ Banana plant
- ✓ Carrots

- ✓ Onions
- ✓ Soy flour
- ✓ Salt
- ✓ Green
- ✓ Pepper
- ✓ Passion fruits
- ✓ Avocado

Directions for cooking

- ✓ Clean vegetables and remove skins from the banana plant, soak small fish in cold water for 5 minutes
- ✓ Boil pot of water
- ✓ Add banana plant, boil for 15 min.
- ✓ Reduce Heat and Add all vegetables, small fish and oil, stirring and cooking for 15 minutes
- ✓ Add a small amount of salt after vegetables have been cooking for five minutes.
- ✓ After vegetables have been cooking for 15 minutes (30 minutes total including the potatoes), take off heat for serving
- ✓ Mash up cooked food, and then serve to children on clean plates, with clean spoons—with one passion fruit and a slice of avocado.

- ***Feed the children :*** *ask grandmother to help mothers to feed the child*

Reminder the mothers and grandmothers the active feeding:

- ➢ Help your older child eat.
- ➢ Use a separate plate to feed the baby to make sure he or she eats all the food given

Step3: Discussion on Key feeding behaviors (frequency of meal).

Instructions for teaching

- ✓ You should use a participatory style (no lectures) to talk about the day's focus. You can answer questions that mothers or mothers-in-law have about this, talk about problems that mothers and mothers–in-law have to providing 5 meals for their children every day.

- ✓ Your role is to make these mothers and mothers–in-law realize that it is possible for them to do this at home!
- ✓ The point of this day is to involve the mothers and mothers-in-law as much as possible. By practicing this every day, it helps them to understand the practice and make it a good habit.
- ✓ Talk about how to plan a menu for five meals, and have women give ideas and tell how they would do it.

Step4: Review and Discuss the Lesson for the Day

- Why frequency (five times per day) is important?
- What do you need to do before you begin to cook and eat?
- Why is important to mash the meal of the child?

Step5: Prepare for the next day: Who is bringing what foods, materials.

Day 4: Main Topic – Eating a Varied Diet and Active Feeding

Training Objectives

After this topic the participants will be able to:

- To prepare a variety of foods for their child.
- To properly actively feed their child

The following will be reviewed with the participants:

- To feed more frequent meals (four-five each day, as well as breastfeeding still), and to have a separate cup for eating.
- To prepare and to feed thicker porridge to their children starting at six months of age
- To wash regularly at the four key times they need to wash their hands
- To take an extra rest and an extra meal for pregnant mothers
- To exclusively breastfeed until 6 months of age
- To feed animal sources to their child

Methods

- Asking questions (brainstorming questions)
- Small Group discussions

Materials and Tools

1. Cooking supplies:

- Wood for fire (and matches)
- Pans for making porridge
- Water
- Flour for porridge
- Cups/plates for serving
- Oil
- Small fish
- Jerry cans
- Tubs
- Tomatoes
- Cabbage
- Salt
- Potatoes
- Onions
- Beans

- Green Pepper
- Green Leaves
- Avocado

2. Counseling card for MIYCN

Introduction

- Opening & Welcome mothers and fathers
- Attendance
- **check children for sickness** (refer to HC if they are sick)
- Introduce review for Yesterday topic and Topic for the Day (Everyone needs a variety of foods and active feeding)

Topic for Yesterday: Frequency and quantity of food

Reminder mothers and fathers about frequency of meals

- Child aged between 6 months and 9 months must feed 2-3 big meal and 1-2 snacks
- Child aged between 9months and 12 months must feed 3-4 big meal and 1-2 snacks
- Child aged between 12 months-24 months must feed 3-4 big meal and1-2 snacks
- Children's stomachs are only the size of their fist, and so they need to eat more often! Adult's stomachs are bigger, so we can eat less frequently.
- Eating five times per day will help them to fill their stomachs, and to sleep better.
- Also good to bring up here the use of a child's bowl- to wash and use separately to keep track of how much is fed to the child.

Topic for the day: Variety of foods and Active Feeding

Teaching Notes

- This day is going to be different than the three days beforehand. While you are going to introduce the topic, you will also be taking a trip to visit the best kitchen garden in your village, so that mothers and fathers can see what they look like, how to tend them, and how they can be a good source of fresh, nutrient-rich food for their families.

Key Points to Emphasize

- ✓ Eating a variety of foods will help you and your child to be strong and live a healthy life.
- ✓ Your children need the nutrients that come from eating a variety of foods. This will help to build their immunity and help them to grow strong.

Step1: Visit the best kitchen garden in your village

- Introduce the topic in a few minutes, and take the time you would use to have small group discussions to walk to the kitchen garden, where you can practice together.
- As you walk to and from the best garden in the village, use the time to answer questions that the mothers may have, to talk with them about any problems they may have in planting a kitchen garden or providing a variety of foods for their children.
- When you get to the garden, show the mothers how to plant one, how to tend it, how to water it (in the dry season, for example, use the rinse water from washing your clothes.
- Splits the participants into two groups, mothers group and fathers group.
- Group discussion about relationship between kitchen garden and varied foods.

Step2: Hygiene Practice

- Clean up the children-hand washing, etc.
- Cleaning Dishes (use of dish racks to keep clean)
- **Wash Hands,**
- As they go to wash their hands, this is an opportunity to talk about the 4 times that you need to wash your hands: before cooking, before feeding the baby, after attending a child, after using the toilet.
- Ask the mothers when they need to do this, use this time as a learning and discussion opportunity as they are washing their hands

Step3 – Interactive practices on Cooking

Upon returning, collect food and materials that women brought for the day

Getting ready to feed children— split the group of mothers and fathers into three sub groups:

- one group responsible for looking after kids,
- one group for getting water to cook, one group responsible for starting the fire to cook over
- **Wash Hands,**
- As they go to wash their hands, this is an opportunity to talk about the 4 times that you need to wash your hands: before cooking, before feeding the baby, after attending a child, after using the toilet.

ASK :The mothers when they need to do this, use this time as a learning and discussion opportunity as they are washing their hands

- **Small snacks for children**— Small bananas
- **Cooking the daily recipe (whatever food is brought will create the day's recipe)**
    - While you are cooking, there will be time for you to answer questions that mothers and fathers have about day's topic.

- Have the mothers participate as much as possible (peeling and chopping vegetables, tending the pot).

- Discuss how the fathers can be involved in finding a variety of foods to feed the whole family—because everyone needs to eat variety of foods! To help mothers and fathers understand that their children (beginning at six months) need and can eat a variety of foods at each meal (and it will help them be healthier, grow, and fight against disease). Some examples include animal source foods (eggs, small fish), staples (sorghum, wheat), roots, tubers, legumes, and fruits and vegetables, especially those rich in vitamin A

Ingredients *(amounts will depend on number of servings)*

- Tomatoes
- Cabbage
- Small Fish
- Oil
- Potatoes
- Onions
- Beans
- Salt
- Green Pepper
- Green Leaves

Directions for cooking

- Clean vegetables and remove skins from the potatoes, soak small fish in cold water for 5 minutes
- Boil pot of water
- Add potatoes, boil for 15 min.
- Reduce heat and add all vegetables, small fish and oil, stirring and cooking for 15 minutes
- Add a small amount of salt after vegetables have been cooking for five minutes.

- After vegetables have been cooking for 15 minutes (30 minutes total including the potatoes), take off heat for serving
- Mash up cooked food, then serve to child on a clean plate, with a clean spoon—with a slice of avocado.
- Feed the children

Step 4: Active Feeding

Divide the participants in 2 working groups one for mothers and other for fathers

- **ASK** : what is active feeding and some practice of it.
- **ASK** : What can you do if your child refuses to eat?
- **ASK** : What can you do if your child lacks appetite?
- **ASK** : why pregnant women need an extra meal and rest?

After the presentation, discuss in large group,:

- ✓ **Baby may need time to get used to eating foo**ds other than breast milk.
- ✓ Be patient, actively encourage your baby to eat, but do not force him or her to eat.
- ✓ Use a separate plate to feed the baby to make sure he or she eats all the food given
- ✓ If your young child refuses to eat, encourage him/her repeatedly, try holding the child in your lap during feeding, or face him/her while he or she is sitting on some one else's lap.
- ✓ Offer new foods several times, children may not like (or accept) new foods in the first few tries.
- ✓ Feeding times are periods of learning and love.
- ✓ Interact and minimize distraction during feeding.
- ✓ Don't force feed.
- ✓ Help your older child eat.

Discuss how the fathers can be involved in doing active feeding—making sure that they are doing so when they are taking care of the children.

Step 5: Discussion on Key feeding behaviors (Emphasis on a variety of foods**).**

Instructions for teaching

- ✓ You should use a participatory style (no lectures) to talk about the recipes and behaviors you have been using and practicing.
- ✓ Try to ask the mothers and fathers about frequency of meals and eating a variety of foods, choose one mother at random to explain how she would prepare five varied meals for a child in one day.
- ✓ By doing this, you will help her to see how it is possible for her to try doing this at home
- ✓ Your role is to make these mothers and fathers motivated to try something new. Ask them if it's possible for them to do this at home.
- ✓ The point of this day is to involve the mothers and fathers as much as possible, practicing a new behavior so that it becomes part of normal, everyday practice.

Key Points to Emphasize

- Eating a variety of foods will help you and your child to be strong and live a healthy life.

- Your children need the nutrients that come from eating a variety of foods. This will help to build their immunity and help them to grow strong.
- Children at six months need to eat variety of foods at each meal (and it will help them be healthier, grow, and fight against disease). Some examples include animal source foods (eggs, small fish), staples (sorghum, wheat), roots, tubers, legumes, and fruits and vegetables, especially those rich in vitamin A

Step6: Review and Discuss the Lesson for the Day

- Why is it important for children to eat a variety of foods?
- Why do we all need to eat varied foods?
- Why do Children need infant stimulation/ active feeding ?
- What do you need to do before you begin to cook and eat?
- What is the relationship between frequency of meals and eating a variety of foods?

Step7: Prepare for the next day: Who is bringing what foods, materials.

Day 5: Main Topic – Family Planning and Review of Key Messages

Training Objectives

After this topic the participants will be able to:

- To know family planning practices that they can use

The following will be reviewed with the participants:

- Key messages from Nutrition Weeks
- Exclusive breastfeeding for first 6 months
- Eating a varied diet, including animal sources and thicker porridge
- Frequency of complementary foods

Materials and Tools

1. Counseling card for MIYCN

Introduction

- Opening & Welcome mothers and fathers
- Attendance
- **check children for sickness** (refer to HC if they are sick)
- Introduce review for Yesterday topic and Topic for the Day (Family Planning and Review of Key Messages)

Step 1: Family Planning improves health and survival

- Healthy timing and spacing of pregnancy means waiting at least 2 to 3 years before becoming pregnant again.
- Spacing your children allows:

- More time to breastfeed and care for each child.
- More time for your body to recover between pregnancies.
- More money because you have fewer children, and thus fewer expenses for school fees, clothing, food, etc.

- Feeding your baby only breast milk for the first 6 months helps to space births in a way that is healthy for both you and your baby.
- By exclusively breastfeeding your baby for the first 6 months you can prevent pregnancy ONLY if:
  - • you feed the baby only breast milk
  - • your menstrual period has not returned
  - • your baby is less than 6 months old

Step 2: Review Key Messages

✓ The 4 times that you need to wash your hands are: before cooking, before feeding the baby, after attending a child, after using the toilet.

Remind mothers and fathers about exclusive breastfeeding:

- Breast milk provides all of the food and water that your baby needs during the first 6 months of life.
- **Do not give anything else, not even water, during your baby's first 6 months.**
- Begin breastfeeding within the first hour of birth
- Colostrum, the thick yellowish milk, is good for your baby and protects them from illness

Remind mothers and fathers about thicker porridge and including animal sources:

- Porridge is good for babies to eat (not to drink!), but it needs to be thick for them to get all the nutrition that they need.
- Eating thicker porridge will help them to fill their stomachs, and to sleep better and longer
- Children and mothers must eat fat and animal sources to build a body and iron to prevent anemia

Remind mothers and fathers about eating a varied diet:

- Children at six months need to eat variety of foods at each meal (and it will help them be healthier, grow, and fight against disease). Some examples include animal source foods

(eggs, small fish), staples (sorghum, wheat), roots, tubers, legumes, and fruits and vegetables, especially those rich in vitamin A

Remind the mothers and fathers about frequency:

- Children's stomachs are only the size of their fist, and so they need to eat more often! Adult's stomachs are bigger, so we can eat less frequently.
- Eating five times per day will help them to fill their stomachs, and to sleep better.

Remind the mothers and fathers about active feeding:

- Be patient, actively encourage your baby to eat, but do not force him or her to eat.
- Use a separate plate to feed the baby to make sure he or she eats all the food given
- If your young child refuses to eat, encourage him/her repeatedly, try holding the child in your lap during feeding, or face him/her while he or she is sitting on some one else's lap.
- Offer new foods several times, children may not like (or accept) new foods in the first few tries.

Annex 10: Approval Letter from Rwanda National Ethics Committee

REPUBLIC OF RWANDA/REPUBLIQUE DU RWANDA

NATIONAL ETHICS COMMITTEE / COMITE NATIONAL D'ETHIQUE

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FWA Assurance No. 00001973
IRB 00001497 of IORG0001100

July 18, 2014
No. 200/RNEC/2014

Dr. Judy McLean
Dr. Fidel NGABO
Principal Investigators

Your Project title "**Annual renewal: DATA COLLECTION FOR ASSESSMENTS AND OPERATIONS RESEARCH RELATED TO THE WORLD RELIEF RWANDA CHILD SURVIVAL PROJECT, NYAMAGABE DISTRICT, RWANDA** " has been evaluated by the Rwanda National Ethics committee.

		Involved in the decision		
			No (Reason)	
Name	Institute	Yes	Absent	Withdrawn from the proceeding
Dr.Jean-Baptiste MAZARATI	Biomedical Services (BIOS)	X		
Prof. Eugène RUTEMBESA	University of Rwanda	X		
Dr.Laetitia NYIRAZINYOYE	University of Rwanda[school of public Health]	X		
Prof.Alexandre LYAMBABAJE	University of Rwanda	X		
Ms.Françoise UWINGABIYE	Lawyer at Musanze	X		
Dr. Egide KAYITARE	University of Rwanda	X		
Sr.Domitilla MUKANTABANA	Kabgayi Nursing and Midwife school	X		

Dr. Lisine TUYISENGE	Kigali Teaching Hospital		X	
Dr. Claude MUVUNYI	Biomedical Services (BIOS)	X		

After reviewing **amendments** to your protocol during the RNEC meeting of July 12, 2014 where quorum was met, **Continuation of Approval has been granted to your study.**

Please note that approval of the protocol and consent form is valid for **12 months**

You are responsible for fulfilling the following requirements:

1. Changes, amendments, and addenda to the protocol or consent form must be submitted to the committee for review and approval, prior to activation of the changes.
2. Only approved consent forms are to be used in the enrollment of participants
3. All consent forms signed by subjects should be retained on file. The RNEC may conduct audits of all study records, and consent documentation may be part of such audits.
4. A continuing review application must be submitted to the RNEC in a timely fashion and before expiry of this approval.
5. Failure to submit a continuing review application will result in termination of the study.
6. Notify the Rwanda National Ethics committee once the study is finished.

Sincerely,

RWANDA NATIONAL ETHICS COMMITTEE
R.N.E.C
BOX: 84 KIGALI

Date of Approval: July 12, 2014
Expiration date: July 11, 2015

Dr. Jean- Baptiste MAZARATI
Chairperson, Rwanda National Ethics Committee.

C.C.- Hon. Minister of Health.
- The Permanent Secretary, Ministry of Health

Annex 11: Vistiors to the Project

- In November 2013, ICSP Tangiraneza has been visited by World Relief Rwanda Program Director. He facilitated the monthly report, budget analysis and field visit to one Care group from Mbuga Health Center / Tare Sector.
- In December 2013,MCH/Régional advisor visited ICSP Tangiraneza in the NW Session in Buruhukiro Sector, Byimana Cell.
- In January 2014, ICSP Tangairaneza has received the Financial manager. She came for her Quarterly routine visit.
- In March 2014; Tangiraneza has received MCH Technical Advisor with World relief volunteer from Burundi who spent 5 days for learning about ICSP activities. The World Relief Director of Health and Social Development visited Tangairaneza for 2 days in March 2014.
- In March 2014 ICSP received the UNICEF Nutrition specialist who came to cooperate with ICSP for implementing the one UN project activities.
- In April 2014 ICSP received the WFP regional officer. The purpose of his visit was to get the information about collaboration with them as one UN agency to fight malnutrition in Nyamagabe
- In April 2014 ICSP has been visited by the i head of Kibilizi health center, the purpose of her visit was to discuss with ICSP on the progress of health indicators in her health center
- In May 2014 ICSP received 7 UBC students and accommodate 3 students for 3 months
- In May & July 2014 the ICSP received visits from Dr. Judy McLean, the PI for the Operations Research, for the provision of technical assistance.
- In June 2014 Tangiraneza have received 2 WR staff from Baltimore who came to learn about ICSP program
- In July 2014 ICSP received the delegation from Rwanda national ethic committee who came for checking if we conducted operation research according the condition required by this institution
- In July 2014 ICSP Tangiraneza received in delegation of 25 students from future generation Master's program who came to learn about community health programs.
- In July 2014 ICSP Tangiraneza received the WR intern auditor from Baltimore , the purpose of his visit was to check the use of WRR properties
- In July 2014 ICSP Tangiraneza received Director of Program in WRR , WR financial Manager and MCH Regional technical advisor and the health advisor from WR Baltimore who came to facilitate operation research and KPC data collection.
- In August 2014 ICSP have received WRR program director and MCH regional Technical advisor who came to facilitate the qualitative research
- In August 2014 WRR financisl Manager visited Tangiraneza for Financial support
- In September 2014 Tangiraneza have received 4 students from UBC and accommodated these 4 students

- In September 2014 WRR program director, MCH technical advisor visited Tangiraneza to conduct an orientation meeting for ICSP staff on the new project, Tangiraneza II
- In September 2014, Tangiraneza staff received UBC Nutrition specialist who came to train the ICSP nutrition and BCC officers as the master trainers for MNP.

Annex 12: Nutrition Weeks Qualitative Inquiry

Annex 12A: Exit Interviews with Mothers NW Participants

1. How many children do you have?

Locations	Exit interviews after five days – 2014 NW Cycle 3	Exit interviews after one month – 2014 NW Cycle 3
Gatare Sector	Mother has 3 children	Mother has 3 children
Kibumbwe Sector	Mother has 4 children	Mother has 4 children
MusebeyaSector	Mother has 8 children	Mother has 8 children
Musange Sector	Mother has 1 children	Mother has 1 children

2. What did you learn about Nutrition from the Nutrition Week?

Locations		
Gatare Sector	Hygiene The composition of balanced meals	How to prepare thick porridge How to prepare a balanced diet I learnt that we must not drink the porridge, we must eat it
Kibumbwe Sector	To cook a balanced diet Family planning Hygiene practice (at home, on our body, for foods) Build kitchen garden. The benefits of breastfeeding for the child	To mix flours (sorghum, maize and soy) to prepare thick porridge To prepare balanced meals using local foods How to create a kitchen garden How to feed my child, giving him small meals 3 times a day
Musebeya Sector	To cook balanced diet To cook thicker porridge Practice hygiene Frequency of meals	How to prepare thicker porridge and balanced meals by using local foods I know how to prepare special meals for my child
Musange	To cook thicker porridge	How to prepare thicker porridge

Sector	Frequency of meals Breastfeeding	How to prepare a balanced diet with local foods The frequency of feeding of the child Knowledge on the importance of resting for the pregnant women Hygiene of hands

3. What did you like about the Nutrition Week? Benefits?

Locations		
Gatare Sector	To put in practice what I have learnt Hygiene practice	I met others mothers to prepare a balanced meal I prepare balanced meals
Kibumbwe Sector	How my child liked the thicker porridge To know about thicker porridge To know the benefits of family planning The benefits of balanced diet To meet with the village mothers	The thicker porridge with palm oil, which I learnt about for the first time To exchange ideas with my colleagues and my husband The kitchen garden that my colleagues created for my family My child eats a lot more than usual
Musebeya Sector	The benefits of thicker porridge To meet with other village mothers The benefits of palm oil The 4 key times of hand washing My child gained weight There is no illness at home	How to prepare thicker porridge To exchange ideas with the fellow mothers Knowledge in nutrition How to mix flours to prepare thick porridge To exchange flours with the other mothers
Musange Sector	To know how to feed children	I learnt how to feed my child I learnt the important times when to wash our hands I exchanged flours with the other mothers

4. What did you not like about the Nutrition Week?

Locations		
Gatare Sector	**No thing**	What was difficult for me was to find animal foods to contribute during the NW because I didn't have enough money
Kibumbwe Sector	Lack of animal source foods	The husbands don't participate actively Participants arrive late There was a lack of fruits to feed as a small snack
Musebeya Sector	Nothing	Everything was interesting because our CHWs supported us well

Musange Sector	Some mothers were late	Some mothers were late Some mothers did not contribute much

5. What did you change in your family based on training received in NW?

Locations		
Gatare Sector	I add green vegetables in everything I cook I cook thicker porridge	I changed the way I prepare food I prepare balanced meals; before, I didn't vary the food I made, now I do.
Kibumbwe Sector	I cook balanced diet with all 6 varied food I pay attention to hygiene	I have a kitchen garden I have two guinea pigs I ameliorated my general hygiene practices, notable hand washing and washing my child I prepare thicker porridge and balanced meals for my child
Musebeya Sector	Now, in my family we cultivate fruit trees and we practice hygiene	I shared my meal with my young child, but now I prepare him a special meal according to his age I prepare my child thick porridge and balanced meals I have a kitchen garden in which I planted carrots and amaranth
Musange Sector	building kitchen gardens	I created a kitchen garden I changed the way I feed my child, giving him small balanced meals 3 times a day I give my child fruits I prepare thick porridge enriched with oil I ameliorated my hygiene practices in general

6. What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance. How did you respond to the challenges?

Locations		
Gatare Sector	Poverty Lack of oil and animal source foods I do extra work in order to get money for buying whatever I don't have	My limited financials means don't allow me to buy animal foods very often
Kibumbwe Sector	Poverty, because sometimes I lack small fish and other foods which we do not cultivate, for example palm oil. My husband do extra work in order to	lack of fruits, they are too expensive at the market I am not always in measure to find the three necessary flours to prepare thick

	respond to our needs	porridge If I find money, I buy fruits for my small child. For the porridge, I use the flours I have, but I prepare it thick and add oil
Musebeya Sector	The fruits are not available in this area	I lack fruits because they are too expensive at the market I am not always able to buy the three different kinds of flours to prepare the thick porridge I have many children If I find money, I use it to buy fruits to my young child. For the porridge, I use the flour that I have but I add oil, and sometimes I exchange flours with other mothers I adopted family planning
Musange Sector	None	We can't find oil and animal foods every day We do ibiraka to buy what we need for our small child

7. Who in your family support you in the application of the new behavior? How?

Locations		
Gatare Sector	My mother- in -law She carries the baby when I am not at home	My mother-in-law She reminded me to participate in NW The SED also visited us and we talked about: Hygiene How to prepare a balanced diet What composes a balanced meal The 4 essential times to wash our hands Feed the child and initiate him to eat
Kibumbwe Sector	My husband, He does extra work and helps me to carry my baby, when I need it.	My husband He helps me with chores He gives me money to buy food He takes care of our child when I am away, and practices good hygiene as well as preparing him food.
Musebeya Sector	My husband and the baby keeper; the baby keeper carry the baby	My husband He gives me money to buy food
Musange Sector	My husband help me to carry the baby Help me to feed the child	My husband: He built the kandagiurukarabe He help me with chores He gives me money to buy the foods we need

8. **Is there anything you would like to tell me about how to improve the groups?**

We are very interested in your opinions to change to make it better.

Locations		
Gatare Sector	I thank a lot CHWs and SED who helped me so much	To regroup in saving and credit cooperatives
Kibumbwe Sector	We need support of small livestock that will be used in the next nutrition week and at home too.	We wish to receive help with our small associations Support the vulnerable families with MUSA Support to community cooking programs with foods (small fish, oils, flours)
Musebeya Sector	To mobilize mother for coming on time To attend akagoroba k'ababyeyi To attend demonstration of community kitchen	Support us in our IBIMINA Continue to support us in the formations Reinforce the community cooking programs initiative
Musange Sector	To continue our Nutrtion week Visiting each other To find the ways of meeting every week	To associate us with the CHWs and do activities that generate revenues

Annex 12B: Focus Group Discussions with NW Mother Participants who did not have Exit interview

1. **Did you participate in the NW held in your village?**

Locations	
Gatare Sector	Yes
KIbumbwe Sector	Yes
Musange Sector	Yes
MusebeyaSector	Yes, we participated in the NW at the village for five days; it was in May 2014

2. **What did you learn about Nutrition from the Nutrition Week?**

Locations	
Gatare Sector	How to prepare balanced meals ; breastfeeding ; time for feeding a child according to his age ; how to help a child for eating, and how to encourage him to eat, hand-washing before feeding a child, before food preparation and cleaning vegetables before cooking ; vegetables and feeding the child with varied meals.; add palm oil; ; learned hygiene; Hygiene of pregnant women and her diet; washing clothes, child spacing, take regular birth , keep compound cleaned , exclusive breastfeeding ; keep the children clean ; using dish dryer , covering the children's food , to deliver at health facilities.
Kibumbwe Sector	They told us that nutrition week is 5days week. we learnt what constitute a balanced diet and the 4 conditions to wash hands. We learnt to prepare balanced diet for a child constituted with protective food, energetic food and constructive food; We learn that tubers belong to energetic food; We have learnt how to prepare a thicker

	porridge made of sorghum flour, soybean flour, and maize flour; We learned that a child is fed with a thicker porridge grows physically strong.
Musange Sector	How to prepare thicker porridge and to feed a child with thick porridge ; how to prepare balanced meals ; breastfeeding ; time for feeding a child acording his age ; how to help a child for eating, early breastfeeding ,complementary feeding on appropriate time, entend reguraly growth monitoring; to prevent malaria by using mosquito net, cleaning vegetables before cooking ; feeding the child with varied meals per day, Hygiene of pregnant women and her diet; washing clothes , take regular birth , keep compound clean , exclusive breastfeeding ; keep the children clean ; using dish dryer , covering the children's food, to build kitchen Garden; family planning and attend antenatal care ,
Musebeya Sector	We were trained in the preparation of the thick porridge; we practice how to measuring and mixture different kinds of flour; 'We have been trained in food hygiene; We also studied different kinds and importance of food (cereals, carbohydrates, fats and legume ..).

3. What did you like about the Nutrition Week? Benefits?

Locations	
Gatare Sector	We met with other mothers and learning together ; sharing experiences from different families ; how the children were excited to eat together what we have prepared ; To know the right time of feeding a child; -To eat porridge rather than drinking (cooking thicker porridge); - To share some experiences with others; we obtain the time of rest, singing and dancing; We appreciated how the child gained weight ; exclusive breastfeeding ; keep the children clean, to feed variet of fruits to our children; Our children used to separate the food now after learning how to make meals they eat all food because they are mashed
Kibumbwe Sector	What praised me is that we have prepared together a balanced diet; to prepare a balanced diet and the importance of vegetables; to practice hygiene; to learn about the 6 different type of food (three collation and three food); learning how to make a kitchen garden; Our kids have improved in their weight; the other thing is that grand mothers and fathers were invited so that in our absence they can take care of children
Musange Sector	We gain a lot knowledge ; meeting with other mothers and learning together ; sharing experiences from differen families ; how the children were excited to eat together what we have prepared ; To know the right time of feeding a child; -To eat porridge rather than drinking (cooking thicker porridge); - ; -we obtain the time of relax; the mothers who did not participate consult us , we appreciated how the child gained weight ; before Nutrition week we had many cases of diarrhea actuallythe diarrhea cases decreased due the improvement of Hygiene , the extrat meal and rest for the pregnants woman , feed the avocado to the child before the NW we knew that avocado cause the intestinal warms and liver deseas , to feed variet of fruits to our children; Our children used to separate the food now after learning how to make meals they eat all food purred
Musebeya Sector	What interested us is preparing a complete meal, we are able to properly prepare a porridge that are not very liquid because before we used to prepared very diluted porridge. We like to prepare a mixture of different kinds of food meals; before, we only preparing a meal of sweet potatoes only without anything else, but now we prepare a mixture of different kinds of food; Pregnant women also like to learn and to eat balanced meals: Durin ANC visit I've realized that I have increased the weight. Adding palm oil in the porridge allows growth and good health to the child;

4. What did you not like about the Nutrition Week?

Locations	
Gatare Sector	Lack of vegetable in dry season ,fruits and animal source food are expensive .We use cassava leaves ,watering.
Kibumbwe Sector	The way the project stopped providing some food aid during NW.
Musange Sector	No Support in ingredient from Tangiraneza
Musebeya Sector	No things, all things are interesting in NW, since we meet based on the schedule fixed by ourselves; the afternoon while we are. What we did not like is that there are people who are late, others arrive without food because of poverty. Before Tangiraneza brough some food contribution such as oil, small fish ... but we were not happy because these products have been stopped. However need to grow and to ownship the NW activities

5. What did you change in your family based on training received in NW?

Locations	
Gatare Sector	After NW we continue to prepare balanced diet and give mashed meals to our child ; we prepare separate meal for our children before we used to feed them with family meal ; we help and encourage the children to eat ; we clean vegetables before cooking; We changed the habits now we know how to prepare thick porridge and adding plalm oil ; Before we used to prepare waterly porridge ; now we prepare meals including vegetables; small fish; sweet potatoes, and beans for our children ; we use family planning methods; We try to improve the Hygiene;, I have separate materials for cleaning food and for washing clothes before I did not have separate materials for kitchen; we now give fruits to our child ; I improved the hygiene for latrine now the latrine is covered ; I clean my children ; I feed them timely with balanced and mashed meals ; I have a kitchen garden with amaranths before I was farming only cabbages ; I prepare thick porridge ; I understand better what is a balanced meal and appropriate breasfeeding .
Kibumbwe Sector	Before I used to prepare a diluted and thinner porridge but currently I knew to make a thicker one and I have seen that it is very important to our children; I grow vegetables in the kitchen garden and currently I eat every day vegetables from my own garden; Currently I practice hygiene in my family which I didn't do before; My husband help me to take care of children because we have been trained together in NW; I knew to prepare a balanced diet.
Musange Sector	After NW we help and encourage the children to eat ; we clean vegetables before cooking, we started to give mashed meals to our child ; we prepare separate meal for our children before we used to feed them with family meal ; We changed the habits now we know how to prepare thick porridge and adding plalm oil ; Before we used to prepare waterly porridge ; now we prepare meals including vegetables; small fish; sweet potatoes, and beans for our children ; we use family planning methods; We try to improve the Hygiene; I improved the hygiene for latrine now the latrine is covered ; I clean my children ; I feed them timely with balanced and mashed meals ; I have a kitchen garden; I prepare thick porridge ; I understand better what is a balanced meal and appropriate breasfeeding , we used to clean dish after cooking meals and clean them sometimes with our clothes ''Ibitenge'' now we clean them before and put them on dish rack.
Musebeya Sector	What we changed in our families is to prepare porridge with palm oil that is solid which is preferred by children. Our husbands also have changed their behavior now they are interested to buy foods that are necessary and having the micro -nutriments especially for children and pregnant mothers. The number of malnourished children have decreased in the village because of NW. We learned that by mixing foods the child can not distinguish it (to choose what he prefers only). The hygiene of the children, hygiene of items, hand washing especially during the critical times, washing food products, kitchen hygiene. In our homes the hygiene is palpable. In fact we learned a lot of things that

	are so necessary for our children and our families in particular.

6. **What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance. How did you respond to the challenges?**

Locations	
Gatare Sector	The fruits are rare in our community; Various food are not available in our areas, example small animals and fruits; small fish are expensive and sometimes unavailable; Poverty; Lack of fertilizer for kitchen Garden; *Response to the challenges*: We try to get money by searching a job
Kibumbwe Sector	The only challenge I face is that some time I do not find all required food to prepare a balanced diet. To adress that issue, We Sell some crops in order to find the money to buy some food which is not available; My husband works to find the money; We have make associations so that we help one another
Musange i Sector	Poverty, lack of money those are the main barriers to prepare a balanced meal and a thick porridge. Various food are not available in our areas, example small animals and fruits; smal fish are expensive and sometimes unavailable.Lack of fruits in dry season To adress those issues we raise the hen and guinea pig, use casava leave , we plant one fruit tree
Musebeya Sector	The obstacles to the implementation of what we have learned is poverty; we will not have flour to make porridge here at home. there are products that are not available and that cost us so dear (soybeans, small fish ...). Some men are not active to supply their families especially important products for children. Insufficient information on feeding infants and information on the complete food taken by the child when the mother is ill or has twins or other circumstances of the death. ... Solutions is we work together with our husbands in search more money in order to make contribution in the association; to help each other. search funding for small businesses.

7. **Who in your family support you in the application of the new behavior? How?**

Locations	
Gatare Sector	My husband: He gives money to buy food and help me to prepare the meal
Kibumbwe Sector	Myhusband and the Grand mothers; Community health workers help us to measure the weight of our children, to teach us how to take care of them and sometime to find vegetables.
Musange Sector	My husband: He gives money to buy food and help me to prepare the meal He built latrine ,dish rack and tipy tap. sometimes he helps to wash children
Musebeya Sector	My husband, grandmother, and our neighbors. My husband help me find money to provide us food. He pay the health insurance and the contribution charges in the association. My husband and my husband's family also help me to keep the child, when the family food is not sufficient they can help us and also provide the necessary food to the child. (Example: When I'm not at home my husband's family members, grandmother take care of the child). The grand mother stay with the child and can do whatever I should do, as we have all learned to prepare a balanced food and how to mixture it. The Grand Mother and the neighbors help us to get the child immunized when we were unable to go to the HC during the immediate postpartum (after birth). .

8. **Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better.**

Locations	
Gatare Sector	To get regular home visits; creating mother's associations for raising livestock and guinea pig; providing more trainings for CHWs
Kibumbwe Sector	we wish you can help us in provision of domestic animals and in vegetable farming.
Musange Sector	Regular home visits; Continue to train CHW .
Musebeya Sector	Get funding to allow us to advance our generating activities in our village association as there are many families who are not able to contribute to the association.

