



Ministry of Labour and Social Protection

**State Department for Social Protection and Senior Citizens
Affairs**

DRAFT INCEPTION REPORT ON

END OF PROJECT EVALUATION FOR

**THE UNIVERSAL CHILD BENEFIT (UCB) PROJECT SELECTED
COUNTIES IN KENYA**

JULY 2023



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Abbreviations & Acronyms

CAPI	Computer Aided Personal Interviews
CHVs	Community Health Volunteers
CPVs	Child Protection Volunteers
	Cash transfer for Orphans and Vulnerable
CT-OVC	Children
FGDs	Focus Group Discussions
GDP	Gross Domestic Product
IYCF	Infant Young Child Feeding
KIIs	Key Informant Interviews
MEL	Monitoring, Evaluation and Learning
ODK	Open Data Kit
PTR&C	Precise Trends Research & Consulting Limited
SCI	Save the Children International
SDG	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
SSN	Safety Net Programmes
ToC	Theory of Change
UCB	Universal Child Benefit
UNICEF	United Nations Children's Fund
VfM	Value for Money
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

1. CHAPTER 1 -INTRODUCTION

1.1. Background

About 52% of children under 18 in Kenya are multi-dimensionally poor, deprived of their fulfilment of between 3 and 7 basic needs and rights. As a result, many of these children become adults without being able to reach their full potential, thereby creating a cycle of poverty. These effects are worse among vulnerable groups like children with disabilities, as they need to spend more to access the same resources. Children are currently under prioritised by the social protection system in Kenya – with most children unable to access any form of social protection – despite the vast majority facing severe vulnerabilities and living on low incomes.

Poverty among African countries constitutes the principal basis for socio-economic development discourse and more recently, for investment in social protection. In recognition of the multidimensional nature of poverty, a multifaceted approach often ensures that the vulnerable and marginalized people benefit from social protection strategies (Kidd & Wylde, 2011). Thus, social protection has been an effective approach in tackling poverty and hunger and thereby helping support the attainment of the Sustainable Development Goals (SDG) 1 and 2 (United Nations, 2015).

Prior impact evaluations carried out on a number of social protection programmes show multiple benefits of social protection such as reduced poverty, improved nutrition for women and their families, improved girls' education, improved access to health care, and better nutrition outcomes for pregnant and lactating mothers (Kaplan and Jones, 2013); (Adato and Basset, 2008) and Barca et al., 2015). The benefits of social protection remain crucial in addressing socio-economic issues. Social protection programmes that are well-designed and implemented can improve the socio-economic well-being of a country's citizenry, enhance human capital and productivity, reduce inequalities, build resilience and end the inter-generational cycle of poverty. Such systems and tools are transformative as they not only help the poor and most vulnerable mitigate economic and fiscal shocks, but also help ensure equality of opportunity by giving the recipients a chance to climb out of poverty and become productive members of society.

Over the past couple of years, expenditure on social safety net programmes has been on the increase with developing and transition economies spending an average of 1.5% of GDP on social safety net (SSN) programmes (World Bank Group, 2018). The report further shows that in Latin America and the Caribbean region, expenditure on SSN programmes accounted for 1.26% of GDP in 2015 from a paltry 0.4% in 2000 (World Bank Group, 2018). The total amount spent on SSN in other regions including Europe, Central Asia, and Africa have recorded growth in expenditure on SSN programmes. However, Middle East and North Africa are second lowest regions spending the least amount after South Asia at only 1.0% of GDP. Increase in expenditure has seen many more deserving beneficiaries included in the SSN programmes.

SDG Goal 1.3 calls for the implementation of “*nationally appropriate social protection systems and measures for all, including floors¹, and by 2030 achieve substantial coverage of the poor and vulnerable*”. According to ILO (2012), universal social protection coverage includes: providing social assistance through cash transfers to those in need and especially children; benefits and support for people of working age in case of maternity, disability, work injury or for those without jobs; and pension coverage for the elderly². Assistance is normally provided through social insurance, tax-funded social benefits, social assistance services, public works programmes and other schemes guaranteeing basic income security. However, about 45% of the world’s population, and 80% in Africa, have no access to formal social protection beyond the possibilities presented by informal networks such as family, kinship groups or communities (International Labour Office, 2017).

Currently, Kenya’s main social protection cash transfers reach, directly or indirectly, is estimated at 7.5 percent of the total child population. Children who have lost one or both parents are significantly more likely to be covered than their non-orphaned peers. This is as expected because orphans are the explicit target group of the CT-OVC and orphan hood is a common proxy of vulnerability used in the other cash transfer program.

Despite progress in expanding the number of beneficiaries, Kenya’s social protection do not yet reach the vast majority of children living in the poorest wealth quintiles, even though coverage is pro-poor. Another major gap in the system is the very low coverage of young children. Children under the age of five are significantly under-represented in the CT-OVC and, to a lesser extent, in the other programs too. This goes against one of the key principles of child-sensitive social protection. The coverage of children with disabilities is also estimated to be very low (less than 2 percent).

1.2. About the Kenya’s Universal Child Benefit Pilot

The Government of Kenya has committed to implementing a Universal Child Benefit for all Kenyan children aged 0 – 36 months, with a UCB pilot started in December 2021 for 12 months. The purpose of the UCB pilot is to provide financial support to families with young children affected by the COVID-19 crisis, test out the delivery of a UCB, and provide evidence on the impacts of a UCB on families and communities. The UCB pilot being implemented with support from UNICEF, Save the Children and WFP, with each playing a critical role. SCI is responsible with cash-plus activities including nutrition messaging and positive parenting interventions. The pilot is being implemented in Kajiado Central in Kajiado County, Mbeere North in Embu County and Nyando in Kisumu County.

The cash component is provided universally to all households with children in the select communities over a period of 12 months to households with children between the ages of 0-36

¹ According to ILO (2012), social protection floors are nationally defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion. These guarantees should ensure at a minimum that, over the life cycle, all those in need have access to essential health care and basic income security.

² According to the ILO (2012), social security includes all measures that are intended to provide income security and alleviate poverty in conditions of old age, sickness, invalidity, maternity or unemployment; measures to guarantee access to medical care, health and social services and measures designed to protect the income, health and wellbeing of workers and their families.

months. Each household receive Ksh 800 after every two months. The cash is sent mainly through Safaricom's M-pesa agents or other mobile money providers. The payment is provided to female caregivers and in case there isn't one, it is provided to another caregiver in the household.

The cash-plus (complementary) services include nutrition messaging, positive parenting and disability inclusion is implemented by Save the Children working together with the state department of Social Protection, the Directorate of children services, the Social development Department, National council for persons living with Disabilities and the Ministry of Health.

The Cash plus nutrition programming aims to improve behaviours and the social norms to create an enabling environment to support positive maternal and Infant Young Child Feeding (IYCF), health and WASH practices. The key areas of focus include: maternal health and nutrition during pregnancy; optimal breastfeeding, early, and exclusive for the first 6 months of a child's life and continued breastfeeding for two years; appropriate complementary feeding; hygiene and sanitation; and early and active health care seeking practices.

On disability inclusion the persons with disability were priorities across the project. This was in accessing cash transfers, positive parenting skills, ensured that birth registration was prioritized including of children with disability.

Positive parenting messaging may also help reinforce the impacts on nutrition and lead to other positive impacts on child development both cognitive and social skills. Save the Children implemented Positive Parenting training for parenting groups inclusive of persons with disability using the National Parenting Manual. Training of child protection actors to identify and respond to child protection cases (abuse & violence), strengthen the referral pathways and reporting violation cases by sub county children officers in the child protection mechanisms.

1.3. Objectives of the study

The main objectives of undertaking this endline evaluation is to assess both the processes and the outcomes of interventions and collect evidence and lessons learnt in the implementation of the UCB pilot. The findings emerging from the end line evaluation will:

1. Inform social protection policy/agenda direction on Universal Child Benefit in Kenya at both national and county governments.
2. Inform and guide the design and scale-up of national UCB program in Kenya.
3. The evaluation will provide specific, actionable and practical recommendations for future programming based on the findings.
 - a) Measure the level of achievement of the project indicators in the target households locations
 - b) Changes in behaviour on nutrition practises, positive parenting and disability inclusion due to improved knowledge and understanding in the target locations
 - c) How to effectively design and implement child protection integrating cash transfer programme
 - d) Inform how to integrate child protection and cash transfer programming
 - e) How the intervention has increased target beneficiaries' access to income security through social assistance.
 - f) How has the project improved National, County governments and relevant stakeholders' coordination mechanisms to enhance coverage of the target children.

- g) Document the lessons learned and best practices during programme implementation and assess how much the programme brought change in the capacity of the health care workers, child protection officers and CHVs in integrated cash, nutrition, and positive parenting programming.

1.4. Purpose and Scope of the end term evaluation

The scope of this end term evaluation of the project “*Universal Child Benefit Pilot*” will:

- a) Evaluate the project in terms of its effectiveness, relevance, efficiency, sustainability, and impact, with a priority on assessing the project expected results, objectives and overall goal;
- b) Identify key lessons and potential practices for learning.
- c) Assess the challenge, best practice and document the outcome for future processes.

The evaluation will cover the entire project duration from December 2021 for 12 months. In undertaking this end term evaluation, PTR&C commits to adhere to the stated evaluation criteria which encompasses Effectiveness, Relevance, Efficiency, Sustainability, Impact and Learning and Replicability. In addition, we will also add the following evaluation areas, if awarded this contract i.e. Value for Money (VfM), Sustainability, Process and Coherence

We shall utilise the Theory of Change (as illustrated in the Figure 1 below) to address pertinent issues of the study.

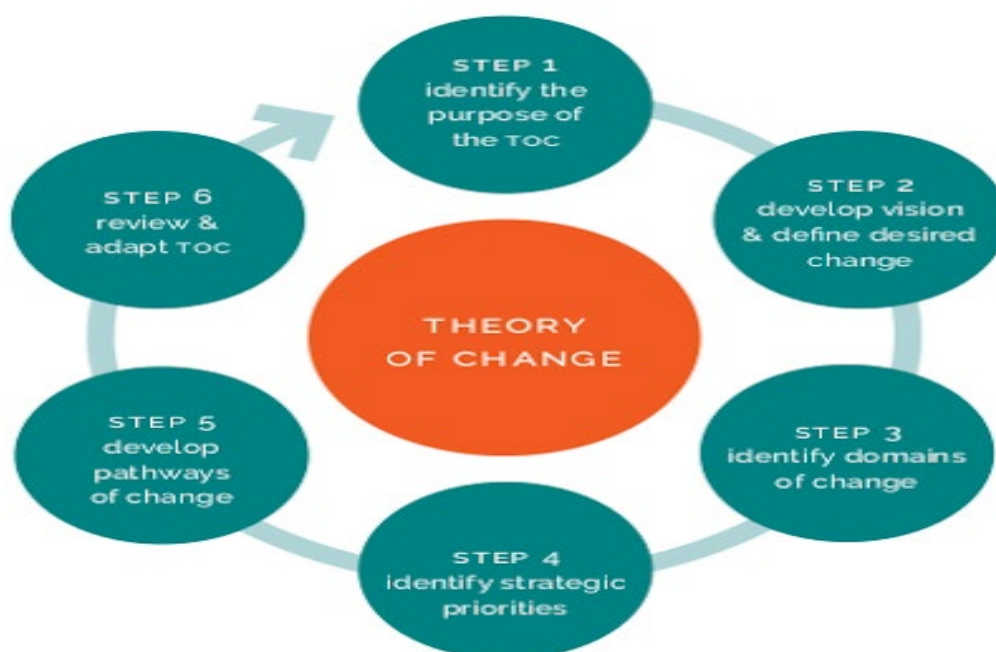


Figure 1: Theory of change

Specifically, using the model, we will address the following:

- i. Effectiveness -How big is the effectiveness or impact of the project compared to the objectives planned? To what extent have the planned objectives in the log frame of the project, been reached, per indicator?”

