WHOLE-OF-PROJECT PERFORMANCE EVALUATION OF THE COMMUNITY HEALTH AND IMPROVED NUTRITION (CHAIN) PROJECT RWANDA

April 2018

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DISCLAIMER

The authors’ views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
ABSTRACT

This midterm performance evaluation of the Community Health and Improved Nutrition (CHAIN) Project was conducted to provide USAID stakeholders and the Government of Rwanda (GOR) with an assessment of how CHAIN’s multi-sectoral design and coordination and collaboration (C&C) model have functioned to date and recommend ways to improve them.

Data for the evaluation was collected through document reviews, key informant interviews, focus group discussions, social network analysis, and secondary data analysis. It was not possible to assign levels of collaboration to each implementing partner, so only a qualitative assessment of the contribution of collaboration to project results could be made.

A unique addition to CHAIN’s design is support for implementing partner collaboration, but there are gaps in the intervention package. Working closely with other development partners on future project designs — coordinated by the GOR’s Early Childhood Development Agency — can help ensure that the full package of necessary interventions reaches beneficiary households. The recently instituted district collaboration platform has been most effective in promoting C&C. IPs are enthusiastic, but the real costs of collaboration need to be addressed. Adding several indicators of collaboration can help to incentivize IPs, institutionalize collaboration, and measure the contribution of C&C to CHAIN results.

IPs in the field can see definite advantages of C&C, and collaboration among partners in the field has resulted in expanded coverage, unexpected synergies and greater efficiency in service delivery, and more coherent implementation. Greater flexibility working with local officials where CHAIN operates seems called for and would extend the benefits of project collaboration to GOR in districts.
ACKNOWLEDGMENTS

The GH Pro evaluation team is indebted to the many staff members who worked on CHAIN activities, the USAID/Rwanda Mission staff we interviewed, and the men and women who participated in the focus group discussions in Musanze, Nyabihu, Nyanza, Gatsibo, and Gasabo districts. We also want to thank the members of the Joint Action Development Forum and District Plan to Eliminate Malnutrition committees, as well as the staff of other development partners working in Rwanda, who generously gave us their time.

Special thanks go to the staff of Catholic Relief Services, Global Communities, African Evangelistic Enterprise, Francis Xavier Bagnoud/Rwanda, and Caritas/Rwanda for their assistance, often at short notice. We greatly appreciated their help scheduling interviews with Government of Rwanda district officials, providing logistical support for our visits to their programs, and the time their local staff spent accompanying and talking with us.
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<th>Description</th>
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<tbody>
<tr>
<td>AEE</td>
<td>African Evangelistic Enterprise</td>
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<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>C&amp;C</td>
<td>Coordination and collaboration</td>
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<td>CHAIN</td>
<td>Community Health and Improved Nutrition Project</td>
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<td>CIP</td>
<td>International Potato Center</td>
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<td>CIP OFSP</td>
<td>International Potato Center Orange Flesheated Sweet Potato Project</td>
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<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>DO</td>
<td>Development Objective</td>
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<td>DPEM</td>
<td>District Plan to Eliminate Malnutrition</td>
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<td>DP</td>
<td>Development Partner</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EG</td>
<td>Economic growth</td>
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<td>ENGINE</td>
<td>Empowering the New Generation to Improve Nutrition and Economic Opportunities</td>
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<td>FFS</td>
<td>Farmer Field Schools</td>
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<td>FGD</td>
<td>Focus group discussion</td>
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<tr>
<td>FP</td>
<td>Family planning</td>
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<tr>
<td>FXB/R</td>
<td>François Xavier Bagnoud/Rwanda</td>
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<td>FY</td>
<td>Fiscal Year</td>
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<td>GAIN</td>
<td>Global Alliance for Improved Nutrition</td>
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<td>GC</td>
<td>Global Communities</td>
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<td>GH Pro</td>
<td>Global Health Program Cycle Improvement Project</td>
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<td>GOR</td>
<td>Government of Rwanda</td>
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<td>HD</td>
<td>Huguka Dukore</td>
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<td>IP</td>
<td>Implementing partner</td>
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<td>IR</td>
<td>Intermediate result</td>
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<td>ISLG</td>
<td>Integrated Savings and Lending Groups</td>
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<td>JADF</td>
<td>Joint Action Development Forum</td>
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<tr>
<td>KII</td>
<td>Key informant interview</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>MSNS</td>
<td>Multi-Sectoral Nutrition Strategy</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>NRVCC</td>
<td>Nutrient-rich value chain commodities</td>
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**WHOLE-OF-PROJECT PERFORMANCE EVALUATION OF THE CHAIN PROJECT RWANDA / v**
<table>
<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>OFSP</td>
<td>ORANGE-fleshed sweet potato</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PAD</td>
<td>Project Appraisal Document</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PMT</td>
<td>Project Management Team</td>
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<td>PSD-AG</td>
<td>Private Sector Driven Agricultural Growth</td>
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<td>RH</td>
<td>Reproductive health</td>
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<td>RSMP</td>
<td>Rwanda Social Marketing Program</td>
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<td>Rwf</td>
<td>Rwandan Francs</td>
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<td>SFH</td>
<td>Society Family Health</td>
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<tr>
<td>SLG</td>
<td>Savings and Lending Group</td>
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<tr>
<td>SPRING</td>
<td>Strengthening Partnerships, Results, and Innovations in Nutrition Globally (Project)</td>
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<tr>
<td>S-TIME</td>
<td>System Transformation for Income, Markets and Employment (Project)</td>
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<tr>
<td>UNICEF</td>
<td>United Nations’ Children’s Fund</td>
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<td>USG</td>
<td>US Government</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation, and Hygiene</td>
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<td>WHIP</td>
<td>Western Highlands Integrated Program</td>
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EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The scope of work for this midterm evaluation of the Community Health and Improved Nutrition (CHAIN) Project states that its purpose is to provide information to the Health Office, Economic Growth (EG) Office, CHAIN Project Management Team (PMT), USAID Mission, and Government of Rwanda (GOR) about how the Project Appraisal Document (PAD) and the intersectoral coordination and collaboration (C&C) efforts that have sprung up around it have functioned and to recommend ways they could be improved. The evaluation tracks the degree to which the CHAIN collaboration model is successful, what kinds of interactions it promotes, and what may be disincentives. This information will help determine how CHAIN moves forward in its final years of implementation and how future iterations of USAID/Rwanda's nutrition and community health programming could improve coordination, synergy, and effectiveness in reducing childhood stunting.

Evaluation questions

1. Has the CHAIN Project and its associated activities been the most effective way for USAID/Rwanda to implement USAID's Multi-Sectoral Nutrition Strategy (MSNS)? How could USAID/Rwanda better structure cross-sectoral nutrition activities in its future nutrition project(s)?

2. How have CHAIN's cross-office investments [e.g., President's Emergency Plan for AIDS Relief (PEPFAR), Economic Growth, Democracy and Governance] contributed to the achievement of CHAIN's high-level results?

3. To what extent have the development hypothesis and results framework proposed in the CHAIN PAD been verified and how could they be improved?

4. How have the coordination and collaboration approaches developed under CHAIN contributed to the achievement of activity-level and project-level results? How could these approaches be refined/improved in future projects?

5. How have the different CHAIN collaboration hypotheses been borne out in implementation and what type of evolution is visible in the CHAIN collaboration ecosystem over time?

PROJECT BACKGROUND

CHAIN is a $122 million project spanning fiscal years (FYs) 2014 to 2019. The project is a collection of many of USAID/Rwanda's nutrition-specific and nutrition-sensitive activities, as well as an attempt to operationalize its MSNS. CHAIN contributes to the overall goal of USAID’s 2015-2019 Country Development and Cooperation Strategy, “Accelerating Rwanda’s progress to middle income status and better quality of life through sustained growth and reduction of poverty,” and is directly positioned to support Development Objective 3, “Health and nutritional status of Rwandans improved.” CHAIN is specifically designed to achieve Intermediate Result (IR) 3.1: “Increased use of quality health services and products by target populations and communities.”

Given the intersectoral nature of malnutrition, CHAIN was designed to link to and take advantage of mechanisms and activities supported across the Mission, including under other PADs. Currently, CHAIN

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1 This section relies heavily on the project background provided in the evaluation scope of work.
activities span three Mission technical sectors: Health, EG, and Education. It formerly included Democracy and Governance.

CHAIN-authorized mechanisms have been required to have a nutrition focus and to target vulnerable populations, loosely defined as the economically vulnerable, the nutritionally vulnerable (pregnant and lactating women and children under 5), and those vulnerable to HIV infection (according to criteria from the Rwanda’s National Children’s Commission).

Within USAID/Rwanda, the CHAIN PMT has worked to institutionalize cross-sectoral collaboration among the project’s contributing offices, and a later addition has been supported to implementing partners (IPs) for the same through a variety of mechanisms. An important focus of this evaluation is on how well collaboration has worked to improve results and whether the support mechanisms have helped.

CHAIN management developed three hypotheses through which C&C should lead to better and more sustainable results. Below, we assess each one in light of evidence as part of the response to Evaluation Question 5.

Collaboration Hypotheses

The CHAIN Project proposes that greater collaboration among CHAIN partners will lead to better results through at least one of the following mechanisms:

1. Each of the CHAIN mechanisms will meet its objectives and also exceed and/or achieve other unexpected positive outcomes.

2. Overall costs will be reduced as a result of greater efficiency in planning, sharing, and coordination of resources.

3. There will be stronger alignment and coherence in the strategic design, planning, and implementation of community-based health and development work carried out by USAID partners (and which also helps further the GOR’s development agenda).

EVALUATION DESIGN, METHODS, AND LIMITATIONS

A six-member technical team conducted this evaluation between September 2017 and December 2017. The team was based in Kigali for six weeks, from October 20 to November 29, 2017.

The evaluation was designed to use mixed methods. Primary data collection methods were qualitative in-depth interviews with key informants and focus group discussions (FGDs) with project beneficiaries and community cadres working for the IPs. Other data sources included:

- A document review of more than 200 sources, including USAID global and national strategies and guidance, CHAIN documentation, case studies and evaluations; IPs’ work plans and annual and quarterly reports. Relevant scientific literature was also reviewed.

- Key informant interviews (KII) with 128 respondents. The sample included representatives of USAID/Rwanda and other USAID staff, central- and district-level IP staff, the international donor community, and GOR representatives at national and district levels.

- FGDs, integrating participatory data collection elements (e.g., story-telling and service mapping) were facilitated in five sectors, located in each of the five districts visited. Three FGDs were facilitated at each site: female beneficiaries, a mixed-sex beneficiary group, and community cadres working in the sites. A Kinyarwanda speaker facilitated the group and another Kinyarwanda speaker took notes.
• A social network analysis based on review of documents, interview content, and an online survey conducted quarterly by USAID. The purpose was to develop a CHAIN-specific typology of collaboration and a sociogram, and provide additional insight into the dynamics of collaboration among CHAIN partners.

• Secondary data from the AidTracker-Plus database and IP annual reports were also incorporated into the analyses.

Sampling

The sample of key informants to be interviewed was selected purposively based on lists supplied by the USAID management team. Interviews were conducted with 128 people, using semi-structured interview guides developed for each target group of informants. Data collection and analysis adhered to international standards for protecting respondents’ privacy and confidentiality of data.

Site sampling was purposive, the primary criteria being locations where multiple CHAIN partners were active and purportedly collaborating. The purpose of site visits and FGDs in the sectors in the selected districts was to understand how collaboration converged at the site level to contribute to results.

Interview notes were compiled and coded, and a thematic review of these qualitative data was performed, connecting the data to the evaluation questions using a coding matrix to extract key statements and quotes and link them to major themes. FGD notes were translated and coded, and themes relevant to the evaluation questions were identified. This qualitative data analysis was supplemented by informed analysis of project documents, a quarterly online survey of IPs’ USAID conducts, and secondary project data reported in annual reports and the AidTracker-Plus database.

Limitations

Purposive selection of key informants may affect evaluation findings, but the evaluation team aimed to ensure it reached all relevant audiences and compared data from different target groups. The team acknowledged that reporting bias could arise from interviews with USAID personnel and IP staff, who may have an interest in emphasizing the benefits and positive aspects of collaboration, but experienced only a few instances of this during one or two IP interviews. The evaluation team took this into account in its analysis, comparing the project interviews with reports from other categories of informants. To reduce the influence of evaluator opinion as much as possible, conclusions are backed by specific findings, which are illustrated by quotes from respondents. Standardized data collection and analysis instruments also helped ensure that conclusions were evidence-based. Some interviews were conducted remotely (via phone or Skype), which limits the collection of nuanced information and can also reduce information flow, especially when several people are involved in the interview.

It was not possible to assign degrees of collaboration to each IP for purposes of differentiation and possible linkage to a degree of overall level of “performance.” Furthermore, it may not be possible to identify one common indicator among the many reported by different activities in the CHAIN project that can be considered the best indicator of overall performance, especially given the difficulties involved in setting targets. This limits the possibility of linking quantitative performance data to any assessment of how collaboration may or may not have contributed to project-level results.
FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Evaluation Question 1. Has the CHAIN Project and its associated activities been the most effective way for USAID/Rwanda to implement USAID’s Multi-Sectoral Nutrition Strategy? How could USAID/Rwanda better structure cross-sectoral nutrition activities in its future nutrition project(s)?

CHAIN is one of several models of multi-sectoral nutrition projects or activities USAID has funded in recent years that has depended on some form of C&C. None of the projects reviewed are directly comparable to CHAIN and the suite of activities and mechanisms it has developed to support C&C among its IPs. There may not be one model that will fit every context, as the variety of models suggests.

CHAIN’s approaches to support collaboration are a unique addition that aim to ensure effective collaboration among IPs, going beyond the guidance from the MSNS. (See Evaluation Question 4 for a discussion of these approaches.) Collaboration became part of the mandate for CHAIN activities, and this evaluation obtained considerable evidence that IPs are finding productive ways to coordinate and collaborate. (See Evaluation Question 5.)

Some design gaps were identified, including the need for interventions dealing with water infrastructure and safe housing, more standardized packages of services across IP activities, and the need for improved targeting to the most nutritionally disadvantaged areas and populations with the highest prevalence of chronic malnutrition. The design of future projects to address a multi-sectoral problem such as malnutrition may be improved by a beneficiary-centric approach to evaluating success, but this depends on the larger national coordination of inputs and their placement in geographic locations to effectively reach those most in need.

When coordinating activities begin is not important as long as partners understand the importance of C&C and allow for it, and there are advantages to having older partners share their experience with new ones. USAID staff told us that practical procurement issues make it unlikely that all activities could come on line simultaneously, and that CHAIN is now about the right size (10-12 activities of varying sizes) to effectively discuss and learn from each other. From the beneficiary point of view, however, it seems that more interventions, not necessarily all from the same donor, are better than fewer. And engaging more partners — even informally — could lead to identification of unexpected synergies.

Conclusions and recommendations

The CHAIN Project adds an important new element to the MSNS: strong support to IPs for coordination. Although it is unlikely that one model will fit all, at midterm, the CHAIN model appears to be working for Rwanda. Engaging more partners may provide even more opportunities for innovative collaboration, but managing more than the current number within a formal structure may be difficult. Gaps in technical design and targeting cannot be avoided, although working with other development partners, coordinated by the Early Childhood Development Coordination agency, on future project designs can help ensure that the entire “package” of interventions necessary to reduce chronic malnutrition reaches beneficiary households. Informally engaging more partners that can bring additional interventions to CHAIN beneficiaries through collaboration with the project’s IPs can maximize synergies among USAID-funded activities.

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3 At the time of this evaluation, the Food and Nutrition Coordination Secretariat provided national coordination. The Early Childhood Development Coordination agency took over this function in 2018.
Evaluation Question 2. How have CHAIN’s cross-office investments (e.g., PEPFAR, Economic Growth, Democracy and Governance) contributed to the achievement of CHAIN’s high-level results?

Funneling major investments from nutrition; water, sanitation, and hygiene (WASH); and Feed the Future funds through Health Office projects meant that PEPFAR funding was supplemented and those partners could expand their work to cover all eligible households in their areas. Orphans and vulnerable children (OVC) households could receive other services, such as the orange fleshed sweet potato (OFSP) and iron-rich beans provided by other CHAIN partners and the PEPFAR-funded interventions. PEPFAR-funded projects contributed not only to improving protection of the vulnerable populations they targeted (IR 3.2), but also to increased access to high-impact health services (IR 3.1) to which the WASH funds were targeted, and community nutrition interventions for children (an indicator for IR 3.3). The PEPFAR investment went to three directly funded civil society organizations, and therefore also contributed to (IR 3.4), “improved performance and engagement of civil society organizations and GOR entities.”

The nutrition and health investments have complemented the EG’s food security and nutrition investments. The agriculture activities from EG have been particularly successful, working to expand their coverage well beyond their targets, and contributing to IR 3.3, “increased nutrition knowledge and adoption of appropriate nutrition practices,” beyond expectations. In addition to enhanced agronomy training for the health partners, CIP OFSP provides a comprehensive in-depth nutrition counseling training, with job aids for the trainees, which adds to the quality of nutrition counseling being done by the health activities. The value chain activities, such as the Global Alliance for Improved Nutrition, and even those outside the CHAIN PAD, such as Private Sector Driven Agricultural Growth, found ways to expand their reach by using their platforms to disseminate agriculture partners’ technical know-how. Learning took place across sector boundaries, with agriculture activities adopting Farmer Field Schools as a new distribution method. Investments from the Health Office are a key reason that the EG’s food security and nutrition investments (previously focused on value chains) now reach the household level.

Conclusions

Returns on investment from the Health and EG offices go in both directions. Collaboration with the health activities/IPs helped agriculture activities expand their reach and exceed their targets. Beneficiaries of the health activities get a more comprehensive package, in-depth training, and more income-generating skills through EG investments. The more agile activities from EG were able to scale up more quickly and increase their coverage through collaborations than would have been possible on their own. The cross-sectoral connections developed by and for CHAIN — both within USAID and among the IPS — may also have resulted in more communication across the sectoral offices in the Mission and may be valuable as future cross-sectoral projects are designed.

Evaluation Question 3. To what extent have the development hypothesis and results framework proposed in the CHAIN PAD been verified and how could they be improved?

The CHAIN PAD provides the analysis justifying the project’s focus, development hypothesis, and results framework, prioritizing chronic malnutrition- and HIV-related health issues, based on analysis of Demographic Health Survey (DHS) 2010 data and supplementary sources. A review of the 2014-2015 DHS data and additional sources confirms the continued validity of this prioritization. The theory of change implicit in the results framework is consistent with the evidence: increasing the utilization of high-quality health services and products to ensure that health and nutrition outcomes are improved depends on increasing demand for and access to those products and services; increasing households’ socioeconomic means to take advantage of those products and services; shifting behavior in favor of utilizing those products and services; and government and civil society working to ensure that those products and services are easily accessed. While the development hypothesis incorporates all the
elements of an evidence-based theory of change, its current formulation is not consistent with the mechanics of the theory of change. The evaluation team proposes a reformulation that more accurately reflects the assumed causal relationships between the results.

CHAIN’s conceptual model (i.e., development hypothesis, results framework, theory of change) does not integrate the element of collaboration among IPs. There is a need for evidence that collaboration works and produces value for beneficiaries. Introducing indicators that allow for routinely reported data to distinguish the contribution collaboration makes to results will allow evaluations to credibly provide such evidence.

The team proposes three options for integrating collaboration into the results framework. First, we suggest streamlining Sub-purpose 1 by shifting the focus from services and products to access, accommodating two sets of activities in one output, and revising Sub-purpose 4 to integrate C&C. A second option is to leave the results framework unchanged, but to introduce collaboration as a crosscutting pillar. A third option suggesting the most substantial change to the existing results framework is discussed. Additionally, we suggest reformulating the sub-purposes in line with the changes proposed for the development hypothesis, and present proposed indicators for measuring collaboration, applicable to whichever integration option is preferred. These indicators are based on existing patterns of reporting, which should ease the adoption of these as collaboration indicators.

Conclusions and recommendations

The development hypothesis and the results framework remain relevant in the Rwandan context and are consistent with current evidence. The evaluation team proposes reformulating the development hypothesis to better reflect the causal relationships and be more consistent with USAID’s MSNS. We also propose a revision to the results framework, integrating the essential element of IP collaboration, and suggest introducing a selection of indicators to incentivize, institutionalize, and measure the contribution of C&C, so partners know the expectations and are accountable for doing so. Furthermore, asking IPs to write short success stories about collaboration could convince others of the value of collaboration in practice. These stories can become a repository of learning about collaboration that CHAIN can share widely.

Evaluation Question 4: How have the coordination and collaboration approaches developed under CHAIN contributed to the achievement of activity-level and project-level results? How could these approaches be refined/improved in future projects?

USAID staff appreciated the value of the PMT in coordinating CHAIN activities. Although many considered it a heavy time commitment and some saw participation in some PMT responsibilities as too “one-way,” most acknowledged the benefits of participating. Staff thought the CHAIN manager position was valuable and commended the current manager for her facilitation and organizational skills. However, some staff raised questions about the sustainability or replicability of this role. Both Mission and IP staff reported value in conducting joint site visits, and while the integrated work planning was difficult in FY 2017, the process has been modified for FY 2018 and IPs are finding this more feasible.

The IP district coordination meetings were the most successful approach for fostering collaboration, as they gave IP district staff a new opportunity to talk. Many said these meetings contributed to learning and to their understanding of how the pieces of CHAIN fit together. Meeting the other partners in a district was useful for transferring experience from older IPs to newer ones, led to adopting new ideas, and contributed to the long-term sustainability of the partners’ work by forging relationships among IPs that would remain after the project ends. We found that IPs were enthusiastic about learning from each other and that some wanted to take the district meetings to another level, making joint site visits for peer-to-peer learning. The cost of doing this, however, was an issue. The cost associated with IP communications and meetings were not considered in designing CHAIN collaboration.
A sociogram and typology of CHAIN collaboration were constructed using data collected from KIIs with field staff of selected CHAIN activities, reports from the Partner’s Quarterly Survey, and from KIIs with activity staff at their central offices. The evaluation team identified 18 types of collaborative activities.

Conclusions and recommendations

The collaboration mechanisms are functional and CHAIN IPs are using them. This took much effort at the start, but now benefits are being reaped. IPs in the field and at HQ see definite advantages of C&C, and now find it less burdensome. More benefits are likely to accrue if small investments are made to continue creating opportunities for IPs to talk and learn from each other. However, the extent of these benefits must be inferred from the qualitative data. We can only answer “how they have contributed to achievement” by citing examples of the benefits our key informants report. It is not possible to assign degrees of collaboration that differentiate one IP from another and that might be linked to some overall level of “performance.”

A full-time project manager devoted to promoting collaboration was helpful at the start but may not be possible in the long term. A smaller set of what were regarded as the most useful support mechanisms may be sufficient now that this C&C “mindset” has taken hold in CHAIN. Approaches that could form a streamlined set of C&C mechanisms as CHAIN matures include the PMT, IP coordination meetings at central and district levels, and joint USAID-IP site visits. CHAIN management should discuss with IPs how to cover costs of the district IP C&C, and explore ways to support expanded partner meetings, such as joint site visits among the partners.

Evaluation Question 5. How have the different CHAIN collaboration hypotheses been borne out in implementation and what type of evolution is visible in the CHAIN collaboration ecosystem over time?

We found beneficiaries were only rarely aware of organizations collaborating to deliver the services they received. When other CHAIN partners provided services, beneficiaries perceived them to be coming from the main IP. Most CHAIN beneficiaries reported receiving a comprehensive package of services delivered at the village or household level, but not all received the OFSP and bio-fortified bean interventions because those activities are not currently implemented in all districts we visited.

Hypothesis 1

Our data confirm that collaboration has resulted in expanded coverage and improved quality of interventions, and led to unexpected positive outcomes. Quality of implementation was improved, for example, because the agriculture IPs brought a deeper knowledge of agronomy to the health IPs with which they collaborated, and provided more in-depth, comprehensive nutrition counseling, and taught beneficiaries how to process the OFSP for households and business. Other unexpected outcomes included a woman who started her own Saving and Lending Group after participating in a CHAIN-sponsored group, and an opportunity for CIP OFSP to insert the nutrition benefits of the vegetable into district agriculture interventions arose when the 2016 drought occurred.

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4 These include participation in savings groups, nutrition education, WASH interventions, and FFS. Annex VII includes the services the FGD participants received.
Hypothesis 2

Key informants gave many examples of the greater efficiencies they saw occurring through sharing and coordination of resources, including shared OVC monitoring and other shared monitoring by agriculture and health activities. Other examples include consolidating training activities and pooling resources, both of which saved IPs and farmers time; several IPs providing different services at large outreach events organized by the social marketing activity; and two IPs sharing costs of modular training for beneficiaries.

Hypothesis 3

Our informants also provided evidence that working with project partners at the district IP coordination meetings helped them explain to district officials that their interventions are working toward a common goal. CHAIN IPs saw this as a benefit that made their work in districts easier, allowing them to better align their activities.

Over the past year, many partners went from seeing some burden of collaboration to viewing it as minimal. One partner said collaboration was “valuable, as long as efforts are complementary, and expectations are clear,” and another said it “makes [our] work easier.” The key evolution in the collaboration ecosystem, however, was the establishment of regular district-level IP meetings, which seem to have shifted the momentum for C&C from central-level IP staff field-level staff, who have enthusiastically welcomed the opportunity it affords. These meetings require a good deal of effort to schedule, and unless an IP is willing to let staff attend without other responsibilities, attendance also requires funds for transport and per diem.

Conclusions and recommendations

The evidence from interviews confirms that collaboration is instrumental in expanding coverage, leads to unexpected benefits to the IPs and their beneficiaries, and that efficiencies are found and acted upon, saving time and money, although informants did not quantify the amount of money saved.

Later in implementation, a full cost analysis involving all sources of funds in the CHAIN mechanism should be conducted. This would provide a clearer picture of how different funding sources are interacting to deliver collaborative interventions, and a better estimate of cost reductions.

The key development in the collaboration ecosystem has been the introduction of quarterly district-level IP meetings. Although it is still early, this approach appears to have shifted the momentum for collaboration from central IP staff to IP staff working in the field. Also, for IPs, the approach has led to clearer communication of the project to district officials. Field staff are committed and enthusiastic, and giving them the opportunity to talk together has led to productive C&C. Funding similar opportunities deserves thoughtful consideration so this enthusiasm can be rewarded and new ideas can emerge.

OTHER IMPORTANT FINDINGS

Although we visited only five districts, several themes arose that CHAIN management should consider. District officials spoke of the need for funds for coordinating, holding meetings, and monitoring the IPs, and some complained that CHAIN partners do not contribute to these needs. Lack of flexibility of USAID activities was an issue for several districts, and the disparity of timelines between GOR and USAID makes it difficult to align activity and district action plans. If collaboration is to lead to better outcomes, programs must be flexible enough to adapt to what they learn from it.

Conclusions and recommendations

In districts we visited, many officials said they found USAID partners inflexible with respect to work plans. GOR officials said they needed more funds for coordinating development partners, but CHAIN partners said they could not contribute to this function. USAID should consider allowing or promoting
greater flexibility when IPs work with districts. Similarly, CHAIN managers should help IPs explore creative ways to contribute to the work of the Joint Action Development Forum and District Plan toEliminate Malnutrition coordination functions without directly providing funds to districts, perhaps by supporting the cost of some meetings or site monitoring visits.
I. INTRODUCTION

EVALUATION PURPOSE

Stunting, which according to the most recent Demographic and Health Survey (DHS) affects 38 percent of children 6-59 months old, is a priority issue for the Government of Rwanda (GOR) and USAID/Rwanda. The Community Health and Improved Nutrition (CHAIN) Project is designed to help address this problem, specifically to achieve Intermediate Result (IR) 3.1, “Increased use of quality health services and products by target populations and communities,” through four sub-IRs:

1. Increased awareness of, access to, and demand for high-impact health practices
2. Improved protection of vulnerable populations against adverse circumstances
3. Increased nutrition knowledge and adoption of appropriate nutrition and hygiene practices
4. Improved performance and engagement by civil society organizations (CSOs) and GOR entities

The purpose of this midterm evaluation of the CHAIN Project is to provide information to the Health Office, Economic Growth (EG) Office, CHAIN Project Management Team (PMT), USAID Mission, and GOR about how the project and the intersectoral coordination and collaboration (C&C) efforts that have sprung up around it have functioned to date and ways they could be improved. The evaluation tracks the degree to which the CHAIN collaboration model is successful, what kinds of interactions it promotes, and what may be disincentives to collaboration. This information will be crucial in determining how CHAIN moves forward in its final years of implementation and how future iterations of USAID/Rwanda’s nutrition and community health programming could improve coordination, synergy, and effectiveness.

EVALUATION QUESTIONS

The following are the questions posed to the evaluation team:

1. Has the CHAIN Project and its associated activities been the most effective way for USAID/Rwanda to implement USAID’s Multi-Sectoral Nutrition Strategy (MSNS)? How could USAID/Rwanda better structure cross-sectoral nutrition activities in its future nutrition project(s)?
2. How have CHAIN’s cross-office investments [e.g., President’s Emergency Plan for AIDS Relief (PEPFAR), Economic Growth, Democracy and Governance] contributed to the achievement of CHAIN’s high-level results?
3. To what extent have the development hypothesis and results framework proposed in the CHAIN Project Appraisal Document (PAD) been verified and how could they be improved?
4. How have the coordination and collaboration approaches developed under CHAIN contributed to the achievement of activity-level and project-level results? How could these approaches be refined/improved in future projects?
5. How have the different CHAIN collaboration hypotheses been borne out in implementation and what type of evolution is visible in the CHAIN collaboration ecosystem over time?

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II. PROJECT BACKGROUND

CHAIN is a $122 million project spanning fiscal years (FYs) 2014 to 2019. It is a collection of many of USAID/Rwanda’s nutrition-specific and nutrition-sensitive activities, and represents the Mission’s attempt to operationalize USAID’s MSNS. The project contributes to USAID’s 2015-2019 Country Development and Cooperation Strategy overall goal of “Accelerating Rwanda’s progress to middle income status and better quality of life through sustained growth and reduction of poverty” and is directly positioned to support Development Objective (DO) 3, “Health and nutritional status of Rwandans improved.”

CHAIN’s underlying development hypothesis is that if priority populations improve their socioeconomic status and food security and adopt positive parenting, feeding, and hygiene practices; awareness of, access to, and demand for high-impact health practices among these populations is increased; and the performance of and engagement by CSOs in the health sector is improved; then the utilization of quality health services and products by target populations and communities will increase and they will be able to improve and sustain the health of themselves and the vulnerable individuals in their care.

The major impetus behind CHAIN is Rwanda’s persistent high stunting rate. Chronic malnutrition can have far-reaching effects, such as low school achievement, reduced resistance to disease, lower income in adulthood, and premature mortality. It is also linked to increased risk of maternal mortality from hemorrhage and eclampsia, both related to nutrient deficiencies.

CHAIN is managed by the USAID/Rwanda Health Office. Given the intersectoral nature of malnutrition, the project was designed to link to and take advantage of mechanisms and activities supported across the Mission, including under other projects. Although CHAIN activities currently span three Mission technical sectors — Health, EG, and Education — and previously included Democracy and Governance, they do not encompass all nutrition-related investments in the Mission: A suite of more agricultural growth-oriented investments is housed in the EG Office’s System Transformation for Income, Markets and Employment (S-TIME) Project.

CHAIN-authorized mechanisms have been required to have a nutrition focus (both nutrition-sensitive and nutrition-specific) and to target vulnerable populations. Vulnerability has been loosely defined for CHAIN as the economically vulnerable (Ubudehe Category 1), the nutritionally vulnerable (pregnant and lactating women and children under 5), and those vulnerable to HIV infection (according to the criteria of the Rwandan National Children’s Commission).

CHAIN is officially located in the USAID Health Office, but its efforts have been coordinated by a cross-sectoral PMT comprising the USAID activity managers of the different project mechanisms. The PMT has been responsible for holding biannual meetings with project partners, liaising with relevant GOR counterparts, conducting joint site visits, designing new CHAIN-authorized or CHAIN-contributing activities, and spurring greater collaboration among implementing mechanisms in their work planning and implementation.

Within USAID/Rwanda, the CHAIN PMT has worked to institutionalize cross-sectoral collaboration among the CHAIN contributing offices; a later addition has been support to implementing partners (IPs) for the same through a variety of mechanisms discussed in this evaluation. The IPs developed and

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6 This section relies heavily on the project background provided in the evaluation scope of work. CHAIN has recently been extended to 2020.
8 Ubudehe is the long-standing Rwandan practice and culture of collective action and mutual support to solve problems in a community.
implemented the first integrated CHAIN work plan in FY 2017, and recently developed one for FY 2018.

CHAIN management developed three hypotheses through which C&C should lead to better and more sustainable results. Below, we assess each in light of evidence as part of the response to Evaluation Question 5.

**COLLABORATION HYPOTHESES**

The CHAIN Project proposes that greater collaboration among CHAIN partners will lead to better results through at least one of the following mechanisms:

1. Each of the CHAIN mechanisms will meet its objectives and also exceed and/or achieve other unexpected positive outcomes.
2. Overall costs will be reduced as a result of greater efficiency in planning, sharing, and coordination of resources.
3. There will be stronger alignment and coherence in the strategic design, planning, and implementation of community-based health and development work carried out by USAID partners (and which also helps further the GOR’s development agenda).
III. EVALUATION METHODS AND LIMITATIONS

TEAM COMPOSITION AND TIMING OF DATA COLLECTION

This midterm performance evaluation was conducted between September 2017 and December 2017, with a six-member technical team based in Kigali for six weeks, from October 20 to November 29, 2017. The full evaluation team, including non-technical personnel, included the following members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia David</td>
<td>Team leader</td>
</tr>
<tr>
<td>Terence Beney</td>
<td>Evaluation specialist</td>
</tr>
<tr>
<td>Lauren Montgomery-Rinehart</td>
<td>Collaboration specialist</td>
</tr>
<tr>
<td>Sylvestre Musengimana</td>
<td>Logistics coordinator</td>
</tr>
<tr>
<td>Muhammed Semakula</td>
<td>Local evaluator</td>
</tr>
<tr>
<td>Nicole Hortense Mudenge</td>
<td>Local evaluator</td>
</tr>
<tr>
<td>Canisius Nzayisenga</td>
<td>Local evaluator</td>
</tr>
</tbody>
</table>

Secondary data were made available electronically before the evaluation team arrived in Rwanda, and the team collected additional secondary data throughout the evaluation period. Primary data were collected in Rwanda over a period of four weeks, between late October and late November. The first week in country focused on key informant interviews (KIIs) in Kigali and telephonic interviews with respondents outside Rwanda. During the subsequent two weeks, the team conducted fieldwork, travelling to a district in each of Rwanda’s five provinces to facilitate focus group discussions (FGDs) with beneficiaries and conduct KIIs with district-based IP staff and government officials. KIIs in Kigali or outside Rwanda were resumed and mostly completed in the final week.

EVALUATION DESIGN

A mixed methods design was adopted as the most suitable approach for responding to the evaluation questions. Mixed methods mitigated the risks to reliability that could not be eliminated by alternate design choices relying on random assignment or controls, because these were not feasible within the evaluation period. The choice of approach was further justified by the availability of secondary data and the multiple sources from which primary data could be generated.

OVERVIEW OF METHODS

An extensive document review was conducted, in which more than 200 sources were consulted. These included USAID global and national strategies and guidance; CHAIN documentation; relevant case studies and evaluations; IP work plans and annual and quarterly reports; and GOR policy and strategy documents. Relevant scientific literature was also reviewed.

KIIs were conducted with 128 respondents to concretely explore collaboration arrangements, challenges, and benefits. Interviewees in the sample included USAID/Rwanda staff and USAID staff based elsewhere, national- and district-level IP staff, the international donor community, and GOR representatives at national and district levels. Table 1 presents the distribution of KII respondents by category.
Table 1. Distribution of KII Respondents

<table>
<thead>
<tr>
<th>Respondent Category</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID/Rwanda</td>
<td>21</td>
</tr>
<tr>
<td>USAID/Other</td>
<td>6</td>
</tr>
<tr>
<td>National-level IPs</td>
<td>32</td>
</tr>
<tr>
<td>District/Sector-level IPs</td>
<td>35</td>
</tr>
<tr>
<td>Non-CHAIN IPs and others</td>
<td>3</td>
</tr>
<tr>
<td>GOR National Officials</td>
<td>2</td>
</tr>
<tr>
<td>GOR District/Sector Officials</td>
<td>25</td>
</tr>
<tr>
<td>Donor representatives</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>128</strong></td>
</tr>
</tbody>
</table>

FGDs, which integrated participatory data collection elements (e.g., story-telling and service mapping) were also facilitated in a limited sample of five sectors, located in each of the five districts visited; their purpose was to understand how collaboration converged at the site level to contribute to results. According to protocols prepared beforehand, three FGDs were facilitated at each site — one with female beneficiaries, one mixed-sex beneficiary group, and one with community volunteers — and translated into Kinyarwanda. A Kinyarwanda-speaking evaluator facilitated the group and another Kinyarwanda speaker took notes while an international team member observed. Table 2 presents further information about FGD participants.

Table 2. Numbers of FGD Participants by Type, Gender, and District

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Sector</th>
<th>FGD Type</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Women</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Mixed</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Cadres</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Women</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Mixed</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Cadres</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
<td>Mixed</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
<td>Cadres</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Mixed</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Cadres</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Mixed</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Cadres</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>89</strong></td>
<td><strong>65</strong></td>
<td><strong>154</strong></td>
</tr>
</tbody>
</table>

A social network analysis was conducted based on a review of documents and interview content. Its purpose was to develop a CHAIN-specific typology of collaboration and a sociogram, and provide additional insight into the dynamics of collaboration among CHAIN partners.
Secondary data were also reviewed and incorporated, to a limited extent, in the analysis. Data came from AidTracker-Plus and a quarterly online survey administered by USAID and completed by IPs to track collaboration.

**SAMPLING**

**Fieldwork**

Site selection for the fieldwork was purposive. The primary selection criterion was locations where multiple CHAIN partners were active and purportedly collaborating. A second, related criterion favored sites where collaboration included IPs operating in different technical sectors, health and EG being the two primary participating sectors. A third criterion was ensuring that all five provinces, including Kigali City, were represented in the sample. Table 3 shows the final geographic distribution of sample sites.

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
</tr>
<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
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<td>Southern</td>
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<tr>
<td>Eastern</td>
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<td>Nyagihanga</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
</tr>
</tbody>
</table>

IPs recruited FGD participants. Although site selection was purposive, it was understood that convenience would be a primary consideration in FGD recruitment, though it would guided by criteria the evaluation team set for each group (e.g., the number of participants, their gender, and their role as either beneficiary or community volunteer in service of the activity). Convenience was also a primary consideration for planning KII s at district and sector levels, though participants were chosen from a list of preferred respondents from the Action Development Forum (JADF) and District Plan to Eliminate Malnutrition (DPEM).

**Key Informant Interviews**

The evaluation used purposive sampling for KII s not conducted as a component of site visits. USAID/Rwanda provided an exhaustive list, with almost every staff member having a consequential connection to the project. USAID staff outside Rwanda were also selected because of their past involvement or strategic view on CHAIN. The selection of IP respondents at the national level was also purposive, and focused on senior leadership for strategic inputs and senior technical management for an operational perspective. Additional strategic perspectives were required from a smaller number of development partners and appropriately placed GOR national technical personnel.

**DATA COLLECTION INSTRUMENTS**

FGDs were guided by a protocol developed collaboratively by the evaluation team. A team member translated it into Kinyarwanda then back into English to control for fidelity. The entire team conducted a further review after the translation before finalizing the protocol.