Annex 12C: FGD with Fathers that were NW Nonparticipants

1. **Did you hear about the NW held in your village? What did you learn about Nutrition Week?**

Locations	
Gatare Sector	Yes, we heard about nutrition week, even though we did not attend, we understand NW is where people learn how to cook a balanced diet, we understand that CHWs teach mothers how to make food for the baby (Agakono K'umwana). People come to learn how to prevent childhood malnutrition
Kibumbwe Sector	Yes, we did; We have told that it was teaching how to improve children's nutrition; We have told that it was the five day that men and women spend discussing and learning about how to feed children.
Musange Sector	yes we heard about NW; in NW the CHWs gathered the mothers with under two years and teach them how to prepare a balanced diet; I heard they prepare balanced diet; I heard they gathered pregnant women , the mothers with under two years and teach them how to prepare a balanced diet; I heard that the fathers must contribute to the preparation of balanced diet of their children; I heard that the fathers must participate in NW; I heard that they are encouraged to make up kitchen garden; I heard that they teach mothers how to prevent malnutrition and malaria
Musebeya Sector	We have heard that there is a site for demonstration ,training and practical for cooking the children meals; we have heard that in these sites they gave to children the food and drinks especial porridge; Fathers also participate in that activity. My wife and my child told me that they have learned how to prepare porridge mixed with palm oil and they told me that it was delicious; Other thing I heard that , they told me they prepared the meal by mixing : sweet potatoes, cassava, and beans then the could not separate them when is eating ; We heard that the mother brought different variety of food including anaimal source food; We heard that during NW children under two, Their mothers, grand mother and other care givers could participate in those activityies even if i did not; Our wifes invited us to participate and we think it is activity for women and children; I think what I must do is to give her what she needs but particiation in NW is not urgent

2. **Did you participate in NW sessions? What are the challenges that prevent you to attend the NW?**

Locations	
Gatare Sector	No, we did not attend' we did not know that it was going on early enough; we were not informed early enough; we were informed of the date, but we forgot; we thought that it was unnecessary for both father and mother to attend, especially because it is usually the mother responsibility; our children are not malnourished, and balanced meals are already cooked at home, so there is no point in attending

Kibumbwe Sector	No, I didn't because we didn't know the importance of NW. but currently MCG members has explained it to us so that next time we will participate
Musange Sector	We did not understand the importance of NW; We did not understand why they involve the men in NW ; Many responsabilities of men ; my wife was in hospital; I was out of my home; We do not have under 2 child
Musebeya Sector	We did not participate to NW , we know that NW is for children , their mothers, grand mothers. What we have to do is to look for what they bring in NW sessions We were not sensitized on NW activities; We participate only in antenatal care consultation not in other activities; We have been invited unfortunately we did not attend : the village leaders, CHWs and our wifes transmitted a message but we did not attend; Sometimes we did not attend due to many work that bring money to our families.

3. How men in this village are involved in child feeding? Probe to know more.

Locations	
Gatare Sector	Men are responsible for buying foods such as porridge to feed children; Some men buy fruit for babies; When wives are not home, men can cook and feed children
Kibumbwe Sector	Men use to feed their children when their wife are absent; Sometimes there are fathers who bring children in NW; we take care of our children.
Musange Sector	The fathers participate in children feeding ; they provide variety of food in family ; Preparation of balanced diet ; Feeding children when mothers are absent; they check if the meal prepared is balanced ; they cultivate variety of product which produce balanced diet
Musebeya Sector	During NW we are not available because we are dealing with other activities that generate money in order to respond to the family needs (clothes, health insurance ….); the child nutrition is a mother responsibility; the child nutrition is the mother's task but sometimes in the week end when we go to the church we can buy the biscuit for the child

4. What are the challenges you are facing to feed properly your children?

Locations	
Gatare Sector	Buying foods that are not available in our region (for example, small fish and tomato); Poverty; Lack of understanding on how to cook balanced diet
Kibumbwe Sector	Poverty (we do not find animal source food and fatty food); Ignorance for some people who do not value their children's health.
Musange Sector	Poverty and many variety of food ask money; Ignorance of those who dont want to participate to NW because they consider it as women activity; Lack of will for people who don't practice what they learnt
Musebeya Sector	We know the importance of the child nutrition but we have challenges of poverty; We know the importance of balanced diet to our children but some are very expensive like meat, fish , oil; Sometime there is ignorance of some fathers . there are also other important food which are not available in our erea. Example fruits

5. What can be done to improve men participation to NW sessions in the community?

Locations	
Gatare Sector	Local leaders can explain the importance and impact of nutrition week to fathers because the importance is unknown; our wives can help us to remember the dates
Kibumbwe Sector	Much more sensitisation and continuous mobilisation of people in community meetings; the MCG members must approach and visit father's non participant in nutrition week.
Musange Sector	sensitize fathers to participate in NW; announcement of NW in community at least 2 weeks before; Give time to CHWs in community meeting to explain the importance of NW; ourselves we have to sensitize other fathers
Musebeya	Increase sensitization and community mobilisation; particular meeting for fathers for sensitization

Sector	and provide more information on Nutrition week

6. What can be done to improve NW participation and to implement successfully NW sessions in the community?

Locations	
Gatare Sector	We can take initiative to attend nutrition week; Local leaders may help with mobilization for attending nutrition week; the importance of nutrition week should be more explained
Kibumbwe Sector	training for people who organise the NW so that they can also train others; to continuously mobilise people to make a vegetables garden because it plays an important role in child's nutrition; to educate fathers (reminding them that both mother and father have equal responsibility on their children)
Musange Sector	time management for starting and closing NW; sharing the information on NW schedule; Give time to CHWs in community meeting to explain the impotance of NW; Keep in mind that we should be concerned with NW and that it is bringing to us the best things in our family
Musebeya Sector	Particular meeting for inactive fathers/ then remind them the benefits and advantage of Nutrition activities and every mother ,father grandmother is concerned; Everyone should priotitize NW activities because of its benefit for our children , our family and our society .

Annex 12D: Focus Group Discussions with Fathers who participated in NW

1. Did you participate in the NW held in your village?

Locations	
Gatare Sector	Ye we did participate to NW
Kibumbwe Sector	Ye we did participate to NW
Musange Sector	Ye we did participate to NW
Musebeya Sector	Ye we did participate to NW

2. What did you learn about Nutrition from the Nutrition Week?

Locations	
Gatare Sector	We have learned to cook thicker porridge; good hygiene practices and the four essential times to wash hands; how to cook a balanced diet; about variety of foods and the frequency of meal consumption for children; about making home gardens; the nutrition week song
Kibumbwe Sector	We have learnt to prepare a balanced diet using legumes, tubers, vegetables, fruits, animal source food and fatty food; men have known that they are responsible of children's care; we learned to prepare a thicker porridge; we leaned the importance of palm oil and animal source food in the development of children; We learned to prepare a balanced diet using the locally available food.
Musange Sector	Learned to cook thicker porridge; good hygiene practices and the four essential times to wash hands; how to cook a balanced meal; to sleep under mosquito nets to prevent malaria; making home gardens and cultivating vegetables in the yard; about active feeding and helping to feed the baby
Musebeya Sector	Pregnant women should get ANC until the end of the pregnancy ; save money to buy animal source food and fruits ; men have key role in feeding the child ; to

	prepare thick porridge with palm oil; to prepare balanced meals; Hygiene of food, hand washing, body hygiene and hygiene for our house; key times to wash hands; sleeping under treated bed net; drink boiled water; balanced meal including cereals, tubes, vegetables, fruits, oil, animal source food; avoid to prepare food in the same category at the same time; building kitchen garden; I learned that every body have to consume the fruits not only the children; I did not know that the carrots are nutritious food but now I know they are very important for my family

3. What did you like about the Nutrition Week? Benefits?

Locations	
Gatare Sector	we liked having an increased knowledge about cooking balanced meals for children when wives are not at home; about mixing flours for porridge; learning food practices for feeding children, how to cook balanced meal for children and learning how to prevent malnutrition
Kibumbwe Sector	We liked the 1000 days nutrition messages from conception until a child reach 2 years old. We have learnt the proper use of palm oil in food preparation. Before we(men) thought that we were not concerned with the care of kids but we knew that men are also responsible of children's care
Musange Sector	**Things we liked**: the children could meet together and eat meals with each other; we learned about new practices we did not know of before; learning about creating a balanced diet; learning how to make a thicker porridge with palm oil **Nutrition week benefits: l**earning the benefit of cooking a balanced meal; Learned about the variety of foods in the region; Learned how to prevent malnutrition
Musebeya Sector	I liked to learn how to prepare and to eat balanced meals ; before NW we did not feel responsible to feed our children but today we feel very much responsible to provide our family with enough food ; before I thought that cleaning the children is the women responsibility but now I know to clean the children even to attend the child after defecations while the mother is absent. I like to prepare the thick porridge ; I like the complementarity with my wife on feeding our child.

4. What did you not like about the Nutrition Week?

Locations	
Gatare Sector	I did not like how some fathers refused to attend nutrition week; I did not like how classes were delayed due to late participants
Kibumbwe Sector	Nothing, all was good
Musange Sector	I did not like how some fathers did not attend nutrition week; I did not like how mothers came late to nutrition week
Musebeya Sector	Nothing

5. What did you change in your family based on training received in NW?

Locations	

Gatare Sector	Hygiene practices were changed (body washing practices and latrine care) There is now an increased effort put into providing family with balanced meal
Kibumbwe Sector	we no longer sell eggs but we feed them our children; we no longer buy vegetables but we eat those from our kitchen garden; we have acquired other knowledge in hygiene practice(my wife use to wash her hands before breastfeed our child and after removing the child's faeces); we take care of children when our wives are absent (we feed them,…).
Musange Sector	Thicker porridge with palm oil is now cooked. Even if we do not have palm oil, we still can make thick porridge; Hygiene practices are improved; now we have home gardens and tippy taps; money is now being saved to buy foods that are not available at home, like animal foods; Money is being saved to go towards food, instead of alcohol
Musebeya Sector	Hygiene has been improved in my family; before attending NW sessions, I wasted much many in alchohol but now I spend money first to purchase the food for my family end then after I go to the cabaret; I am saving also money; when my wife is not available to attend NW sessions, I take my child and participate to NW; Before I did not go to the market to purchase food for my family because it was a shame in my culture but now I go even if people are laughing to me; we have change our mindset about thinking that preparing the child meal is the women task not for men; we are growing vegetables in the kitchen garden; I encourage hygiene in my family: use properly the latrine; seting up the tippy tap and the dry dishers; no conflicts in may family; children are eating thicker porridge.

6. How men in this village are involved in child feeding? Probe to know more.

Locations	
Gatare Sector	They now buy necessary foods to feed their children; they make home gardens and cultivate foods; they purchase foods that are not available from home; they help mothers feed children; the men in the village think that child feeding is both the mother and the fathers responsibility
Kibumbwe Sector	Most of men have made kitchen gardens; other men provide money to their family to buy food; Men also feed their children when their wives are performing other domestic work.
Musange Sector	Men can feed their children so they are not hungry; They can buy foods to create a balanced diet for their family; They can help their wives create balanced meals for their children; Because the male is the head of the family, they are obliged to obtain money to buy food
Musebeya Sector	Men try to get food for the family; they help their wives to feed the children; they are farming various vegetables to feed their children; some are raising domestic animals such as chicken, guinea pig; rabitts, goats and cows in order to get animal source food at home; they are saving money in order to purchase the food that they produce from their field.

7. What are the challenges you are facing to feed properly your children?

Locations	
Gatare Sector	Poverty; not having enough money to buy food; not enough food to feed people, especially because the last season was very dry and hot; not enough fertilizer to put on crops
Kibumbwe Sector	Poverty; some families do not found animal source food because they do not have domestic animals; Ignorance (ex: some ignorant family don't feed their children milk and eggs rather sell them)
Musange Sector	Poverty; Challenged to purchase foods, especially animal source foods; Sometimes, when cooking a meal, we do not have all of the ingredients to make a balanced meal. The market is too far, and we do not have enough time to go there before dinner
Musebeya Sector	Lack of money is a limitation to get daily meal since we have a lot of needs. For instance we have to pay health insurance, so it is difficult to get balanced meal every day; lack of job; it is challenging to get vegetables during dry season; it is challenging to get animal source food every day in the child meal

8. What can be done to improve men participation to NW sessions in the community?

Locations	
Gatare Sector	Increase mobilization and communication; Mass media should be used to promote nutrition week; Local leaders should promote nutrition week during Umuganda and at other meetings
Kibumbwe Sector	Continuous mobilisation (emphasizing on that there are also concerned o with the nutrition and the well being of children).
Musange Sector	Increase mobilization and communication; The fathers that have already participated can talk to the non-participating fathers and convince them to go; Continue to keep trying to get fathers to participate, and hopefully many will attend NW.
Musebeya Sector	Reach the men who didn't participate to NW sessions through community meetings and through home visits and mobilize them; All of us who have been participating to NW, we should be good example, then other men will see the difference. ex. Having kitchen garden, good latrine in our family etc. so they can learn from us.

9. What can be done to improve NW participation and to implement successfully NW sessions in the community?

Locations	
Gatare Sector	Meetings at all levels should be held to explain what nutrition is; Food aid should be re-provided to villages (small fish, palm oil and flour); Nutrition week should be held during the harvest season so that it is easier to procure foods
Kibumbwe Sector	Continuous mobilisation to all kind of people.
Musange Sector	Meetings at all levels should be held to explain what nutrition week is; Food aid should be re-provided to villages (small fish, palm oil and flour); An official meeting with local leaders before nutrition week would also improve participation
Musebeya Sector	Pursue community mobilization through community meetings and community work (Umuganda) ; we should help CHWs to mobilize our neighbors for NW.

Annex 12E:Focus Group Discussions with NW Mother Participants who did not have Exit interview

1. **Did you participate in the NW held in your village?**

Locations	
Gatare Sector	Yes
KIbumbwe Sector	Yes
Musange Sector	Yes
MusebeyaSector	Yes, we participated in the NW at the village for five days; it was in May 2014

2. **What did you learn about Nutrition from the Nutrition Week?**

Locations	
Gatare Sector	How to prepare balanced meals ; breastfeeding ; time for feeding a child according to his age ; how to help a child for eating, and how to encourage him to eat, hand-washing before feeding a child, before food preparation and cleaning vegetables before cooking ; vegetables and feeding the child with varied meals.; add palm oil; ; learned hygiene; Hygiene of pregnant women and her diet; washing clothes, child spacing, take regular birth , keep compound cleaned , exclusive breastfeeding ; keep the children clean ; using dish dryer , covering the children's food , to deliver at health facilities.
Kibumbwe Sector	They told us that nutrition week is 5days week. we learnt what constitute a balanced diet and the 4 conditions to wash hands. We learnt to prepare balanced diet for a child constituted with protective food, energetic food and constructive food; We learn that tubers belong to energetic food; We have learnt how to prepare a thicker porridge made of sorghum flour, soybean flour, and maize flour; We learned that a child is fed with a thicker porridge grows physically strong.
Musange Sector	How to prepare thicker porridge and to feed a child with thick porridge ; how to prepare balanced meals ; breastfeeding ; time for feeding a child acording his age ; how to help a child for eating, early breastfeeding ,complementary feeding on appropriate time, entend reguraly growth monitoring; to prevent malaria by using mosquito net, cleaning vegetables before cooking ; feeding the child with varied meals per day, Hygiene of pregnant women and her diet; washing clothes , take regular birth , keep compound clean , exclusive breastfeeding ; keep the children clean ; using dish dryer , covering the children's food, to build kitchen Garden; family planning and attend antenatal care ,
Musebeya Sector	We were trained in the preparation of the thick porridge; we practice how to measuring and mixture different kinds of flour; 'We have been trained in food hygiene; We also studied different kinds and importance of food (cereals, carbohydrates, fats and legume ..).

3. **What did you like about the Nutrition Week? Benefits?**

Locations	
Gatare Sector	We met with other mothers and learning together ; sharing experiences from different families ; how the children were excited to eat together what we have prepared ; To know the right time of feeding a child; -To eat porridge rather than drinking (cooking thicker porridge); - To share some experiences with others; we obtain the time of rest, singing and dancing; We appreciated how the child gained

	weight ; exclusive breastfeeding ; keep the children clean, to feed variet of fruits to our children; Our children used to separate the food now after learning how to make meals they eat all food because they are mashed
Kibumbwe Sector	What praised me is that we have prepared together a balanced diet; to prepare a balanced diet and the importance of vegetables; to practice hygiene; to learn about the 6 different type of food (three collation and three food); learning how to make a kitchen garden; Our kids have improved in their weight; the other thing is that grand mothers and fathers were invited so that in our absence they can take care of children
Musange Sector	We gain a lot knowledge ; meeting with other mothers and learning together ; sharing experiences from differen families ; how the children were excited to eat together what we have prepared ; To know the right time of feeding a child; -To eat porridge rather than drinking (cooking thicker porridge); - ; -we obtain the time of relax; the mothers who did not participate consult us , we appreciated how the child gained weight ; before Nutrition week we had many cases of diarrhea actuallythe diarrhea cases decreased due the improvement of Hygiene , the extrat meal and rest for the pregnants woman , feed the avocado to the child before the NW we knew that avocado cause the intestinal warms and liver deseas , to feed variet of fruits to our children; Our children used to separate the food now after learning how to make meals they eat all food purred
Musebeya Sector	What interested us is preparing a complete meal, we are able to properly prepare a porridge that are not very liquid because before we used to prepared very diluted porridge. We like to prepare a mixture of different kinds of food meals; before, we only preparing a meal of sweet potatoes only without anything else, but now we prepare a mixture of different kinds of food; Pregnant women also like to learn and to eat balanced meals: Durin ANC visit I've realized that I have increased the weight. Adding palm oil in the porridge allows growth and good health to the child;

4. What did you not like about the Nutrition Week?

Locations	
Gatare Sector	Lack of vegetable in dry season ,fruits and animal source food are expensive .We use cassava leaves ,watering.
Kibumbwe Sector	The way the project stopped providing some food aid during NW.
Musange Sector	No Support in ingredient from Tangiraneza
Musebeya Sector	No things, all things are interesting in NW, since we meet based on the schedule fixed by ourselves; the afternoon while we are. What we did not like is that there are people who are late, others arrive without food because of poverty. Before Tangiraneza brough some food contribution such as oil, small fish ... but we were not happy because these products have been stopped. However need to grow and to ownship the NW activities

5. What did you change in your family based on training received in NW?

Locations	
Gatare Sector	After NW we continue to prepare balanced diet and give mashed meals to our child ; we prepare separate meal for our children before we used to feed them with family meal ; we help and encourage the children to eat ; we clean vegetables before cooking; We changed the habits now we know how to prepare thick porridge and adding plalm oil ; Before we used to prepare waterly porridge ; now we prepare meals including vegetables; small fish; sweet potatoes, and beans for our children ; we use family planning methods; We try to improve the Hygiene;, I have separate materials for cleaning food and for washing clothes before I did not have separate materials for kitchen; we now give fruits to our child ; I improved the

	hygiene for latrine now the latrine is covered ; I clean my children ; I feed them timely with balanced and mashed meals ; I have a kitchen garden with amaranths before I was farming only cabbages ; I prepare thick porridge ; I understand better what is a balanced meal and appropriate breasfeeding .
Kibumbwe Sector	Before I used to prepare a diluted and thinner porridge but currently I knew to make a thicker one and I have seen that it is very important to our children; I grow vegetables in the kitchen garden and currently I eat every day vegetables from my own garden; Currently I practice hygiene in my family which I didn't do before; My husband help me to take care of children because we have been trained together in NW; I knew to prepare a balanced diet.
Musange Sector	After NW we help and encourage the children to eat ; we clean vegetables before cooking, we started to give mashed meals to our child ; we prepare separate meal for our children before we used to feed them with family meal ; We changed the habits now we know how to prepare thick porridge and adding plalm oil ; Before we used to prepare waterly porridge ; now we prepare meals including vegetables; small fish; sweet potatoes, and beans for our children ; we use family planning methods; We try to improve the Hygiene; I improved the hygiene for latrine now the latrine is covered ; I clean my children ; I feed them timely with balanced and mashed meals ; I have a kitchen garden; I prepare thick porridge ; I understand better what is a balanced meal and appropriate breasfeeding , we used to clean dish after cooking meals and clean them sometimes with our clothes ''Ibitenge'' now we clean them before and put them on dish rack.
Musebeya Sector	What we changed in our families is to prepare porridge with palm oil that is solid which is preferred by children. Our husbands also have changed their behavior now they are interested to buy foods that are necessary and having the micro -nutriments especially for children and pregnant mothers. The number of malnourished children have decreased in the village because of NW. We learned that by mixing foods the child can not distinguish it (to choose what he prefers only). The hygiene of the children, hygiene of items, hand washing especially during the critical times, washing food products, kitchen hygiene. In our homes the hygiene is palpable. In fact we learned a lot of things that are so necessary for our children and our families in particular.

6. What are the challenges you are facing to implement NW teachings in your family? Probe to know if any barriers related to food availability, affordability and acceptance. How did you respond to the challenges?

Locations	
Gatare Sector	The fruits are rare in our community; Various food are not available in our areas, example small animals and fruits; small fish are expensive and sometimes unavailable; Poverty; Lack of fertilizer for kitchen Garden; *Response to the challenges*: We try to get money by searching a job
Kibumbwe Sector	The only challenge I face is that some time I do not find all required food to prepare a balanced diet. To adress that issue, We Sell some crops in order to find the money to buy some food which is not available; My husband works to find the money; We have make associations so that we help one another
Musange i Sector	Poverty, lack of money those are the main barriers to prepare a balanced meal and a thick porridge. Various food are not available in our areas, example small animals and fruits; smal fish are expensive and sometimes unavailable.Lack of fruits in dry season To adress those issues we raise the hen and guinea pig, use casava leave , we plant one fruit tree
Musebeya Sector	The obstacles to the implementation of what we have learned is poverty; we will

	not have flour to make porridge here at home. there are products that are not available and that cost us so dear (soybeans, small fish ...). Some men are not active to supply their families especially important products for children. Insufficient information on feeding infants and information on the complete food taken by the child when the mother is ill or has twins or other circumstances of the death. ... Solutions is we work together with our husbands in search more money in order to make contribution in the association; to help each other. search funding for small businesses.

7. Who in your family support you in the application of the new behavior? How?

Locations	
Gatare Sector	My husband: He gives money to buy food and help me to prepare the meal
Kibumbwe Sector	Myhusband and the Grand mothers; Community health workers help us to measure the weight of our children, to teach us how to take care of them and sometime to find vegetables.
Musange Sector	My husband: He gives money to buy food and help me to prepare the meal He built latrine ,dish rack and tipy tap. sometimes he helps to wash children
Musebeya Sector	My husband, grandmother, and our neighbors. My husband help me find money to provide us food. He pay the health insurance and the contribution charges in the association. My husband and my husband's family also help me to keep the child, when the family food is not sufficient they can help us and also provide the necessary food to the child. (Example: When I'm not at home my husband's family members, grandmother take care of the child). The grand mother stay with the child and can do whatever I should do, as we have all learned to prepare a balanced food and how to mixture it. The Grand Mother and the neighbors help us to get the child immunized when we were unable to go to the HC during the immediate postpartum (after birth). .

8. Is there anything you would like to tell me about how to improve the groups? We are very interested in your opinions to change to make it better.

Locations	
Gatare Sector	To get regular home visits; creating mother's associations for raising livestock and guinea pig; providing more trainings for CHWs
Kibumbwe Sector	we wish you can help us in provision of domestic animals and in vegetable farming.
Musange Sector	Regular home visits; Continue to train CHW .
Musebeya Sector	Get funding to allow us to advance our generating activities in our village association as there are many families who are not able to contribute to the association.

Annex 13 : Feedback Meetings with Project Stakeholders

Annex 13A: Focus Group Discussions with MCG Members

1. What are your main responsibilities in Community health?

Locations	

Kitabi Sector	Sensitization on hygiene, family planning, Nutrition: how to prepare balanced meals; How to take care sick child under 5 years and we sensitize community on prevention of malaria, pneumonia, and diarrhea and malnutrition disease. We treat under 5 year children if they have malaria, diarrhea and or pneumonia. We sensitize also mothers to use ANC (Anti Natal Care) Service, delivery at health facility and prevention of disease caused by Hygiene insufficiency.
Kibumbwe Sector	Sensitisation of the community on the behavioral change in nutrition; Community mobilisation on malaria prevention by sleeping in mosquito net and removal of bushes and water pool in which mosquito get developed; Community mobilisation on kitchen garden; in hygiene we mobilise the community on the removal of water pool surrounding the households; community mobilisation on corporal hygiene; community mobilisation on health insurance (Mutuelle de santé); community mobilisation on having clean and good toilet facilities; Mobilisation of the community to have garbage disposals; community mobilisation on getting treatment on time; community mobilisation on eating a balanced diet (we remind them that balanced diet Is made of energetic food, constructive food and protective food in 6 different types: cereals, legumes, tubers, fruits, vegetables, animal source food and fatty food); _Mobilisation of mothers on 1000 days program that start from the conception until the child reach 2 years old (we sensitise them on doing the following):taking a balanced diet ,decreasing energy costing activities, delivery at health facilities, to feed a new born only breast milk till six months,vaccination of the newborn and measurement of height to weight
Musange Sector	Our main responsibility in the community health are: _improving children's nutrition; mobilisation of the community on kitchen garden; Mobilisation on fighting malnutrition and preparation of balanced diet.; community mobilisation on hygiene and sanitation; mobilisation of pregnant women on neonatal follow up and pregnancy check up(4 times pregnancy check up the and first check up at least before the first 4 months); community mobilisation on monitoring the children development by measuring the height to weight every month; community mobilisation on health insurance (Mutuelle de santé); mobilisation of the community on hygiene .(on clothes, bodily hygiene, use of sur'eau or boiling to prepare water for drinking, washing vegetables before cooking them, washing hands before eating, when coming from toilet or before feeding or breast feed a child, washing dishes and drying them using dish dryers); Community mobilisation on disease prevention (for example: malaria prevention by sleeping in mosquito net and Prevention of pneumonia by dressing children comfortably in cold time . We mobilise the community on avoiding to sleep in the same house with domestic animals; when the child is sick, we advice their mothers to go to the community health workers to take the primary care; community mobilisation on having clean and good toilet facilities(a toilet dug at least till 4 meters of depth, roofed and having a door and tip tap); community mobilisation on construction of waste deposal; sensitisation of pregnant women on delivering at health facilities; reporting using rapid SMS; we advice lactating mother with children under 6months only to breastfeed their children without any other supplement; Community mobilisation on having kitchen garden; visiting households (we sensitise them on having their own kitchen garden); we advise mothers to attend the nutrition week

Mbazi Sector	R/The main responsibilities we have in the community are: community mobilisation on the behavioral change, mostly mothers with children less than five year old; Community mobilisation on the cultivation of vegetables in order to fight against malnutrition; follow up the pregnant woman and sensitising them to go the hospital for pregnancy check up.(we tell them to go the hospital in the first 3 months and to prepare themselves for birth); _ Mobilising mother only to breastfeed their newborn the first 6 months without giving any other stuff; Mobilisation of the community on hygiene and sanitation in their households; mobilisation of the community on the fighting against disease (Malaria, Pneumonia, diarrhoea; meeting every month and reporting to our superior; mobilisation of the mother on washing hands when coming from the toilet and before breastfeeding children

2. **How do you collaborate (Binome CHW & ASM & Religious & Local Leaders) to mobilize community for behavior change? Probe to get details and more examples on their collaboration.**

Locations	
Kitabi Sector	Together, We mobilize community for behavior change we meet first as a team, because we don't have the same skills and prepare together lessons to give to the community, Our collaboration is the complementarities
Kibumbwe Sector	we have shared the household everyone in our care group has 15 households; we use teaching /learning aids, the teaching is depending on day's agenda; we collaborate well and when we are together in meeting with the village leader it helps us and for all of us, health is our concern; when someone reject our teaching like practicing what have been taught, the local leader help us; we participate in mobilisation campaign for mutual health insurance and they benefit the fact that they find us more easily in group; We combined our effort for that reason even the CNF has found good channel from which he can pass his teachings; we mobilise together mothers who do not want to deliver at health center; nowadays the collaboration has been made easy. We work together even with cell leaders.
Musange Sector	we have shared the households, every one visit her or his households educating them on hygiene (corporal hygiene, hygiene of children, food hygiene, good toilet facilities,..); before it was very difficult for a CHW alone because the local leaders did not help us but nowadays the local leaders help us on giving health information and hygiene and it is easy; local leaders help us in mobilisation because they are opinion leaders and more admirable than CHW in the society; we share information with local leaders and when there is a problem in household we solve it together; ASM said: "when someone of us know that in his /her households there is a pregnant woman, he/she informs me then I make a visit in order to mobilise her to go to health center for pregnancy follow up"; "One day a pregnant woman refused to give me a pregnancy check up card, in order to report the case on rapid SMS,I have called the village leader together with in charge of information to help me ,they convinced her and she accepted to give it to me . THE VILLAGER LEADER said _"It has been easy for us because everyone share with us the news from her/his households " _BINOME said" In some pervious days I was pregnant and because we have good collaboration with my MCG member, they visited all my households." Religious people help us in communicating our programs in the churches and this help in spreading the health message; before people was rejecting the care group member (some time they didn't accept to give them the information)but nowadays no one can reject or miss inform us (the MCG member) because they fear to be reported to the village leaders; It helped us also in our personal development (we have an association MCG Members).

Mbazi Sector	We visit the HHs that have problems, to teach them to change the behavior and when they don't improve their lives, we report to the village, cell or sector leaders; when we make a HHs visit and we found that there is someone that has the problem of poverty, we make advocacy for them to the local leaders (village, cell, sector).

3. How do you appreciate the MCG member's attendance? Probe to estimate the attendance?

Locations	
Kitabi Sector	MCG member's attendance is high. Once a month we have a meeting everyone attends and those who are not available say it before and give us the reason. Our attendance rate is between 90 and 100%
Kibumbwe Sector	The level of attendance is not bad because they cannot go below 7 members and even the missing one ask for permission just before.
Musange Sector	All 10 MCG members attend; they make home visits and they report timely. In the attendance notebook; from April 2014 they attended 100%, in may 2014 one of us got married. From that time we also attended 100% ;the only problem we have is that sometime some of us come late.
Mbazi Sector	The attendance is between 70 and 80%

4. What are the main barriers that prevent volunteers to attend MCG trainings? What can be done to improve MCG attendance?

Locations	
Kitabi Sector	Untill now no barrier to attend MCG trainings
Kibumbwe Sector	We do not have barriers that prevent us from learning. The people we teach are our neighbours others are our relatives for that reason we do it voluntary with love.
Musange Sector	There are no barriers because we are neighbouring; We inform one another and every one come on time and attend.
Mbazi Sector	They are some MCG members that belong to more than one group (other than care group) and sometime those groups meet at the same day; the fact that they provide training to some MCG member not to all; the fact that they do not give us the motivation; the fact that they don't provide enough materials (such as pens, papers, notebooks,..); the fact that frequency of visiting the MCG made is still low

5. To what extend people or families apply in their lives the health messages they received from CHWs? What is the most challenging health behavior? How do you face to that challenge?

Locations	
Kitabi Sector	Many People put in practice lessons learned from us (CHWs) and now people Search CHWs for asking more advices on family planning, growth monitoring, Ante Natal Care and delivery at health facility. The most challenging health behavior are Hygiene and Health . Many latrines are not safe and some people don't have it. To adress those challenges we continue sansitization and we will preach by example in all that we teach

Kibumbwe Sector	They apply it in their lives and they have been impacted positively. For example we have seen : the improvement in children's health; delivery at health facilities is getting increasing; many families are sleeping in mosquito nets; families are drinking boiled water other are using clean and good toilet facilities; many families have kitchen garden, tip tap, economic stove; families have made performance contract and it is seen that they are achieving their goal at an exciting percentage. The most challenging behavior are: use and Construction of tip taps in household(in some households kids damage them in others sometime they do not put water and knowledge on construction of tip taps is not sufficient); the second challenging behavior is to find the health insurance(Mutuelle de santé) for all family members .even the pregnant mother who has payed the health insurance(Mutuelle de santé) cannot get treatment unless she pay the health insurance for all her family members); he third is that some people don't boil the water for drinking To respond to the challenges,we use to share and exchange information with cell leaders to help us for further sensitisation.
Musange Sector	They apply it; We make home visit to see whether what you discussed the last time has been put in action or if there is any improvement; when visit him or her you note what to be improved in his note book and this help you to check if there is something improved for the next visit. And they improve because they fear to be blamed in village meeting. EX: we lead by example, just before when starting telling them about growing vegetables in kitchen garden, they were saying that vegetables cannot be grown non wet land soil but now they came and visit you and observes yours of course see that it is possible to grow vegetables in dry soil. EX2:before,they delivered at home but nowadays when the time for giving birth is getting closer, she call you to accompany her to the hospital The most challenging behavior are: the health insurance(mutuelle de santé); continuous sensitisation on using good and clean toilet facilities for people who shift their residence; (to day you can go there and find but tomorrow you find someone else) ; poor people and very old people that don't have toilet facilities Responses to the challenges: continuous sensitisation ; in nutrition week, voluntary everyone bring what she can afford and share together; we do UMUGANDA in digging and constructing good toilet facilities for poor people.
Mbazi Sector	The majority of people do not have the tip taps because they lack material to constructing it. but there are some behavior that people practice at a good percentage. Ex.npayment of health insurance; fighting against malnutrition; family planning; hygiene and on time treatment for children Most challenging behavior is that some families are not practicing hygiene in their homes.

6. In what ways has the MCG training impacted you and your family's health? Probe to learn more changes occurred?

Locations	
Kitabi Sector	we know that a child must been on breastfeeding only during 6 months; how to prevent malaria pneumonia and diarrhea to our children; importance of family planning; importance of kichen garden; how to prepare balanced meals; criteria of a good latrine
Kibumbwe Sector	Before being taught in care Group I have been using to buy vegetables but nowadays, I am eating vegetables from my own garden; We have been taught to protect ourselves from disease and for

	that reason the money spent at hospital decreased; We have learned to prepare a balanced diet; We have learned to drink boiled water so that nowadays diarrhoea and worm diseases have decreased; Malaria disease has been decreased due to use of mosquito net; in our village there is no family with malnutrition. Impact on families: Before poor families have been thinking that they cannot afford a balanced diet but today they prepare it from local available food; In case of illness people get treatment on time; The hygiene has been improved in families(dressing, corporal hygiene,..) for example, families have learned to use clean and safe toilet facilities; dish dryers; garbage disposal,…
Musange Sector	We practice what we learnt and we act as good example for the community. For example: In my family everyone has a health insurance; I have my own kitchen garden; we drink boiled water; we constructed a good toilet facility and tip taps. Malnutrition is no longer existing IN CHARGE OF DEVELOPMENT said:"before attending care group I was like others I did not know to prepare a balanced diet and hygiene but currently we learnt about it in care group and we are acting as good example to the community BINOME (female) said:" before MCG I didn't know how to breastfeed my baby but after learning about it in MCG I do so". "We didn't know to prepare thicker porridge with palm oil but currently we don't drink but we eat it in our homes." BINOME (male): "For me even if I am a man I know to prepare a balanced diet for my children and I don't need to wait for my wife to do so because I know to do it myself." "As a member of village leading committee I did not know about nutrition but currently I know that they take part of my duties." CNF said:"currently I don't use to buy vegetables I harvest them from my own garden; We have tip taps even if our children use to damage them; We found that a balanced diet is not expensive rather the essential thing is to know how to prepare it; we have also known about to live peacefully with our neighbours; we have learned to use mosquito nets and the importance of following up the child development (by measurement of height to weight)." VLLAGER LEADER said: " of course I sleep in mosquito net and I will no longer be sick of malaria" RELIGIOUS LEADER said: "I was thinking that I can only preach and give God's message but after joining the CG I knew that I can give also health message such us nutrition, hygiene,.."
Mbazi Sector	we have changed the life style because we practice what we learnt; people have changed ; they are clean; they have clean and comfortable beds(due to DUSASIRANE)and they no longer sleep in the same house with domestic animals.