- ii. **Relevance** - How important is the relevance or significance of the intervention regarding local and national requirements and priorities? How do the stakeholders perceive the relevance of the project? Are there any stories of change?
- iii. **Efficiency** – Are the objectives being achieved economically by the development intervention? How big is the efficiency ratio of the resources used?
- iv. **Sustainability** - Are the positive effects or impacts sustainable? How is the sustainability or permanence of the intervention and its effects?
- v. **Impact** - What is the intended/unintended impact or effect of the project in proportion to the overall situation?
- vi. **Learning and Replicability** - identify Lessons learnt, best practices and offer recommendations, document best practices that have been adopted and how can they be replicated in future projects or partners for adoption
- vii. **VfM** – Assess the processes of achieving results to justify the costs incurred and represent value for money?
- viii. **Process** - Were the strategies employed adequate and/or appropriate to realize the project objectives or should other project strategies have been preferred rather than the one implemented?
- ix. **Coherence** - Are the project interventions aligned to other actions within sexual and reproductive health services to marginalized women and girls in Kenya

1.5. Geographical scope

The geographical scope of this end term evaluation will be Kajiado Central in Kajiado County, Mbeere North in Embu County and Nyando in Kisumu County. Methodologically, the study shall utilise literature review and primary data collection using mixed methods. The study will be carried out between the months of **July and September 2023**.

2. CHAPTER 2: METHODOLOGY

The end line evaluation will be anchored on a Theory of Change (ToC) which is essential to help us understand the important pathways and mediating factors that together underpin the success, or failure, of any programme. The pathway between cash transfers and nutrition outcomes is quite complex, and flexibility is required in the process of developing a practical ToC, within any given setting. Improving a child's nutritional status involves many complex pathways: typically covering access to food, consumption of a more nutritious diet, more appropriate care, hygiene and feeding practices, and better access to clean water and sanitation. Cash transfers are a proven, practical intervention to address poverty and improve children's well-being across a range of outcomes, including health, nutrition and education. There is also compelling evidence that cash transfers can achieve significantly greater impacts on child outcomes when combined with complementary interventions and/ or linkages to other services and interventions. Emerging evidence shows that there are positive impacts of cash transfers on wasting and stunting with complementary programmes such as behaviour change communication, supplementary food and access to community management of acute malnutrition. In addition, there is growing evidence of increase in expenditure on food for children as a result of cash transfers although impact is dependent on context, implementation and intervention design. With regard to dietary diversity, studies have showed that cash transfers may be better than food transfers in improving household's dietary diversity.

The end term evaluation of the **Universal Child Benefit Pilot project** will be carried out in **five phases** as summarized in Table 1 below.

2.1. Implementation phases of the end term evaluation of the Universal Child Benefit Pilot project

Phases	Outputs	End term evaluation of the Universal Child Benefit Pilot project
Phase 1: Design/evaluation and Planning	Inception meeting with the project personnel	Meeting to ground break the exercise and set timelines and expectations
	Meeting notes, inception report, survey lists	3 days from date of orientation
	Sharing of project data and documents for documentary review on secondary data.	Save the Children to share with the consultant project data, baseline survey tools, documents and M&E framework to form part of secondary data review
Phase II: Training and pilot testing	Finalized tools, discussion guides, workplans, data reporting protocols	2 days from date of approval of inception report
	Piloting of data collection tools	2 days after completion of designing of the tools and questionnaires Test the practicability and usage of the tools and methodology of data collection in context
	Updating the data collection tools.	1 day after pilot testing Review and update the tools with input from the pilot
Phase III: Field data collection	Daily progress reports, field completion report • Daily upload of data from collection devices	11 days after training the survey team Carry out the actual data collection exercise: quantitative, KIIs, FGDs

Phases	Outputs	End term evaluation of the Universal Child Benefit Pilot project
	<ul style="list-style-type: none"> • validation and Visual quality checks of both hard and soft data • Data quality verification through visits to randomly selected respondents and other secondary data • Sharing of data collected (voices, transcripts-if need be) on real time basis • Sharing transcripts etc 	
	Daily Debrief sessions	Hold debrief meeting to discuss reflections of the data collection process and key highlights
Phase IV: Data cleaning, triangulation, analysis & interpretation.	Submission of final, cleaned data set with all associated codes. Transcripts, FGDs and KIs Grids Carry out data analysis and interpretations	5 days after completion of fieldwork Present preliminary findings of the analysis.
Phase V: Final Report	Development of 1st draft report	2 days after completion of data analysis Develop and submit the first draft of the end term evaluation report
	Review of 1st draft of report	2 days after submission of the draft report Save the Children team to review the draft report and share feedback with the consultant as need be.
	2nd draft with comments (however necessary).	2 days after receipt of comments from client team Incorporate comments and feedback from Save the Children and produce a finer copy of the report
	Final soft copy report and hard copies in prescribed format.	1 week after approval of the final report by Save the Children team We will produce the final copy of evaluation report and share with the team. Hard copy reports shall be produced as required

2.2. Illustration of the methodologies proposed for end term evaluation of the Universal Child Benefit Pilot project

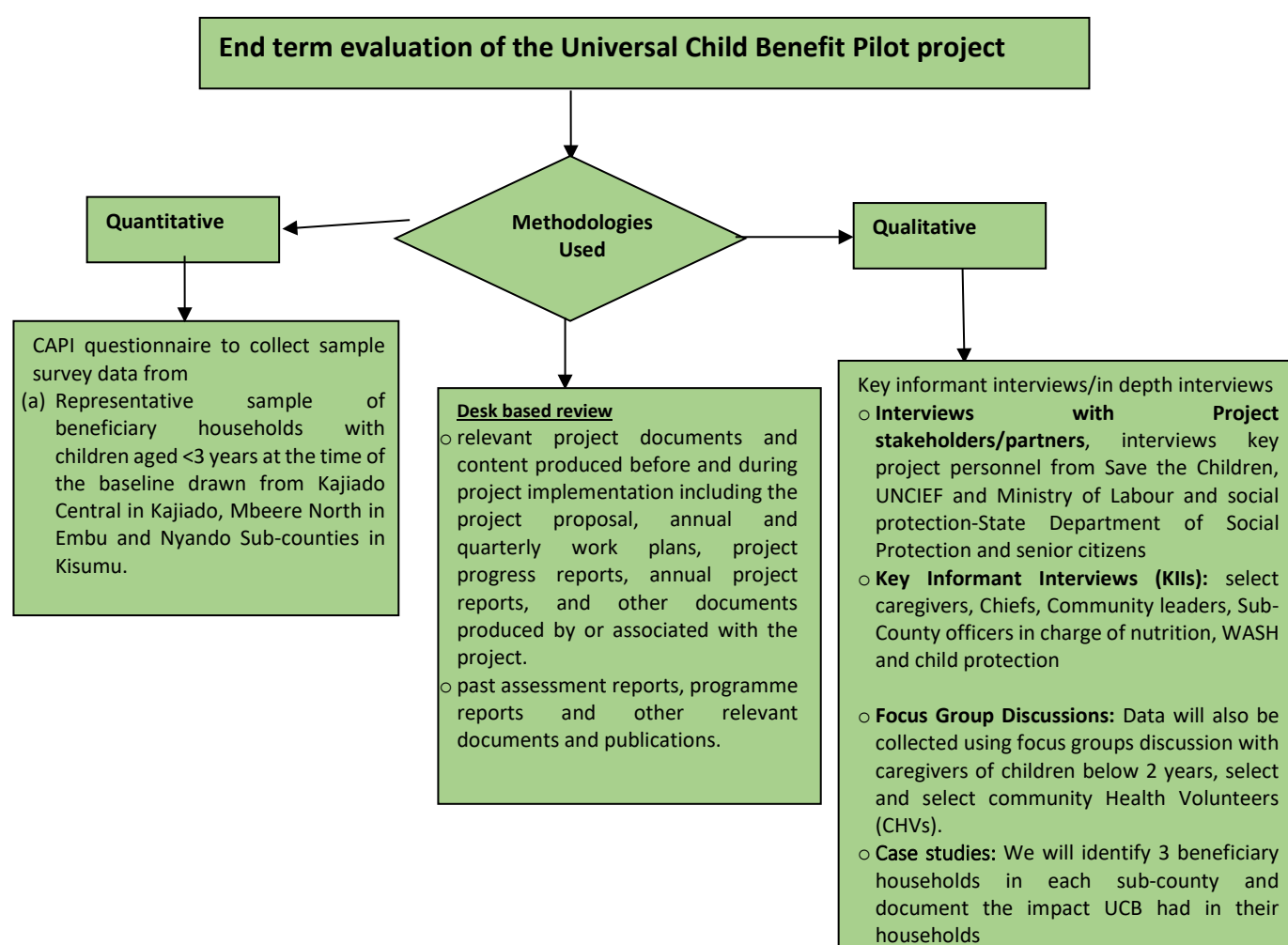


Figure 2: Illustration of the proposed methodologies UCB end term evaluation

In addition, we will carry out field observations and reflections for triangulations of information reflections and feedback sessions with the consortium team members. The quantitative method will be employed to generate M&E indicators. The following methodologies will be employed;

- a) **Desk review** on relevant project documents and content produced before and during project implementation including the project proposal, annual and quarterly work plans, project progress reports, annual project reports, and other documents produced by or associated with the project, past assessment reports, programme reports and other relevant documents and publications.
- b) **Qualitative Data Collection:** This method will be employed by the consultant to obtain primary qualitative data that address the research questions. The approach is essential and provides deep insights on topics of interests including in this study. The qualitative data will largely be obtained from;
 - **Key informant interviews** with project staff from Save the Children, UNICEF, WFP, Safaricom and Ministry of Ministry of Labour and social protection-State Department of Social Protection and senior citizens
 - **Key Informant Interviews (KIs):** caregivers, Chiefs, Community leaders, Sub- County officers in charge of nutrition, WASH and child protection
 - **Focus Group Discussions:** Data will also be collected using focus groups discussion with caregivers of children below 2 years, select and select community Health Volunteers (CHVs).

- c) **Case studies:** We will identify 3 beneficiary households in each sub-county and document the impact UCB had in their households.
- d) **Quantitative Data Collection:** The study requires quantitative measurement of certain key indicators. We proposed to carry out quantitative data collection among a statistically representative sample of beneficiary households with children aged <3 years at the time of the baseline drawn from Kajiado Central in Kajiado, Mbeere North in Embu and Nyando Sub-counties in Kisumu.

2.3. Quantitative household questionnaire

- e) All data Collection tools will be developed using **Open Data Kit (ODK)** and will help us to collect data on from a statistically representative sample of beneficiary households with children aged <3 years at the time of the baseline drawn from Kajiado Central in Kajiado, Mbeere North in Embu and Nyando Sub-counties in Kisumu.

The questionnaires will be semi-structured, to capture both closed and open-ended questions data. Data will be collected on end term evaluation **of the Universal Child Benefit Pilot project**. To facilitate collection of the pertinent data, requisite study tools and instruments have been developed, and are attached as annexes to this inception report.

2.4. Qualitative Tools and Instruments

Qualitative data will also be collected to complement the quantitative data collection. Requisite data will be collected using KIIs and FGDs.

- **Key informant interviews Interviews with** with project staff from Save the Children, UNICEF, WFP, Safaricom and Ministry of Labour and social protection-State Department of Social Protection and senior citizens;
- **Key Informant Interviews (KIIs) with caregivers**, Chiefs, Community leaders, Sub- County officers in charge of nutrition, WASH and child protection
- **Focus Group Discussions:** Focus Group Discussions with caregivers of children below 2 years, select and select community Health Volunteers (CHVs).

2.5. Quantitative sampling strategy

2.5.1. Sampling design and size

The UCB will be a cluster sampling approach using three independent strata, which will be basically the three **sub-counties where beneficiaries are located namely Kajiado Central in Kajiado County, Mbeere North in Embu County and Nyando in Kisumu County**. Based on the payroll list provided, the total number of beneficiaries reached out were 7,541 and were drawn from 5, 8 and 6 sub-locations in Kajiado Central, Mbeere North and Nyando sub-counties respectively. We propose a three-stage cluster sampling design. The first stage will be to separate beneficiaries by each sub-county. In the second stage, 15-19-villages from each sub-county will be selected. In the third stage, caregivers from each cluster will be selected from within the first stage clusters using a systematic random selection. Whereas there might be a number of different indicators relevant to this end line evaluation, most of the indicators will be related to prevalence (i.e. the percentage of the beneficiaries that fits a certain attribute). Since the prevalence of exclusive breastfeeding (0-5 months) at baseline and endline was estimated at 35% and the minimum acceptable diet (6-23 months) at 20%. We used this to estimate the probable sample for the end of UCB project evaluation. Therefore, the formula for sample computation is as follows, including the design effect adjustment of 2.

$$n = \frac{t^2 p(1 - p). def f}{\varepsilon^2}$$

t is the abscissa of the normal curve that cuts of an area of α at the tails and which is 1.96
n = the desired sample size for the survey
P= prevalence of exclusive breastfeeding (0-5 months) at baseline and endline is estimated at 35%.
 ϵ = margin of error at 0.05
 def = design effect. In this case design effect of 2 for a cluster size of approximately 15.