KII s were guided by protocols developed in advance for each respondent group. The evaluation team prepared drafts of the KII instruments before arriving in Rwanda and refined them in country. USAID/Rwanda reviewed the draft instruments before KII s commenced. The protocols were subsequently adjusted, based on what worked during their administration as fieldwork progressed.
ANALYSIS OF PRIMARY DATA

Once translations of the FGDs were completed, transcripts were coded into categories developed collaboratively by the evaluation team, informed by a brief review of the transcript content and the team's experience in the field. The pre-formulated codes worked well in the coding process. The Kinyarwanda speakers coded the transcripts and the English speakers supported with quality control, which involved recoding selected translated transcripts and comparing the results. No significant adjustments to coding were required.

The analysis of KII data was also guided by a coding protocol. Once interviewers had prepared electronic transcripts of a portion of their interviews, a coding framework was developed collaboratively for each category of respondent. The coding framework was then prepared as a coding sheet, and coding began. Because it was anticipated that pre-formulated codes might not always prove applicable to the interview content, the coding sheets were designed to accommodate additional observations so adjustments could be made in the analysis. Once completed, the coding sheets were disseminated among the team for review and further analysis.

ETHICAL CONSIDERATIONS

The evaluation team developed protocols to insure privacy and confidentiality prior to any data collection. All KII and FGD participants were asked for their verbal consent to participate. The consent was informed, and all participants were assured of privacy and confidentiality of information they provided. The consent request was scripted to ensure that all aspects of the informed consent were routinely covered. In addition, FGD participants confirmed their oral agreement to participate.

All individual data (i.e., qualitative or quantitative, including quotes and quantitative analysis) were presented without information that could identify individuals. Codes developed to replace names were used throughout the analysis of data. Only the evaluation team used other identifying information on interview guides and other data collection instruments; this information was removed prior to the submission of data sets.

LIMITATIONS

The evaluation was subject to some limitations:

- The purposive selection of a few implementation sites, representing a restricted number of IP combinations and collaboration arrangements, limited the generalization of findings from the district visits. However, the evaluation team saw themes emerge across KIIs in several districts, which suggests some common issues exist. Findings are based on these data, are appropriately qualified and, where generalization is ventured, are confirmed by triangulation from other data sets.

- FGD participants were recruited by IP staff, which may have introduced selection and reporting bias into the data. The evaluation team conducted the analysis with a sensitivity toward potential bias and, where detected, findings were appropriately qualified.

- Reporting bias might also have arisen from interviews with USAID personnel and IP staff, who could have had a reason to emphasize the benefits and positive aspects of collaboration. We saw only a few instances of this during one or two IP interviews. Triangulating our data from different categories of informants limited such effects.

- The substantial fieldwork and primary data collection burden was not adequately accommodated within the short in-country portion of the evaluation. Completing 128 KIIs was the most time-consuming task, leaving insufficient time for team deliberations, analysis, and the joint
formulation of findings and other content for the evaluation. To a degree, the team mitigated these in-country limitations by devoting time to completing these tasks after leaving Kigali.

- Several problems were encountered during fieldwork, including changes in the availability of scheduled respondents and having to interview Rubavu district officials instead of officials from Nyabihu district, which ultimately limited the comprehensiveness of the site-level data set. This has not significantly compromised the quality of the evaluation, as the evaluation team has triangulated data from multiple sources and qualified findings as necessary.

- It was not possible to assign degrees of collaboration to each IP for purposes of differentiation and possible linkage to some overall level of “performance.” Furthermore, it may not be possible to identify one indicator common to the many reported by different activities in the CHAIN project that can be considered the best indicator of overall performance, especially given the difficulties involved in setting targets. This limits the possibility of linking quantitative performance data to any assessment of how collaboration did or did not contribute to project-level results.
IV. FINDINGS

EVALUATION QUESTION 1

Has the CHAIN Project and its associated activities been the most effective way for USAID/Rwanda to implement USAID’s Multi-Sectoral Nutrition Strategy? How could USAID/Rwanda better structure cross-sectoral nutrition activities in its future nutrition project(s)?

The CHAIN Project incorporates major elements of USAID’s MSNS, with a focus on the community level. CHAIN interventions include income-generating activities promoting private sector development, business opportunities, and training in work readiness and entrepreneurship in the project PAD as well as through “contributing” activities in other PADs.

CHAIN is one of several models of multi-sectoral nutrition projects or activities funded by USAID in recent years, all taking slightly different approaches to implementation and incorporating different elements of the MSNS. All appear to incorporate nutrition-specific (addressing immediate causes of malnutrition) and nutrition-sensitive (addressing underlying causes) interventions, but with different emphases. For example, like CHAIN, the Suaahara Project in Nepal, a five-year community-based project focusing on pregnant and lactating women and children under 2, also supported water, sanitation, and hygiene (WASH) and household food production, and provided technical assistance to improve multi-sectoral collaboration among government partners. Unlike CHAIN, however, it also supported quality improvement of nutrition and maternal and child health services. A second phase, Suaahara II, is now underway.

The Empowering the New Generation to Improve Nutrition and Economic opportunities (ENGINE) Project in Ethiopia was spread widely across 106 woredas in five regions and, like Suaahara, focused on the first 1,000 days, working in communities. However, it also worked in pre-service education of health and agriculture workers, building capacity of health facility staff, and working with the Government of Ethiopia on issues such as policy revision.

In Bangladesh, USAID’s Feed the Future portfolio includes a range of activities in the health, nutrition, agriculture, and education sectors to address the country’s long-standing nutrition problem. And, in Guatemala, the Western Highlands Integrated Program (WHIP) used a model of multi-sectoral collaboration to achieve nutrition, food security, and economic growth goals, targeting its resources (both health and Feed the Future activities) on five geographic areas (departments in the country). WHIP partners were encouraged to reach out to local government to achieve coordination across sectors. As we know, in Rwanda, district structures already exist to coordinate IPs and interventions.

These projects in Bangladesh and Guatemala are similar to CHAIN in that they comprise USAID-funded activities. Suaahara in Nepal and ENGINE in Ethiopia are multi-sectoral activities, but not projects in this sense. ENGINE is a partnership of Save the Children, Tufts University, JHPIEGO, Land O’ Lakes, and three local non-governmental organizations (NGOs). It partners with the ministries of health, agriculture, and education and two higher education institutions in Ethiopia. A midterm evaluation of

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11 USAID ENGINE Project Profile (2015). http://www.savethechildren.org/ad/cf%7B9def2ebe-10ae-432c-9bd0-d91d2eba74%7D/ENGINE%20PROJECT%20PROFILE_03%20JULY%202015.PDF.
12 Bangladesh Case Study: Multi-sectoral Coordination and Collaboration of the Feed the Future Portfolio (2016).
13 Guatemala Case Study: Improving Nutrition Outcomes through the Western Highlands Integrated Program (WHIP), (2016).
ENGINE\textsuperscript{14} mentioned only various “coordination meetings” in target woredas and ad hoc meetings for management and technical staff with another USAID-funded project, with which a memorandum of understanding was signed for joint work. One notable aspect possibly applicable to CHAIN was that USAID/Ethiopia funded the other USAID activity to participate in the partnership activities with ENGINE. The project also participates in Feed the Future partners’ coordination meetings.

Save the Children implements Suaahara with Helen Keller International, JHU Bloomberg School of Public Health’s Center for Communication Programs, Nepal’s Ministry of Health and Population, and three NGOs. Part of its core mandate is to “strengthen multi-sectoral coordination among [government] ministries and other stakeholders” (USAID Fact Sheet) by providing technical assistance to national working groups. An evaluation of this latter component was conducted in 2015; the main lesson that emerged was that “frequent, regular meetings between [government] sectors is required for effective coordination.”\textsuperscript{15} The project itself serves as a platform for the government agencies to come together and learn from each other. Another finding was that “regularity of meetings … also seems to rely on the financial allowance and/or provision of snacks … this calls for the attention of the policy makers to enable a conducive environment for smooth scaling up of the MSNP [Multi-Sector Nutrition Plan].”\textsuperscript{16}

One small lesson we can draw from these reports is that additional funding, an issue CHAIN IPs mentioned, was mentioned in both evaluations and some additional funding may be necessary to support the additional cost in human and financial resources that C&C requires.

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project (SPRING) assessed WHIP,\textsuperscript{17} the Agriculture-Nutrition Linkages Group\textsuperscript{18} in Bangladesh (a more loosely connected portfolio of Feed the Future activities), and CHAIN for approaches to multi-sectoral collaboration in nutrition. A report\textsuperscript{19} summarizes the assessment results, based on SPRING’s findings and supplemented with lessons from the literature on nutrition. These experts drew a number of lessons and recommendations from their studies. Based on these and on our evaluation of CHAIN, we think there are several elements of C&C that CHAIN could adopt or strengthen:

1. Review possible communication gaps about CHAIN’s purpose and collaboration strategy among all involved, at both central and district levels. The district-level IP coordination meetings have gone a long way to stimulate field-level C&C, but it may be useful for CHAIN managers to review what IP staff at all levels understand about this strategy. Sharing the results of this evaluation widely and sharing elements of it with other stakeholders, including GOR district officials, may be one way to demonstrate CHAIN’s C&C strategy and its benefits.

2. CHAIN holds IPs responsible for collaboration through their reports and the quarterly survey USAID administers, but holding them accountable may also require establishing some indicators for collaboration and setting measurable goals to motivate IPs to do so. There are few well-accepted indicators of collaboration. Suggestions in are discussed under Evaluation Question 3 below.

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\textsuperscript{16} Ibid, p. 43.

\textsuperscript{17} See Integration of USAID in the Western Highlands, May 2013 for a description of how this project and its coordination strategy works, and Guatemala Case Study: Improving Nutrition Outcomes through the Western Highlands Integrated Program (WHIP), August 2016, SPRING.

\textsuperscript{18} See Bangladesh Case Study: Multi-sectoral Coordination and Collaboration of the Feed the Future Portfolio, May 2016.

\textsuperscript{19} “Operationalizing Multi-Sectoral Coordination and Collaboration for Improved Nutrition: Recommendations from an in-Depth Assessment of Three Countries’ Experiences” (November 2016).
3. Sharing learning from collaboration is still not widespread within CHAIN, but using both qualitative and quantitative methods to monitor collaboration and express its advantages and outcomes would benefit the project and the wider nutrition community. Methods could include measuring the satisfaction of IP staff who participate in C&C actions and having them relate success stories about how field collaboration has worked in practice. Such stories from IP colleagues might encourage those less inclined to participate in C&C activities to do so.

These multi-sectoral approaches depend on some form of C&C, but the mechanisms to support it vary according to context and geography, and the partners and other stakeholders involved. Also, none of the projects mentioned above is directly comparable to CHAIN and the suite of activities and mechanisms it has developed to support C&C among its IPs. According to one of our key informants at USAID/Washington, there may not be one model that will fit every context, as the variety of models above suggests:

“One thing we are seeing is … there doesn’t seem to be one model that is going to work … just with differences in geography, where investments are targeted are so different. The model in Rwanda is working, and DHS results will tell more whether this is true.”

There is broad agreement among nutrition professionals that effective collaboration is central to the success of multi-sectoral programs (Garrett and Natalichio, eds, 2011). CHAIN’s approaches to support collaboration, which at first focused primarily on within-Mission coordination across sectoral offices, are a unique addition that aims to ensure effective collaboration among Mission managers and IPs, going beyond the guidance from the MSNS. (See Evaluation Question 4, below, for a discussion of these approaches.)

It is clear, however, that what happens in CHAIN — with its approach to collaboration across sectors and among IPs — will be informative for central bureau programming at USAID and elsewhere, and learning from this evaluation will be important. A staff member at USAID/Washington told us,

“Collaboration is super relevant to USAID efforts everywhere. It’s a critical first step to a holistic perspective on development at each Mission. So, finding a model to try and replicate is important. When I advocate for [cross-sectoral collaboration], everyone in [Washington] DC asks for evidence. It’s needed … ‘How can we get IPs to actually collaborate?’ is what everyone asks … the CHAIN innovation is that … they support collaboration, not just mandate it.”

Coordination within the Mission, on the PMT, at semi-annual IP meetings, and coordination with GOR programs were mentioned explicitly in the PAD. The full promotion of C&C among CHAIN IPs, however, came later, after the project manager was hired. CHAIN management developed a set of hypotheses for how collaboration is expected to improve performance (see Collaboration Hypotheses above) and several mechanisms to support IPs to do so (Evaluation Question 4).

It seems that the effectiveness of the CHAIN model is partly dependent on the ability of IP leaders (and/or their USAID managers) to identify areas where cooperation is most likely to benefit their own activity and, more importantly, their beneficiaries. Collaboration became part of the mandate for CHAIN activities:

“It was about how to get it institutionalized, building institutionalization into the process. Increasing the level of obligation over one year. When it came time for mandating it, people were sensitized. That you can replicate.” — Former Rwanda/USAID staff member

At midterm, the CHAIN model appears to be working for Rwanda. We have considerable evidence from implementation in the field that IPs are finding productive methods for C&C and data that validate each of these hypotheses. (Evaluation Question 5, below, discusses this evidence.) Assessing the longer-term impact on stunting and other outcome indicators must wait until the DHS in 2020 and even
beyond, but the elements necessary for effective C&C of partner interventions are now in place. As one informant expressed it:

“There is a palpable difference between implementing partners in CHAIN and elsewhere, seeing the value of each other’s work, because of how CHAIN had set up those platforms for collaborations.” — USAID/Washington staff member

**Technical gaps in the CHAIN model**

Despite successes, USAID staff, GOR respondents, and IPs at the national and district levels noted technical gaps in the CHAIN design. One of the most commonly mentioned omissions from CHAIN interventions was water infrastructure, including tanks for storage and irrigation, as these comments from USAID staff illustrate:

“There is a ‘hyper-local’ focus on stunting, but more of a macro approach is required. We need to take a step back in order to show results … Is increasing potable water sources being done? — no. There is a need to do infrastructure and also household conditions (e.g., dirt floors) that lead to diarrhea that contributes to stunting that the [community health workers] face. [This refers to the local interventions].” — USAID staff member

“The problem is, [behavior change communication] BCC is a soft intervention. We have a serious problem with Rwandan government — they say you are spending millions, so why don’t you spend it on infrastructure that we need?” — USAID staff member

“USAID/Rwanda had special allocations for water, but [I] think it should have been in the CHAIN design. Don’t know all the factors — water funding in Rwanda was always a question. Never guaranteed, but thinks that in hindsight — why wasn’t water included?” — Former USAID/Rwanda staff member

A district IP partner said their district government partners saw CHAIN interventions as “soft,” focusing on messaging and training:

“Currently, district and local government might see these as soft interventions — raising awareness, education, capacity-building. The expectation from the government partners is higher than that — local government may say, ‘we need more water sources’ and USAID isn’t constructing water systems. If we are intervening in community awareness, etc., government would like more than that.”

A member of the DPEM in Nyanza told us,

“Another project to help supply water would contribute to the problem of malnutrition, too. Thinking also that will be more sustainable than the other interventions, because unlike the others, the system would still be there after project ends.”

A district official in Nyanza was more direct:

“There are still many unmet needs. For two reasons: There are partners whose activities are not sustainable, or the partner is not; then there are many soft activities, like training, when they should rather do substantial things like build [early childhood development] centers. Partners may say they are not allowed, that government should do it. But national government says to us, you have many [development partners] DPs in your district, get them to do it.”

When we asked other donors what important priorities still needed to be addressed (not specifically by CHAIN, but in the Rwandan context in general), they told us:
“Access to water (even if data shows different), even for kitchen gardens, people don’t have water for them. A kitchen garden is not meant to feed a whole family but to diversify their diets, but no water, no crops. There is not a lot of investment in that; also no investment in irrigation — 1.3 percent of land in Rwanda is irrigated; in the new strategic plan — in draft — the government wants 10 percent coverage with irrigation in 10 years. Investment may be too low to do this. Dry season kitchen gardens suffer.”

“If you look at WASH, only 2 percent of households have a hand-washing station and soap. Diarrhea is still an issue. Many different things [are needed to counteract this] — need the means to construct safer shelter — for a healthier household environment. There is BCC around this issue [to educate the population] and also structural work that needs to be done.”

Aside from water infrastructure and safe housing, district officials mentioned other needs:

“We need more financial training in managing the small livestock and other projects …

“Sometimes the [cash-based grant] money isn’t used to solve health-related issues; or sometimes, if given to women, that can create problems. Need to look at this.” — District official in Musanze

“Coordination by health facilities [is a problem] … Nutrition is given 2nd or 3rd place. The problem is not recognized at the health center levels … The stunting is not visible, not like a disease. It is not recognized. [The issue of stunting needs more] coordination.” — GOR official, national level

We also heard repeatedly that more than messaging is needed to change people’s “mindset.” Informants still felt that people are not changing their behaviors, despite education, counseling, and campaign messaging, and something more is needed. For example, a district official in Musanze told us:

“The mindset of the household is what is at issue; that brings in the knowledge issue, even if you tell them to buy the nutritious foods, take the milk, you need to go deep into monitoring and follow up on the mindset change.”

This informant also told us that beneficiaries usually resell the nutritious food.

An IP, when asked why C&C should be done, suggested that more coordination might reduce duplication of efforts and result in standardizing some of the service packages delivered by different partners:

“Components are in some places overlapping, some are missing — for USAID and GOR, coordination might result in standardized packages.”

Another principle of the MSNS is to target the areas of highest prevalence, but, as one USAID staff member told us, CHAIN is not targeted to the neediest geographic areas:

“An analysis of DHS data was done … and stunting was concentrated in [the] Northern region and coffee belt. These poor rates are not where CHAIN partners are working — there was poor targeting to districts. But the Ministry of Health wanted every district to have a partner, and [the United Nations Children’s Fund] UNICEF was in many districts, which USAID had already assigned them to. So, maybe the … investment could have been better targeted to those most in need.”

District selection is not completely within USAID’s manageable interest, but the lack of targeting to districts with the highest prevalence of chronic malnutrition makes it less likely that CHAIN will affect the average prevalence of survey-based indicators. These include indicators used to assess project...
results, such as minimum acceptable diet and dietary diversity, which are often used as shorter-term measures of changes that affect the prevalence of stunting.

**Future planning**

No one donor can fund a project that does everything, but one suggestion we heard is that a multi-sectoral problem like malnutrition requires a beneficiary-centric approach to evaluating success.

“The issue has been the completeness of the package to individual beneficiaries. The issue is multi-sector — if you are intervening, if you are providing [only] part of the package, it won’t work well … [We should] look at gaps from the point of view of [the] beneficiary. Evidence for the package is there — the issue is how to deliver the entire package to the beneficiaries. The donor must make sure they are providing [a] complete package — and have to think how to link up the others to provide the missing pieces.” — Staff member, international development partner

How to deliver the full package — effectively reaching those most in need — depends on the larger national coordination of inputs and their placement in geographic locations. The GOR has established a new Early Childhood Development (ECD) Coordination agency to coordinate nutrition, food security, WASH, and ECD interventions with a new leader and new home in the Ministry of Gender and Family Promotion, which may lead to more effective coordination of donor inputs. This agency is updating a mapping exercise, and several respondents indicated that a “new national program” to address the problem of chronic malnutrition was being developed that may ensure that the neediest households get the entire package of interventions from a combination of development partner initiatives.

An international development partner staff member told us they were “hopeful that this new national program will be able to do that, coordinate all the inputs.” Another said, “Regardless of partners, the resources are not proportional to what they should be. With the new National ECD program, we hope that the coordination will be better in terms of complimentary synergies [between donors].”

For future planning, continuing to work closely with the GOR, the National ECD Program, and other development partners should result in better targeting of USAID inputs. If the “boundaries” between different programs, funded by different donors, can be clearly delineated, then it would be possible to measure outcomes for the different programs separately. Of course, most programs are implemented jointly between a donor (and IPs, in the case of USAID) and the GOR; therefore, any measurement of program outcomes would be attributable to both the donor and the GOR.

In terms of structuring a multi-sectoral project like CHAIN, we heard from IPs that coordinating start dates is not important as long as partners understand the importance placed on C&C and allow for it. IPs that started earlier have had to change their mindset and resource allocations, which has not been easy:

“Partners should be informed up front to think of this in terms of budgets and work plans, but [CHAIN] came as an afterthought. New partners coming in have a better sense of what is expected when coming into CHAIN [than partners who were there at the start]. Could have been disruptive to a five-year project.” — USAID staff member

And another IP said a simultaneous start was preferable, and reinforced the point that project design should consider the activities and ensure complementarity or standardize them, as mentioned earlier:

“It would be good for all IPs to start at the same time. The design stage is the most important. Need to design in a more complementary way. Consider complementarity between the projects [USAID] is supporting. If a similar project comes to do the same thing, it has to address all the aspects of malnutrition.”
But newer IPs noted the advantages of having other partners with more experience working with GOR officials to consult. For example:

“For the CHAIN partners, it is easy to go to a district [because] you meet with other CHAIN partners prior to meeting with district officials to get their experience about who to contact, and this makes it is easier to prepare the field.” — CHAIN IP staff member

To a certain degree, the number of partners to include in such a project depends on what the Mission is prepared to manage. As one USAID/Washington staff member noted:

“A strength of the model is that they have been able to absorb new activities — and others are able to continue, even as some close out. More partners are not about a downside, but this could depend on the Mission. With more partners, it could be harder to manage coordination, but that could depend on the context of the issues to be tackled. Would it be better to have a smaller group in a smaller geographic area, for example? It depends on the Mission and its resources.”

The WHIP Project in Guatemala involves 19 activities, and the Bangladesh Agriculture-Nutrition Linkages Group involves 12. USAID staff told us that practical procurement issues make it unlikely that all activities could come online simultaneously. Some think CHAIN is now about the right size (10-12 activities of varying sizes) to effectively discuss and learn. For example, a USAID staff member told us,

“Having IPs as part of a bigger thing works. CHAIN is the right size for that sort of unity. They learn from each other, build their network, and there seems to be a stronger focus on sustainability, because collaboration helps the local partners, especially.”

From the beneficiaries’ point of view, however, it seems that more interventions, not necessarily all from the same IP (in the case of USAID) or donor, are better than fewer. And engaging more partners, even informally, could lead to identification of unexpected synergies.

One example of such synergies was illustrated by Isuku Iwacu, a USAID-funded rural sanitation activity, which was planning to work with USAID’s Huguka Dukore (HD) project to facilitate capacity building and eventually employ youth. HD is identifying youth who need employment, and the two projects will jointly train them, including in masonry skills. Isuku Iwacu will then provide youth with jobs to construct latrines. The youth Isuku Iwacu and HD trained, respectively, in masonry and work readiness or entrepreneurship skills will be gathered in cooperatives, and Isuku Iwacu will be able to use these youth as independent entrepreneurs, according to an IP district staff member.

Conclusions

- CHAIN adds an important new element to the MSNS: the strong focus and support to IPs for C&C. That support is bearing fruit in synergies identified by IPs that should result in greater achievements than expected.
- Though it is unlikely that one project model of multi-sectoral nutrition will fit all, at midterm, the CHAIN model appears to be working for Rwanda. Others implementing multi-sectoral nutrition projects can learn from CHAIN’s development and use of partner coordination mechanisms.
- Engaging more USAID IPs bringing other interventions to CHAIN beneficiaries may be useful to provide more opportunities for innovative collaboration, but managing more than the current number within a formal structure may be difficult.
- IP informants told us that coordinating start dates was not an important consideration (see above), and USAID informants implied that practical considerations would make it unlikely, for a
project like CHAIN, that all activities could be awarded and initiated simultaneously. IPs also
told us that having other USAID IPs with longer experience in a district was helpful.

- A USAID informant said CHAIN, with 10-12 activities of varying sizes, was now about the right
  size to effectively discuss and learn from each other. We suggest that having more partners
  involved could produce more unexpected synergies that will benefit the population, as has
  happened in CHAIN. These do not have to be formal partners; instead, they should be familiar
  with CHAIN’s activities, know which ones are being implemented in areas where they work,
  and bring additional interventions — as long as the number is manageable by USAID.

- One IP informant suggested that aligning service packages among IPs would allow the project
  and the GOR to avoid duplication. This seems reasonable and should be achievable through the
  coordination that CHAIN promotes.

- Gaps in technical design and targeting cannot be avoided. However, working with other
  development partners, coordinated by the ECD Coordination agency, on future project designs
  can help ensure that the “package” of necessary interventions reaches beneficiary households.

EVALUATION QUESTION 2

How have CHAIN’s cross-office investments (e.g., PEPFAR, Economic Growth, Democracy and
Governance) contributed to the achievement of CHAIN’s high-level results?

Our interviews and data from IP reports provide insight into the contributions of CHAIN activities
funded through the different offices. First, all offices invested significant time by participating in the
CHAIN PMT and the other mechanisms set up to foster cross-sectoral collaboration, as well as by
supporting C&C among IPs. Participation in CHAIN seems to have paid off in more cross-sectoral
collaboration at the Mission, and these managers saw positive benefits to the IPs they manage. As one
former USAID/Rwanda staff member put it:

“From my angle, [the cross-sectoral approach] was a great approach. Bringing everyone
together in one room, having meetings, there was a lot of exchange of ideas and disagreements,
too, going on among [contracting officer’s representatives] CORs, EG, [Democracy and
Governance], and Health. That was very healthy; it made people [in the Mission] think in a
different way.”

See Evaluation Question 4 for further discussion of these approaches.

Funneling major investments from nutrition, WASH, and Feed the Future funds through the Health
Office activities meant that the PEPFAR partners, as well as Gikuriro, focused on malnutrition. The
combined funds meant that PEPFAR funding, narrowly targeted to orphans and vulnerable children
(OVC) households and their kitchen gardens, could be supplemented and those partners could expand
their work to cover all eligible households in their areas. The OVC households could receive other
services, such as the orange-fleshed sweet potato (OFSP) and iron-rich beans provided by other CHAIN
partners and the PEPFAR-funded interventions. With these latter interventions from EG partners, the
health partners also contributed to Sub-purpose 3 (IR 3.3), “increased nutrition knowledge and adoption
of appropriate nutrition practices,” by linking their Farmer Field Schools (FFS) to the agriculture
activities. (The chart in Annex VI shows sub-purpose results and activities contributing to each, as
indicated by performance indicators in FY 2017 annual reports and AidTracker-Plus.)

Gikuriro’s interventions contribute to increased awareness and access to high-impact health services
(Sub-purpose 1, IR 3.1) through its work to improve household-level WASH and health behaviors. They
also contribute to improving performance of local CSOs and the GOR (Sub-purpose 4, IR3.4) by, for

20 Democracy and Governance activities had ceased before the evaluation team began collecting data.
example, conducting capacity building activities with their sub-partners and other local CSOs, and working to strengthen district DPEMs.

In addition, the PEPFAR-funded projects, implemented by African Evangelistic Enterprise (AEE), Francois Xavier Bagnoud/Rwanda (FXB/R), Caritas, Global Communities (GC), and Society for Family Health (SFH), contributed to improved protection of targeted vulnerable populations (Sub-purpose 2, IR 3.2) and to increased access to high-impact health services (Sub-purpose 1, IR 3.1) to which WASH funds were targeted, such as households with soap and water at hand-washing stations. These projects also contributed to a performance indicator for IR 3.3, Sub-purpose 3, “community nutrition interventions for children.” Furthermore, because the PEPFAR funds went to these three directly funded CSOs (i.e., AEE, FXB/R, and Caritas), the investment contributed to Sub-purpose 4 (IR3.4), “improved performance and engagement of CSOs and GOR entities.” In 2017, these CSOs served 351,962 individuals, or 88 percent of their target population.21

CHAIN partners see the connections they can make and say that collaboration across sectors will mean added value for their beneficiaries and vice versa. As one IP staff member at the central level told us,

“We need to link the project so youth can benefit from the other IPs’ interventions and their beneficiaries can benefit from the intervention we are developing, delivering to youth. [Our] activities haven’t started yet, but nutrition wasn’t one of our targets, we realized beneficiaries need this [nutrition knowledge] … because all the other interventions our beneficiaries are exposed to will be realized. We’re planning to change the standards of living of the youth we will serve, and the interventions will help them lead a healthier life, not just with jobs and also health-wise. It will be more advantageous if you have job skills and health knowledge to stay healthy and therefore employed. It will mean huge added value for [our] beneficiaries and also the other IPs’ beneficiaries.”

The nutrition and health investments have complemented the EG Office’s food security and nutrition investments. As one USAID Health Office staff member told us,

“The [CHAIN] programs are well designed; they combine educating people on the right foods, kitchen gardens, with working with agricultural teams. So theoretically, the activities should add to the reduction of stunting. And Feed the Future has a nutrition objective now. Not just food supply, food security, but actually thinking about nutrition too.”

Furthermore, projects such as Isuku Iwacu (Health), Tworore Inkoko (EG), and HD (Education) have identified ways their interventions can work synergistically, reaching youth who are prepared for work with skills (masonry, poultry farming) that will lead to employment and other means of generating incomes. All of this will contribute to IR 3.2, “improving the situation of vulnerable populations,” assuming that out-of-work youth fall into a loose definition of economically vulnerable, although they do not fall into the official CHAIN definition unless they are in Ubudehe Category 1.

The value chain activities, such as Global Alliance for Improved Nutrition (GAIN), and even those outside the CHAIN PAD, such as Private Sector Driven Agricultural Growth (PSD-AG), found ways to expand their reach by using their platforms to disseminate agriculture partners’ technical know-how. The informants’ comments below illustrate how these projects worked together:

“GAIN was asked to have a training session on bio-fortified crops production. GAIN’s work was developing business opportunities for Rwandans, etc. So we organized the training together with CIP [International Potato Center], Harvest Plus, and GAIN. All spoke to and invited their constituencies and spoke about the importance of the bio-fortified food cultivation. The

21 Data cited are from FY 2017 annual reports and AidTracker-Plus.
agricultural IPs brought the technical knowledge, GAIN did the Community of Practice.” — IP staff member

Collaborating on their work on value chains for bio-fortified products, CIP and GAIN jointly funded stakeholders’ meetings, and CIP trained the stakeholders on how to process the OFSP so that surplus potatoes could be turned into income. As a representative from CIP told us,

“[We] work with the processors like bakeries, and they incorporate OFSP to increase vitamin A content of baked goods. GAIN wants to link with viable businesses. CIP identifies those businesses, forwards them to PSD-AG to fund/help/assist value chains. PSD-AG is not necessarily focusing on bio-fortified foods, but also maize, and are now interested in sweet potato value chains.” — IP staff member, central

CIP staff told us that they trained other IPs in OFSP processing so they could train their beneficiaries, opening new avenues of income generation to them. One staff member remarked,

“These [health] IPs need to be trained by CIP — organize trainings on agronomy practices so they can train their beneficiaries to get high yield. Also train them on nutrition on feeding practices for children, and give them their training materials (counseling cards). Caritas and AEE also wanted to know how to process sweet potato to incorporate into baking, etc., including for households and businesses. CIP organizes these trainings, [training-of-trainers], for them, who go on [to train their beneficiary households].” (Emphasis added)

An FGD participant in Gatsibo district told us about improved yields and increased income from the agronomy training he received:

“Before, I didn’t know how much about farming, didn’t know much about good seeds or farming on time, or making fertilizer. I have received training on how to farm, how to make compost fertilizer using farm inputs, how to build kitchen gardens and plant vegetables. My production has increased because of knowing how to farm on time, how to plant in straight lines (‘guhinga kumurongo’), and I can feed my family well. Before I couldn’t buy a cow or access milk, but now I can through my production and also joining a savings and loans group that affords me a loan.” (Emphasis added)

Another beneficiary, a participant in a women’s FGD in Gatsibo district, recounted how the training she received in OFSP processing enabled her to make and sell sweet potato products:

“Caritas gave me training in preparing nutritious meals using the vegetables that were available and even how to transform them into more delicious snacks. I was trained in making donuts, biscuits, and cakes from the orange fleshed sweet potatoes and now I make and sell them for a living. I have built a house roofed with 14 iron sheets with the proceeds from this activity, paid school fees for my children in secondary school, purchased a piece of land and even gone further to employ someone who has also gone ahead to buy a mattress and goat for his family.”

EG’s agriculture activities have been particularly successful, working to expand coverage well beyond their targets and contributing to IR3.3, “increased nutrition knowledge and adoption of appropriate nutrition practices beyond expectations.” As shown in Figure 1, CIP OFSP exceeded its target number of farmers who applied improved technologies (i.e., used the OFSP vines) by 7 percent in FY 2016 and 24 percent in FY 2017. The iron-rich beans activity (implemented by Harvest Plus) exceeded its target

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22 The comments from these informants in Gatsibo are also cited in Evaluation Question 5, below, to illustrate the diversity of benefits that health activity beneficiaries received.
by almost 200 percent in FY 2016 and 17 percent in FY 2017. This indicator is one of the few that both projects report. CIP told us they had a “mission” to cover the entire country with OFSP and change the perception of this vitamin-A rich food, and that they believed working through the health activities would enable them to do so. Working through Caritas, AEE, FXB/R, and Catholic Relief Services (CRS), CIP OFSP reached an additional 36,853 farmers in FY 2017 (not reflected in Figure 1) who participated in those activities’ FFS and received OFSP. This was in addition to the 94,153 farmers they reached, well above their planned 76,000 farmers.

**Figure 1. Achievement vs. Target: Percent of Farmers Who Applied Improved Technologies from Harvest Plus and CIP OFSP**

These two EG activities seem to have devoted more time and effort to cross-sectoral collaboration because they could see the obvious benefits, especially in terms of increasing their coverage. As one IP staff member told us,

“The smaller activities like CIP and Harvest Plus benefit from the CHAIN platform, which allows for innovative interventions to be scaled up more quickly by cooperating with the large flagship [health] projects.”

In addition to enhanced agronomy training for other partners, CIP OFSP has a dedicated nutritionist and provides comprehensive, in-depth nutrition counseling training. Trainees receive job aids, which enhances the quality of the health activities’ nutrition counseling. Learning took place across sector boundaries, as one IP staff member noted in the context of FFS:

“We learned a new method [for spreading information to farmers] that is being used [by health IPs] (i.e., FFS). We learned how to work with the FFS. Previously, our approach was to give vines to individual farmers, but CHAIN partners used FFS, so we now see how this model works; we are a research organization, and this has helped us design proposals using the FFS.”

Investments from the Health Office are a key reason that the food security and nutrition investments from the EG Office now reach the household level. As one respondent at USAID/Washington said,

“CHAIN has been one of the projects that has really tried to model that [USAID MSNS] strategy. All of the partners understand their role in achieving nutrition outcomes. Not all the Feed the Future [activities] are now ‘doing nutrition,’ but the partnerships with FXB and

23 It would not be unusual if, after a large increase such as Harvest Plus had in 2016, the next year might have a lower increase. However, results would still most likely exceed the target.
CRS are broadening the reach of the Feed the Future activities. Their [agriculture activities] background isn’t in community-level work, but in value chains, and CHAIN gets these activities together, and they are able to get down to the local level.”

Conclusions

- Returns on investment from the Health and EG offices (and potential returns from Education) go in both directions. Collaboration with the health activities/IPs helped agriculture activities expand their reach and exceed their targets, while beneficiaries of the health activities get a more comprehensive package, in-depth training, and more income-generating skills through EG investments.
- The more agile EG Office activities scaled up their coverage more quickly and exceeded their targets by collaborating with health IPs and adopting their model of working with farmers (i.e., FFS) than would have been possible if they had been working alone.
- The cross-sectoral connections developed by and for CHAIN — both within USAID and among the IPs — may also have resulted in more communication across the sectoral offices in the Mission and may be valuable as future cross-sectoral projects are designed.

EVALUATION QUESTION 3

To what extent have the development hypothesis and results framework proposed in the CHAIN PAD been verified and how could they be improved?

This evaluation approaches the verification of the development hypothesis and results framework by assessing the extent to which they both hold true, in terms of:

- Their continued relevance in the Rwandan context
- The evidence from the literature supporting their implicit theory of change
- Whether and how any essential elements, such as collaboration, need to be integrated
- Whether the results chain and its associated indicators adequately measure progress toward the project purpose (IR 3.2)

The evaluation also considers how the development hypothesis and results framework might be improved in the light of this analysis.

Continued relevance in the Rwandan context

As CHAIN’s authorizing document, the PAD provides the analysis justifying the project focus, its development hypothesis, and results framework. The PAD prioritizes addressing malnutrition and stunting, and HIV-related health issues, based on analysis of DHS 2010 data and supplementary sources. A review of the 2014-2015 DHS data and additional sources confirms the continued validity of this prioritization:

- The rate of children who are short for their age or stunted improved significantly, from 44 percent in 2010 to 38 percent in 2015, but is still alarmingly high.
- The PAD emphasizes improving food security, noting that consumption of high-quality protein and fats, essential vitamins (B12, B2, and A), and minerals (calcium, iron, and zinc) is insufficient due to issues of availability and affordability. Of 113 countries in the 2017 Global Food Security Index, Rwanda ranks 91 on affordability and 95 on availability, confirming the veracity of the PAD’s assessment.24

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• The PAD emphasizes changing nutrition practices, claiming that behavior explains high levels of childhood stunting and anemia. It cites UNICEF data showing that only 24 percent of caregivers have knowledge of proper feeding practices for children.²⁵ The latest DHS confirms this, finding that only 18 percent of children 6-23 months are fed in accordance with infant and young child feeding recommended practices.

• The PAD emphasizes changing hygiene practices. The prevalence of diarrheal disease in Rwanda is now at 12 percent for all children under 5, more than 18 percent for children 6-11 months when complementary feeding begins, and 22 percent for children 12-23 months, when children begin crawling and exploring their environment.

• DHS results confirm the PAD assessment that care-seeking behavior for children is low. Just 54 percent of children with symptoms of acute respiratory infections received treatment or advice from a health facility or health provider; 49 percent of children with a fever received similar treatment or advice; and 44 percent of those with diarrhea were taken to a health facility or provider for treatment.

• In Rwanda, HIV has 3 percent prevalence among adults aged 15-49 and remains a generalized epidemic. The number of those who have been tested falls short of UNAIDS’ “90-90-90”²⁶ target: 82 percent of women and at 78 percent of men.

• Twenty-five percent of households are taking care of OVC who require fostering; 20 percent have foster children, 11 percent have single orphans, and 2 percent have double orphans.

Verifying the Theory of Change Implicit in the Results Framework and Development Hypothesis

The results framework consists of four sub-purposes, each with output level results (see Annex VII, Figure 1). It is assumed that delivering against these outputs will lead to realizing the sub-purposes, which, in turn, will contribute to realizing IR 3.2, “Improved nutrition behaviors,” and USAID/Rwanda’s DO3, “Health and nutritional status of Rwandans improved.” How these outputs and associated sub-purposes are assumed to contribute to IR 3.2 and DO3 is the results framework’s implicit theory of change, which is succinctly stated in the CHAIN development hypothesis:

\[
\text{IF 1) priority populations improve their socioeconomic status and food security and adopt positive parenting, feeding, and hygiene practices; 2) awareness of, access to, and demand for high-impact health practices among these populations is increased; and 3) the performance of and engagement by civil society organizations in the health sector is improved, THEN the utilization of quality health services and products by target populations and communities will increase and they will be able to improve and sustain the health of themselves and the vulnerable individuals in their care.}
\]

CHAIN’s implicit theory of change, as expressed by the development hypothesis and the results framework, can be verified by testing its assumptions against what existing evidence confirms.