7. Based on the report provided by the CHWs, the # of households visited monthly is still low. What are the main challenge MCG members are facing that prevent them to accomplish more home visits? Probe to learn more about how the MCG members share the HHs, and if no many HHs per each.

Locations	
Kitabi Sector	The number of households visited monthly is still low because we have many responsibilities in our family especially the women, to the churches, in the community and we are poor and sometime we go to search job far .
Kibumbwe Sector	the main challenges are: sometime we go for a visit and miss the family members; sometime you visit 7per 15 household and other 8 for the following month; each and every care group members

	have 15 households.
Musange Sector	we have 157 household and everyone is responsible of 15 households except BINOME(male) who has 18 and ASM who has 19 The challenges : one of our MCG members is too new and she/he is not familiar with visiting the households; sometime you go for a visit and you miss the family members (they hide themselves because they fear to be blamed because they have not been putting into practice what they learnt); some household member reject us but when such problem comes we all intervene and we visit them together as MCG.
Mbazi Sector	Not participating in care group meeting prevent them to know the program in households; insufficient training for care group members ; Not being visited by our superior; everyone in our MCG has between 10 and 15 HHs.

Annex 13B: Program Implementation Review Meeting with Sector and cell Leaders

1. What are your present responsibilities in community health?

Kaduha	Mobilising the community on: Maternal health, Hygiene, Family planning, Health insurance (mutuellle de sante).
Kigeme	Mobilising the community on: Delivering at health facilities; Attend 4 standard antenatal care; Family planning; Children vaccination; Fighting against malnutrition; Promotion of hygiene

2. Since BCC and NW began in your sector, what changes have you observed? Probe to learn more.

Kaduha	Nutrition week helped the community to know how to prepare thicker porridge and a balanced diet; People have known that a balanced diet is not for rich people only but also even the local food can have nutritive value; Grandmother have known to prepare a balanced diet; Meeting together Children, Grandmothers, Women and teach them how to prepare a balanced diet; Use of palm oil in preparation of porridge (because before people thought that it is bad to feed babies fatty food.); Even father has known to take care of children
Kigeme	NA

3a. Have you visited MCGs? NW? How many visits in last three months?

Kaduha	A. yes, I have visited them once and I have seen that they have a money lending and saving association. B. I Visited them 3 times C. yes 6 times D. yes 3times E. yes 6 times F. 3 times G. Yes 3 times H. yes 3 times
Kigeme	• MCGs are very important, they are some changes that have been made by them: for example when they make HHs visit and they meet a HHs that suffer from bad hygiene practice they teach them and when the problem is beyond their capacity they make an advocacy on the cell and sector level • The care group has helped us to screen the 15 household that didn't have toilet facilities

	and to advocate them in world vision. • The MCGs report helped me to know health problems in my cell after being appointed as new cell leader

3b. How MCGs/NW have been successful to improve health promotion in this District?

Kaduha	MCGs help us to identify people with special need and generally the health problems in our cell; they help other people to make kitchen gardens; MCGs Have helped us in community behavioral change mostly on hygiene issues like handy washing ,body washing and cleanliness; MCGs also help their members in behavioral change because they practice what they teach before teaching it to the community. We can say that at 77.5 % care group help in community health promotion
Kigeme	Modifies care group contribute so much in health promotion because they disseminated the health message in household and in community meeting we give them the time for sharing the message to the population; When they are conducting home visit they provide the advice to the population and they make an advocacy for the most vulnerable person to the authority. Example in my cell care group helped us to identify the household without good latrine and we made an advocacy to the partner world vision so that 15 households have been benefited the good latrine; I was new in my cell so that care group gave the situation of health indicators in my cell; Many thing are observed since care group implemented.

3c. What can be done to sustain NW/MCGs after the end of the project?

Kaduha	Providing aids that will continue helping association even at the end of the project; Provide refresher training; Preparation of study tours (for exchanging knowledge with other high performing MCGs; to construct a house where people can meet and prepare a balanced diet; provision of fruit trees (bed seed of fruit trees); Using care group in mobilisation of the mother on NW(integration of NW in MCG)
Kigeme	Adding in job description of in charge of community health workers the follow up of care group; Creating the income generating activities for care group members; Creating legal association of care group members based on Agricultural and raising domestic animals; Creating the savings associations; help them to make the action plan; helping the MCGs to step forward from association to cooperatives; mobilising them on formation of agriculture and livestock association; helping MCGs to develop a business project plan that generates incomes for long term.

5. **Q4. Hygiene indicators are still low in NYAMAGABE District, the KPC2014 showed that covered latrine: 23.3% and 27%? Respectively in KIGEME and KADUHA, Hand washing stations: 6%and7.7% in KIGEME and KADUHA zone respectively .What can be done in order to improve hygiene in the community?**

Kaduha	To continuously mobilise the community on the importance of the hygiene; To make a follow up to see if the MCG members practice what they teach or not; Continuous mobilisation of the community to change mindsets; Provision of incentives for the high performing care group.
Kigeme	Community mobilisation on hygiene; Provision of doors and iron sheet for roofing toilets; organising the hygiene campaign (hygiene week) in order to visit all HHs (HHs to HHs).

6. **What is an area of need for health promotion in your sector/cell?**

Kaduha	Avail variety of fruits and vegetable; Job creation
Kigeme	Availability of iron sheet for roofing toilets; Job creation

7. **What could be done differently to meet your sector need?**

Kaduha	Strong mobilisation with competition
Kigeme	joint planning with partners; Regular visit to care group

8. **What are if any barriers faced when addressing your sector about health promotion?**

Kaduha	lack of fruits ; Low income of population
Kigeme	high poverty of population; lack of job for population

9. **What can be done to sustain community health programs?**

Kaduha	ownership of community health program by local government; Close collaboration of Health facilities , local leaders and CHWs/ Care group; Strong mobilisation by care group members
Kigeme	more involvement in mobilization; increase the income of our population

Annex 13C: Program Implementation Review Meeting with Religious Leaders

II. As the church leaders, how are you involved in health promotion activities?

Kaduha	• The health status of population is our concern and we cannot ask any service (like one tenth , and other offer) to unhealthly person . • We have the responsibility to sensitize Christians to have health insurance in order to gain the time used in prayers for healing and to reduce the high rate of mortality and poverty • A religious leader with dirty Christians is not a good leader • We have to sensitize the congregation members on good nutrition because the malnourished Christians will not provide any benefits, any results in the church. • Support vulnerable families by building their shelters • Make up a kitchen garden at church as a model for Christians for good nutrition • Sensitize the community on having good latrine • Build latrine for vulnerable • We have the church representative in each care group
Kigeme	• We have some general knowledge on pmalaria and pneumonia prevention ,Nutrition and Hygiene promotion . • Mobilizing the community on good latrines use • Mobilizing the community on the importance of Health insirance • Conducting home visit • Building good latrines for vulnerable • Building the dish racks for vulnerable • Creating the model of kitchen gardens on every church level in order to promote the nutrition • Creating the tree nurseries in order to facilitate the fruits trees • Distribution of 52 rabits for malnutrition prevention in poor families

	• Distribution of 20 goats in vulnerable families • The parents should maintain hygiene and keeping the children warm to avoid the coldness in order to prevent the pneumonia • sensitizing people to not sleeping with animals • .Buying for flour to facilitate the preparation of enriched thick porridge • We work conjointly with churches representatives in care Groups • We have the committes in chsrge of social affairs in the church • for pnemonia prevantion • Some vulnerable families received the cows for figting against malnutrition • Some vulnarable families received some food from the churches. • During the home visits, health messages and gospel are given conjointly • We know our churches representatives through the Care groups • We use the documents received from the WRR/ICSP • The churches representatives in care Groups collaborate with Hygiene clubs during the transmission of health messages • We have formed an association called GIRIMPUHWE which has already bought 2 matelas for vulnerable

III. In your community health role, with whom do you collaborate more? And How?

Kaduha	We collabore with the in charge of Social Economic and Development at cell level and the church representative in Care group.
Kigeme	Among the identified religious representatives in care Groups, some of them are active , others are not but we are planning to replace them in few days

IV. Since BCC and NW began in your community, what changes have you observed? Probe to learn more.

Kaduha	• Population know now the components of balanced meal especial animal source food because of of NW • The population know that the difference between thicker porridge and liquid porridge. Children love much the thicker porridge • With the lessons and practices many families change behavior. For example of one family who used to sell all eggs produced by their hen , after attending NW sessions they started to feed their children egg now their child is healthly . • Care group members sensitise the population on the importance of eliminating malnutrition, having compost and hygiene promotion . • Population has been senitised on 1000 days with aim to get healthy children •
Kigeme	• Our group of religious leaders was existing before the arrival of ICSP, Our Union was more reinforced .

	• malnutrition cases are decreasing • Hygiene increased in the community • Some vulnerable families have health insurance, good latrines and dish racks, • We don't have now the project that can help us to continue after the end of ICSP. The reason why we are planning to have a long time activity that can be financed by ICSP.

V. What are the main challenges you are facing to promote health? What did you do or can be done to respond to the challenges?

Kaduha	• Many efforts must be provided in order to keep the activities of care group members like cooperative or club for MCG members in each sector • Promote Income Generating Activities in Care Group
Kigeme	• The activities will continue due to the training that we received and some didactic material that we have . • We are challenged to get enough time and design a project that will help us to continue after the end of ICSP hower this require the financial support from ICSP

VI. What can be done to sustain community health programs?

Kaduha	• Mindset issue , Ignorance , poverty ; the solution is to continue the sensitization on sustainability on community health activities • Hygiene promotion like drinking boiled water • Body hygiene • Avoid to sleep with domestic animals in household • The health in charge in each church are very important • Sensitize the youth in their pre nuptial training the importance of having good lartine .
Kigeme	• To change the mindset • Getting support to implement kitchen garden since there is an issue of luck of means for some parishes.

Annex 13D: Program Implementation Review Meeting with HC and Hospital staff

1. Have you observed any changes in the community since last year? What? Probe to learn more

Kaduha	• Yes, because the number of malnourished children have diminished. In Kaduha zone we used to have at least one malnourished child per month but currently we have no child in red and yellow. • World relief has helped us in community mobilisation because even if people do not practice but they know, they would have been learnt it through MCGs and through NWs. • We saw also that people have improved economically. Because world relief has taught them to

	make tontines ,gardens, … • World relief has also helped religious people how to teach about nutrition and hygiene in the churches • Nutrition week has been imparted in communities and it is valued by people, it helped us in using nutrition committees that were elaborated by the ministry of health, Availability of data; It helped us in decreasing the malnutrition rate(from10.0 to 0.1) • The project helped us to build the capacity of CHWs and health staffs • The project helped us to implement the MOH politics and policies
Kigeme	• Yes they are, CHW have been given training. • Before ASM were not involved but currently they actively participate in community activities • In charge of the community health were helped to follow up the CHWs. • improvement of Rapid SMS • Health center leader value the community health activities such follow up and reporting • Availability of community based nutrition program data

2. Have you visited NW? (Only for Kaduha participants)

Kaduha	• Allmost all have visited NW except KIBUMBWE Health center leader who participated only in the launch of NW. • A team from HC visited different nutrition sites • The director of hospital has not been able to visit the sites but he followed up it through reports
Kigeme	**NA**

3. Since NW began in your community what changes have you notice? (Only for Kaduha participants)

Kaduha	• People have known the importance of nutrition because they made associations from which they save money that during nutrition week help them to buy the required food. They help each other to buy Mattresses, Hoes, small animals . • People know to prepare a balanced diet • The malnutrition rate has decreased. • Mothers know which quantity of food and at which time to feed the babies. • There are no longer mind set of associating malnutrition to poisoning. • Mothers also know that the locally available food have nutritive values
Kigeme	**NA**

4a. Have you visited MCGs?

Kaduha	A. I know the Care group but not yet visit them
	B. I don't know MCG
	C. I know them but not yet visit them
	D. I know MCGs, I visit them
	E. I Know them and I have already visited them
	F. yes I know them." And i visited them they are supporting in behavior change
	G. I know them but I didn't visit them
	H. I have visited them and about 75% of them work well.
	I. I visited them but I have seen that most of attending members are CHWs"
	J. I know them and I have already visited them.
Kigeme	1 out of 9 head of health centers visited care group once per quarter I visited them and we saw that there are some positive change regarding on how they mobilise

	the community" 9 out of 9 in charge of community health workers visited care group

4b. What can be done to sustain MCGs after the end of the project?

Kaduha	• to make a refresher training for reminding them their responsibilities • Verification of data's • Train another MCG member • Meeting all MCG members at the cell office to discuss about the challenges they meet. • in charges of community health must mobilise their colleagues from HC
Kigeme	• Empowering MCGs by sensitisation the local leaders to be more involved in care group • Leaders of health center must put effort in visiting MCGs at least once per trimester. • organise a meeting with the leaders on MCGs and elaborating a document on MCGs

Q5. Hygiene indicators are still low in NYAMAGABE District, the KPC2014 showed that covered latrine: 23.3% and 27%? Respectively in KIGEME and KADUHA, Hand washing stations: 6%and7.7% in KIGEME and KADUHA zone respectively .What can be done in order to improve hygiene in the community?

Kaduha	• Making a strong follow up of activities. • Making a partnership and collaboration between local government and health facilities. • Community health workers must be a role model in community. • making an advocacy on water availability. • job creation • collaborating with health center in mobilisation of the communities
Kigeme	• they are some in charge of hygiene who are missing in some HC if they are appointed, they should work hard • Involving the local government in hygiene matter. • Insert the hygiene indicators in PBF and performance contract for local leaders

6. What community health concerns do you believe need to be better addressed?

Kaduha	• To strengthen and strong follow up of what has been implemented
Kigeme	• Refresher trainings on CBP • Training another CHWs (binome) on CBP • Data analysis • Provide the CHWs(ASM) the cupboard for keeping their tools and materials • increase the supervision fees for health center supervision team • make functional the nutrition committees in Kigeme zone as you did in kaduha zone

7. What can be done to better involve communities in health promotion?

Kaduha	• more involvement of local leaders and ownership of implemented activities
Kigeme	•

8. What can be done to better train communities in Health promotion?

Kaduha	• Joint planning with partners , health facilities and local authorities • Formative supervision

Kigeme	•

9. What can be done to sustain community health programs?

Kaduha	• Ownership of community activities for all health facilities staff • strong follow up for care group and CHWs activities • to value the work done by CHWs and Other Care group member • Insert in performance contract community activities at sector and cell level for the social affairs • organise different meeting at all level with stakeholders for phase out of the project • train other members of Care group
Kigeme	• Building and strengthening the CHWS capacity • making the follow up of activities in the community • funding the village kitchen • making a follow up of activities.

Annex 13E: Focus Group Discussion with ICSP Staff

1.a. What are the main ICSP accomplishments have you observe in the project areas?

- Training of ASM on Maternal and Newborn health package and Binome on Integrated Community Case Management
- Formative supervision of CHWs
- Training of CHWs on Supply chain system
- Nutrition week preparation& implementation cycle I, II and II , 2014 , supervision of CBNP and support in training and community material distribution for MIYCN
- Close collaboration with MOH in different training
- Participating to the workshop developing new MOH Nutrition protocol with MOH
- 536 care groups with 5114 members are operational in all village of Nybe district
- Due to the regular mobilization done by Tangiraneza to religious leaders , the churches support the most vulnerable in differents areas.
- Care groups activities are supervised by staff from diffffernt level in community (Sector, Health center , cell level and village level)
- The vulnerable families were supported by Tangiraneza with livestock, and kitchen garden
- Tangiraneza allocates budget for CHWs spervision by health center ter supervision team
- Close collaboration with district and MOH
- Good partnership with stekeholders and other development partners (One UN agencies)

1.b. What were the big challenges?

- Conflicting activities of Tangiraneza and District
- High number of vulnerable families and low physical support comparatively to their needs
- Inadequate follow up of program support by local authorities especial the management of livestock benefited by vulnerable families .
- Poor follow up of some local authorities on health key practice message and other community health activities
- Home delivery due to the long distance from home to health facilities

2. **How the I CSP planning process was and what effect did this have on the implementation process?**

- Joint plan with stakeholders (MOH, district , health facilities , local authorities).
- Majority of planned activities have been realised
- High commitment of beneficiaries

3. **To what extent was the work plan practical? What could be added to the Work Plan that would have strengthened the implementation?**

   Realistic action plan ; If possible , add to the budget the fund to support vunerable in roofing their latrines

4. **What were the gaps in the Work Plan and how were they addressed by the project staff?**

   When district and Tangiraneza activities are conflicting we negotiate with district to get a right solution; The joint planning with district staff and report decrease the conflicting issues

5. **What change is there in the knowledge, skills and competencies of the project and Partner's staff? Is there evidence that the staff has applied these skills both within the project?**

   The project Staff have been trained on KPC survey, they have developed; they gained skills in Modified care group for staff who are not in charge of mobilisation; Because of the teamwork, each one knows what is happening in other intervention; Among ICSP Staff there are some who are National trainers in MCH; We have credibility from MOH staff

   Many partners know about NW; many partners are interested in MCG approach and the Methodology for leading care group and NW are well appreciated by stakeholders; We have testimony from the District Mayor said that Tangiraneza is a really a role model of community Program in health sector.

6. **What will you do differently in terms of planning, training, partnership, human resources, financial management in order to improve the program delivery quality?**

   In our future training and meeting we suggest to improve the involvment of Executive secretaries of cell and head of health center; Our action plan is very appreciated because it is done based on the community needs with implication of technicians stakeholders from Hospital and district; in trainings the strong follow up is very necessary **;** The decision makers (sector/ cell secretary executive and head of health center) must be involved in community activities; We have the evidences of local authorities who can lead NW activities with guidance of hospital supervision; Up to now we have a good partnership with our stakeholders and other development partners; Work with new development partners in order to share the information on community needs and make an advocacy to the vulnerable

7. **What are some strategies that can be used to help strengthen the link between community and facility in delivering MCH programs in a sustainable way?**

- To remind the in charge of CHWs their role;
- Refresher training for CHWs ;
- Refresher training for Care group members;

- Nyamagabe geographical is not accessible the reason why we give the transport fees to the partcipate in order to facilitate them to reach the training site.
- For care group members their training are held in their village they don't need transportation fees
- New strategies are needed to facilitate the sustainability of community activities supervision.
- The Income Generating Activities for care group members is one of strong strategy that will facilitate the sustainability of care group activities.
- Promote the integration of Care group and NW beneficiaries activities
- Mobilize the Social Economic and Development(SED) staff to owner the activities of care group members
- Make an advocacy to the district to insert in performance contract of SED the care Group activities

8. What are some strategies for effectively engaging churches, and other behavioral influencers in health promotion?

Churches started the initiative of supporting the vulnerable in differents activities that can increase their health status; Study tours to more performing churches in health key parctices; We need Church Empowerment zone in Nyamagabe; Religious leaders have to increase home visit; Religious leaders have to facilitate their representative in care group to transmit health key health message during chuch services; The Kaduha MCGs are more strong than Kigeme hospital zone MCG due to the implementation of NW. We suggest that in near future NW should be operational in Kigeme Hospital zone too.

Annex 13F: Focus Group Discussion with ICSP Manager

1. **How has the project contributed to improving MCH coverage in Nyamagabe District?**

- The project is implementing the NW now there is a decrease of stunting according to the DHs 2010 Nyamagabe was at 53 % the result of malnutrition screening done from march to May 2014 shown that stunting in Nyamagabe is between 40-42% the result will be confirmed by DHS 2014.
- Reporting : we make a registration of CHWs in rapid SMS now the reporting rate by rapidsms is above 90%
- The project supported families from with malnourished children by providing live stock and kitchen garden
- The project help the district to monitor community health indicators and the data from community
- CHWs are trained and refreshed by the project on community program ,
- The program distribute program tools in community
- The project support the health facilities to make a supervision of community health workers and other community activities

- The project has implemented care Group approach in community which disseminate MCH message in household and in community meeting

  Note**:** We have stories, figures that show us before and after project implementation activities .

9. **The project wants to facilitate health staff and District staff in the implementation of the behavior change strategies through MCG and NW interventions. Do you think using the modified CG , Church leaders and community leaders have been effective to promote new behaviors? What were the strengths and the weaknesses?**
   Strengths:
   Involves many people(Churches,local gov't,Health facilities) from different levels..
   Close to people in the villages(makes easy access to the message and facilitates follow-up)
   Cost-effective
   Weakness:
   Many other responsibilities of the members… that causes low attendance.
   Minimal motivation.(Perdiems,transport,visits,tools,gifts,intensive follwoups..
   Low levels of commitment, mindset, passion for the benefits of MCG in community Leaders.

10. **How can the project more effectively facilitate the Health staff to integrate all MCH activities at the community-level through modified CG network in order to reduce missed opportunities?**
    Regular meetings and contact with Health Staff(Sharing data)
    Build responsibility of Health staff to take over this task.

11. **What are the overall lessons learned from the project, in terms of integrating CCM, MNC, Nutrition and crosscutting Community Mobilization and M&E interventions?**
    It gives an integrated approach to solve issues raised by the M&E results that would affect mothers and their children.(Lifecycle)

12. **What are some other strategies that can be used to help strengthen the link between community and facility in implementing Nutrition Weeks?**
    Strengthen partnership/collaboration between health facilities and local government
    Continue giving the message of NW during community meetings.
    Build capacities of MCG's and their supervisors

13. **What are some strategies for effectively engaging churches, and other behavioral influencers in MCH activities?**

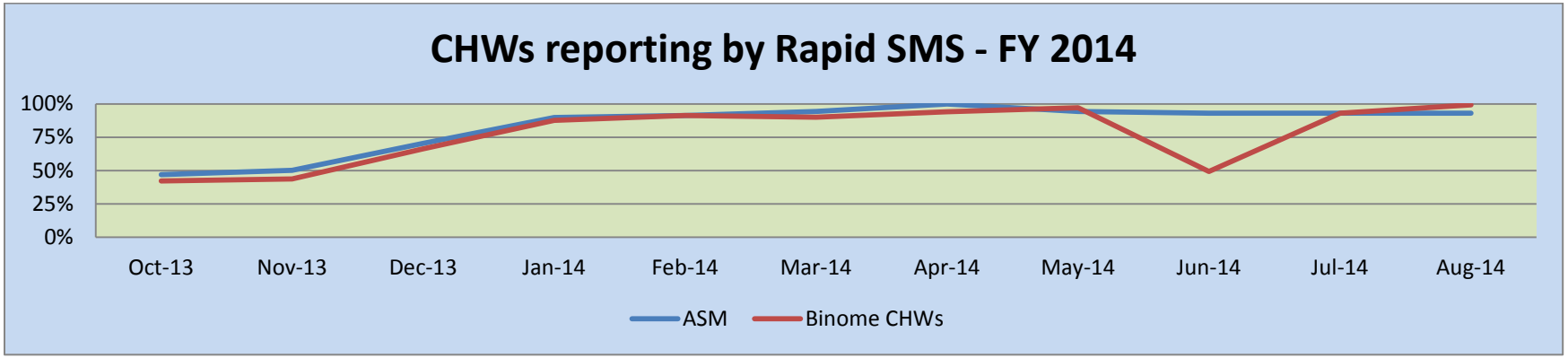
    Mindset training on the importance of promoting MCH activities
    Plan with Church leaders on the implementation of MCH activities.
    Encourage church leaders to organize campaigns on the promotion of MCH activities
    Ask churches to do advocacy for MCH activities to other development partners.
    Note: If I were to change I would include budget for MCG support.
    We should have a bigger BCC budget…

Annex 14: CHW SMS Reporting

CHWs reporting by Rapid SMS

	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
# ASM reporting by Rapid SMS	**252**	**269**	**377**	**481**	**489**	**505**	**536**	**505**	**499**	**499**	**499**
# ASM expected	536	536	536	536	536	536	536	536	536	536	536
%	47.0	50.2	70.3	89.7	91.2	94.2	100.0	94.2	93.1	93.1	93.1
# CHWs reporting by Rapid SMS	452	469	710	940	979	964	1008	1042	528	997	1065
# CHWs Binomes expected	1072	1072	1072	1072	1072	1072	1072	1072	1072	1072	1072
%	42%	44%	66%	88%	91%	90%	94%	97%	49%	93%	99%
# CHWs reporting by Rapid SMS	704	738	1087	1421	1468	1469	1544	1547	1027	1496	1564
# CHWs expected	1608	1608	1608	1608	1608	1608	1608	1608	1608	1608	1608
%	43.8	45.9	67.6	88.4	91.3	91.4	96.0	96.2	63.9	93.0	97.3

CHWs reporting by Rapid SMS



Note: In June there is a decrease in reporting by SMS since the Buruhukiro HC in charge of community health who might provide the June CHW's (binomes) report left in June 2014 and did not report before leaving.

Annex 15 : Home Visits by MCG members

 # Homes visited by MCG Members

	October 2013	November 2013	December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	June 2014
Kaduha	10263	10839	11468	11939	8763	10184	8335	11310	13434
Kigeme	8520	8697	9307	7649	7382	9331	9300	15850	21394
Total	18783	19536	20775	32540	16145	19515	32540	27160	34828

Annex 16: FY13 KPC Report

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

Year 2 Abridged Knowledge Practices and Coverage (KPC) Survey Report

Data collected: June 2013
Report compiled: August 2014

USAID/CSHGP Cooperative Agreement Award No. AID-OAA-A-11-00056

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Acknowledgements

The authors would like to acknowledge the many individuals who made this report possible through contributions ranging from development of the survey instrument to guidance on study design and sampling, technical support for electronic data collection using smart phones, data collection and supervision, data cleaning, analysis and interpretation of results.

Please see Annex 1 for a full list of participants and their roles.

Contents

I. Executive Summary

1.1 Project Background:

In October 2011, World Relief (WR) was awarded a four-year Innovation grant from the United States Agency for International Development (USAID) Child Survival and Health Grants Program. The overall goal of the *Tangiraneza* "Start Well" Innovation Child Survival Project (ICSP) is to reduce morbidity, mortality, and underlying undernutition of children under five and pregnant women in the Nymagabe District, Southern Province, Rwanda. The targeted number of women beneficiaries is 111,431 and total number of children under five years of age is 41,314 children (12.5% of total population in 2011).

The project established Modified Care Groups in the entire Nyamagabe District, both Kaduha and Kigeme hospital zones, and is implementing a package of high impact interventions across both zones, including the standard Rwanda MOH Community Based Nutrition Protocol. In addition, the project is implementing an innovative intervention called "Nutrition Weeks" in Kaduha only, with the Kigeme hospital zone as a comparison area. Nutrition Weeks uses a supportive group education technique heavily based on aspects of the PD/Hearth Nutrition program, but targets all children in the first 1,000 days of life, rather than just malnourished children.

1.2 Objectives of the KPC survey:

In Year 2, the project carried out an abridged Knowledge, Practices and Coverage (KPC) survey with a focus on nutrition and hygiene, for monitoring purposes.
The primary objectives of the survey were:

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

1.3 Methodology of the KPC Survey:

This survey used 30-cluster methodology to collect information from mothers of children 0-23 months in June 2013. Two separate, 30x10 cluster samples were selected using Probability Proportional to Size (PPS) in each of two hospital zones that comprise Nyamagabe District. The combined sample included 600 households.

1.4 Key Findings of Abridged KPC Survey:

The survey findings show that there have been significant improvements from two years of programming and intervention in the district, notably on complementary feeding practices, early breastfeeding initiation and good hand washing. The baseline survey was conducted in April 2012, during the rainy season, and the Year 2 survey was conducted at the beginning of the dry season, in June 2014, which may be a factor in some of the differences in the survey results.

The Minimum Meal Frequency improved significantly both in Nutrition Weeks intervention area, Kaduha (from 7% to 66%) and in the comparison area, Kigeme (7% to 51%). As well, there was an increase in children who met the minimum acceptable diet by 3% to 32% in Kaduha and 3% to 23% in Kigeme. Minimum dietary diversity increased in Kaduha from 21.9% at baseline to 38.8% at year 2; however, perplexingly, in Kigeme, dietary diversity decreased from 38.9% (33.1 – 44.7 95% CI) to 31.0% (24.9 – 37.0 95% CI), and although the confidence intervals overlap, indicating the change is not significant, the decrease is not consistent with the rest of the results.

The number of infants that were breastfed within one hour of birth increased from 48% to 71% in Kaduha, and from 51% to 73% in Kigeme, whilst there was a decrease in infants given liquids before breastfeeding in both areas (11% to 6% in Kaduha; 11% to 9% in Kigeme). Exclusive breastfeeding until 6 months was also high in both districts (90% Kaduha; 84% Kigeme).

The percent of mothers who washed their hands with soap at the key four times improved from 3% to 21% in Kaduha and from 5% to 10% in Kigeme, and the percentage of households having washing stations with soap increased from 39% to 78% in Kaduha and from 44% to 89% in Kigeme.

While the survey findings show that there have been notable improvements in the district regarding hygiene and child feeding practices, the results show a very slight increase in underweight. The percent of underweight children increased from 8.9% (6.6 – 15.0 95% CI) to 16.0% (11.4 – 22.1 95% CI) in Kigeme, and from 17.8% (14.0 – 22.5 95% CI) to 21.7% (17.0 – 27.2 95% CI) in Kaduha. The confidence intervals overlap, meaning the differences are not significant. Stunting, on the other hand, decreased from 44.3% (37.6 – 51.2 95% CI) at baseline to 33.3% (26.1 – 41.3 95% CI) in year 2, again, the confidence intervals overlap. Stunting levels remained consistent in Kigeme (33.4% at baseline and 34.0% at Year 2). Acute malnutrition measured by MUAC remained low (10% in Kaduha and 4% in Kigeme).

2. Methods

2.1 Survey Methodology

In Year 2, an abridged version of the KPC Survey Questionnaire from the baseline survey was used for monitoring purposes. The questionnaire contained 99 questions, and focused on the operations research indicators such as nutrition and control of diarrheal disease. The same consent form approved for the KPC in Year 1 was also used. In addition to the questionnaire, the survey also required anthropometric measurements to be taken on 600 children 0-23 months old (300 in each study area). The child's weight, height and MUAC were measured, in addition to the mother's MUAC. The interviews took approximately 40 minutes per household to complete. The completion of the data collection for the 600 households took four days, starting on June 24th 2013, and ending

on June 28th 2013. Participants' confidentiality and privacy was assured through the use of a unique identifier number on all questionnaires. Soft copies of the data were kept in a password encrypted file and hard copies of questionnaires in a locked filing cabinet in the offices of World Relief in Kigali.

For this survey, 42 interviewers were recruited from Health Center staff in charge of community health services and sector staff in charge of social affairs. Additionally, WR ICSP Rwanda staff participated as enumerators. The interviewers were between 20 and 40 years of age, fluent in Kinyarwanda and had completed both secondary school and some level of higher technical education. The enumerators were trained during various sessions on how to use the PDA tablets. They went to a Health Center to receive training on anthropometric measurements, and conducted practice interviews in the field in Huye district.

The data was collected using electronic tablets, and transferred into excel on the WR-ISCP's monitoring and evaluation staff's computer. This removed the need for the manual transfer of data from questionnaires to an electronic database. The feasibility of doing electronic data collection was successfully pre-tested on the devices prior to data collection. Paper questionnaires were used if problems with the tablets were experienced. The five supervisors reviewed each completed KPC survey in the field before leaving the village in which data had been collected in order to ensure the completeness and accuracy of the survey forms. In the event of missed data, they would return to the households to gather the necessary information.

2.2 Sampling design

The KPC Monitoring Survey largely followed the "standard" KPC 30 clusters x 10 households methodology. A double 30-cluster (30x10) sampling method was used with OR questions and anthropometric measurements in both Intervention and Comparison areas. Parallel sampling was not used.

Two separate 30x10 cluster samples were selected in each of two hospital zones that comprise Nyamagabe District. 30 clusters were selected in each zone using PPS and 10 households from each cluster were selected using the "spin-the-bottle" method to participate in the survey. The total sample of 300 is large enough to provide adequate denominators for calculating indicators for subgroups (such as sick children or children within a particular age group). The combined sample included 600 households.

The starting point for each cluster was determined in the following manner: the survey team asked village leaders to identify the center of the village. From that central point, a random direction was selected by spinning a bottle. Surveyors then walked in a straight line in the randomly chosen direction until they reached a house with a child under 24 months, which became the first mother interviewed. The second and subsequent households were selected by continuing in the same direction in a straight line, until a second house with a child under 24 months, then a third house, and so forth. In each cluster, 10 mothers were interviewed. In households with more than one child 0-23

months-old, the younger child was selected (to favour data collection on exclusive breastfeeding).

2.3 Data collection

Interviews required approximately 40 minutes per household to complete. Four working days were required to complete all data collection for 600 households. Data collection was completed with the use of electronic tablets.

For four days, the teams simultaneously collected data in both the Kaduha and Kigeme zones. Supervisors reviewed completed questionnaires before leaving the village in which data had been collected to ensure completeness and accuracy of the forms. In the event of missed data, interviewers returned to the households to gather the missing information. Data entry was completed by the WR Rwanda team with the entry of each questionnaire being double-checked for accuracy. Data cleaning was done by both the M&E Officers and MCH Regional Technical Specialist.

Data collection for the OR study is nested within the KPC due to limited resources (see appendix for details on project indicators and KPC).

The non-response rate in KPC surveys is typically negligible, as household selection happens at the time of the interview, which is non-invasive and well explained. If the mother was not available, an appointment was made to make another visit to the house.

For the monitoring survey in year 2, the sample was adjusted to two, 30x10 cluster samples in each arm (from 30 x 12 used at baseline), without parallel sampling. This was deemed sufficient for monitoring purposes and a better use of limited resources.

2.4 Data Analysis

The data entry and analysis team consisted of WR Rwanda, WR Home Office technical unit staff (MCH Specialists) and students from UBC. Basic statistical analyses, primarily frequencies and ranges were conducted to identify any inconsistencies, so that the data could be cleaned accordingly. The Rapid Catch 2008 indicators and other project indicators were then calculated.

All data was collected through electronic tablets by WR staff and fellow enumerators. This raw data was then synched with a main database and exported into Excel. This data was then transferred into PASW statistics 20 (formerly SPSS), STATA 10 or Epi Info. The data set was cleaned and checked for errors and inconsistencies. Exploratory analysis and descriptive analysis were performed. Project indicators were calculated using Excel for simple calculations, SPSS for more complicated indicators and Epi Info Emergency Nutrition Assessment (ENA) for anthropometry.