When these values are inserted in the formula, it yields a sample of 699, that is.

$$n=1.96^2 \times 0.35(1-0.35) \times 2 / 0.05^2 = 699 \text{ caregivers}$$

The end term evaluation requires that estimates be provided at the level of each county, hence the computed sample of 699 observations is representative enough. We propose the three strata to have a total of 47 cluster(villages), and each cluster(village) will consist of 15 households thus resulting in a total of 705 households. In the each strata, systematic random sampling with probability proportional to size will be used.

All the three (3) strata will have a total of 47 clusters (villages) and each cluster (village) will consist of 15 households (705 total). However, the sample shall only be drawn from villages with a minimum of fifteen (15) beneficiaries.

Non-response has already been accounted for in the sample size calculations, replacement of non-responding households will be done after the third unsuccessful recall is made. Individual households selected from each cluster (village) will be carried out before the field work to enable the UCB end line evaluation teams to familiarize themselves with them to enhance the likelihood of accessible to them during fieldwork.

2.5.2.Evaluation Participants

The evaluation participants or respondents will be drawn from the three strata with the households selected from primary sampling units as described below. In Table 1 the inclusion criteria for enrollment into the evaluation, disaggregated by target population group is provided. There are no specific exclusion criteria other than the negation of the inclusion criteria.

Table 1: Inclusion criteria by targeted population group

Target population	Inclusion criteria
Households	<ul style="list-style-type: none"> Caregiver gives oral consent for UCB end line evaluation data collection. Members currently reside in one of the strata included in the sampling universe and are caregivers to the UCB project

2.5.3.The Sampling Frame and Sample Design

The sample design for the UCB will be a two Stage Stratified Cluster sample where the sub-counties are the strata, the sub-location are sub-strata and villages will be the clusters. In Table 2, the distribution of the UCB beneficiaries based on the updated payroll list is shown. The distribution is across the three sub-counties and the sub-locations. The total number of beneficiaries as per the 2022 payroll is 7,541.

Table 2: The Number of households and percentage distribution by sub-counties

County	Sub-County	Sub-location	Number of UCB beneficiaries	%
Embu	Mbeere North	Gitiburi	222	2.94

County	Sub-County	Sub-location	Number of UCB beneficiaries	%
		Kune	303	4.02
		Kwanduambogo	178	2.36
		Muchonoke	218	2.89
		Muthanu	284	3.77
		Riandu	541	7.17
		Siakago	833	11.05
		Thura	233	3.09
Kajiado	Kajiado Central	Esokota	124	1.64
		Hospital	255	3.38
		Majengo	985	13.06
		Market	535	7.09
		OlkSave the Childrenriti	207	2.74
Kisumu	Nyando	Kachogo Central	151	2.00
		Kachogo North	395	5.24
		Kachogo South	354	4.69
		Kakola Ahero	821	10.89
		Kakola Ombaka	250	3.32
		Tura	652	8.65
Total			7,541	100

2.5.4. The Sampling Approach

In the development of the sampling frame, there are conditions that need to be fulfilled to achieve a probability sample, which would enable the results of the UCB end line evaluation to be generalized to the entire population. It is important to point out that the methodology articulated in this inception report must be strictly adhered to and hence there is no deviation.

2.5.5. Allocation approach

The allocation will be proportionately to the sizes (number of households in each sub-location) of the various sub-counties. It is also noted that due to varying sizes of the sub-counties with some having smaller sizes than others, if sample is allocated proportionate to the actual sizes of the sub-counties, the sample size will be heavily skewed towards the sub-counties with larger population sizes. To mitigate this constraint, the allocation has been done proportionately to the square root transformation of the sizes of the respective sub-counties. Following this approach, the following is the formulation for the allocation stated above.

There are 3 sub-counties with the total number of households, i.e. size $n = 7,541$ and the sizes for each of the 3 sub-counties being $N_1, N_2, N_3 \dots N_{18}$ with $N = N_1 + N_2 + N_3 \dots + N_6$ (Actual numbers can be seen in Table 1). Corresponding to each of these sub-counties the allocation of the sample yields n_1, n_2, n_3 such that $n = n_1 + n_2 + n_3$ where $n = 705$. The allocation of the sample to the n^{th} village will be made using the following result (where the square roots of the sizes were taken);

$$n_h = \frac{n \cdot N_h}{N}$$

This allocation is preferred to equal allocation of the sample as it has been proved statistically that it gives lower standard errors for the estimates than the latter. The other allocation approach applied goes by the name Neyman or Optimum allocation. This cannot be applied as the information required for its application is not available.

Based on the proportionate allocation strategy, the distribution in Table 3 was obtained. As the size for each cluster (village) was fixed at a sample take of 15 households for each clusters (village). It is observed that ultimately the total number of cluster (villages) that will be covered in the UCB end line evaluation are 47.

2.5.6.Cluster(village) Size

The number of interviews covered in each cluster (village) has implications on the cost of the UCB end line evaluation as well as the resultant standard errors of the population parameter estimates. Consequently, the sample take per cluster (village) will be kept relatively modest to mitigate both cost and variances. In cluster (village) (EA) a total of 15 households will be interviewed. This will result in a total of 52 cluster(villages)s in all the three counties.

The distribution of the sample (households and cluster (villages) are displayed in Tables 3 and 4 across all the domains of estimation which include; sub-counties, urban and rural.

Table 3: Distribution of the Sample per sub-county and Sub-location

County	Sub-County	Sub-location	Number of UCB beneficiaries	%	Distribution of sample per sub-location
Embu	Mbeere North	Gitiburi	222	2.94	21
		Kune	303	4.02	28
		Kwanduambogo	178	2.36	17
		Muchonoke	218	2.89	20
		Muthanu	284	3.77	27
		Riandu	541	7.17	51
		Siakago	833	11.05	78
		Thura	233	3.09	22
Kajiado	Kajiado Central	Esokota	124	1.64	12
		Hospital	255	3.38	24
		Majengo	985	13.06	92
		Market	535	7.09	50
		Olkiloriti	207	2.74	19
Kisumu	Nyando	Kachogo Central	151	2.00	14
		Kachogo North	395	5.24	37
		Kachogo South	354	4.69	33
		Kakola Ahero	821	10.89	77
		Kakola Ombaka	250	3.32	23
		Tura	652	8.65	61
Total			7,541	100	705

Table 4: Distribution of the cluster(villages) by sub-counties

County	Sub-County	Sub-location	Number of UCB beneficiaries	No. of Villages	Sample of UCB beneficiaries from each village	Total sample
Embu		Gitiburi	222	1	15	21

	Mbeere North	Kune	303	2	15	28
		Kwanduambogo	178	1	15	17
		Muchonoke	218	1	15	20
		Muthanu	284	2	15	27
		Riandu	541	3	15	51
		Siakago	833	5	15	78
		Thura	233	1	15	22
Kajiado	Kajiado Central	Esokota	124	1	15	12
		Hospital	255	2	15	24
		Majengo	985	6	15	92
		Market	535	3	15	50
		Olkiloriti	207	1	15	19
Kisumu	Nyando	Kachogo Central	151	1	15	14
		Kachogo North	395	2	15	37
		Kachogo South	354	2	15	33
		Kakola Ahero	821	5	15	77
		Kakola Ombaka	250	2	15	23
		Tura	652	4	15	61
Total			7,541	47		705

2.5.7. Weighting

The selection probabilities of all the sample elements will be computed for all the stages of sample selection. The inverse of the probabilities of selection will yield the weights. The weights will include base, post stratification and non-response adjustment weights as appropriate.

2.5.8. Estimation of the Population Parameters

The estimates for given population parameters will be made using the estimated sample weights.

2.5.9. Computation of Standard Errors

The standard errors facilitate the assessment of the reliability of the estimates from the sample. It is important that standard errors are computed for some key results from the sample. In this UCB end line evaluation standard errors will be computed for selected variables and results from the analysis. In addition, design effects will be included in the computations. The computations of the standard errors will be done using Statistical Package for Social Sciences (SPSS).

2.6. Qualitative Sampling

To ensure collection of the requisite qualitative information, interviews with key informants will be carried out using focus group discussions and key informant interviews. The sites, groups and individuals selected for key informant interviews will be selected purposely based on the topic at hand.

2.6.1.FGDs

We proposed to carry out FGDs among caregivers of children below 3 years, selected Community Health Volunteers (CHVs) and Child Protection Volunteers (CPVs) as per the Table 5 below.

Table 5: Proposed number of FGDs

Sub County	FGDs	Number
Mbeere North	Caregivers	1
	Community Health Volunteers (CHVs)	1
	Child Protection Volunteers (CPVs)	1
Kajiado Central	Caregivers	1
	Community Health Volunteers (CHVs)	1
	Child Protection Volunteers (CPVs)	1
Nyando	Caregivers	1
	Community Health Volunteers (CHVs)	1
	Child Protection Volunteers (CPVs)	1
Total		9

2.6.2. Key Informants interviews

Key informant interviews will be carried out with Community leaders, Sub- County officers in charge of nutrition, WASH and child protection. Semi-structured interview guides will be used and the interviews recorded in audio formats and notes taken. A total of 35 key informants were interviewed as presented in Table 6.

Table 6: Summary of key informants interviewed

National/Sub-county	Key informants	Number
National	Save the Children, UNICEF, WFP, Safaricom and Ministry of Ministry of Labour and social protection-State Department of Social Protection and senior citizens)	5
Mbeere North	County Nutrition Coordinator; Subcounty Nutrition Coordinator; County Children Services Coordinator; Subcounty children services coordinator; Coordinator for Persons with Disability; Coordinator for Social Assistance; Religious leaders ; Sub County Child protection volunteers; Sub County Nutrition Officer, caregivers, community leaders, Sub-chiefs, village elders, village administrators	10
Kajiado Central	County Nutrition Coordinator; Subcounty Nutrition Coordinator; Subcounty children services coordinator; Coordinator for Persons with Disability; Religious leader, Sub County Child protection volunteers; Sub County Nutrition Officer, caregivers, community leaders, Sub-chiefs, village elders, village administrators	10
Nyando	Nutrition coordinators, Children service coordinators, Coordinator for Persons with Disability, Local administrator/Chiefs and Religious leader/Imam, Sub County Nutrition Officer, caregivers, community leaders, Sub-chiefs, village elders, village administrators	10
Total		35

2.6.3. Case studies

One beneficiary household in each sub-County will be identified and their prevailing living conditions documented through an in-depth interview. The case studies will be drawn from different contexts in terms of locations (rural/peri-urban/ urban) and poverty status (poor, non-poor).

2.7. Summary Table of the proposed survey respondents (quantitative) and participants (Qualitative)

Respondent/participant type	Research Method	Data collection approach	Estimated Sample per sub-county	sub-county	Total
Beneficiaries/caregivers	Quantitative	CAPI Individual questionnaire	225-285	3	705
Key informant interviews	Qualitative	KIIs	5 -nationa 10 (Counties)	3	35
Beneficiaries/caregivers	Qualitative	FGDs	3	3	9

3. CHAPTER 3 - DATA COLLECTION AND FIELD WORK

This chapter provides a description of the approach taken to collect data in the field and includes operational details about how the UCB evaluation will be fielded.

3.1. Community Mobilization and Sensitization

Stakeholders from in each sub-county will lead the sensitization activities ahead of the UCB end line evaluation data collection. The sensitization activities will include sending letters or phone calls to the sub-county, location, sub-location and villages representatives and other activities deemed necessary. These activities will be done in close collaboration with representatives from Save the Children in each sub-county.