Sub-purposes 1: Increased awareness of, access to, and demand for high-impact health practices. While the literature takes care to acknowledge that “access” is a complex construct,²⁷ there is nevertheless a link between increased access, no matter how it is defined, and utilization.²⁸ However,
demand-side barriers are as important as access in determining whether health products and services are utilized.\textsuperscript{29} The link between access and use is mediated, for example, by health-seeking behavior patterns, which require intervention to facilitate because they are frequently hindered and ineffective.\textsuperscript{30} The provision of sanitation services and infrastructure does not necessarily lead to their use, and behavior patterns around use require intervention to support provision.\textsuperscript{31}

**Sub-purpose 2: Improved protection of vulnerable populations against adverse circumstances.** One of the consistent correlates of health self-management is monthly income,\textsuperscript{32} which relates to the material means to care for the health of individuals. More emphatically, evidence confirms the causal link between socioeconomic status and health status. (It is also bi-directional, but socio-economic status effects on health status are stronger.\textsuperscript{33}) There is also strong evidence demonstrating the link between parenting practices and child health, including nutrition-related health outcomes.\textsuperscript{34} The link between access to educational and social services and IR3.2 and DO3 are indirect, however. Access to services decreases specific vulnerabilities when delivered well, and more education is shown to decrease risky health behaviors.

**Sub-purpose 3: Increased nutrition knowledge and adoption of appropriate nutrition and hygiene practices.** Evidence to date indicates that nutrition education and nutrition supplementation programs have a small but significant impact on nutrition health outcomes.\textsuperscript{35} There is also strong evidence demonstrating the link between social marketing campaigns, improved hygiene practices (e.g., hand-washing, dish-washing, and food treatment) and health outcomes, especially in terms of diarrheal disease.\textsuperscript{36} It is now axiomatic that evidence demonstrates multiple, convincing causal links between improved food security and health status,\textsuperscript{37} making food security interventions a necessary inclusion, although the effectiveness of specific nutrition interventions varies.

**Sub-purpose 4: Improved performance and engagement by CSOs and GOR entities.** Building community capacity improves health behaviors,\textsuperscript{38} and involving people in the monitoring of health service delivery, including when such monitoring is mediated by CSOs, improves the responsiveness of the health sector.\textsuperscript{39} Evidence also shows that health service delivery through third parties, including non-profits, increases utilization of health services and products for the poor.\textsuperscript{40} Last, there is a positive link between the deployment of community cadres to facilitate peoples’ access to services and health outcomes, although the performance of community cadres in this regard is dependent on a range of conditions described in the literature.\textsuperscript{41}

The theory of change implicit in the results framework is therefore consistent with the evidence: Increasing the utilization of high-quality health services and products to ensure that health and nutrition outcomes are improved depends on increasing demand for and access to those products and services.

\textsuperscript{29} Ensor and Cooper, 2004.
\textsuperscript{30} Ibid, p. 8.
\textsuperscript{31} Whittington, Hanneman, Sadoff and Jeuland, 2009.
\textsuperscript{32} Chen and Feng, 2014.
\textsuperscript{33} Mesfin and Schooler, 2002.
\textsuperscript{34} Eshel, Daelmans, De Mello, Martines, 2006.
\textsuperscript{35} Panjwani and Heidkamp, 2017.
\textsuperscript{36} Pinfold, 1999.
\textsuperscript{37} Olson, 1999.
\textsuperscript{38} Underwood, Boulay & Snetro-Plewman, 2013.
\textsuperscript{39} Green, 2013.
\textsuperscript{40} Patouillard, Goodman, Hanson and Mills, 2007.
\textsuperscript{41} Celleti et al, 2010.
increasing the socioeconomic means of households to take advantage of those products and services, shifting behavior in favor of utilizing those products and services, and government and civil society working to ensure that those products and services are easily accessed.

**Improving the development hypothesis and the results framework**

**Reformulating the development hypothesis**

Although the development hypothesis incorporates all the elements of an evidence-based theory of change, its current formulation is not consistent with the mechanics of the theory of change. A formulation that more accurately reflects the assumed causal relationships between the various results may read as follows:

**IF** priority populations 1) increase their awareness of and demand for high-impact health products and services; 2) improve their socioeconomic status and food security; 3) adopt positive parenting, feeding and hygiene practices; 4) and have access to high-impact health products and services more effectively facilitated by civil society and GOR; **THEN** their utilization of high-impact products and services will increase, and their health and nutritional status will improve.

Moreover, given the emphasis in USAID’s MSNS on stakeholder collaboration (e.g., country-led policies and processes, coordinated multi-sectoral approaches, and engagement with the private sector), the development hypothesis could be even more closely aligned to the MSNS by rewording element 4 of the “IF” statement as follows: “and have their access to high-impact health products and services more effectively facilitated by the coordinated actions of development partners, GOR, civil society, and the private sector.”

**Integrating collaboration**

As mentioned earlier, effective collaboration is central to the success of multi-sectoral programs such as CHAIN (Garrett and Natalicchio, eds, 2011), an assertion with which findings from this evaluation concur. While the PAD discusses coordination with the host country, other development partners, and project management at the Mission level, CHAIN’s conceptual model (i.e., development hypothesis, results framework, theory of change) does not integrate the necessary element of collaboration among IPs. A collaboration framework for IPs has subsequently been developed — including roles and responsibilities guidance for USAID and IPs, planning and budgeting templates, joint monitoring tips, and approaches assessed in this evaluation — but identifying which indicators are measured helps clarify expectations. IPs frequently mentioned a lack of measures for collaboration. For example:

“So, I value CHAIN but I am unsure as to where we fit in or how we measure collaboration. Especially when we talk about collaboration.” — IP staff member

“The way indicators are reported, they don’t exhaustively provide clearly the efforts of collaboration ...” — IP staff member, central level

“[CHAIN] Indicators do not capture collaboration.” — IP staff member

Typically, anything introduced into the results framework gets measured. The layering of nodes over the existing results framework, as an initial effort to integrate collaboration, does not clearly express the function of collaboration or provide obvious direction on its measurement. The nodes are a mix of

collaboration actions, such as holding multi-partner stakeholder events; interventions that some activities are doing that could be delivered through collaboration with other partners, such as training and promoting nutrient-rich value chain commodities (NRVCC) and enhancing Savings and Lending Groups (SLGs); and collaboration results, such as expanded NRVCC production and expanded services provided. The results nodes in particular could be re-articulated as indicators that measure the contribution of collaboration. Some indicators are proposed in the section below, which discusses the CHAIN monitoring and evaluation (M&E) plan.

Two further findings regarding the measurement of collaboration in CHAIN should be noted. First, there are important collaborative practices and results that are not measurable, such as a consensus shared by IPs on CHAIN’s common goal, and an increased motivation to engage in purposeful collaboration. These results should be captured and shared (e.g., as case studies in IPs’ annual reports), as they motivate IPs and support improved collaboration through learning. Second, there is an appetite for evidence that collaboration works and produces value for beneficiaries, which is its ultimate justification. Introducing indicators, such as those proposed below, that allow for routinely reported data to distinguish the contribution collaboration makes to results will allow evaluations to credibly provide such evidence. Then, more robust studies focused on quantifying the collaboration’s contributions to results, such as the Improved Services for Vulnerable Populations randomized control trial, could be undertaken.

The evaluation team proposes three options for integrating collaboration into the results framework. The first option, illustrated in Figure 2 (next page) makes the following substantial changes to the results framework:

1. **Streamlining Sub-purpose 1.** Originally, Sub-purpose 1 distinguished between increasing access to clinical services by linking clients through CSOs and increasing access to health products through social marketing. By shifting the focus from services and products to access, these two sets of activities can be accommodated in one output (Output 1.2 in the proposed revision). Respectively, Output 1.1 and Output 1.3 accommodate BCC activities and WASH.

2. **Revising Sub-purpose 4 to integrate C&C.** Sub-purpose 4 is concerned with strengthening GOR, private sector, civil society institutional systems that promote access to health products and services. As such, it offers the ideal location for integrating C&C into the results framework. C&C is facilitated by systems strengthening mechanisms among CHAIN IPs and between CHAIN IPs and external stakeholders.

The second option, illustrated in Figure 3 (p. 26), does not change the results framework, but introduces collaboration as a crosscutting pillar, in the same way that gender-sensitive programming and institutional capacity building are represented in the Mission-level results framework.

Both of these options require indicators for measuring collaboration; these are proposed in the following section.

The third option, illustrated in Figure 4, makes the most substantial changes to the results framework. In addition to streamlining Sub-purpose 1 and revising Sub-purpose 4 to integrate C&C, it reformulates the sub-purposes in line with the changes proposed for the development hypothesis.

In this revision of the results framework, IPs will be directed to participate and strengthen coordination mechanisms at the national level (Output 4.1) and at the district level (Output 4.2), and to ensure collaboration with one another that demonstrates benefits to clients (Output 4.3). This emphasis on C&C is in line with the suggested changes to the development hypothesis, as it allows for IPs to implement interventions that support the “more coordinated actions of development partners, GOR, civil society, and the private sector.”
Figure 2. Revised Results Framework Integrating C&C in Sub-purpose 4
Cross-cutting pillar 1: Improved service delivery to target populations by USAID implementing partners through collaboration

Cross-cutting pillar 2: Improved systems and procedures to facilitate coordination of all stakeholders at District level
Verifying by measuring: the CHAIN M&E plan

The CHAIN M&E plan is the means for measuring the achievement of results stipulated in the results framework. As such, it offers a verification of the theory of change: If the project design is based on a valid, evidence-based logic, then strong project performance should result. However, for the M&E plan to provide such verification, it must ensure that output-level measures link to outcome measures at the project level — in a logical reflection of the theory of change.

Sub-purpose 1 incorporates results that are intended to improve awareness of, demand for, and access to health products and services that are focused on WASH, sexual and reproductive health, and HIV. The 2016 and 2017 M&E plans focused on measuring WASH awareness, access, and behavior (Output 1.2 and, to some extent, Output 1.4), and included an awareness indicator for family planning (FP) reproductive health (RH) (Output 1.4). In both versions of the plan, WASH and FP/RH outcomes are represented by project-level indicators, so measures of sub-purpose-level performance are contributing to project-level performance measures. However, neither version of the M&E plan has indicators to report on the linking of US Government (USG) beneficiaries to clinical services, the expressed intent of Output 1.1, nor is there an indicator for linking to services at the project level. An indicator that measures the increased access to health products and services, possibly a custom indicator such as number of clients linked to a health service (for which IPs already collect data), would complete Sub-purpose 1 in the M&E plan.

For Sub-purpose 2, both the 2016 and 2017 M&E plans have two indicators for three outputs, and only one of those indicators measures an output directly (Output 2.1). The theory of change assumption that links this sub-purpose to the project level result is that an increase in socioeconomic status correlates with improved health-seeking behavior. Although a direct indicator would be difficult to design for
inclusion at the project level, the percent of vulnerable individuals graduating from USG support acts as a reasonable proxy, and was included at the project level in 2016. The 2016 M&E plan, therefore, ensures that measured sub-purpose-level performance is contributing to measured project-level performance. The number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services can be used as an Output 2.1 indicator, because all OVC clients counted under this indicator usually benefit from some SLG interventions. An indicator for Output 2.2, which is concerned with caregivers’ health-seeking behavior on children’s behalf, could be based on the DHS indicator that measures the proportion of children with acute respiratory infection, fever, and diarrheal disease for whom treatment or advice was sought. The latter indicator could then be incorporated as a routine measure in the performance measurement plans of relevant IPs, making this data available at the activity level for program purposes. An indicator on the number of children accessing education as a result of USG support could be added to measure Output 2.3.

While the 2016 M&E plan included one WASH indicator, Sub-purpose 3 indicators in the 2017 plan are exclusively nutrition-focused. Both plans have reworded the third sub-purpose to exclude hygiene practices, and the 2017 update makes that shift definitive. As a nutrition-only indicator set, this portion of the plan is designed very effectively. Two of the selected three indicators in 2017 plan measure consumption of nutritious foods in young children and women, and the third indicator tracks delivery of additional nutrition services to young children. The selection is appropriately prioritized, outcome-focused, and offers a fair reflection of performance against framework results for nutrition.

Nutrition measures at the sub-purpose level logically contribute to the nutrition indicator at the project level in both the 2016 and 2017 plans. Although excluding the measurement of hygiene practices from Sub-purpose 3 initially seems problematic for verifying the results framework — in that the M&E plan no longer precisely matches the results framework — this is not necessarily so in this instance. Hygiene practice is measured at the project-level; although this indicator is disconnected from the sub-purpose level, there seems to be no immediately suitable candidate from the indicator pool CHAIN IPs are using that would strengthen the measurement of hygiene practices. Furthermore, making this change would simply add an unnecessary data point.

The indicators included for Sub-purpose 4 are appropriate for reporting the capacity development support USAID has provided to its local CSO partners, as well as the result of this support. These indicators would rely on data from the Human and Institutional Capacity Development activity, which closed recently, and the extent to which the one indicator remaining in the 2017 M&E plan adequately captures results for this sub-purpose needs to be reconsidered. The revision needs to account for USAID’s capacity development support to GOR entities or similar engagements with the private sector. The choice of indicators, however, will also depend on how collaboration is integrated into the results framework and how it is measured.

Proposed indicators for measuring collaboration, applicable to whichever integration option is preferred, are presented in Table 4. These indicators are based to some extent on existing patterns of reporting (e.g., Gikuriro already reports to CIP how many of its beneficiaries receive vines), which should ease the formal adoption of these as collaboration indicators.
Table 4. Proposed Indicators for Measuring Collaboration

<table>
<thead>
<tr>
<th>Proposed Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved service delivery to target populations by USAID IPs through collaboration</td>
<td>Service quality is improved when one CHAIN IP’s service is enhanced by including the unique input of another IP. For example, Gikuriro’s kitchen garden intervention is enhanced by delivering OSFP vines from CIP for distribution. Gikuriro can then count the number of kitchen garden beneficiaries receiving CIP vines toward this indicator. (CIP would report the same numbers, but against indicator C3, “Number of new beneficiaries reached, due to collaboration.”)</td>
</tr>
<tr>
<td>C1. Number of beneficiaries served with an enhanced service, due to collaboration</td>
<td>The service package is expanded when a CHAIN IP links its beneficiaries to another IP for a service it is not delivering. For example, HD links its beneficiaries to Isuku Iwacu for training in masonry skills. HD can then count linked beneficiaries toward this indicator.</td>
</tr>
<tr>
<td>C2. Number of beneficiaries receiving an expanded package of services, due to collaboration</td>
<td>This is a reach indicator. New beneficiaries are reached due to collaboration when a CHAIN IP delivers its service by gaining access to another IP’s beneficiaries. For example, CIP delivers vines to Gikuriro beneficiaries, as in the example under C1 above, and can count these beneficiaries toward this indicator.</td>
</tr>
<tr>
<td>C3. Number of new beneficiaries reached, due to collaboration</td>
<td>This indicator allows for instances where collaboration has resulted in increased outputs independent of services to beneficiaries. For example, if Harvest Plus increases production of NRVCC because of demand from another CHAIN IP, this increased volume can be counted toward this indicator.</td>
</tr>
<tr>
<td>C4. Expanded production due to collaboration</td>
<td>This indicator tracks the effort invested in coordinating with non-USAID partners at the district level. Guidance for this indicator would specify what activities qualify (e.g., planning and events) and should be reported quarterly or biannually to encourage regular coordination.</td>
</tr>
<tr>
<td>C5. Number of non-CHAIN partners included in combined district-level activities</td>
<td>This indicator tracks the effort CHAIN IPs invest on collaboration at the district level. Guidance for this indicator would specify what activities qualify (e.g., planning and events) and should be reported quarterly or biannually to encourage regular collaboration.</td>
</tr>
<tr>
<td>C6. Number of joint activities undertaken by CHAIN partners at the district level</td>
<td>This indicator tracks the effort invested in coordinating with non-USAID partners at the district level. Guidance for this indicator would specify what activities qualify (e.g., planning and events) and should be reported quarterly or biannually to encourage regular collaboration.</td>
</tr>
</tbody>
</table>

Conclusions

- Both the development hypothesis and the results framework remain relevant in the Rwandan context because the problem they address — the impact of stunting, malnutrition, hygiene, and HIV-related health issues on development — remains current according to the latest evidence.
- The theory of change implicit in the development hypothesis and results framework is consistent with the evidence on how to increase utilization of high-impact health products and services and contribute to improved health outcomes.
- The development hypothesis can be reformulated to better reflect the causal relationships implied by the supporting evidence and to be more consistent with USAID’s MSNS.
- The results framework can be improved by integrating the essential element of IP collaboration and by better accommodating the measurement of collaboration and its contribution to results.
EVALUATION QUESTION 4

How have the coordination and collaboration approaches developed under CHAIN contributed to the achievement of activity-level and project-level results? How could these approaches be refined/improved in future projects?

Over the course of several years, CHAIN has accumulated experience about how to encourage and manage multi-sectoral programming across IPs. We looked first at the approaches CHAIN developed to promote cross-sectoral collaboration among USAID staff and IPs, and then at the benefits these have brought to activities and the project. We examined the following approaches: the role of the PMT and the “buddy system”; the website for IPs; the Geocenter map; IP quarterly surveys; joint USAID/IP site visits and the USAID project review; integrated work planning; IP coordination meetings (central and district level); and the dedicated program manager.

Despite the demands on time, most USAID staff appreciated the value of the PMT in coordinating the CHAIN activities. While many members of the CHAIN team at USAID said the time investment was “heavy” and some saw participation in some PMT responsibilities as too “one-way,” most acknowledged the benefits of participating. Respondents’ observations included:

“The burden and efficiency improvements balance out. The opportunity for those activities [the EG activities] to scale up outweighs the burden of the meetings, etc. It pays off in the ultimate reach [the activities achieved].” — USAID/Rwanda staff member

“I am very engaged. [However] I quite often try not to engage because of the time burden. But, there are great opportunities to engage.” — USAID/Rwanda staff member

“At the beginning, [the push to collaborate] seemed to be some burden, but now we are seeing the benefits, so not seeing it as so much of a burden. With efficiency, quality will improve, better reach to beneficiaries, and will build capacity of the implementer (i.e., programming will improve). And districts love it [collaboration among IPs] — that is something useful.” — USAID/Rwanda staff member

The “buddy” system, in which some PMT members from the different offices were asked to read reports from each other’s activities, was not a success for some:

“The assignment [to participate] is added to everyone’s normal jobs. The PMT members are supposed to review the activity reports of their ‘buddies.’ This is very challenging because we must all review our own activities’ reports, too. We think the relationship of the EG team to this is unidirectional — we provide a lot of support to the other Health Activity managers, but don’t get same in return.” (Emphasis added.) — USAID/Rwanda staff member

“We all have a lot of responsibilities and there are alternative [agreement officer’s representatives]. This is a challenging responsibility — being the alternate [because we need to] review the other’s documents. [It’s the] the buddy relationship. I haven’t been able to do that well. That has been a challenge. No one has reviewed mine.” (Emphasis added.) — USAID/Rwanda staff member

Although PMT members have many demands on their time, all efforts are made to maximize the efficiency of meetings and field visits. Meetings are called only when there is something to discuss or share, and clearly defined agendas help make the best use of time. In addition, the refined tools and common reporting templates are also helping the teams to compare results and efforts across programs.
“We have monthly meetings at lunch time or when there was something to talk about. Also, when there is something very important to share, we would meet. It was good that when we were having a meeting Mary [the program manager] set an agenda and it was very clear. Before field visits she again would write a concept notes to share what was expected from the field visit.” — USAID/Rwanda staff member

“The common template used by CHAIN activities for reporting allows you to compare ‘apples to apples’ across the portfolio. Now EG has developed a common template that draws a lot from the CHAIN template.” — USAID/Rwanda staff member

What began as ad hoc recommendations to collaborate developed into more guidance for IPs in practice, as one PMT member at the Mission told us:

“Eventually Mary got [IPs] to write in their work plans how they were going to collaborate. First ‘we would like you to,’ and then ‘we require you to.’ It was about how to get it institutionalized, building institutionalization into the process. Increasing the level of obligation over one year. When it came to the time for mandating it, people were sensitized. That you can replicate.”

Some informants said having a dedicated program manager was very important, and the current manager was commended for her facilitation and organizational skills. However, some raised questions about the sustainability or replicability of this role, as the following comments illustrate:

“The way Mary brings people together, she is dedicated and enthusiastic. She has strategies for leading people. In meetings, etc. people follow her and like how she organizes. She has good qualities as a leader.” — USAID/Rwanda staff member

“You need a champion to get things rolling and going. What happens when the champion goes?” — USAID/Rwanda staff member

“What we’ve seen is one single person in a full-time role is working. Multiple people wouldn’t make it happen. Just having the position helps. You won’t necessarily get Mary, but you can fill it.” — USAID/Washington staff member

“Mary did a phenomenal job, was totally dedicated, did meetings, brown bags, etc. and [I] can see the value of this effort is important at a higher level. But I question the sustainability of this model. … Don’t know if other missions can invest the kind of resources that Rwanda was able to.” — Former USAID/Rwanda staff member

Several respondents mentioned the usefulness of the Geocenter map and the CHAIN website:

“When we started trying to embed collaboration, we spent a lot of time figuring out who was working where and what each IP was doing. Geocenter created the map that partners could use. IPs could then figure out how to work. [T]here was a directive to collaborate, and then a tool.” — Former USAID/Rwanda staff member

“As a starting point on this [activity] the CHAIN website has been helpful — in nutrition, putting together some content for our trainings. We can’t use [it] wholesale, but taking bits and pieces, things like information, bits of trainings [and] how to present things, graphics, etc.” — IP staff member

The IP quarterly survey is designed to capture relevant insights about program collaboration. It is an excellent tool for enforcing a pause and reflection on collaboration activities. The data, however, is uneven because each IP has its own way of reporting, giving the impression that IPs do not know how the information might be used to improve collaboration, adaptive management, and program results.
Both Mission and IP staff report value in conducting joint site visits. USAID staff also found the project review useful.

“The joint field visits are great. [IPs] learn a lot. Yes, [it is an asset]. CHAIN brings all IPs together and [we] visit sites consecutively. It is joint learning.” — USAID staff member

“Joint monitoring visit organized by USAID composed of different IPs, visiting the different interventions, we learned a lot, decided what to introduce in our own areas.” — IP staff member

“When [the Office of Acquisition and Assistance] joins us on a site visit, they can tell us if some ideas may not be great in terms of contracting. Sure, some technical discussions may not be so interesting, but during site visits they can learn practicalities [on the ground].” — USAID/Rwanda staff member

“[The project review] this was very useful; we saw a number of issues going on — multiple use by same beneficiaries, lack of water when WASH messages were saying ‘wash your hands’ … closest water was 2 miles …” — USAID staff member

Only one informant, a USAID staff member, voiced concern about these visits:

“So many people on the teams go on CHAIN site visits. It may be better to give feedback in smaller groups. A big team showing up in a site looks sort of odd, ‘a show.’ A small team with more time to visit, interact with people at the site, build up the relationship, would be preferable.”

Another approach CHAIN management took to promote collaboration was to ask IPs to develop an integrated work plan. USAID staff liked this, but many IPs found the process difficult. It has been modified for FY 2018, with fewer joint activities, and IPs are finding this more feasible.

“Integrated work planning process — this is a good approach. One [Mission staffer] said, ‘This is the best part of CHAIN,’ so the IPs can pool resources.” — USAID staff member

“[Integrated work planning] has been a burden to us — forced us to do activity-based budgeting, so many IPs … so many activities, it was the worst thing for us.” — IP staff member

“Now [the IP I manage] will reach out to other IPs but it is hard to do when just starting. They were forced to put collaboration into the FY 2017 work plan; in the second year, 2018, they gave themselves more realistic collaboration goals/activities.” — USAID staff member

And IPs now have positive things to say about it, for example:

“Each activity in the work plan has a lead organization — instead of overwhelming one partner, others should put in their effort. Bringing together resources, experiences, helps even in the monitoring. We know what contribution should come from each organization — based on the work plan ‘we made it’ and if you don’t plan to fail. We are educating our local subs [can use it to show them the big picture]. And the plan reminds you of what you are supposed to be doing. We are obligating ourselves and then say to each other, ‘It’s high time you acted on this.’” — IP staff member

“The first year this was a little difficult; the process was tweaked for FY 2018 — one partner was put in charge of each integrated intervention, including reporting indicators; there was more focus this year — only five interventions (the basic ones) were identified that were considered...
most likely to benefit from collaboration and provide best results due to it.” — USAID staff member

The Mission’s agreement officer’s representative for one CHAIN activity voiced caution, in light of the activity targets that are their primary work:

“I’m being careful about compelling my IP to work on [an] integrated development plan. I’ve set up a meeting with them to discuss how they want to proceed. They are measured by number of jobs created, how many youth service organizations are placing 60 percent or more young people in internships, and number of small businesses started by youth. There has to be an overlap with these results for it to be useful for them.”

A different note of caution came from another USAID/Rwanda staff member:

“There are ways to plan together without making an integrated work plan.”

USAID initially relied on CHAIN IP meetings held at the central level, which were seen as useful, especially for new activities. For example:

“I attended the CHAIN meeting in June. I got in touch with [the] Chief of Party [of a [large activity] and we had a talk. He told us about their activities … We thought their program working with community health workers is interesting. We’d like to learn from it.” — IP staff member

“USAID can use these to monitor and reinforce the collaboration for the partners, e.g., [activity name] is new and now wants to collaborate [after attending the Partners’ meeting].” — USAID staff member

It should also be mentioned that smaller IPs experience collaboration differently than larger IPs. Their challenge is finding a place at the table. In addition, their scope, which is often limited in geographic area, and the size of award, translates to less reach and capacity to collaborate with other IPs if they are not working in the same sector. Staff of a new activity said that meetings did help, though following up and making the contact with a large project can be difficult. As one IP staff member noted:

“Sitting down with Mary and outlining the activities of all projects, or outlining possible synergies was very helpful. But, follow-up with a contact can be challenging … trying to find the ‘right person’ to speak with is challenging … Sometimes it takes 10 emails to get to someone who knows something useful.”

The most successful approach for fostering collaboration, however, seemed to be the IP district coordination meetings, which started in spring 2017. The benefits of decentralizing these interactions are clear. Many respondents mentioned that meeting and talking together was contributing to learning, as well as to their understanding of how the pieces of CHAIN fit together. One USAID respondent said the way CHAIN got IPs to talk together empowered them. Furthermore, we found that IPs were enthusiastic about learning from each other, as the comments below illustrate.

“This year, USAID helped group partners in each district for quarterly meetings — we planned with [other IPs in the district]. We met twice, once per quarter. Each time we met, we showed the other our action plans, told each other which activities we could implement together. Also discussed challenges we faced and made a joint activity plan — we check that plan at the next meeting, [discuss] reasons if not achieved, put mechanisms to speed up.” — IP staff member, Gatsibo district

“Before CHAIN started, we started to bump into Global Communities farmers and CIP people on the same day with the same activities, targeting same group of people. But now with the
quarterly meeting of CHAIN partners [we] plan together within the district — which sector Harvest Plus will train — so for the activities where we need both groups together, these we plan together to train on the same day … divide roles on the training. — IP staff member, Musanze district

Some want to take the district meetings to another level, making joint site visits for peer-to-peer learning. Costs are an issue, however. For example, an IP staff member in Gatsibo district said,

“The meetings are happening but joint visits on our own are not possible. If USAID funds [them] we can do it. It would be great if once a month we could visit a site, and then the next month another site. We’d like this process to continue. Maybe after a year we’ll have some results. In the meeting you present the activity … it is better to have joint visits, then you can see the beneficiaries and will have a way to measure [what is happening].”

This perception that holding joint IP site visits is not possible is contradicted, however, by an IP that coordinates the district meetings in Nyanza district who told us that joint IP site visits were possible:

“In future, [we] plan to go to the field as CHAIN, make a visit, talk with the community, go to SFH and others’ beneficiaries — help transfer experience on the ground to the different partners with different expertise. … For example, if I go to families with malnourished children, Harvest Plus could say, ‘Oh, the garden isn’t [doing well]; you need to work on that.’ When SFH is explaining the role of FP and sees a child and [another IP staff] can say, ‘Your child is well-nourished.’”

Other IPs said meeting their counterparts at district coordination meetings and following up is useful for transferring experience from older IPs to the newer ones. Some IPs said local CSOs could add to what they could do for their own beneficiaries (outside their CHAIN contract). For example, as we noted in Evaluation Question 1 above, a staff member at an IP in Nyanza district told us,

“For the CHAIN partners, it is easy to go to a district [because] you meet with other CHAIN partners prior to meeting with district officials to get their experience about who to contact, and this makes it is easier to prepare the field.”

Comments from other respondents included:

“We can benefit from older projects’ ‘barrier change’ activities. Especially with nutrition we know that we are presenting a new product to eat. But it will be similar to getting them to eat high-iron beans and other products. Being in touch with them will help.” — IP staff member

“We appreciate the initiative to create CHAIN, as not every partner gets funds from USAID, but everyone wants to implement the activity, and now we can discuss how with the CHAIN partners. I know exactly what we can deliver to beneficiaries and what we cannot do. We can refer some of the beneficiaries to the services the others are providing. We have more to offer our beneficiaries.” — Local CSO IP staff member

“Some organizations have the approach and methodology for delivering the activities — when we implement in partnership, we learn. For example, [our] nutritionist visited a Twiyubake [Integrated Savings and Lending Group] ISLG. [He] saw that the group puts money in the basket, and the beneficiary says, ‘I save and that will help me do X, to pay school fees, etc.’ Everyone has a small objective. We want to adopt the [model of] small ISLGs for [implementing sub-partner in a district]. Some of our beneficiaries initiated small groups; now [we] want to capacitate them [using the SLG model]. Our small groups are created by their living style. Neighbors see how others live; this technique [the SLG] can help families with malnutrition.”
It is clear that getting IPs together leads to adopting new ideas and to the long-term sustainability of the work the different partners are doing. For example, as the comment above indicates, when one of CIP’s local IPs visited Twiyubake to train them, he observed the way the SLGs functioned; now this organization wants to adopt the model for their own small groups. This local IP will build the capacity of its own beneficiaries about savings and loan objectives. This same respondent told us that even without CIP funding, they would be able to continue to work because they had built a relationship with local government, as well as with District Vine Multiplication Centers, the root producers, and the communities.

But the costs associated with IP communications and meetings were not considered in designing CHAIN collaboration. For example:

“The IPs say this platform is good, helps them work together, but no means are offered to make that gathering happen. The host for the meeting must cover the funds for small refreshments; they meet in the office of one of the CHAIN partners.” — IP staff member, Gatsibo district

“If CHAIN had a small budget to enable activities related to CHAIN to be covered [it would be good], so we can cover meeting allowance: lunches, and communication, etc. Some IPs/activities cannot come to meetings without going to their field sites, so they want to combine this with the CHAIN meeting, and this makes the meeting too short.” — IP staff member, Nyanza district

Others have found innovative ways to communicate:

“All [IP partners] are Rwandans, and communicate easily; also we have a WhatsApp group so we can share updates with each other. The use of WhatsApp just came out of meetings as an effective tool to track.” — IP staff member, Nyanza district

And IPs spoke of the relationships that were being forged, contributing to sustainability of their work:

“CIP may end the contract with [this organization], but Harvest Plus and Twiyubake will continue, so their implementation will be able to continue with those partners. [We are] staying, even when CIP ends. Working with local NGOs like [us] who stay, who continue to work with farmers, provide the seeds, means a measure of sustainability. We won’t be able to reach more beneficiaries [after CIP funding ends] but we can still support some farmers.” — Local CSO staff member, district level

Conclusions

- The collaboration mechanisms are functional and CHAIN IPs are using them. This took much effort at the start, but now benefits are being reaped. However, the extent of these benefits must be inferred from the qualitative data. We can only answer “how they have contributed to achievement” by citing examples of the benefits our key informants report. It is not possible to assign degrees of collaboration that differentiate one IP from another and that might be linked to some overall level of “performance.” It may not be possible to identify one indicator of the many reported by CHAIN activities that can be considered the best indicator of overall performance, especially given the difficulties involved in setting targets.
- IPs in the field and at HQ see definite advantages of C&C, and now find it less burdensome.
- In only a few months, much has been accomplished by facilitating this “talking” among district IP staff, and it seems that more benefits will come if small investments are made to continue creating opportunities for IPs to talk and learn from each other.
• A full-time project manager devoted to promoting collaboration was helpful at the start but may not be possible in the long term. A smaller set of what were seen as the most useful support mechanisms may be sufficient now that this C&C “mindset” has taken hold in CHAIN.

• The following approaches to promoting cross-sectoral collaboration appear to be the most useful ones for promoting collaboration, and could form a streamlined set of C&C mechanisms as CHAIN matures:
  o **The PMT.** USAID activity managers need to meet, convene central IP meetings, and participate in meetings with GOR stakeholders and various Technical Working Groups.
  o **District- and central-level IP coordination meetings.** These are very important; they facilitate talking and learning among IPs and should continue.
  o **Joint USAID-IP site visits.** These are important to keep USAID and IPs talking together and identifying opportunities; they should be encouraged.

• It is not clear how many support mechanisms a new project would need for C&C to achieve what CHAIN has done.

A TYPOLOGY FOR DESCRIBING CHAIN COLLABORATION AND A SOCIOMGRAM

CHAIN collaboration continuum

Collaboration in multi-sectoral nutrition programs takes many forms, but it draws partners together in ways that help move shared agendas forward. Garrett and Natalicchio (2011) and others have put forward a model of a graduated continuum of collaboration to value lower-investment collaborative actions and more intensive forms of collaboration. Benefits are realized at all points along CHAIN’s collaboration continuum. As noted above, one of the most successful approaches for fostering collaboration has been the IP district coordination meetings, and overall, IPs and USAID staff members recognize the achievements made in CHAIN’s organization and management.

Several factors constrain or enable an activity’s ability to access points along the continuum. For example, Harvest Plus and CIP OFSP stood out as highly collaborative IPs. This was because the nature of their interventions’ collaboration clearly added value to their individual results and those of their partners. It was a “win-win” situation in which the EG IPs were able to extend the reach of their activities while partners and their beneficiaries gained from technical expertise and access to biofortified seeds and sweet potato vines. Newer and smaller IPs expressed frustration at not being able to collaborate more robustly with larger IPs. This included Tworore Inkoko, whose activity was awarded after CHAIN work plans had been completed, which precluded significant or higher-level collaboration. At the time of this evaluation, Tworore Inkoko was on target to ramp up collaboration in Year 2, and it was already benefiting from the insights and lessons learned from other IPs. This is a CHAIN collaboration management concern that specifically addresses timing issues. If an activity is awarded after work planning, then similar — or more intense — frustrations might occur, resulting in delayed collaboration.

The evaluation team constructed a sociogram and typology of CHAIN collaboration based on data from KIIs with field staff of selected CHAIN activities, reports from the Partner’s Quarterly Survey, and from KIIs with activity staff at their central offices. In the course of data analysis, the team identified 18 types of collaborative activities. Here, we were able to distinguish between planning for collaborative activities and examples of collaboration. Collaboration activities run the gamut from specific actions that foster sharing of information and building rapport; C&C for planning and carrying out individual activities;

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44 Because the field interviews were conducted in only five districts, the sociogram and typology may not present an exhaustive description of all collaborative activities undertaken by CHAIN partners.
sharing human and financial resources in ways that amplify, or extend, services to beneficiaries and expand technical knowledge and skills; and the strategic coordination of management and interventions.

Figure 5 shows the 18 types of collaboration activities that CHAIN IPs are conducting or planning. The following definitions apply to the information:

- **Training event.** IPs are either attending or hosting a training event with other partners (i.e., one IP is a participant and one is a host).
- **Joint training.** Two IPs are collaborating by pooling resources (e.g., financial, staff expertise) to implement a training.
- **Shared interest meeting.** CHAIN IPs attend a meeting relevant to their activity, but they are not responsible for organizing or providing inputs — they are participants only. The organizer was another player in the field, not a CHAIN IP or USAID/Rwanda.
- **Consultative meeting.** IPs met with another CHAIN IP to obtain information about programming or operating in a particular district or sector. Meetings are primarily general, introductory, and fact-seeking.

**Figure 5. Number and Types of CHAIN Collaboration**

We placed these collaborative activities along a continuum, creating a CHAIN-specific typology of collaboration of five broad categories: Information Sharing, Sharing (non-financial) Resources, Coordinating Activities, Joint Implementation/Cost Sharing, and Responsive Implementation. Figure 6 illustrates the CHAIN collaboration continuum. It is followed by Table 5, which describes the types of collaboration and gives an example of each.
Table 5. Typology of CHAIN Collaboration

<table>
<thead>
<tr>
<th>Level</th>
<th>Activity</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Sharing</td>
<td>Shared interest</td>
<td>IPs with shared interest in a topic communicate in some fashion, but there is no specific cooperation or C&amp;C intervention planned during the contact (e.g., phone calls, organizational meetings, email).</td>
<td>Gikiriro attended a meeting that GAIN organized in Nyanza about fish farming. A local Minister of Agriculture official was present. This invitation allowed the two IPs to explore shared interest, build rapport, and show a united USAID “face” to the GOR.</td>
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<tr>
<td></td>
<td>meeting</td>
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<tr>
<td>Sharing (non-financial)</td>
<td>Collaboration</td>
<td>Plans that some IPs co-develop independently or as mandated by USAID.</td>
<td>CIP OFSP and Harvest Plus met quarterly with CHAIN IPs to plan for smoothly operating supply chains in the following quarter (i.e., ensuring demand for inputs is anticipated. Joint work planning to distribute OFSP vines and iron rich-beans.</td>
</tr>
<tr>
<td>Resources</td>
<td>plan</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Consultative</td>
<td>IPs advise one another about topics such as implementation environment, players in specific contexts, and potential barriers.</td>
<td>Isuku Iwacu met with Ubaka Ejo to discuss possible opportunities to collaborate. Tworore Inkoko met with CIP OFSP and HD about its work plan, timing of possible collaborative actions, possible barriers to adoption, and relationships with GOR officials, and overall to define strategies and explore opportunities.</td>
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<tr>
<td></td>
<td>meetings</td>
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<td></td>
<td>Coordination</td>
<td>IPs meet with another CHAIN IP specifically to coordinate an intervention.</td>
<td>CHAIN partners in Nyanza use WhatsApp to coordinate activities.</td>
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<tr>
<td></td>
<td>meeting</td>
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<tr>
<td>Level</td>
<td>Activity</td>
<td>Description</td>
<td>Example</td>
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<tr>
<td>Quarterly IP</td>
<td>IPS attend quarterly meetings</td>
<td>IPs attend quarterly meetings to give updates and coordinate activities.</td>
<td>Virtually all IPs see these meetings as an opportunity to meet and share achievements and plan for the next quarter.</td>
</tr>
<tr>
<td>meetings</td>
<td></td>
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<tr>
<td>Sharing materials</td>
<td>IPS share all kinds of non-</td>
<td>IPS share all kinds of non-financial resources (e.g., tools, curricula, BCC</td>
<td>Gikuriro shared beneficiary lists with Twiyubake, to avoid overlapping.</td>
</tr>
<tr>
<td></td>
<td>financial resources (e.g.,</td>
<td>materials, and methods).</td>
<td></td>
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<tr>
<td></td>
<td>tools, curricula, BCC</td>
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<tr>
<td></td>
<td>materials, and methods).</td>
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<tr>
<td>Technical expertise</td>
<td>IPS build the capacity of</td>
<td>IPS build the capacity of another IP’s staff, or beneficiaries, through</td>
<td>A Gikuriro engineer provided a pre-validation of Isuku Iwacu’s decision tool.</td>
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<td></td>
<td>another IP’s staff, or</td>
<td>training and advising on technical matters.</td>
<td>CIP OFSP enhanced partner Gimbuka’s capacities by providing nutrition training.</td>
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<tr>
<td></td>
<td>beneficiaries, through</td>
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<td>Twiyubake shared gender integration training curriculum with Tworore Inkoko.</td>
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<td></td>
<td>training and advising on</td>
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<td>CIP OFSP shared insights on barrier analysis techniques and advised on intervention design issues with Tworore Inkoko.</td>
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<td>technical matters.</td>
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<tr>
<td>Training event</td>
<td>IPS staff attend training</td>
<td>IPS staff attend training events organized and led by another IP.</td>
<td>Harvest Plus gave introductory training to Ubaka Ejo staff on farming iron-rich beans.</td>
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<tr>
<td></td>
<td>events organized and led by</td>
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<tr>
<td></td>
<td>another IP.</td>
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<tr>
<td>Coordinating</td>
<td>Access to inputs</td>
<td>IPS provide access to vines or seeds.</td>
<td>Harvest Plus and CIP OFSP provided iron-rich beans or sweet potato vines.</td>
</tr>
<tr>
<td>Activities</td>
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<tr>
<td></td>
<td>Integrated BCC</td>
<td>IPS join forces to integrate messaging included in BCC campaigns.</td>
<td>Gimbuka and Gikuriro conducted an integrated nutrition and WASH campaign in all sectors of Ruhango district.</td>
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<td></td>
<td>campaign</td>
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<td></td>
<td>Joint site visit</td>
<td>IPS visit each other’s sites, both on their own initiative and with USAID</td>
<td>Gimbuka and CIP OFSP visited sites together to look at vines and advise farmers.</td>
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<td></td>
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<td>support.</td>
<td>IPS went to the field together, but each spoke to the topic (i.e., child rights) as it related its own activity’s objectives.</td>
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<td></td>
<td>Open Day sharing</td>
<td>IPS attend district Open Days to raise awareness of their services and products.</td>
<td>All IPs operating in the South held an Open Day demonstration.</td>
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<td></td>
<td>Refer beneficiaries</td>
<td>IPS refer beneficiaries to another IP.</td>
<td>Ubaka Ejo invited Rwanda Social Marketing Program (RSMP) to meet beneficiaries and demonstrate its products, saving RSMP time.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Gikuriro provided beneficiaries to CIP OFSP and Harvest Plus,</td>
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</tbody>
</table>
Extending IPs’ reach by tapping into a ready-made client-base.