3. Results

Demographic Information	Kaduha	Kigeme
Mother's Age Mean Median	 28.56 28.00	 29.34 28.50
Mother's Education Mean Median	None/ Did not complete primary 39.8% Primary 56.8% Secondary 1.7% Past Secondary 0%	None/ Did not complete primary 49.8% Primary 45.2% Secondary 4.6% Past Secondary 0 %
Household Size Mean Median	 4.80 4.00	 5.06 5.00
Poverty Level (Ubudehe)	1. 4.0% 2. 22.7% 3. 71.0% 4. 2.3% 5. 0%	1. 3.0% 2. 20.0% 3. 74.0% 4. 2.7% 5. 0.3%
Health Insurance (Mutuelle) Percent Yes (ConfInt) Percent No (ConfInt)	 76.3% 23.7%	 74.7% 25.3%
Health Insurance Card Percent Yes (ConfInt) Percent No (ConfInt)	 96.1% 3.9%	 96.9% 3.1%

Indicator	Location	Numerator	Denominator	Year 2 KPC Value	Confidence Limits
I. Nutrition					
1) Early initiation of breastfeeding: Percentage of children 0-23 months who were put to the breast within one hour of birth. (OR, Key Indicator MNC)	**Kaduha**	212	297	71.4%	66.26-76.54 95% CI
	Kigeme	215	296	72.6%	67.52-77.68 95% CI
Ever-breastfed	**Kaduha**	297	300	99.0%	97.87-100.13 95% CI
	Kigeme	296	300	98.7%	97.42-99.98 95% CI
2) Prelacteal feeds: Percentage of children 0-23 months given liquids prior to the initiation of breastfeeding.	**Kaduha**	19	297	6.4%	3.6-9.1 95% CI
	Kigeme	27	296	9.1%	5.8 – 12.3 95% CI
3) Colostrum: Percentage of	**Kaduha**	296	297	99.7%	99.08-100.3

children 0-23 months who were breastfed during the first three days of life.					95% CI
	Kigeme	295	296	99.7%	99.08-100.3 95% CI
4) <u>Exclusive breastfeeding</u>: Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC6, OR)	**Kaduha**	82	91	90.1%	83.96-96.24 95% CI
	Kigeme	62	74	83.8%	75.41-92.19 95% CI
EBF disaggregation by age groups (recommended by WHO, if sufficient sample size)	**Kaduha**	(0-1 mo) 22 (2-3 mo) 33 (4-5 mo) 27 (0-3 mo) 55	24 36 31 60	91.7% 91.7% 87.1% 91.7%	
	Kigeme	(0-1 mo) 18 (2-3 mo) 23 (4-5 mo) 21 (0-3 mo) 41	19 27 28 46	94.7% 85.2% 75.0% 89.1%	

Indicator	**Location**	**Numerator**	**Denominator**	**Year 2 KPC Value**	**Confidence Limits**
Continued breastfeeding at 6-23 months	**Kaduha**	204	206	99.0%	97.6-100.3 95% CI
	Kigeme	213	222	95.9%	93.2-98.5 95% CI
Continued breastfeeding at 1 year (WHO core IYCF indicator, 2008)	**Kaduha**	46	46	100.0%	100.0-100.0 95% CI
	Kigeme	46	47	97.9%	93.8-101.9 95% CI
Continued breastfeeding at 2 years (WHO Optional IYCF indicator, 2008)	**Kaduha**	38	39	97.4%	92.4-102.3 95% CI
	Kigeme	38	43	88.4%	78.8-97.9 95% CI
5) <u>Infant and Young Child Feeding:</u> Percent of infants and young children age 6-23 months fed according to:					
5a) Minimum Dietary Diversity (OR)	**Kaduha** **By Age:**	81 *6-11mo 28* *12-17mo* 25 *18-23mo* 28	209 87 68 54	38.8% 32.2% 36.8% 51.9%	32.1-45.4 95% CI
	Kigeme **By Age:**	70 *6-11mo* 18 *12-17mo* 25 *18-23mo* 27	226 82 65 79	31.0% 22.2% 38.5% 34.2%	24.9-37.0 95% CI
5b) Minimum Meal Frequency (OR)	**Kaduha**	139	209	66.5%	58.7 - 74.3 95% CI
	Kigeme	114	224	50.9%	44.0 – 57.8

					95% CI
5c) Minimum Acceptable Diet Proportion of children 6-23 months who receive a minimum acceptable diet (apart from breast milk). (OR, RC adapted to WHO definition)	**Kaduha**	68	209	32.5%	24.9 - 40.2 95%CI
	Kigeme	51	224	22.8%	16.1 - 29.5 95% CI
Consumption of iron-rich foods (did not ask about fortified foods)	**Kaduha**	32	209	15.3%	10.4-20.1 95% CI
	Kigeme	29	226	12.8%	8.4-17.1 95% CI
6) <u>Age appropriate introduction of semi-solid foods</u> Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods (OR)	**Kaduha**	23	30	76.7%	69.1-92.8 95% CI
	Kigeme	22	28	78.6%	66.9-91.2 95% CI
7) <u>Responsive feeding:</u> Caregiver actively involved in feeding child 6-23 months (OR) Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods)	**Kaduha**	194	203	95.6%	92.6 – 98.3 95% CI
	Kigeme	205	222	92.3%	88.4 – 95.7 95% CI

Indicator	**Location**	**Numerator**	**Denominator**	**Year 2 KPC Value**	**Confidence Limits**
8) <u>Underweight</u>: Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population). (RC 18, OR)	**Kaduha**	65	300	21.7%	17.0 – 27.2 95% CI
	Kigeme	48	300	16.0%	11.4-22.1 95% CI
Disaggregate underweight by moderate (≤-2SD and >-3SD) and severe (≤ -3SD)	**Kaduha** Severe: Moderate:	17 48	300 300	5.7% 16.0%	3.3-9.6 95% CI 11.9-21.1 95% CI
	Kigeme Severe: Moderate:	9 39	300 300	3.0% 13.0%	1.5-5.8 95% CI 9.2-18.1 95% CI
9) <u>Wasted</u>: Percentage of children 0-23 months who are underweight for height (-2SD for the median height for age, according to WH0 reference population) (OR)	**Kaduha**	26	300	8.7%	5.4-13.6 95% CI
	Kigeme	8	300	2.7%	1.2-6.0 95% CI
Disaggregate by moderate and severe wasting	**Kaduha** Severe: Moderate:	7 19	300 300	2.3% 6.3%	1.0-5.2 95% CI 3.6-11.0 95% CI
	Kigeme Severe: Moderate:	3 5	300 300	1.0% 1.7%	0.2-4.4 95% CI 0.7-3.9 95% CI

10) <u>Stunted</u>: Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population) (OR)	**Kaduha**	100	300	33.3%	26.1 - 41.3 95% CI
	Kigeme	102	300	34.0%	26.9-41.9 95% CI
Disaggregate stunting by moderate (≤-2SD and >-3SD) and severe (≤ -3SD)	**Kaduha** Severe: Moderate:	40 60	300 300	13.3% 20.0%	9.3-18.8 95% CI 14.8-26.4 95% CI
	Kigeme Severe: Moderate:	35 67	300 300	11.7% 22.3%	8.4-16.0 95% CI 17.6-27.9 95% CI
11) <u>Acute Malnutrition Children</u>: Percent of children 6-23 months as measured by MUAC (OR) References for children 6-23 m: SAM: <115mm[1] MAM: ≥115 mm and < 125 mm	**Kaduha**	20	209	9.6%	5.8-15.3 95% CI
	Kigeme	9	226	4.0%	2.0-7.6 95% CI
Disaggregate by at risk, moderate and severe acute malnutrition	**Kaduha Severe:** **Moderate:**	5 15	209 209	2.4% 7.2%	1.0-5.5 95% CI 4.1-12.4 95% CI
	Kigeme Severe: **Moderate:**	0 9	226 226	0.0% 4.0%	0.0-0.0 95% CI 2.0-7.6 95% CI
11) <u>Acute Malnutrition Mothers</u>: Percent of mothers of children 0-23 months acutely malnourished as measured by MUAC (OR) Reference for women: SAM <18.5 cm MAM≥18.5 cm and <21.0 cm	**Kaduha**	4	300	1.3%	4.1 - 4.6 95% CI
	Kigeme	2	300	0.6%	4.2 – 4.8 95% CI
Disaggregate by at risk, moderate and severe acute malnutrition	**Kaduha Severe:**	0	300	0.0%	0.0-0.0 95% CI

[1] Please note that the baseline KPC used <115mm cut-off in measuring SAM, but erroneously defined the indicator with a <110mm cut-off in the M&E table.

	Moderate:	2	300	0.6%	4.2 – 4.8 95% CI
	Kigeme **Severe:**	0	300	0.0%	0.0-0.0 95% CI
	Moderate:	4	300	1.3%	4.1 - 4.6 95% CI
12) <u>Vitamin A Supplementation in the last 6 months:</u> Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall. (RC 8, OR)					

Indicator	**Location**	**Numerator**	**Denominator**	**Baseline Value**	**Confidence Limits**
II. Maternal & Newborn Care					
13) <u>Antenatal Care</u>: Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)					
ANC first trimester					
14) <u>Maternal TT Vaccination:</u> Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)					
15) <u>Skilled Birth Attendant</u>: Percentage of children age 0-23 months whose births were attended by skilled personnel. (RC3)					
<u>16) Post-natal visit to check on newborn within the first 2 days after birth</u>: Percentage of children age 0-23 who received a post-natal visit from an appropriate trained health worker within two days after the birth of the youngest child.(RC4)					
17<u>) Current Contraceptive Use Among Mothers of Young Children:</u> Percentage of mothers of children age 0-23 months who are using a modern contraceptive method. (RC5)					
(18) <u>Maternal Iron Supplementation During</u>	**Kaduha**	Rec'd: 206 Days: 39.88	297	69.4%	64.1-74.6 95% CI

Pregnancy: Percent of mothers who received tablets; number of days consumed. (OR)	**Kigeme**	Rec'd: 210 Days: 47.72	296	70.9%	65.7-76.0 95% CI
Early initiation of breastfeeding of newborns: Percent of children 0-23 months put to the breast within one hour of delivery (Key Indicator for MNC) THIS INDICATOR IS ALSO UNDER NUTRITION; NO NEED TO CALCULATE AGAIN	**Kaduha**	212	297	71.4%	66.2-76.5 95% CI
	Kigeme	215	296	72.6%	67.5-77.6 95% CI

Indicator	Location	Numerator	Denominator	Baseline Value	Confidence Limits
III. Control of Diarrheal Disease					
19) ORT use: Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids. (RC 13)					
20) Point of Use (POU) water treatment: Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	**Kaduha**	234	238	98.3%	96.6-99.9 95% CI
	Kigeme	162	166	97.6%	95.2-99.9 95% CI
(21) Appropriate Hand washing Practices: Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)	**Kaduha**	196	251	78.1	72.9-83.2 95% CI
	Kigeme	211	236	89.4	85.4-93.3 95% CI
Hand Washing at Appropriate times: Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	**Kaduha**	**63**	**300**	**21.0%**	**16.3-25.6 95%CI**
	Kigeme	29	300	9.7%	6.3-13.095%CI
22) Increased fluid intake during diarrheal episode: Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)					
(23) Continued feeding during a diarrheal episode: Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key					

Indicator)					
(24) <u>Zinc:</u> Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)					
25) <u>Use of medicine during diarrhea</u>: Percentage of children 0-23 months with diarrhea in last two weeks who were not treated with anti-diarrheals or antibiotics. (Key Indicator)					

Indicator	**Location**	**Numerator**	**Denominator**	**Year 2 KPC Value**	**Confidence Limits**
(26) <u>Safe feces disposal</u>: Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time s/he passed stool. (Key Indicator) Safe disposal includes: dropped into toilet facility; water discarded into a toilet facility (except composting toilet); water discarded into sink or tub connected to drainage system (sewer, septic tank or pit).	**Kaduha**	207	300	69.0%	63.7-74.2 95% CI
	Kigeme	229	300	76.3%	71.4-81.1 95% CI
(27) <u>Two week prevalence of diarrhea:</u> Percentage of children 0-23 months with diarrhea in the previous two weeks (Key Indicator)					
IV. Pneumonia Case Management					
(28) <u>Appropriate Care Seeking for Pneumonia:</u> Percentage of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last two weeks who were taken to an appropriate health provider. (RC14)					
(29) <u>Two week prevalence of suspected pneumonia</u>: children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey					
V. Immunization					
(30) <u>Measles vaccination</u>: Percentage of children age 12-23 months who received a measles vaccination (RC9)					
31) <u>Access to immunization services:</u>Percentage of children aged					

12-23 months who received DTP1 according to the vaccination card or mother's recall by the time ofthe survey (RC10)					
(32) <u>Health System Performance regarding Immunization services</u>: Percentage of children aged 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey. (RC11)					

Indicator	Location	Numerator	Denominator	Year 2 KPC Value	Confidence Limits
VI. Malaria					
(33) <u>Treatment of Fever in Malarious Zones</u> Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began. (RC12)					
34) <u>Child sleeps under an insecticide-treated bed net:</u> Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)					
Two week prevalence of fever					
VII. Process Indicators					
35) <u>Contact with CHW:</u> Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counselling, Nutrition Week, etc.) NOTE: No baseline data on this. KPC measured home visits only (see below) Need to collect going forward.	**Kaduha**	NA	NA	NA	NA
	Kigeme	NA	NA	NA	NA

Indicator	Location	Numerator	Denominator	Year 2 KPC Value	Confidence Limits
36) CHW Home Visits: Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose (follow up on sick child, provide health education	**Kaduha Visit for any purpose**	156	300	52.0%	46.3-57.6 95% CI
	Kigeme Visit for any purpose	83	300	27.7%	22.6-32.7 95% CI

on malaria, provide health education on diarrhea, provide health education on pneumonia, provide health education on nutrition, provide health education on immunization.) (OR)	**Kaduha: Visit for sick child or follow up**	10	300	3.3%	1.8-5.5 95% CI
	Kigeme: Visit for sick child or follow up	6	300	2.0%	0.4-3.5 95% CI
	Kaduha: Visit for education (1 more topics)	137	300	45.7%	40.0-51.3 95% CI
	Kigeme Visit for education (1 more topics)	48	300	16.0%	11.8-20.2 95% CI
Visit by Care Group for health education on: Malaria prevention	**Kaduha**	10	152	6.6%	2.2-9.7 95% CI
Diarrhea prevention		39	152	25.7%	18.7-32.6 95% CI
Pneumonia prevention		21	152	13.8%	8.3-19.2 95% CI
Health education on nutrition		111	152	73.0%	65.9-80.0 95% CI
Immunization		23	152	15.1%	9.4-20.7 95% CI
Other		27	152	17.8%	11.7-23.8 95% CI
Visit by Care Group for health education on: Malaria prevention	**Kigeme**	6	76	7.9%	1.8-13.9 95% CI
Diarrhea prevention		11	76	14.5%	6.5-22.4 95% CI
Pneumonia prevention		8	76	10.5%	3.6-17.3 95% CI
Health education on nutrition		42	76	55.3%	44.1-66.4 95% CI
Immunization		8	76	10.5%	3.6-17.3 95% CI
Other		36	76	47.4%	36.1-58.6 95% CI

Indicator	**Location**	**Numerator**	**Denominator**	**Year 2 KPC Value**	**Confidence Limits**
37) <u>Participation in Nutrition weeks:</u>					
Ever Participated	**Kaduha**	245	300	81.7%	77.3-86.0 95% CI
Number of times (more than two times)	**Kaduha**	177	300	59.0%	53.4-64.5 95% CI

% Participation in last 6 months	**Kaduha**	139	300	46.3%	40.6-51.9 95% CI
%Participation in last 12 months	**Kaduha**	232	300	77.3%	72.5-82.0 95% CI
Duration of participation (Mean)	**Kaduha**	3.2 days			
Participated at least 4 days in a Nutrition Week held in the past six months	**Kaduha**	159	300	53.0%	47.3-58.6 95% CI
Percentage of mothers with children 0-23 months who participated in "Nutrition Week" intervention at least once in the prior 6 months for 4 or more days. (OR)					

NB: The data tables shaded in grey do not contain results, as these questions were not assessed in the Year 2 midline survey.

4. Discussion on Key Findings

The results show that there have been improvements in the project area in feeding practices, malnutrition and hygiene. Progress is seen in both Kaduha and Kigeme zones; however, one can observe the effectiveness of Nutrition Weeks: Infant and Young Child Feeding (IYCF) practices greatly improved in Kaduha with regards to exclusive breastfeeding, initial breastfeeding, Minimum Meal Frequency and Minimum Acceptable Diet. This progress is greater in Kaduha then in Kigeme. There also may have been a drop in stunting rates in the Kaduha zone, as opposed to the Kigeme zone (confidence intervals of the results overlapped).

4.1 Breastfeeding

Breastfeeding practices are extremely important for good infant and child nutrition. The percentage of infants put to the breast within one hour of birth increased from 48% to 71% in Kaduha, and from 51% to 73% in Kigeme. Also measured were the rates of pre-lacteal feedings, as the introduction of liquids other than breast milk in early life can put a child at risk for infections. The percentage of infants given liquids before breastfeeding decreased from 11% to 6% in Kaduha and from 11% to 9% in Kigeme. Exclusive breastfeeding, a key indicator corresponding to optimal growth of a child, remained high in both areas (90% Kaduha; 84% Kigeme).

4.2 Complementary feeding

There appears to be marked improvements in nutrition practices, notably in Kaduha, the Nutrition Weeks intervention area. The Minimum Meal Frequency greatly improved from 7% to 66% in Kaduha, and 7% to 51% in Kigeme. Furthermore, the percentage of children who met the minimum acceptable diet improved from 3% to 32% in Kaduha, and from 3% to 23% in Kigeme. Minimum dietary diversity increased in Kaduha from 21.9% at baseline to 38.8% at year 2; however, perplexingly, in Kigeme, dietary diversity decreased from 38.9% (33.1 – 44.7 95% CI) to 31.0% (24.9 – 37.0 95% CI), and although the confidence intervals overlap, indicating the change is not significant, the decrease is not consistent with the rest of the results. The intake of iron-rich foods by children aged 6-23 months decreased in Kigeme from 23.3% (18.3 – 28.4 95% CI) to 12.8% (8.4 – 17.1 95% CI), but remained consistent in Kaduha (15.2% baseline to 15.3% year 2).

4.3 Malnutrition

In spite of improved feeding practices, malnutrition indicators worsened slightly within the district. The percent of underweight children increased from 8.9% (6.6 – 15.0 95% CI) to 16.0% (11.4 – 22.1 95% CI) in Kigeme, and from 17.8% (14.0 – 22.5 95% CI) to 21.7% (17.0 – 27.2 95% CI) in Kaduha. The confidence intervals overlap for both locations, meaning the differences are not significant. Stunting, on the other hand, decreased from 44.3% (37.6 – 51.2 95% CI) at baseline to 33.3% (26.1 – 41.3 95% CI) in year 2, with the confidence intervals overlapping. Stunting levels remained consistent in Kigeme (33.4% at baseline and 34.0% at Year 2). The percent of wasted children remained consistent with baseline: in Kaduha, this result increased slightly from 7.6% (4.9 – 11.6 95% CI) at baseline to 8.7% (5.4 – 13.6 95%CI) at year 2; in Kigeme, the percent of wasted children decreased from 6.1% (4.1 – 9.1 95% CI) at baseline to 2.7% (1.2 – 6.0 95% CI) at year 2. Again, the confidence intervals overlap in both locations. MUAC measurements of acute malnutrition remained low, with 10% of children aged 6-23 months in Kaduha with a MUAC of <125mm and 4% in Kigeme.

4.4 Hygiene

An indicator used to identify proper hand washing behavior was the percentage of mothers of children aged 0-23 months who washed hands with soap at the key four times. This behavior improved from 3% to 21% in Kaduha and from 5% to 10% in Kigeme. The percentage of households in Kaduha and Kigeme that had hand-washing stations with soap also increased from 39% to 78% in Kaduha and from 44% to 89% in Kigeme. However, the amount of mothers who safely disposed of their child's feces decreased slightly in both areas: from 71% to 69% in Kaduha, and 83% to 76% in Kigeme.

Annex 1: List of enumerators who participated in the survey

Coordinator: Melene Kabadege, WR MCH Regional Technical Advisor

Supervisors:

Nyiranzeyimana Beatrice, ICSP staff
Niyotugendana Marie Grace, ICSP staff
Umuhire Claire, ICSP staff
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Bisetsa Innocent, Kaduha Hospital M&E Officer
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Enumerators:

Narcisse Ngiruwonsanga, ICSP staff
Germaine Rusagara, ICSP staff
Musangwa Adolphe, ICSP staff
Ntawukuriryayo Fidele, ICSP staff
Harerimana Fiacre, ICSP staff
Ndikumana Martin, ICSP staff
Mugarura JMV, In Charge of Social Affairs - Cell level
Niyonasenze John, In Charge of Social Affairs - Cell level
Nkuriza Aloys, In Charge of Social Affairs - Cell level
DUSHIMIMANA Jean Claude, In Charge of Social Affairs - Cell level
Muhayimana Thimothee, In Charge of Social Affairs - Cell level
Munyurwa Felix, In Charge of Social Affairs - Cell level
Vuzimpundu Jacqueline, In Charge of Social Affairs - Cell level
Mugarura Jean Marie Vianney, In Charge of Social Affairs - Cell level
Niyonasenze John, In Charge of Social Affairs - Cell level
Nkundakwizera P.Celestin, In Charge of Social Affairs - Cell level
Sezitegeye Joseph, In Charge of Social Affairs - Cell level
Musoni J.M.V, In Charge of Social Affairs - Cell level
Rwasibo Joseph, In Charge of Social Affairs - Cell level
Nkuriza Aloys, In Charge of Social Affairs - Cell level
Sibomana Laurent, In Charge of Social Affairs - Cell level
Mukeshimana Vincent, In Charge of Social Affairs - Cell level
Musabyemariya Epiphanie, In Charge of Social Affairs - Cell level
Nyirahabimana Sarah, In Charge of Social Affairs - Cell level

Nyiracumi Alphonsine, In Charge of Social Affairs - Cell level
Nsengimana Aimable, In Charge of Social Affairs - Cell level
Hategekimana Augustin, In Charge of Social Affairs - Cell level
Niyonzima Viateur, In Charge of Social Affairs - Cell level
Nyirasikamwe Jacqueline, In Charge of Social Affairs - Cell level
Nzabamwita Evaliste, In Charge of Social Affairs - Cell level
Nyirahabimana Aima Marie, In Charge of Social Affairs - Cell level
Kwizera Audith, In Charge of Social Affairs - Cell level
Banyuriyabo Jean Claude In Charge of Social Affairs - Cell level
Sibobugingo Aloys, In Charge of Social Affairs - Cell level
Ntibandetse Pascal, In Charge of Social Affairs - Cell level
Niyitegeka Paul, In Charge of Social Affairs - Cell level
Ayinkamiye Esperence, HC Nutritionist
Kabaganda Grace, HC Nutritionist
Munyampirwa Donat, HC Nutritionist
Bamporiki Gémira, HC Nutritionist
Nikuze Laurentine, HC Nutritionist
Munganyinka Donatille, HC Nutritionist
Uwizanye Celine, HC Nutritionist
Hitabatuma Aloys, HC Nutritionist
Uwimana Consolee, HC Nutritionist
N.Nsengiyumva Clothilde, HC Nutritionist
Uwamahirwe Drothee, HC Nutritionist
Ntawuruhunga Marcelline, HC Nutritionist
Mutuyimana Frandria, HC Nutritionist
Ahishakiye Therese, HC Nutritionist
Unyizihiye Vestine, HC Nutritionist

Annex 2: Monitoring and Evaluation Table

Rows shaded in gray are CSP objectives with targets. Additional indicators that will also be tracked for Rapid CATCH, or otherwise, are un-shaded.

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
	III. Breastfeeding and Nutrition (40% LOE)							
IR3	Improve breastfeeding practices	Immediate breastfeeding of newborns: Percent of children 0-23 months who were put to the breast within one hour of birth. (Key indicator MNC) (OR)	OR; MTE KPC, FE KPC	Annually	Kaduha 48.32% (CI: 43.14-53.50%)	Kaduha 71.4% (CI: 66.26-76.54%)	70%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 51.1% (CI: 45.94-56.26%)	Kigeme 72.6% (CI: 67.52-77.68%)	70%	
		Prelacteal feeding Percent of children 0-23 months given liquids prior to the initiation of breastfeeding.	OR; MTE KPC, FE KPC	Annually	Kaduha 10.99% (CI: 7.74-14.24%)	Kaduha 6.4% (CI: 3.6-9.1%)	3%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 10.70% (CI:7.42-13.92%)	Kigeme 9.1% (CI: 5.8-12.3%)	3%	
IR3	Exclusive Breastfeeding (tracking only)	Percent of children age 0-5 months who were exclusively breastfed during the last 24 hours. (RC)	OR; MTE KPC, FE KPC	Annually	Kaduha 91.11% (CI:85.23-96.99%) By age: 0-1m: 64.0% 2-3m: 86.2% 4-5m: 63.6% 0-3m:87.0%	Kaduha 90.1% (CI: 83.96-96.24) By age: 0-1 m: 91.7% 2-3 m: 91.7% 4-5 m: 87.1% 0-3 m: 91.7%	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
					Kigeme 98.89% (CI:96.73-100.00%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	Kigeme 83.8% (CI: 75.41-92.19%) 0-1m: 87.5% 2-3m: 96.8% 4-5m: 96.8% 0-3m: 98.2%	N/A	
IR3	Continued breastfeeding at 1 year (tracking only)	Percent of children 12-15 months who are still breastfeeding.	OR; MTE KPC, FE KPC	Annually	Kaduha 85.42% (CI:5.44-95.40%)	Kaduha 100.0% (CI: 100.0-100.0%)	N/A	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 93.44% (87.23-99.65%)	Kigeme 97.9% (CI: 93.8-101.9%)	N/A	
	Continued breastfeeding at 2 years (tracking only)	Percent of children 20-23 months who are still breastfeeding.			Kaduha 86.79% (CI:77.67-95.91%)	Kaduha 97.4% (CI: 92.4-102.3%)	N/A	
					Kigeme 90.91% (CI: 82.42-99.40%)	Kigeme 88.4% (CI: 78.8-97.9%)	N/A	
IR3	Improve Infant and Young Child Feeding Practices	% infants and young children age 6-23 months fed according to the **Minimum Dietary Diversity** (OR)	OR; MTE KPC, FE KPC	Annually	Kaduha 21.85% (CI: 16.92-26.78%) By age: 6-11m: 0.0% 12-17m: 31.7% 18-23m: 40%	Kaduha 38.8% (CI: 32.1- 45.4 %) By age: 6-11m: 32.2% 12-17m: 36.8% 18-23m: 51.9%	60%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 38.89% (CI: 33.08-44.70%) By age: 6-11m: 0.0% 12-17m: 50.6% 18-23m: 51.6%	Kigeme 31.0% (CI: 24.9-37.0%) By age: 6-11m: 22.2% 12-17m: 38.5% 18-23m: 34.2%	55%	
		% infants and young children age 6-23 months fed according to the			Kaduha 7.04% (CI: 3.99-10.09%)	Kaduha 66.5% (CI: 58.7 - 74.3%)	55%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		Minimum Meal Frequency (OR)			Kigeme 7.41% (CI: 4.07-10.21%)	Kigeme 50.9% (CI: 44.0-57.8%)	60%	
		% infants and young children age 6-23 months fed according to the **Minimum Acceptable Diet** *WHO 2008 definition (OR, RC*)			Kaduha 2.96% (CI: 0.92-4.94%)	Kaduha 32.5% (CI: 24.9-40.2%)	50%	
					Kigeme 3.33% (CI: 1.19-5.47%)	Kigeme 22.8% (CI: 16.1-29.5%)	50%	
IR3	Consumption of iron-rich foods	% infants 6–23 months of age who consumed food rich in iron. (Include micronutrient powders if/when program expands to Nyamagabe)	OR; MTE KPC, FE KPC	Annually	Kaduha 15.19% (CI: 10.91-19.47%)	Kaduha 15.3% (CI: 10.4-20.1%)	50%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 23.33% (CI: 18.29-28.37%)	Kigeme 12.8% (CI: 8.4-17.1%)	50%	
IR3	Age appropriate introduction of semi-solid foods	Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods.	OR; MTE KPC, FE KPC	Annually	Kaduha 52.00% (CI: 38.15-65.85%)	Kaduha 81.0% (CI: 69.1-92.8)%)	75%	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 58.50% (CI: 45.23-71.77%)	Kigeme 79.1% (CI: 66.9-91.2%)	75%	
IR3	Responsive feeding This indicator will get revised at next survey; will reference HF project data for baseline at that time.	Percent of Caregivers who assist child when eating (of children who consume soft, semi-solid or solid foods)	OR; MTE KPC, FE KPC	Annually	Kaduha 6.93% (CI:3.65-10.21%)	Kaduha 95.5% (CI: 92.6-98.3)%)	TBD	BCC through MCG, Churches, Community meetings, Home visit & NW
					Kigeme 13.08% (CI:8.97-17.37%)	Kigeme 92.1% (CI: 88.4-95.7%)	TBD	
IR3	Self- Feeding (tracking only)	Percent of children who consume soft, semi-solid or solid foods) who are			Kaduha 94.81% (CI:91.95-97.67%)	Kaduha 4.5% (CI:1.6-7.3%)	N/A	BCC through MCG, Churches, Community
					Kigeme 87.34%	Kigeme 7.9%	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
		self-feeding			(CI: 83.11-91.57%)	(CI: 4.9-11.5%)		meetings, Home visit & NW
IR3	Vitamin A Supplementation in the last 6 months	Percent of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall. (RC 8, OR)	MCH week report OR report	Bi-annually	Kaduha 70.37% (CI:64.92-75.82%)	Not included in abridged survey	N/A	BCC through MCG, Churches, Community meetings, Home visits NW; support to HC for MCH week
					Kigeme 77.04% (CI: 72.02-82.06%)	Not included in abridged survey	N/A	
	Anthropometry							
IR3	Underweight for Age (tracking only)	Percent of children 0-23 months who are underweight (-2 SD for the median weight for age, according to WHO reference population) Disaggregate underweight by moderate (≤-2SD and >-3SD) and severe (≤ -3SD) (RC)	Monthly Growth Monitor-ing, OR	Monthly Annually	Kaduha 17.8% (CI:14.00-22.50%) Severe: 7.2% (CI: 4.8-10.8%) Moderate: 10.6%(CI:7.9-14.1%)	Kaduha 21.7% (CI : 17.0 – 27.2%) Severe : 5.7% (CI : 3.3-9.6%) Moderate : 16.0% (CI : 11.9-21.1%)	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 8.9% (CI:6.6-15.0%) Severe: 2.2% (CI: 1.2-4.2%) Moderate: 6.7%(CI:4.5-9.9%)	Kigeme 16.0% (CI: 11.4-22.1%) Severe: 3.0% (CI: 1.5-5.8%) Moderate: 13.0% (CI: 9.2-18.1%)	N/A	
IR3	Acute Malnutrition / Wasting (tracking only)	% children 0-23 months who are underweight for height (-2SD for the median height for age, according to WH0 reference population) Disaggregate wasting by moderate (≤-2SD and >-3SD) and severe (≤ -3SD) (OR)	OR	Annually	Kaduha 7.6% (CI: 4.9-11.6%) Severe 3.9% (CI:2.3-6.8%) Moderate 3.7% (CI:2.2-5.9%)	Kaduha 8.7% (CI : 5.4-13.6%) Severe 2.3% (CI : 1.0-5.2%) Moderate 6.3% (CI : 3.6-11.0%)	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 6.1% (CI:4.1 -9.1%)	Kigeme 2.7% (CI : 1.2-6.0%) Severe : 1.0% (CI:	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 KPC Value (95% Confidence Int.)	EOP Target	Related Activities
					Severe 2.2% (CI:1.1-4.6%) Moderate: 3.9% (CI:2.3-6.4%)	0.2-4.4%) Moderate : 1.7% (CI: 0.7-3.9%)		
IR3	Acute Malnutrition (tracking only)	Percent of children 6-23 months acutely malnourished as measured by MUAC Disaggregate by 'at risk', moderate and severe acute malnutrition	Monthly Growth Monitoring Report OR	Monthly Annually	Kaduha 8.3% (CI: 5.3-12.7%) 1.5% severe 6.8% mod. 18.52% at-risk	Kaduha 9.6% (CI: 5.8-15.3%) Severe 2.4% (CI: 1.0-5.5%) Moderate 7.2% (CI: 4.1-12.4%)	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 5.2% (CI: 3.0-8.9%) 0.4% severe 4.8% mod. 20.37% at-risk	Kigeme: 4.0% (CI: 2.0-7.6%) Severe 0.0% (CI: 0.0-0.0%) Moderate: 4.0% (CI: 2.0-7.6%)	N/A	
IR3	Stunting (tracking only)	Percentage of children 0-23 months who are under height/length for age (-2SD for the median height for age, according to WHO reference population) Disaggregate stunting by moderate (≤-2SD and >-3SD) and severe (≤ -3SD)	OR	Annually	Kaduha 44.3% (CI:37.6-51.2%) Severe 25.1% Moderate 19.2%	Kaduha 33.3% (CI: 26.1-41.3%) Severe: 13.3% (CI: 9.3-18.8%) Moderate: 20.0% (CI: 14.8-26.4%)	N/A	BCC through MCG, Churches, Community meetings, Home visit NW Counseling through GMP
					Kigeme 33.4% (CI:27.1-40.4%) Severe 12.5% Moderate 20.9%	Kigeme 34.0% (CI: 26.9-41.9%) Severe: 11.7% (CI: 8.4-16.0%) Moderate: 22.3% (CI: 17.6-27.9%)	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	EOP Target	Related Activities
	IV. Maternal & Newborn Care (35% LOE)							
IR1	Increase % of mothers who have 4+ ANC visits	% mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child. (RC1)	MT KPC Final KPC	Y3&4	Kaduha 45.5% (CI: 40.34-50.66%)	Not included in abridged survey	75%	Training ASM CHWs for MNC; BCC; household visit
					Kigeme 48.9% (CI: 43.74-54.06%)	Not included in abridged survey	75%	
IR1	Increase % of mothers who have ANC in their first trimester (tracking only)	% mothers of children age 0-23 months who had antenatal visit in the first trimester when they were pregnant with the youngest child	MT KPC Final KPC		Kaduha 54.5% (CI: 49.34-59.56%)	Not included in abridged survey	N/A	ASM training, BCC, household visit
					Kigeme 54.7% (CI: 49.56-59.84%)	Not included in abridged survey	N/A	
IR1	Increase % of mothers who get at least two TT	%mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child. (RC2)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 68.43% (CI: 63.58-73.22%)	Not included in abridged survey	80%	ASM training, BCC, household visit
					Kigeme 68.33% (CI: 63.49-73.11%)	Not included in abridged survey	80%	
IR1	Increase skilled birth attendance (tracking only)	% children age 0-23 months whose births were attended by skilled personnel. (RC3)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 83.0% (CI: 79.11-86.89%)	Not included in abridged survey	N/A	ASM training, BCC, household visit
					Kigeme 91.7% (CI: 88.85-94.55%)	Not included in abridged survey	N/A	
IR1	Increase % of newborns who get a post-natal check-up within 2 days of birth (RC 4)	% of mothers of children 0-23 m. whose youngest child received a post-natal visit from an appropriate trained health worker within 2 days of birth. (RC4)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 37.70% (CI: 32.68-42.72%)	Not included in abridged survey	60%	ASM training, BCC, household visit
					Kigeme 44.2% (CI: 39.07-49.33%)	Not included in abridged survey	60%	
	Current Contraceptive Use Among Mothers of Young Children	% mothers of children 0-23 months who are using a modern contraceptive method. (RC5)	MT KPC Final KPC ASM monthly report	Y3&4 Monthly	Kaduha 57.5% (CI: 52.38-62.62%)	Not included in abridged survey	N/A	ASM training, BCC, community mobilization to use CBP
					Kigeme 62.5% (CI: 57.5-67.5%)	Not included in abridged survey	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	EOP Target	Related Activities
	(tracking only)							
IR1	Increase iron-folic acid supplementation during pregnancy.	Percentage of mothers who received tablets; average number of days consumed of those who received pills. (OR)	MT KPC Final KPC OR	Annually	Kaduha 80.4% received (CI: 72.29-84.51%) Average days: 35.37	Kaduha 69.4% received (CI: 64.1-76.6%) Average days: 39.88	90% 60 days	ASM training, BCC, household visit, advocacy to improve quality of ANC
					Kigeme 81.4% received (CI: 77.38-85.42%) Average days: 33.45	Kigeme 70.9% received (CI: 65.7-76.0%) Average days: 33.45	90% 60 days	
	VII. Control of Diarrheal Diseases (15% LOE)							
IR1	**Prevention** Increase % of households that treat water effectively	<u>POU Water Tx:</u> Percentage of households of children age 0-23 months that treat water effectively. (RC15, OR)	MT KPC Final KPC	Y3&4	Kaduha 50.0% (CI: 44.83-55.17%)	Kaduha 98.3% (CI: 96.6-99.9%)	65%	
					Kigeme 56.4% (CI: 51.28-61.52%)	Kigeme 97.6% (CI: 95.2-99.9%)	65%	
IR2	Improve appropriate hand washing practices	Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing. (RC16, OR)	MT KPC Final KPC	Y3&4	Kaduha 38.6% (CI:33.57-43.63)	Kaduha 78.1% (CI:72.9-83.2%)	65%	BCC, Home Visit, Hygiene Club rep in Care Group
					Kigeme 43.9% (CI: 38.77-49.03)	Kigeme 89.4% (CI: 85.4-93.3%)	65%	
IR2	Hand Washing at Appropriate times (tracking only)	Percentage of mothers of children age 0-23 months who wash hands with soap at all four key times	MT KPC Final KPC	Y3&4	Kaduha 2.8% (CI: 1.40-5.20%	Kaduha 21.0% (CI: 16.3-25.6%	N/A	BCC, Home Visit, Hygiene Club rep in Care Group
					Kigeme 5.0% (CI: 3.10-7.90%)	Kigeme 9.7% (CI: 6.3-13.0%)	N/A	
IR2	Latrine/toilet in	Percentage of households of children age 0-23 months that	MT KPC Final KPC	Y3&4	Kaduha 15.0%	Kaduha 20.7%	N/A	BCC, Home visit, CHW, use church