Shortly before the team's arrival in each village, the pre-sensitized stakeholders will be informed by telephone, whenever possible. Upon arrival of a team in a cluster(village), the team will meet with the relevant village elder to inform them again about the work and seek their support.

3.2. UCB end line evaluation team composition

The UCB evaluation will be fielded by 3 teams, with 1 team each assigned to each sub-county. Each team will collect data from the villages assigned i.e., 19 in Mbeere North, 15 in Kajiado Central and 18 in Nyando.

Each UCB evaluation field team will consist of the following personnel, also shown in Figure 1:

- One Field supervisor
- Four enumerators
- 2 qualitative researchers
- One Driver
- 1 local guide recruited per village to help locate the households.

The field supervisors will be constantly in the field throughout field work. They will double up as the sample coordinators and will have prior experience in similar studies. One field supervisor will be responsible for one team. Besides overall overview and quality control, the field supervisors will also play an instrumental role in planning team progress and provide them with the most accurate briefs on fieldwork execution. In addition, Save the Children will provide in (1) overall coordinator to oversee the planning and implementation of the UCB end line evaluation.

Throughout field work, three members of the PTR&C leadership will conduct field revisits to provide an additional layer of supervision. Further, if need arises, they will be the next level of problem solving, if the team cannot solve it. We will also conduct field accompaniments in the initial days of data collection to assess the quality of interviews as well as field revisits. Telephone back checks will be made to confirm if the households interviewed were visited on the dates mentioned; GPS coordinates will be used to monitor team movements.

Save the Children Coordinator

PTR&C Lead consultants

Figure 3: Organizational Chart for the fieldwork of the UCB endline evaluation

The teams will move from one village to another in one vehicles (or other suitable means of transport). Field supervisors will travel jointly with the field teams during data collection. The field supervisor will be responsible for supervising the field work of his or her team and for solving any problems that may arise. He or she will also take the lead in communicating to local leaders and compiling paper-based instruments (household lists, cluster (village) control forms, completed consent forms). The team leader will also help to conduct interviews if time allows.

Each team will have four interviewers operating independently, and data collection for each household should take, on average, about 1 hour 30 minutes. Thus, each team should be able to complete data collection in all households in at least 1 cluster (village) per day. If teams work 6 days per week, a team should complete 6 cluster(village)s per week. As a result, allowing for some time required for travel, a team should be able to collect all the data in its assigned 15-19 cluster(village)s in 15-20 days.

The local guides will not be part of the core team but they are nonetheless an important part of UCB end line evaluation team. They will be assisting the teams in tracing the households and will be managed by the field supervisor. In other similar evaluations, it has been shown that recruiting local guides that are familiar with conducting census activities has worked well. The exact *modus operandi* will have to be adapted once the cluster(villages) have been drawn: in some sub-locations, it may be better to use the same local guides throughout the UCB end line evaluation, whereas in other sub-locations, it may be required to change them to account for cultural/ethnic barriers or the importance of intimately knowing a given cluster(village).

3.3. Instrument Pre-Testing, Training and Field Testing

Prior to providing full training to the team members, all questionnaires and UCB end line evaluation instruments will be translated into *Swahili* dialect. Back translation of the questionnaire will also be done to ensure that all questions are correctly translated and will accurately collect data. The questionnaires and UCB end line evaluation instruments will be pre-tested by the UCB end line evaluation management team; this relates to the questionnaires to check the flow and the different response options, as well as the quality of translation. Pretesting of questionnaires will be conducted directly by the UCB end line evaluation management team, and with selected individuals research assistants during planning missions.

The field workers training will be centralized in Nairobi for all teams participating in the UCB end line evaluation. The training will consist of classroom instruction and practice (role play) of all steps.

In this training, all staff will be trained and hence enable the research team to directly observe the comprehension and abilities of the field workers. Following classroom training and role plays, each team will

visit two practice cluster(villages) within their allocated sub-counties and conduct all UCB end line evaluation steps. This practice clusters (villages) will not be included in the UCB evaluation sample.

Overall, training of field staff will include discussion of each question, practice reading, role playing, and on how to use the interview device (tablet computer). Since the questionnaire will be part of the training, interviewers will assist in field testing and final revision of questionnaire questions to ensure their clarity and cultural appropriateness. Interviewers will also conduct mock interviews in the local languages and will provide input on the translation of the questions into different languages to ensure the correctness of the translated questions with the questions originally formulated in English. For large parts of the training, the interviewers will undergo separate training from that of the field coordinators and supervisors. The latter will be trained on supervision techniques and will undergo rigorous standardization.

A post- training test of all field personnel will be administered to assess their understanding of field procedures. This, along with observations from the trainers and the results of the PTR&C testing, will be used to select the best performing team members to enable them to support the rest of the teams during data collection.

The purpose of the field testing is to give the teams a chance to practice all UCB end line evaluation procedures in a cluster(village) under very close supervision. For this, UCB end line evaluation teams will practice all data collection steps in households selected from their sub-counties but not included in the UCB end line evaluation sample. These communities will be selected to have comparable characteristics to the finally selected communities (e.g., urban versus rural, spread-out versus dense communities, etc.).

Prior to the start of the field work, two clusters (villages) from each sub-county will be selected for the field testing. The teams will be conducting the community sensitization and household tracing, interviewing household members, and practice data transfer to the server. The field supervisor will also be coordinating the activities and reviewing all completed interviews before remitting to the server.

3.4. Locating selected households

The target households in the villages will be randomly selected earlier from the 2022 payroll list. A sample of fifteen (15) households will be selected randomly in each cluster. The selection will be carried out in the office using the random number generator of the MS Excel spreadsheet.

3.5. Collection of Household Data

For data collection at this stage, tablet computers with GPS capability will be used for direct data entry during field data collection. Besides the questionnaires, a series of supporting paper-based instruments will be used to facilitate field work and ensure high quality of the field work. Skip patterns will be built in to speed up the interviewing process by automatically skipping over irrelevant questions.

For settled households, all selected households in each cluster(village) will be visited on the first day to ensure that household members are available for data collection. If necessary, appointments for data collection will be made for the same day or the following 2 days. As part of the initial visit, the teams will request the availability of the household in the coming 1-2 days to schedule a visit. Although the timing of interviews and other operational details may need to be determined in the field, it may be most effective to primarily interview respondents at convenient times to reduce absenteeism.

For the household questionnaire, the caregiver will serve as the respondent for this interview. Written informed consent will be sought from the head of the household. This interview will collect data on:

- Household geo-location;
- A household roster listing all household members and gathering basic demographic information, such as age and sex, relation to household head, and linkage between mother and child;

- Additional information about all household members, such as educational level and current employment status;
- All other information as outlined in the Labour Force UCB end line evaluation questionnaire

The full questionnaire is provided in the annexes. All reasonable attempts will be made to recruit selected households into data collection. At least three repeat visits will be made before dismissing a household as non-responsive. In addition, if no one is at home at the selected dwelling, information on the household members' whereabouts will be requested from neighbors or village elders to determine whether household members may be available later while the UCB end line evaluation team is still in that cluster. If the UCB end line evaluation team cannot collect data on a selected household, the reason for this non-response will be recorded on the cluster (village) control form to judge the extent of non-response bias later during data analysis. Substitution of non-responding households will be done; the sample size calculations have already accounted for a certain proportion of selected households being unavailable or refusing participation.

3.6. Collection of Individual Data at the Household

Prior to starting an interview in a household, informed written oral consent will be sought from the caregiver. The following data may be collected for each member of the household;

Caregiver's socio-demographic characteristics (age, marital status, education, birth history), infant and young child feeding practises, breastfeeding, water and sanitation, food consumption scores, household hunger scale, positive parenting and disability. Anthropometric measures– weight, age, MUAC for baby and mother/caregiver for children below 2 years was also be taken

3.7. Ethical considerations and consent procedures

To ensure that the UCB end line evaluation follows ethical principles to protect respondents and prevent unnecessary risk to UCB end line evaluation respondents, authorization for the evaluation will be obtained from the Ministry of Labour and Social Protection, State Department of social protection and senior citizens.

Prior to inclusion in the UCB end line evaluation, informed written or oral consent for interviews will be sought from the caregiver (or spouse or other adult household member in case of absence) on behalf of the household. If the household head is unable to read and write, the consent form will be read out to them and a thumb or fingerprint will be taken as consent in lieu of a signature.

Additionally, oral/verbal informed consent will be obtained from other members of the household participating in the evaluation. Prior to any consent, either written or oral, a description of the UCB end line evaluation's purpose will be given. Risks, if any, will be described in full. The respondents will also be told that they are free to withdraw from participation in the UCB end line evaluation at any time, even after oral or written consent has been given.

Confidentiality of information from the respondents will be upheld with utmost care through the data collection, processing and analysis process. Identification records, in both electronic and paper formats, will be stored under lock and key (or password) at all times and access granted only to specifically identified UCB end line evaluation personnel. Specific identification information will be stripped from all electronic databases used by the UCB end line evaluation management team for data analysis. One copy of the complete data with identification information will be kept as a password-locked file on a single computer under control of a Save the Children -appointed person, with one back-up copy to be maintained by PTR&C, similarly kept as a password-locked version on a secured partition of the server. No one outside the UCB end line evaluation management team will have access to this identifying database, and UCB end line evaluation management

team members will use it only to identify UCB end line evaluation participants for whom re-visits are necessary to clarify ambiguous data or perform data quality control checks.

Further, field workers engaged in the UCB end line evaluation shall all have household level data collection background, i.e. research assistants who have carried out household level data collection. To the very least, the field staff who will be directly involved in collecting data from household members, will have a minimum qualification of a diploma in a related field and at least 3 years' experience in data collection. All other data collection personnel will have prior experience in collecting data for the last 3 years in household level related studies. Screening will be carried out to ensure that the individuals selected meet these criteria. Selection of field workers will be done in coordination with Save the Children team.

3.8. Data Quality Assurance

Complete and accurate collection of all data will be maximized by the following steps:

- Thorough training, including practice both in the classroom and in the field, will be provided to all team members for all skills required during data collection.
- About 15 per cent more personnel will be recruited for training than will be needed for data collection. Those personnel with substandard performance during training and field testing will not be invited to participate in data collection. This selection will be made based on performance during training exercises and observation during the training.
- A member from the UCB end line evaluation management team will conduct daily consistency checks of the data uploaded from the field. Frequency distributions for all variables will be done daily to highlight any outlying or illogical values. The appropriate team leader will then be notified of any questionable values. In case of questionnaire data that indicate a misunderstanding or ambiguity in the question, all team leaders will be contacted to clarify and harmonize the questions.

3.9. Data analysis

3.9.1. Quantitative data

Quantitative data will be analyzed using SPSS and will be uploaded from **ODK**. Consistency checks during data collection will be checked using **Power BI**. The results (**descriptive statistics**) of the analysis will be given in terms of totals, averages, ranges, frequencies, percentages and any other forms found necessary. Graphics will be done using Microsoft excel. On the other hand, since this is an evaluation, we will make use of inferential statistics (mostly nonparametric tests such as **chi square, binomial tests or spearman correlation**) to make judgments of the probability that an **observed difference** between groups is evident and especially on the outcomes that were expected.

3.9.2. Qualitative Data

Qualitative data from **FGDs** and **key informant interviews** will be analyzed using **content analysis** approach and make use of **NVIVO**, a qualitative analysis software. Content analysis is a valuable alternative to more traditional quantitative content analysis, when the researcher is working in an interpretive paradigm. The main objective of the analysis will be to identify important themes or categories within a body of content, and to provide a rich description of the social reality created by those themes/categories as they are lived out in a particular setting. Through careful data preparation, coding, and interpretation, the results of qualitative content analysis can support the development of new theories and models, as well as validating existing theories and providing thick descriptions of particular settings or phenomena. Qualitative analysis will be done through the following steps:

- ✓ All audio recordings will be transformed into written text.