Twiyubake referred beneficiaries to Gikuriro for nutrition services and iron sheets for houses.

Gikuriro trained Twiyubake community health workers on providing nutrition education messaging to parent groups.

<table>
<thead>
<tr>
<th>Level</th>
<th>Activity</th>
<th>Description</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>Joint Implementation/Cost Sharing</td>
<td>Cost sharing</td>
<td>Related to formal and informal collaboration and aside from shared implementation costs such as joint training events.</td>
<td>FXB/R hires, pays, and houses Sugira Muryango staff.</td>
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<td>Twiyubake gave transportation to Sugira Muryango to attend the Rwaamagana district IP Meeting.</td>
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<td></td>
<td>Joint training</td>
<td>IPs co-plan, co-implement, and provide materials for a targeted training.</td>
<td>Twiyubake and CIP OFSP carry out joint training events for beneficiaries with costs shared.</td>
</tr>
<tr>
<td></td>
<td>Shared monitoring</td>
<td>IPs achieve cost and time savings by monitoring each other’s OVCs in one geographic area.</td>
<td>Ubaka Ejo monitored Gimbuka students at schools in each other’s sectors of operation.</td>
</tr>
<tr>
<td>Responsive Implementation</td>
<td>Follow-on programming</td>
<td>IPs plan interventions purposely, building upon the outcomes of previous activities.</td>
<td>CIP OFSP adapted implementation to use FFS for vine distribution.</td>
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<td></td>
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<td>Isuku Iwacu provided joint (different) benefits to the same beneficiaries (synergy), including dual training events for youth by enlisting graduates of one program into the next.</td>
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<td>HD prepared beneficiaries for a subsequent activity carried out by Isuku Iwacu.</td>
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<td>Gikuriro sensitized beneficiaries about WASH and the basic theory of latrine building, and Isuku Iwacu followed with practical, hands-on skill-building in latrine construction.</td>
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</table>

To create the CHAIN sociogram (Figure 7), we reviewed activity documentation (e.g., quarterly and annual reports, work plans, the 2018 integrated work plan, and IP quarterly survey data) and carried out KIIIs with IP staff at the central and district levels to understand the ways partners are collaborating to achieve their respective objectives. In KIIIs and the quarterly surveys, IP staff were asked how they worked or collaborated with other CHAIN partners to provide services to beneficiaries. A collaborative activity was defined as any action an IP carries out with another CHAIN activity that meets collaboration objectives between CHAIN partners as articulated or encouraged by USAID. The data used to construct the sociogram include discrete instances of joint work performed by an activity as of December 2017 (solid dark blue line) and planned, or future, collaborations (red dashed line).
The sociogram is a graphic representation of the collaboration relationships between CHAIN activities. It visualizes the degree of connectedness of each CHAIN activity, or node, by the number of lines, or linkages, extending from the circular nodes. The node locations and line lengths are arbitrary. The size of the nodes, determined by the number of lines, reflects the level of connection. The sociogram depicts which activities demonstrate high and low levels of connectivity. The red and blue lines show bidirectional relationships, which are appropriate in a study of collaboration.

Figure 7. CHAIN Sociogram, December 2017

Within the CHAIN program, some activities are less connected. The degree of collaboration an activity experiences is related to degree of mutually beneficial interventions (i.e., perceived value-add), position in the activity cycle, and ability to plug services into an existing program. CIP OFSP and Harvest Plus are ideal collaboration partners for larger implementers like Gikuriro and Twiyubake. The IPs with broader scope have a greater capacity for incorporating with and benefitting from other activities.

The economic growth interventions are able to attain their goals quicker, more efficiently, and with broader reach. CIP OFSP adopted the FFS approach from Twiyubake. The nature of CIP’s interventions lends itself to C&C with the larger OVC programs; collaboration is very much a triple — “win-win-win” — situation (i.e., wins for each IP and a win for beneficiaries). Activities with narrower scopes, such as Tworore Inkoko (poultry raising) or RSMP (product promoters and BCC), can justify engagement only with a limited number of CHAIN partners because of geographic location or overlapping interests, respectively.

The Early Childhood Education Activity, Sugira Muryango, has had limited collaboration despite being midway through its second program year. It seems that finding worthwhile areas of collaboration and ways to integrate its education and capacity development model into a large OVC program like Twiyubake has proven difficult, or simply that their level of collaboration is appropriate to the situation and needs of each IP. Sugira Muryango has, however, carried out important networking and
informational meetings with Twiyubake and has coordinated rideshares to meetings, thus saving costs. Also, the timing of the data collection might end up favoring one IP over another. As noted above, activities in the first nine months of implementation (i.e., Tworore Inkoko) or in the last several months of implementation, will be less active. RSMP, for example, had a lull in implementation when the activity was winding down until it was granted an extension. Last, noteworthy examples of high-level collaboration include the integration of HD technical and vocational education and training graduates into CHAIN interventions, such as Tworore Inkoko’s poultry farmer cohorts, and Isuku Iwacu building upon Gikuriro’s construction training program to bring more practical hands-on mason training, after which HD will work with graduates to find employment using their new skills.

EVALUATION QUESTION 5

How have the different CHAIN collaboration hypotheses been borne out in implementation and what type of evolution is visible in the CHAIN collaboration ecosystem over time?

First, we examine data from FGDs with CHAIN beneficiaries and community cadres serving in various capacities at the village level. One of the purposes of hearing from those groups was to find out what beneficiaries knew about the collaboration efforts of the CHAIN activities that deliver services to them.

The evaluation team found that only rarely were beneficiaries aware of organizations collaborating to deliver the services they received. Rather, they attributed all services to the lead IP in their area. This may be because local leaders assisted with recruitment, introducing the beneficiaries to CHAIN IPs. When other CHAIN IPs provided services, those were also perceived to be coming from the main IP.

Some non-CHAIN IPs work through agricultural cooperatives, so CHAIN beneficiaries can access additional services by joining cooperatives. Local leaders also make the link between the non-CHAIN partners and beneficiaries.

Most CHAIN beneficiaries reported receiving a comprehensive package of services delivered at the village or household level. The exceptions when they needed to travel outside their village occurred when they received school materials for OVCs at the sector office, and formal referrals by a community health worker to the health center for FP, HIV testing, tuberculosis screening, malaria, and severe malnutrition cases. Gender-based violence cases were referred to police at the sector level. Not all beneficiaries we met received the OFSP and bio-fortified bean interventions because those activities did not work in all districts we visited. For example, CIP OFSP did not work in Nyanza or Gasabo districts.

Looking at how integrated implementation worked on ground, a few examples from FGDs show the diversity of benefits health activity beneficiaries received and how they made the most of them. We give a few examples here.

Women said they felt empowered to do more than simply household chores, as a woman in a mixed-sex FGD in Gasabo district explained:

“I was taught how to save, how to record my expenses and earnings, and generally how to manage money at home. This instilled confidence in me that I could do more beyond the home. I saved up Rwf [Rwandan franc] 4,000 and then requested for a loan to start a small business selling vegetables. I was able to buy a goat from my vegetable sales, obtained mutuelle [health insurance] for my children. My life and my home has definitely changed for the better.”

A participant in a mixed-sex FGH Nyanza said he had shared what he learned with his neighbors:

45 These include participation in SLGs, nutrition education, WASH interventions, and FFS. Services received by the FGD participants are listed in Annex VII.
“Before, I didn’t know much about farming, didn’t know much about good seeds or farming on time, or making fertilizer. I have received training on how to farm, how to make compost fertilizer using farm inputs, how to build kitchen gardens and plant vegetables. My production has increased … and I can feed my family well. Every umuganda [last Saturday of each month communal work], I also train my neighbors in the community on building kitchen gardens and educate them on nutritious meals; the only issue that remains is the lack of water that makes farming difficult and hygiene as well.”

As noted under Evaluation Question 2 above, a participant in a women-only FGD in Gatsibo district used her training on food processing (for OFSP) to start a small business:

“Caritas gave me training in preparing nutritious meals using the vegetables that were available and even how to transform them into more delicious snacks. I was trained in making donuts, biscuits, and cakes from the orange fleshed sweet potatoes and now I make and sell them for a living. I have built a house roofed with 14 iron sheets with the proceeds from this activity, paid school fees for my children in secondary school, purchased a piece of land and even gone further to employ someone who has also gone ahead to buy a mattress and goat for his family.”

There are many other examples of successes: women who were marginalized but who met others by joining SLGs; women who learned to better care for their families by cooking balanced meals; and women who received new skills that allowed them to generate income.

“I was also born in Congo and came to Rwanda. We were homeless and felt very lonely. But Turengere Abana came and encouraged us to join a group, working with other women and doing different activities on hygiene, sanitation, and income-generating activities, including brick making. With this, I was able to build my own house, and know how to boil and store water properly [and] how to clean utensils.” — Women’s FGD participant, Nyanza district

But some SLG participants said their group was not able to save enough money to issue loans for starting income-generating activities. This is one of several examples of what we heard:

“There needs to be continued efforts to strengthen SLGs for this.” [In the discussion “this” refers to the SLG having limited savings to issue out loans for income-generating activities.] — Women’s FGD participant, Nyanza district

Participants in a women’s focus group in Gatsibo district also said they were unable to save enough money in their SLGs to start and sustain income-generating activities. They said they needed more support for contributions in SLGs to foster expansion of their activities. However, a participant in a second women’s FGD in Gatsibo district described how this problem was gradually overcome:

“When Caritas first selected me to encourage my peers to join SLGs, I faced a lot of resistance because people feared the contributions. It was a mindset issue. In my group, 10 out of 18 women resisted strongly. So to facilitate, Caritas helped us open an account and we contributed and the women could easily get money to buy what they needed from our savings and even the food for the cooking demos. With time, the other eight women gradually joined our group once they saw the progress we were making. Now I have 19 women in my group, we contribute Rwf 500/month and everyone has savings of about Rwf 7,550, with access to up to a loan of Rwf 2,000 for medical care that is paid back with a 5 percent interest. I feel very bold and confident because of this success.”
Evaluation Question 5: Three hypotheses for how C&C can lead to better results

In this section, we examine the three hypothesized ways C&C is expected to lead to better results. As noted earlier, we were able to visit only five districts, one in each province, selected purposively to cover areas where each of the five main health IPs worked and other partners were also present. Our findings are based on interviews and FGDs in the five districts, and we noted consistencies across the districts.

Hypothesis 1
Collaboration will result in meeting or exceeding objectives, such as expanding coverage and improving quality, and/or have other unexpected positive outcomes.

We showed earlier how collaboration with the health activities allowed CIP OFSP to expand the number of households it reached.\(^{46}\) It is clear that IPs have figured out where synergies are likely to emerge. We discussed how the graduates from HD’s work readiness and entrepreneurship training will get a double benefit from collaboration between HD and Isuku Iwacu (masonry skills) and Tworore Inkoko (poultry farming). These collaborations and resultant skills will enable the graduates to be employed or start small businesses.

Another unexpected benefit of collaboration was learning among IPs, as noted in the example of how CIP took up a new approach to delivering vines through FFS used by the health activities.

The collaboration between Gikuriro and Turengere Abana is an example of how improved quality of WASH activities resulted. A Gikuriro staff member explained how they supported FXB/R staff in the field and advised, trained, and supported the volunteers who were doing WASH activities:

“Turengere Abana receives USAID funds for doing nutrition and WASH, but deeper technical skills are from the WASH funds Gikuriro gets — for deep implementation of WASH. For Turengere Abana, the WASH component was not as deep.”

Some respondents also said the agriculture IPs brought a deeper knowledge of agronomy to the health IPs with which they collaborated. (Though many health IPs conducted agriculture interventions, the agriculture IPs showed their FFS how to get higher yields.) IPs also provided more in-depth, comprehensive nutrition counseling, as well as teaching how households and businesses to process OFSP.

Several other examples of unexpected results also emerged. During the 2016 drought in certain districts, the GOR came to CIP to promote and supply OFSP as a source of nutrition, and provided CIP with an opportunity to expand on the activity. As a CIP partner told us:

“Last April … it didn’t rain as usual, there was fear of famine. OFSP isn’t a priority crop for [the Ministry of Agriculture and Animal Resources], but they gave permission to plant OFSP. So the district agronomist knew the [District Vine Multiplication Centers] were there, and approached me [CIP IP] and asked to buy the vines at a lower price to give to the cooperatives, even though these aren’t CIP’s beneficiaries. We are lucky. It is an opportunity for us, even though it is because of a rainfall shortage, the reason OFSP was chosen is because it is resistant to rainfall shortage. Then we [CIP] felt we could incorporate the nutrition agenda [and] the processing agenda [into the work with the district government].” — Local CSO IP, district level

And from the viewpoint of a central-level IP staff member:

\(^{46}\) Harvest Plus Iron-Rich Beans reports distributing 293 additional metric tons of seeds through all other partners but does not separately report amounts distributed among CHAIN partners.
“Last July during the drought, the government came to CIP, as a CHAIN partner, and said, ‘Let us use this crop for nutrition, not just for food security.’ The benefits of OFSP on nutrition is the message the government wants to extend — going to farmers from not only a food security angle, but [OFSP] goes beyond that to improve nutrition too. OFSP is now known as the major crop to not only achieve food security but also to contribute to solving the malnutrition problem.”

After participating in CHAIN SLG activities, one woman decided to start her own savings group, another unexpected outcome:

“Upon joining the SLG, I was able to buy a ‘kitenge’, a goat, and mutuelle [health insurance] for my family. I saw this group as being really beneficial to my family and me, so I decided to start one of my own in my community made up of 16 women using the same approach as we were taught and made sure all the members contributed toward buying a mutuelle de santé…. From Rwf 350 contribution fee, we have raised about Rwf 260,000 so far with 2 percent interest. We are now looking to establish it as a cooperative selling dried sorghum and gain access to additional financing.” — Women’s FGD participant, Gatsibo district

Hypothesis 2
Greater efficiencies will result in reduction in overall costs through sharing and coordination of resources.

It is common for IPs working in different districts to share OVC monitoring responsibilities, but other joint monitoring is taking place. For example, according to an IP staff member, a provincial field officer for an IP said he could not be everywhere, so he stayed in touch with GC and CIP officers, and Caritas/Gikuriro. Then, if it was a critical time of the planting season and a plant disease outbreak occurred, he could contact the other organization, ask them to communicate messages, and could send them chemicals to give to the farmers, so that there was no delay in treating the problem.

Other examples of efficiencies abound, such as this example of how consolidating training activities and pooling resources saved both IP and farmers’ time:

“Some beneficiaries of CIP are not in Harvest Plus’ list, but we help our beneficiaries get the iron-rich bean seeds. And also, with SFH to get the water purifying … CIP trains on Monday, Twiyubake on Tuesday, [and] Harvest Plus was training the next day. We decided to save time by doing the training all on one day. CIP brings OFSP. Twiyubake saves money too, and are able to implement more activities because they are saving money and time. When we implement in partnership, we learn.” — IP staff member, Musanze district

And, as noted under Evaluation Question 4 above, an IP in Musanze district said,

“Before CHAIN started, we started to bump into Global Communities farmers and CIP people on the same day with the same activities, targeting same group of people. But now with the quarterly meeting of CHAIN partners [we] plan together within the district — which sector Harvest Plus will train — so for the activities where we need both groups together, these we plan together to train on the same day … divide roles on the training. Farmers complained that they had to meet every partner on successive days, so CHAIN coordination solved that. Time is saved, for [us] and also the beneficiaries. Now, we divide the training responsibilities for expenses among the other CHAIN partners in the district. GC may transport them, e.g. saving expenses.”

Another example is how multiple services can be provided at large outreach events, made possible by RSMP, the social marketers:
“SFH is working on family planning and selling water treatment chemicals. They use powerful media, and community can come. FXB can coordinate which days they are planning to do various activities and in which places. SFH share[s] messages about family planning, Turenge Abana about nutrition, Gikuriro about WASH, so we go as one to the SFH activities. Saves time and also money; if district leaders need to attend, they can all go as one.” — IP staff member, Nyanza district

Furthermore, staff of both Gikuriro and Isuku Iwacu noted the efficiencies that resulted from their collaboration:

“Gikuriro is raising awareness and skills of community members on WASH; Isuku Iwacu is working on community financial capacity building but the purpose is the same: to improve community hygiene and sanitation practices. For sustainability of sanitation facilities, once they sensitize people, those people need financial abilities, so Isuku Iwacu is supporting those who are already sensitized through the [Community Health Clubs] to find ways of constructing/rehabilitating latrines. That is the collaboration. Isuku Iwacu’s work depends on what Gikuriro did before Isuku Iwacu came.” — Gikuriro staff member

“Whenever [we] do joint training for masons, Gikuriro organizes and Isuku Iwacu provides training tools. Gikuriro fully covered [the] cost of training. Isuku Iwacu provided the technical and materials for the practical component. We don’t want to duplicate, so we match the two components — we teach what skills the masons need to make a business; Gikuriro does the theoretical training on basic masonry. We needed demonstration latrines and used the trainees doing practical training to construct them.” — Isuku Iwacu staff member

Hypothesis 3
Collaboration leads to stronger alignment and coherence in design, planning, implementation, and “speaking with one voice.”

Working with CHAIN IPs at the coordination meetings has helped partners explain how their activities contribute, and now they can show the district that they are working toward a joint goal. We have evidence that CHAIN IPs see this as a benefit that makes their work in districts easier, as the comments below illustrate:

“Before, it was hard [for the district] to work with CHAIN, saying ‘this is a mindset change project’ — nothing tangible, soft, capacity building. But after working as CHAIN, the district is knowing what each IP is doing and how they can work together. If I go as FXB, the district knows we are providing the [iron-rich] beans, but we are getting them from Harvest Plus. Without collaborating, [this understanding by the government] is hard to achieve.” — IP staff member, Nyanza district

“Collaboration improves our work with the district authorities. For example, in September, we conducted a CHAIN field visit. When the officials there see us going together to tell them about the plans, it becomes easier for district to understand — Harvest Plus, CIP, GC, SFH — see the group coming together and each member of this group shows them what they are trying to solve about the problems in the communities. It helps to give clear understanding of what we are doing. Makes [the district] understand the message.” — IP staff member, Musanze district

“I go to district level and explain our plans to government. The next day, another organization comes in and explains almost the same things to the same person. Local government gets confused — what is the difference? But if the two IPs plan together before going to district government it helps. Now we can show that our joint goal is to eliminate malnutrition.
Government requires that groups are working together, now we can show that we are doing that already.” — IP headquarters staff member

And activities can better align their planning and implementation:

“Gikuriro was also responsible for the private sector link to WASH products, but then Isuku Iwacu joined and did joint training, and CRS was able to transfer that whole [scope of work] to Isuku Iwacu. CRS is now focusing on beefing up demand creation instead.” — IP staff member

Because the district meetings are new, we expect these benefits will continue to emerge as time passes.

Evolution of the CHAIN collaboration ecosystem

Early CHAIN collaboration was driven by efforts at the Mission level, with requirements such as the integrated work planning imposed on IPs. Over the past year, many partners went from seeing some burden of collaboration to viewing it as minimal; only one partner reported that the burden did not change, and saw it as “medium” in all four quarters. By the fourth quarter, 10 of the 11 IPs reported the burden as “low,” with two partners noting collaboration was “valuable, as long as efforts are complementary and expectations are clear” and “makes [our] work easier.”

The key evolution in the collaboration ecosystem was the establishment of regular district-level meetings among IPs, which seem to have shifted the momentum from IP staff at the central level to their staff in the field.

The district IP coordination meetings have facilitated the exchange of ideas and experience that has led to identification of more collaborative activities, as well as clearer communication of CHAIN’s goals and objectives to district authorities. As noted under Evaluation Question 4, IPs working in districts see benefits to working with other CHAIN partners, and want more opportunities for face-to-face contact where learning from each other and finding complementarities is most likely to occur.

District officials we talked to were not aware that CHAIN partners were meeting and coordinating their activities, but there have been no more than two JADF forums in the districts visited since the IP coordination meetings began in May 2016. It is still too early to expect that local government can see that better internal CHAIN coordination is happening, especially when IPs are already required to attend the JADF coordination meetings. Only one district official showed some awareness of CHAIN coordination:

“FXB and Isuku Iwacu are coordinating well in our district on WASH. Gikuriro is also coordinating well with Harvest Plus and SFH. They converge on district activities and provide oversight.” — District official, Nyanza district

Many of the district IP staff we interviewed were enthusiastic about the opportunity to meet and discuss their work with other CHAIN partners. But as mentioned earlier, the meetings are not easy to schedule because each IP has its own timeline of activities, and it requires a good deal of effort to make them happen. Unless an IP is willing to let staff attend without other responsibilities (e.g., making monitoring visits), attendance also requires funds for transport and per diem. Several mentioned wanting a small amount of funding for organizing site visits for joint learning.

Another change that appears to be at least partially a result of the district-level meetings of CHAIN IPs is that new partners coming into CHAIN say they can take advantage of the experience of older partners. This is a positive development, as is what appears to be a greater sense of belonging to a “whole” that these partners and the others are now experiencing.

CONCLUSIONS
• The evidence from interviews confirms that collaboration is instrumental in expanding coverage, leads to unexpected benefits for IPs and their beneficiaries. Furthermore, IPs find and act upon efficiencies, saving time and money, although our informants did not quantify the amount of money saved.

• IP field staff are committed and enthusiastic, and giving them the opportunity to talk together has led to productive C&C. The funding question deserves thoughtful consideration, so this enthusiasm can be rewarded and new ideas can emerge.

• The key development in the collaboration ecosystem has been the introduction of quarterly district-level IP meetings. Though it is still early, this approach appears to have shifted the momentum for collaboration from central IP staff to IP staff working in the field, and has led to clearer communication of the project to district officials.

OTHER IMPORTANT FINDINGS

Several other findings emerged from our interviews with officials in the five districts. Although we visited only five districts, CHAIN management should consider a number of themes that were mentioned repeatedly.

Districts appear to vary widely in their capacity to coordinate the many development partners with whom they work, and some blame this on lack of funds. We heard from districts about their need for funds for coordinating, holding meetings, and monitoring the IPs. We also heard complaints that CHAIN partners did not contribute to these needs.

One donor representative we interviewed offered this perspective on support to districts:

“At decentralized level, multi-sectoral collaboration is easier. The district ‘players’ all sit in the same district office and have one line of accountability — to the mayor and the provincial governor. They are the ones holding them [districts] accountable. [Development partners] need to support districts to understand their roles and responsibility, help them monitor their plans … [We] may otherwise do more harm than good — it is taking government resources for government to figure out what the donor programs are actually doing.” — International development partner staff member

What we heard from district officials echoed these thoughts. For example:

“About the planning process, for the district to be able to coordinate the projects — we still have a challenge in the budgets — each project could have a small budget line to contribute to the integrated coordinating body. Support a small amount because this takes a lot of time and resources to do integrated planning process.” — Musanze district official

In Gatsibo district, an official told us that their role is to plan together, follow up, and monitor and evaluate, but those things require budgets they do not have, and that some contribution should come from the IPs. But this official also told us, “When it comes to USAID, they say ‘we are not allowed to pay for those activities.’”

Flexibility of USAID activities was an issue for several districts. In one, a member of the DPEM said,

“Sometimes it is a challenge when a partner comes with a pre-defined project they want to implement. The realities of the district needs aren’t considered. Some partners, including USAID, fall into this category. We sit down with those [partners] to negotiate, but most of the time there is no change because USAID says, ‘this is what we will do.’” — Gatsibo district official
Officials in other districts also commented:

“There could be an issue with planning; sometimes IPs introduce activities at district that were not planned. [It is] a surprise to JADF who have to integrate these into the plan. [It is] common for urgent activities to be brought to the attention of JADF very late and requiring immediate action.” — Musanze district official

“Projects bring their ready work plans that aren’t amenable to changes. They say, ‘This is what we will do.’ It is not a consultative process to discuss their work plans. These are already set, and they expect the district to adjust to their work plans.” — Musanze district official

“A big issue is that projects impose their plans on districts, don’t inform the district of the plans, come to JADF with ready set plan. It may not be appropriate or most needed in that domain or sector/area as well as intervention area. Projects come with plans that have already been decided on, there is no time to review, to give an opinion on how to revise, so we are forced to approve them to avoid delays. We are forced to monitor the programs, but haven’t really had time to approve what they are doing or to understand what it is we are monitoring.” — Rubavu district official

“Development partners come with ready-made targets that do not conform to the reality of the situation. A development partner wants to work in specific places, and we advise them to go elsewhere. Our priorities don’t always coincide. For example, a development partner wants to give cows, but in the sector we don’t need cows.” — Nyanza district official

“There are challenges in our district that are not being addressed because development partners have different envelopes. The scopes of projects are set by donors, also geographically.” — Nyanza district official

An official in Gatsibo district said USAID’s timeline did not fit well or allow for the GOR timeline:

“Usually, the government plan for next year is available in June, and must go through validation to central level. USAID project plans come in October, and they don’t work with the district on their interventions — when they come with their plans, they don’t align, but working together, they don’t change.”

In Nyanza district, however, things do seem to work more smoothly, with officials offering praise for specific IPs:

“Partners consult with the district during their planning. For new partners this can be challenging because they need to do a needs assessment with the district. For existing partners who know the needs, they can be re-directed. For example, ActionAid is an existing partner. They had money to build ECD centers. They consulted with the district on where to build them, and the district oriented them. CRS did a needs assessment with the district that informed their planning.” — Nyanza district official

“JADF coordination still has gaps. JADF invites development partners to come and discuss plans, but not all the technicians from the district are always in these meetings. They don’t necessarily get our technical inputs. What we appreciate about FXB is that they come early to discuss plans with the district technical people. This happens before they present to JADF.” — Nyanza district official

We also heard from a Musanze district official that IPs go to their headquarters with issues, and then the district hears about them from the Ministry of Health:
“The biggest issue in coordination is that despite being the key body coordinating here in the district, we hear the information coming from the central level. If USAID has an issue, we hear through central level. We would prefer to hear this coming first from the partners, and then they can communicate — [partners should] use the JADF platform to solve these issues, not from above and sending the answers down to us. This is not only an issue for these CHAIN projects but for all kinds of projects.”

A GOR official at central level had an “ideal” view of how the process should work:

“The Secretariat is currently mapping all intervening stakeholders. We find development partners concentrated in one district, but another has more need. So we advocate with government to find a way to get stakeholders to shift. Development partners have to follow district priorities. They can’t go ahead without meeting these. When a DP wants to work somewhere, they do a baseline to decide what they are going to do and where.”

Flexibility in coordinating with districts seems important but lacking, especially for CHAIN, a multi-sectoral project that so heavily depends on C&C. One international donor representative we interviewed noted that lack of flexibility was a barrier to effective C&C — a barrier that promoting or allowing adaptive programming (i.e., adaptation based on learning that is the result of collaboration) would help remove:

“On the face of it, we are coordinating, but by sharing information, what are you learning, changing, adapting? Is the system flexible enough to allow adaptive programing? Are the [IPs] flexible to adjust, update, and adapt their programs based on the collaboration outcomes? Collaboration is going to lead to better outcomes, but it will depend on whether you are flexible enough to adapt — to do collaboration beyond information sharing.”

Conclusions and recommendations

- In districts we visited, many officials said they found the USAID partners inflexible with respect to work plans.
- GOR officials in districts said they needed more funds for coordination of development partners, but CHAIN partners said they cannot contribute to this function.
V. CONCLUSIONS AND RECOMMENDATIONS

OVERALL CONCLUSIONS

- IPs in the field see definite advantages of C&C. Collaboration among partners in the field has stimulated creative thinking and resulted in expanded coverage, unexpected benefits to the IPs and their beneficiaries, and greater efficiency in service delivery.

- CHAIN — and the collaboration on which it relies — is still young (although some IPs have been working longer), but with time to mature, the benefits and cost reductions associated with collaboration are likely to become even more apparent.

- CHAIN will be able to streamline the mechanisms used to assist C&C, now that current partners are finding that collaboration benefits their work and is not an undue burden. However, it is not clear how many of these tested support mechanisms would be needed for a new multi-sectoral project to achieve what CHAIN has.

RECOMMENDATIONS

Evaluation Question 1

- Engaging more USAID IPs that can bring additional interventions to CHAIN beneficiaries through collaboration with project IPs can maximize synergies among USAID-funded activities. This can be done informally, without incurring more management responsibilities, by bringing partners together in a “learning exchange forum” once or twice a year.

- Working closely with other development partners on future project designs — coordinated by the ECD Coordination agency⁴⁷ — can help ensure that the “package” of necessary interventions, including the all-important issue of water infrastructure, reach beneficiary households.

Evaluation Question 3

- Revise the development hypothesis to better reflect the implied theory of change.

- Revise the results framework to integrate collaboration.

- Introduce a selection of indicators to incentivize, institutionalize, and measure the contribution of C&C to results so partners know the expectations for this and are accountable for doing so. (See Table 4 for suggested indicators.)

- Because there are important collaborative practices and results that are not measurable, results should be captured and shared by asking IPs to write success stories or share lessons learned about collaboration. These could convince others not as inclined to collaborate of its value by demonstrating how this works for CHAIN. These stories can become a repository of learning about collaboration that CHAIN can share widely.

Evaluation Question 4

The following approaches to promoting cross-sectoral collaboration appear to be the most useful, and could form a streamlined set of C&C mechanisms as CHAIN matures:

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⁴⁷ At the time of this Evaluation the Food and Nutrition Coordination Secretariat provided national coordination. As of 2018, ECD Coordination agency has taken over this function.
The PMT. USAID activity managers need to meet, convene central IP meetings, and participate in meetings with GOR stakeholders and various Technical Working Groups.

District- and central-level IP coordination meetings. These are very important; they facilitate talking and learning among IPs and should continue.

Joint USAID-IP site visits. These are important to keep USAID and IPs talking together and identifying opportunities; they should be encouraged.

• CHAIN management should initiate a discussion with IPs about costs of C&C in the districts and how to cover them. Ways to support expanded partner meetings, such as joint site visits among the partners, should be explored.

Evaluation Question 5

• Conduct a full cost analysis involving all sources of funds in the CHAIN mechanism. This analysis would provide a clearer picture of how different funding sources are interacting to deliver the CHAIN collaborative interventions and a better estimate of cost reductions.

Either prospective or retrospective data collection could be employed. Prospective collection of program costs would be ideal to ensure that all costs are collected systematically involving all specific interventions. For example, the OVC services have several interventions, such as Educational Support, Economic Strengthening, Psychosocial Support, Health Access & Health Promotion, Nutrition & Food Security, Child Protection, and Case Management. Beneficiaries access one or more of those interventions. The PEPFAR expenditure analysis data do not provide detailed costs to the intervention level, which makes it difficult to provide reliable estimates of cost per beneficiary for each of the OVC interventions. Consequently, this limits the provision of a meaningful assessment of the efficiency or contribution of each intervention.

Therefore, a classification system should be developed to guide collection of cost data for each intervention for all IPs. The classification could first involve the source of funding and then the line item for each intervention. A similar approach could be used to collect retrospective cost data; however, this would have limitations, as observed in this evaluation, because in some instances cost data may have been collected in a way that would not provide a valuable analysis.

OTHER IMPORTANT FINDINGS

• Greater flexibility working with districts where CHAIN operates seems called for and would extend the benefits of collaboration to the project’s work with the district-level GOR.

• Explore creative ways for CHAIN partners to contribute to the coordination functions of the JADF and DPEM without directly providing funds to districts, perhaps by supporting the cost of some meetings or site monitoring visits.
ANNEX I. SCOPE OF WORK

Assignment #: 370 [assigned by GH Pro]

Global Health Program Cycle Improvement Project -- GH Pro
Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)
Date of Submission: 02/02/2017
Last update: 7-27-17

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

I. TITLE: Whole-of-Project Performance Evaluation of the Community Health and Improved Nutrition (CHAIN) Project

☐ USAID Country or Regional Mission

Mission/Division: ___________________________ Rwanda ___________________________ / _________ Health Office

II. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

☐ 3.1.1 HIV ☐ 3.1.4 PIOET ☐ 3.1.7 FP/RH
☐ 3.1.2 TB ☐ 3.1.5 Other public health threats ☐ 3.1.8 WSSH
☐ 3.1.3 Malaria ☐ 3.1.6 MCH ☐ 3.1.9 Nutrition
☐ 3.2.0 Other (specify): EG

III. Cost Estimate: ___________________________ $ ___________________________ (Note: GH Pro will provide a cost estimate based on this SOW)

IV. Performance Period

Expected Start Date (on or about): August 1, 2017
Anticipated End Date (on or about): March 31, 2018

V. Location(s) of Assignment: (Indicate where work will be performed)

Rwanda

VI. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

EVALUATION:

☐ Performance Evaluation (Check timing of data collection)

☐ Midterm ☐ Endline ☐ Other (specify): -
Performance evaluations focus on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

☐ Impact Evaluation (Check timing(s) of data collection)

☐ Baseline  ☐ Midterm  ☐ Endline  ☐ Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

OTHER ANALYTIC ACTIVITIES

☐ Assessment

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

☐ Costing and/or Economic Analysis

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

☐ Other Analytic Activity (Specify)

PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2014)

Note: If PEPFAR funded, check the box for type of evaluation

☐ Process Evaluation (Check timing of data collection)

☐ Midterm  ☐ Endline  ☐ Other (specify):

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2014)

☐ Outcome Evaluation

Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2014)

☐ Impact Evaluation (Check timing(s) of data collection)

☐ Baseline  ☐ Midterm  ☐ Endline  ☐ Other (specify):

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group
provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

**Economic Evaluation (PEPFAR)**

Economic Evaluation identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?
### VII. Background

Figure 1: CHAIN Implementing Mechanisms

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<td>2/28/2018</td>
<td>National</td>
<td>Randy Smith (Mary de Boer)</td>
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<td>ACTIVITY NAME</td>
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<tr>
<td>12 Human and Institutional Capacity Development (HICD)</td>
<td>VOICE PAD – DG</td>
<td>Development Alternatives Inc. (DAI)</td>
<td>AID-696-C-12-00003</td>
<td></td>
<td>4/30/2012</td>
<td>4/30/2017</td>
<td>See map</td>
<td>Joseph Rurangwa</td>
</tr>
<tr>
<td>15 Feed the Future Rwanda Hinga Weze</td>
<td>Smart Growth PAD - EG</td>
<td>TBD</td>
<td>TBD</td>
<td></td>
<td>TBD 2017</td>
<td>TBD 2022</td>
<td>Ngororero, Karongi,</td>
<td>Jean Damascene Nyamwasa</td>
</tr>
<tr>
<td>16 ISVP Impact Evaluation</td>
<td>CHAIN PAD</td>
<td>Measure Evaluation</td>
<td>AID-OAA-L-14-00004</td>
<td></td>
<td>2015</td>
<td>2017</td>
<td>Burera, Gasabo,</td>
<td>Daniel Handel (Mary de Boer)</td>
</tr>
</tbody>
</table>

**Evaluations**

- **16 ISVP Impact Evaluation**
  - CHAIN PAD
  - Measure Evaluation
  - AID-OAA-L-14-00004
  - 2015
  - 2017
  - Burera, Gasabo, Gicumbi, Huye, Kamonyi, Karongi, Kayonza, Kicukiro, Musanze, Nyarugenge, Nyanagatare, Rutsiro, Rwanda
  - Daniel Handel (Mary de Boer)

- **17 Give Directly Household Grants Evaluation**
  - Household Grants PAD – EG
  - Give Directly
  - AID-696-F-15-00001
  - 2015
  - 2018
  - Kayonza, Nyabihu, others TBD
  - Daniel Handel (Mary de Boer)
<table>
<thead>
<tr>
<th>ACTIVITY NAME</th>
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<th>COOPERATIVE AGREEMENT #</th>
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Background of project/program/intervention:

A. Project Information, Development Hypothesis, Theory of Change
The Community Health and Improved Nutrition (CHAIN) Project is a $122 million project spanning fiscal years 2014 to 2019. The Project represents a collection of many of the mission’s nutrition-specific and nutrition-sensitive activities and represents USAID/Rwanda’s attempt to operationalize USAID’s Multi-Sectoral Nutrition Strategy. A public version of the CHAIN Project Appraisal Document (PAD) is available on the USAID/Rwanda website, as are other CHAIN-related resources.

The CHAIN project contributes to USAID’s 2015-2019 Country Development and Cooperation Strategy (CDCS) overall goal of “Accelerating Rwanda’s progress to middle income status and better quality of life through sustained growth and reduction of poverty” and is directly positioned to support DO3, “Health and nutritional status of Rwandans improved.” CHAIN is specifically designed to achieve IR 3.1: “Increased use of quality health services and products by target populations and communities” and connects, via its nutrition lens, to sub IRs under DO1 (“Economic opportunities increased and sustained”) and, via its focus on capacity building, to sub IRs under DO2 (“Improved conditions for durable peace and development through strengthened democratic processes”).

The underlying development hypothesis of the CHAIN Project is that if 1) priority populations improve their socioeconomic status and food security and adopt positive parenting, feeding, and hygiene practices; 2) awareness of, access to, and demand for high-impact health practices among these populations is increased; and 3) the performance of and engagement by civil society organizations in the health sector is improved, then the utilization of quality health services and products by target populations and communities will increase and they will be able to improve and sustain the health of themselves and the vulnerable individuals in their care.