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	EOP Target	Related Activities
	good condition (tracking only)	have a toilet facility in appropriate condition			(CI: 11.31-18.69%) Kigeme 26.9% (CI: 22.32-31.48%)	(CI: 16.1-25.2%) Kigeme 14.0% (CI: 10.0-17.9%)	 N/A	channel to mobilize for hygiene
IR2	Safe feces disposal (tracking only)	Percentage of mothers of children 0-23 months who disposed of the youngest child's feces safely the last time a stool passed. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 71.4% (CI: 66.73-76.07%) Kigeme 82.8% (CI: 78.90-86.70%)	Kaduha 69.0% (CI: 63.7-74.2%) Kigeme 76.3% (CI: 71.4-81.1%)	N/A N/A	BCC, Home visit, CHW, use church channel to mobilize for hygiene
IR1	**Prevalence** Two week prevalence of diarrhea (tracking only)	Percentage of children 0-23 months with diarrhea in the previous two weeks (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 17.2% (CI: 13.30-21.10%) Kigeme 19.4% (CI: 15.32-23.48%)	Not included in abridged survey Not included in abridged survey	N/A N/A	BCC, Home visit, CHW, use church channel to mobilize for hygiene
IR1	Improve home management of diarrhea (ORT use, increased fluids and continued feeding)	Percentage of children age 0-23 months with diarrhea in the last 2 weeks who received ORS and/ or recommended home fluids. (RC13)	MT KPC Final KPC	Y3&4	Kaduha 23.1% (CI: 12.85-33-35%) Kigeme 22.9% (CI: 13.06-32.74%)	Not included in abridged survey Not included in abridged survey	70% 70%	CHW refresher training on CCM, BCC, household visit
IR2		Percentage of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 36.9% (CI: 25.17-48.63%) Kigeme 40.0% (CI: 28.52-51.48%)	Not included in abridged survey Not included in abridged survey	70% 70%	CHW refresher training on CCM, BCC, household visit
IR2		Percentage of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. (Key Indicator)	MT KPC Final KPC	Y3&4	Kaduha 63.1% (CI: 51.37-74.83%) Kigeme 64.3% (CI: 53.08-75.52%)	Not included in abridged survey Not included in abridged survey	75% 75%	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	EOP Target	Related Activities
IR1	**Zinc Treatment** Increase use of zinc to treat diarrhea	Percentage of children 0-23 months with diarrhea in the last two weeks who were treated with zinc supplements. (Key Indicator)	MT KPC Final KPC CHW monthly rport	Y3&4 monthly	Kaduha 24.6% (CI: 14.13-35.07%)	Not included in abridged survey	70%	
					Kigeme 10.0% (CI: 2.97-17.03%)	Not included in abridged survey	70%	
IR	**Result/ Objective**	**Indicators** (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	**Source/ Measurement Method**	**Frequency of data collection**	**Location and Baseline Value (95% Confidence Int.)**		**EOP Target**	**Related Activities**
	VIII. Pneumonia Case Management (LOE 10%)							
IR1	**Prevalence** Two week prevalence of suspected pneumonia (tracking only)	Percent of children 0-23 months with cough and rapid and/or difficult breathing during two weeks prior to survey	MT KPC Final KPC	Y3&4	Kaduha 23.9% (CI: 19.49-28.31%)	Not included in abridged survey	N/A	BCC, Home visit, CHW, use church channel to mobile for hygiene, promote improved stove
					Kigeme 31.4% (CI: 26.61-36.19%)	Not included in abridged survey	N/A	
IR1	**Care Seeking** Improve appropriate care seeking for pneumonia	Percent of children age 0-23 months with chest-related cough and fast and/ or difficult breathing in the last 2 weeks who were taken to an appropriate health provider. (RC14)	MT KPC Final KPC	Y3&4	Kaduha 44.2% (CI: 33.70-54.70%)	Not included in abridged survey	70%	BCC, Home visit, CHW, use church channel to mobile for hygiene, promote improved stove
					Kigeme 45.1% (CI: 35.93-54.27%)	Not included in abridged survey	70%	
	IX. Immunization – Not an intervention; Rapid CATCH Only							
	Measles	Percentage of children age 12-23 months who received a	MT KPC Final KPC	Y3&4	Kaduha 87.4%	Not included in abridged survey	N/A	Community mobilization, support

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	vaccination (tracking only)	measles vaccination.(RC9)			(CI: 81.2-92.10%)			HC out reach
					Kigeme 83.4% (CI: 76.49-89.10%)	Not included in abridged survey	N/A	
	Access to immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-1 (DTP1 +HepB + Hib) by vaccination card or mother's recall by the time of the survey . (RC10)	MT KPC Final KPC	Y3&4	Kaduha 89.3% (CI: 83.40-93.60%)	Not included in abridged survey	N/A	
					Kigeme 86.9% (CI: 80.30-91.90%)	Not included in abridged survey	N/A	
	Health System Performance regarding Immunization services (tracking only)	Percentage of children aged 12-23 months who received Pentavalent-3 (DTP3 with HepB and Hib) according to the vaccination card or mother's recall by the time of the survey. (RC)	MT KPC Final KPC	Y3&4	Kaduha 84.3% (CI: 77.0-89.7%)	Not included in abridged survey	N/A	
					Kigeme 84.1% (CI: 77.20-89.70%)	Not included in abridged survey	N/A	
		X. Malaria – Not an official intervention; Rapid CATCH						
IR1	**Prevention** LLIN/ITN use	Percentage of children age 0-23 months who slept under an insecticide-treated bed net (in malaria risk areas, where bed net use is effective) the previous night. (RC17)	MT KPC Final KPC	Y3&4	Kaduha 66.9% (CI: 61.80-71.80%)	Not included in abridged survey	N/A	Support HC to distribute ITN , BCC,
					Kigeme 66.9% (CI: 61.80-71.80%)	Not included in abridged survey	N/A	
	Prevalence Two week prevalence of fever (tracking only)	Percent of children 0-23m with fever in the past two weeks.	MT KPC Final KPC		Kaduha: 20.8% (CI: 16.61-24.99%)	Not included in abridged survey	N/A	
					Kigeme: 23.9% (CI: 19.49-28.31%)	Not included in abridged survey	N/A	
	Treatment of fever Treatment of Fever in Malarious Zones	Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with	MT KPC Final KPC	Y3&4	Kaduha 14.0% (CI: 7.60-24.70%)	Not included in abridged survey	N/A	CHW refresher training on integrated CCM, BCC, Home visit
						Not included in	N/A	

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	EOP Target	Related Activities
	(tracking only) NOTE: Because of Rapid Diagnostic Testing, only children with a positive test should receive a drug. This is not reflected in Rapid Catch Indicator.	an effective anti-malarial drug within 24 hours after the fever began. (RC12)			Kigeme 1.2% (CI: 0.0-6.3%)	abridged survey		
IR1	Care-seeking for fever (Measured because of RDT issues explained above.)	Percentage of children age 0-23 months with a febrile episode during the last two weeks who sought treatment from appropriate provider.	MT KPC Final KPC CCM monthly report	Y3&4 Monthly	Kaduha 53.30% (CI: 42.01-64.59%) Kigeme 52.3% (CI41.74-62.86%)	Not included in abridged survey Not included in abridged survey	N/A N/A	CHW refresher training on integrated CCM, BCC, Home visit
	VIII. Process Indicators related to CHWs and Nutrition Weeks							
IR2	Contact with CHW for health education: Percent of households with children 0-23 months that received health information from a CHW in the past month, according to location (home visit, community meeting, health facility, Growth Monitoring and Counseling, Nutrition Week, etc.)		MT KPC Final KPC	Y3&4		Not Collected at baseline; for future tracking		
IR2	CHW Home Visits Percent of households with children 0-23 months that received a visit from a CHW in the past month, according to reported purpose		MT KPC Final KPC	Y3&4	Kaduha 26.7% (CI: 22.13-31.27%) Kigeme 21.9% (CI 17.63-26.17%)	Kaduha 52.2% (CI: 46.3-57.6%) Kigeme 27.7% (CI 22.6-32.7%)	75% 75%	CHWs and Local leaders plan in MCG home visits, Care Group visit homes monthly
IR3	Participation in Nutrition Weeks: Percentage of		MT KPC	Y3&4	Kaduha	Kaduha 53.0%	80%	Community

IR	Result/ Objective	Indicators (OR) = OR Indicator (RC) = Rapid CATCH 2008 (Key Indicator) = Recommended by USAID	Source/ Measurement Method	Frequency of data collection	Location and Baseline Value (95% Confidence Int.)	Location and Year 2 Value (95% Confidence Int.)	EOP Target	Related Activities
	mothers with children 0-23 months who participated in “Nutrition Week” intervention at least once in the past 6 months for 4 or more days.		Final KPC	Quarter-ly	 Kigeme	(CI: 47.3-58.6%)	 NA	mobilization, organize NW,

Annex 3: Clusters

Year 2 KPC - Kigeme Samples

	Sector	HC	Cell	Village	Cluster
82	KAMEGELI	NYARUSIZA	KIREHE	RYANYIRATABA	1
91	KAMEGELI	NYARUSIZA	BWAMA	GITWA	2
100	KAMEGELI	NYARUSIZA	NYARUSIZA	BANDE	3
109	MBAZI	NGARA	MUTIWINGOMA	MUDUHA	4
119	MBAZI	NGARA	NGARA	GITUNTU	5
126	GASAKA	KIGEME	NZEGA	NZEGA	6
133	KIBILIZI	KIGEME	RUHUNGA	NYAGISHUBI	7
141	UWINKINGI	UWINKINGI	MUNYEGE	KIMINA	8
149	UWINKINGI	UWINKINGI	MUDASOMWA	UWANJYOGORO	9
157	UWINKINGI	UWINKINGI	BIGUMIRA	MAGUMIRA	10
165	UWINKINGI	UWINKINGI	RUGOGWE	MABENDE	11
175	KIBILIZI	MBUGA	BUGARAMA	NYABUSOZI	12
184	TARE	MBUGA	NKUMBURE	BIREKA	13
195	TARE	MBUGA	GATOVU	KIGUSA	14
205	TARE	MBUGA	GASARENDA	KAGARAMA	15
216	TARE	MBUGA	BUHORO	KANSEREGE	16
224	GASAKA	NYAMAGABE	NGIRYI	KARAMBI	17
230	GASAKA	NYAMAGABE	REMERA	GITWA	18
240	GASAKA	NYAMAGABE	NYAMUGALI	KARAMA	19
244	GASAKA	NYAMAGABE	NYAMUGALI	KABAJOGO	20
252	KIBILIZI	NYAMAGABE	GASHIHA	RUKAMIRO	21
8	CYANIKA	CYANIKA	GITEGA	MUSASA	22
19	CYANIKA	CYANIKA	NYANZA	BUHIGA	23
26	CYANIKA	CYANIKA	NGOMA	KAMUHIRWA	24
37	CYANIKA	CYANIKA	KARAMA	NYANZA	25
47	KIBILIZI	CYANIKA	KARAMBO	GITWA	26
55	KITABI	KITABI	KAGANO	KINTOBO	27
61	KITABI	KITABI	MUJUGA	RWUFE	28
69	KITABI	KITABI	SHABA	BITABA	29
76	KITABI	KITABI	UWINGUGU	KIGALI	30

Year 2 KPC - Kaduha Samples

	Sector	HC	Cell	Village	Cluster
1	GATARE	RUGEGE	MUNINI	RUKWANDU	31
9	GATARE	RUGEGE	SHYERU	KAGUSA	32
18	GATARE	RUGEGE	GATARE	UWISULI	33
27	Buruhukiro	MUSEBEYA	BYIMANA	BISHYIGA	34
36	Buruhukiro	MUSEBEYA	GIFURWE	RURONZI	35
45	Buruhukiro	MUSEBEYA	KIZIMYAMURIRO	UWINZIRA	36
54	Musebeya	MUSEBEYA	GATOVU	KANYIRANZOGA	37
61	Musebeya	MUSEBEYA	NYARURAMBI	KABERE	38
71	Musebeya	MUSEBEYA	RUNEGE	BIGUGU	39
80	Musebeya	MUSEBEYA	RUSEKERA	REBERO	40
89	KIBUMBWE	KIBUMBWE	BWENDA	MUNYINYA	41
99	KIBUMBWE	KIBUMBWE	GAKANKA	RAMBYA	42
109	KIBUMBWE	KIBUMBWE	NYAKIZA	MURAMBI	43
120	MUGANO	MUGANO	YONDE	NYARUSIZA	44
129	MUGANO	MUGANO	SOVU	NZIRANZIZA	45
136	MUGANO	MUGANO	GITONDORERO	KARAMBI	46
146	MUSHUBI	MUSHUBI	CYOBE	GASEKE	47
156	MUSHUBI	MUSHUBI	GISHWATI	MUSHUBI	48
165	MUSHUBI	MUSHUBI	GISHWATI	RUHINGA	49
174	NKOMANE	NYARWUNGO	NYARWUNGO	BUKERO	50
187	NKOMANE	NYARWUNGO	MUSARABA	GIHUNGA	51
199	NKOMANE	NYARWUNGO	BITANDARA	MUYANGE	52
208	MUSANGE	JENDA	MASANGANO	MUBUGA	53
218	MUSANGE	JENDA	NYAGISOZI	REMERA	54
228	MUSANGE	JENDA	GASAGARA	CYARUVUNGE	55
236	MUSANGE	JENDA	JENDA	CYABUGOMBA	56
245	KADUHA	KADUHA	MURAMBI	KIBIRARO	57
255	KADUHA	KADUHA	KAVUMU	KAREHE	58
263	KADUHA	KADUHA	MUSENYI	NYAKIRAMBI	59
272	GATARE	RUGEGE	BAKOPFU	KALUMBI	60

Annex 4: Questionnaire

Year 2 KPC Monitoring Survey Questionnaire with Translation

World Relief Rwanda Tangiraneza Innovation Child Survival Project, 2013

i. RESPONDENT IDENTIFICATION/ UMWIRONDORO W'USUBIZA	
0) Hospital catchment area / Aho ibitaro bikorera	Kigeme…….. 1 Kaduha…….. 2
i1) Cluster No. / Nimero y'itsinda	|___|___|
i2) Household No. / Nimero y'urugo	|___|___|___|___|
i4) Interviewer Name/ Amazina y'ubaza	_____
i5) Sector/ Umurenge	
i6) Cell/ Akagali	
i7) Village/ Umudugudu	
i8) Health center/ Ikigo Nderabuzima	
i9) Date of Interview/ Itariki y'ibazwa	2013 - ___ ___ - ___ ___ MM - DD
i10) Was consent received? Ubazwa yabyemeye?	Yes/ Yego……1 → i12 No/ Oya……2

i11) If no, why not? **Niba ari Oya, kubera iki?**	Unavailable/ **Ntaboneka……..1** →End/ **Iherezo** Unwilling/ **Ntameze neza……..2** →End/ **Iherezo** Child not Home/ **Umwana ntahari……3** →End/ **Iherezo** Other/ **Ibindi……4** →End/ **Iherezo** _____ (Specify/ **Sobanura)**
i12) **What are the name, sex, and date of birth of your youngest child that is still alive?** **Umwana wawe muto ufite yitwa nde? Yavutse ryari? Igitsina cye ni ikihe?**	**i12a)** NAME OF THE CHILD LESS THAN 24 MONTHS **AMAZINA Y'UMWANA URI MUNSI Y'AMEZI 24** _____ **i12b)** SEX OF CHILD (1=MALE, 2=FEMALE/ **IGITSINA CY'UMWANA(1=GABO, 2=GORE)……1……..2** **i12c)** DATE OF BIRTH **IGIHE YAVUKIYE** ___ ___ ___ ___/___ ___/ ___ ___ **Y Y Y Y / M M / D D** **i12d)** AGE OF THE CHILD **(IN MONTHS) |___|___|** **IMYAKA Y'UMWANA (MU MEZI)**
i13) *Ask the mother:* What is your name? / ***Baza umubyeyi w'umwana:*** **Witwa nde?**	_____
i14) *Ask the mother:* What is your age in years? / ***Baza umubyeyi w'umwana:*** **Ufite imyaka ingahe?**	|___|___|
i15) Are you the biological mother of the child? /	YES/ **YEGO……..1**

Ni wowe wabyaye uyu mwana?	NO/ **OYA……0**
i16) Time interview began / **Isaha ibazwa ryatangiriye**	AM/ **Mbere ya saasita** ___ ___:___ ___ PM/ **Nyuma ya saasita** ___ ___:___ ___

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

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

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

#	Questions Ibibazo	Responses Ibisubizobishoboka
1	Have you ever attended school? **Mwaba mwarageze mu ishuri?**	Yes/ **Yego……1** No/ **Oya……2** →3 Don't know/ **Simbizi……88** →3
2	*If yes, then ask:* What is the highest grade or level of school you have completed? **Niba ari yego, mubaze uti:** **Warangije ayahe mashuri?**	None/ Did not complete primary **Ntayo/Ntiyarangije amashuri abanza….0** Primary/ **Amashuri abanza ……1** Secondary/ **Amashuri yisumbuye……2** Past Secondary/ **Amashuri makuru…..3** Other/ **Ibindi……4** _____ **(Specify/ Sobanura)**
3	How many people live in your household? **Muri uru rugo mubamo muri bangahe?**	Number/ **Umubare……|___|___|** Don't know/ **Simbizi……88**
4.a	What is your *ubudehe* category according to the participatory poverty assessment as defined by MINALOC?	1. **Umutindi nyakujya** (those in abject poverty)**……1**

	Read options if needed. **Mwashyizwe mu kihe cyiciro cy'ubudehe nyuma y'ubushakashatsi bwakozwe na MINALOC kubijanye n'ubukire cyangwa ubukene?** **Musomere ibyiciro niba atabizi** *If the category is unknown, the interviewer should check the list at the health center so that data is entered for every household. If there is debate, use the category assigned by MINALOC.* ***Niba ubazwa atazi icyiciro arimo, ubaza ajye kureba kuri lisiti yo ku Kigo Nderabuzima iriho ibyiciro by'ingo zose, Niba ubazwa ajya impaka ku cyiciro yashyizwemo, koresha icyiciro kiri ku ilisiti ya MINALOC***	**2. Umutindi** (the very poor)…….....2 **3. Umukene** (the poor) ……..3 **4. Umukene wifashije** (the resourceful poor)……..…….4 **5. Umukungu** (the food rich)……....5 **6. Umukire** (the money rich)…….……6 **8. Simbizi** (don't know) ……8 **(Source: *Government of Rwanda Poverty Reduction- Strategy Paper,*June 2002 – p.15.)**
4.b	Are you using health insurance? **Ese waba uri mu bwisungane mu kwivuza?**	Yes/ **Yego……1** No/ **Oya……..0 →21**
4.c	*If yes:* Can I see your member card? **Niba ari yego, nshobora kureba ikarita yawe y'ubwisungane mu kwivuza?**	Card available/ **Ikarita irahari……1** No card/ **Ikarita ntayo afite……..0**

SECTION II: MATERNAL AND NEWBORN CARE/ IGICE CYA KABIRI KWITA K'UMUBYEYI NURUHINJA		
#	**Questions** **Ibibazo**	**Responses** **Ibisubizo bishoboka**

5-20	Q5-Q20 removed for Y2 Uyu mwaka ibi bibazo ntibizabazwa	→21
21	*If biological mother (i15) ask:* During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup? ***Mubaze iki kibazo niba ariwe wabyaye uyu mwana (i15):*** **Mu gihe wari utwite (izinary'umwana muto) wigeze uhabwa cyangwa ugura ibinini/umushongi bya feri byongera amaraso?** *SHOW TABLETS/* ***BIMWEREKE***	YES/ **YEGO……1** NO/ **OYA……0** →29 DON'T KNOW/ **SIMBIZI……88** →29
22	During the whole pregnancy, for how many days did you take the tablets/syrup? *If the answer is not numeric, probe for the approximate number of days.* **Igihe wari utwite, ibyo binini bya feri wabifashe mu minsi ingahe?** ***Niba igisubizo aguhaye Atari umubare, komeza umubaze agereranye mu mibare.***	DAYS/ **IMINSI……|___|___|** DON'T KNOW/ **SIMBIZI……888**
23-28	Q23-28 removed for Year 2 Uyu mwaka ibi bibazo ntibizabazwa	→29

SECTION III: BREASTFEEDING AND CHILD NUTRITION / KONSA NO KUGABURIRAUMWANA		
29	Did you ever breastfeed (NAME)? **Wigeze wonsa (izinary'umwana muto)?**	YES/ **YEGO ..... 1** NO/ **OYA ..... 0** →36
30	How long after birth did you first put (NAME) to the breast?	Less than 1 hour / **Igihe kitageze ku isaha ……0 0 0**

	IF LESS THAN 1 HOUR, CIRCLE '000' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. **Ukimara kubyara kanaka (izinary'umwana muto) wamwonkeje bwa mbere amaze igihe kingana iki avutse?** ***NIBA ARI MUNSI Y'ISAHA IMWE SHYIRA AKAZIGA KURI 000,NIBA ARI MUNSI Y'AMASAHA 24, ANDIKA UMUBARE W'AMASAHA,*** ***NIBA ARI HEJURU Y'AMASAHA 24, ANDIKA IMINSI.***	or / **cyangwa** Hours / **Amasaha…….. |___|___|** or / **cyangwa** Days / **Iminsi ……..|___|___|**
1 3	During the first three days after delivery, did you give (NAME) the liquid that came from your breasts? **Mu minsi itatu ya mbere umaze kubyara, waba waronkeje (IZINA RY'UMWANA MUTO)?**	YES/ **YEGO ..... 1** NO / **OYA ..... 0** DON'T KNOW/ **SIMBIZI 88**
2 3	During the first three days after delivery, was (NAME) given anything to drink other than breast milk? **Mu minsi itatu ya mbere umaze kubyara, hari ikinyobwa wahaye kanaka kitari amashereka?**	YES/ **YEGO ..... 1** NO / **OYA ..... 0** → **34** DON'T KNOW/ **SIMBIZI ..... 88** → **34**
3 3	What else was (NAME) given to drink during the first three days? **Ni ibihe binyobwa bindi wahaye (IZINA RY'UMWANA MUTO) mu minsi itatu ya mbere?** Anything else? **Nta kindi?** *DO NOT READ THE LIST* ***NTUMUSOMERE IBISUBIZO.*** *RECORD ALL MENTIONED BY CIRCLING LETTER FOR EACH ONE MENTIONED* ***SHYIRA AKAZIGA KUCYO AKUBWIYE***	MILK (OTHER THAN BREAST MILK) **AMATA (ATARI AMASHEREKA……..…A** PLAIN WATER / **AMAZI……..……..…….....B** SUGAR OR GLUCOSE WATER / **AMAZI ARIMO ISUKARI……..……C** HOME REMEDY/ **IMITI YATEGURIWE MU RUGO ITARI IYO KWA MUGANGA……D** SUGAR-SALT-WATER SOLUTION / **AMAZI ARIMO UMUNYU N'ISUKARI……E** FRUIT JUICE/ **UMUTOBE W'IMBUTO ……..F**

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

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

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

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

No.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE			QUESTIONS AND CODING CATEGORIES/ IBIBAZO N'IBISUBIZO BITEGEREJWE
	39 **Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM**	**YES** **YEGO**	**NO** **OYA**	**DK** **SINZI**	**40** ***READ QUESTION 40 FOR ITEMS B, C AND F, IF CHILD CONSUMED THE ITEM. RECORD 88 for DON'T KNOW.***

	FROM LIST)? *READ THE LIST OF LIQUIDS STARTING WITH 'PLAIN WATER.'* **Noneho ndifuza kukubaza ibinyobwa waba wahaye umwana wawe ejo kumanywa cg nijoro. Hari ibyo waba wamuhaye? (IBIRI KU ILISTI)** ***SOMA URUTONDE RW'IBINYOBWA UHEREYE KU "AMAZI GUSA".***				How many times yesterday during the day or at night did (Name) consume any (ITEM FROM LIST)? ***SOMA IKIBAZO CYA 40 KU BISUBIZO B, C NA F, NIBA UMWANA YARABINYOYE. WANDIKE 88 AHO YASHUBIJE SIMBIZI.*** **Ibi binyobwa kanaka (izinary'umwanamuto) yabifashe inshuro zingahe ku munsi haba ku manywa cyangwa nijoro?**
A	**Plain water?** **Amazi gusa?**	**1**	**0**	**88**	
B	**Infant formula such as Kigozi, Rinda and others?** **Amata y'abana yo mu bikombe nka Kigozi, Rinda n'andi?**	**1**	**0**	**88**	**B. TIMES/ Inshuro I__I__I**
C	**Milk such as tinned, powdered or fresh animal milk?** **Amata yo mu dukarito, ay'ifu cyangwa inshyushyu(y'inka, ihene)?**	**1**	**0**	**88**	**C. TIMES/ Inshuro I__I__I**
D	**Juice or juice drinks?** **Umutobe w'ibitoke cyangwa ubundi bwoko bw'imitobe?**	**1**	**0**	**88**	
E	**Clear broth?** **Isupu imeze nk'amazi?**	**1**	**0**	**88**	
F	**Yogurt?** **Yawurute?**	**1**	**0**	**88**	**F. TIMES/ InshuroI__I__I**
G	**Thin porridge?** **Igikoma kidafashe?**	**1**	**0**	**88**	
H	**Any other water-based liquids such as (insert local) sorghum juice?** **Ibindi binyobwa nk' umusururu ?**	**1**	**0**	**88**	
I	**Any other liquids?** **Ibindi binyobwa?**	**1**	**0**	**88**	
41	**Please describe everything that (NAME) ate yesterday during the day or night, whether at home or outside the home.** **a) Think about when (Name) first woke up yesterday. Did (NAME) eat anything at that time?** **IF YES: Please tell me everything (NAME) ate at that time.**				

PROBE: Anything else?
UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION b).

b) What did (NAME) do after that? Did (NAME) eat anything at that time? IF YES: please tell me everything (NAME) ate at that time. PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.

REPEAT QUESTION b) ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEEP UNTIL THE NEXT DAY.

c) IF RESPONDENT MENTIONS MIXED DISHES LIKE A PORRIDGE, SAUCE OR STEW, PROBE: **What ingredients were in that (MIXED DISH)?** ***PROBE: Anything else? UNTIL RESPONDENT SAYS NOTHING ELSE.***

AS THE RESPONDENT RECALLS FOODS, UNDERLINE THE CORRESPONDING FOOD AND CIRCLE '1' IN THE COLUMN NEXT TO THE FOOD GROUP. IF THE FOOD IS NOT LISTED IN ANY OF THE FOOD GROUPS BELOW WRITE THE FOOD IN THE BOX LABELLED 'OTHER FOODS.' IF FOODS ARE USED IN SMALL AMOUNTS FOR SEASONING OR AS A CONDIMENT, INCLUDE THEM UNDER THE CONDIMENTS FOOD GROUP.

ONCE THE RESPONDENT FINISHES RECALLING FOODS EATEN, READ EACH FOOD GROUP WHERE '1' WAS NOT CIRCLED, ASK THE FOLLOWING QUESTION AND CIRCLE '1' IF RESPONDENT SAYS YES, '0' IF NO AND '8' IF DON'T KNOW:

Yesterday during the day or night, did (NAME) drink/eat any (FOOD GROUP ITEMS)?

Mwatubwira ibiribwa (IZINA RY'UMWANA MUTO) yagaburiwe ejo hashize kumanywa na nijoro murugo cyangwa ahandi

a) Tekereza mugihe (kanaka) yamaragakubyuka ,hari icyo kurya yaba yarahawe? NIBA ARI YEGO watubwira buri kimwe cyose yaba yarariye muri icyo gihe? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI. NIBA NTACYO, KOMEZA KUKIBAZO CYA b).

b) Nyuma yibyo (kanaka) yakoze iki? Hari ikintu (Kanaka) yariye muri icyo gihe? NIBA ARI YEGO: watubwira buri kimwe cyose yaba yarariye? KOMEZA UMUBAZE UTI: Nta kindi? KUGEZA UBWO ASUBIZA KO NTA KINDI.