- ✓ The unit of analysis refers to the basic unit of text to be classified during content analysis. Messages will be unitized before being coded. The consultants shall define the coding unit as one of the most fundamental and important decisions.
- ✓ Categories and a coding scheme will be developed from the data. Coding schemes will then developed both inductively and deductively.
 - ✓ The coding scheme will be defined in a way that they are internally as homogeneous as possible and externally as heterogeneous as possible.
- ✓ Using a fairly standardized process in the analysis, we intend to develop and validate the coding scheme early in the process.
- ✓ After coding the entire data set, the Consultant will embark on rechecking the consistency of the coding. It is not safe to assume that, if a sample was coded in a consistent and reliable manner, the coding of
- ✓ We will monitor and report the analytical procedures and processes as completely and truthfully as possible.

To conclude, **content analysis will uncover patterns, themes, and categories**. The analysis shall remain interpretive, and shall provide sufficient description to allow the users of the report to understand the basis for an interpretation, and sufficient interpretation. In addition, Some verbatim responses shall be used to qualify part of the quantitative responses.

3.10. Reporting

There are a number of reports that PTR&C, if awarded this contract will be expected to provide. The reports will be shared electronically and/or any other media agreed jointly with Save the Children including final reports. The reports to be submitted include but not limited to the following: minutes of the orientation meeting with Save the Children, inception report detailing the sample design, questionnaire design, training manuals for both interviewers and supervisors, quality management plans which will include structure, communication and reporting tools, consent Forms, sampling strategy including Learning and transition cohorts of primary and secondary students replacement protocols, approved training plans, steps and processes for converting the data collection instruments onto electronic data collection software, data quality assurance protocols, pilot testing details, reports, field completion reports detailing data quality assessments, raw and clean data and final survey reports. Reports which we consider as key milestones are discussed briefly below.

- **Inception report:** Setting out the design of the MEL strategy and plan and associated planning, logistics, quality assurance, child protection measures and risk management information including gender analysis.
- **Final project evaluation report:** Design, conduct and submit a final project evaluation report that assesses the effectiveness, impact and VfM of the project. This report will also entail detailed clear and actionable policy recommendations based on the findings
- **Policy briefs and PowerPoint presentations** – Outlining key findings and policy recommendations as well as a popular version of the final evaluation report
- **Report requirements:** All reports will be submitted in electronic form will be submitted in English. We will provide a fully 'clean' dataset in SPSS or any other file format agreed upon accompanied by the code used to carry out analysis and a variable codebook. We will also provide the dataset in MS Excel format complete with the codebook used.

3.11. Communication protocols

PTR&C will develop a Communication Plan detailing the strategy and methodologies to be used for project communications, information distribution, feedback and stakeholder management, and how these will be managed during the end term evaluation. All communications to Save the Children shall be through our

appointed **Technical Team Leader**. Resources developed as part of PTR&C communication plan will be provided to Save the Children to maximize the dissemination of consistent key messages and develop a shared understanding of the way forward. If informal communication needs to be formalized it will be done in consultation with Technical Team leader and Save the Children to ensure a consistent and planned approach for managing the communication. Consideration and reflection of the communication plan will be undertaken in project implementation team meetings.

3.12. Documentation

PTR&C will document all processes of this end term evaluation. All documentations will be shared with Save the Children and revised where need be. Such documentations will include the following:

- Consent forms.
- Data collection tools, both electronic and hard copy versions
- Training manuals for interviewers and supervisors
- Procedures for sharing daily feedback with Save the Children.
- Instructions to the questionnaire manual
- Analysis plans
- Field procedure plan detailing the itinerary of the field visits
- A field completion report detailing the field experiences, challenges and improvement strategies
- Reports including draft and final reports shared with the client.

All these documents shall be kept for a period of 7 years before disposal. During the time, we shall ensure sponsor, purpose and findings non-disclosure agreements are adhered to and will all documents are stored in encrypted formats.

4. ANNEXES

4.1. Annex 1 -Detailed Workplan

Phases	Outputs	DAYS																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Phase 1: Design/evaluation and Planning	Inception meeting																															
	Meeting notes, inception report, survey lists																															
	Literature/document review & data gathering completed																															
	Sharing of project data and documents for documentary review on secondary data																															
	Review of project's theory of change, impact logic and evaluability completed																															
	Consultation with Save the Children																															
	Obtain Ethical clearance from Ethical Review Board																															
	Sampling framework for the study																															
	Design of data collection strategy																															
	Design of primary research instruments																															
	Approval of primary research tools by Save the Children																															
	Draft Inception Report submitted for review and comments by Save the Children																															

Phases	Outputs	DAYS																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Presentation to Save the Children for review																														
	Review complete and comments by Save the Children																														
	Final Inception Report																														
Phase II: Data Collection Phase	Tool development																														
	o Field piloting																														
	o Tools Finalisation																														
	Enumerator training																														
	Data collection starts																														
	Data collection ends																														
	Daily upload of data from collection devices																														
	Validation and Visual quality checks of both hard and soft data																														
	Data quality verification through visits to randomly selected respondents and other secondary data																														
	·Sharing of data collected with Save the Children on real time basis (voices, transcripts etc																														
Daily Debrief sessions																															
Phase IV: Data cleaning, triangulation, analysis & interpretation.	Submission of final, cleaned data set with all associated codes, transcripts, FGDs and KIIs Grids to Save the Children																														
	Carry out data analysis and interpretations																														

Phases	Outputs	DAYS																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Phase Reporting	Presentation of early findings and proposed report template																														
	Draft study report submitted to Save the Children for review																														
	Validation of findings with Save the Children and key stakeholders																														
	Incorporation of Save the Children feedback																														
	Review by Save the Children on completed/comments																														
	Consultants addresses comments and revises the report																														
	Final study report submitted																														
	Clean dataset provided and submission of any other deliverables																														
	Physical/webinar presentations and any other planned dissemination activities																														
	PowerPoint presentations outlining key findings and popular version of the final evaluation report																														

Entire Project is estimated to take 30 working days

4.2. Annex 2 -Summary profile of the key consultants

Name	Area of expertise	Position Assigned
Martin Mati	<ul style="list-style-type: none"> • Statistician • Labour and social protection consultant • Transforming data into market valuable information • Transforming information into market valuable knowledge • Thought leadership • Big data analyst 	Project Team Leader
Paul Waweru Ngugi	<ul style="list-style-type: none"> • Qualitative researcher • Quantitative researcher • Sampling design • Survey design 	CAPI Expert
Charles Ogolla	<ul style="list-style-type: none"> • Population studies/statistician • Big data analyst • Qualitative researcher • Quantitative researcher • Poverty analysis and measurement • Transforming data into market valuable information • Transforming information into market valuable knowledge • Analysis of complex household and business survey data using statistical packages such as R, STATA, SPSS 	Quantitative Lead
James Otiendo Hotendo	<ul style="list-style-type: none"> • Public Health • Managing surveys and working with large research organizations and teams • Quality control procedures and research ethics and standards • Field data collection coordination • Qualitative researcher • Quantitative researcher • Sampling design • Survey design 	Field Manager Lead

4.3. Annex 3 -UCB END OF PROJECT EVALUATION HOUSEHOLD BENEFICIARY QUESTIONNAIRE

MODULE A: INTRODUCTION/ MODULI A: UTANGULIZI

Guidance for introducing yourself and the purpose of the interview:

My name is _____ and I work for Save the Children International. Your household has been selected by chance as a beneficiary of the UCB project, to get feedback from you about the well-being of children in the your household (for example, Nutrition, livelihoods, Parenting) and the overall satisfaction and the overall satisfaction with the project since inception. The survey is voluntary and the information that you give will be confidential. The information will be used to prepare reports but will not include any specific names. There will be no way to identify that you gave this information. Could you please spare some time (around 30 minutes) for the interview?

Mwongozo wa kujitambulisha na madhumuni ya mahojiano:

Jina langu ni _____ na ninafanya kazi katika Shirika la Kimataifa la Save the Children. Kaya yako imechaguliwa kwa bahati kama mnufaika wa mradi wa UCB, ili kupata maoni kutoka kwako kuhusu ustawi wa watoto katika kaya yako (kwa mfano, Lishe, riziki, Uzazi) na kuridhika kwako kwa jumla na mradi tangu kuanzishwa

Utafiti ni wa hiari na taarifa utakayotoa itakuwa siri. Taarifa zitatumika kuandaa ripoti, lakini hazitajumuisha majina yoyote maalum. Hakutakuwa na njia ya kutambua kwamba ulitoa maelezo haya. Tafadhali unaweza kutenga muda (karibu dakika 30) kwa mahojiano?

SC1. Consent given?/ Ridhaa imepeanwa?

1. Yes
2. No

SC2 GPS coordinates

SC3 Longitude (Northing)

SC4 Latitude (Easting)

MODULE B: OPENING/ MODULI B: KUFUNGUA/ANZA

Q1. Supervisor name/ Jina la msimamizi: _____

Q2. Enumerator name/ Jina la anayehoji : _____

Q3. County /Kaunti

1=Embu 2=Kajiado 3=Kisumu

Q4. Sub County/ Kaunti Ndogo: _____

1= Mbeere North 2=Kajiado Central 3= Nyando

Q5. Location/Lokesheni

Codes to be inserted after sample selection

Q6. Sub-location/Lokesheni ndogo

Codes to be inserted after sample selection

Q7. Village name/ Kijiji

Codes to be inserted after sample selection

MODULE C: RESPONDENT GENERAL INFORMATION/ MODULI C: MAELEZO YA JUMLA YA MSTAHIKI

Q8. Registered mobile money line cell phone)/ Simu ya rununu iliyosajiliwa wa ajili ya kupokea malipo : _____

Q9. Sex/ Jinsia

1=Female/Kike 2= Male/kiume

Q10. Relationship to the head of the household/ Uhusiano na mkuu wa kaya?

1= Head/Mkuu wa kaya 2=Spouse/Mke au mme wa kaya 3=Daughter/binti wa mkuu wa kaya

Q11. Marital status/ Hali ya ndoa

1=MARRIED/Nimeoleka 2 =CURRENTLY LIVING TOGETHER/ Kuishi kwa pamoja=SEPARATED/DIVORCED/Nimeachika 4=WIDOWED/Mjane 5=SINGLE/NEVER MARRIED/Ajaolewa

Q12. How many years has the family lived in this location? / Familia yako imeishi katika lokesheni/sehemu hii kwa mda gani? _____ (NUMBER OF COMPLETED YEARS)

Q13. Household head age/ Umri wa mkuu wa kaya: _____ (AGE IN COMPLETED YEARS)

Q14. Sex of the household head/ Jinsia ya mkuu wa kaya (ONLY ASK IF Q10 IS NOT THE HOUSEHOLD HEAD)

1=Female/Kike 2= Male/kiume

- Q15.** Highest level of education attained by the household head/ *Kiwango cha juu cha elimu alichokifikia mkuu wa kaya*
 0= NO EDUCATION 1=INCOMPLETE PRIMARY 2= COMPLETE PRIMARY 3=INCOMPLETE SECONDARY
 4=COLLEGE/UNIVERSITY
- Q16.** How many people are living in this household? / *Ni watu wangapi ambaowanaishi katika hii kaya?*
 _____ **(NUMBER OF HH MEMBERS)**
- Q17.** Are there children under 5 years (0-59 months) living in this household?/ *Je, kuna watoto wa umri chini ya miaka 5 (miezi 0-59) wanaoishi katika kaya hii?*
 0=NO **[SKIP TO SECTION 2]** 1=YES
- Q18.** How many children living in this household are aged 0-59 months?/ *Je, ni watoto wangapi wenye umri chini ya miaka 5 (miezi 0-59) wanaoishi katika kaya hii?* _____ **(NUMBER OF CHILDREN)**
- Q19.** How many of those are aged between 0-6 months?/ *Wangapi kati yao wana umri wa miezi 0-6?* _____ **(NUMBER OF CHILDREN)**
- Q20.** How many children are between 6-23 months/ *Wangapi kati yao wana umri wa miezi 6-23?* _____ **(NUMBER OF CHILDREN)**
- Q21.** Number of children in the household who are benefiting from the Universal Health care project/ *Idadi ya watoto katika familia wanaonufaika na mradi wa huduma ya Afya kwa Watoto(UCB)*

- Q22.** Total transfer value per cycle in Kenya Shillings/Kiwango cha pesa unachokipokea kwa mzunguko mmoja wa malipo? _____