B. Results Frameworks
This development hypothesis and theory of change is linked to the CDCS Results Framework (Figure 2) and CHAIN Results Framework (Figure 3, below). The CHAIN Results Framework also depicts the collaboration nodes that the team and IPs have identified, and where it is hypothesized that increased collaboration will further achievement of the technical results captured in the results framework.
Figure 2: Country Development and Cooperation Strategy Results Framework

**Goal:**
加速促进卢旺达的生活质量提升，促进可持续发展和减少贫困。

- **DO 1:** 增加经济机会，持续增加。
- **DO 2:** 改善条件，促进可持续发展的长期过程。
- **DO 3:** 社会和经济福祉，改善。
- **DO 4:** 增加卢旺达儿童和青年的成功，增加在工作中的技能。

**Cross-cutting Pillar 1:** 妇女和儿童，敏感性发展方法，特殊关注女性、儿童和弱势群体。

**Cross-cutting Pillar 2:** 机构能力建设。

**Cross-cutting Pillar 3:** 全球气候变化。
Figure 3: CHAIN Results Framework with Collaboration Nodes

- **Goal:** Health and nutritional status of Rwandans improved
- **Purpose:** Increased utilization of quality health services/products by target populations and communities

**Sub-purpose 1:** Increased awareness of access to, and demand for high-impact health practices
- **Output 1.1:** Increased access to key health services among target populations
- **Output 1.2:** Increased access to water and sanitation services among target populations
- **Output 1.3:** Improved availability of and access to priority health products
- **Output 1.4:** Increased health-seeking behaviors and demand for priority health products and services

**Sub-purpose 2:** Improved protection of vulnerable populations against adverse circumstances
- **Output 2.1:** Increased capacities of families and communities to provide better care for vulnerable individuals
- **Output 2.2:** Improved household and community care and support practices for vulnerable populations, especially children
- **Output 2.3:** Increased access to education and social services for vulnerable populations

**Sub-purpose 3:** Increased nutrition knowledge and adoption of appropriate nutrition and hygiene practices
- **Output 3.1:** Increased security for vulnerable populations
- **Output 3.2:** Improved WASH actions to reduce diarrheal disease
- **Output 3.3:** Improved nutrition behaviors

**Sub-purpose 4:** Improved performance and engagement by CSOs and GOR entities
- **Output 4.1:** Improved organizational systems, processes, and procedures
- **Output 4.2:** Improved technical capacity in health promotion, care and support of vulnerable populations, and nutrition
- **Output 4.3:** Improved capacity for and participation in advocacy
- **Output 4.4:** Improved seed supply

**Open access to professional services**
- **Strengthen OVC monitoring**
- **Link to professional services**
- **Expand services provided**
- **Expand production**
- **Train & promote NRVCC**
- **Facilitate beneficiary sharing**
- **Increase PDRM capacity**
- **Build technical skills**
C. Summary of Project to be Evaluated

The major impetus behind the CHAIN project is the persistent, high stunting rates plaguing Rwanda—according to the 2014-2015 DHS, 38% of children under five are affected by chronic malnutrition. Long-term malnutrition can have far-reaching effects; malnutrition during fetal development and early childhood has been linked to lower school achievement, future health problems, lower income in adulthood, reduced resistance to disease, and mortality in later life. Adults are affected as well: the primary cause of maternal mortality in Rwanda is hemorrhaging, which is related to anemia, and another common cause is eclampsia/hypertensive disorders, which are related to calcium deficiency. These negative effects cost Rwanda an estimated 503.6 billion Rwandan francs (equivalent to 11.5% of Rwanda’s GDP) in 2012.

While managed by the USAID/Rwanda Health Office, given the intersectoral nature of malnutrition, CHAIN has been designed to link to and take advantage of mechanisms and activities supported across the Mission, including under other Project Appraisal Documents (See Figure 1, above, for a comprehensive list of current and former CHAIN partners and their authorizing PADs). When these additional mechanisms are included (included some which have not yet been procured), CHAIN leverages in total $222 million of USAID investments in Rwanda, accounts for 21 individual implementing mechanisms, and spans all mission technical sectors (Health, Economic Growth, Democracy and Governance, and Education). CHAIN, however, does not completely encompass all nutrition-related investments in the Mission—a suite of more agricultural growth-oriented investments is housed in the Economic Growth Office’s Smart Growth Project.

CHAIN-authorized mechanisms have been required to have a nutrition focus (both nutrition-sensitive and nutrition-specific) and to target vulnerable populations. Vulnerability has been loosely defined for CHAIN as the economically vulnerable (Ubudehe category 1), the nutritionally vulnerable (pregnant and lactating women and children under five-years of age), and those vulnerable to HIV infection (according to the criteria of the Rwanda’s National Children’s Commission).

The target populations of these mechanisms stretch across Rwanda, and different activities in the CHAIN portfolio have focused activities in different districts and sectors according to mechanism-specific targeting criteria. The most comprehensive mapping to date of the CHAIN project is publicly available online and depicts USAID-CHAIN investments in every district of the country (see Figure 4, below).
While CHAIN is officially located within the Health Office, its efforts have been coordinated by a cross-sectoral project management team, composed of the activity managers of the different CHAIN mechanisms. The CHAIN PMT has been responsible for holding biannual CHAIN partners meetings, liaising with relevant Government of Rwanda (GOR) counterparts, conducting joint site visits, designing new CHAIN-authorized or CHAIN-contributing activities, and spurring greater collaboration between implementing mechanisms in their work planning and implementation.

Within the USAID Mission, the CHAIN PMT has worked to institutionalize cross-sectoral collaboration between the CHAIN contributing offices, through efforts such as the inclusion of the CHAIN PMT into staff position descriptions and the practice of naming “buddies” who partner with the activity manager to serve as resource for cross-office areas of expertise. This “buddy” practice is currently being piloted between the Health and Economic Growth teams.

Among partners, these coordination efforts have been introduced post-hoc for most implementing mechanisms, and their evolution has been gradual since the signing of the CHAIN PAD in FY 2015. In FY 2017, with assistance from the Scaling Partnerships and Results in Nutrition Globally (SPRING) mechanism, the implementing partners’ developed the first integrated CHAIN work plan. Implementation of the FY 2017 work plan and preparations for the FY 2018 work planning process are on-going.

D. Summary of the Project M&E Plan

Technical Targets

Within the CHAIN PAD and the DO 3 Performance Management Plan, CHAIN is responsible for contributing to the following high-level results:
• Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message
• Score in percent of combined key areas of organizational capacity among USG direct and indirect local implementing partners
• Percentage of vulnerable individuals receiving USG assistance graduating out of USG community-level support
• Prevalence of children 6-23 months receiving a minimum acceptable diet

Collaboration Results
Within the CHAIN Collaboration Framework, CHAIN has the following nodes where collaboration is hypothesized to help lead to better, more sustainable results:

• Expanding Services Provided
• Holding Multi-Partner CHAIN Events
• Enhancing Savings and Lending Groups
• Expanding Production
• Training and Promoting Nutrient Rich Value Chain Commodities
• Facilitating Beneficiary Sharing
• Increasing Project Management Capacity
• Building Technical Skills
• Linking women to Professional Services
• Strengthening OVC Monitoring
• Harmonizing BCC and Indicators
• Improving Seed Supply

It is believed that these nodes lead to better results through at least one of the following mechanisms:

• Hypothesis 1: With greater collaboration, each of the CHAIN mechanisms will not only be able to meet their objectives but also exceed and/or achieve other unexpected positive outcomes
• Hypothesis 2: With greater collaboration, overall costs are reduced as a result of greater efficiency gained by better planning, sharing and coordination of resources
• Hypothesis 3: With greater collaboration, there is stronger alignment and coherence in the strategic design, planning and implementation of community-based health and development work carried out by USAID partners (and which also helps further the GoR’s development agenda)

The CHAIN team has also developed the following definition of collaboration and has been modeling the evolution of its implementation via social network mapping and periodic partner surveys.

CHAIN’s goal for collaboration is to:

Work together when and where doing so can extend reach, increase impact, or improve efficiency as related to one or more sub-purposes of the CHAIN project:

• Increased awareness of, access to, and demand for health-impact health practices
• Improved protection of vulnerable populations against adverse circumstances
• Increased nutrition knowledge and adoption of appropriate nutrition and hygiene practices
• Improved performance and engagement by CSOs and GOR entities

Tracking to what degree this collaboration model is successful and what kinds of interactions it incentivizes and disincentivizes is key to this evaluation. However, the hypothesis that increased collaboration will expand a partner’s ability to achieve programmatic results has never been concretely tested by USAID/Rwanda.

VIII. SCOPE OF WORK

A. Purpose:

Given the high priority stunting reduction holds for the country and for USAID/Rwanda, the Health Office, Economic Growth Office, CHAIN Project Management Team, USAID mission and GOR are committed to understanding how the CHAIN PAD, and the intersectoral coordination and collaboration efforts that have sprung up around it, have functioned to date and ways they could be improved. This information will be crucial in determining how CHAIN moves forward in its final years of implementation and how future iterations of USAID/Rwanda’s nutrition and community health programming could improve coordination, synergy, and effectiveness in reducing childhood stunting.

B. Audience:

USAID/ Rwanda CHAIN Project Management Team, USAID CHAIN Implementing Partners, Government of Rwanda

C. Applications and use:

These findings will be used to develop future nutrition, economic growth, and health PADs

D. Evaluation/Analytic Questions & Matrix:

<table>
<thead>
<tr>
<th>Evaluation/Analytic Question</th>
<th>Research Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Has the CHAIN Project and its associated activities been the most effective way for USAID/Rwanda to implement USAID’s Multi-Sectoral Nutrition Strategy? How could USAID/Rwanda better structure cross-sectoral nutrition activities in its future nutrition project(s)?</td>
<td>Document review, key informant interviews, focus group discussions, rapid rural appraisal</td>
</tr>
<tr>
<td>2 How have CHAIN’s cross-office investments (e.g., PEPFAR, Economic Growth, Democracy and Governance) contributed to the achievement of CHAIN’s high-level results?</td>
<td>Document review, key informant interviews, focus group discussions, rapid rural appraisal</td>
</tr>
<tr>
<td>3 To what extent have the development hypothesis and results framework proposed in the CHAIN PAD been verified and how could they be improved?</td>
<td>Document review, key informant interviews, focus group discussions, rapid rural appraisal</td>
</tr>
<tr>
<td>4 How have the coordination and collaboration approaches developed under CHAIN contributed to the achievement of activity-level and project-level results? How could these approaches be refined/improved in future projects?</td>
<td>Document review, key informant interviews, focus group discussions, rapid rural appraisal, survey and secondary analysis, costing</td>
</tr>
<tr>
<td>5 How have the different CHAIN collaboration hypotheses been borne out in implementation and what type of evolution is visible in the CHAIN collaboration ecosystem over time?</td>
<td>Document review, key informant interviews, focus group discussions, rapid rural appraisal, survey and secondary analysis, costing</td>
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E. Methods:

General Comments related to Methods:
The Evaluation Team should conduct an extensive document review as well as perform interviews and focus groups with key informants, including USAID staff, CHAIN partner organizations, national and local government officials, and other stakeholders. USAID/Rwanda will provide a list of contacts that the Evaluation Team should consider for key informant interviews, but the Evaluation Team should be prepared to expand this list. A comprehensive list of all key informants shall be included as an annex to the final evaluation report. The team should also plan to use participatory appraisal methods to engage with CHAIN beneficiaries. A comprehensive list of all focus groups (with details such as gender composition, geographic location, and USAID-sponsored services received by participants) should be included as an annex to the Final Evaluation Report.

In addition to these data, the Evaluation Team should review the data generated by CHAIN implementing partners as part of their ongoing monitoring and evaluation (M&E), routine surveys, and any reports included in the AIDTracker Plus reporting system, including activity-specific site visit reports and CHAIN team integrated site visit reports. Relevant indicators and indicator data from USAID/Rwanda’s annual Performance Plan and Report (PPR) and Performance Management Plan (PMP) can be found in Annex 3. These reports and data will be provided to the Evaluation Team by USAID/Rwanda upon award.

For selection of IP activities to be covered and site selection, the evaluation questions should be used to guide a purposive sample of CHAIN Activities and sites.

Document and Data Review (list of documents and data recommended for review)

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this evaluation. Documents and data to be reviewed include:

- 2014-2019 Rwanda CDCS
- CHAIN PAD and annexes
- CHAIN collaboration framework
- Rwanda’s National Food and Nutrition Policy, 2013-2018
- Health Sector Strategic Plan III, 2013-2018
- MINAGRI Strategic Plan for the Transformation of Agriculture in Rwanda
- Rwanda HIV and AIDS National Strategic Plan July 2013-June 2018
- Comprehensive Food Security and Vulnerability Assessment
- Gender and Markets Report
- Give Directly Household Grants Evaluation
- Strengthening Partnerships for Results and Innovation in Nutrition Globally (SPRING) project reports/assessments of the CHAIN team and the nutrition portfolio
- Implementing partners’ annual work plans
- Implementing partners’ performance monitoring plans
- Implementing partners’ quarterly and annual reports
- Other nutrition donors’ reports readily available
- Other GOR readily relevant documents, M&E systems/reports
- Other documents, as required
Secondary analysis of existing data (This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses)

<table>
<thead>
<tr>
<th>Data Source (existing dataset)</th>
<th>Description of data</th>
<th>Recommended analysis</th>
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<tbody>
<tr>
<td>Social network mapping</td>
<td>Social network mapping produced by GeoCenter (Note: Maps will be available, but the Evaluation Team may have limited access to a GIS specialist to run additional analyses for new maps. Feasibility of new or secondary analyses will be reviewed during team planning meeting.)</td>
<td>Social network analysis: Identify who in the network is critical to linking other partners together (a hub), who has linkages to multiple partners and the strength of those linkages, who has the most/least influence on others, and who is comparatively isolated. Create typologies of collaboration based on varying degrees and/or characteristics.</td>
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<tr>
<td>Partner quarterly survey</td>
<td>Quarterly survey data from partners seeking feedback on how CHAIN collaboration is proceeding</td>
<td>Analyze for trends in attitudes over time, qualitative changes in the way partners are producing results or describing collaboration, qualitative analysis of records, and any categorizing any savings in terms of time, money, or value added that collaboration has allowed, in order to provide more nuance to the typologies of collaboration developed under the social network analysis</td>
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Key Informant Interviews (list categories of key informants, and purpose of inquiry)

Key informant interviewees should include both men and women. The sample selected should be robust and include diverse stakeholders, including:
- Project IP staff
- USAID CHAIN Project Management Team
- USAID Health Office staff
- USAID Economic Growth Office staff
- USAID Education Office staff
- USAID Democracy and Governance Office staff
- USAID Program Office staff
- Stakeholders
- GOR counterparts at national and decentralized level
- USAID/Washington staff

The purpose of these interviews will be to understand (1) the perceived benefit to Rwanda of the integrated CHAIN project (vs. the benefit of each individual activity) and (2) the degree to which CHAIN has been successful in articulating a multi-sectoral nutrition vision.

Focus Group Discussions (list categories of groups, and purpose of inquiry)

Focus group discussions with a cross-section of male and female CHAIN beneficiaries. If men and women participate in FGDs, the group discussion will be conducted separately for men and women.
A comprehensive list of all focus groups with details such as gender and geography should be included as an annex to the Final Evaluation Report.

The purpose of these inquiries will be to understand (1) if beneficiaries are benefiting from CHAIN interventions, (2) the degree to which the CHAIN interventions they receive have been harmonized or coordinated, and (3) whether/how the harmonization/coordination increased any benefits they accrued.

- **Group Interviews** *(list categories of groups, and purpose of inquiry)*

Key informant interviews may be grouped as necessary, as long as the respondents feel free to express their opinions openly.

- **Client/Participant Satisfaction or Exit Interviews** *(list who is to be interviewed, and purpose of inquiry)*

- **Facility or Service Assessment/Survey** *(list type of facility or service of interest, and purpose of inquiry)*

- **Survey** *(describe content of the survey and target responders, and purpose of inquiry)*

A quantitative survey should be carried out with representatives from each implementing partner to discuss key indicators, assessing multiple domains of how collaboration, as defined by USAID under CHAIN, has been implemented. The purposes of the survey are to complement the secondary analyses outlined above, give an idea of the degree to which collaboration, as intended, has occurred, and better understand the collaboration ecology that CHAIN has helped develop.

Additional quantitative data should be deployed at the beneficiary level, where a limited set of indicators in a household survey should assess aspects of health and well-being that are outside of the project but may have been addressed by other partners in the USAID or non-USAID space. The purpose of these survey data will be to understand any “unintentional” collaborations or impacts that occurred outside of the CHAIN ecosystem.

Survey Monkey is available for collecting and/or inputting survey data.

- **Observations** *(list types of sites or activities to be observed, and purpose of inquiry)*

Jointly implemented, collaborative CHAIN activities should be observed in order to understand how integration and collaboration is proceeding at the site-/beneficiary-level. Meetings of multiple Joint Action Development Forums should be observed to understand the degree to which USAID is coordinating vis-à-vis local GOR officials.

- **Data Abstraction** *(list and describe files or documents that contain information of interest, and purpose of inquiry)*
Case Study (describe the case, and issue of interest to be explored)

Verbal Autopsy (list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)

Rapid Appraisal Methods (ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)

To complement and expand upon the focus group discussions being conducted with beneficiaries, participatory RRA methodologies should be explored that will allow the evaluators to better understand how beneficiaries are able to integrate the different strands of support USAID is providing under CHAIN and the degree to which this support is able to respond to their needs in the areas of nutrition and community health.

Other (list and describe other methods recommended for this evaluation/analytic, and purpose of inquiry)

If impact evaluation –

Is technical assistance needed to develop full protocol and/or IRB submission?

☐ Yes ☐ No

List or describe case and counterfactual

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<thead>
<tr>
<th>Case</th>
<th>Counterfactual</th>
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IX. Human Subject Protection

The Evaluation Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this evaluation. **Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB.** The only time minors can be observed as part of this evaluation is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this evaluation, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:

- Introduction of facilitator/note-taker
- Purpose of the evaluation/assessment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
• Right to refuse to answer questions or participate in interview/discussion/survey
• Request consent prior to initiating data collection (i.e., interview/discussion/survey)

X. Analytic Plan

The Evaluation Team should include in their proposal an indicative plan for data analysis, distinguishing how the team will treat both quantitative and qualitative data collected. This plan should clearly link the evaluation questions to survey questions. This indicative analysis plan can be presented as a matrix or in any other form the Implementer finds useful. Regardless of the format, the indicative plan should describe limitations of the data collection and analysis approaches proposed and how the implementing partner will attempt to overcome these limitations, including triangulation of data sources.

The Evaluation Team will work to refine this indicative plan into a final document, which will be submitted as a deliverable for USAID review and approval prior to the start of data collection. The final document should include the following information: how focus group interviews will be analyzed; what procedures will be used to analyze qualitative data from key informant and other stakeholder interviews; the types of participatory data collection that will be pursued and how these data will be jointly interpreted with beneficiaries; and how the evaluation will weigh and integrate data from all sources, including from existing performance monitoring, to reach conclusions about the program achievements. Methodological limitations should be discussed in fuller detail in the final analysis plan, as well.

The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

XI. Activities

**Background reading** – Several documents are available for review for this analytic activity, as listed above. This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

**Team Planning Meeting (TPM)** – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:
- Review and document any questions on the evaluation SOW
- Clarify team members’ roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID’s approval
- Assign drafting/writing responsibilities for the final report

**Briefing and Debriefing Meetings** – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:
- Evaluation launch, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations,
and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.

- **In-brief with USAID,** as part of the TPM. This briefing may be broken into two meetings: a) at the beginning of the TPM, so the Evaluation Team and USAID can discuss expectations and intended plans; and b) at the end of the TPM when the Evaluation Team will present an outline and explanation of the design and tools of the evaluation. Also discussed at the in-brief will be the format and content of the Evaluation report(s). The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.

- **Workplan and methodology review briefing.** At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Evaluation report(s) will be discussed. This will include a Evaluation Matrix that maps the data collection method, tools and sample (or sampling frame) back to each evaluation question.

- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.

- The Team Lead (TL) will brief USAID weekly to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.

- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (**Note:** preliminary findings are not final and as more data sources are developed and analyzed these finding may change.)

- **IPs and Stakeholders’ debrief/workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be deemed sensitive by USAID.

- **Dissemination activity** this will be conducted to disseminate the findings from the final evaluation report and incorporate the feedback received from stakeholders and USAID during previous meetings and reviews.

**Fieldwork, Site Visits and Data Collection** – The evaluation team will conduct site visits for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

**Evaluation/Analytic Report** – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

1. Team Lead will submit a **draft evaluation** report to GH Pro for review and formatting
2. GH Pro will submit the draft report to USAID
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
4. GH Pro will share USAID’s comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
5. GH Pro will review and reformat the **final Evaluation/Analytic Report**, as needed, and resubmit to USAID for approval.
6. Once Evaluation Report is approved, GH Pro will re-format it for Section 508 compliance and post it to the DEC.
The Evaluation Report excludes any procurement-sensitive and other sensitive but unclassified (SBU) information. This information will be submitted in a memo to USIAD separate from the Evaluation Report.

XII. Deliverables and Products

<table>
<thead>
<tr>
<th>Deliverable / Product</th>
<th>Timelines &amp; Deadlines (estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch briefing</td>
<td>October 2, 2017</td>
</tr>
<tr>
<td>Draft Workplan with timeline, protocols and data collection tools (due before Team convenes in Rwanda)</td>
<td>October 16, 2017</td>
</tr>
<tr>
<td>In-brief with Mission</td>
<td>October 19, 2017</td>
</tr>
<tr>
<td>Workplan and protocol briefing with USAID</td>
<td>October 23, 2017</td>
</tr>
<tr>
<td>Workplan with timeline, protocols and data collection tools</td>
<td>October 24, 2017</td>
</tr>
<tr>
<td>In-brief with CHAIN implementing partners</td>
<td>October 24, 2017</td>
</tr>
<tr>
<td>Routine briefings</td>
<td>Weekly</td>
</tr>
<tr>
<td>Out-brief with Mission with Power Point presentation</td>
<td>November 27, 2017</td>
</tr>
<tr>
<td>Draft report</td>
<td>Submit to GH Pro: December 27, 2017</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: December 22, 2017</td>
</tr>
<tr>
<td>Final report</td>
<td>Submit to GH Pro: January 25, 2018</td>
</tr>
<tr>
<td></td>
<td>GH Pro submits to USAID: January 29, 2018</td>
</tr>
<tr>
<td>Validation of Findings review workshop with IPs &amp; stakeholders with Power Point presentation</td>
<td>January 29, 2018</td>
</tr>
<tr>
<td>Findings Dissemination Activity</td>
<td></td>
</tr>
<tr>
<td>Raw data</td>
<td>January 23, 2018</td>
</tr>
<tr>
<td>Dissemination event</td>
<td></td>
</tr>
<tr>
<td>Report Posted to the DEC</td>
<td>March 19, 2018</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

Estimated USAID review time

Average number of business days USAID will need to review the report? _____10_____ Business days

XIII. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Team Qualifications:

USAID is seeking a team composed of the following personnel:

1. Evaluation team lead (expatriate)
2. Evaluation specialist
3. Collaboration expert
4. Costing Specialist
5. Logistics/program assistant (locally engaged)
6. Evaluators (locally engaged)

Key Staff | Title: Team Lead

Roles & Responsibilities: The Evaluation Team Leader is responsible for leadership and management of the team and should have significant experience conducting project evaluations. S/he will be the main
interlocutor with USAID/Rwanda, and as such will have responsibility for clarifying the scope and timeline of the evaluation, coordinating and managing his/her team, ensuring transportation and logistics arrangements, preparing and scheduling field work, conducting briefings/debriefings, and ensuring the quality and completeness of all deliverables rendered to USAID/Rwanda. Working in conjunction with other team members, s/he will be responsible for data analysis, lessons learned, and recommendations.

Qualifications:

- Minimum of 10 years of experience in public health, which includes experience in implementation of health activities in developing countries
- Demonstrated experience leading health sector project/program evaluations, utilizing both quantitative and qualitative methods
- Excellent skills in planning, facilitation, and consensus building
- Experience in collaborative environments, including assessing collaboration
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Demonstrated excellence in project management, including organizational skills, quality of deliverables, and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Proficient in written and spoken English and French; Kinyarwanda desirable
- Familiarity with USAID health project and program implementation
- Familiarity with USAID M&E policies and practices

Key Staff 2 Title: Evaluation Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. S/He is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- At least 10 years of experience in USAID M&E procedures and implementation
- At least 5 years of experience managing M&E activities, including evaluations
- An advanced degree in public health, evaluation or research or related field
- Experience implementing and coordinating others to implement relevant evaluation methods
- Strong skills in collecting, interpreting, and conducting analyses of qualitative and quantitative data
- Proficient in written and spoken English; spoken French and/or Kinyarwanda desirable
- Good writing and presentation skills, including extensive report writing experience
- Familiarity with USAID health programs/projects and USAID and PEPFAR M&E policies

Key Staff 3 Title: Collaboration Expert

Roles & Responsibilities: This expert will serve as a member of the evaluation team, providing expertise on collaboration and the results generated from group interactions. S/he will participate in evaluation planning, data collection, data analysis, and report writing.
**Qualifications:**

- A postgraduate degree in a field relevant to collaboration
- Five years of postgraduate implementation-level work in development, with a significant collaboration or learning role; implementation-level development work includes program management, oversight, planning and/or implementation.
- Experience in stakeholder engagement
- Experience in conducting evaluations and applying monitoring and evaluation techniques to measure collaboration
- Able to work well on a team
- Good interpersonal communication skills
- Good writing skills, specifically technical and evaluation report writing experience
- Proficient in written and spoken English; spoken French and/or Kinyarwanda desirable

**Other Staff Titles with Roles & Responsibilities (include number of individuals needed):**

**Logistics /Program Assistant** (Minimum of one staff member)

**Roles & Responsibilities:** This/these staff member(s) will support the Evaluation Team with all logistics and administration to allow the team to carry out the evaluation. S/he will work under the guidance of the Team Leader to make preparations, arrange meetings and appointments. S/he will conduct programmatic administrative and support tasks as assigned and ensure processes move forward smoothly.

**Qualifications:**

- Good command of English and Kinyarwanda
- Knowledge of key actors in the health, agriculture, HIV, and nutrition sectors and their locations including MOH, RBC, MIGEPROF, NCC, MOA, RAB, MINALOC, NFNCS, donors and other stakeholders
- Able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and insure business center support, e.g. copying, internet, and printing
- Past experience in administrative tasks required
- Ability to assist in translation of data collection tools and transcripts, if needed

**Local Evaluators** (3 consultants)

**Roles & Responsibilities:** These staff members will assist the Evaluation Team with data collection, analysis and data interpretation. They will have basic familiarity with health topics, as well as experience conducting surveys, interviews, and focus group discussion, both as facilitators and as note-takers. Furthermore, they will assist in translation of data collection tools and transcripts, as needed. The Local Evaluators will have a good command of English and Kinyarwanda. They will also assist the Team and the Logistics Coordinator in accomplishing their deliverables, as needed. They will report to the Team Lead.

**Qualifications:** Specific qualifications are at the discretion of the implementer.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.
☐ Full member of the Evaluation Team (including planning, data collection, analysis and report development) – If yes, specify who:
☐ Significant Involvement anticipated – If yes, specify who: the CHAIN Project Manager, part-time participation is to be anticipated from other members of the CHAIN PMT and the USAID Program Office
☐ No

**Staffing Level of Effort (LOE) Matrix (Optional):**

**Level of Effort in days for each Evaluation/Analytic Team member**

<table>
<thead>
<tr>
<th>Activity / Deliverable</th>
<th>Team Lead</th>
<th>Evaluation Specialist</th>
<th>Collaboration Expert</th>
<th>Logistics / Admin Coord</th>
<th>Local Evaluators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons →</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>1 Launch Briefing</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Desk review</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>3 Pre-TPM planning (e.g., draft timeline &amp; data collection tools before convening in Rwanda)</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>4 Preparation for Team convening in-country</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>5 Travel to country</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 In-brief with Mission and Project staff with preparation</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>7 Team Planning Meeting</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>8 Workplan &amp; Protocol briefing with Mission</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>9 In-brief with CHAIN IPs</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>10 Eval planning deliverables: 1) workplan with timeline analytic protocol (methods, sampling &amp; analytic plan); 2) data collection tools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Prep / Logistics for Site Visits</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>12 Data Collection DQA Workshop (protocol orientation/training for all data collectors)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>13 Data collection / Site Visits (including travel to sites)</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>14 Data analysis</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>15 Debrief with Mission with prep</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>16 IP &amp; Stakeholder debrief workshop with prep</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>17 Depart country</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Draft report(s)</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>19 GH Pro Report QC Review (4 days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 GH Pro Submission of draft report(s) to Mission</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 USAID reviews final (10-days)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity / Deliverable</td>
<td>Team Lead</td>
<td>Evaluation Specialist</td>
<td>Collaboration Expert</td>
<td>Logistics / Admin Coord</td>
<td>Local Evaluators</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
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<td>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Number of persons →</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>22 Revise report(s) per USAID comments</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 GHPo submits report to USAID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Prep for Validation workshop</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Travel to country for Validation</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Stakeholder Validation of Findings workshop</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Depart country</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 USAID approves report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 GH Pro 508 Compliance editing and formatting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 GHPo upload eval report to the DEC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total LOE</td>
<td>79</td>
<td>70</td>
<td>70</td>
<td>37</td>
<td>48</td>
</tr>
<tr>
<td>Total LOE</td>
<td>79</td>
<td>70</td>
<td>70</td>
<td>37</td>
<td>144</td>
</tr>
</tbody>
</table>

If overseas, is a 6-day workweek permitted
- Yes
- No

**Travel anticipated:** List international and local travel anticipated by what team members.

International travel: Necessary for the team to arrive and depart post and for the Team Leader for the final stakeholders meeting.

Domestic travel: Sites will be finalized during Team Planning Meeting in consultation with USAID/Rwanda [Note: LOE has been calculated anticipating the team will divide into three groups with each group covering 3-4 sites each.]

**XIV. Logistics**

**Visa Requirements**

List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

- If the team exceeds 30 days in Rwanda, they should apply for business visas. More information can be found at [https://www.migration.gov.rw/index.php?id=79](https://www.migration.gov.rw/index.php?id=79). If the consultants do not receive a business visa prior to arrival and stay for over 30 days and are traveling with ordinary/tourist passports, they will need to apply for a work permit after they arrive.

The following are the requirements:

1. Passport valid for at least six months
2. Application form and a passport photo
3. Copy of School Diploma/Certificate (the highest)
4. Police Clearance (from the country in which they lived the last six months before coming to Rwanda)
5. Résumé (CV)
6. Visa/work permit fee (100,000Frw)
For the diploma/certificate, they must be notarized and bring also the originals. The original will be taken to the Immigration to be compared to the copy and the original will be brought back (after check). The police clearance must me original.

For more information, you can also visit the Rwanda Directorate of Immigration website https://www.migration.gov.rw/index.php?id=79

**Note:** The Evaluation Team will arrange their own work space, most likely in their hotels.

---

**List recommended/required type of Visa for entry into counties where consultant(s) will work**

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>☐ Tourist</td>
</tr>
<tr>
<td></td>
<td>☑ Business</td>
</tr>
<tr>
<td></td>
<td>☐ No preference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Tourist</td>
</tr>
<tr>
<td></td>
<td>☐ Business</td>
</tr>
<tr>
<td></td>
<td>☐ No preference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Tourist</td>
</tr>
<tr>
<td></td>
<td>☐ Business</td>
</tr>
<tr>
<td></td>
<td>☐ No preference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Tourist</td>
</tr>
<tr>
<td></td>
<td>☐ Business</td>
</tr>
<tr>
<td></td>
<td>☐ No preference</td>
</tr>
</tbody>
</table>

---

**Clearances & Other Requirements**

**Note:** Most Evaluation/Analytic Teams arrange their own work space, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH Pro can submit an application for it on the consultant’s behalf.

GH Pro can obtain **Secret Security Clearances** and **Facility Access (FA)** for our consultants, but please note these requests processed through USAID/GH (Washington, DC) can take 4-6 months to be granted, with Security Clearance taking approximately 6 months to obtain. If you are in a Mission and the RSO is able to grant a temporary FA locally, this can expedite the process. If Security Clearance or FA is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant’s travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS)**. HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. [Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.]

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

☐ USAID Facility Access (FA)
Specify who will require Facility Access: ________________________________

- Electronic County Clearance (ECC) (International travelers only)
- High Threat Security Overseas Seminar (HTSOS) (required in most countries with ECC)
- Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)
- GH Pro workspace

Specify who will require workspace at GH Pro: ________________________________

- Travel -other than posting (specify): travel to Rwanda and within country will be required
- Other (specify): ________________________________

Specify any country-specific security concerns and/or requirements

XV. GH Pro Roles and Responsibilities
GH Pro will coordinate and manage the evaluation/analytic team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/analytic team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, workplan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing/formatting for internal distribution.

XVI. USAID Roles and Responsibilities
Below is the standard list of USAID’s roles and responsibilities. Add other roles and responsibilities as appropriate.

<table>
<thead>
<tr>
<th>USAID Roles and Responsibilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:</td>
<td></td>
</tr>
<tr>
<td><strong>Before Field Work</strong></td>
<td></td>
</tr>
<tr>
<td>- SOW.</td>
<td></td>
</tr>
<tr>
<td>- Develop SOW.</td>
<td></td>
</tr>
<tr>
<td>- Peer Review SOW</td>
<td></td>
</tr>
<tr>
<td>- Respond to queries about the SOW and/or the assignment at large.</td>
<td></td>
</tr>
<tr>
<td>- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV’s for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.</td>
<td></td>
</tr>
</tbody>
</table>
• **Documents.** Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.

• **Local Consultants.** Assist with identification of potential local consultants, including contact information.

• **Site Visit Preparations.** Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.

• **Lodgings and Travel.** Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

**During Field Work**

• **Mission Point of Contact.** Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team’s work.

• **Meeting Space.** Provide guidance on the team’s selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).

• **Meeting Arrangements.** Assist the team in arranging and coordinating meetings with stakeholders.

• **Facilitate Contact with Implementing Partners.** Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team’s arrival and/or anticipated meetings.

**After Field Work**

• **Timely Reviews.** Provide timely review of draft/final reports and approval of deliverables.

**XVII. Analytic Report**

Provide any desired guidance or specifications for Final Report.  *(See How-To Note: Preparing Evaluation Reports)*

The **Evaluation/Analytic Final Report** must follow USAID’s Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy).

a. The report should not exceed 25 pages (excluding executive summary, table of contents, acronym list and annexes).

b. The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).

c. Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.

d. For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

**USAID Criteria to Ensure the Quality of the Evaluation Report** *(USAID ADS 201)*:

• Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.

• The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.

• Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.

• Evaluation methodology should be explained in detail and sources of information properly identified.

• Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).

• Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people’s opinions.
• Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
• If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
• If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

**Reporting Guidelines:** The draft report should be a comprehensive analytical evidence-based evaluation/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The findings from the evaluation/analytic will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders.

Final Report Format: The evaluation final report should include an executive summary; introduction; background of the local context and the projects being evaluated; the main evaluation questions; the methodology or methodologies; the limitations to the evaluation; findings, conclusions, and recommendations (broken out by evaluation question); and lessons learned. The report should be formatted according to the evaluation report template. In addition, the report shall follow USAID branding procedures and be edited/formatted and made 508 compliant as required by USAID for public reports that will be posted to the USAID/DEC.

The report should follow the outline below:

- Abstract: briefly describing what was evaluated, evaluation questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: Summarize the most salient findings, conclusions, and recommendations (3-5 pages)
- Table of Contents (1 page)
- Acronyms
- Evaluation Purpose and Questions (1-2 pages)
- Project Background (1-3 pages)
- Evaluation Methods and Limitations (1-3 pages)
- Findings
- Conclusions
- Recommendations
- Annexes

The annexes to the report shall include:

- The evaluation SOW
- All tools used in conducting the evaluation, such as questionnaires, checklists, and discussion guides
- Sources of information, properly identified and listed
- Disclosure of conflict of interest forms for all evaluation team members, either attesting to a lack of conflicts of interest or describing existing conflicts
- Any statements of difference regarding significant unresolved differences of opinion by funders, implementers, and/or members of the evaluation team

In accordance with AIDAR 752.7005, the implementer will make the final external evaluation reports publicly available through the Development Experience Clearinghouse (DEC) within 30 calendar days of final approval of the formatted report.
Criteria to Assess the Quality of the Final Report: Per the USAID Evaluation Policy and USAID ADS 203, draft and final evaluation reports will be evaluated against the following criteria to ensure the quality of the evaluation report.

- The evaluation report should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate what worked in the project, what did not, and why.
- Evaluation reports shall address all evaluation questions included in the SOW.
- The evaluation report should include the SOW as an annex. All modifications to the SOW—whether in technical requirements, evaluation questions, evaluation team composition, methodology, or timeline—need to be agreed upon in writing by the activity manager.
- The evaluation methodology shall be explained in detail. All tools used in conducting the evaluation—such as questionnaires, checklists, and discussion guides—will be included in an annex in the final report.
- Evaluation findings will assess outcomes and impact on males and females and residents of different geographic areas.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or the compilation of people’s opinions. Findings should be specific, concise, and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical, and specific, with defined responsibility for the action.

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports

--------------------------------
The Evaluation Report should exclude any potentially procurement-sensitive information. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Evaluation Report.

--------------------------------
All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation/analysis will be submitted electronically to the GH Pro Program Manager. All datasets developed as part of this evaluation will be submitted to GH Pro in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent should not be included in any quantitative or qualitative data submitted.

XVIII. USAID Contacts

<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Alternate Contact 1</th>
<th>Alternate Contact 2</th>
<th>Alternate Contact 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Mary de Boer</td>
<td>Emmanuel Gasana</td>
<td>Alphonse Nkusi</td>
</tr>
</tbody>
</table>
Title: CHAIN Project Manager  
M&E Specialist  
Health/Social Welfare Promotion Lead  
Strengthening Capacity of Health Services (SCHS) Team Lead

USAID Mission: USAID/Rwanda – Health  
USAID/Rwanda – Program  
USAID/Rwanda – Health  
USAID/Rwanda

Email: mdeboer@usaid.gov  
egasana@usaid.gov  
ankusi@usaid.gov  
jmckay@usaid.gov

Telephone: +250 252 596 400 x2008  
+250 252 596 400 x2489  
+250 252 596 400 x2548

Cell Phone: +250 (0)78 831 9807  
+250 (0)78 831 9809  
+250 (0)78 838 7116

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

<table>
<thead>
<tr>
<th>Technical Support Contact 1</th>
<th>Technical Support Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>USAID Office/Mission</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>Cell Phone (optional)</td>
<td></td>
</tr>
</tbody>
</table>

**XIX. Reference Materials**
Documents and materials needed and/or useful for consultant assignment, that are not listed above

**XX. Adjustments Made in Carrying out This SOW after Approval of the SOW (To be completed after Assignment Implementation by GH Pro)**
ANNEX II. EVALUATION METHODS AND LIMITATIONS

TEAM COMPOSITION AND TIMING OF DATA COLLECTION

The mid-term performance evaluation of the Community Health and Improved Nutrition (CHAIN) Project was conducted between September 2017 and December 2017, with a seven-member technical team based in Kigali for six weeks, from October 20 to November 29, 2017. The full evaluation team, including non-technical personnel, comprised the following members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia David</td>
<td>Team leader</td>
</tr>
<tr>
<td>Terence Beney</td>
<td>Evaluation specialist</td>
</tr>
<tr>
<td>Lauren Montgomery-Rinehart</td>
<td>Collaboration specialist</td>
</tr>
<tr>
<td>Sylvestre Musengimana</td>
<td>Logistics coordinator</td>
</tr>
<tr>
<td>Muhammed Semakula</td>
<td>Local evaluator</td>
</tr>
<tr>
<td>Nicole Hortense Mudenge</td>
<td>Local evaluator</td>
</tr>
<tr>
<td>Canisius Nzayisenga</td>
<td>Local evaluator</td>
</tr>
</tbody>
</table>

The team received administrative and additional logistical support from the GH Pro office in Washington DC.

The bulk of the secondary data, excluding Aid Tracker-plus data, was made available to the Evaluation Team electronically before arriving in-country in October 2017, and was supplemented throughout the evaluation period as additional data requirements were identified. Additional secondary data was collected by the team throughout the evaluation period, such as the data for the brief literature review supporting the response to Evaluation Question 3.