SUBIRAMO IKIBAZO CYA b) CYO HARUGURU KUGEZA UBWO UBAZWA AKUBWIRA KO UMWANA YAGIYE KURYAMA AGAKANGUKA K'UWUNDI MUNSI.

c) ***NIBA AGUSHUBIJE IBYO KURYA BIVANGAVANZE NK'IGIKOMA, ISOSI CYANGWA IBINDI BIRYO BITETSE, KOMEZA UMUBAZE UTI: Ni ibihe biribwa byari muri iyo MVANGE y'ibiryo? KOMEZA UMUBAZE UTI: Nta cyindi yariye? KUGEZA UBWO ASUBIZA KO NTA KINDI.***

	UKO USUBIZA AGENDA YIBUKA IBIRYO UMWANA YARIYE, UGENDE USHYIRAHO IKIMENYETSO KUCYO BIHUJE KANDI UZENGURUTSE AKAZIGA KURI"1" MU KUMBA KEGEREYE ITSINDA RY"IBIRIBWA. NIBA IBIRYO AVUZE BITARI KU ILISITI IRI HASI HANO, IBIRYO AVUZE UBYANDIKE AHAGENEWE "IBINDI BIRYO" NIBA HARI IBIRIBWA BYAKORESHEJWE MU KURYOSHYA IBIRYO NK'IBIRUNGO, UBISHYIRE AHAGENEWE ITSINDA RY'IBIRUNGO. ***MU GIHE USUBIZA ARANGIJE KUVUGA IBIRYO BYOSE UMWANA YARIYE< SOMA BURI KICIRI CY'IBIRYO AHO UTIGEZE USHYIRA AKAZIGA KURI "1" , UBAZE IKIBAZO GIKURIKIRA HANYUMA USHYIRE AKAZIGA KURI "1" NIBA ASHUBIJE YEGO, KURI "0" NIBA ASHUBIJE OYA, KURI "88" NIBA ASHUBIJE SIMBIZI:*** **Ejo kumanywa cyangwa nijoro, ese (Kanaka) yaba yarariye cyangwa yaranyoye ibiryo biri muri ibi biryo ngiye kukubaza (IBIRYO MU BYICIRO)?**
	OTHER FOODS: PLEASE WRITE DOWN OTHER FOODS IN THIS BOX THAT RESPONDENT MENTIONED BUT ARE NOT IN THE LIST BELOW **IBINDI BIRIBWA: ANDIKA IBINDI BIRIBWA YAVUZE BITAGARAGARA KURUTONDE RWO HASI.**

NO.	QUESTIONS AND FILTERS/ IBIBAZO	CODING CATEGORIES/ IBISUBIZO BITEGEREJWE		
		YES/ YEGO	NO/ OYA	DK/ SIMBIZI
A	Thicker porridge, bread, rice, noodles, or other foods made from grains Igikoma gifashe, umugati, umuceri, amakaroni, cyangwa ibindi biribwa bikomoka kubinyampeke	1	0	88
B	Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside Ibihaza, karoti, ibijumba by' umuhondo cyangwa bya orange	1	0	88
C	White potatoes, white yams, cassava, or any other foods made from roots Ibirayi, ibikoro, imyumbati, cyangwa ibindi biribwa bikomoka kubinyabijumba.	1	0	88
D	Any dark or green leafy vegetables Imboga z'icyatsi kibisi cyane, Imboga rwatsi	1	0	88
E	Ripe mangoes, ripe papayas or ripe guava Imyembe ihishije,ipapayi ihishije, cyangwe amapera ahishije	1	0	88
F	Any other fruits or vegetables (such as avocado) Hari izindi mbuto cyangwa imboga uha umwana zitavuzwe haruguru (nka avoka)	1	0	88
G	Liver, kidney, heart or other organ meats	1	0	88

	Umwijima, impyiko, umutima, cyangwa izindi nyama zo munda			
H	Any meat, such as beef, pork, lamb, goat, chicken or duck Izindinyama / **Iz'inka, ingururube, intama, ihene, inkoko cyangwa imbata**	**1**	**0**	**88**
I	Eggs / **Amagi**	**1**	**0**	**88**
J	Fresh or dried fish, shellfish or seafood **Amafi mabisi cyangwa yumye,isambaza ,injanga/indagara**	**1**	**0**	**88**
K	Any foods made from beans, peas, lentils, nuts or seeds **Ibindi biribwank'ibishyimbo, amashaza, lantiye, ubunyobwa**	**1**	**0**	**88**
L	Cheese, yogurt, or other milk products **foromage,yawurute,cyangwa ibindi bikomoka ku mata**	**1**	**0**	**88**
M	Any oil, fats or butter, or foods made with any of these **Andi mavuta,ibinure cyangwa mayonese, cyangwa ibiribwa bikomoka kubyo tuvuze.**	**1**	**0**	**88**
N	Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits **Ibindi biribwa birimo isukari nka shokora, bombo, shikareti, gato cyangwa biswi**	**1**	**0**	**88**
O	Condiments for flavor, such as chilies, spices, herbs or fish powder **ibiribwaby'ibirungo nk'urusenda, utundi twatsi, ifu y'indagara**	**1**	**0**	**88**
P	Grubs, snails or insects **inswa ,isenani cyangwa utundi dusimba duto tuguruka**	**1**	**0**	**88**
Q	Foods made with red palm oil, red palm nut or red palm nut pulp sauce **Ibiribwa byatekeshejwe amamesa**	**1**	**0**	**88**
R	Other foods not recorded on the list **Ibindi biryo bitavuzwe haruguru**	**1**	**0**	**88**
Check categories A-Q / **GENZURA IBYICIRO A-Q**		IF ALL "NO" or "DK" → GO TO 42 IF AT LEAST ONE "YES" → GO TO 43 **NIBA BYOSEARI "OYA" CYANGWA "SIMBIZI" →JYA KURI 42** **NIBA BYIBUZE KIMWE MURI BYO ARI "YEGO" →JYA KURI 43**		

42	**Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?** ***IF 'YES' PROBE:*** **What kind of solid, semi-solid, or soft foods did (NAME) eat?** **Ese (KANAKA) yigeze arya ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye ejocyangwa ijoro ryakeye?** **NIBA ARI YEGO KOMEZA UBAZE UTI: Ni ubuhe bwoko bw' ibiryo bikomeye , bidakomeye cyane cyangwa byoroshye yafashe?**	**YES/ YEGO ……..1** **NO / OYA ……..0** ➔46b **DON'T KNOW/ SIMBIZI……88** ➔46b **GO BACK TO Q41 AND RECORD FOODS EATEN THEN CONTINUE.** **Subira kukibazo cya 41 umusubiriremo byabibazo nyuma ukomeze**
43	**How many times did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?** **Such as pureed cassava, potatoes, avocado or other pureed foods?** ***WE WANT TO FIND OUT HOW MANY TIMES THE CHILD ATE ENOUGH TO BE FULL. SMALL SNACKS AND SMALL FEEDS SUCH AS ONE OR TWO BITES OF MOTHER'S OR SISTER'S FOOD SHOULD NOT BE COUNTED.*** ***LIQUIDS DO NOT COUNT FOR THIS QUESTION. DO NOT INCLUDE THIN SOUPS OR BROTH, WATERY GRUELS, OR ANY OTHER LIQUID.*** ***USE PROBING QUESTIONS TO HELP THE RESPONDENT REMEMBER ALL THE TIMES THE CHILD ATE YESTERDAY*** **Ibiryo bikomeye ,bidakomeye cyane cyangwa ibindi biryo byoroshye ariko bitarink'amazi yabifashe inshuro zingahe ejo kumanywa cyangwa nijoro?** **Urugero: Ese mwamuhaye inombe y'imyumbati, y'ibijumba? Y'avoka? Cyangwa inombe y'ibindi biryo?** ***TURIFUZA KUMENYA UMUBARE W'INSHURO UMWANA AGABURIRWA KUGEZA AHAZE. NTUBARIREMO UTWO GUHUGENZA UMWANA N'UTUNDI TUNTU DUTO ASHOBORA GUHABWA NA NYINA CYANGWA BAKURU BE.*** ***IBINYOBWA NTIBIBARWA MURI IKI KIBAZO. NTUBARIREMO AMASUPU AMEZE NK'AMAZI N'IBINDI BIRYO BIMEZE NK'AMAZI CYANGWA BINYOBWA.*** ***KOMEZA UMUBAZE KUGIRA NGO UMUFASHE KWIBUKA INSHURO ZOSE UMWANA YAGABURIWE UMUNSI W'EJO.***	**No. OF TIMES/** **INSHURO……..|___|___|** **DON'T KNOW/ SIMBIZI …….88**

44	(If yes to 41 or 42) At what age did (NAME) begin eating solid, semi-solid, or soft foods? (NIBA ARI YEGO)(kanaka) yanganaga iki mutangira kumuha ibiryo bikomeye cyangwa bidakomeye cyane cyangwa byoroshye?	Age (months)/ Imyaka mumezi..|___|___| DON'T KNOW/ SIMBIZI……88
44a	(If yes to 41 or 42) Does (NAME) eat from his/her own separate bowl/cup? (Niba ari yego) Ese (Izina ry"umwana) yaba arira cyangwa agaburirwa ku gasahane/ mu gakombe ke?	YES/ YEGO……1 NO/ OYA……0
45	Are you or someone in your family helping (NAME) eat? (ie. physically feeding them) Ujya ufasha (IZINA RY'UMWANA MUTO) kurya cyangwa hari undi wo mu muryango umufasha?	YES/ YEGO……1➔46b NO/ OYA……0
46a	IF NO: At what age did (NAME) start eating by himself/herself? NIBA ARI OYA: ni ku yahe mezi izina ry'umwanamuto) yatangiye kwigaburira ubwe?	Age (months)/ Imyaka mumezi...|___|___| DON'T KNOW/ SIMBIZI……88
46b	Do you encourage (NAME) to eat/feed (including when you breastfeed)? Mbese ujya ushishikariza (IZINA RY'UMWANA) kurya (no mu gihe umwonsa)?	YES/ YEGO……1 NO/ OYA……0
47-48	Q47- 48 removed for Y2 Uyu mwaka ibi bibazo ntibizabazwa	➔49
49	Has (NAME) taken any drug for intestinal worms in the past 6 months? Kanaka (izinary'umwana Muto) yaba hari utunini tw'inzoka zomunda yahawe mu mezi atandatu ashize? *Show example of drug for worms* ***Mwereke urugero rw'ibinini by'inzoka***	YES/ YEGO……1 NO/ OYA……0 DON'T KNOW / SIMBIZI…… ……88

SECTION IV: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS/ UBUVUZIBUKOMATANIJEBW'INDWARAZ'ABANA		
50-75	Q51-75 removed for Y2 Uyu mwaka ibi bibazo ntibizabazwa	➔76

SECTION V: WATER & SANITATION / AMAZI N'ISUKURA		
76	Do you treat your water in any way to make it safer for drinking? Hari uburyo mukoresha mu gutu nganya amazi yokunywa?	YES/ YEGO……1 NO/ OYA……0 → 78
77	*IF YES:* What do you usually do to the water to make it safer to drink? *Niba ariYego:* ubikora ute ngo wize reko amazi ari meza yokunyobwa? *(ONLY CHECK MORE THAN ONE RESPONSE, IF SEVERAL METHODS ARE USUALLY USED TOGETHER, FOR EXAMPLE, CLOTH FILTRATION AND CHLORINE)*	Let It Stand And Settle/ Sedimentation kuyatereka akiyungurura……A Strain It Through Cloth Kuyayunguruza agatambaro……B Boil/ kuyateka……C Add Bleach/Chlorine Kuyashyiramo sur'eau/kolorine……D Water Filter (Ceramic, Sand, Composite) Kuyayunguruza filitire(iyakizungu, amakara, umucanga……E Solar Disinfection/ Kwica udukoko ukoresheje izuba……F Don't Know/ simbizi……G Other/ Ikindi_____H (Specify/ Sobanura)

	SHYIRA IKIMENYETSO KU GISUBIZO KIRENZE KIMWE NIBA AKORESHA UBWO BURYO BWOSE ICYARIMWE, URUGERO: KUYAYUNGURURA UKORESHEJE CHLORINE CYANGWA AGATAMBARO.	
78	**When do you wash your hands?** **Ni ryari ukaraba intoki?** ***DO NOT PROMPT. CIRCLE ALL MENTIONED.*** ***NTUMUHAGARIKE, KOMEZA WUMVE IBYO AKUBWIRA USHYIRE AKAMENYETSO KU BYO AKUBWIRA BYOSE.***	**Never / nta narimwe ……A ➔81** **Before Food Preparation / Mbere yogutegura amafunguro……B** **Before Feeding Child / Mbere yo konsa/ mbereyo kugaburira umwana……C** **After Defecation/Visiting The Toilet / Nyuma yo kuva ku musarane ……D** **After attending to a child who has defecated/soiled / Nyuma yo gutunganya/guhanagura umwana umaze kwituma……E** **Other/ Ikindi ihe._____F** **(Specify/ Sobanura)**

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

	ITEGEREZE GUSA: Hari isabune cyangwa ibindi bikoreshwa mu gukaraba intoki? *Icyo gikoresho gishobora kuba gihari cyangwa kikazanwa n'umubyeyi mu gihe cy'umunota umwe gusa. Niba kitabonetse mu munota umwe, kibarwa nk'ikidahari.* ***(SHYIRA IKIMENYETSO KU GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)***	
80 b	**OBSERVATION ONLY:** Specify what kind of hand washing facility is used, if any? ***(ONLY CHECK MORE THAN ONE IF SEVERAL FACILITIES ARE USED)***	**Tippy tap / Kandagira ukarabe ……A** **Basin/ Ibase…… B** **Jerry can / jug: injerekani / ijage……C** **Pan / pot / : Isafuliya/ Inkono ……D** **Sink / Lavabo ……..E** **None/ Nta nakimwe ……F** **Other/ Ikindi_____G** **(Specify/ Sobanura)**

	ITEGEREZE GUSA: Bakoresha ibihe bikoresho bakaraba? ***(SHYIRA IKIMENYETSO KU GIKORESHO CYOSE YIFASHISHA AKARABA INTOKI)***	
80 c	**(If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing?** ***(ONLY CHECK MORE THAN ONE IF SEVERAL ARE PRACTICED)*** **(Niba ari isafuliya,inkono cyangwa ibase) mubaze undi murimo akoresha ibi bikoresho utari gukaraba intoki?** ***(SHYIRA IKIMENYETSO KU BYO AKUBWIYE BYOSE)***	**Nothing else/ Ntakindi……A** **Food preparation/ Gutegura Amafunguro……B** **Laundry/ Kumesa……C** **Other/ Ibindi_____D** **(Specify/ Sobanura)**

81	What kind of toilet facility do you have? Can I see it? **Umusarane mukoresha umeze ute? Nshobora kuwureba ?**	No toilet facility/ **Nta musarane ……1** Open latrine/ **Umusarane udapfundikiye ……2** Closed latrine/ **umusarane upfundikiye……3** Flush toilet/ **umusarane wa kizungu……4** No permission to see/ **ntiyakwemereye kureba……5**
82	The last time (NAME) passed stools, where were the feces disposed of? **Igihe cyashize (izina ry'umwana) amaze kwituma umwanda we wawushyize he?** *Probe to find the location.* ***Komeza umubaze wumve aho yaba ashyira umwanda w'umwana.***	Disposed into a latrine or toilet facility **Yawushyize mu musarane ……1** Disposed into a garbage/ **trash bin** **yawushyize mu kintu kijyamo imyanda cyangwa ahagenewe imyanda……2** Dug and buried – near the house or in the yard?/ **Yawushyize iruhande rwinzu cyangwa kure yayo .....3** Dug and buried – far from the house or yard?/ **Yawushyize cyangwa yawutabye kure yinzu cyangwa ahandi.....4** Did not bury – near the house or yard / **Ntiyawutabye hafi yinzu cyangwa ahandi……5** Did not bury – far from the house or yard / **Ntiyawutabye kure yinzu cyangwa ahandi ……6** Don't know/ **Simbizi…….....7** Other/ **Ahandi**_____**8** **(**Specify/ **Sobanura)**
SECTION VI: IMMUNIZATION/ IKINGIRA		
83-92	Q82 - 92 removed for Y2 **Uyu mwaka ibi bibazo ntibizabazwa**	➔93

SECTION VII: ANTHROMPOMETRICS/ IBIPMO

93	**May I weigh (name of child)?** **Nshobora gupima (izinary'umwana muto) ibiro?** ***Measure twice. If difference in weight is more than 0.5 KG, measure a third time.*** ***Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'ibiro by'umwana ari inusu(500 gs) ongera umupime bwa gatatu***	**Yes/ Yego ……..1st** _____ **Kilograms/ Ibiro** **2nd** _____ **Kilograms/ Ibiro** **3rd** _____ **Kilograms/ Ibiro** **No/ Oya……..0**
94	**May I use MUAC Tape with (name of child)?** **Nshobora gupima umuzenguruko w'ikizigira (izinary'umwanamuto)?** ***Measure twice. If difference in length is more than 0.5 CM, measure a third time.*** ***Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira by'umwana ari 0.5 cm ongera umupime bwa gatatu***	**Yes / Yego……1st** _____ **cm/ santimetero** **2nd** _____ **cm/ santimetero** **3rd** _____ **cm/ santimetero** **No/ Oya……..0**

95	May I measure length for (name of child)? **Nshobora gupima uburebure bw'umwana?** *Measure twice. If difference in length is more than 0.5 CM, measure a third time.* ***Pima umwana inshuro ebyiri ,niba ikinyuranyo cy'uburebure bw'umwana ari 0.5 cm ongera umupime bwa gatatu***	Yes / **Yego……1st** _____ **cm/ santimetero** **2nd** _____ **cm/ santimetero** **3rd** _____ **cm/ santimetero** No/ **Oya……0**
96	May I use MUAC Tape with you? **Nshobora gupima umuzenguruko w'ikizigira cy'akaboko kawe?** *Measure twice. If difference in length is more than 0.5 CM, measure a third time.* ***Pima umubyeyi inshuro ebyiri ,niba ikinyuranyo cy'umuzenguruko w'ikizigira cy'umubyeyi ari 0.5 cm ongera umupime bwa gatatu***	Yes / **Yego……..1st** _____ **cm/ santimetero** **2nd** _____ **cm/ santimetero** **3rd** _____ **cm/ santimetero** No/ **Oya……0**

SECTION VIII: BEHAVIOR CHANGE COMMUNICATION/IKIGANIRO KIGAMIJE GUHINDURA IMYITWARIRE

97	In the past year, have you participated in a week-long training on child feeding and food preparation? **Mu mezi 12 ashije , waba warigeze witabira inyigisho zimara icyumweru zijyanye no kugaburira umwana no gutegura amafunguro mu mudugudu?**	YES/ **YEGO……1** NO/ **OYA……0** → **101** DON'T KNOW / **SIMBIZI……88** → **101**

98	*IF YES:* How many times? ***NIBA ARI YEGO:*** **wazigiyemo inshuro zingahe ?**	Once/ **Rimwe……1** Twice/ **Kabiri……..…2** Three or more/ **Gatatu cyangwa karenga…….3**
99	When was the most recent time you participated in such a week-long training? **Ni ryari uherutse gukurikirana izo nyigisho zimara icyumweru?**	Month/**Ukwezi** _____ Year/ **Umwaka** _____
100	The most recent time, how many of the days did you participate? **Izo uherutse wazitabiriye iminsi ingahe?**	Number / **Umubare……|___|___|** Don't know/ **Simbizi……..88** No response/ **Nta gisubizo……9**
101	Did you receive a visit related to health in the past month? **Hari uwaba yaragusuye mu byerekeranye n'ubuzima mu kwezi gushize?**	YES/ **YEGO……1** NO/ **OYA……0** DON'T KNOW / **SIMBIZI…….....88**
101a	If yes, who visited you? **Niba ari yego ni nde?** *Do not prompt; Circle all that apply.* ***Wimuca mu ijambo andika ibyo akubwiye aho bigomba kujya.***	Care group member/ **Uri mu itsinda ry'ubuzima (care group)……A** Health facilities staff/ **Umukozi w'ivuriro……B** Local government staff/ **Umuyobozi mu nzego z'ibanze……..C** Others?/ **Abandi?**_____**D** **(**Specify/ **Sobanura)**

102	**If yes, can you tell me what the purpose of the visit was?** **Niba ari yego, wambwira icyamugenzaga?** ***Do not prompt; Circle all that apply.*** ***Wimuca mu ijambo andika ibyo akubwiye aho bigomba kujya.***	**A. FOLLOW UP ON SICK CHILD** **GUKURIKIRANA UMWANA URWAYE** **B. PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION** **GUTANGA INYIGISHO ZO KWIRINDA MALARIYA** **C. PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION** **GUTANGA INYIGISHO ZO KWIRINDA IMPISWI** **D. PROVIDE HEALTH EDUCATION ON PNEUMONIA** **GUTANGA INYIGISHO KUNDWARA Y'UMUSONGA** **E. PROVIDE HEALTH EDUCATION ON NUTRITION** **GUTANGA INYIGISHO KU MIRIRE** **F. PROVIDE HEALTH EDUCATION ON IMMUNIZATION** **GUTANGA INYIGISHO KU IKINGIRA** **G. OTHER/ IKINDI: _____** **(Specify/ Sobanura)**
	Time interview ended/ Igihe ibazwa ryarangiriye	**AM Mbere ya saasita** ___ ___:___ ___ **PM Nyuma ya saasita** ___ ___:___ ___

Thank you. Murakoze.

Annex 5: Raw Data Calculations

Yr2 KPC Raw Data –

Hospital Catchment area

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kaduha	300	49.8	50.0	50.0
	Kigeme	300	49.8	50.0	100.0
	Total	600	99.7	100.0	

i10. Was consent received?

			HospitalCatchment		
			Kaduha	Kigeme	Total
MotherConsent	Yes	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

i12b. Sex of Child

			HospitalCatchment		
			Kaduha	Kigeme	Total
SexChild	Male	Count	137	128	265
		% within HospitalCatchment	45.7%	42.7%	44.2%
	Female	Count	163	172	335
		% within HospitalCatchment	54.3%	57.3%	55.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

i12d. Age of Child

			HospitalCatchment		
			Kaduha	Kigeme	Total
CalcAgeChild	0.3	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	0.4	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	0.5	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	0.6	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	0.7	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	0.8	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%

1	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
1.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
1.2	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
1.3	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
1.4	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
1.5	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
1.6	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
1.7	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
1.9	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
2	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
2.1	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
2.2	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
2.3	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
2.5	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
2.6	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
2.7	Count	2	4	6
	% within HospitalCatchment	.7%	1.3%	1.0%
2.8	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
2.9	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
3	Count	2	4	6
	% within HospitalCatchment	.7%	1.3%	1.0%
3.1	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
3.2	Count	2	0	2

	% within HospitalCatchment	.7%	.0%	.3%
3.3	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
3.4	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
3.5	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
3.6	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
3.7	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
3.9	Count	4	1	5
	% within HospitalCatchment	1.3%	.3%	.8%
4	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
4.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
4.2	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
4.3	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
4.4	Count	1	4	5
	% within HospitalCatchment	.3%	1.3%	.8%
4.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
4.6	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
4.7	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
4.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
4.9	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
5	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
5.1	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
5.2	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
5.3	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%

5.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
5.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
5.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
5.7	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
5.8	Count	6	2	8
	% within HospitalCatchment	2.0%	.7%	1.3%
5.9	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
6	Count	1	4	5
	% within HospitalCatchment	.3%	1.3%	.8%
6.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
6.2	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
6.3	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
6.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
6.5	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
6.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
6.7	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
6.8	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
6.9	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
7	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
7.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
7.2	Count	5	4	9
	% within HospitalCatchment	1.7%	1.3%	1.5%
7.3	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
7.4	Count	0	2	2

	% within HospitalCatchment	.0%	.7%	.3%
7.5	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
7.6	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
7.7	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
7.8	Count	5	1	6
	% within HospitalCatchment	1.7%	.3%	1.0%
7.9	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
8	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
8.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
8.4	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
8.5	Count	3	6	9
	% within HospitalCatchment	1.0%	2.0%	1.5%
8.6	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
8.8	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
8.9	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
9	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
9.1	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
9.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
9.3	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
9.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
9.5	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
9.6	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
9.7	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%

9.8	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
9.9	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
10	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
10.2	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
10.3	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
10.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
10.5	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
10.6	Count	1	4	5
	% within HospitalCatchment	.3%	1.3%	.8%
10.7	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
10.8	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
10.9	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
11.1	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
11.2	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
11.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
11.4	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
11.5	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
11.6	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
11.7	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
11.8	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
11.9	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
12	Count	0	3	3

	% within HospitalCatchment	.0%	1.0%	.5%
12.3	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
12.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
12.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
12.6	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
12.7	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
12.8	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
12.9	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
13	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
13.1	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
13.2	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
13.3	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
13.4	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
13.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
13.6	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
13.7	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
13.8	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
13.9	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
14	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
14.1	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
14.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%

14.3	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
14.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
14.5	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
14.7	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
14.8	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
14.9	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
15	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
15.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
15.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
15.4	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
15.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
15.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
15.7	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
15.8	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
15.9	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
16	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
16.1	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
16.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
16.5	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
16.6	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
16.7	Count	0	1	1

	% within HospitalCatchment	.0%	.3%	.2%
16.9	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
17	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
17.1	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
17.3	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
17.4	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
17.5	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
17.7	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
17.8	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
18	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
18.1	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
18.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
18.3	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
18.4	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
18.5	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
18.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
18.7	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
18.8	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
19	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
19.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
19.2	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%

19.3	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
19.4	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
19.5	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
19.6	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
19.7	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
19.8	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
20	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
20.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
20.2	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
20.3	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
20.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
20.6	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
20.8	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
21.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
21.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
21.3	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
21.4	Count	5	0	5
	% within HospitalCatchment	1.7%	.0%	.8%
21.5	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
21.6	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
21.7	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
21.8	Count	1	6	7

		% within HospitalCatchment	.3%	2.0%	1.2%
	22	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	22.1	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	22.3	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	22.4	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	22.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	22.6	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	22.7	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	22.8	Count	0	6	6
		% within HospitalCatchment	.0%	2.0%	1.0%
	22.9	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	23	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	23.1	Count	4	1	5
		% within HospitalCatchment	1.3%	.3%	.8%
	23.3	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	23.4	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	23.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	23.6	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	23.9	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Age of Mother

			HospitalCatchment		
			Kaduha	Kigeme	Total
AgeMother	16	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%

17	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
18	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
19	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
20	Count	5	4	9
	% within HospitalCatchment	1.7%	1.3%	1.5%
21	Count	12	14	26
	% within HospitalCatchment	4.0%	4.7%	4.3%
22	Count	27	23	50
	% within HospitalCatchment	9.0%	7.7%	8.3%
23	Count	17	23	40
	% within HospitalCatchment	5.7%	7.7%	6.7%
24	Count	13	13	26
	% within HospitalCatchment	4.3%	4.3%	4.3%
25	Count	22	17	39
	% within HospitalCatchment	7.3%	5.7%	6.5%
26	Count	20	13	33
	% within HospitalCatchment	6.7%	4.3%	5.5%
27	Count	17	14	31
	% within HospitalCatchment	5.7%	4.7%	5.2%
28	Count	28	25	53
	% within HospitalCatchment	9.3%	8.3%	8.8%
29	Count	17	17	34
	% within HospitalCatchment	5.7%	5.7%	5.7%
30	Count	13	13	26
	% within HospitalCatchment	4.3%	4.3%	4.3%
31	Count	15	21	36
	% within HospitalCatchment	5.0%	7.0%	6.0%
32	Count	16	18	34
	% within HospitalCatchment	5.3%	6.0%	5.7%
33	Count	13	12	25
	% within HospitalCatchment	4.3%	4.0%	4.2%
34	Count	7	4	11
	% within HospitalCatchment	2.3%	1.3%	1.8%
35	Count	9	14	23
	% within HospitalCatchment	3.0%	4.7%	3.8%
36	Count	8	10	18
	% within HospitalCatchment	2.7%	3.3%	3.0%
37	Count	4	5	9

		% within HospitalCatchment	1.3%	1.7%	1.5%
	38	Count	5	10	15
		% within HospitalCatchment	1.7%	3.3%	2.5%
	39	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	40	Count	2	5	7
		% within HospitalCatchment	.7%	1.7%	1.2%
	41	Count	7	2	9
		% within HospitalCatchment	2.3%	.7%	1.5%
	42	Count	3	5	8
		% within HospitalCatchment	1.0%	1.7%	1.3%
	43	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	44	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	45	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	46	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	48	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	50	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	52	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	53	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	55	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

i15) Are you the biological mother of the child?

			HospitalCatchment		
			Kaduha	Kigeme	Total
BiologicalMother	No	Count	3	4	7
		% within HospitalCatchment	1.0%	1.3%	1.2%
	Yes	Count	297	296	593
		% within HospitalCatchment	99.0%	98.7%	98.8%
Total		Count	300	300	600

			HospitalCatchment		
			Kaduha	Kigeme	Total
BiologicalMother	No	Count	3	4	7
		% within HospitalCatchment	1.0%	1.3%	1.2%
	Yes	Count	297	296	593
		% within HospitalCatchment	99.0%	98.7%	98.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q1. Have you ever attended school?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	125	20,8	20,8	20,8
	Yes	475	78,9	79,2	100,0
	Total	600	99,7	100,0	
Missing	System	2	,3		
Total		602	100,0		

Q1. Have you ever attended school?

			Hospital Catchment		
			Kaduha	Kigeme	Total
q1.Mother Education	No	Count	64	61	125
		% within Hospital Catchment	21,3%	20,3%	20,8%
	Yes	Count	236	239	475
		% within Hospital Catchment	78,7%	79,7%	79,2%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q2. Level of school completed

			Hospital Catchment		
			Kaduha	Kigeme	Total
q2.Level of education	None/ Did not complete primary	Count	94	119	213
		% within Hospital Catchment	39,8%	49,8%	44,8%
	Primary	Count	134	108	242
		% within Hospital Catchment	56,8%	45,2%	50,9%
	Secondary	Count	4	11	15
		% within Hospital Catchment	1,7%	4,6%	3,2%
	Other	Count	4	1	5
		% within Hospital Catchment	1,7%	,4%	1,1%

Total	Count	236	239	475
	% within Hospital Catchment	100,0%	100,0%	100,0%

Q3. How many people live in your household?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q03	2	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	3	Count	84	76	160
		% within HospitalCatchment	28.0%	25.3%	26.7%
	4	Count	66	62	128
		% within HospitalCatchment	22.0%	20.7%	21.3%
	5	Count	62	52	114
		% within HospitalCatchment	20.7%	17.3%	19.0%
	6	Count	38	42	80
		% within HospitalCatchment	12.7%	14.0%	13.3%
	7	Count	29	36	65
		% within HospitalCatchment	9.7%	12.0%	10.8%
	8	Count	7	12	19
		% within HospitalCatchment	2.3%	4.0%	3.2%
	9	Count	5	12	17
		% within HospitalCatchment	1.7%	4.0%	2.8%
	10	Count	8	2	10
		% within HospitalCatchment	2.7%	.7%	1.7%
	12	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	13	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
Q04	Those in abject poverty	Count	12	9	21
		% within HospitalCatchment	4.0%	3.0%	3.5%
	The very poor	Count	68	60	128
		% within HospitalCatchment	22.7%	20.0%	21.3%
	The poor	Count	213	222	435
		% within HospitalCatchment	71.0%	74.0%	72.5%

	The resourceful poor	Count	7	8	15
		% within HospitalCatchment	2.3%	2.7%	2.5%
	The food rich	Count	0	1	1

Q21. During your pregnancy with (Name), were you given or did you buy any iron tablets/syrup?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q21	No	Count	91	85	176
		% within HospitalCatchment	30.6%	28.7%	29.7%
	Yes	Count	206	210	416
		% within HospitalCatchment	69.4%	70.9%	70.2%
	Don't know	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	297	296	593
		% within HospitalCatchment	100.0%	100.0%	100.0%

	% within HospitalCatchment	.0%	.3%	.2%
Total	Count	300	300	600
	% within HospitalCatchment	100.0%	100.0%	100.0%

Q4b. Are you using health insurance?

			Hospital Catchment		
			Kaduha	Kigeme	Total
Health insuarrance	No	Count	71	76	147
		% within Hospital Catchment	23,7%	25,3%	24,5%
	Yes	Count	229	224	453
		% within Hospital Catchment	76,3%	74,7%	75,5%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q4c. Can I see your member card?

			Hospital Catchment		
			Kaduha	Kigeme	Total
4c	No card	Count	9	7	16
		% within Hospital Catchment	3,9%	3,1%	3,5%
	Card available	Count	220	217	437
		% within Hospital Catchment	96,1%	96,9%	96,5%
Total		Count	229	224	453
		% within Hospital Catchment	100,0%	100,0%	100,0%

Appr.HW Pract * Hospital Catchment Crosstabulation

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q22	1	Count	7	8	15
		% within HospitalCatchment	3.4%	3.8%	3.6%
	2	Count	4	3	7
		% within HospitalCatchment	1.9%	1.4%	1.7%
	3	Count	9	7	16
		% within HospitalCatchment	4.4%	3.3%	3.8%
	4	Count	2	1	3
		% within HospitalCatchment	1.0%	.5%	.7%
	5	Count	1	7	8
		% within HospitalCatchment	.5%	3.3%	1.9%
	7	Count	6	14	20
		% within HospitalCatchment	2.9%	6.7%	4.8%
	10	Count	4	3	7
		% within HospitalCatchment	1.9%	1.4%	1.7%
	11	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	14	Count	6	10	16
		% within HospitalCatchment	2.9%	4.8%	3.8%
	15	Count	8	9	17
		% within HospitalCatchment	3.9%	4.3%	4.1%
	17	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	18	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	20	Count	2	2	4
		% within HospitalCatchment	1.0%	1.0%	1.0%
	21	Count	0	3	3
		% within HospitalCatchment	.0%	1.4%	.7%
	26	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	27	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	28	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	30	Count	98	81	179
		% within HospitalCatchment	47.6%	38.6%	43.0%
	32	Count	1	2	3
		% within HospitalCatchment	.5%	1.0%	.7%

	40	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	43	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	45	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	50	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	52	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	53	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	56	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	58	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	60	Count	23	29	52
		% within HospitalCatchment	11.2%	13.8%	12.5%
	63	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	67	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	70	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	74	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	80	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	90	Count	24	14	38
		% within HospitalCatchment	11.7%	6.7%	9.1%
	120	Count	1	1	2
		% within HospitalCatchment	.5%	.5%	.5%
	180	Count	0	2	2
		% within HospitalCatchment	.0%	1.0%	.5%
	240	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	Don't know	Count	1	3	4
		% within HospitalCatchment	.5%	1.4%	1.0%
Total		Count	206	210	416
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q29. Did you ever breastfeed?

			HospitalCatchment		
			Kaduha	Kigeme	Total
	No	Count	3	4	7
		% within HospitalCatchment	1.0%	1.3%	1.2%
	Yes	Count	297	296	593
		% within HospitalCatchment	99.0%	98.7%	98.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

q30u * How long after birth did you first put (NAME) to the breast?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q30u	Less than 1 hour	Count	212	215	427
		% within HospitalCatchment	71.4%	72.6%	72.0%
	Hours	Count	77	74	151
		% within HospitalCatchment	25.9%	25.0%	25.5%
	Days	Count	8	7	15
		% within HospitalCatchment	2.7%	2.4%	2.5%
Total		Count	297	296	593
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q31	No	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	Yes	Count	296	295	591
		% within HospitalCatchment	99.7%	99.7%	99.7%
Total		Count	297	296	593
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
	No	Count	278	268	546
		% within HospitalCatchment	93.6%	90.5%	92.1%
	Yes	Count	19	27	46
		% within HospitalCatchment	6.4%	9.1%	7.8%
	Don't know	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	297	296	593
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q33		Count	281	273	554
		% within HospitalCatchment	93.7%	91.0%	92.3%
	A. MILK (OTHER THAN BREAST MILK)	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	B. PLAIN WATER	Count	15	17	32
		% within HospitalCatchment	5.0%	5.7%	5.3%
	B; C; I;	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	C. SUGAR OR GLUCOSE WATER	Count	1	1	2

		% within HospitalCatchment	.3%	.3%	.3%
	D. **HOME REMEDY**;	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	I. **HONEY**	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	X. **OTHER**	Count	0	4	4
		% within HospitalCatchment	.0%	1.3%	.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
	No	Count	9	11	20
		% within HospitalCatchment	3.0%	3.7%	3.4%
	Yes	Count	288	285	573
		% within HospitalCatchment	97.0%	96.3%	96.6%
Total		Count	297	296	593
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q35	No	Count	7	10	17
		% within HospitalCatchment	77.8%	90.9%	85.0%
	Yes	Count	2	0	2
		% within HospitalCatchment	22.2%	.0%	10.0%
	Don't know	Count	0	1	1
		% within HospitalCatchment	.0%	9.1%	5.0%
Total		Count	9	11	20
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q36. Now I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (NAME) given any vitamin drops or other medicines as drops yesterday during the day or night?