MODULE D: NUTRITION/ MODULI D: LISHE

BIRTH HISTORY DETAILS OF THE WOMAN- MAIN CAREGIVER (15-49 YEARS)/ MAELEZO YA HISTORIA YA KUZALIWA YA MWANAMKE- MLEZI MKU

- Q23.** What is your marital status?/ *Hali yako ya ndoa ni gani?*
 1=MARRIED/Nimeoleka 2 =CURRENTLY LIVING TOGETHER/ Kuishi kwa pamoja=SEPARATED/DIVORCED/Nimeachika 4=WIDOWED/Mjane 5=SINGLE/NEVER MARRIED/Ajaolewa
- Q24.** What is your highest level of level of education?/ *Kiwango chako cha juu cha elimu ni kipi?*
 0= NO EDUCATION 1=INCOMPLETE PRIMARY 2= COMPLETE PRIMARY 3=INCOMPLETE SECONDARY
 4=COLLEGE/UNIVERSITY
- Q25.** What is your main source of Livelihood?/ *Chanzo chako kikuu cha kupata riziki ni kipi?*
 1= FORMAL EMPLOYMENT 2=INFORMAL EMPLOYMENT (JUAKALI) 3= CASUAL LABOUR
 4= HOUSEWIFE 5=OWN BUSINESS 6= PETTY TRADE
- Q26.** Are you currently pregnant, lactating, or pregnant and lactating?/ *Je, kwa sasa u mja mzito, unanyonyesha, au una mimba na unanyonyesha?*
 1= PREGNANT 2= LACTATING 3= PREGNANT AND LACTATING 4= NOT PREGNANT NOT LACTATING

MODULE E: BIRTH HISTORY DETAILS/ MODULI E: MAELEZO YA HISTORIA YA KUZALIWA

- Q27.** When was the last time you gave birth (even if your child is no longer living) / *Ni lini mara ya mwisho ulipojifungua (hata kama mtoto wako hayupo hai tena)* _____ **(YEAR)**
- Q28.** How many children have you given birth to and are alive?/ *Umezaa watoto wangapi na wangali wako hai?* _____ **(NUMBER OF CHILDREN)**
- Q29.** Do you have children to whom you have given birth and are not alive?/ *Je, una watoto ambao uliwazaa lakina kwa bahati mbaya wakafariki au hawako hai?*
 0=NO **[SKIP TO Q30]** 1=YES
- Q30.** How many children have you given birth to and are not alive/ *Umezaa watoto wangapi na hivi sasa hawapo hai* _____ **(NUMBER OF CHILDREN)**

**MODULE F: SCREENING FOR UNIVERSAL HEALTH CARE BENEFICIARY CHILDREN AGED 3 YEARS AND BELOW /
MODULI F: UCHUNGUZI WA WATOTO WALENGWA WA HUDUMA YA AFYA (UCB) WENYE UMRI WA MIAKA 3
NA CHINI**

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
Q31. Record NAME of the child/ children? <i>Nakili [JINA] la mtoto/watoto</i>			
Q32. Indicate the month and year of the birth of the beneficiary child/ Onyesha mwezi na mwaka wa kuzaliwa wa mtoto/watoto aliyefaidi/waliofaidi kutoka kwa mradi was UCB YEAR?			
Q33. Verify the Age of the child [NAME]. How was [NAME's] age verified?/ Thibitisha umri wa mtoto [JINA]. Umri wa [JINA] ulithibitishwa kupitia njia gani? 1= HEALTH CARD 2= BIRTH CERTIFICATE 3= BAPTISM CERTIFICATE 4= SEASONAL CALENDAR 5=OTHER (SPECIFY)			
Q34. Record [NAME] gender?/ Rekodi jinsia ya [NAME]? 1= FEMALE 2=MALE			
Q35. Where was [NAME] born?/ Je, [JINA] alizaliwa wapi? 1= IN A HEALTH FACILITY 2=AT HOME 3= AT MIDWIFE'S HOME 4=DON'T KNOW 5= OTHER (SPECIFY) _____			
ONLY ASK Q36 TO Q48 IF THE CHILD IS AGED 0-23 MONTHS/ ULIZA Q36 HADI Q48 TU IKIWA MTOTO ANA UMRI WA MIEZI 0-23			
MODULE G:QUESTIONS ABOUT FEEDING IMMEDIATELY AFTER BIRTH/MODULI G: KUNYONYESHA KIPEKEE (MIEZI 0-23) : MASWALI KUHUSU LISHE MARA BAADA YA KUZALIWA			
Q36. What was the first thing you fed [NAME] after birth?/ Je, ni kitu gani cha kwanza ulichomlisha [JINA] baada ya kuzaliwa? 1=BREAST MILK 2=ANIMAL MILK (COW, GOAT, CAMEL ETC) 3=SUGAR WATER SOLUTION/GLUCOSE 4=WATER ONLY 5=TEA/COFFEE 6=NOTHING EVEN BREAST MILK 7= OTHER (SPECIFY)			
Q37. Has [NAME] ever been breastfed? / Je, [JINA] amewahi kulishwa maziwa ya mama? 1-Yes -GO TO Q39 2 -No -GO TO Q38			
Q38. Why was [NAME] never breastfed?/ Je, ni kwasababu gani [JINA] hakulishwa maziwa ya mama katakata? 1= BABY ILL 2= BABY UNABLE TO SUCKLE 3= BABY REFUSED TO SUCKLE 4= MOTHER WAS SICK 5= MOTHER REFUSED 6=MOTHER WAS AWAY 7= INADEQUATE BREASTMILK 8= ADVICE BY HEALTH PROFESSIONAL 9=BABY INCUBATED IN NURSERY 10= OTHER (SPECIFY)			
Q39. Is [NAME] still breastfeeding?/ Je, [JINA] angali ananyonya maziwa ya mama? 1-Yes -GO TO Q40 2 -No -GO TO Q43			
Q40. How long after birth was [NAME] first put to the breast?/ Je, ni muda gani baada ya kuzaliwa [JINA] alipopewa titi? If immediately choose 000, if less than an hr, record minutes, if upto a day, record hours and if more than 24 hrs, record days/ Kama ni punde tu baada ya kuifungua chagua 000, ikiwa chini ya saa moja, rekodi dakika, ikiwa ni hadi siku, rekodi saa na ikiwa zaidi ya saa 24, rekodi siku. 1.Immediately – 000 2.Hours _____ Minutes _____ If less than one hour, record "00" hours or if less than 24 hours record hours 3.Days _____ Otherwise, record days			

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
Q41. In the first two days after delivery, was [NAME] given anything other than breast milk to eat or drink – anything at all like water, infant formula, or [insert common drinks and foods, including ritual feeds, that may be given to newborn infants]?/ <i>Katika siku mbili za kwanza baada ya kujifungua, [JINA] alipewa kitu kingine chochote isipokuwa maziwa ya mama ili ale au anywe - chochote kama vile maji, mchanganyiko wa lishe ya watoto wachanga, au [weka vinywaji na vyakula vya kawaida, ikijumuisha vyakula vya kitamaduni, ambavyo vinaweza kupatiwa watoto wachanga waliozaliwa?</i> 1-Yes 2-No			
Q42. Did you feed the first yellow breast milk (colostrum) to [NAME]?/ <i>Je, ulimlisha [JINA] maziwa ya mama ya kwanza ya rangi ya manjano (kolostramu)?</i> 1-Yes 2-No			
Q43. What are the benefits of feeding the baby colostrum?/ <i>Je, ni faida gani zinatokana na kumlisha mtoto kolostramu?</i> 1=NUTRITION TO BABY 2=PREVENTS DISEASES/ INFECTIONS 3=CLEANS BABY'S STOMACH 4=NOTHING SPECIFIC 5=DON'T KNOW 6= OTHER (SPECIFY) ____			
Q44. In your opinion, should a baby be put to the breast immediately they are born?/ <i>Kwa maoni yako, mtoto anapaswa kupata maziwa ya mama mara tu anapozaliwa?</i> 1-Yes 2-No			
Q45. To what extent do you think your knowledge about breast feeding has changed since you were enrolled into the Universal Child Care (UCB) project? <i>Je, unafikiri ujuzi wako kuhusu unyonyeshaji umebadilika kwa kiasi gani tangu ulipoandikishwa katika mradi wa Utunzaji wa Mtoto(UCB)?</i> 1=Made Worse 2=No Change 3=Improved			
	1st Child	2nd Child	3rd Child
Q46. When did you first give [NAME] food or drink that is not breast milk?/ <i>Je, ni lini mara ya kwanza ulipompa [JINA] chakula au kinywaji tofauti na maziwa ya mama?</i> 1=AFTER SIX MONTHS 2=BETWEEN 4 - 6 MONTHS 3=WITHIN THE 1ST 3 MONTHS 4=WITHIN 2 WEEKS 5=DON'T KNOW/DON'T REMEMBER			
MODULE H: QUESTIONS ABOUT CURRENT BREAST- AND BOTTLE FEEDING/MODULI G: MASWALI KWA SASA KUHUSU LISHE KUPITIA MAZIWA YA MAMA NA LISHE YA CHUPA: ONLY ASK Q47 TO Q50 IF THE CHILD IS AGED 0-23 MONTHS/ ULIZA Q47 HADI Q50 TU IKIWA MTOTO ANA UMRI WA MIEZI 0-23			
Q47. Is [NAME] still breastfeeding?/ <i>Je, [JINA] angali ananyonya?</i> 1-Yes -CONTINUE 2-No – GO TO Q49			
Q48. Was [NAME] breastfed yesterday during the day or at night? / <i>Je, [JINA] alinyonyeshwa wakati wa mchana au usiku?</i> 1= DAYTIME 2= AT NIGHT			
Q49. Why did [NAME] stop breastfeeding?/ <i>Mbona [JINA] aliacha kunyonya?</i> 1=BABY ILL 2=BABY REFUSED TO SUCKLE 3=MOTHER REFUSED TO BREASTFEED 4=SPOUSE RECOMMENDED 5=MOTHER WAS SICK 6=NO/LITTLE BREAST MILK 7=SORE/CRACKED NIPPLES 8=MOTHER WAS AWAY 9=MOTHER DIED			

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
10=BABY WAS OLD ENOUGH TO STOP 11=BABY GOT TEETH 12=ADVICE BY HEALTH PROFESSIONAL 13=ADVICE BY OTHER PERSON 14=DON'T KNOW 15= OTHER (SPECIFY) _____			
Q50. Did [NAME] drink anything from a bottle with a nipple yesterday during the day or at night? 1-Yes 2 -No Don't know -3			
MODULE I: CHILD FEEDING PRACTISES: QUESTIONS ABOUT LIQUIDS/TABIA ZA LISHE KWA MTOTO. MASWALI KUHUSU VIOEVU			
Now I would like to ask you about liquids that [NAME] had yesterday during the day or at night. Please tell me about all drinks, whether [NAME] had them at home, or somewhere else. Yesterday during the day or at night, did [NAME] have? <i>Sasa ningependa kukuuliza kuhusu vioevu ambavyo [JINA] alivyo kunywa jana mchana au usiku. Tafadhali niambie kuhusu vinywaji vyote ambavyo [JINA] alivinywa nyumbani, au mahali pengine popote. Je, jana wakati wa mchana au usiku, [JINA] alikunywa nini?</i>			
Q51_1 Plain water/ <i>Maji makavu</i> 1-Yes 2 -No Don't know -3			
Q51_2 Infant formula, such as [insert local names of common formula]?/ <i>Fomula ya watoto wachanga, kama vile [nakili majina ya fomula ambazo hutumika?</i> 1-Yes 2 -No -GO TO Q51_4 Don't know -3 - GO TO Q51_4			
Q51_3 How many times did [NAME] drink formula? If 7 or more, record "7" If number of times not known, record "9" Kama "ndiyo": [JINA] alikunywa fomula mara ngapi? Ikiwa 7 au zaidi, rekodi "7" Ikiwa idadi ya nyakati haijulikani, rekodi "9"			
Q51_4 Milk from animals, such as fresh, tinned or powdered milk?/ <i>Maziwa kutoka kwa wanyama, kama vile maziwa freshi, maziwa ya mkebe au maziwa ya unga?</i> 1-Yes 2 -No -GO TO Q51_6 Don't know -3 - GO TO Q51_6			
Q51_5 If "yes": How many times did [NAME] drink milk If 7 or more, record "7" If number of times not known, record "9" Kama "ndiyo": [JINA] alikunywa mara ngapi maziwa hayo? Ikiwa 7 au zaidi, rekodi "7" Ikiwa idadi ya nyakati haijulikani, rekodi "9"			
Q51_6 If "yes": Was the milk or were any of the milk drinks a sweet or flavoured type of milk? Kama "ndiyo": Je, maziwa hayo yalikuwa yameongezewa utamu wa sukari au ladha yoyote 1-Yes 2 -No Don't know -3			
Q51_7 Yogurt drinks such as [insert local names of common types of yogurt drinks]?/ <i>Vinywaji vya mtindi kama vile [weka majina ya kienyeji ya aina za kawaida za vinywaji vya mtindi]? 1-Yes 2 -No -GO TO Q51_10 Don't know -3- GO TO Q51_10</i>			
Q51_8 If "yes": How many times did [NAME] drink yogurt? If 7 or more, record "7" If number of times not known, record "9" Kama "ndiyo": [JINA] alikunywa mara ngapi mtindi? Ikiwa 7 au zaidi, rekodi "7" Ikiwa idadi ya nyakati haijulikani, rekodi "9"			