Primary data was collected in Rwanda over a period of four weeks, between the October start of the evaluation’s in-country activities, and end-November. The first of the four data collection weeks was focused on key informant interviews (KII) in Kigali, while telephonic interviews were conducted with additional respondents based outside Rwanda. During the subsequent two weeks, the team conducted fieldwork, travelling to one district in each of Rwanda’s five provinces (including Kigali City) to facilitate focus group discussions (FGDs) with beneficiaries and conduct KII with district-based implementing partner staff and government officials. Interviews with key informants in Kigali or outside of Rwanda were resumed and completed in the final week of primary data collection.

EVALUATION DESIGN

A mixed methods design was adopted as the most suitable approach for responding to the evaluation questions. In this instance, mixed methods included primary qualitative data and quantitative data from secondary sources, collection, and analysis procedures, and most importantly, the convergence of multiple data sets to respond to evaluation questions. In this way, mixed methods mitigated the risks to reliability that could not be eliminated by alternate design choices relying on random assignment and related controls, as these were not feasible within the evaluation time period and resources. The choice of a mixed methods approach was further justified by the availability of secondary data and the multiple sources from which primary data could be generated. A copy of the evaluation matrix is found at the end of this Annex.
OVERVIEW OF METHODS

An extensive document review was conducted, in which more than 230 sources were consulted (detailed in appended reference lists), to inform the evaluation team’s understanding of CHAIN’s project architecture, intervention logic, implementation context, constituent activities, and their performance to date. Documents included USAID global and national strategies and guidance, CHAIN documentation, and relevant case studies; CHAIN implementing partner annual and quarterly reports and work plans; and Government of Rwanda policy and strategy documents. Relevant scientific literature was also reviewed, and was particularly important in answering Evaluation Question 3.

Key informant interviews were conducted with 128 respondents to concretely explore collaboration arrangements, challenges and benefits. Five target groups of interviewees comprised the sample: 1) representatives of USAID/Rwanda staff and other USAID staff based outside Rwanda, 2) national- and 3) district-level implementing partner staff, 4) the international donor community and development partners, and 5) Government of Rwanda representatives at national and district levels. KIIs, together with the FGDs, were the key data sets generated by the evaluation team to respond to the evaluation questions. The distribution of key informants by category is presented in the table below.

Table 1: Distribution of KII respondents

<table>
<thead>
<tr>
<th>Respondent Category</th>
<th>Respondent Nos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>USAID/Rwanda</td>
<td>21</td>
</tr>
<tr>
<td>USAID/Other</td>
<td>6</td>
</tr>
<tr>
<td>Implementing Partner National</td>
<td>32</td>
</tr>
<tr>
<td>Implementing Partner District/Sector</td>
<td>35</td>
</tr>
<tr>
<td>Non-CHAIN Implementing Partners and others</td>
<td>3</td>
</tr>
<tr>
<td>GOR National Officials</td>
<td>2</td>
</tr>
<tr>
<td>GOR District/Sector Officials</td>
<td>25</td>
</tr>
<tr>
<td>Donor representatives</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>128</td>
</tr>
</tbody>
</table>

Focus group discussions were facilitated in a limited sample of five sectors, located in each of the five provinces visited during fieldwork. These discussions, which integrated the participatory data collection techniques of story-telling and service mapping, were conducted to understand how collaboration converged at site level to contribute to results. Three focus groups were facilitated at each site – one consisting exclusively of female beneficiaries, a second mixed sex beneficiary group, and a third group consisting of project community volunteers, according to protocols prepared beforehand they were all translated into Kinyarwanda. The instrument development process is described in more detail below. A Kinyarwanda-speaking evaluator facilitated the group, assisted by another Kinyarwanda speaker who took notes. An international team member observed the facilitation. The combined FGD team allowed for adaptive facilitation, and adjustments could be made during facilitation to optimize the aptness and quality of data collected. A total of 15 focus groups that included 154 participants were completed. Specific numbers and gender composition are detailed in Table 2 below.
Table 2: Numbers of FGD participants by type, gender and District

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Sector</th>
<th>FGD Type</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Women</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cadres</td>
<td>10</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Women</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed</td>
<td>2</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cadres</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mikingo</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cadres</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cadres</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mixed</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cadres</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td>89</td>
<td>65</td>
<td>154</td>
</tr>
</tbody>
</table>

A social network analysis was conducted based on secondary data from project documents and primary data from interviews. The purpose of this social network analysis was to develop a CHAIN-specific typology of collaboration and a revised sociogram, including dimensions in addition to those based on integrated work plan data. The social network analysis provides additional insight into the dynamics of collaboration amongst CHAIN partners.

Secondary data was also reviewed and incorporated to a limited extent in the analysis. Secondary data was included from Aid Tracker-plus and from a quarterly online survey administered by USAID and completed by IPs to track collaboration. Limitations to the utility of secondary data are described in the Limitations section of this annex.

**SAMPLING AND FIELDWORK**

The purpose of the site-based field work was to collect evidence on how collaboration efforts converged to deliver results for beneficiaries. However, collecting a representative data set was not a feasible prospect, given the evaluation’s time resource constraints. The objective was to obtain a data set that offered observable demonstrations of collaborative efforts and their results.

Site selection for the fieldwork was purposive, and progressed through two stages. First, the Evaluation Team did an initial selection of sites using the interactive GIS mapping prepared by USAID that showed CHAIN interventions and active implementing partners from sector level up. The primary criterion for this selection was to select locations, one in each province, where multiple CHAIN partners were active. A secondary, related criterion favored sites where collaboration included implementing partners operating in different technical sectors, health and economic growth being the two major technical sectors participating. A third key criterion was ensuring that all five provinces, including Kigali City, were
represented in the sample. A final consideration was accessibility, given the limited time available for fieldwork, although this criterion was not applied to the consistent exclusion of geographically challenging locations.

The second stage involved working through the initial site options with USAID/Rwanda and implementing partners, to ensure that the GIS information upon which site selection was based was accurate, and that the evaluation team’s selection met its criteria-based protocol. This additional step proved critical, as key developments in implementation, such as the withdrawal of partners from certain districts, meant that some of the GIS information was outdated. The initial site selection was adjusted as USAID and implementing partner inputs were taken into consideration; however, the adjustments remained consistent with the criteria-based selection.

The final geographic distribution of sample sites is shown in Table 3 below. KIIs with district officials and IP field staff were conducted in each district and FGDs in one sector in each district.

**Table 3: Geographic distribution of fieldwork sites**

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
</tr>
<tr>
<td>Western</td>
<td>Nyabihu/Rubavu</td>
<td>Kabatwa</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
</tr>
</tbody>
</table>

While site selection was purposive, the recruitment of participants for focus groups was done by the implementing partners, and is understood to have been primarily convenience-driven, though again guided by criteria set by the evaluation team for each group. These criteria included the gender and the number of participants, as well as their role as either beneficiary or community volunteer in service of the activity. KIIs conducted during the fieldwork at district and sector levels were also largely convenience-driven but guided by purposive criteria, in that those available from a list of preferred respondents (members of the JADF or DPEM) were interviewed, and also field staff of implementing partners present in the district.

These multiple primary data sources – FGDs and KIIs – from each individual selected site allowed for triangulation of evidence to realize the objective of understanding how collaboration converges at site level for results. Finally, deliberately rotating some evaluation team members through the data collection activities – FGDs and KIIs – strengthened the qualitative inquiry, as team members emerged from the fieldwork having been exposed to perspectives from beneficiaries, community volunteers, implementing partners and district-based government officials.

**Key Informant Interviews**

KIIs at central level were also a purposive sample, and most of these were supplied by USAID/Rwanda. The USAID/Rwanda list included almost every member of staff with some consequential connection to the project included. USAID staff from outside Rwanda were also selected because of their past involvement or strategic view on the CHAIN project. The selection of IP respondents at national level was also purposive, and focused on partner senior leadership for strategic inputs, and senior technical management for an operational perspective. A smaller number of other development partners and appropriately placed Government of Rwanda national technical personnel were also on the list suggested by USAID.
DATA COLLECTION INSTRUMENTS

FGDs were guided by a protocol developed collaboratively by the evaluation team. Once an initial draft of the protocol content had been produced, a smaller team consisting of the local evaluators and led by the collaboration specialist (who also brought expertise in participatory data collection methodologies to bear), focused on refining the content details, structure, and sequencing. The entire evaluation team reviewed and approved the English version, which was then translated into Kinyarwanda by a team member, and translated from Kinyarwanda back into English by another team member, to control for language fidelity issues. A further review was conducted by the entire evaluation team after the translation process, considering all aspects of content, structure, and language fidelity, before the protocol was finalized.

Semi-structured interview guides were developed for each key informant target respondent group in advance. USAID/Rwanda reviewed draft instruments before interviews commenced.

ANALYSIS OF PRIMARY DATA

The translation of FGD notes began during fieldwork and was completed soon after fieldwork ended. The FGD transcripts were then coded into categories developed collaboratively by the entire evaluation team. Code development was informed by a brief review of the transcript content and the team’s experience in the field. The pre-formulated codes worked satisfactorily in the coding process. The Kinyarwanda speakers on the team, coded the transcripts, while the English speakers supported with quality control. The quality control process involved recoding selected translated transcripts and comparing the results with the coding of the same transcript by other team members. After a round of intensive quality control with no significant adjustments to coding required, the process was reduced to reviewing of submitted code sheets by the team’s collaboration specialist. Once completed, the FGD code sheets were disseminated to the entire Evaluation Team for use. Further analysis linked to Evaluation Question 5 was also carried out by the facilitators and note-takers for the FGDs.

The analysis of KII data was also guided by a coding protocol. Once interviewers had prepared electronic transcripts of a portion of their interviews, a coding framework was developed relevant to each evaluation question. Because it was anticipated that pre-formulated codes might not always prove applicable to the interview content, the coding sheets were designed to accommodate additional observations, and, as a result, adjustments could be made in the analysis. Once completed, coding sheets were disseminated amongst the team for review and further analysis in response to the evaluation questions.

ETHICAL CONSIDERATIONS

The Evaluation Team developed protocols to insure privacy and confidentiality prior to any data collection. All key informant interviewees and focus group participants were asked for their oral consent to participate in the groups or interviews. The consent was informed, and all participants were assured of privacy and confidentiality of information they provided. The consent request was scripted to ensure that all aspects of the informed consent were routinely covered. The scripted content can be reviewed in the appended copies of the data collection instruments.

All individual data, whether qualitative or quantitative, including quotes and quantitative analysis, have subsequently been presented without information that could lead to identification of individuals. Codes were developed to replace names and have been used throughout the analysis of data. Other identifying information on interview guides and other data collection instruments have been used exclusively by the evaluation team in their analysis and removed prior to the submission of data sets.
LIMITATIONS

The evaluation was subject to some limitations, which the evaluation team attempted to mitigate wherever possible.

- The purposive selection of only five implementation sites, representing a restricted number of implementing partner combinations and collaboration arrangements, limits the generalization of findings from the district visits. However, we saw themes emerge across KII in several districts, which suggest some common issues exist. Interview data from IP staff at central and district levels were also consistent.

- Focus groups were recruited by implementing partner staff, which may have introduced selection and reporting bias into the data. The Evaluation Team conducted the analysis with a sensitivity towards potential bias, and, where detected, findings have been appropriately qualified. Probes for negative as well as positive responses helped to mitigate this effect.

- Reporting bias might also arise from interviews with USAID personnel and IP staff, who may have an interest in emphasizing the benefits and positive aspects of collaboration. We saw only a few instances of this in a handful of IP interviews. Triangulating data from different categories of informants has, we think, limited this problem.

- The substantial fieldwork and primary data collection burden was not adequately accommodated within the short period allowed for the in-country portion of the evaluation. Completing KII and making visits to five sites across the country required a significant investment of time, leaving insufficient time for translation, coding, and analysis and team deliberations to jointly formulate findings and other content for the report while in-country. These tasks were completed via virtual communication after the expatriate staff left Kigali.

- A number of additional problems were encountered during fieldwork, including changes in the availability of scheduled respondents, and the fact that Nyabihu district officials could not be interviewed and were replaced by officials from Rubavu district, which ultimately limited the comprehensiveness the site level data set. This has not compromised the quality of the evaluation significantly, as the evaluation team has triangulated data from multiple sources and qualified findings as necessary.

- Secondary quantitative data, and Aid Tracker-plus data in particular, proved less useful in responding to the evaluation questions than initially anticipated. The key limitation is that there is no credible way of linking most of the performance data to collaborative activities and thereby credibly attributing a measurable performance effect to collaboration. Adopting collaboration indicators such as those recommended in this evaluation would allow for quantitative analysis of collaboration’s contribution to activity level results in the future.

- It is not possible to assign degrees of collaboration to each IP that differentiates one from another, and might be linked to some overall level of “performance.” It may not be possible to identify one indicator of the many reported by different activities in the CHAIN project that can be considered the best indicator of overall performance, especially given the difficulties involved in setting targets.
### Evaluation Matrix

This evaluation matrix connects the evaluation methods to questions. Often more than one method can be employed in an analytic activity to obtain evidence to address more than one question. For each evaluation question (working backwards – right to left) list the evaluation method, data source and sampling that will be used to obtain results and/or evidence needed to address the specific evaluation question.

#### Evaluation Matrix (read across to connect numbered methods with numbered data sources/target groups)

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Data Collection Methods</th>
<th>Data sources / target groups (Sampling/Selection Criteria)</th>
<th>Data Analysis Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the CHAIN Project and its associated activities been the most effective way for USAID/Rwanda to implement USAID’s Multi-Sectoral Nutrition Strategy? How could USAID/Rwanda better structure cross-sectoral nutrition activities in its future nutrition project(s)?</td>
<td>This evaluation question requires the aggregation of findings from all the other evaluation questions. The question will be answered by drawing upon the combination of methods used and results obtained in answering Questions 2-5 below, and drawing appropriate conclusions and to make recommendations.</td>
<td>Data sources and target groups as noted below, for each question and data collection method. Also: KIIs with other donors</td>
<td>Analyses performed as noted below, for each data collection method.</td>
</tr>
<tr>
<td>2. How have CHAIN’s cross-office investments (e.g., PEPFAR, Economic Growth, Democracy and Governance) contributed to the achievement of CHAIN’s high-level results?</td>
<td>1) Review of aggregated performance data</td>
<td>1) AID Tracker data, Mission PPRs, and supplementary IP performance data, (if needed)</td>
<td>1) Descriptive statistical analysis comparing IP contribution by technical sector, drawing inferences by collaboration category, if possible.</td>
</tr>
<tr>
<td></td>
<td>2) Individual KIIs</td>
<td>2) USAID/Rwanda and USAID/WDC staff 2) IP representatives 2) GOR informants at national level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) KIIs with groups of informants and, if appropriate participatory, structured discussions with key informant groups</td>
<td>3) USAID/Rwanda staff 3) Representatives of selected IPs</td>
<td>2) and 3) Content analysis of KIIs and group discussion data focusing on mechanisms and perceptions of the extent of their contribution, disaggregated by USAID office</td>
</tr>
<tr>
<td>3. To what extent have the development hypothesis and results framework proposed in the CHAIN PAD been verified and how could they be improved?</td>
<td>1) Document review</td>
<td>1) CHAIN PAD, integrated work plans, IP work plans, CDCS, Multi-Sectoral Nutrition Strategy, activity reports, and others as needed.</td>
<td>1) Map how activities in each mechanism are assumed to contribute to results</td>
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<td>Evaluation Questions</td>
<td>Data Collection Methods</td>
<td>Data sources / target groups (Sampling/ Selection Criteria)</td>
<td>Data Analysis Method</td>
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<td>2) Secondary analysis of performance data to date</td>
<td>2) AID Tracker data, IP performance data, as appropriate</td>
<td>2) Assess progress on performance indicators to date to determine extent to which performance validates development hypothesis and results framework</td>
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<td>3) KIIs, individual and grouped</td>
<td>3) and 4) USAID/Rwanda staff; CHAIN IP staff (IPs in CHAIN PAD); GoR informants at national and district level</td>
<td>3) and 4) Content analysis</td>
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<td>4) Structured discussions with groups of key informants</td>
<td>4) USAID/Rwanda staff; CHAIN IP staff (IPs in CHAIN PAD); GoR informants at national and district level</td>
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<td>4. How have the coordination and collaboration approaches developed under CHAIN contributed to the achievement of activity-level and project-level results? How could these approaches be refined/improved in future projects?</td>
<td>1) KIIs, individual and group; Quarterly surveys of implementing partners (USAID)</td>
<td>1) Content analysis of KIIIs and group discussions</td>
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<td>3) Rapid collaboration mapping</td>
<td>3) Mapping exercise during KIIIs with all CHAIN IPs, supplemented by KIIIs conducted with IP staff during site visits.</td>
<td>2) Compilation of responses and triangulation with KII analyses examining trends in attitudes over time</td>
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<td>3) A typology of types of common collaboration (knowledge sharing, resource sharing, etc.) nodes or degree of collaboration, visual representation of CHAIN collaboration network. The details obtained during interviews and site visits could also help the team to discover unintended consequences, both positive and negative, of collaboration.</td>
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WHOLE-OF-PROJECT PERFORMANCE EVALUATION OF THE CHAIN PROJECT RWANDA/ 32
ANNEX III. DATA COLLECTION INSTRUMENTS

FINAL

Key informant interview guide #1 For interviews with: USAID/Rwanda – CHAIN PMT, Other USAID program directors, and USAID/WDC staff

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the CHAIN Project. I would like to ask you some questions about the project’s activities.

The interview usually takes about ______ minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

USAID/Rwanda staff:

1. Please tell me, what is your role in the CHAIN Project?

   (for 'other directors’ – Please tell me what your relationship is to the CHAIN Project?)

2. How do you think the efforts/investments made by your office have contributed to the purpose of the CHAIN Project, e.g. to improve health and nutritional status, including stunting, for its target populations? (Q.2)

3. (If) You are part of the CHAIN PMT – do you think this structure is working well, or not? How. Please explain. (Q.4)

4. How actively do you participate in the PMT activities? Why? (Q.4)

5. How would you rate yourself in terms of your interest in promoting collaboration among CHAIN IPs/Activities? (Q.4)

   1 Low interest 2 3 4 5 6 7 8 9 10 High interest
6. In your opinion, are the processes that have been put in place to enhance collaboration among CHAIN Activities effective? (Q.4) Which ones work, in your opinion? Why? Which ones don’t work as well? Why?

Probe, but do not list:
   a. Participate in CHAIN PMT meetings? How often? Of any sub-group? What did you do in the sub-group?
   b. Working with your ‘buddy’ across offices? What or how did you work with him/her? (note: this applies only to certain PMT members)
   c. Site visits – have your participated in any, how often?
   d. Facilitate quarterly IP meetings
   e. Integrated work planning process
   f. Project review exercise

7. Have the arrangements for promoting collaboration among CHAIN partners changed over time? (Q.4) How?

8. Is there a process for sharing learning and knowledge between CHAIN partners? If so, what is it and how does this work? (Q.4)

9. In your opinion, has this collaboration enhanced the work of the activity(s) you manage? (Or, has this collaboration enhanced the work of the CHAIN Project IPs?) If so, how? (EQ.4)

10. Do you think the efforts in collaboration have resulted in any outcomes you didn’t expect? What were they? (Q.5, H1)

11. Has collaboration promotion under CHAIN improved efficiency in Activity implementation? Do you think it has resulted in cost savings? (Q.5, H2)

12. To your knowledge, has this collaboration burdened the Activity you manage (CHAIN Activities) in any way? If so, how? (EQ.4)

13. In your opinion, do you think the way CHAIN is operating, e.g. collaboration across partners and sectors, improved USAID’s contribution to addressing the problem of malnutrition in Rwanda? (Q.5 H3)

14. In terms of affecting the overall nutrition situation in Rwanda, how important do you think it is for organizations working in different sectors to collaborate, that is: (Q.1, 2)
   a. Be aware of each other’s activities? Why?
   b. Coordinate their activities? Why?
   c. Jointly monitor activities? Why?
   d. Meet regularly to discuss their activities? Why?
   e. Work within an integrated work plan? Why?
15. Are there other important ways to coordinate and collaborate on this problem?

16. From your perspective, do you think CHAIN’s approach to the problem of malnutrition in Rwanda – e.g. the cross-sectoral approach – is the best approach? (Q.2) Why or why not? (Q.2)

__________________

INTERVIEW GUIDE FOR USAID/WDC key informants

Additional questions for WDC informants (2) who have not worked in Rwanda on CHAIN:

17. What is the relevance of the collaboration effort to the efforts of the Bureau you work in (i.e. Global Health Bureau or Bureau for Food Security)? (Q.1, 2)

18. What is your perception of how it (collaboration activities) have been working? (Q.4)

19. What are the expectations for how the CHAIN experience might influence future programming (in your respective Bureau)? (Q.1)

20. What other models for implementing multi-sectoral collaboration are you aware of? Would you tell us a little about these? From your knowledge of the CHAIN Project, what do you think about how it compares with these other models? Please explain. (Q.1)
**Key informant interview guide #2** For interviews with national level IP staff

**Introduction and informed consent**

Hello. My name is ________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the CHAIN Project. I would like to ask you some questions about the project’s activities.

The interview usually takes about ______ minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_____________________________ (indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

1. Please tell me, what is your role in the _____________ Activity?

2. Has your organization established any formal or informal links or collaboration mechanisms with any other USAID Implementing mechanisms (activities?) If so, to which ones? (List activity names here) (EQ.2) Please describe these links or collaboration activities. (Provide room for multiple descriptions.) (Q.2)

3. Did you receive any assistance from USAID in order to establish these links/mechanisms? What was that assistance (may be posed as a list of multiple choices)? Was it useful? (EQ.4) Has your organization participated in any meetings, working groups, or communication mechanisms established for CHAIN partners? If so, please describe. If not, why not? (EQ.4)

4. If any are cross-sectoral linkages, has your experience working with IPs/Activities in sectors other than the one you work in (e.g., Health, Economic Growth, Democracy and Governance) been easier or more difficult than working with like partners? Please elaborate. (q.2)

5. Were there any organizational facilitators and/or barriers that you encountered in pursuing this collaboration? What were they? (EQ.4)

6. Do you think there are benefits to collaborating with other CHAIN partners? If so, what are these benefits? (EQ.1, 2) What disadvantages do you see, if any, in such
collaboration? (Q.1, Q.2) Have you noticed any ways in which collaboration may have hindered your work? (Q.5, H1)

7. If you have collaborated with a CHAIN partner, have you been able to achieve anything that you could not have achieved without that collaboration? If so, what was it? (EQ.1, 5)

8. Has this CHAIN collaboration strengthened achieving results? Have you noticed any other improvements in your work as a result of collaboration with other activities? (Q.3)

9. If you have collaborated (worked directly) in some way with another CHAIN partner, what has worked best for you in doing so, if anything? What’s not? (Q. 5)

10. Do you think that what you report to USAID (e.g., indicators) reflects well the value of your work? Does it reflect the results of your collaboration efforts? (Q.3)

11. Are there better ways to reflect what you’re doing? (Q.3)

12. If you have collaborated with a CHAIN partner, did you learn anything from this collaboration? If so, what did you learn? (EQ.1, 5)

13. If you collaborated, have you changed processes internal to your organization as a result of what you learned? If so, what did you change? (Q.1, 2, 5)

14. In terms of affecting the overall nutrition situation in Rwanda, how important do you think it is for organizations working in different sectors to: (Q.1, 2)
   a. Be aware of each other’s activities? Why?
   b. Coordinate their activities? Why?
   c. Jointly monitor activities? Why?
   d. Meet regularly to discuss their activities? Why?
   e. Do integrated work planning/develop integrated work plans? Why?

15. Are there other important ways to coordinate and collaborate on this problem?

16. Has collaboration (e.g., working directly with another) improved the efficiency of your (name of Activity)’s implementation? Do you think it has resulted in cost savings? (Q.5, H2)? Please mention any specific evidence of this you may have.

17. From your perspective, do you think CHAIN’s approach to the problem of malnutrition in Rwanda – e.g., the cross-sectoral approach and the focus on collaboration – is the best approach? (Q.2) Why or why not? What other approach do you think is better? (Q.2)

18. In your opinion, do you think the way CHAIN is operating, e.g., collaboration across partners and sectors, improved your organizations’ contribution to addressing the problem of malnutrition in Rwanda? (Q.5 H3) Why?
Key informant interview guide #3 For interviews with GoR national officials and other donors: nutrition technical officers, WASH specialist; donor agency representatives.

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the CHAIN Project. I would like to ask you some questions about the project’s activities.

The interview usually takes about minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer _______________________________ (indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

1. Please tell me, in your role as ______________, are you familiar with the CHAIN Project (explain – mention Activity names within CHAIN)?

CHAIN framework

2. Through the CHAIN Project, Implementing Partners being funded by USAID are trying to contribute to solving Rwanda’s health and nutrition challenges, taking an integrated (cross-sectoral) approach to address 4 priority intervention areas:

   a. Increasing awareness of, access to, and demand for high-impact health practices (e.g., WASH interventions, socially-marketed products …., key health services……., behavior change)

   b. Improving protection of vulnerable populations against adverse circumstances (e.g., improving care for OVCs, establishing savings groups and increasing income-generating activities, access to social services, child protection….)

   c. Increasing nutrition knowledge and adoption of appropriate nutrition and hygiene practices,
d. And improving performance/engagement by CSOs and local government, (e.g., supporting capacity development of local government and civil society, such as CSOs)

In your opinion, are these the right priorities to achieve GoR’s aims? (q.3)

3. Do you think these priorities cover the most important challenges confronting nutrition in Rwanda? (Q.3)

4. What challenges are not being addressed? (Q.3)

**Working across sectors:**

5. Have you established any formal or informal links or collaboration mechanisms with any technical staff in other ministries? If so, to which ones? (EQ.2)

6. Please describe these links or collaboration activities. (Provide room for multiple descriptions.) (Q.2)

7. Did you receive any assistance from USAID in order to establish these links/mechanisms? What was that assistance (may be posed as a list of multiple choices)? Was it useful? (EQ.4)

8. If any are cross-sectoral linkages, has your experience working with these colleagues in other ministries in sectors other than the one you work in (e.g., agriculture, local government, gender and family, etc.) been easier or more difficult than working with colleagues in your own sector? Please elaborate. (q.2)

**Collaboration focus of CHAIN:**

9. Have any of the CHAIN partner IPs (list) participated in any TWGs or other cross-sectoral activities initiated by you or your Department/Ministry? If so, which ones? (Q.2,4)

10. In your opinion, has their participation in these coordination activities enhanced your own work? If so, how? (EQ.4)

11. Do you think it would be easier or more difficult to achieve what you are aiming to do if you didn’t collaborate with staff in other sectors? Why? (Q.3, 5)

12. Have you noticed any improvements or detrimental effects in your work as a result of collaboration with other sectors? If so, what?

13. In your opinion, do you think that collaboration across partners and sectors, improves the GoR’s ability to address the problem of malnutrition in Rwanda? (Q.5 H3) Why?

14. In terms of affecting the overall nutrition situation in Rwanda, how important do you think it is for organizations working in different sectors to: (Q.1, 2)
   a. Be aware of each other’s activities? Why?
   b. Coordinate their activities? Why?
   c. Jointly monitor activities? Why?
d. Meet regularly to discuss their activities? Why?
e. Work within a common framework? Why?

15. Are there other important ways to coordinate and collaborate on this problem?

For other donors:

16. How do you conceptualize the nutrition problem here in Rwanda? What are the priority areas your organization is addressing? (Q.3)

What interventions are you funding or think most important? (Q.3)

17. From a multi-sectoral viewpoint, what other interventions do you think are needed (if any) that are not now being funded by donors in Rwanda? Please elaborate.
Key informant interview guide #4 For interviews with local IP staff in Districts and Sectors

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the collaboration and coordination among the Activities of which_(NAME OF IPs Activity)_ is a partner. I would like to ask you some questions about the project’s activities.

The interview usually takes about minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary, and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

(Fill in participation register)

1. What is your job on the ________________ Activity?

2. Are you coordinating or cooperating with any other CHAIN partners? Have you made any links with these other partners – either formally or informally? (q.5)

3. With whom? Please describe what is it that you are doing with X [be specific]. Probe: what steps did you take to make that happen? How did you make that link/connection? (Q.5) Probe: are there any other things you are doing together with X?

4. Have you got any connections to other organizations or programs? (Q.5) Probe: I mean including links to government, other donor programs, anyone else providing services in this district/sector?

With whom? What is it [be specific] Probe: what steps did you take to make that happen?

5. Why have you made these links with the others? [Note: this is about any link mentioned] (Q. 5)

6. Did you get assistance from anyone in order to make these links? (Q.4)

7. Is that linkage helping you achieve your aims or not? Please explain. (Q.5)
8. Do you think it would be easier or more difficult to achieve what you’re aiming to do if you didn’t collaborate with (name of organizations)? Why? (Q.4, 5) [Repeat for each partner mentioned, if more than one partner mentioned.]

9. In that relationship, what has worked best for you? Why? (Q.4, 5)

10. What’s not working so well? Why? (Q.4)

11. Is there any way this (these) relationship(s) could be improved? Please describe. (Q.4)

12. Is there anything else you’d like to tell us that you think would be helpful?
Key informant interview guide #5 GoR district officials: members of DPEM, JADF

Introduction and informed consent

Hello. My name is _____________________, and I work with GH Pro, an organization that USAID has commissioned to assess at mid-term the collaboration and coordination among the Activities of which (NAME OF IPs Activity)_ is a partner. I would like to ask you some questions about the project’s activities.

The interview usually takes about        minutes.

Your individual responses will be treated confidentially. Your participation is completely voluntary, and you are free to withdraw at any time and can choose not to answer specific questions. However, we hope that you will participate in this evaluation since your answers are very useful to us. Before we begin do you have any questions or concerns? Are you ready to begin?

Signature of interviewer_______________________________________(indicates that informed consent has been received).

Name of respondent:

Title:

Organization:

Date of interview:

Interviewer:

(Fill in participation register)

1. What is your role in the (DPEM, JADF)?

2. Partners being funded by USAID are trying to contribute to solving Rwanda’s health and nutrition challenges by addressing 4 priorities:
   - Increasing **knowledge** about nutrition and good hygiene;
   - Increasing **demand for and access to** relevant, and high quality **services**, for example ;
   - Increasing the **capacity** of communities and families **to care for** their **vulnerable** members, for example through savings groups and income generating activities;
   - And supporting **capacity development of** local **government and** civil society like **CSOs**.

   In your opinion, are these the right priorities to solve the nutrition problem? (Q.3)

3. Do these priorities cover the most important challenges confronting District X in the areas of health and nutrition? What challenges in those areas are not being addressed, if any? (q.3)
4. Do you think that the interventions that the USAID partners are implementing in this district are addressing these health & nutrition priorities? Are these interventions responding to the Districts needs? And if you see gaps, what interventions are missing? (Q.3)

5. Are any of the following programs (USAID IPs activities names) participating in DPEM / JADF meetings? Which ones are you aware of? Has this partner’s participation been useful to the work in your District? In what ways? (Q.4, 5)

6. From your perspective, which organizations do you think are coordinating their services or activities better than others? Who are they? Why do you say that? (Q. 5)

7. Aside from the USAID _______ (Name of Activity of all CHAIN IPs working in the districts), are there other donors funding activities in this district? Who are they? (Q.5)

8. To your knowledge, are any of these donor programs delivering interventions or services similar to those the USAID partners are delivering? If so, which ones? (Q.4) 
   NOTE: Come with some knowledge of the District Development plan for the district.

9. What processes are in place to encourage coordination and collaboration between programs? (Q.4) (Probe: are you aware of the CHAIN district coordination platform (in this district)?

10. Could you give us some details about each of these processes? (Q.4)

11. Which of these processes are most effective? Why? (Q.4)

12. Are any of these processes not effective? Why do you say so? (Q.4)

13. What are the challenges in your work to coordinate all the different entities that are working in this district to improve the nutrition situation? Please explain. (Q.4, 5)

14. In your opinion how much progress is District X making in terms of addressing the challenge of malnutrition you face? (Q. 1,5) Why do you say that?
## Site Visit Record

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<td>Implementing Partner and Activity Names at this site</td>
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<td>Lead IP focal person and contact information</td>
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In Notes/events column record any special events observed, continue description or detail in Notes box at bottom of form.

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| IP office and Activity Name | Contact information | | | | |
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| Interviewee                 | Contact information | I or G | Complete | Notes/events |

Focus Group discussions organized by:

| IP office and Activity Name | Contact information | | | | |
|-----------------------------|---------------------|---|---|---|
| Lead IP                     |                      |  |  |  |
| FGD target group            | Complete             | Notes |

|.IP office and Activity Name | Contact information | | | | |
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| Interviewee                 | Contact information | I or G | Complete | Notes/events |

| IP office and Activity Name | Contact information | | | | |
|-----------------------------|---------------------|---|---|---|
| Interviewee                 | Contact information | I or G | Complete | Notes/events |
**Notes:**

**CHAIN areas of collaboration**

Have services been expanded? How many multi-partner CHAIN events has your organization attended? Savings and Loan Groups; Train and promote NRVCC; Link women to professional services; Expand production; Facilitate beneficiary sharing; Increase PDPM capacity; Build technical skills; Strengthen OVC monitoring; Harmonize BCC & indicators

Improve seed supply
(CSO volunteers, CHWs, social support, AG Extension agents, Child Protection workers, etc.)

Date of Activity (dd/mm/yyyy): ______________________ Number of participants: __________

Focus Group with (circle one): MEN WOMEN

Location: District _____________________________ Sector _____________________________

Activity IP name: ______________________________

Name of Facilitator: ____________________________ Name of Note-taker: __________

Name of Observer: _____________________________

Introduction and Informed Consent.

Thank you all for coming. My name is _____________________ and my colleagues are______________, our note-taker, and ________________, our observer. USAID has asked us to talk with people receiving services from (Name of Activity). We would like to ask you a range of questions about the project’s activities and the assistance it provides to community members.

This focus group is part of a series of discussions being carried out in sectors and districts in all provinces (N., S., E., W. and Kigali). We are also carrying out focused discussions with activity beneficiaries. You were selected because one of your responsibilities is working with [Activity #1, Activity #2, Activity #3, etc.] and you have an important perspective. This discussion will take just over an hour.

Informed Consent

The answers and information you give will be completely confidential. We will explain what people in this community and others think in a report but we will not mention any names. We will be taking notes on this discussion because we want to be sure that we capture your words as accurately as possible. Your personal contributions and views will not be shared with anyone else in a way that can identify you. We are very interested in hearing different viewpoints. There are no right and wrong answers. We are just interested in what you really think. It is very important that you speak one at a time, as otherwise we will not be able to hear or understand you.

Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. In addition, feel free to ask us questions during the interview. Before we begin do you have any questions or concerns regarding this discussion? [No questions = participants have given consent. Note quests.]
Witness of consent to participate.

I have read the relevant information sheet to the potential participants and have ensured that they understand the objective and process of the research. I confirm that the participants were given the opportunity to ask questions, were told that they may refuse to answer any question, they can leave the FGD at any time, and that I have answered these and that the individuals have consented freely.

Name and signature of facilitator: ________________________________

Name and signature of note-taker: ________________________________

☐ Introduction given
☐ All participants are working with a CHAIN activity
☐ Oral Consent read and agreed upon

Ikiganiro mu itsinda

Abajyanama b’ubuzima n’abafashamyumvire ba CHAIN

(abakorerabushake, abajyanama b’ubuzima, abafasha myumvire, abakora iyamamaza buhinzi, abajyanama ku byerekeye kurengera abana, etc.)

Itariki y’ikiganiro (Itariki/Ukwezi /Umwaka): ____________________

Umubare w’abitabiriye ikiganiro: _________

Abitabiriye ikiganiro (Ca akaziga): Abagabo Abagore

Aho ikiganiro cyabereye: Akarere _______________________________ Umurenge _________ _______________________________

Umufatanyabikorwa na USAID: __________________________________________

Izina ry’uhuza ibiganiro: ________________________________

Izina ry’ufata ibiganiro/ umwanditsi: ______________________________

Izina ry’ureberera ikiganiro: ________________________________

Gutangiza ikiganiro no kumenyesha uburenganzira ku bushake mu gusubiza

Mwakoze kuba mwaje. Nitwa _______________________ na bagenzi banjye aribo _______________________ bafata ikiganiro/ na ___________________ ureberera ikiganiro. USAID yadusabye
kuganira n’abagenerwabikorwa b’imishanga itera inkunga harimo n’uyu wa (……………). Twifuza
kubabaza kuganira ku bibazobijyanye n’ibikorwa na serivisi ufasha abaturage mukorana.

Iki kiganiro ni kimw mu biganiro bitandukanye mu mirenge no mu turere mu ntara zose n’umujyi wa
Kigali (Amajyaruguru, Amajyepfu, Iburasirazuba, Iburengerezuba, Umujyi wa Kigali). Turaganira kandi
n’abegenerwabikorwa b’uyu mushinga. Mwatoranyijwe haherewe ku nshingano mufite muri iyi mishanga
(Umushinga 1, Umshinga 2, Umsushinga 3, etc.) kandi mufite icyerekezo cyiza. Iki kiganiro kirarama isaha
irenga gato.

**Uburenganzira bwo gusubiza ku bushake.**

Ibisubizo n’amakuru mutanga bizaba ari ibanga.Tuzavuga muri raporo ku bitekerezo byanyu
mwatugaragarije ariko ntituzavuga amazina yanyu.

Turandika ibyo tuvugana muri iki kiganiro kuko twifuza kwandika neza ibyo mwivugiye. Uruhare rwanyu
n’ibitekerezo byanyu ntawe tuzabisangiza ku buryo yamenya ababivuze. Twrishimira kubatega amatwi ku
bitekerezo byanyu bitandukanye. Nta bisubizo byiza cyangwa bibi. Twebwe icyo twifuza ni ibitekerezo
byanyu. Ni byiza ko abantu batajya bavugira rimwe kugirango dushobore kumvikana.

Uruhare rwanyu ni ubushake kandi mwava mu kiganiro igihe cyose mushobora kudusubiza ikibazo
runaka. Mwisanzure mu kutubaza ibibazo muri iki kiganiro. Mbere yo gutangira, hari ibibazo cyangwa
ibisobanuro mufite birebana n’iki kiganiro? (Nib anta bibazo = abitabiriye bemeye kuganira. Andika
ibibazo)

Ubuhamya bwo kwemera gusubiza ku bushake ibibazo by’ikiganiro:

Nasomeye abitabiriye ikiganiro amakuru ajyanye nacyo kandi bumvise icyo ikiganiro n’ubushakashatsi
bigamije. Ndemera ko abitabiriye ikiganiro babonye urubuga rwo kubaza ibibazo, babwiwe ko bafite
uburenganzira bwo kudusubiza ikibazo runaka, bashobora kwivana mu kiganiro igihe cyose, kandi ko
nashubije ibyo ibibazo, bityo buri wese yabyemeye ku bushake.

Izina n’umukono by’uhuza ibiganiro: ______________________________

Izina n’umukono by’ufata ibiganiro: ______________________________

Izina ry’ureberera ikiganiro: ______________________________

☐ Iriburiro mu gutangiza ikiganiro ryakozwe

☐ Abitabiriye ikiganiro bose bakorana n’umushinga wa CHAIN

☐ Amabwiriza areba gusubiza ku bushake yasomwe kandi yumvikanyweho

Kwemera gusubiza ku bushake ibibazo by’ikiganiro:

Nasomeye abitabiriye ikiganiro amakuru ajyanye nacyo kandi bumvise icyo ikiganiro n’icyo
ubushakashatsi bigamije.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Comments/Follow up Questions/probes</th>
</tr>
</thead>
</table>
| **Icebreaker:** Before we begin, let's quickly introduce ourselves to each other. Please share 1) your name and 2) in what capacity do you work with [X Activity].

*Mbere yo gutangira, mureke tubanze twibwirane. Wavuga 1) amazina yawe, 2) icyo ukora mumshinga X.*  
| Notes: |
| **1.** We are talking about the service you provide through [Activity #1, Activity #2, Activity #3]

What services are you providing to people in your community?