	HospitalCatchment		
	Kaduha	Kigeme	Total

q36	No	Count	276	286	562
		% within HospitalCatchment	92.0%	95.3%	93.7%
	Yes	Count	24	14	38
		% within HospitalCatchment	8.0%	4.7%	6.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q37a	No	Count	296	297	593
		% within HospitalCatchment	98.7%	99.0%	98.8%
	Yes	Count	4	3	7
		% within HospitalCatchment	1.3%	1.0%	1.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q38	No	Count	273	291	564
		% within HospitalCatchment	91.0%	97.0%	94.0%
	Yes	Count	27	9	36
		% within HospitalCatchment	9.0%	3.0%	6.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39. Next I would like to ask you about some liquids that (Name) may have had yesterday during the day or at night. Did (Name) have any (ITEM FROM LIST)?
Q39a Plain water?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39a	No	Count	270	260	530
		% within HospitalCatchment	90.0%	86.7%	88.3%
	Yes	Count	30	38	68
		% within HospitalCatchment	10.0%	12.7%	11.3%
	Don't know	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39b. Infant formula such as Kigozi, Rinda and others?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39b	No	Count	294	294	588
		% within HospitalCatchment	98.0%	98.0%	98.0%
	Yes	Count	4	5	9
		% within HospitalCatchment	1.3%	1.7%	1.5%
	Don't know	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39c. Milk such as tinned, powdered or fresh animal milk?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39c	No	Count	266	270	536
		% within HospitalCatchment	88.7%	90.0%	89.3%
	Yes	Count	34	30	64
		% within HospitalCatchment	11.3%	10.0%	10.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39d. Juice or juice drinks?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39d	No	Count	287	290	577
		% within HospitalCatchment	95.7%	96.7%	96.2%
	Yes	Count	13	10	23
		% within HospitalCatchment	4.3%	3.3%	3.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39e. Clear broth?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39e	No	Count	265	261	526
		% within HospitalCatchment	88.3%	87.0%	87.7%
	Yes	Count	35	39	74
		% within HospitalCatchment	11.7%	13.0%	12.3%

Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39f Yogurt?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39f	No	Count	299	299	598
		% within HospitalCatchment	99.7%	99.7%	99.7%
	Yes	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39g Thin porridge?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39g	No	Count	204	156	360
		% within HospitalCatchment	68.0%	52.0%	60.0%
	Yes	Count	96	144	240
		% within HospitalCatchment	32.0%	48.0%	40.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39h Any other water-based liquids such as (insert local) sorghum juice?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39h	No	Count	249	254	503
		% within HospitalCatchment	83.0%	84.7%	83.8%
	Yes	Count	51	46	97
		% within HospitalCatchment	17.0%	15.3%	16.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q39i Any other liquids?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q39i	No	Count	294	291	585
		% within HospitalCatchment	98.0%	97.0%	97.5%
	Yes	Count	6	8	14
		% within HospitalCatchment	2.0%	2.7%	2.3%
	Don't	Count	0	1	1

	know	% within HospitalCatchment	.0%	.3%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

Q41a Thicker porridge, bread, rice, noodles, or other foods made from grains

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41a	No	Count	181	177	358
		% within HospitalCatchment	60.3%	59.0%	59.7%
	Yes	Count	119	123	242
		% within HospitalCatchment	39.7%	41.0%	40.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41b Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside*

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41b	No	Count	259	245	504
		% within HospitalCatchment	86.3%	81.7%	84.0%
	Yes	Count	41	55	96
		% within HospitalCatchment	13.7%	18.3%	16.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41c White potatoes, white yams, cassava, or any other foods made from roots

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41c	No	Count	170	199	369
		% within HospitalCatchment	56.7%	66.3%	61.5%
	Yes	Count	130	101	231
		% within HospitalCatchment	43.3%	33.7%	38.5%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41d Any dark or green leafy vegetables

			HospitalCatchment		
			Kaduha	Kigeme	Total

q41d	No	Count	169	189	358
		% within HospitalCatchment	56.3%	63.0%	59.7%
	Yes	Count	131	111	242
		% within HospitalCatchment	43.7%	37.0%	40.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41e Ripe mangoes, ripe papayas or ripe guava

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41e	No	Count	268	285	553
		% within HospitalCatchment	89.3%	95.0%	92.2%
	Yes	Count	32	15	47
		% within HospitalCatchment	10.7%	5.0%	7.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41f Any other fruits or vegetables (such as avocado)

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41f	No	Count	233	222	455
		% within HospitalCatchment	77.7%	74.0%	75.8%
	Yes	Count	67	78	145
		% within HospitalCatchment	22.3%	26.0%	24.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41g Liver, kidney, heart or other organ meats

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41g	No	Count	295	300	595
		% within HospitalCatchment	98.3%	100.0%	99.2%
	Yes	Count	5	0	5
		% within HospitalCatchment	1.7%	.0%	.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41h Any meat, such as beef, pork, lamb, goat, chicken or duck

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41h	No	Count	295	289	584
		% within HospitalCatchment	98.3%	96.3%	97.3%
	Yes	Count	5	11	16
		% within HospitalCatchment	1.7%	3.7%	2.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41i Eggs

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41i	No	Count	296	290	586
		% within HospitalCatchment	98.7%	96.7%	97.7%
	Yes	Count	4	10	14
		% within HospitalCatchment	1.3%	3.3%	2.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41j Fresh or dried fish, shellfish or seafood

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41j	No	Count	273	279	552
		% within HospitalCatchment	91.0%	93.0%	92.0%
	Yes	Count	27	21	48
		% within HospitalCatchment	9.0%	7.0%	8.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41k * Any foods made from beans, peas, lentils, nuts or seeds

			HospitalCatchment		
			Kiaduha	Kigeme	Total
q41k	No	Count	138	139	277
		% within HospitalCatchment	46.0%	46.3%	46.2%
	Yes	Count	162	161	323
		% within HospitalCatchment	54.0%	53.7%	53.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41m Any oil, fats or butter, or foods made with any of these

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41m	No	Count	280	286	566
		% within HospitalCatchment	93.3%	95.3%	94.3%
	Yes	Count	20	14	34
		% within HospitalCatchment	6.7%	4.7%	5.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41n Any sugary foods such as chocolates, sweets, candies, pastries cakes or biscuits

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41n	No	Count	248	259	507

		% within HospitalCatchment	82.7%	86.3%	84.5%
	Yes	Count	52	40	92
		% within HospitalCatchment	17.3%	13.3%	15.3%
	Don't Know	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41o Condiments for flavor, such as chilies, spices, herbs or fish powder

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41o	No	Count	250	250	500
		% within HospitalCatchment	83.3%	83.3%	83.3%
	Yes	Count	50	50	100
		% within HospitalCatchment	16.7%	16.7%	16.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41p Grubs, snails or insects

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41p	No	Count	300	297	597
		% within HospitalCatchment	100.0%	99.0%	99.5%
	Yes	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41q Foods made with red palm oil, red palm nut or red palm nut pulp sauce

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41q	No	Count	224	241	465
		% within HospitalCatchment	74.7%	80.3%	77.5%
	Yes	Count	76	59	135
		% within HospitalCatchment	25.3%	19.7%	22.5%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q41r Other foods not recorded on the list

			HospitalCatchment		
			Kaduha	Kigeme	Total
q41r	No	Count	288	291	579
		% within HospitalCatchment	99.0%	97.7%	98.3%
	Yes	Count	3	6	9
		% within HospitalCatchment	1.0%	2.0%	1.5%
	Don't know	Count	0	1	1

		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	291	298	589
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q42	No	Count	97	78	175
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	97	78	175
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q43	1	Count	9	25	34
		% within HospitalCatchment	4.4%	11.3%	8.0%
	2	Count	54	73	127
		% within HospitalCatchment	26.6%	32.9%	29.9%
	3	Count	93	88	181
		% within HospitalCatchment	45.8%	39.6%	42.6%
	4	Count	35	26	61
		% within HospitalCatchment	17.2%	11.7%	14.4%
	5	Count	7	6	13
		% within HospitalCatchment	3.4%	2.7%	3.1%
	6	Count	2	4	6
		% within HospitalCatchment	1.0%	1.8%	1.4%
	7	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	Don't Know	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
Total		Count	203	222	425
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total

q44	1	Count	0	1	1
		% within HospitalCatchment	.0%	.5%	.2%
	2	Count	2	3	5
		% within HospitalCatchment	1.0%	1.4%	1.2%
	3	Count	0	2	2
		% within HospitalCatchment	.0%	.9%	.5%
	4	Count	5	8	13
		% within HospitalCatchment	2.5%	3.6%	3.1%
	5	Count	23	24	47
		% within HospitalCatchment	11.3%	10.8%	11.1%
	6	Count	117	96	213
		% within HospitalCatchment	57.6%	43.2%	50.1%
	7	Count	34	53	87
		% within HospitalCatchment	16.7%	23.9%	20.5%
	8	Count	8	20	28
		% within HospitalCatchment	3.9%	9.0%	6.6%
	9	Count	9	11	20
		% within HospitalCatchment	4.4%	5.0%	4.7%
	12	Count	3	4	7
		% within HospitalCatchment	1.5%	1.8%	1.6%
	Don't Know	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
Total		Count	203	222	425
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q44aBowl	No	Count	24	33	57
		% within HospitalCatchment	11.8%	14.9%	13.4%
	Yes	Count	179	189	368
		% within HospitalCatchment	88.2%	85.1%	86.6%
Total		Count	203	222	425
		% within HospitalCatchment	100.0%	100.0%	100.0%

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

			HospitalCatchment		
			Kaduha	Kigeme	Total
q45	No	Count	9	17	26
		% within HospitalCatchment	4.4%	7.7%	6.1%

	Yes	Count	194	205	399
		% within HospitalCatchment	95.6%	92.3%	93.9%
Total		Count	203	222	425
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q46a. IF NO: At what age did (NAME) start eating by himself/herself?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q46	7	Count	2	0	2
		% within HospitalCatchment	20.0%	.0%	7.4%
	8	Count	0	2	2
		% within HospitalCatchment	.0%	11.8%	7.4%
	10	Count	2	1	3
		% within HospitalCatchment	20.0%	5.9%	11.1%
	12	Count	1	6	7
		% within HospitalCatchment	10.0%	35.3%	25.9%
	13	Count	0	2	2
		% within HospitalCatchment	.0%	11.8%	7.4%
	14	Count	0	1	1
		% within HospitalCatchment	.0%	5.9%	3.7%
	15	Count	0	2	2
		% within HospitalCatchment	.0%	11.8%	7.4%
	16	Count	1	1	2
		% within HospitalCatchment	10.0%	5.9%	7.4%
	18	Count	3	1	4
		% within HospitalCatchment	30.0%	5.9%	14.8%
	20	Count	0	1	1
		% within HospitalCatchment	.0%	5.9%	3.7%
	Don't Know	Count	1	0	1
		% within HospitalCatchment	10.0%	.0%	3.7%
Total		Count	10	17	27
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q49. Has (NAME) taken any drug for intestinal worms in the past 6 months?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q49	No	Count	203	187	390
		% within HospitalCatchment	67.7%	62.3%	65.0%
	Yes	Count	97	113	210
		% within HospitalCatchment	32.3%	37.7%	35.0%

Total	Count	300	300	600
	% within HospitalCatchment	100.0%	100.0%	100.0%

Q76. Do you treat your water in any way to make it safer for drinking?

			HospitalCatchment		
			Kaduha	Kigeme	Total
Treat water	No	Count	62	134	196
		% within HospitalCatchment	20,7%	44,7%	32,7%
	Yes	Count	238	166	404
		% within HospitalCatchment	79,3%	55,3%	67,3%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q77. *IF YES:* What do you usually do to the water to make it safer to drink?

Q77a Let It Stand And Settle

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77a	No	Count	295	292	587
		% within HospitalCatchment	98.3%	97.3%	97.8%
	Yes	Count	5	8	13
		% within HospitalCatchment	1.7%	2.7%	2.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77b Strain It Through Cloth

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77b	No	Count	299	299	598
		% within HospitalCatchment	99.7%	99.7%	99.7%
	Yes	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77c Boil

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77c	No	Count	105	178	283
		% within HospitalCatchment	35.0%	59.3%	47.2%
	Yes	Count	195	122	317
		% within HospitalCatchment	65.0%	40.7%	52.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77d Add Bleach/Chlorine

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77d	No	Count	225	229	454
		% within HospitalCatchment	75.0%	76.3%	75.7%
	Yes	Count	75	71	146
		% within HospitalCatchment	25.0%	23.7%	24.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77e Water Filter (Ceramic, Sand, Composite)

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77e	No	Count	298	300	598
		% within HospitalCatchment	99.3%	100.0%	99.7%
	Yes	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77f Solar Disinfection

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77f	No	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77g Don't Know

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77g	No	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77h Other

			HospitalCatchment		
			Kaduha	Kigeme	Total
q77h	No	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q77. Effective POU water treatment

			HospitalCatchment		
			Kaduha	Kigeme	Total
Effective POU water treatment	No	Count	66	138	204
		% within HospitalCatchment	22,0%	46,0%	34,0%
	Yes	Count	234	162	396
		% within HospitalCatchment	78,0%	54,0%	66,0%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q78. When do you wash your hands?

Q78b Before Food Preparation

			HospitalCatchment		
			Kaduha	Kigeme	Total
q78b	No	Count	78	76	154
		% within HospitalCatchment	26.0%	25.3%	25.7%
	Yes	Count	222	224	446
		% within HospitalCatchment	74.0%	74.7%	74.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q78c Before Feeding Child

			Hospital Catchment		
			Kaduha	Kigeme	Total
q78c	No	Count	63	112	175
		% within Hospital Catchment	21,0%	37,3%	29,2%
	Yes	Count	237	188	425
		% within Hospital Catchment	79,0%	62,7%	70,8%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q78d After Defecation/Visiting The Toilet

			Hospital Catchment		
			Kaduha	Kigeme	Total
q78d	No	Count	100	148	248
		% within Hospital Catchment	33,3%	49,3%	41,3%
	Yes	Count	200	152	352
		% within Hospital Catchment	66,7%	50,7%	58,7%
Total		Count	300	300	600

Q78e After attending to a child who has defecated/soiled

			Hospital Catchment		
			Kaduha	Kigeme	Total

q78e	No	Count	170	240	410
		% within Hospital Catchment	56,7%	80,0%	68,3%
	Yes	Count	130	60	190
		% within Hospital Catchment	43,3%	20,0%	31,7%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q78 Hand Washing four times

			HospitalCatchment		
			Kaduha	Kigeme	Total
Q78HW4T	No	Count	237	271	508
		% within HospitalCatchment	79.0%	90.3%	84.7%
	Yes	Count	63	29	92
		% within HospitalCatchment	21.0%	9.7%	15.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q79 Can you show me where you usually wash your hands and what you use to wash hands?

			Hospital Catchment		
			Kaduha	Kigeme	Total
q79	Inside/Near Toilet Facility	Count	11	4	15
		% within Hospital Catchment	3,7%	1,3%	2,5%
	Inside/Near Kitchen/Cooking Place	Count	47	28	75
		% within Hospital Catchment	15,7%	9,3%	12,5%
	Elsewhere In Yard	Count	185	201	386
		% within Hospital Catchment	61,7%	67,0%	64,3%
	Outside Yard	Count	8	3	11
		% within Hospital Catchment	2,7%	1,0%	1,8%
	No Specific Place	Count	48	64	112
		% within Hospital Catchment	16,0%	21,3%	18,7%
	No Permission To See	Count	1	0	1
		% within Hospital Catchment	,3%	,0%	,2%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q80A. OBSERVATION ONLY: Is there soap or detergent or locally used cleansing agent?

Q80a Soap

			Hospital Catchment		
			Kaduha	Kigeme	Total
q80a	Soap	Count	233	261	494
		% within Hospital Catchment	77,7%	87,0%	82,3%
	Detergent	Count	2	1	3
		% within Hospital Catchment	,7%	,3%	,5%
	Ash	Count	2	0	2
		% within Hospital Catchment	,7%	,0%	,3%
	Mud	Count	9	16	25
		% within Hospital Catchment	3,0%	5,3%	4,2%
	None	Count	50	21	71
		% within Hospital Catchment	16,7%	7,0%	11,8%
	Other	Count	4	1	5
		% within Hospital Catchment	1,3%	,3%	,8%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q80b. OBSERVATION ONLY: Specify what kind of hand washing facility is used, if any?

Q80bA Tippy tap

			Hospital Catchment		
			Kaduha	Kigeme	Total
q80bA	No	Count	289	297	586
		% within Hospital Catchment	96,3%	99,0%	97,7%
	Yes	Count	11	3	14
		% within Hospital Catchment	3,7%	1,0%	2,3%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q80bB Basin

			Hospital Catchment		
			Kaduha	Kigeme	Total
q80bB	No	Count	28	22	50
		% within Hospital Catchment	9,3%	7,3%	8,3%
	Yes	Count	272	278	550
		% within Hospital Catchment	90,7%	92,7%	91,7%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%

Q80bC Jerry can / jug

	HospitalCatchment	Total

			Kaduha	Kigeme	
q80bC	No	Count	257	255	512
		% within HospitalCatchment	85.7%	85.0%	85.3%
	Yes	Count	43	45	88
		% within HospitalCatchment	14.3%	15.0%	14.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80bD Pan / pot

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80bD	No	Count	290	294	584
		% within HospitalCatchment	96.7%	98.0%	97.3%
	Yes	Count	10	6	16
		% within HospitalCatchment	3.3%	2.0%	2.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80bE Sink

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80bE	No	Count	299	299	598
		% within HospitalCatchment	99.7%	99.7%	99.7%
	Yes	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80bF None

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80bF	No	Count	298	299	597
		% within HospitalCatchment	99.3%	99.7%	99.5%
	Yes	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80bG Other

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80bG	No	Count	281	268	549
		% within HospitalCatchment	93.7%	89.3%	91.5%
	Yes	Count	19	32	51
		% within HospitalCatchment	6.3%	10.7%	8.5%

Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80C. (If pan, pot, bowl, or basin) What else, if anything, are you using this receptacle for other than hand washing?

Q80cA Nothing else

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80cA	No	Count	204	254	458
		% within HospitalCatchment	73.4%	90.4%	81.9%
	Yes	Count	74	27	101
		% within HospitalCatchment	26.6%	9.6%	18.1%
Total		Count	278	281	559
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80cB Food preparation

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80cB	No	Count	255	241	496
		% within HospitalCatchment	91.7%	85.8%	88.7%
	Yes	Count	23	40	63
		% within HospitalCatchment	8.3%	14.2%	11.3%
Total		Count	278	281	559
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80cC Laundry

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80cC	No	Count	89	50	139
		% within HospitalCatchment	32.0%	17.8%	24.9%
	Yes	Count	189	231	420
		% within HospitalCatchment	68.0%	82.2%	75.1%
Total		Count	278	281	559
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q80cD Other

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80cD	No	Count	245	218	463
		% within HospitalCatchment	88.1%	77.6%	82.8%
	Yes	Count	33	63	96
		% within HospitalCatchment	11.9%	22.4%	17.2%
Total		Count	278	281	559

Q80cD Other

			HospitalCatchment		
			Kaduha	Kigeme	Total
q80cD	No	Count	245	218	463
		% within HospitalCatchment	88.1%	77.6%	82.8%
	Yes	Count	33	63	96
		% within HospitalCatchment	11.9%	22.4%	17.2%
Total		Count	278	281	559
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q81 What kind of toilet facility do you have? Can I see it?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q81	No toilet facility	Count	36	31	67
		% within HospitalCatchment	12.0%	10.3%	11.2%
	Open latrine	Count	202	226	428
		% within HospitalCatchment	67.3%	75.3%	71.3%
	Closed latrine	Count	62	42	104
		% within HospitalCatchment	20.7%	14.0%	17.3%
	No permission to see	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q82. The last time (NAME) passed stools, where were the feces disposed of?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q82,Feces disposal	Disposed into a latrine or toilet facility	Count	207	229	436
		% within HospitalCatchment	69,0%	76,3%	72,7%
	Disposed into a garbage	Count	25	10	35
		% within HospitalCatchment	8,3%	3,3%	5,8%
	Dug and buried-near the house or in the yard	Count	19	27	46
		% within HospitalCatchment	6,3%	9,0%	7,7%
	Dug and buried-far from the house	Count	19	15	34
		% within HospitalCatchment	6,3%	5,0%	5,7%
	Did not bury-near the house or yard	Count	1	4	5
		% within HospitalCatchment	,3%	1,3%	,8%
	Did not bury-far from the house or yard	Count	2	5	7
		% within HospitalCatchment	,7%	1,7%	1,2%
	Don't know	Count	2	0	2

		% within HospitalCatchment	,7%	,0%	,3%
	Other	Count	25	10	35
		% within HospitalCatchment	8,3%	3,3%	5,8%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q93 May I weigh (name of child)?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q93	Yes	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q93 May I weigh (name of child)? Weight1

			HospitalCatchment		
			1	2	Total
q93weight1	2.8	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	3.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	3.2	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	3.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	3.4	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	3.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	3.6	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	3.7	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	3.8	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	3.9	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	4	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	4.1	Count	4	1	5

	% within HospitalCatchment	1.3%	.3%	.8%
4.2	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
4.3	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
4.4	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
4.5	Count	3	4	7
	% within HospitalCatchment	1.0%	1.3%	1.2%
4.6	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
4.7	Count	4	1	5
	% within HospitalCatchment	1.3%	.3%	.8%
4.8	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
4.9	Count	9	2	11
	% within HospitalCatchment	3.0%	.7%	1.8%
5	Count	4	1	5
	% within HospitalCatchment	1.3%	.3%	.8%
5.1	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
5.2	Count	5	2	7
	% within HospitalCatchment	1.7%	.7%	1.2%
5.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
5.4	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
5.5	Count	6	4	10
	% within HospitalCatchment	2.0%	1.3%	1.7%
5.6	Count	5	4	9
	% within HospitalCatchment	1.7%	1.3%	1.5%
5.7	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
5.8	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
5.9	Count	2	4	6
	% within HospitalCatchment	.7%	1.3%	1.0%
6	Count	3	5	8
	% within HospitalCatchment	1.0%	1.7%	1.3%
6.1	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%

6.2	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
6.3	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
6.4	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
6.5	Count	6	2	8
	% within HospitalCatchment	2.0%	.7%	1.3%
6.6	Count	10	1	11
	% within HospitalCatchment	3.3%	.3%	1.8%
6.7	Count	4	6	10
	% within HospitalCatchment	1.3%	2.0%	1.7%
6.8	Count	4	9	13
	% within HospitalCatchment	1.3%	3.0%	2.2%
6.9	Count	1	5	6
	% within HospitalCatchment	.3%	1.7%	1.0%
7	Count	10	4	14
	% within HospitalCatchment	3.3%	1.3%	2.3%
7.1	Count	3	4	7
	% within HospitalCatchment	1.0%	1.3%	1.2%
7.2	Count	1	8	9
	% within HospitalCatchment	.3%	2.7%	1.5%
7.3	Count	4	3	7
	% within HospitalCatchment	1.3%	1.0%	1.2%
7.4	Count	8	4	12
	% within HospitalCatchment	2.7%	1.3%	2.0%
7.5	Count	9	9	18
	% within HospitalCatchment	3.0%	3.0%	3.0%
7.6	Count	1	5	6
	% within HospitalCatchment	.3%	1.7%	1.0%
7.7	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
7.8	Count	4	6	10
	% within HospitalCatchment	1.3%	2.0%	1.7%
7.9	Count	5	10	15
	% within HospitalCatchment	1.7%	3.3%	2.5%
8	Count	6	12	18
	% within HospitalCatchment	2.0%	4.0%	3.0%
8.1	Count	5	6	11
	% within HospitalCatchment	1.7%	2.0%	1.8%
8.2	Count	6	1	7

	% within HospitalCatchment	2.0%	.3%	1.2%
8.3	Count	7	4	11
	% within HospitalCatchment	2.3%	1.3%	1.8%
8.4	Count	8	8	16
	% within HospitalCatchment	2.7%	2.7%	2.7%
8.5	Count	6	9	15
	% within HospitalCatchment	2.0%	3.0%	2.5%
8.6	Count	6	8	14
	% within HospitalCatchment	2.0%	2.7%	2.3%
8.7	Count	6	4	10
	% within HospitalCatchment	2.0%	1.3%	1.7%
8.8	Count	4	5	9
	% within HospitalCatchment	1.3%	1.7%	1.5%
8.9	Count	5	4	9
	% within HospitalCatchment	1.7%	1.3%	1.5%
9	Count	5	11	16
	% within HospitalCatchment	1.7%	3.7%	2.7%
9.1	Count	3	5	8
	% within HospitalCatchment	1.0%	1.7%	1.3%
9.2	Count	4	7	11
	% within HospitalCatchment	1.3%	2.3%	1.8%
9.3	Count	5	5	10
	% within HospitalCatchment	1.7%	1.7%	1.7%
9.4	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
9.5	Count	3	4	7
	% within HospitalCatchment	1.0%	1.3%	1.2%
9.6	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
9.7	Count	2	5	7
	% within HospitalCatchment	.7%	1.7%	1.2%
9.8	Count	7	6	13
	% within HospitalCatchment	2.3%	2.0%	2.2%
9.9	Count	4	5	9
	% within HospitalCatchment	1.3%	1.7%	1.5%
10	Count	3	5	8
	% within HospitalCatchment	1.0%	1.7%	1.3%
10.1	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
10.2	Count	3	6	9
	% within HospitalCatchment	1.0%	2.0%	1.5%

	10.3	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	10.4	Count	5	3	8
		% within HospitalCatchment	1.7%	1.0%	1.3%
	10.5	Count	5	4	9
		% within HospitalCatchment	1.7%	1.3%	1.5%
	10.6	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	10.7	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	10.8	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	10.9	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	11	Count	4	1	5
		% within HospitalCatchment	1.3%	.3%	.8%
	11.1	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	11.3	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	11.4	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	11.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	11.7	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	11.8	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	11.9	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	12	Count	0	4	4
		% within HospitalCatchment	.0%	1.3%	.7%
	12.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	12.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	12.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	12.6	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	12.8	Count	0	1	1

		% within HospitalCatchment	.0%	.3%	.2%
	12.9	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	13.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	13.5	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	13.8	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	14	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	15.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	17.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q93 May I weigh (name of child)? Weight2

			HospitalCatchment		
			1	2	Total
q93weight2	2.8	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	3.2	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	3.4	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	3.5	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	3.6	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	3.7	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	3.8	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	4	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	4.1	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	4.2	Count	4	0	4
		% within HospitalCatchment	1.3%	.0%	.7%

	4.3	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	4.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	4.5	Count	2	4	6
		% within HospitalCatchment	.7%	1.3%	1.0%
	4.6	Count	3	2	5
		% within HospitalCatchment	1.0%	.7%	.8%
	4.7	Count	5	1	6
		% within HospitalCatchment	1.7%	.3%	1.0%
	4.8	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	4.9	Count	5	3	8
		% within HospitalCatchment	1.7%	1.0%	1.3%
	5	Count	3	2	5
		% within HospitalCatchment	1.0%	.7%	.8%
	5.1	Count	6	1	7
		% within HospitalCatchment	2.0%	.3%	1.2%
	5.2	Count	5	1	6
		% within HospitalCatchment	1.7%	.3%	1.0%
	5.4	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	5.5	Count	6	3	9
		% within HospitalCatchment	2.0%	1.0%	1.5%
	5.6	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	5.7	Count	3	3	6
		% within HospitalCatchment	1.0%	1.0%	1.0%
	5.8	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	5.9	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	6	Count	3	6	9
		% within HospitalCatchment	1.0%	2.0%	1.5%
	6.1	Count	4	2	6
		% within HospitalCatchment	1.3%	.7%	1.0%
	6.2	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	6.3	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	6.4	Count	1	2	3

	% within HospitalCatchment	.3%	.7%	.5%
6.5	Count	7	1	8
	% within HospitalCatchment	2.3%	.3%	1.3%
6.6	Count	8	2	10
	% within HospitalCatchment	2.7%	.7%	1.7%
6.7	Count	3	4	7
	% within HospitalCatchment	1.0%	1.3%	1.2%
6.8	Count	5	11	16
	% within HospitalCatchment	1.7%	3.7%	2.7%
6.9	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
7	Count	8	6	14
	% within HospitalCatchment	2.7%	2.0%	2.3%
7.1	Count	4	5	9
	% within HospitalCatchment	1.3%	1.7%	1.5%
7.2	Count	1	5	6
	% within HospitalCatchment	.3%	1.7%	1.0%
7.3	Count	6	3	9
	% within HospitalCatchment	2.0%	1.0%	1.5%
7.4	Count	3	5	8
	% within HospitalCatchment	1.0%	1.7%	1.3%
7.5	Count	10	10	20
	% within HospitalCatchment	3.3%	3.3%	3.3%
7.6	Count	2	4	6
	% within HospitalCatchment	.7%	1.3%	1.0%
7.7	Count	3	6	9
	% within HospitalCatchment	1.0%	2.0%	1.5%
7.8	Count	4	6	10
	% within HospitalCatchment	1.3%	2.0%	1.7%
7.9	Count	4	8	12
	% within HospitalCatchment	1.3%	2.7%	2.0%
8	Count	5	8	13
	% within HospitalCatchment	1.7%	2.7%	2.2%
8.1	Count	4	7	11
	% within HospitalCatchment	1.3%	2.3%	1.8%
8.2	Count	7	4	11
	% within HospitalCatchment	2.3%	1.3%	1.8%
8.3	Count	4	3	7
	% within HospitalCatchment	1.3%	1.0%	1.2%
8.4	Count	11	6	17
	% within HospitalCatchment	3.7%	2.0%	2.8%

	8.5	Count	7	13	20
		% within HospitalCatchment	2.3%	4.3%	3.3%
	8.6	Count	6	8	14
		% within HospitalCatchment	2.0%	2.7%	2.3%
	8.7	Count	5	3	8
		% within HospitalCatchment	1.7%	1.0%	1.3%
	8.8	Count	3	5	8
		% within HospitalCatchment	1.0%	1.7%	1.3%
	8.9	Count	7	2	9
		% within HospitalCatchment	2.3%	.7%	1.5%
	9	Count	5	9	14
		% within HospitalCatchment	1.7%	3.0%	2.3%
	9.1	Count	3	10	13
		% within HospitalCatchment	1.0%	3.3%	2.2%
	9.2	Count	6	4	10
		% within HospitalCatchment	2.0%	1.3%	1.7%
	9.3	Count	3	6	9
		% within HospitalCatchment	1.0%	2.0%	1.5%
	9.4	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	9.5	Count	5	4	9
		% within HospitalCatchment	1.7%	1.3%	1.5%
	9.6	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	9.7	Count	3	4	7
		% within HospitalCatchment	1.0%	1.3%	1.2%
	9.8	Count	6	8	14
		% within HospitalCatchment	2.0%	2.7%	2.3%
	9.9	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	10	Count	5	7	12
		% within HospitalCatchment	1.7%	2.3%	2.0%
	10.1	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	10.2	Count	6	5	11
		% within HospitalCatchment	2.0%	1.7%	1.8%
	10.3	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	10.4	Count	3	3	6
		% within HospitalCatchment	1.0%	1.0%	1.0%
	10.5	Count	3	5	8

	% within HospitalCatchment	1.0%	1.7%	1.3%
10.6	Count	4	1	5
	% within HospitalCatchment	1.3%	.3%	.8%
10.7	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
10.8	Count	3	6	9
	% within HospitalCatchment	1.0%	2.0%	1.5%
10.9	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
11	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
11.1	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
11.2	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
11.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
11.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
11.5	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
11.6	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
11.7	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
11.8	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
11.9	Count	1	4	5
	% within HospitalCatchment	.3%	1.3%	.8%
12	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
12.2	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
12.3	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
12.4	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
12.6	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
12.8	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%

	12.9	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	13.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	13.6	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	13.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	14.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	15.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	17.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q94 May I use MUAC Tape with (name of child)?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q94	Yes	Count	209	226	435
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	209	226	435
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q94 May I use MUAC Tape with (name of child)? Muac1

			HospitalCatchment		
			Kaduha	Kigeme	Total
q94muac1	11	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
	11.4	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	11.5	Count	4	1	5
		% within HospitalCatchment	1.9%	.4%	1.1%
	11.6	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	11.8	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	11.9	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	12	Count	6	1	7

	% within HospitalCatchment	2.9%	.4%	1.6%
12.2	Count	1	0	1
	% within HospitalCatchment	.5%	.0%	.2%
12.3	Count	4	3	7
	% within HospitalCatchment	1.9%	1.3%	1.6%
12.4	Count	1	0	1
	% within HospitalCatchment	.5%	.0%	.2%
12.5	Count	5	4	9
	% within HospitalCatchment	2.4%	1.8%	2.1%
12.6	Count	1	2	3
	% within HospitalCatchment	.5%	.9%	.7%
12.7	Count	2	4	6
	% within HospitalCatchment	1.0%	1.8%	1.4%
12.8	Count	4	1	5
	% within HospitalCatchment	1.9%	.4%	1.1%
12.9	Count	1	0	1
	% within HospitalCatchment	.5%	.0%	.2%
13	Count	8	21	29
	% within HospitalCatchment	3.8%	9.3%	6.7%
13.1	Count	2	3	5
	% within HospitalCatchment	1.0%	1.3%	1.1%
13.13	Count	0	1	1
	% within HospitalCatchment	.0%	.4%	.2%
13.2	Count	4	4	8
	% within HospitalCatchment	1.9%	1.8%	1.8%
13.3	Count	5	2	7
	% within HospitalCatchment	2.4%	.9%	1.6%
13.4	Count	4	5	9
	% within HospitalCatchment	1.9%	2.2%	2.1%
13.5	Count	11	22	33
	% within HospitalCatchment	5.3%	9.7%	7.6%
13.6	Count	4	6	10
	% within HospitalCatchment	1.9%	2.7%	2.3%
13.7	Count	2	6	8
	% within HospitalCatchment	1.0%	2.7%	1.8%
13.8	Count	4	5	9
	% within HospitalCatchment	1.9%	2.2%	2.1%
13.9	Count	2	3	5
	% within HospitalCatchment	1.0%	1.3%	1.1%
14	Count	25	21	46
	% within HospitalCatchment	12.0%	9.3%	10.6%

	14.1	Count	0	5	5
		% within HospitalCatchment	.0%	2.2%	1.1%
	14.14	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	14.2	Count	3	9	12
		% within HospitalCatchment	1.4%	4.0%	2.8%
	14.3	Count	4	3	7
		% within HospitalCatchment	1.9%	1.3%	1.6%
	14.4	Count	4	3	7
		% within HospitalCatchment	1.9%	1.3%	1.6%
	14.5	Count	14	19	33
		% within HospitalCatchment	6.7%	8.4%	7.6%
	14.6	Count	3	3	6
		% within HospitalCatchment	1.4%	1.3%	1.4%
	14.7	Count	5	2	7
		% within HospitalCatchment	2.4%	.9%	1.6%
	14.8	Count	4	3	7
		% within HospitalCatchment	1.9%	1.3%	1.6%
	14.9	Count	5	0	5
		% within HospitalCatchment	2.4%	.0%	1.1%
	15	Count	25	15	40
		% within HospitalCatchment	12.0%	6.6%	9.2%
	15.1	Count	2	2	4
		% within HospitalCatchment	1.0%	.9%	.9%
	15.2	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
	15.3	Count	2	3	5
		% within HospitalCatchment	1.0%	1.3%	1.1%
	15.4	Count	3	3	6
		% within HospitalCatchment	1.4%	1.3%	1.4%
	15.5	Count	4	5	9
		% within HospitalCatchment	1.9%	2.2%	2.1%
	15.6	Count	2	6	8
		% within HospitalCatchment	1.0%	2.7%	1.8%
	15.7	Count	1	1	2
		% within HospitalCatchment	.5%	.4%	.5%
	15.8	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	15.9	Count	2	2	4
		% within HospitalCatchment	1.0%	.9%	.9%
	16	Count	8	8	16

		% within HospitalCatchment	3.8%	3.5%	3.7%
	16.1	Count	1	1	2
		% within HospitalCatchment	.5%	.4%	.5%
	16.2	Count	1	1	2
		% within HospitalCatchment	.5%	.4%	.5%
	16.3	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	16.4	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
	16.5	Count	3	3	6
		% within HospitalCatchment	1.4%	1.3%	1.4%
	16.9	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	17	Count	0	6	6
		% within HospitalCatchment	.0%	2.7%	1.4%
	17.2	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	17.4	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	17.5	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	18.3	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	18.5	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	19	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	20.3	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
Total		Count	209	226	435
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q94. May I use MUAC Tape with (name of child)? Muac2

			HospitalCatchment		
			Kaduha	Kigeme	Total
q94muac2	11	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	11.2	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	11.4	Count	3	0	3
		% within HospitalCatchment	1.4%	.0%	.7%