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
Q51_9 If “yes”: Was the yogurt or were any of the yogurt drinks a sweet or flavoured type of yogurt drink? <i>Kama "ndiyo": Je, mtindi huo ulikuwa umeongezewa utamu wa sukari au ladha yoyote?</i> 1-Yes 2 -No Don't know -3			
Q51_10 Chocolate-flavoured drinks including those made from syrups or powders? <i>Vinywaji vyenye ladha ya chokoleti pamoja na zile zilizotengenezwa kwa sharubati au poda?</i> 1-Yes 2 -No Don't know -3			
Q51_11 Fruit juice or fruit-flavoured drinks including those made from syrups or powders? <i>Maji ya matunda au vinywaji vyenye ladha ya matunda ikiwa ni pamoja na yale yaliyotengenezwa kutoka kwa sharubati au poda?</i> 1-Yes 2 -No Don't know -3			
Q51_12 Sodas, malt drinks, sports drinks or energy drinks? <i>Soda, vinywaji vya kimea, vinywaji vya michezo au vinywaji vinavyo ongeza nishati?</i> 1-Yes 2 -No Don't know -3			
Q51_13 Tea, coffee, or herbal drinks? <i>Chai, kahawa, au vinywaji vya mitishamba?</i> 1-Yes 2 -No - GO TO Q51_15 Don't know -3 - GO TO Q51_15			
Q51_14 If “yes”: Was the drink/ Were any of these drinks sweetened? <i>Kama "ndiyo": Ilikuwa kinywaji/vinywaji vilikuwa vimeongezewa utamu wa sukari?</i> 1-Yes 2 -No Don't know -3			
Q51_15 Clear broth or clear soup? <i>Supu safi</i> 1-Yes 2 -No Don't know -3			
Q51_16 Any other liquids? If “yes”: what was the liquid or what were the liquids? <i>Vioevu vingine vyovyote? Ikiwa "ndiyo": kioevu kilikuwa nini au vioevu vilikuwa nini</i> 1-Yes 2 -No - GO TO Q52_1 Don't know -3 - GO TO Q52_1			
Q51_17 If “yes”: Was the drink or were any of these drinks sweetened? <i>Kama "ndiyo": Je, kinywaji kilikuwa au kilikuwa au vinywaji vilikuwa vimeongezewa utamu wa sukari?</i> 1-Yes 2 -No Don't know -3			
MODULE J: CHANGE IN CHILD FEEDING PRACTISES DURING RECEIPT OF UCB PROJECT CASH TRANSFER/ MODULI J: MABADILIKO YA TABIA ZA ULISHAJI WA MTOTO MUDA WA KUPOKEA PESA ZA MRADI WA UCB			
<p>Now I would like to ask you about how consumptions of liquids that [NAME] changed during the period of you have been receiving payment from the Universal Cash Benefit (UCB)? <i>Sasa ningependa kukuuliza kuhusu jinsi matumizi ya vinywaji ambayo [JINA] yalibadilika katika kipindi ambacho umekuwa ukipokea malipo kutoka kwa mradi wa UCB?</i></p> <p>To What extent do you think consumption of the following liquids changed? <i>Je, unafikiri matumizi ya vinywaji vifuatavyo yalibadilika kwa kiwango gani?</i></p>			
Q52_1 Plain water/ <i>Maji makavu</i> 1=Worse 2=No Change 3=Improved			

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
Q52_2 Infant formula <i>Fomula ya watoto wachanga</i> 1=Worse 2=No Change 3=Improved			
Q52_3 Milk from animals, such as fresh, tinned or powdered milk?/ <i>Maziwa kutoka kwa wanyama, kama vile maziwa freshi, maziwa ya mkebe au maziwa ya unga?</i> 1=Worse 2=No Change 3=Improved			
Q52_4 Yogurt drinks such as <i>[insert local names of common types of yogurt drinks]?/ Vinywaji vya mtindi kama vile [weka majina ya kienyeji ya aina za kawaida za vinywaji vya mtindi]</i> 1=Worse 2=No Change 3=Improved			
Q52_5 Chocolate-flavoured drinks including those made from syrups or powders? <i>Vinywaji vyenye ladha ya chokoleti pamoja na zile zilizotengenezwa kwa sharubati au poda?</i> 1=Worse 2=No Change 3=Improved			
Q52_6 Fruit juice or fruit-flavoured drinks including those made from syrups or powders? <i>Maji ya matunda au vinywaji vyenye ladha ya matunda ikiwa ni pamoja na yale yaliyotengenezwa kutoka kwa sharubati au poda?</i> 1=Worse 2=No Change 3=Improved			
Q52_7 Sodas, malt drinks, sports drinks or energy drinks? <i>Soda, vinywaji vya kimea, vinywaji vya michezo au vinywaji vinavyo ongeza nishati?</i> 1=Worse 2=No Change 3=Improved			
Q52_8 Tea, coffee, or herbal drinks? <i>Chai, kahawa, au vinywaji vya mitishamba?</i> 1=Worse 2=No Change 3=Improved			
Q52_9 Clear broth or clear soup? <i>Supu safi</i> 1= Worse 2=No Change 3=Improved			
Q52_10 Any other liquids? <i>Vioevu vingine vyovyote?</i> 1=Worse 2=No Change 3=Improved			
MODULE K: QUESTIONS ABOUT FOODS. OPEN RECALL QUESTIONNAIRE FOR FOODS/ MASWALI KUHUSU VYAKULA. DODOSO LA KUMBUKUMBU KWA VYAKULA			
Now I would like to ask you about everything that [NAME] ate yesterday during the day or the night. I am interested in foods your child ate whether at home or somewhere else. Think about when [NAME] woke up yesterday. Did (he/ she) eat anything at that time? <i>If “yes” ask: Please tell me everything [NAME] ate at that time. Probe: Anything else? Record answers using the food groups below</i>			
Q53_1 Yogurt, other than yogurt drinks? <i>Mtindi au vinywaji vingine vya mtindi?</i> 1-Yes 2 -No -GO TO Q53_3 Don't know -3 - GO TO Q53_3			
Q53_2 If “yes”: How many times did [NAME] eat yogurt? If more than 7, record “7” If number of times not known, record “9” <i>Kama ndiyo: Ni mara ngapi [JINA] alikunywa mtindi? Ikiwa 7 au zaidi, rekodi "7" Ikiwa idadi ya nyakati haijulikani, rekodi "9"</i>			
Q53_3 Porridge, bread, rice, noodles, pasta or <i>[insert other commonly consumed grains from including foods made from grains like rice dishes, noodle dishes, etc.]? Uji, mkate, wali, tambi, pasta au [weka nafaka zingine zinazotumiwa kwa kawaida, ikiwa ni pamoja na vyakula vilivyotengenezwa na nafaka kama wali, tambi, na kadhalika.]?</i> 1-Yes 2 -No Don't know -3			

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
<p>Q53_4 Pumpkin, carrots, sweet red peppers, squash or sweet potatoes that are yellow or orange inside? <i>[any additions to this list should meet “Criteria for defining foods and liquids as ‘sources’ of vitamin A”]</i> <i>Malenge, karoti, pilipili tamu nyekundu, boga au viazi vitamu vya rangi ya manjano au rangi ya chungwa ndani? [nyongeza kwenye orodha hii zinapaswa kukidhi “Vigezo vya kufafanua vyakula na vioevu kama ‘vyanzo’ vya vitamini “A” vilivyoelezwa katika Kisanduku</i></p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_5 Plantains, white potatoes, white yams, manioc, cassava or <i>[insert other commonly consumed starchy tubers or starchy tuberous roots that are white or pale inside [Ndizi, viazi nyeupe, ndumaa nyeupe, mihogo [weka mizizi mingine yenye wanga inayotumiwa kwa kawaida au mizizi yenye wanga yenye rangi nyeupe au iliyopauka ndani]]?</i></p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_6 Dark green leafy vegetables, such as <i>[insert commonly consumed vitamin A-rich dark green leafy vegetables]</i>? <i>Mboga za majani za kijani kibichi, kama vile [weka mboga za majani zenye vitamini A zenye rangi ya kijani kibichi?</i></p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_7 Any other vegetables, such as <i>[insert commonly consumed vegetables]</i>? <i>Mboga zingine zozote, kama vile [weka mboga zinazotumiwa]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_8 Ripe mangoes, ripe papayas or <i>[insert other commonly consumed vitamin A-rich fruits]</i>? <i>Maembe yaliyoiva, mapapai yaliyoiva au [weka matunda mengine yenye vitamini A]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_9 Any other fruits, such as <i>[insert commonly consumed fruits]</i>? <i>Matunda mengine kama vile [weka matunda mengine]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_10 Liver, kidney, heart or <i>[insert other commonly consumed organ meats]</i>? <i>Ini, figo, moyo au [weka nyama zingine za kiungo zinazotumiwa kwa kawaida]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_11 Sausages, hot dogs, ham, bacon, salami, canned meat or <i>[insert other commonly consumed processed meats –see examples on table A6.10]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_12 Any other meat, such as beef, pork, lamb, goat, chicken, duck or <i>[insert other commonly consumed meat? Nyama nyingine yoyote, kama nyama ya ng’ombe, nguruwe, kondoo, mbuzi, kuku, bata au [weka nyama nyingine inayotumiwa kwa kawaida]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_13 Eggs? <i>Mayai</i></p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_14 Fresh fish, dried fish or shellfish? <i>Samaki mbichi, samaki waliokaushwa au samaki gamba?</i></p> <p>1-Yes 2 -No Don’t know -3</p>			
<p>Q53_15 Beans, peas, lentils, nuts , seeds or <i>[insert commonly consumed foods made from beans, peas, lentils, nuts, or seeds]</i>? <i>Maharage, mbaazi, dengi, karanga , mbegu au [weka vyakula vinavyotumiwa kwa kawaida kutoka kwa maharagwe, mbaazi, dengi, karanga, au mbegu]</i>?</p> <p>1-Yes 2 -No Don’t know -3</p>			