*Turashaka kuganira kubijyanye na serivisi mutanga muri iyi mushinga (umushinga 1, umushinga 2, umushinga 3)

**Ni iyihe servisi mutanga ku bagenerwabikorwa b’aho mukorera?**  
| (This is a first level of questioning to elicit a list of facts, or details.)  
| • List of services (so we know what they do) and Activity name  
| • Try to capture numbers responding and which kinds of assistance

(Uru ni urwego rwa mbere rwo kuganira rufasha kwerekana ibishingirwaho, cyangwa gusenngura byimbitse.)

• Urutonde rwa servisi (bityo tukamemya icyo bakora) mu mushinga runaka

Gerageza kumenya imubare w’abasubiza n’icyo bakora|
| Notes: |
| **2.** Do you know if there are other programs that provide similar service to the ones you provide in this sector?

*Ese mwaba muzi niba hari indi mishinga itanga service zisa n’izo mutanga muri uyu murenge?*

| (redundancy and span of CHAIN services)  
| Probe: If they respond YES:

• **Who?** Names of CHAIN and non-CHAIN activities (names of other activities, including non-USAID funded programs.)

• **What kinds?** What are they doing?

• Try to hear from all respondents

(serivisi zimwe za CHAIN zikorerwa mu murenge)

Niba bashubije yego:

• **Bande?** Imsishinga ya CHAIN n’itari iya CHAIN (amazina y’iyo mishinga yindi, harimo n’idaterwa inkunga na USAID)

• **Izihe servisi?** Ese bakora iki?

• Gerageza kumva abasubiza bose

Notes: |
| **3.** How did you find out about these other programs (that provide the same service)?

| (Informal networks OR formal relationships)  
| Probe: |
### Notes:

4. **Do you know if any of your clients/beneficiaries are getting the same service you provide from other programs?**

   - Are you encouraged, or required, to tell your clients about them?
   - Ese wumva ari nshingano zawe kubwira abakiriya bowe ibijyanye n’iyo mishanga cg ubikora kubushake bwawe?

### Notes:

5. **Have you referred any of your clients/beneficiaries to other programs for assistance?**

   - Ese mwaba mwarigeze koherenze abakiriya / abagenerwabikorwya banyu mu yindi mishanga ngo babone ubundi buffasha bakeneye?

### Notes:

<table>
<thead>
<tr>
<th>4.</th>
<th><strong>Do you know if any of your clients/beneficiaries are getting the same service you provide from other programs?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Mwamenye gute iyo mishinga (itanga serivisi zimeze nk’izanyu?)</strong></td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

#### Notes:

- **Why do they go there as well? What is the difference?**
- **Names of CHAIN and non-CHAIN activities (names of other activities, including non-USAID funded programs.)**
- **Kuki bajyayo? Itandukanyirizo ni irihe?**
- **Imsishinga ya CHAIN n’itari iya CHAIN (amazina y’iyo mishinga yindi; harimo n’idaterwa inkunga na USAID)**

#### Notes:

- **Why did you send them there?**
- **How does this work?**

  - **Make note of whether mechanism are:**
    - **Formal**
    - **Informal**

  - **Probe – are there referral forms, do case records include a report of referrals or x-activities**

#### Notes:

- **Andika inzira bikorwamo:**
  - **Inzira isanzwe izwi /Formal**
  - **Inzira yihariye /Informal**

- **Baza – ese hari impapuro zo kwohereza abakiriya ahandi (referral forms), kwandika ibijyanye na buri mukiriya harimo na raporo ku boherejwe ahandi cyangwa serivisi runaka?**
### Notes:

#### 6. We’ve already heard about how some of you are making referrals. How else if at all do you work with other programs?

Twumvise ko bamwe muri mwe bohereza abakiriya/ abafatanyabikorwa ahandi. Mukorana gute n’ibo mishanga yindi?

(collaboration continuum – networking, cooperation, coordination, collaboration, integration)

- **Which** other programs?
- **How** are you working with them? (e.g., training, presentations, receiving kits, condoms, IEC material, etc.)
- Do you also get referrals from those other projects? (both ways?)
  - Iyihe mishinga?
  - Mukorana gute nabo?
  - (Ingero: amahugurwa, kwerekana ibikorwa, baduha ibyo twifashisha mu kazi, udukingirizo, Ibikoresho byo gucengeza/kwamamaza ibikorwa /IEC, n’ibindi.)
  - Ese hari abakiriya namwe mwakira baturutse mu yindi mishanga?

#### 7. In your opinion, in terms of health and nutrition, what client/beneficiary needs are **not** being met?

Uko mubyunva, mu bijyanye n’ubuzima n’imirire, n’ibiki umukiriya/ umugenerwabikorwa wanyu akenera ariko ntabibone?

(gaps)

- What kinds of service do your clients need? (icyuho)
- Ni izihe serivisi zindi abakiriya banyu bakenera?

#### Notes:

**COMMUNITY MAPPING: ISHUSHO YAHO BATUYE**

#### 8. FGD participants who know of other programs will volunteer to “walk” the evaluation team around the locality to ground understanding of the ease of access in physical and temporal realities.

Abari mu kiganiro bazi iyo mishanga yindi itandukanye tumaze kuganira ho, bakwereka itsinda rikora isuzuma uko ibintu biteye mu murenge bakoreramo kugirango humvikane uko imikoranire iteye

(Ease of access)

- The team will sketch a rough map of major landmarks and service access points relevant to CHAIN collaboration
- Locations of CHAIN service access points
  - Names of other CHAIN IPs (activities) in the sector
  - Non-CHAIN or non-USAID donors
- Residential areas
- Services and providers

**Materials:** FC paper, markers (blue, black, red), masking tape

Itisinda ryashushanya ikarita yerekana ahantu h’ingenzi, na serivisi zihatangirwa byerekana imikoranire hagati y’imishinga ikorana na CHAIN.

- Aho serivisi za CHAIN zitangirwa
### Project Performance Evaluation of the CHAIN Project Rwanda

**mu gutanga serivisi, ari mu kuyigeraho ndetse n’ikoreshwa ry’igihe.**

| o Amazina y’abandi bafatany a bikorwa ba CHAIN bakorera mu murenge |
| o Abaterankunga batari aba CHAIN cyangwa abatari aba USAID |
| - Aho abantu batuye |
| - Serivisi n’abazitanga |

**Ibikoresho byifashishwa:** urupapuro runini, ikaramu (ubururu, umukara, umutuku)
FOCUS GROUP GUIDE: CHAIN Beneficiaries

Date of Activity (dd/mm/yyyy): ______________________ Number of participants: ________

Focus Group with (circle one): MEN WOMEN

Location: District __________________________ Sector __________________________

Activity IP name: __________________________________________________________

Name of Facilitator: ________________________ Name of Note-taker: ________________

Name of Observer: __________________________

Introduction and Informed Consent

Thank you all for coming. My name is ____________________ and my colleagues are ____________________ our note-taker, and ____________________ our observer. USAID has asked us to talk with people receiving services from (Name of Activity). We would like to ask you a range of questions about the project’s activities and the assistance it provides to community members.

This focus group is part of a series of discussions being carried out in sectors and districts in all provinces (N., S., E., W. and Kigali). We are also carrying out focused discussions with community cadre workers, such as CHWs, AG extension workers, social support, etc. You were selected because you are the recipient of at least 1 service from (NAME) and have an important perspective. This discussion will take just over an hour.

Informed Consent

The answers and information you give will be completely confidential. We will explain what people in this community and others think in a report but we will not mention any names. We will be taking notes on this discussion because we want to be sure that we capture your words as accurately as possible. Your personal contributions and views will not be shared with anyone else in a way that can identify you. We are very interested in hearing different viewpoints. There are no right and wrong answers. We are just interested in what you really think. It is very important that you speak one at a time, as otherwise we will not be able to hear or understand you.

Your participation is completely voluntary and you are free to withdraw at any time and can choose not to answer specific questions. In addition, feel free to ask us questions during the interview. Before we begin do you have any questions or concerns regarding this discussion? [No questions = participants have given consent. Note any questions.]

Witness of consent to participate:

I have read the relevant information sheet to the potential participants and have ensured that they understand the objective and process of the research. I confirm that the participants were given the opportunity to ask questions, were told that they may refuse to answer any question, they can leave the FGD at any time, and that I have answered these and that the individuals have consented freely.
Name and signature of facilitator: ________________________________________________

Name and signature of note-taker: ________________________________________________

[pause] Participants sign attendance register.

☐ Introduction given

☐ All participants are working with a CHAIN activity

☐ Oral Consent read and agreed upon

IKIGANIRO MU ITSINDA RY’ABAGENERWABIKORWA BA CHAIN

__________________________________________________________________________

Itariki y’igikorwa (dd/mm/yyyy): _______________ Umubare w’abitabiriye: __________

Ibiganiro mu itsinda (circle one): Gabo Gore

Aho ikiganiro cyabereye: Akarere _______________ Umurenge _______________

Izina ry’umufatanya bikorwa: ________________________________________________

Izina ry’umuhuza w’ibiganiro: _______________ Izina ry’umwanditsi: __________

Izina ry’indorerezi: ___________________________

Kwibwirana no kwemera kwitabira ibiganiro

Mwakoze kwitabira . Jye nitwa _______________ na bagenzi banje aribo
________________________ umwanditsi , hamwe na _______________ ni indorerezi. USAID yadusabye kuganira
namwe bagenerwa bikorwa b’umushinga(Amazina y’umushinga). Twifuzaga kubabaza ibibazo birebana
n’umushinga hamwe n’ubufasha umushinga utanga kubagenerwabikorwa.

Iki kiganiro mu itsinda ni kimwe mu biganiro biri kubera mu mirenge, ndetse no mu turere no mu intara
(Amajyaruguru, Amajyepfu, Iburasirazuba, Iburengerezuba, Umuyi wa Kigali). Ibi biganiro birakorwa no
kubajynama b’ubuzima ndetse n’abafashamyumvire . Baguhisemko kuko uri umwe mubagenerwa bikorwa
b’umushingakandi ukuba ubusobanukiwe neza. Iki kiganiro kirarenza isaha ho gato

Kwemera kw’itabira ibiganiro k’ubushake

Ibisubizo n’amakuru uributanjye niibanga. Tuzasobanura ibayavuye mu bushakashatsi bikubiyemo
ibitekerezo by’abantu ariko nta mazina yabo tuzagaragaza. Muri biganiro tugirana turaza kuba tubyandika
kuko twifuza ko bigumana umwimerere wabyo. Uruhare n’ibitekerezo byawe muri biganiro bizaba ari
ibanga kuburyo ntawamenya uwaibanze.

Turanezezwa no kumva ibitekerezo byawe bitandukanye. Nta giterekoza kidafite agaciro. Ikidushishikaje
n’ukumena icyo utekereza. Ni byiza ko hajya havuga umwe umwe , kugirango tubashe kubumva neza.

Mbere yuko dutangira hari uwaba afite ikibazo kuri ubu bushakashatsi?

**Witness of consent to participate:**

I have read the relevant information sheet to the potential participants and have ensured that they understand the objective and process of the research. I confirm that the participants were given the opportunity to ask questions, were told that they may refuse to answer any question, they can leave the FGD at any time, and that I have answered these and that the individuals have consented freely.

**Name and signature of facilitator:** ________________________________

**Name and signature of note-taker:** ________________________________

[pause] **Participants sign attendance register.**

- □ Introduction given
- □ All participants are working with a CHAIN activity
- □ Oral Consent read and agreed upon
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<th>Comments/follow up questions/probes</th>
</tr>
</thead>
</table>
| **Icebreaker. Before we begin, let’s quickly introduce ourselves to each other – say your names and number of children in your care, if any?**  
*Mbere y’uko dutangira , mureke twibwirane , tuvuga amazina yacu n’umubare w’abana kubabafite?* | **Notes:**                                                                                                                                                                                                                        |
| 1. **[IP activity] provides assistance to you.**  
**What kind of assistance do you receive?**  
*Mwaba mubona ubuhe bufasha muri uyu mushinga?** | **(This is a first level of questioning to elicit a list of facts, or details.)**  
- Try to capture numbers responding and which kinds of assistance  
- Gerageza kumenya umubare w’abasubiza n’ubufasha bahawe n’umushinga  
**Notes:**                                                                                                                                                                                                 |
| 2. **Who receives assistance from other programs? Which programs? Any others?**  
*Ninde ubona ubundi bufasha buva mu yindi mishinga? Niyihe mishinga? Ntayindi?** | **(Breadth of services and span of programs)**  
- Names of CHAIN and non-CHAIN activities (names of other activities, including non-USAID funded programs).  
(servisizi zimwe za CHAIN zikorerwa mu murenge)  
  - Bande? Imishinga ya CHAIN n’itari iya CHAIN (amazina y’iyo mishinga yindi, harimo n’idaterwa inkunga na USAID)  
**Notes:**                                                                                                                                                                                                 |
| 3. **What kind of assistance is it?**  
*Ni ubuhe bufasha mubona muri iyo mishinga?** | **• What kinds of assistance or interventions (CHAIN or non-CHAIN)?**  
  - Types (health or nutrition, SLGs)  
  - Same? Different?  
  - *Ubuhe bufasha (buva muri CHAIN cyangwa mu yindi mishanga)*  
    - Mu rwego rw’ubuzima, imirire, amatsinda yo kubitsa no kugurizanya  
    - *Ni bimwe? Cyangwa biratandukanye?*  
**Notes:**                                                                                                                                                                                                 |
### 4. Tell us how you learned of the other program. **How did you get connected? Who told you?**

*Watubwira uko wamenye iyo mishinga yindi? Nigute wabashije gukorana nayo? Ninde wa yikubwiye?*

**(Referrals) From a person – who through another event, referral – from whom? Probe – other than a local official**

**Listen for:**
- Program – name(s) of CHAIN IPs or non-CHAIN
- CHW, AG Extension officer, or other community cadre
- Local authorities
- Neighbor
- Relative
- Other channels (TV, radio, posters, fliers)

**Probe:**

*To clarify, what about [X Activity] or other*

*Izina ry’umushinga wa CHAIN cyangwa utari uwa CHAIN*

*Umujyanama w’ubuzima, ushinzwe iyamama buhini, cyangwa undi mufashamyumvire*

*Abayobozi b’ibanze*

*Umuture*

*Uwo mu muryango*

*Ubundi buryo (nka radiyo, televisiyo etc)*

**Notes:**

### 5. It sounds like some of you are accessing multiple programs. We have limited time and you have great stories. Take a minute to think about what things this level of participation, in activities from several organizations, has brought to your family.

*Birumvikana ko hari kuba mu mishanga myinshi itandukanye hari abo byateje imbere. Mufite inkuru nziza mushobora kudusangiza ariko dufite akanya gato.*

**(Opinions or perceived benefit/drawbacks….of multi-sectoral programming and/or collaboration)**

**Probe – for the initial situation and the effect/change due to the multiple activities**

**Example – assistance with farming and family nutrition**

**Try to get 2 or 3 stories**

- List of perceived benefits
- Stories of the change in their lives
  - Positive or negative change
  - Try to get rich details (thick description) for contextualization, to understand the perspective of the respondents
  - Be attentive for unintended consequences
Can you point to anything noteworthy that has changed for your family? Can you give a testimonial?

<table>
<thead>
<tr>
<th>Can you point to anything noteworthy that has changed for your family? Can you give a testimonial?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fata akanya utekereze icyaba cyarihindutse m’ umuryango wawe ubikesha kuba ukorana n’imishinga myinshi itandukanye?</td>
</tr>
</tbody>
</table>

- Impinduka nziza bagize kubera serivisi cyangwa inkunga ziturutse mu mishangha itandukanye yaba nziza cyangwa mbi/imbogamizi
- Kumenya uko bari bameze mbere n’impinduka kubera imishinga
- Urugero: inkunga ijyanye no kunoza ubuhinzi n’imirire
- Hashakwa nk’ubuhamywa 2 cyangwa 3
- Urutonde rw’ibyo babona byabateje imbere
- Ubuhamywa bw’uko ubuzima bwabo bwahindutse

Notes:

6. Would you describe how you manage to access/get these different services? Tell me how this works.

<table>
<thead>
<tr>
<th>6. Would you describe how you manage to access/get these different services? Tell me how this works.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wadusobanurira uko ubasha guhuza ibikorwa byawe bya buri muns ni’ibyo imishinga itandukanye ubamo? Ese bigenda bite?</td>
</tr>
</tbody>
</table>

- Gaps or challenges to accessing multiple services
- Ex – travel/location, competing schedules, frequency of events/activities
- Probe for each unique service/activity:
  - How do you manage to access/get these different services? Tell me how this works.

<table>
<thead>
<tr>
<th>How do you manage to access/get these different services? Tell me how this works.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ese ushobora ute gufatanya ibikorwa byawe byaburi muns no kubariiza kuba mu mishanga myinshi itandukanye?</td>
</tr>
</tbody>
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- Gap or challenges to accessing multiple services
- Ex – travel/location, competing schedules, frequency of events/activities
- Probe for each unique service/activity:
  - Wadusobanurira uko ubasha guhuza ibikorwa byawe bya buri muns ni’ibyo imishinga itandukanye ubamo? Ese bigenda bite?

Notes:

(Oppportunity costs; ease of access)

- Gaps or challenges to accessing multiple services
- Ex – travel/location, competing schedules, frequency of events/activities
- Probe for each unique service/activity:
  - How do you manage to access/get these different services? Tell me how this works.

<table>
<thead>
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<th>(Opportunity costs; ease of access)</th>
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<td>How do you coordinate participating in more than one program along with your everyday life and activities?</td>
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</table>

- Ingorane muhora nazo zo kugerwaho na serivisi urugendo rurerure, gahunda zihurirana, ibikorwa biba inshuro nyinshi
- Kuri buri serivisi cyangwa igikorwa, baza:
  - Ikorerwa mu rugo iware?
  - Kugera aho itangirwa ni hafi?
  - Bigufata igihe kingana kuhagera? (iminota cyangwa amasaha harimo n’igihe cyo gutegereza)
  - Ese muri gahunda zawe, uteganyiriza igihe kingana ibikorwa bijyanye n’umushinga (iminsi inahe mu kwezi cyangwa mu cyumweru)

Notes:
7. Other than the services we’ve been talking about, are there other services that your family needs? What are they?

Uretse ubufasha kubijyanye n’ubuzima n’imirire, n’ubuhe bundi bufasha umuryango wawe waba ukeneye?

(unmet needs)

Probe – health and nutrition activities

Ibikenewe bindi bijyanye n’iby’ubuzima n’imirire

Notes:

8. Where could you find that kind of help?

Nihe wakura ubwo bufasha bundi?

Notes:

• Organization or public service

9. Have you tried to get those services from [that organization]? Why or why not?

Waba waragerageje gushaka ubwo bufasha bundi muri ibyo bigo? Yego/oya. Kubera iki?

Notes:
ANNEX IV. SOURCES OF INFORMATION

1. AEE, 2017 AEE Rwanda Expenditure Analysis Template, Kigali
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## ANNEX V. LIST OF KEY INFORMANTS INTERVIEWED

<table>
<thead>
<tr>
<th>Organization</th>
<th>Key Informant</th>
<th>Position/CHAIN activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td>Fulgence Afrika</td>
<td>Country Director</td>
<td>Kigali</td>
</tr>
<tr>
<td>ACCESS</td>
<td>Yves Sangwa</td>
<td>M&amp;E Specialist</td>
<td>Kigali</td>
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<tr>
<td>AEE</td>
<td>Leonce Twagiramukiza</td>
<td>Field Coordinator</td>
<td>Nyabihu</td>
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<tr>
<td>CIP/DERN</td>
<td>Innocent Gatsimbanyi</td>
<td>Nutritionist</td>
<td>Musanze</td>
</tr>
<tr>
<td>CIP/DERN</td>
<td>Etienne Kabahizi</td>
<td>Program Coordinator</td>
<td>Musanze</td>
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<tr>
<td>CIP/YWCA</td>
<td>Everard Kayinamara</td>
<td>Agronomist, Feed the Future Rwanda OFSP</td>
<td>Gatsibo</td>
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<tr>
<td>FXB</td>
<td>Alain Mwumvaneza</td>
<td>Program Manager</td>
<td>Musanze</td>
</tr>
<tr>
<td>GAIN – Global Alliance for Improved Nutrition</td>
<td>Daniel Alberts</td>
<td>Senior Manager, Agriculture and Nutrition</td>
<td>Kigali</td>
</tr>
<tr>
<td>Gardens for Health International</td>
<td>Samuel Uwizeyimana</td>
<td>District Coordinator</td>
<td>Musanze</td>
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<tr>
<td>Gikuriro/CRS</td>
<td>Alemayehu Gebrekrista</td>
<td>COP</td>
<td>Kigali</td>
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<td>Gikuriro/CRS</td>
<td>Yvonne Umurungi</td>
<td>DCOP</td>
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<td>Collins Lotuk</td>
<td>M&amp;E Lead</td>
<td>Kigali</td>
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<td>Gikuriro/CRS</td>
<td>Janvier Karuhije</td>
<td>Provincial Technical Manager</td>
<td>Kabatwa</td>
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<td>Gikuriro/CRS</td>
<td>Liliane Uwineza</td>
<td>WASH Advisor</td>
<td>Nyanza</td>
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<td>Gikuriro/FXB</td>
<td>Edward Ngabiziranga</td>
<td>WASH Officer</td>
<td>Nyanza</td>
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<td>Gimbuka/Caritas</td>
<td>Jean Bosco Nzabanita</td>
<td>Senior Resilience Officer</td>
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<td>Gimbuka/Caritas</td>
<td>Augustin Higiro Gakwanda</td>
<td>District Building Resilience Officer</td>
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<td>Gimbuka/Caritas</td>
<td>Phocas Uwamungu</td>
<td>District Building Resilience Officer</td>
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<td>Bonaventure Uwumuremyi</td>
<td>Nutrition Officer</td>
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<td>Gimbuka/Caritas</td>
<td>Leonard Ndayisaba</td>
<td>WASH Officer</td>
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<td>Gimbuka/Caritas</td>
<td>Jean Marie Vianney Ruhamanya</td>
<td>Field Agriculture Officer</td>
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<td>Callius Kanyamibwa</td>
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<td>Christine Kayitesi</td>
<td>Economic Strengthening and Food Security Coordinator</td>
<td>Kigali</td>
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<tr>
<td>GOR</td>
<td>Justin Ntaganda</td>
<td>Technical Nutrition Officer, Biomedical Center</td>
<td>Kigali</td>
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<tr>
<td>GOR</td>
<td>Philbert Nema</td>
<td>WASH Specialist at Food and Nutrition Coordination Secretariat</td>
<td>Kigali</td>
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<tr>
<td>GOR</td>
<td>Vivine Tuyizere</td>
<td>WASH and Nutrition Coordinator /DPEM</td>
<td>Gasabo</td>
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<tr>
<td>Organization</td>
<td>Key Informant</td>
<td>Position/CHAIN activity</td>
<td>Location</td>
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<tr>
<td>GOR</td>
<td>Domina Nakabanoza</td>
<td>JADF Executive Secretary</td>
<td>Gasabo</td>
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<td>Bernard Gasigwa</td>
<td>CHW Coordinator</td>
<td>Ndera</td>
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<td>Jean Bosco Uwizeyimana</td>
<td>Health Promotion Officer</td>
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<td>Jean Claude Habyaremye</td>
<td>Director of Health</td>
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<td>GOR</td>
<td>Placide Niymugabo</td>
<td>JADF Officer</td>
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<td>Agronomist</td>
<td>Gatsibo</td>
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<td>GOR</td>
<td>Faustin Serugo</td>
<td>Nutritionist-Ngarama District Hospital</td>
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<td>Adalbert Ndayisenga</td>
<td>District Health M&amp;E Officer</td>
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<td>Martin Ntirengany</td>
<td>Director of Social Affairs</td>
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<td>GOR</td>
<td>Emile Nsabiyera</td>
<td>Director of Health</td>
<td>Musanze</td>
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<tr>
<td>GOR</td>
<td>Jean Ngendahayo Caritas</td>
<td>Director ANR</td>
<td>Rubavu</td>
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<tr>
<td>GOR</td>
<td>Mukanyamwasa</td>
<td>Social Worker, National Commission for Children /JADF member</td>
<td>Rubavu</td>
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<td>GOR</td>
<td>Innocent Nsayidira</td>
<td>JADF Officer</td>
<td>Rubavu</td>
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<td>GOR</td>
<td>Maj, Dr. Willian Kanyankore</td>
<td>Director General, Gisenyi Hospital / Vice-Chair, DPEM</td>
<td>Rubavu</td>
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<tr>
<td>GOR</td>
<td>Dedine Nseyimana</td>
<td>Kabatwa Health Center Nutritionist</td>
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<td>Francois Bizimana</td>
<td>Kabatwa Health Center Director</td>
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<td>GOR</td>
<td>Dahlia Muhongerwa</td>
<td>DPEM / Representative New Women's Council</td>
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<td>GOR</td>
<td>Jyrime Ruzindana</td>
<td>District WASH Officer</td>
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<td>J.D'Arc Byukusenge</td>
<td>JADF Coordinator</td>
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<td>Martin Nshimyumukiza</td>
<td>JADF President</td>
<td>Nyanza</td>
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<td>GOR</td>
<td>Christine Mujawayezu</td>
<td>District Hospital Nutritionist In Charge</td>
<td>Nyanza</td>
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<td>GOR</td>
<td>Theogene Mugabonake</td>
<td>District Agronomist</td>
<td>Nyanza</td>
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<tr>
<td>GOR</td>
<td>Dr. Abdallah Uumatwishima Laetitia Umulisa</td>
<td>Director General, Ruhengeri District Hospital Communications Specialist</td>
<td>Musanze</td>
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<tr>
<td>Harvest Plus/CIAT</td>
<td>Maurice Rurangwa Pascal Manzi</td>
<td>Field Officer, Southern Province</td>
<td>Musanze</td>
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<td>Harvest Plus/CIAT</td>
<td>Lenarda Uwinkensha Jean Pierre Mbagurire</td>
<td>Social Inclusion Specialist M&amp;E Lead</td>
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<td>HS</td>
<td>Evelyn Viegas</td>
<td>COP</td>
<td>Kigali</td>
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<td>Isuku Iwacu /SNV</td>
<td>Jean Luc Musoni</td>
<td>M&amp;E Lead</td>
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<td>Isuku Iwacu /SNV</td>
<td>Pius Nishimwii</td>
<td>WASH Officer, Nyanza, Rwamanagana</td>
<td>Nyanza</td>
</tr>
<tr>
<td>Organization</td>
<td>Key Informant</td>
<td>Position/CHAIN activity</td>
<td>Location</td>
</tr>
<tr>
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</tr>
<tr>
<td>MSH</td>
<td>Pierre Dongier</td>
<td>Principal Technical Advisor</td>
<td>Kigali</td>
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<tr>
<td>MSH</td>
<td>Dr. John Kalach</td>
<td>Provincial Technical Advisor</td>
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</tr>
<tr>
<td>OFSP Activity-CIP</td>
<td>Kirimi Sindi</td>
<td>Country Manager</td>
<td>Kigali</td>
</tr>
<tr>
<td>OFSP Activity-CIP</td>
<td>Marie Uwera Francine</td>
<td>M&amp;E Lead</td>
<td>Kigali</td>
</tr>
<tr>
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<td>Marie Nkundabombi</td>
<td>Nutritionist</td>
<td>Kigali</td>
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<tr>
<td>OFSP Activity-CIP</td>
<td>Jean Claude Nshimiyimana</td>
<td>Senior Agronomist</td>
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</tr>
<tr>
<td>Rwanda Social Marketing Program/SFH</td>
<td>Jannet Opio</td>
<td>COP</td>
<td>Kigali</td>
</tr>
<tr>
<td>Rwanda Social Marketing Program/SFH</td>
<td>Janepher Turatsinze</td>
<td>DCOP</td>
<td>Kigali</td>
</tr>
<tr>
<td>Rwanda Social Marketing Program/SFH</td>
<td>Axe Rukundo</td>
<td>BCC and Sales Officer, Western Region</td>
<td>Nyanza</td>
</tr>
<tr>
<td>Rwanda Social Marketing Program/SFH</td>
<td>Sarah Titus</td>
<td>Food Security and Nutrition Manager (based in USA)</td>
<td>Kigali</td>
</tr>
<tr>
<td>SPRING</td>
<td>Shauna Murray</td>
<td>Program Manager</td>
<td>Kigali</td>
</tr>
<tr>
<td>SPRING</td>
<td>Jordan Farrar</td>
<td>Associate Director of Research</td>
<td>Kigali</td>
</tr>
<tr>
<td>Sugira Muryango</td>
<td>Don Young Nadine Mujawamariya</td>
<td>Associate Director of Administration</td>
<td>Kigali</td>
</tr>
<tr>
<td>TurengereAbana/FXB</td>
<td>Desire Nyirigira Emmanuel Habyarimana</td>
<td>Nutrition and WASH Officer</td>
<td>Mukingo</td>
</tr>
<tr>
<td>TurengereAbana/FXB</td>
<td>Adeline Manikuzwe</td>
<td>M&amp;E Lead</td>
<td>Kigali</td>
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<tr>
<td>Twiyubake/AEE</td>
<td>Philippe Bindabandi</td>
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<td>Gasabo</td>
</tr>
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<td>Twiyubake/AEE</td>
<td>Simplon Bundabandi</td>
<td>Technical Advisor</td>
<td>Gasabo</td>
</tr>
<tr>
<td>Twiyubake/AEE</td>
<td>Emmanuel Hitayeu</td>
<td>Health Promotion Officer</td>
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</tr>
<tr>
<td>Twiyubake/FXB</td>
<td>Alain Mwumvaneza Jean Pierre Nshimiyimana Victor Tuyishime</td>
<td>Program Manager Economic Strengthening Field Officer Health Promotion Field Officer</td>
<td>Musanze</td>
</tr>
<tr>
<td>Twiyubake/FXB</td>
<td>Gallican Kamanzi</td>
<td>Economic Strengthening Field Officer</td>
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</tr>
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<td>Twiyubake/FXB</td>
<td>Bosco Karenzi</td>
<td>Zonal Manager</td>
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<td>Twiyubake/FXB</td>
<td>Cyriaque Niyigaba</td>
<td>Senior Health Promotion Officer</td>
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</tr>
<tr>
<td>Harvest Plus/CIAT</td>
<td>Innocent Samson Radeny</td>
<td>Field Officer</td>
<td>Muko</td>
</tr>
<tr>
<td>Harvest Plus/CIAT</td>
<td>Moise Mutabazi</td>
<td>COP</td>
<td>Kigali</td>
</tr>
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<td>Harvest Plus/CIAT</td>
<td>Juste Kayihura</td>
<td>DCOP 1</td>
<td>Kigali</td>
</tr>
<tr>
<td>Harvest Plus/CIAT</td>
<td>Dr. Eric Baganizi</td>
<td>Senior Technical Advisor, Health Promotion</td>
<td>Gasabo</td>
</tr>
<tr>
<td>Organization</td>
<td>Key Informant</td>
<td>Position/CHAIN activity</td>
<td>Location</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------------</td>
<td>-------------------------------------------------------------</td>
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</tr>
<tr>
<td>Twiyubake/Global Communities</td>
<td>Ramadhan Bahati</td>
<td>Nutrition and WASH officer</td>
<td>Gasabo</td>
</tr>
<tr>
<td>Tworore Inkoko</td>
<td>Tom Gill</td>
<td>COP (based in USA)</td>
<td>Kigali</td>
</tr>
<tr>
<td>Tworore Inkoko</td>
<td>Ritah Nshuti</td>
<td>Program Manager (based in Musanze)</td>
<td>Musanze</td>
</tr>
<tr>
<td>Tworore Inkoko</td>
<td>Emily Urban</td>
<td>Univ Tennessee, Institute of Agriculture, Project Coordinator</td>
<td>Kigali</td>
</tr>
<tr>
<td>Ubaka Ejo/AEE</td>
<td>Alfred Safi Uwitonze</td>
<td>Field Coordinator</td>
<td>Gatsibo</td>
</tr>
<tr>
<td>Ubaka Ejo/AEE</td>
<td>Charles Magezi</td>
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<td>Kigali</td>
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<td>Ubaka Ejo/AEE</td>
<td>Egide Tuyizere</td>
<td>Ubaka Ejo</td>
<td>Kigali</td>
</tr>
<tr>
<td>Ubaka Ejo/AEE</td>
<td>Kristine Dandanell Garn</td>
<td>UNICEF Nutrition team</td>
<td>Kigali</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Mary de Boer</td>
<td>CHAIN Project Manager</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Lindsay Little</td>
<td>Program Management Advisor</td>
<td>Kigali</td>
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<tr>
<td>USAID/Rwanda</td>
<td>Nicole Mukunzi</td>
<td>Rwanda Social Marketing Program (RSPM)</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Verena Ruzibuka</td>
<td>Tworore Inkoko Twunguke</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Patrice Hakizimana</td>
<td>Agricultural and Rural Development Specialist</td>
<td>Kigali</td>
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<tr>
<td>USAID/Rwanda</td>
<td>Randy Smith</td>
<td>Tworore Inkoko Twunguke</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Malick Haidara,</td>
<td>EG Office Director</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Alphonse Nkusi</td>
<td>Community Health and Improved Nutrition Team Leader</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Janvier Mwitirehe</td>
<td>Financial Management</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Ali Ali</td>
<td>Senior Acquisition &amp; Assistance Specialist</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Peggy Manthe</td>
<td>Contract and Agreement Officer</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Zachary Clarke</td>
<td>Contract and Agreement Office Director</td>
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<td>USAID/Rwanda</td>
<td>Rose Ntirandekura</td>
<td>Program Support</td>
<td>Kigali</td>
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<tr>
<td>USAID/Rwanda</td>
<td>Silver Karumba</td>
<td>Gimbuka, Turengere Abana</td>
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<tr>
<td>USAID/Rwanda</td>
<td>David Rurangirwa</td>
<td>Huguka Dukore</td>
<td>Kigali</td>
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<td>USAID/Rwanda</td>
<td>Joseph Rurangwa</td>
<td>Governance Specialist</td>
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</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Esron Niyonsaba</td>
<td>Twiyubake, Ubaka Ejo</td>
<td>Kigali</td>
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<tr>
<td>USAID/Rwanda</td>
<td>Lisa Godwin</td>
<td>Health director</td>
<td>Kigali</td>
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<tr>
<td>USAID/Rwanda</td>
<td>Maria C Kabanyana</td>
<td>Senior Reproductive, Maternal, Newborn and Child Health Specialist</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Rwanda</td>
<td>Triphine Mungayaninke</td>
<td>Development Program Specialist (Gender Coordinator)</td>
<td>Kigali</td>
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<tr>
<td>USAID/Egypt</td>
<td>Jamshed Zuberi</td>
<td>Deputy Controller</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Ethiopia</td>
<td>Andrew Fourney</td>
<td>Collaboration, Learning and Adaptation Adviser</td>
<td>Kigali</td>
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<tr>
<td>Organization</td>
<td>Key Informant</td>
<td>Position/CHAIN activity</td>
<td>Location</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------------</td>
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</tr>
<tr>
<td>USAID/Washington</td>
<td>Meghan Anson</td>
<td>Nutrition Advisor, Bureau for Food Security</td>
<td>Kigali</td>
</tr>
<tr>
<td>USAID/Washington</td>
<td>Daniel Handel</td>
<td>Senior Advisor on Aid Effectiveness</td>
<td>Kigali</td>
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<tr>
<td>USAID/Washington</td>
<td>Jeneice Alvey</td>
<td>Nutrition Advisor, Global Health Bureau</td>
<td>Kigali</td>
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<tr>
<td>World Bank</td>
<td>Silas Udahemuka</td>
<td>Human Development Specialist</td>
<td>Kigali</td>
</tr>
<tr>
<td>World Food Programme</td>
<td>Mahamadou Tanimoune</td>
<td>Ag. Head of Programme</td>
<td>Kigali</td>
</tr>
<tr>
<td>World Food Programme</td>
<td>Damien Nsengiyumva</td>
<td>Nutrition Officer</td>
<td>Kigali</td>
</tr>
<tr>
<td>Management Sciences for Health</td>
<td>Pierre Dongier</td>
<td>Rwanda Health System Strengthening Project</td>
<td>Kigali</td>
</tr>
</tbody>
</table>
# ANNEX VI. CONTRIBUTORS TO CHAIN’S SUB-RESULTS

<table>
<thead>
<tr>
<th>IR 3.1 (Sub-result 1)</th>
<th>IR 3.2 (Sub-result 2)</th>
<th>IR 3.3 (Sub-result 3)</th>
<th>IR 3.4 (Sub-result 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased awareness of and demand for high-impact health practices</td>
<td>Improved protection of vulnerable populations against adverse circumstances</td>
<td>Increased nutrition knowledge and adoption of appropriate nutrition practices</td>
<td>Improved performance and engagement by CSOs and GOR entities</td>
</tr>
</tbody>
</table>

## Activities contributing (Based on key indicators reported in 2017 Annual Reports or AidTracker-Plus 2017)

| RSMP, Gikuriro, Isuku Iwacu, Twiyubake, Ubaka Ejo | Ubaka Ejo, Turenegere Abana, Gimbuka, Twiyubake | OFSP, H+ Iron Rich Beans, Gikuriro, Twiyubake, Ubaka Ejo, Gimbuka, Turenegere Abana | Turenegere Abana, Ubaka Ejo, Gimbuka, RSMP (all are local CSOs) |
| +RSMP reports on key populations served | +Tworore Inkoko just starting | +Isuku Iwacu and Gikuriro report on GOR and district strengthening activities |

## Key Performance Indicators: (Outputs)

| Percent of households in target areas practicing correct use of recommended household water treatment technologies* | Percentage of vulnerable individuals receiving USG assistance graduating out of USG community-level support | Prevalence of children 6-23 months who consume targeted nutrient-rich value chain commodities (IR Beans, Milk**, OFSP) | Number of individuals served through USAID directly-funded CSOs |
| Percentage of households with soap and water at a handwashing station commonly used by family members | Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services | Prevalence of women of reproductive age who consume targeted nutrient-rich value chain commodities (IR Beans, Milk**, OFSP) | Number of CSOs receiving USG assistance engaged in advocacy interventions*** |
| Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message | Percentage of children 6-23 months receiving a minimum acceptable diet | Number of performance solution package recommendations implemented by partner institutions*** |
| Number of people gaining access to safely managed drinking water services as a result of USG assistance*** | Number of people gaining access to a basic sanitation service as a result of USG assistance | | |

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* WHOLE-OF-PROJECT PERFORMANCE EVALUATION OF THE CHAIN PROJECT RWANDA/ 79
<table>
<thead>
<tr>
<th>IR 3.1 (Sub-result 1)</th>
<th>IR 3.2 (Sub-result 2)</th>
<th>IR 3.3 (Sub-result 3)</th>
<th>IR 3.4 (Sub-result 4)</th>
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</thead>
<tbody>
<tr>
<td>Increased awareness of and demand for high-impact health practices</td>
<td>Improved protection of vulnerable populations against adverse circumstances</td>
<td>Increased nutrition knowledge and adoption of appropriate nutrition practices</td>
<td>Improved performance and engagement by CSOs and GOR entities</td>
</tr>
</tbody>
</table>

Number of children under two (0-23 months) reached with community-level nutrition interventions through USG-supported programs

*This indicator may be updated soon. Currently, RSMP reports # of liters of drinking water treated.