	11.5	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	11.6	Count	2	1	3
		% within HospitalCatchment	1.0%	.4%	.7%
	11.7	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	11.8	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	11.9	Count	1	1	2
		% within HospitalCatchment	.5%	.4%	.5%
	12	Count	4	0	4
		% within HospitalCatchment	1.9%	.0%	.9%
	12.1	Count	0	2	2
		% within HospitalCatchment	.0%	.9%	.5%
	12.3	Count	5	1	6
		% within HospitalCatchment	2.4%	.4%	1.4%
	12.4	Count	1	2	3
		% within HospitalCatchment	.5%	.9%	.7%
	12.5	Count	5	3	8
		% within HospitalCatchment	2.4%	1.3%	1.8%
	12.6	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
	12.7	Count	1	5	6
		% within HospitalCatchment	.5%	2.2%	1.4%
	12.8	Count	3	1	4
		% within HospitalCatchment	1.4%	.4%	.9%
	12.9	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
	13	Count	8	16	24
		% within HospitalCatchment	3.8%	7.1%	5.5%
	13.1	Count	4	6	10
		% within HospitalCatchment	1.9%	2.7%	2.3%
	13.13	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	13.2	Count	4	3	7
		% within HospitalCatchment	1.9%	1.3%	1.6%
	13.3	Count	3	4	7
		% within HospitalCatchment	1.4%	1.8%	1.6%
	13.4	Count	3	6	9
		% within HospitalCatchment	1.4%	2.7%	2.1%
	13.5	Count	8	23	31

	% within HospitalCatchment	3.8%	10.2%	7.1%
13.6	Count	5	5	10
	% within HospitalCatchment	2.4%	2.2%	2.3%
13.7	Count	5	5	10
	% within HospitalCatchment	2.4%	2.2%	2.3%
13.8	Count	1	5	6
	% within HospitalCatchment	.5%	2.2%	1.4%
13.9	Count	5	5	10
	% within HospitalCatchment	2.4%	2.2%	2.3%
14	Count	22	17	39
	% within HospitalCatchment	10.5%	7.5%	9.0%
14.1	Count	2	8	10
	% within HospitalCatchment	1.0%	3.5%	2.3%
14.14	Count	0	1	1
	% within HospitalCatchment	.0%	.4%	.2%
14.2	Count	4	8	12
	% within HospitalCatchment	1.9%	3.5%	2.8%
14.3	Count	7	5	12
	% within HospitalCatchment	3.3%	2.2%	2.8%
14.4	Count	2	6	8
	% within HospitalCatchment	1.0%	2.7%	1.8%
14.5	Count	10	14	24
	% within HospitalCatchment	4.8%	6.2%	5.5%
14.6	Count	6	6	12
	% within HospitalCatchment	2.9%	2.7%	2.8%
14.7	Count	6	0	6
	% within HospitalCatchment	2.9%	.0%	1.4%
14.8	Count	5	6	11
	% within HospitalCatchment	2.4%	2.7%	2.5%
14.9	Count	4	0	4
	% within HospitalCatchment	1.9%	.0%	.9%
15	Count	20	10	30
	% within HospitalCatchment	9.6%	4.4%	6.9%
15.1	Count	3	2	5
	% within HospitalCatchment	1.4%	.9%	1.1%
15.2	Count	3	4	7
	% within HospitalCatchment	1.4%	1.8%	1.6%
15.3	Count	6	0	6
	% within HospitalCatchment	2.9%	.0%	1.4%
15.4	Count	3	1	4
	% within HospitalCatchment	1.4%	.4%	.9%

	15.5	Count	3	9	12
		% within HospitalCatchment	1.4%	4.0%	2.8%
	15.6	Count	1	3	4
		% within HospitalCatchment	.5%	1.3%	.9%
	15.7	Count	1	2	3
		% within HospitalCatchment	.5%	.9%	.7%
	15.8	Count	1	2	3
		% within HospitalCatchment	.5%	.9%	.7%
	15.9	Count	2	1	3
		% within HospitalCatchment	1.0%	.4%	.7%
	16	Count	6	10	16
		% within HospitalCatchment	2.9%	4.4%	3.7%
	16.1	Count	2	0	2
		% within HospitalCatchment	1.0%	.0%	.5%
	16.2	Count	1	2	3
		% within HospitalCatchment	.5%	.9%	.7%
	16.3	Count	2	1	3
		% within HospitalCatchment	1.0%	.4%	.7%
	16.5	Count	3	3	6
		% within HospitalCatchment	1.4%	1.3%	1.4%
	16.9	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	17	Count	0	5	5
		% within HospitalCatchment	.0%	2.2%	1.1%
	17.1	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	17.4	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	17.5	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	17.6	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	18.2	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	18.6	Count	1	0	1
		% within HospitalCatchment	.5%	.0%	.2%
	18.8	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
	20.3	Count	0	1	1
		% within HospitalCatchment	.0%	.4%	.2%
Total		Count	209	226	435

	% within HospitalCatchment	100.0%	100.0%	100.0%

Q94 May I use MUAC Tape with (name of child)? Muac3

			HospitalCatchment	
			Kigeme	Total
q94muac3	13.1	Count	1	1
		% within HospitalCatchment	100.0%	100.0%
Total		Count	1	1
		% within HospitalCatchment	100.0%	100.0%

Q95. **May I measure length for (name of child)?**

			HospitalCatchment		
			Kaduha	Kigeme	Total
q95	Yes	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q95. **May I measure length for (name of child)? Length1**

			HospitalCatchment		
			Kaduha	Kigeme	Total
q95length1	47.5	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	48	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	49	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	49.5	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	50	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	50.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	51	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	51.5	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	52	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	53	Count	4	1	5
		% within HospitalCatchment	1.3%	.3%	.8%
	53.5	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	53.6	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	54	Count	5	2	7
		% within HospitalCatchment	1.7%	.7%	1.2%
	54.5	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	55	Count	6	6	12
		% within HospitalCatchment	2.0%	2.0%	2.0%

	55.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	55.4	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	55.5	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	56	Count	6	3	9
		% within HospitalCatchment	2.0%	1.0%	1.5%
	56.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	56.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	56.5	Count	3	2	5
		% within HospitalCatchment	1.0%	.7%	.8%
	57	Count	5	6	11
		% within HospitalCatchment	1.7%	2.0%	1.8%
	57.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	57.5	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	58	Count	5	1	6
		% within HospitalCatchment	1.7%	.3%	1.0%
	58.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	58.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	58.5	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	59	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	59.5	Count	3	3	6
		% within HospitalCatchment	1.0%	1.0%	1.0%
	60	Count	4	2	6
		% within HospitalCatchment	1.3%	.7%	1.0%
	60.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	60.5	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	60.9	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	61	Count	7	2	9
		% within HospitalCatchment	2.3%	.7%	1.5%
	61.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%

	61.5	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	62	Count	5	4	9
		% within HospitalCatchment	1.7%	1.3%	1.5%
	62.5	Count	0	4	4
		% within HospitalCatchment	.0%	1.3%	.7%
	63	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	63.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	63.5	Count	3	2	5
		% within HospitalCatchment	1.0%	.7%	.8%
	64	Count	10	7	17
		% within HospitalCatchment	3.3%	2.3%	2.8%
	64.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	64.5	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	64.6	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	64.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	65	Count	7	2	9
		% within HospitalCatchment	2.3%	.7%	1.5%
	65.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	65.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	65.5	Count	4	1	5
		% within HospitalCatchment	1.3%	.3%	.8%
	66	Count	3	3	6
		% within HospitalCatchment	1.0%	1.0%	1.0%
	66.4	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	66.5	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	66.8	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	67	Count	6	11	17
		% within HospitalCatchment	2.0%	3.7%	2.8%
	67.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	67.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%

	67.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	67.5	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	68	Count	6	7	13
		% within HospitalCatchment	2.0%	2.3%	2.2%
	68.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	68.5	Count	1	5	6
		% within HospitalCatchment	.3%	1.7%	1.0%
	68.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	69	Count	8	6	14
		% within HospitalCatchment	2.7%	2.0%	2.3%
	69.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	69.5	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	69.9	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	70	Count	13	10	23
		% within HospitalCatchment	4.3%	3.3%	3.8%
	70.5	Count	5	5	10
		% within HospitalCatchment	1.7%	1.7%	1.7%
	71	Count	8	8	16
		% within HospitalCatchment	2.7%	2.7%	2.7%
	71.5	Count	3	5	8
		% within HospitalCatchment	1.0%	1.7%	1.3%
	71.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	72	Count	7	8	15
		% within HospitalCatchment	2.3%	2.7%	2.5%
	72.1	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	72.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	72.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	72.5	Count	7	8	15
		% within HospitalCatchment	2.3%	2.7%	2.5%
	73	Count	8	8	16
		% within HospitalCatchment	2.7%	2.7%	2.7%
	73.3	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%

	73.5	Count	4	8	12
		% within HospitalCatchment	1.3%	2.7%	2.0%
	74	Count	3	9	12
		% within HospitalCatchment	1.0%	3.0%	2.0%
	74.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	74.2	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	74.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	74.5	Count	7	1	8
		% within HospitalCatchment	2.3%	.3%	1.3%
	75	Count	10	14	24
		% within HospitalCatchment	3.3%	4.7%	4.0%
	75.5	Count	5	4	9
		% within HospitalCatchment	1.7%	1.3%	1.5%
	75.8	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	76	Count	9	6	15
		% within HospitalCatchment	3.0%	2.0%	2.5%
	76.5	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	77	Count	8	4	12
		% within HospitalCatchment	2.7%	1.3%	2.0%
	77.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	77.5	Count	4	8	12
		% within HospitalCatchment	1.3%	2.7%	2.0%
	78	Count	2	9	11
		% within HospitalCatchment	.7%	3.0%	1.8%
	78.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	78.5	Count	3	2	5
		% within HospitalCatchment	1.0%	.7%	.8%
	79	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	79.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	79.5	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	79.8	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	80	Count	1	6	7
		% within HospitalCatchment	.3%	2.0%	1.2%

	80.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	80.5	Count	4	2	6
		% within HospitalCatchment	1.3%	.7%	1.0%
	81	Count	6	5	11
		% within HospitalCatchment	2.0%	1.7%	1.8%
	81.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	81.5	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	82	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	82.5	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	83	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	83.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	83.7	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	84	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	84.5	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	85	Count	1	5	6
		% within HospitalCatchment	.3%	1.7%	1.0%
	85.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	85.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	86	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	86.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	88	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q95. May I measure length for (name of child)? Length2

	HospitalCatchment		
	Kaduha	Kigeme	Total

q95length2	47.5	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	48	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	48.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	49	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	49.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	50	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	50.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	51	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	51.5	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	52	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	53	Count	4	1	5
		% within HospitalCatchment	1.3%	.3%	.8%
	53.5	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	53.6	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	53.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	53.9	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	54	Count	4	1	5
		% within HospitalCatchment	1.3%	.3%	.8%
	54.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	54.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	54.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	55	Count	2	6	8
		% within HospitalCatchment	.7%	2.0%	1.3%
	55.1	Count	1	0	1

	% within HospitalCatchment	.3%	.0%	.2%
55.2	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
55.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
55.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
55.5	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
55.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
55.8	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
56	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
56.1	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
56.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
56.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
56.5	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
56.7	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
56.8	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
57	Count	3	5	8
	% within HospitalCatchment	1.0%	1.7%	1.3%
57.2	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
57.5	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
57.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
58	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
58.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
58.3	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%

58.4	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
58.5	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
59	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
59.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
59.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
59.5	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
59.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
59.7	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
59.8	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
60	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
60.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
60.2	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
60.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
60.5	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
61	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
61.2	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
61.5	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
61.9	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
62	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
62.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
62.5	Count	0	4	4

	% within HospitalCatchment	.0%	1.3%	.7%
63	Count	4	4	8
	% within HospitalCatchment	1.3%	1.3%	1.3%
63.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
63.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
63.5	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
63.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
64	Count	8	5	13
	% within HospitalCatchment	2.7%	1.7%	2.2%
64.1	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
64.2	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
64.5	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
64.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
64.9	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
65	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
65.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
65.3	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
65.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
65.5	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
65.7	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
66	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
66.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
66.4	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%

66.5	Count	4	3	7
	% within HospitalCatchment	1.3%	1.0%	1.2%
66.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
66.7	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
66.9	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
67	Count	4	9	13
	% within HospitalCatchment	1.3%	3.0%	2.2%
67.1	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
67.2	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
67.3	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
67.5	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
67.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
68	Count	6	6	12
	% within HospitalCatchment	2.0%	2.0%	2.0%
68.4	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
68.5	Count	1	5	6
	% within HospitalCatchment	.3%	1.7%	1.0%
68.6	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
68.8	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
69	Count	6	4	10
	% within HospitalCatchment	2.0%	1.3%	1.7%
69.1	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
69.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
69.5	Count	4	0	4
	% within HospitalCatchment	1.3%	.0%	.7%
69.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
70	Count	10	9	19

	% within HospitalCatchment	3.3%	3.0%	3.2%
70.1	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
70.4	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
70.5	Count	6	3	9
	% within HospitalCatchment	2.0%	1.0%	1.5%
70.7	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
71	Count	5	8	13
	% within HospitalCatchment	1.7%	2.7%	2.2%
71.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
71.3	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
71.5	Count	1	4	5
	% within HospitalCatchment	.3%	1.3%	.8%
71.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
72	Count	6	9	15
	% within HospitalCatchment	2.0%	3.0%	2.5%
72.1	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
72.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
72.3	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
72.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
72.5	Count	4	4	8
	% within HospitalCatchment	1.3%	1.3%	1.3%
72.6	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
73	Count	6	6	12
	% within HospitalCatchment	2.0%	2.0%	2.0%
73.1	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
73.2	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
73.3	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%

	73.5	Count	4	7	11
		% within HospitalCatchment	1.3%	2.3%	1.8%
	73.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	74	Count	2	7	9
		% within HospitalCatchment	.7%	2.3%	1.5%
	74.1	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	74.2	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	74.3	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	74.5	Count	3	2	5
		% within HospitalCatchment	1.0%	.7%	.8%
	74.6	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	74.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	74.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	75	Count	7	12	19
		% within HospitalCatchment	2.3%	4.0%	3.2%
	75.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	75.2	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	75.5	Count	5	3	8
		% within HospitalCatchment	1.7%	1.0%	1.3%
	75.6	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	75.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	76	Count	7	4	11
		% within HospitalCatchment	2.3%	1.3%	1.8%
	76.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	76.2	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	76.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	76.4	Count	0	1	1

	% within HospitalCatchment	.0%	.3%	.2%
76.5	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
76.6	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
76.7	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
77	Count	6	4	10
	% within HospitalCatchment	2.0%	1.3%	1.7%
77.1	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
77.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
77.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
77.5	Count	1	7	8
	% within HospitalCatchment	.3%	2.3%	1.3%
77.7	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
77.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
78	Count	2	8	10
	% within HospitalCatchment	.7%	2.7%	1.7%
78.1	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
78.2	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
78.3	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
78.5	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
78.7	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
79	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
79.3	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
79.4	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
79.5	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%

	79.7	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	79.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	80	Count	1	6	7
		% within HospitalCatchment	.3%	2.0%	1.2%
	80.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	80.5	Count	5	2	7
		% within HospitalCatchment	1.7%	.7%	1.2%
	80.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	81	Count	5	6	11
		% within HospitalCatchment	1.7%	2.0%	1.8%
	81.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	81.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	81.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	82	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	82.5	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	83	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	83.2	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	83.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	83.7	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	84	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	84.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	84.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	84.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	84.6	Count	0	1	1

		% within HospitalCatchment	.0%	.3%	.2%
	84.7	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	85	Count	2	4	6
		% within HospitalCatchment	.7%	1.3%	1.0%
	85.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	86	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	86.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	86.5	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	88	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q95. May I measure length for (name of child)? Length3

			HospitalCatchment		
			Kaduha	Kigeme	Total
q95length3	62	Count	1	1	2
		% within HospitalCatchment	20.0%	50.0%	28.6%
	64.5	Count	1	0	1
		% within HospitalCatchment	20.0%	.0%	14.3%
	68.5	Count	1	0	1
		% within HospitalCatchment	20.0%	.0%	14.3%
	71	Count	1	0	1
		% within HospitalCatchment	20.0%	.0%	14.3%
	71.5	Count	0	1	1
		% within HospitalCatchment	.0%	50.0%	14.3%
	80.5	Count	1	0	1
		% within HospitalCatchment	20.0%	.0%	14.3%
Total		Count	5	2	7
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q96. May I use MUAC Tape with you?

	HospitalCatchment		
	Kaduha	Kigeme	Total

q96	Yes	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q96. May I use MUAC Tape with you? MUAC1

			HospitalCatchment		
			Kaduha	Kigeme	Total
q96muac1	20	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	20.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	20.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	20.8	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	20.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	21	Count	1	7	8
		% within HospitalCatchment	.3%	2.3%	1.3%
	21.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	21.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	21.5	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	21.6	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	22	Count	8	5	13
		% within HospitalCatchment	2.7%	1.7%	2.2%
	22.1	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	22.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	22.4	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	22.5	Count	10	2	12
		% within HospitalCatchment	3.3%	.7%	2.0%
	22.7	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%

	22.8	Count	3	3	6
		% within HospitalCatchment	1.0%	1.0%	1.0%
	23	Count	10	16	26
		% within HospitalCatchment	3.3%	5.3%	4.3%
	23.1	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	23.2	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	23.3	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	23.4	Count	7	4	11
		% within HospitalCatchment	2.3%	1.3%	1.8%
	23.5	Count	11	6	17
		% within HospitalCatchment	3.7%	2.0%	2.8%
	23.6	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	23.7	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	23.8	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	23.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	24	Count	24	14	38
		% within HospitalCatchment	8.0%	4.7%	6.3%
	24.1	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	24.2	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	24.3	Count	4	0	4
		% within HospitalCatchment	1.3%	.0%	.7%
	24.4	Count	5	6	11
		% within HospitalCatchment	1.7%	2.0%	1.8%
	24.5	Count	15	16	31
		% within HospitalCatchment	5.0%	5.3%	5.2%
	24.6	Count	2	5	7
		% within HospitalCatchment	.7%	1.7%	1.2%
	24.7	Count	1	4	5
		% within HospitalCatchment	.3%	1.3%	.8%
	24.8	Count	6	1	7
		% within HospitalCatchment	2.0%	.3%	1.2%
	24.9	Count	4	1	5

	% within HospitalCatchment	1.3%	.3%	.8%
25	Count	19	19	38
	% within HospitalCatchment	6.3%	6.3%	6.3%
25.1	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
25.2	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
25.3	Count	7	3	10
	% within HospitalCatchment	2.3%	1.0%	1.7%
25.4	Count	4	3	7
	% within HospitalCatchment	1.3%	1.0%	1.2%
25.5	Count	13	14	27
	% within HospitalCatchment	4.3%	4.7%	4.5%
25.6	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
25.7	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
25.8	Count	4	3	7
	% within HospitalCatchment	1.3%	1.0%	1.2%
25.9	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
26	Count	22	15	37
	% within HospitalCatchment	7.3%	5.0%	6.2%
26.1	Count	4	4	8
	% within HospitalCatchment	1.3%	1.3%	1.3%
26.2	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
26.3	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
26.4	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
26.5	Count	12	8	20
	% within HospitalCatchment	4.0%	2.7%	3.3%
26.6	Count	1	5	6
	% within HospitalCatchment	.3%	1.7%	1.0%
26.7	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
26.8	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
26.9	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%

27	Count	17	12	29
	% within HospitalCatchment	5.7%	4.0%	4.8%
27.1	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
27.2	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
27.3	Count	2	5	7
	% within HospitalCatchment	.7%	1.7%	1.2%
27.4	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
27.5	Count	2	4	6
	% within HospitalCatchment	.7%	1.3%	1.0%
27.6	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
27.7	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
27.8	Count	1	0	1
	% within HospitalCatchment	.3%	.0%	.2%
27.9	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
28	Count	10	11	21
	% within HospitalCatchment	3.3%	3.7%	3.5%
28.1	Count	2	0	2
	% within HospitalCatchment	.7%	.0%	.3%
28.2	Count	0	4	4
	% within HospitalCatchment	.0%	1.3%	.7%
28.3	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
28.4	Count	1	1	2
	% within HospitalCatchment	.3%	.3%	.3%
28.5	Count	1	5	6
	% within HospitalCatchment	.3%	1.7%	1.0%
28.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
28.8	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
28.9	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
29	Count	1	3	4
	% within HospitalCatchment	.3%	1.0%	.7%
29.1	Count	0	1	1

		% within HospitalCatchment	.0%	.3%	.2%
	29.4	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	29.5	Count	5	5	10
		% within HospitalCatchment	1.7%	1.7%	1.7%
	29.6	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	29.7	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	30	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	30.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	30.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	30.5	Count	2	1	3
		% within HospitalCatchment	.7%	.3%	.5%
	31	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	31.2	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	31.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	31.6	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	32	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	32.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	33	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	33.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	40.4	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q96. May I use MUAC Tape with you? MUAC2

	HospitalCatchment	Total

			Kaduha	Kigeme	
q96muac2	20	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	20.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	20.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	20.6	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	21	Count	1	9	10
		% within HospitalCatchment	.3%	3.0%	1.7%
	21.2	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	21.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	21.4	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	21.5	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	21.6	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	22	Count	7	4	11
		% within HospitalCatchment	2.3%	1.3%	1.8%
	22.1	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	22.2	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	22.4	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	22.5	Count	7	3	10
		% within HospitalCatchment	2.3%	1.0%	1.7%
	22.6	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	22.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	22.8	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	22.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	23	Count	5	14	19

	% within HospitalCatchment	1.7%	4.7%	3.2%
23.1	Count	3	1	4
	% within HospitalCatchment	1.0%	.3%	.7%
23.2	Count	4	6	10
	% within HospitalCatchment	1.3%	2.0%	1.7%
23.3	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
23.4	Count	7	4	11
	% within HospitalCatchment	2.3%	1.3%	1.8%
23.5	Count	7	7	14
	% within HospitalCatchment	2.3%	2.3%	2.3%
23.6	Count	3	0	3
	% within HospitalCatchment	1.0%	.0%	.5%
23.7	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
23.8	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
23.9	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
24	Count	21	14	35
	% within HospitalCatchment	7.0%	4.7%	5.8%
24.1	Count	3	4	7
	% within HospitalCatchment	1.0%	1.3%	1.2%
24.2	Count	4	3	7
	% within HospitalCatchment	1.3%	1.0%	1.2%
24.3	Count	3	2	5
	% within HospitalCatchment	1.0%	.7%	.8%
24.4	Count	3	6	9
	% within HospitalCatchment	1.0%	2.0%	1.5%
24.5	Count	13	11	24
	% within HospitalCatchment	4.3%	3.7%	4.0%
24.6	Count	4	6	10
	% within HospitalCatchment	1.3%	2.0%	1.7%
24.7	Count	4	2	6
	% within HospitalCatchment	1.3%	.7%	1.0%
24.8	Count	5	2	7
	% within HospitalCatchment	1.7%	.7%	1.2%
24.9	Count	1	6	7
	% within HospitalCatchment	.3%	2.0%	1.2%
25	Count	22	11	33
	% within HospitalCatchment	7.3%	3.7%	5.5%

	25.1	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	25.2	Count	0	7	7
		% within HospitalCatchment	.0%	2.3%	1.2%
	25.3	Count	9	3	12
		% within HospitalCatchment	3.0%	1.0%	2.0%
	25.4	Count	7	4	11
		% within HospitalCatchment	2.3%	1.3%	1.8%
	25.5	Count	9	12	21
		% within HospitalCatchment	3.0%	4.0%	3.5%
	25.6	Count	3	1	4
		% within HospitalCatchment	1.0%	.3%	.7%
	25.7	Count	2	3	5
		% within HospitalCatchment	.7%	1.0%	.8%
	25.8	Count	6	2	8
		% within HospitalCatchment	2.0%	.7%	1.3%
	25.9	Count	4	0	4
		% within HospitalCatchment	1.3%	.0%	.7%
	26	Count	19	16	35
		% within HospitalCatchment	6.3%	5.3%	5.8%
	26.1	Count	5	4	9
		% within HospitalCatchment	1.7%	1.3%	1.5%
	26.2	Count	2	2	4
		% within HospitalCatchment	.7%	.7%	.7%
	26.3	Count	4	4	8
		% within HospitalCatchment	1.3%	1.3%	1.3%
	26.4	Count	5	2	7
		% within HospitalCatchment	1.7%	.7%	1.2%
	26.5	Count	9	8	17
		% within HospitalCatchment	3.0%	2.7%	2.8%
	26.6	Count	3	4	7
		% within HospitalCatchment	1.0%	1.3%	1.2%
	26.7	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	26.8	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	26.9	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	27	Count	14	11	25
		% within HospitalCatchment	4.7%	3.7%	4.2%
	27.1	Count	3	1	4

	% within HospitalCatchment	1.0%	.3%	.7%
27.2	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
27.3	Count	4	5	9
	% within HospitalCatchment	1.3%	1.7%	1.5%
27.5	Count	2	3	5
	% within HospitalCatchment	.7%	1.0%	.8%
27.6	Count	4	1	5
	% within HospitalCatchment	1.3%	.3%	.8%
27.7	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
27.8	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
27.9	Count	3	3	6
	% within HospitalCatchment	1.0%	1.0%	1.0%
28	Count	8	9	17
	% within HospitalCatchment	2.7%	3.0%	2.8%
28.1	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
28.2	Count	2	2	4
	% within HospitalCatchment	.7%	.7%	.7%
28.3	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
28.4	Count	2	1	3
	% within HospitalCatchment	.7%	.3%	.5%
28.5	Count	0	4	4
	% within HospitalCatchment	.0%	1.3%	.7%
28.6	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
28.8	Count	0	3	3
	% within HospitalCatchment	.0%	1.0%	.5%
28.9	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
29	Count	1	2	3
	% within HospitalCatchment	.3%	.7%	.5%
29.2	Count	0	2	2
	% within HospitalCatchment	.0%	.7%	.3%
29.3	Count	0	1	1
	% within HospitalCatchment	.0%	.3%	.2%
29.5	Count	4	4	8
	% within HospitalCatchment	1.3%	1.3%	1.3%

	29.6	Count	1	3	4
		% within HospitalCatchment	.3%	1.0%	.7%
	29.7	Count	2	0	2
		% within HospitalCatchment	.7%	.0%	.3%
	30	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	30.1	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	30.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	30.5	Count	1	2	3
		% within HospitalCatchment	.3%	.7%	.5%
	30.7	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	31	Count	0	3	3
		% within HospitalCatchment	.0%	1.0%	.5%
	31.1	Count	0	2	2
		% within HospitalCatchment	.0%	.7%	.3%
	31.3	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	31.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	31.6	Count	1	1	2
		% within HospitalCatchment	.3%	.3%	.3%
	32	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	32.8	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
	33.1	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	33.3	Count	0	1	1
		% within HospitalCatchment	.0%	.3%	.2%
	40.5	Count	1	0	1
		% within HospitalCatchment	.3%	.0%	.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q96. May I use MUAC Tape with you? MUAC3

	HospitalCatchment		
	Kaduha	Kigeme	Total

q96muac3	23.3	Count	0	1	1
		% within HospitalCatchment	.0%	33.3%	14.3%
	24.5	Count	1	0	1
		% within HospitalCatchment	25.0%	.0%	14.3%
	24.8	Count	0	1	1
		% within HospitalCatchment	.0%	33.3%	14.3%
	25.4	Count	1	0	1
		% within HospitalCatchment	25.0%	.0%	14.3%
	26	Count	1	0	1
		% within HospitalCatchment	25.0%	.0%	14.3%
	26.3	Count	0	1	1
		% within HospitalCatchment	.0%	33.3%	14.3%
	27	Count	1	0	1
		% within HospitalCatchment	25.0%	.0%	14.3%
Total		Count	4	3	7
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q97. In the past year, have you participated in a week-long training on child feeding and food preparation?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q97	No	Count	55	286	341
		% within HospitalCatchment	18.3%	95.3%	56.8%
	Yes	Count	245	14	259
		% within HospitalCatchment	81.7%	4.7%	43.2%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q98. *IF YES:* How many times?

Q98a. Once

			Hospital Catchment	
			Kaduha	Total
q98One T	No	Count	277	277
		% within Hospital Catchment	92,3%	92,3%
	Yes	Count	23	23
		% within Hospital Catchment	7,7%	7,7%
Total		Count	300	300
		% within Hospital Catchment	100,0%	100,0%

Q98b. Twice

			Hospital Catchment	
			Kaduha	Total
q98Two T	No	Count	255	255
		% within Hospital Catchment	85,0%	85,0%
	Yes	Count	45	45
		% within Hospital Catchment	15,0%	15,0%
Total		Count	300	300
		% within Hospital Catchment	100,0%	100,0%

Q98c. Three or more

			Hospital Catchment	
			Kaduha	Total
q98Three or more T	No	Count	123	123
		% within Hospital Catchment	41,0%	41,0%
	Yes	Count	177	177
		% within Hospital Catchment	59,0%	59,0%
Total		Count	300	300
		% within Hospital Catchment	100,0%	100,0%

Q99. When was the most recent time you participated in such a week-long training?

Q99InLast 6mos

			Hospital Catchment	
			Kaduha	Total
Q99InLast 6mos	No	Count	161	161
		% within Hospital Catchment	53,7%	53,7%
	Yes	Count	139	139
		% within Hospital Catchment	46,3%	46,3%
Total		Count	300	300
		% within Hospital Catchment	100,0%	100,0%

Q99 InLast12 months

			Hospital Catchment	
			Kaduha	Total
Q99InLast12 mos	No	Count	68	68
		% within Hospital Catchment	22,7%	22,7%
	Yes	Count	232	232
		% within Hospital Catchment	77,3%	77,3%
Total		Count	300	300
		% within Hospital Catchment	100,0%	100,0%

Q100. The most recent time, how many of the days did you participate?

			HospitalCatchment	
			Kaduha	Total
q100	0	Count	55	55
		% within HospitalCatchment	18.3%	18.3%
	1	Count	21	21
		% within HospitalCatchment	7.0%	7.0%
	2	Count	30	30
		% within HospitalCatchment	10.0%	10.0%
	3	Count	35	35
		% within HospitalCatchment	11.7%	11.7%
	4	Count	34	34
		% within HospitalCatchment	11.3%	11.3%
	5	Count	116	116
		% within HospitalCatchment	38.7%	38.7%
	6	Count	6	6
		% within HospitalCatchment	2.0%	2.0%
	7	Count	3	3
		% within HospitalCatchment	1.0%	1.0%
Total		Count	300	300
		% within HospitalCatchment	100.0%	100.0 %

Q100. Participate to NW >=4times * HospitalCatchment Crosstabulation

			HospitalCatchment	
			Kaduha	Total
q100 Participate to NW >=4times	Less than four times	Count	141	141
		% within HospitalCatchment	47.0%	47.0%
	Four times or more	Count	159	159
		% within HospitalCatchment	53.0%	53.0%
Total		Count	300	300
		% within HospitalCatchment	100.0%	100.0%

Q101. Did you receive a visit related to health in the past month?

	HospitalCatchment		
	Kaduha	Kigeme	Total

q101	No	Count	144	217	361
		% within HospitalCatchment	48.0%	72.3%	60.2%
	Yes	Count	156	83	239
		% within HospitalCatchment	52.0%	27.7%	39.8%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q101aA. If yes, who visited you? Care group member?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q101aA	No	Count	148	224	372
		% within HospitalCatchment	49.3%	74.7%	62.0%
	Yes	Count	152	76	228
		% within HospitalCatchment	50.7%	25.3%	38.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q101aB. If yes, who visited you? Health facilities staff?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q101aB	No	Count	296	294	590
		% within HospitalCatchment	98.7%	98.0%	98.3%
	Yes	Count	4	6	10
		% within HospitalCatchment	1.3%	2.0%	1.7%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q101aC. If yes, who visited you? Local government staff?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q101aC	No	Count	297	297	594
		% within HospitalCatchment	99.0%	99.0%	99.0%
	Yes	Count	3	3	6
		% within HospitalCatchment	1.0%	1.0%	1.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q101aD If yes, who visited you? Others?

			HospitalCatchment		
			Kaduha	Kigeme	Total
q101aD	No	Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%
Total		Count	300	300	600
		% within HospitalCatchment	100.0%	100.0%	100.0%

Q102a; If yes, can you tell me what the purpose of the visit was? FOLLOW UP ON SICK CHILD

			HospitalCatchment		
			Kaduha	Kigeme	Total
q102a; Visit for sick child or follow up	No	Count	289	294	583
		% within HospitalCatchment	96,3%	98,0%	97,2%
	Yes	Count	11	6	17
		% within HospitalCatchment	3,7%	2,0%	2,8%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q102b; If yes, can you tell me what the purpose of the visit was? PROVIDE HEALTH EDUCATION ON MALARIA PREVENTION

			HospitalCatchment		
			Kaduha	Kigeme	Total
q102b; Provide Health education on Malaria prevention	No	Count	290	293	583
		% within HospitalCatchment	96,7%	97,7%	97,2%
	Yes	Count	10	7	17
		% within HospitalCatchment	3,3%	2,3%	2,8%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q102c; If yes, can you tell me what the purpose of the visit was? PROVIDE HEALTH EDUCATION ON DIARRHEA PREVENTION

			HospitalCatchment		
			Kaduha	Kigeme	Total
q102c; Provide Health education on Diarrhea prevention	No	Count	260	288	548
		% within HospitalCatchment	86,7%	96,0%	91,3%
	Yes	Count	40	12	52
		% within HospitalCatchment	13,3%	4,0%	8,7%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q102d; If yes, can you tell me what the purpose of the visit was? PROVIDE HEALTH EDUCATION ON PNEUMONIA

			HospitalCatchment		
			Kaduha	Kigeme	Total
q102d; Provide Health education on Pneumonia	No	Count	279	292	571
		% within HospitalCatchment	93,0%	97,3%	95,2%
	Yes	Count	21	8	29
		% within HospitalCatchment	7,0%	2,7%	4,8%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q102e. If yes, can you tell me what the purpose of the visit was? PROVIDE HEALTH EDUCATION ON NUTRITION

			HospitalCatchment		
			Kaduha	Kigeme	Total
q102e; Provide Health education on Nutrition	No	Count	188	257	445
		% within HospitalCatchment	62,7%	85,7%	74,2%
	Yes	Count	112	43	155
		% within HospitalCatchment	37,3%	14,3%	25,8%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q102f; If yes, can you tell me what the purpose of the visit was? PROVIDE HEALTH EDUCATION ON IMMUNIZATION

			HospitalCatchment		
			Kaduha	Kigeme	Total
q102f; Provide Health education on Immunization	No	Count	277	292	569
		% within HospitalCatchment	92,3%	97,3%	94,8%
	Yes	Count	23	8	31
		% within HospitalCatchment	7,7%	2,7%	5,2%
Total		Count	300	300	600
		% within HospitalCatchment	100,0%	100,0%	100,0%

Q102. Visit for Education 1 or more topic

			Hospital Catchment		
			Kaduha	Kigeme	Total
q102Visit for Education 1 or more topic	No	Count	162	250	412
		% within Hospital Catchment	54,0%	83,3%	68,7%
	Yes	Count	138	50	188
		% within Hospital Catchment	46,0%	16,7%	31,3%
Total		Count	300	300	600
		% within Hospital Catchment	100,0%	100,0%	100,0%