**To be updated to ‘chicken’ to match interventions.

***These indicators are due to be removed; not currently reported by CHAIN partners.
ANNEX VII. FOCUS GROUP DISCUSSIONS

Focus Group Discussion Participants by type of group, gender and district and sector where conducted

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Sector</th>
<th>FGD Type</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
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<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Women</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Mixed</td>
<td>5</td>
<td>7</td>
<td>12</td>
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<tr>
<td>Northern</td>
<td>Musanze</td>
<td>Muko</td>
<td>Cadres</td>
<td>10</td>
<td>3</td>
<td>13</td>
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<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Women</td>
<td>8</td>
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<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Mixed</td>
<td>2</td>
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<td>12</td>
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<tr>
<td>Western</td>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>Cadres</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
<td>Mixed</td>
<td>0</td>
<td>10</td>
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<tr>
<td>Southern</td>
<td>Nyanza</td>
<td>Mukingo</td>
<td>Cadres</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Mixed</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Eastern</td>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Cadres</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Women</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Mixed</td>
<td>5</td>
<td>5</td>
<td>10</td>
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<tr>
<td>Kigali City</td>
<td>Gasabo</td>
<td>Ndera</td>
<td>Cadres</td>
<td>3</td>
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<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td></td>
<td></td>
<td>89</td>
<td>65</td>
<td>154</td>
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</table>
## Services received by beneficiary participants in focus groups – USAID-sponsored CHAIN services (in the sampled Sectors)

<table>
<thead>
<tr>
<th>District</th>
<th>Sector</th>
<th>IP</th>
<th>Sub-Partner</th>
<th>Program Activity</th>
<th>Groups</th>
<th>Services</th>
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</thead>
<tbody>
<tr>
<td>Gasabo</td>
<td>Ndera</td>
<td>Global Communities</td>
<td>AEE</td>
<td>Twiyubake</td>
<td>Women</td>
<td>Training on agriculture (vegetables) and on how to prepare a balanced diet</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Food Preparation for malnourished children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>Direct grants (10000 FRW per month) through received telephone to pay <em>mutuelle</em> (health insurance), school fees for children and other HH needs</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Training on kitchen garden</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Training on Wash and sanitation (4 out of 9 own “kandagira ukarabe” to wash hand)</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>Family planning training (7 out of 9 received)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HIV /VCT (voluntary counseling and testing): all participants tested</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Sensitization on Consultation for pregnant women</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Catch up in vocational training for drop out children</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Put in place nursery school (2-4 years) in villages (this concerns all HHs in the village)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Training on Positive Deviance Health in HHs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Put in place health clubs (3 clubs in cells) on sensitization (awareness): hygiene and sanitation, nutrition, diseases prevention.</td>
</tr>
<tr>
<td></td>
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<td>FFS study tours (2 out of 9 benefited)</td>
</tr>
<tr>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>CRS</td>
<td>Caritas</td>
<td>Gikuriro</td>
<td>Mixed</td>
<td>Training on nutrition at VNS (Village Nutrition Schools)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provided chicken, rabbits, pigs to the most vulnerable families</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Provided material for kitchen garden (farming material: hoes, watering can, spade, pumps, etc.)</td>
</tr>
<tr>
<td>District</td>
<td>Sector</td>
<td>IP</td>
<td>Sub-Partner</td>
<td>Program Activity</td>
<td>Groups</td>
<td>Services</td>
</tr>
<tr>
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<tr>
<td>Nyanza</td>
<td>Mukingo</td>
<td>FXB</td>
<td>No sub-partner</td>
<td>Turengere Abana</td>
<td>Mixed</td>
<td>Children receive education support- Turengerabana provides school materials (uniforms, books, bags, pens, pencils) and pays tuition</td>
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<td>Nutrition assistance- Turengerabana teaches them how to build kitchen gardens at home at the village level ', how to plant vegetables including carrots, fortified beans, beetroot, epinary, for balanced meals.</td>
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<td>They also train them on agricultural practices through FFS (once/quarter, 5-6hrs) and provides small livestock such as goats and pigs as well as compost fertilizer that helps in farming</td>
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<td>Trains them on hygiene and sanitation- ‘isuku n’isukura’ usually includes building latrines ‘ubwiherero’, washing hands, cleanliness at home, water storage and cleaning of utensils. They also provided beds for children not to sleep on the floor.</td>
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<td>Helped them to set up SLGs- - to enable them to be self-reliant and to fund nutrition, hygiene and health related requirements as well as establish IGAs</td>
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<td>Encourages them to form groups and join cooperatives to get easy access to services</td>
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</table>

Training on how to prepare a balanced diet (they receive kitchen material)

Training on hygiene and sanitation

They received vegetables seeds

They receive regular coaching from Gikuriro volunteers (in nutrition and hygiene & sanitation)

They receive Supplement called “Shisha Kibondo” (fortified food) from District for malnourished under-5 children and pregnant women

Nutrition assistance- Turengerabana teaches them how to build kitchen gardens at home at the village level ', how to plant vegetables including carrots, fortified beans, beetroot, epinary, for balanced meals.

They also train them on agricultural practices through FFS (once/quarter, 5-6hrs) and provides small livestock such as goats and pigs as well as compost fertilizer that helps in farming

Trains them on hygiene and sanitation- ‘isuku n’isukura’ usually includes building latrines ‘ubwiherero’, washing hands, cleanliness at home, water storage and cleaning of utensils. They also provided beds for children not to sleep on the floor.

Helped them to set up SLGs- - to enable them to be self-reliant and to fund nutrition, hygiene and health related requirements as well as establish IGAs

Encourages them to form groups and join cooperatives to get easy access to services
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<th>District</th>
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<tr>
<td>Nyanza</td>
<td>Mukingo</td>
<td>FXB</td>
<td>No sub-partner</td>
<td>Turengere Abana</td>
<td>Women</td>
<td>Training on nutrition for children under 5yrs – all receive this Training on agricultural practices i.e. farmer field schools (FFS), what is locally known as ‘imirima shuri’. This includes understanding the different types of food to make a balanced diet- All receive this Training HH on feeding or best practices for feeding children- mainly dealing with behavioral communication i.e feeding the child with love and care, as opposed to letting out all the frustration on the child. This they are informed helps with child growth Encouraged to join SLGs to be able to develop small income generating activities/IGAs, locally referred to as ‘imishinga iciriritse n’ibyaza inyungu’. This is also a way for some to reintegrate back into society, as they were excluded before- All receive this Sensitization and training on Hygiene and Sanitation i.e ‘Isuku n’isukura’- involves education on best practices including drinking boiled water, proper storage of water, cleaning hands (not for everyone to use water from one basin), clean food preparation and breast feeding, building toilets, hanging clothes on clothes lines, outside cooking stove. They are also taught about diseases caused by bad hygiene and the main causes i.e dirt, bad drainage and this is mainly done through the clubs once/week. Some of the names of the clubs include ‘Isungane’, ‘Tugire Ubuzima Bwiza’- All receive this Another form of assistance is ‘uburezi’- child education for OVCs (Orphans and Vulnerable Children). Turengere Abana facilitates by paying school fees, providing school materials incl. uniform, books, pens and pencils.</td>
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<tr>
<td>Nyanza</td>
<td>Mukingo</td>
<td>FXB</td>
<td>No sub-partner</td>
<td>Turengere Abana</td>
<td>Cadres</td>
<td>Growth monitoring of children- every month- applies to all Setting up FFS and building kitchen gardens inclusive of cooking demonstrations where children are weighed and fed. They often select different homes to do the kitchen gardens</td>
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<td>District</td>
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<td>Global Communities</td>
<td>AEE</td>
<td>Twiyubake</td>
<td>Mixed</td>
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<td>Gasabo</td>
<td>Ndera</td>
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- within the village whereas FFS are in a designated location within a cell - applies to all
- Teach HH how to plant vegetables, prepare and store nutritious meals
- Provide HHs with cooking utensils- pans, plates, basins, jerry cans, cutlery- provided to all in 58 villages
- Provide nutritious meals (e.g., small fish and blended cereals) to communities through FXB – applies to all
- Promotion of hygiene and sanitation through the health clubs – advocacy mainly done with the village leader, CHW, and president of the club and CBVs. They train members on how to build pit latrines- applies to all
- HH check-ins/monitoring to check on hygiene and sanitation (which don’t have latrines or the step on water tap ‘kandagira ukarabe’, or the kitchen gardens etc) – applies to all
- Advocacy on family planning – only CHWs
- Coordinate weekly group meetings once/week to check on progress of activities mentioned above at village level
- monthly reports that they share with cell leaders and HC and eventually FXB
- Nutrition and Agriculture- taught how to build kitchen gardens, how to plant vegetables including carrots, dodo, beetroot, epinary and prepare balanced meals. (AEE/Twiyubake)
- In addition, they are provided with farming equipment (e.g., hoes, spades, watering cans, pesticide sprays (AEE/Twiyubake)
- During cooking demonstrations, they are also given blended cereals to cook for their children (for nursing mothers) (AEE/Twiyubake)
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<td>Global Communities</td>
<td>AEE</td>
<td>Twiyubake</td>
<td>Cadres</td>
<td>They also train them on agricultural practices through FFS (once/quarter, 5-6hrs) (AEE/Twiyubake) and</td>
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<td>They provide small livestock such as goats and pigs as well as compost fertilizer that helps in farming (AEE/Twiyubake)</td>
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<td>Are facilitated to set up SLGs and join coops- to enable them to be self-reliant and to fund nutrition, hygiene and health related requirements and are given training on booking and financial management. Through the SLGs, they pay tuition for their children as well, purchase small livestock and pay for the mutuelle de santé (AEE/Twiyubake)</td>
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<td>Received telephones with money to pay for HHs needs through mobile money (13 out of 20 received in their group) (AEE/Twiyubake)</td>
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<td>Helped to build/set-up ECDs for children between (2-5yrs) (AEE/Twiyubake)</td>
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<td>Receive training on growth monitoring as well as VCT services and connect affected HHs to the CHW at HC (AEE/Twiyubake)</td>
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<td>Gasabo</td>
<td>Ndera</td>
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<td>AEE</td>
<td>Twiyubake</td>
<td>Cadres</td>
<td>Training on advocacy on growth monitoring for children &lt;5yrs - Check the weight of children every month and encourage HHs to take them to ECDs in the village; Monitor pregnant women – for those &lt;4 months pregnancies, they do a follow up for the first 1000 days (AEE/Twiyubake)</td>
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<td>Monitor lactating mothers in collaboration with CHWs (breast feeding and encourage them to buy complementary nutritious meals) (AEE/Twiyubake)</td>
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<td>Advocacy for VCT services- encourage HHs to go for HIV/Aids tests (AEE/Twiyubake)</td>
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<td>Advocacy and guidance on family planning- use of condoms. Additional counseling services are provided at the HP (Health Post) (AEE/Twiyubake)</td>
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<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Caritas</td>
<td>No sub-partner</td>
<td>Gimbuka</td>
<td>Women</td>
<td>They are encouraged to form SLGs and receive training on different elements- this includes bookkeeping or record keeping, education on what SLGs are and how they should be maintained (Caritas/Gimbuka)</td>
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<td>They received Rwf 4,000 as an allowance at the beginning, which they eventually used to open an account. Now they are able to request for loans (Caritas/Gimbuka)</td>
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<td>They were also given supplies for bookkeeping/record keeping (e.g., books, calculators, books for each member, savings boxes (Caritas/Gimbuka)</td>
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<td>Training on nutrition and balanced meals i.e cooking demos (Caritas/Gimbuka)</td>
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<td>Taught how to build kitchen gardens - 3 different technics (Caritas/Gimbuka)</td>
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</tbody>
</table>

SLGs: encourage communities to join and form groups (AEE/Twiyubake)

Training and demonstrations on building kitchen gardens – planting vegetables (AEE/Twiyubake)

Cooking demonstrations- teaching communities how to prepare and store meals (AEE/Twiyubake)

Encourage HHs to buy nutritious food in collaboration with CHWs (AEE/Twiyubake)

Encourage members to buy mutuelle de santé (communal health insurance) in collaboration with local leaders (AEE/Twiyubake)

Promote OVCs- ensuring HHs take their children to school (AEE/Twiyubake)

Promote initiatives against GBV (report cases to the police at sector level and advise HHs on a regular basis) (AEE/Twiyubake)
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Caritas</td>
<td>No sub-partner</td>
<td>Were provided seeds at the beginning for crops to plant in the gardens i.e dodo, carrots, beans, onions, cabbage, mushroom, soya, beetroot, OFSP (Caritas/Gimbuka)</td>
<td>Gimbuka</td>
<td>Mixed</td>
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<td></td>
<td>Taught how to make blended porridge using readily available vegetables-beans, dodo, carrot (Caritas/Gimbuka)</td>
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<td>Given tools and supplies for farming and to use in the kitchen gardens (e.g., hoes, spades, pump to spray pesticides, weighing scales to measure harvest, watering cans (Caritas/Gimbuka)</td>
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<td>Trained on how to make compost fertilizer and pesticides (using grass, chili, garlic) (Caritas/Gimbuka)</td>
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<td>Growth monitoring - groups were given tools for weighing and measuring height of children (Caritas/Gimbuka)</td>
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<td>Training on hygiene and sanitation i.e cleanliness at home and for self, how to build latrines and keep them closed, how to wash hands and prepare food (Caritas/Gimbuka)</td>
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<td>They were also given small livestock- rabbits, chicken, goats, pigs (Caritas/Gimbuka)</td>
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<td>Trained on value addition activities as possible IGAs (e.g., preparing donuts, biscuits and cakes made out of the OFSP, soya milk and tofu. In the same light, they are also taught how to farm vegetables through the dry season (Caritas/Gimbuka)</td>
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<tr>
<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Caritas</td>
<td>No sub-partner</td>
<td>Building kitchen gardens and organizing cooking demos-taught different techniques to use, provided tools for farming (e.g., hoes, spades, watering cans, as well as kitchen utensils-pans, spoons (Caritas/Gimbuka)</td>
<td>Gimbuka</td>
<td>Mixed</td>
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<td>Provided seeds- mushrooms (5 women) dodo, onions, soya (3 women), and OFSP (5 women), beans (3 women) mostly used in FFS (Caritas/Gimbuka)</td>
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<td></td>
<td>Training and education in developing IGAs (Caritas/Gimbuka)</td>
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<td>Gatsibo</td>
<td>Nyagihanga</td>
<td>Caritas</td>
<td>No sub-partner</td>
<td>Gimbuka</td>
<td>Cadres</td>
<td>Educate and follow up on the growth and nutrition of children under 5yrs. For those they find in red, they make a transfer to the HC and for the yellow they closely monitor and encourage parents to offer nutritious meals (12 days) (Caritas/Gimbuka)</td>
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<td>Closely monitor pregnant and breast feeding mothers (Caritas/Gimbuka)</td>
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<td>Help their communities to build kitchen gardens and teach them how to prepare balanced meals (Caritas/Gimbuka)</td>
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<td>Sometimes they give children under 5yrs nutritious food, locally ‘intungamubiri’ (Caritas/Gimbuka)</td>
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<td>Educate communities on hygiene and sanitation (Caritas/Gimbuka)</td>
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<td>Educate communities on family planning- injection every 3 months, giving condoms and pills (Caritas/Gimbuka)</td>
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<td>Provide medicine to women who have given birth at home and on the way i.e not in the health clinic or hospital (Caritas/Gimbuka)</td>
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<td>Provide medication to for pneumonia (Caritas/Gimbuka)</td>
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<td>Provide malaria pills to adults as well as ‘impiswi’ for children (Caritas/Gimbuka)</td>
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<td>Provide tables for worms every 6months for children 1-5yrs, 5-15yrs and Vitamin A for each category (Caritas/Gimbuka)</td>
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<td>Follow up on Minisante activities (e.g., Shisha Kibondo), providing mosquito nets (Minisante)</td>
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<tr>
<td>Nyabihu</td>
<td>Kabatwa</td>
<td>CRS</td>
<td>Caritas</td>
<td>Gikuriro</td>
<td>Cadres</td>
<td>Training and facilitating the beneficiaries to establish kitchen garden</td>
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<td>Mobilize and training community to join or formulate saving and loans groups</td>
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<td>Provide Balanced diet Trainings</td>
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<td>Provide Hygiene and sanitation trainings</td>
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<td>Intensive care, cooking and feeding malnourished children (under 5 Years) within 12 Days at household level.</td>
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<td>Mobilize community to construct latrines</td>
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<td>Growth monitoring promotion</td>
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<td>Sensitize community to cultivate vegetables.</td>
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<td>Cooking demonstration sessions at village (umudugudu) level</td>
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<td>Farmer field school</td>
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<td>Identifying malnourished children at village in order to support them</td>
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<td>Women</td>
<td>Training of Nutrition (cooking and feeding)</td>
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<td>Training of Hygiene and sanitation</td>
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<td>Family Planning trainings.</td>
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<td>Establishing Kitchen garden at home</td>
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<td>Receiving small livelihood</td>
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<td>Sensitized to join saving and loans group</td>
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<td>Cleaning latrine and hand wash</td>
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<td>Growth monitoring of the children (under five years) every month.</td>
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<td>Balanced diet</td>
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<td>Groups</td>
<td>Services</td>
</tr>
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</tr>
<tr>
<td>Musanze</td>
<td>Muko</td>
<td>Global Communities</td>
<td>FXB</td>
<td>Twiyubake</td>
<td>Women</td>
<td>Training in FFS to increase production for a balanced diet in the family</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Training on nutrition (cooking demonstration)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Training on kitchen garden (to feed mostly under-5 children which are malnourished)</td>
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<td></td>
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<td></td>
<td></td>
<td>School material and uniforms for OVCs (students), torch to help students who don’t have electricity</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Training on how to grow vegetables on small area</td>
</tr>
<tr>
<td>Musanze</td>
<td>Muko</td>
<td>Global Communities</td>
<td>FXB</td>
<td>Twiyubake</td>
<td>Mixed</td>
<td>School materials for the children such as uniforms and books, pens, pencils and bags.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Solar Electricity</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Trainings of volunteers on nutrition, hygiene and sanitation</td>
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<td></td>
<td>Training on agriculture through farmer field schools (FFS)</td>
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<tr>
<td></td>
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<td></td>
<td>They had been given seeds of carrot, reach beans, onions, axes and scissors plus a beet seeds.</td>
</tr>
<tr>
<td></td>
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<td>Positive Deviance Hearth (PDH), This is an approach of following up malnourished children identified in a village within 14 days until increasing weight by having cooking demonstrations, preparation and feeding of balanced diet at household level.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>They are trained on how to formulate small groups of saving and loans to improve standard of living. The savings per SLG’s member is 200 RF/week</td>
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<tr>
<td></td>
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<td></td>
<td>Incentives in terms of money provided by TWIYUBAKE to the saving groups that achieved their goals set of saving a certain amount within determined period.</td>
</tr>
<tr>
<td>District</td>
<td>Sector</td>
<td>IP</td>
<td>Sub-Partner</td>
<td>Program Activity</td>
<td>Groups</td>
<td>Services</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Musanze</td>
<td>Muko</td>
<td>Global Communities</td>
<td>FXB</td>
<td>Twiyubake</td>
<td>Cadres</td>
<td>Hygiene and sanitation</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Family Planning</td>
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<td></td>
<td>Construction of latrines</td>
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<td></td>
<td>Sensitize community to vaccinate their children</td>
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<td></td>
<td>Training on nutrition</td>
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<td>Growth monitoring</td>
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<td></td>
<td>Identification and support malnourished household</td>
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<td></td>
<td>Referrals of patients from community to Health center</td>
</tr>
</tbody>
</table>
Figure 1. Original CHAIN Results Framework from PAD

**SP1** Increased awareness of, access to key health services amongst target populations

- **Output 1.1** Increased access to key health services among target populations
- **Output 1.2** Increased access to water and sanitation services among target populations
- **Output 1.3** Improved availability of and access to priority health products
- **Output 1.4** Increased health seeking behaviors and demand for priority health products and services

**SP2** Improved protection of vulnerable populations against adverse circumstances

- **Output 2.1** Increased capacity of families and communities to provide for vulnerable individuals
- **Output 2.2** Improved household and community care and support practices for vulnerable populations, especially children
- **Output 2.3** Increased access to education and social services for vulnerable individuals

**SP3** Increased knowledge and adoption of appropriate nutrition and hygiene practices

- **Output 3.1** Increased food security for target populations
- **Output 3.2** Improved nutrition behaviors
- **Output 3.3** Improved WASH actions to reduce diarrheal disease

**SP4** Improved performance and engagement by CSOs and GoR entities

- **Output 4.1** Improved organizational systems, processes and procedures
- **Output 4.2** Improved technical capacity in health promotion, care and support of vulnerable populations, and nutrition
- **Output 4.3** Improved capacity for and participation in advocacy
In this revision of the results framework, implementing partners will be directed to participate and strengthen coordination mechanisms at national level (output 4.1), at district level (output 4.2), and to ensure collaboration with one another that demonstrates benefits to clients (output 4.3). This emphasis on coordination and collaboration is in line with the suggested changes to the development hypothesis, as it allows for implementing partners to implement interventions that support the “more coordinated actions of development partners, GOR, civil society and the private sector.”
Figure 3. Revised Results Framework, including C&C as Crosscutting Pillars

**Crosscutting pillar 1:** Improved service delivery to target populations by USAID implementing partners through collaboration

**Crosscutting pillar 2:** Improved systems and procedures to facilitate coordination of all stakeholders at District level
In this revision of the results framework, implementing partners will be directed to participate and strengthen coordination mechanisms at national level (output 4.1), at district level (output 4.2), and to ensure collaboration with one another that demonstrates benefits to clients (output 4.3). In addition, the sub-purposes have been re-written to reflect the newly proposed development hypothesis.
EXTENDED ANALYSIS OF THEORY OF CHANGE

Consistency of the Results Framework with Existing Evidence

The results framework consists of four categories of results or sub-purposes, namely, increased demand for and access to high-impact health services, improved household protection against adverse circumstances, increased nutrition and hygiene knowledge, and behavior change and improved community systems performance. Each of these sub-purposes includes output level results and it is assumed that delivering against these outputs will lead to the realization of the sub-purpose. Realizing the sub-purpose in turn, will contribute to the realization of the project purpose IR 3.2, and the USAID/Rwanda’s development objective 3.

How these outputs and associated sub-purposes are assumed to contribute to IR3.2 and DO3 can be presented in a theory of change statement, and that statement can be verified by testing the logic against what the literature confirms. This analysis is presented as a table in Annex A, and summarized in the section that follows.

Sub-purpose 1: Increased awareness of, access to and demand for high-impact health practices

| **IF** demand for (output 1.4), availability of (output 1.3) and access to (output 1.1) priority health products and key health services is increased amongst target populations, including WASH services (output 1.2), and their health-seeking behavior is increased (output 1.4); **THEN** their utilization of quality health products and services will increase and their health and nutritional status will improve.

This theory of change statement is verified by evidence. The literature suggests that demand-side barriers are as important as access in determining whether health products and services are utilized.48 While the literature takes care to acknowledge that “access to health services” is a multi-dimensional, complex construct,49 the evidence does indicate a link between increased access, however defined, and utilization.50 The link between access and use is mediated, however, by health-seeking behavior patterns, which require intervention when they are ineffective.51 The correlation between provision of sanitation services and infrastructure and their use is also not linear, and behavior patterns around use require intervention to support provision.52

Sub-purpose 2: Improved protection of vulnerable populations against adverse circumstances

| **IF** the capacity of families and communities to provide better care for vulnerable individuals is increased (output 2.1), and household and community care and support practices for vulnerable populations, especially children, is improved (output 2.2), and access to education and social services for vulnerable populations is increased (output 2.3); **THEN** utilization of quality health products and services will increase and their health and nutritional status will improve.

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49 Guilford et al, 2002.
51 Eshel, Daelmans, De Mello, Martines, 2006.
52 Whittington, Hanneman, Sadoff and Jeuland, 2009.
This theory of change statement is verified by evidence. One of the correlates of health self-management repeatedly identified in the literature is monthly income,\textsuperscript{53} which relates to the material means to care for individuals, the intended meaning of output 2.1. More emphatically, evidence consistently confirms the causal link between socio-economic status (SES) and health status (also that it is bi-directional, but that SES effects on health status are stronger).\textsuperscript{54} There is strong evidence demonstrating the link between parenting practices and child health, including nutrition related health outcomes,\textsuperscript{55} which relates to the intended meaning of output 2.2. The link between access to educational and social services and IR3.2 and DO3 are indirect. Access to services decreases specific vulnerabilities when delivered well, and prolonged education is shown to decrease risky health related behaviors.

Sub-purpose 3: Increased nutrition knowledge and adoption of appropriate nutrition and hygiene practices

\textbf{IF} the WASH actions to reduce diarrheal disease (output 3.2) and the nutrition behaviors (output 3.3) of vulnerable populations are improved, and their food security is increased (output 3.1); \textbf{THEN} their health and nutritional status will improve.

This theory of change statement is verified by the evidence. There is evidence that nutrition education programs and nutrition supplementation programs have a small but significant impact on nutrition health outcomes\textsuperscript{56} (output 3.3). There is also strong evidence demonstrating the link between social marketing campaigns, improved hygiene practices (hand-washing, dish-washing, food treatment) and health outcomes, especially in terms diarrhoeal disease\textsuperscript{57} (output 3.2). Links between social marketing campaigns and choice to install toilets, however, is more tenuous.\textsuperscript{58} It almost goes without saying that evidence demonstrates multiple, convincing causal links between improved food security and health status,\textsuperscript{59} making interventions addressing food security directly a necessary inclusion.

Sub-purpose 4: Improved performance and engagement by CSOs and GoR entities

\textbf{IF} the organizational systems, processes and procedures of local CSOs is improved (output 4.1), as well as their technical capacity in health promotion, care and support of vulnerable populations, nutrition (output 4.2) and participation in advocacy (output 4.3); \textbf{THEN} utilization of quality health products and services by vulnerable populations will increase and their health and nutritional status will improve.

This theory of change statement is verified by the evidence, with qualifications. There is evidence that building community capacity can improve health behaviors.\textsuperscript{60} There are

\textsuperscript{53} Chen and Feng, 2014.
\textsuperscript{54} Mesfin and Schooler, 2002.
\textsuperscript{55} Eshel, Daelmans, De Mello, Martines, 2006.
\textsuperscript{56} Panjwani and Heidkamp, 2017.
\textsuperscript{57} Pinfold, 1999.
\textsuperscript{58} Jenkins and Beth-Scott, 2007.
\textsuperscript{59} Olson, 1999.
\textsuperscript{60} Underwood, Boulay & Snetro-plewman, 2013.
also studies demonstrating that involving people in the monitoring of health service delivery, including when such monitoring is mediated by CSOs, improves the responsiveness of the health sector, although the subsequent link to improved quality and impact of services was not demonstrated.\textsuperscript{61} Evidence also shows that health service delivery through third parties, including not-for-profits, increases utilization of health services and products for the poor, although the effects on health equity is not conclusive.\textsuperscript{62} And finally, there is a positive link between the deployment of community cadres and health outcomes.\textsuperscript{63}

In addition, the development hypothesis could be even more closely aligned to the USAID nutrition strategy, and also better incorporate collaboration, by rewording element 4 of the IF statement as “and have their access to high-impact health products and services more effectively facilitated by the coordinated actions of development partners, GoR, civil society and the private sector.”

**Consistency of Development Hypothesis with Existing Evidence**

The development hypothesis presents a succinct articulation of CHAIN’s implicit theory of change. It links four categories of lower order results in a statement that describes how their cumulative impact leads to higher order results. This formulation is internally coherent and, more importantly, consistent with existing evidence. That evidence suggests that increasing the utilization of quality health services and products to ensure that health and nutrition outcomes are improved depends on improving demand for and access to those products and services, increasing the socio-economic means of households to take advantage of those products and services, shifting behavior in favor of utilizing those products and services, and facilitating access and use by involving government, civil society and the private sector.

While the development hypothesis incorporates all the elements of an evidence-based theory of change, its current formulation is not consistent with the mechanics of the TOC. A formulation that more accurately reflects the assumed causal relationships between the various results categories may look as follows:

\textbf{IF} priority populations 1) improve their socio-economic status and food security; 2) adopt positive parenting, feeding, and hygiene practices; 3) increase their awareness of and demand for high-impact health products and services; 4) and have access to high-impact health products and services more effectively facilitated by civil society and GoR; \textbf{THEN} their utilization of high-impact products and services will increase, their health and nutritional status will improve, and these improvements will be sustained.

\textsuperscript{61} Green, 2013.

\textsuperscript{62} Patouillard, Goodman, Hanson and Mills, 2007.

\textsuperscript{63} Celleti et al, 2010.
### Evidence Matrix for CHAIN Development Hypothesis and Results Framework

<table>
<thead>
<tr>
<th>Activities: <strong>IF</strong> Priority Populations</th>
<th>Results: <strong>THEN</strong> Priority Populations</th>
<th>Health improved and sustained</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Utilization of quality health services and products increases</strong></td>
<td><strong>Utilization of quality health services and products increases</strong></td>
<td><strong>Assumption:</strong> If PP’s socio-economic status improves, then health is improved and sustained.</td>
</tr>
<tr>
<td><strong>PP Resilience</strong></td>
<td><strong>Assumption:</strong> If PP’s socio-economic status improves, then the utilization of quality health services and products increases.</td>
<td><strong>Evidence:</strong> Evidence from the literature consistently confirms the causal link between SES and health status (also that it is bi-directional, but that SES effects on health status are stronger).</td>
</tr>
<tr>
<td>Improve their household socio-economic status</td>
<td><strong>Evidence:</strong> Evidence from the literature confirms that health self-management correlates with geographically accessible services, level of education and <em>monthly income</em>.(^{64})</td>
<td><strong>Assumption:</strong> If PP’s socio-economic status improves, then health is improved and sustained.</td>
</tr>
<tr>
<td>Output 2.1</td>
<td><strong>Assumption:</strong> If PP’s food security improves, then the utilization of quality health services and products increases.</td>
<td><strong>Evidence:</strong> Evidence from literature demonstrates multiple, convincing causal links between food insecurity and health status.(^{66})</td>
</tr>
<tr>
<td>Improve their food security</td>
<td>The assumption is not applicable.</td>
<td><strong>Assumption:</strong> If PP’s food security improves, then health is improved and sustained.</td>
</tr>
<tr>
<td>Output 3.1</td>
<td><strong>Assumption:</strong> If PP’s access to education and social services increases, then the utilization of quality health services and products increases.</td>
<td><strong>Assumption:</strong> If PP’s access to education and social services increases, then health is improved and sustained.</td>
</tr>
<tr>
<td>Increase access to education and social services</td>
<td><strong>Evidence:</strong> There is evidence in the literature linking access to services to increases in health seeking behaviour, as a result of the reduction in vulnerability that access to services provide.</td>
<td><strong>Assumption:</strong> If PP’s access to education and social services increases, then health is improved and sustained.</td>
</tr>
<tr>
<td>Output 2.3</td>
<td><strong>Assumption:</strong> If PPs adopt positive parenting practices, then the utilization of quality health services and products increases.</td>
<td><strong>Assumption:</strong> If PPs adopt positive parenting practices, then health is improved and sustained.</td>
</tr>
<tr>
<td>PP Health Behaviors</td>
<td><strong>Evidence:</strong> Some evidence of the extent to which parents mediate access to health products and services, especially SRH related.(^{67})</td>
<td><strong>Evidence:</strong> There is strong evidence demonstrating the link between parenting practices and child health, including nutrition related health outcomes.(^{69})</td>
</tr>
<tr>
<td><strong>Adopt positive parenting practices</strong></td>
<td></td>
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</tr>
<tr>
<td>Output 2.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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\(^{64}\) Chen and Feng, 2014.  
\(^{65}\) Mesfin and Schooler, 2002.  
\(^{66}\) Olson, 1999.  
\(^{67}\) Hanson, 1998.  
\(^{69}\) Eshel, Daelmans, De Mello, Martines, 2006.
<table>
<thead>
<tr>
<th>Activities: <strong>IF</strong> Priority Populations</th>
<th>Results: <strong>THEN</strong> Priority Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Utilization of quality health services and products increases</strong></td>
<td><strong>Health improved and sustained</strong></td>
</tr>
</tbody>
</table>
| **Adopt positive feeding practices** | Assumption: If PPs adopt positive feeding practices, then the utilization of quality health services and products increases  
Output 3.3  
The assumption is not applicable.  
Assumption: If PPs adopt positive feeding practices, then health is improved and sustained  
Evidence: There is evidence that nutrition education programs and nutrition supplementation programs have a small but significant impact on nutrition health outcomes. |
| **Adopt positive hygiene practices** | Assumption: If PPs adopt positive hygiene practices, then the utilization of quality health services and products increases  
Output 3.2  
Evidence: Although the assumption seems reasonable, there is no easily obtainable evidence in the current literature for this correlation.  
Assumption: If PPs adopt positive hygiene practices, then health is improved and sustained  
Evidence: There is strong evidence demonstrating the link between social marketing campaigns, improved hygiene practices (hand-washing, dish-washing, food treatment) and health outcomes, especially in terms of and diarrhoeal disease. Links between social marketing campaigns and choice to install toilets is more tenuous. |
| **PP Services Demand and Access** | **PP Services Demand and Access** |
| **Increase awareness of and demand for high impact health services** | Assumption: If PPs demand for high impact health services is increased, then the utilization of quality health services and products increases  
Sub-purpose 1  
Evidence: While there is strong evidence in the literature suggesting that demand-side barriers are as important as access in the utilization of health services, there is less evidence on what constitutes effective awareness and demand creation interventions.  
Assumption: If PPs demand for high impact health services is increased, then health is improved and sustained  
Evidence: Evidence from the literature demonstrates a link between health literacy (including the awareness and demand for high-impact health products and services), and utilization of health care services, although there is less evidence on what constitutes effective health literacy interventions. |
| **Increase access to high impact health services** | Assumption: If PPs access to high impact health services is increased, then the utilization of quality health services and products increases  
Output 1.1  
Output 1.2  
Assumption: If PPs access to high impact health services is increased, then health is improved and sustained  
Evidence: While the literature takes care to acknowledge access as a multi-dimensional, complex construct, the |

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70 Panjwani and Heidkamp, 2017.  
71 Pinfold, 1999.  
72 Jenkins and Beth-Scott, 2007.  
73 Ensor and Cooper, 2004.  
75 Olson, 1999.
**Activities: IF Priority Populations | Results: THEN Priority Populations**

<table>
<thead>
<tr>
<th><strong>Utilization of quality health services and products increases</strong></th>
<th><strong>Health improved and sustained</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.3</strong>&lt;br&gt;<strong>Output 1.4</strong></td>
<td>Evidence: While the literature takes care to acknowledge access to health services is a multi-dimensional, complex construct, the evidence does indicate a link between increased access and utilization, although this is mediated by health seeking behaviour patterns which require intervention. The correlation between provision of sanitation services &amp; infrastructure and their use is not linear, and use requires mediation in addition to provision. Evidence does indicate a link between increased access and improved health outcomes. The literature consistently confirms the link between sanitation and health outcomes.</td>
</tr>
<tr>
<td><strong>PP Services Facilitated Access</strong>&lt;br&gt;<strong>Performance of and engagement by civil society in the health sector (linking PPs to health sector services)</strong>&lt;br&gt;<strong>Sub-purpose 4</strong></td>
<td>Assumption: If the performance of civil society in linking PPs to the health sector is improved, then PPs’ utilization of quality health services and products increases Evidence: Evidence from the literature shows that health service delivery through third parties increases utilization of health services and products for the poor, although the effects on health equity is not conclusive. Assumption: If the performance of civil society in linking PPs to the health sector is improved, then their health is improved and sustained Evidence: Evidence in the literature demonstrates a positive link between the deployment of community cadres and health outcomes, although under certain conditions determining performance.</td>
</tr>
</tbody>
</table>

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75 Guilford et al, 2002.  
77 Pinfold, 1999.  
78 Whittington, Hanneman, Sadoff and Jeuland, 2009.  
ANNEX IX. DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.

2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.

3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.

4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.

5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.

6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.

7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to $5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).

8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government, or (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to...
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

Sensitive Data; or (e) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

_________________________  __________________________
Signature                   Date  7/6/2017

Name  Patricia H. David  Title  consultant
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

Signature ___________________________ Date 06/07/2017

Terence Edmond Barney
Name ___________________________ Title Mr

Page 114 of 131
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

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9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

[Signature] Montgomery-Rinehart  9 July 2017

Date

[Signature]  consultant

Name  Montgomery-Rinehart

Title
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that:
   (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE
The undersigned accepts the terms and conditions of this Agreement.

Signature

Date 26/08/2017

Name NICOLE HOREMSE MUDENE

Title ISO LOGISTICS COORDINATOR
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

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Signature  

Date  

Name  

Title  

MUSENGIMANA SYLVESTRE  

CONSULTANT  

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GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

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MOSENGIHWABA SYLVESTRE

Name

CONSULTANT

Title

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GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

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Signature  Date

August, 21, 2017

Name  Title
SEM AKULA MUHAMMED  Local evaluator consultant
ANNEX X. SUMMARY BIOS OF EVALUATION TEAM MEMBERS

**Patricia David**, Team Leader, provided managerial and technical leadership for the evaluation, including work planning, data collection and analysis, debriefs, and ensuring quality and completeness of deliverables. She has a PhD in medical demography and a master’s in sociology, and more than 25 years’ experience in international public health research. Her work focuses on the practical application of research methods to program evaluation.

**Terence Beney**, Evaluation Specialist, is an independent evaluation consultant based in Pretoria, South Africa. He has been working on program evaluation and related technical assistance in a variety of sectors across Africa since 2002. His clients have included local and international NGOs, government departments and agencies, multilateral and bilateral donors, and major philanthropic foundations. He is committed to the development of community of practice in evaluations, serving as a peer reviewer on the Department of Performance Monitoring and Evaluation’s national evaluations of government programs and as Chair of the South African Monitoring & Evaluation Association.

**Hortense Mudenge**, Local Evaluator, is the USAID/West Africa Senior Health Advisor based at the U.S. embassy in Togo. She provides program management and technical support to health activities, coordination and management of Global Fund and Country Coordinating Mechanisms, and serves as USAID Health Liaison to the U.S. embassy in Togo. She has a PhD in pharmacy and a master’s in public health. She has served in Côte d’Ivoire, Burkina Faso, Cameroon, and Togo, working on key populations.

**Lauren Montgomery-Rinehart**, Collaboration Specialist, provided technical input for the evaluation related to the social network analysis, typology of collaboration, and focus group discussions and local facilitators. She has master’s and PhD (ABD) in anthropology, and has held positions in M&E and learning and human and institutional capacity development on numerous USAID projects.

**Sylvestre Musengimana**, Logistics Coordinator, has six years’ experience in project evaluation, capacity building, institutional development and organizational strengthening, and field logistics planning and management. He supported and performed donor-supported project evaluations in Rwanda, including for USAID, World Bank, DfID, European Union, UNESCO, UNICEF, Embassy of the Kingdom of the Netherlands, and the Canadian Department of Foreign Affairs Trade and Development.

**Canisius Nzayisenga**, Local Evaluator, contributed to the design and sampling of evaluation tools and data collection facilitation and in qualitative data analysis of focus groups. A statistician specialized in project M&E and capacity development, he has 24 years’ experience working with public, private, and civil society in the health and rural development sectors. He has worked with multi-disciplinary stakeholders, including community, government, international NGOs, and multilateral partners. He has an MBA and an MPH, and was a Board member of the National Institute of Statistics of Rwanda from 2005 to 2012.

**George Ruhago**, Costing Specialist, is a health economist based in East Africa with more than 10 years’ experience on low-income health systems in Africa. He has worked on health economics and health system evaluations for international organizations, including USAID, UNICEF, The Global Fund, Deloitte and Touche, Pathfinder International, and Save the Children. He is a member of the Global Burden of Disease Study of the Institute of Health Metric and Evaluation at Washington University.

**Muhammed Semakula**, Local Consultant, contributed to the technical working group on evaluation plan design, data collection, data analysis, and ensuring the quality of findings. He also worked on evaluation conclusions and recommendations. He has an MSc in statistics (biostatistics) and is a senior statistician with strong knowledge of quantitative methods and big dataset analysis.
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