ONLY ASK IF THE CHILD IS AGED 3 YEARS AND BELOW	1 st Child	2 nd Child	3 rd Child
<p>Q53_16 Hard or soft cheese such as <i>[insert commonly consumed types of cheese – see examples in table A6.16]</i>? <i>Jibini gumu au laini kama vile [weka aina za jibini zinazotumiwa sana - tazama mifano katika jedwali A6.16]</i>?</p> <p>1-Yes 2 -No Don't know -3</p>			
<p>Q53_17 Sweet foods such as chocolates, candies, pastries, cakes, biscuits, or frozen treats like ice cream and popsicles, or <i>[insert other commonly consumed sentinel sweet foods– see examples in table A6.17]</i>? <i>Vyakula vitamu kama vile chokoleti, peremende, mikate yenye sukari, keki, biskuti, au sukari zilizogandishwa kama aisi krimu au [weka vyakula vingine vitamu vinavyotumiwa kwa wingi- tazama mifano katika jedwali A6.17]</i>?</p> <p>1-Yes 2 -No Don't know -3</p>			
<p>Q53_18 Chips, crisps, puffs, French fries, fried dough, instant noodles or <i>[insert other commonly consumed sentinel fried and salty foods – see examples in table A6.18]</i>? <i>Chipsi, crispi, unga wa kukaanga, au [weka vyakula vingine vya kukaanga na chumvi - tazama mifano katika jedwali A6.18]</i>?</p> <p>1-Yes 2 -No Don't know -3</p>			
<p>Q53_19 Other solid, semi-solid or soft foods? <i>List all other solid, semi-solid or soft foods that do not fit food groups 7A-7Q here: Vyakula vingine vigumu, vigumu kiasi au laini? Orodhesha vyakula vingine vyote vigumu, nusu-imara au laini ambavyo haviendani na vikundi vya chakula 7A-7Q hapa: _____</i></p>			
<p>Q53_20 How many times did [NAME] eat any solid, semi-solid or soft foods yesterday during the day or night? <i>If 7 or more times, record "7". If number of times not known, record "9" Ni mara ngapi [JINA] alikula kitu chochote kigumu, kigumu kiasi au vyakula laini jana mchana au usiku? Ikiwa mara 7 au zaidi, rekodi "7". Ikiwa idadi ya nyakati haijulikani, rekodi "9"</i></p>			

MODULE L: BEHAVIOUR CHANGE/ MODULI L: KUBADILIKA TABIA

<p>Q54 Have you received any training on how to improve infant and young child feeding practices? / <i>Je, umepokea mafunzo yoyote ya jinsi ya kuboresha desturi za ulishaji wa watoto wachanga na wadogo?</i></p> <p>1-Yes 2 -No -GO TO Q59</p>
<p>Q55 What are the Infant and Young Child Feeding (IYCF) practices you received training on? <i>Je, ni taratibu zipi za Kulisha Watoto Wachanga na Watoto wa Makamo (IYCF) ulizopata mafunzo kuzihusu?</i></p> <p>1=INITIATION OF BREASTFEEDING 2=EXCLUSIVE BREAST FEEDING 3=DURATION OF BREASTFEEDING 4=BOTTLE-FEEDING 5=COMPLIMENTARY FEEDING 6= OTHER (SPECIFY) _____</p>
<p>Q56 What was the main source of information on IYCF practices? <i>Ni nani haswa aliyekupa taarifa kuhusu mchakato wa IYCF?</i></p> <p>1=CHV 2= HEALTH FACILITY 3= OTHER (SPECIFY) _____</p>
<p>Q57 What are the promoted nutritional practices that are effective at preventing malnutrition in children that you know of? <i>Je, ni kanuni gani za lishe zinazoimarishwa ambazo zinafaa katika kuzuia utapia mlo kwa watoto unayoyafahamu? [CODE ALL THAT APPLY]</i></p> <p>1=EARLY INITIATION BREASTFEEDING 2=EXCLUSIVE BREASTFEEDING 3=COMPLEMENTARY FEEDING 4= OTHER (SPECIFY) _____</p>
<p>Q58 Have you received any Infant and Young Child Nutrition (IYCN) messages? <i>Je, umepokea ujumbe wowote wa Lishe ya Watoto Wachanga (IYCN)?</i></p> <p>1-Yes 2 -No Don't know -3</p>

MODULE M: FOOD SECURITY/ MODULI M: USALAMA WA CHAKULA

Please code at MOST THREE MAIN sources of food for your household in the last 7 days? <i>Tafadhali weka geresho kwenye vyanzo VIKUU VINGI VITATU vya chakula cha kaya yako katika siku 7 zilizopita</i>	1=Yes , 2=No
Q59_1 Own farm production (crops, vegetable, fruit)/ <i>Uzalishaji wa shamba lako mwenyewe (mazao, mboga, matunda)</i>	1=Yes , 2=No
Q59_2 Own farm production (crops, vegetable, fruit)/ <i>Uzalishaji wa shamba lako mwenyewe (mazao, mboga, matunda)</i>	1=Yes , 2=No
Q59_3 Own livestock production (livestock products – e.g. milk, eggs)/ <i>Uzalishaji wa mifugo yako mwenyewe (mazao ya mifugo – k.m. maziwa, mayai)</i>	1=Yes , 2=No
Q59_4 Remittances/ <i>Pesa kutoka nje</i>	1=Yes , 2=No
Q59_5 Purchases/ <i>Manunuzi</i>	1=Yes , 2=No
Q59_6 Credit/ <i>Mikopo</i>	1=Yes , 2=No
Q59_7 Food aid/ <i>Msaada wa chakula</i>	1=Yes , 2=No
Q59_8 Gift/ <i>Zawadi</i>	1=Yes , 2=No
Q59_9 Other (specify)	1=Yes , 2=No
Q60 Were there months, in the past 12 months, in which you did not have enough food to meet your family's needs? <i>Je, kulikuwa na miezi, katika miezi 12 iliyopita, ambayo hukuwa na chakula cha kutosha kukidhi mahitaji ya familia yako?</i>	1=Yes -CONTINUE 2=No -GO TO Q62_1
Q61 If yes, which were the months in the past 12 months during which you did not have enough food to meet your family's needs? (this includes any kind of food from any source such as own production, purchase or exchange, food aid or borrowing) <i>Kama ndiyo, ni miezi gani katika miezi 12 iliyopita ambapo hukuwa na chakula cha kutosha kukidhi mahitaji ya familia yako? (hii inajumuisha aina yoyote ya chakula kutoka kwa chanzo chochote kama vile uzalishaji, ununuzi au kubadilishana, chakula cha msaada au kukopa) [CODE ALL THAT APPLY]</i>	1=JULY 2022 2=AUGUST 2022 3=SEPTEMBER 2022 4=OCTOBER 2022 5=NOVEMBER 2022 6=DECEMBER 2022 7=JANUARY 2023 8=FEBRUARY 2023 9=MARCH 2023 10=APRIL 2023 11=MAY 2023 12 =JUNE 2023

MODULE N: HOUSEHOLD FOOD CONSUMPTION SCORE/ MODULI N: ALAMA YA UTUMIAJI WA CHAKULA CHA KAYA

In the last ONE WEEK (7 DAYS) did your household consume the following foods? [PROMPT FOR RESPONSE, CODE ALL THAT APPLY] <i>Je, katika WIKI MOJA (SIKU 7) iliyopita kaya yako ilitumia vyakula vifuatavyo?</i> 1=Yes 2=No Categories: Foods/ Aina ya Vyakula	If YES , Number of days HH consumed food item(s) Kama NDIYO, Idadi ya siku kaya ilitumia chakula/vyakula
Q62_1 MAIN STAPLES: “Ugali”, pasta, rice, bread, or any food made from maize, sorghum, millet, wheat? VYAKULA HUSUSAN: “Ugali”, tambi, mchele, mkate, au chakula chochote kinachotengenezwa na mahindi, mtama, wimbi, ngano?	

Q62_2 TUBERS: Potatoes, yams, beets or other foods from roots or tubers? MAJIZI: <i>Viazi, ndumaa, “beets” au vyakula vingine kutoka kwenye mizizi au majizi?</i>	
Q62_3 VEGS: Vegetables and leaves? MBOGA: <i>Mboga na majani?</i>	
Q62_4 FRUITS - Mangoes, ripe bananas, apples, oranges, guava, watermelon, lemons? MATUNDA - <i>Embe, ndizi mbivu, tufaha, machungwa, mapera, tikiti maji, ndimu</i>	
Q62_5 MEAT AND FISH: Camel, cattle, chicken, poultry/fowl, sheep, goat, and organ meats (heart, liver, kidney) and Fish? NYAMA NA SAMAKI: <i>Ngamia, ng'ombe, kuku, kuku/ndege, kondoo, kondoo, mbuzi na nyama ya kiungo (moyo, ini, figo) na Samaki.</i>	
Q62_6 PULSES: Beans, peas, lentils, or nuts? NAFAKA: Maharage, mbaazi, dengue, au njugu?	
Q62_7 MILK AND MILK PRODUCTS - Yogurt, cheese, or other milk product? MAZIWA NA BIDHAA ZA MAZIWA - Mtindi, jibini, au bidhaa Zingine za maziwa?	
Q62_8 OILS &FATS: Foods made with oil, fat, ghee, or butter? MAFUTA: Vyakula vilivyotengenezwa kwa mafuta, mafuta, samli au siagi?	
Q62_9 SUGAR: Sugar, sugar products or honey? SUKARI: Sukari, bidhaa za sukari au asali	
Q62_10 CONDIMENTS: Any other condiments (coffee, porridge, tea)? VIRUTUBISHO: Virutubisho vingine vyovyote (kahawa, uji, chai)?	

MODULE O: HOUSEHOLD HUNGER SCALE (HHS)/ MODULI M: KIWANGO CHA NJAA CHA KAYA

Q63 In the past [4 WEEKS/30 DAYS], was there ever no food of any kind to eat in your house because of lack of resources to get food? Hapo awali [WIKI 4/SIKU 30], je, palikuwa na uhaba wa chakula cha aina yoyote katika nyumba yako kwa sababu ya ukosefu wa rasilimali?	1=Yes , 2=No - GO TO Q65
Q64 How often did this happen in the past [4 WEEKS/30 DAYS]? <i>Je, haya yalijiri mara ngapi hapo awali [WIKI 4/SIKU 30]?</i>	1=RARELY (1-2 TIMES) 2=SOMETIMES (3-10 TIMES) 3=OFTEN (MORE THAN 10 TIMES)
Q65 In the past [4 WEEKS/30 DAYS], did you or any household member go to sleep at night hungry because there was not enough food? <i>Hapo awali [WIKI 4/SIKU 30], je wewe au mwanakaya yeyote alilala njaa usiku kwa sababu hakukuwa na chakula cha kutosha?</i>	1=Yes , 2=No - GO TO Q67
Q66 How often did this happen in the past [4 WEEKS/30 DAYS]? <i>Je, haya yalijiri mara ngapi hapo awali [WIKI 4/SIKU 30]?</i>	1=RARELY(1-2 TIMES) 2=SOMETIMES (3-10 TIMES) 3=OFTEN (MORE THAN 10 TIMES)
Q67 In the past [4 WEEKS/30 DAYS], did you or any household member go a whole day and night without eating anything at all because there was not enough food? <i>Hapo awali [WIKI 4/SIKU 30], wewe au mwanakaya yeyote alishinda mchana na usiku bila kula chochote kwa sababu hakukuwa na chakula cha kutosha?</i>	1=Yes , 2=No - GO TO Q69

Q68 How often did this happen in the past [4 weeks/30 days]? <i>Je, haya yalijiri mara ngapi hapo awali [WIKI 4/SIKU 30]?</i>	1=RARELY(1-2 TIMES) 2=SOMETIMES (3-10 TIMES) 3=OFTEN (MORE THAN 10 TIMES)
Q69 What is the most important source of livelihood for the household? <i>Nini chanzo muhimu zaidi cha riziki kwa kaya yako?</i> 1=AGRO-PASTORAL 2=AGRICULTURE 3=RAIN-FED AGRICULTURE 4=IRRIGATED AGRICULTURE 5=LIVESTOCK 6=FISHING 7=MINING 8=CONSTRUCTION 9=SERVICE (HOUSEKEEPING, TEASHOP, HOTEL) 10=RETAIL (MERCHANT/VENDOR) 11=TRANSPORT 12=PROFESSIONAL (TEACHER, GOVERNMENT, NGO) 13=CHARITY 14= OTHER (SPECIFY) _____	
Q70 What were your household's three main sources of income last month? [RANK ACCORDING TO SALES VOLUME BY EACH SOURCE] <i>Ni vyanzo vipi vitatu muhimu vya mapato vya kaya yako mwezi uliopita? [PANGA KULINGANA NA KIASI CHA MAUZO KWA KILA CHANZO]</i> 1=ANIMAL/ANIMAL PRODUCT SALES 2=CROP SALES/FARMING 3=FISHING/FISH RELATED SALES 4=TRADE (INCLUDING PETTY TRADE, SMALL BUSINESS) 5=CASUAL LABOUR 6=FIREWOOD/CHARCOAL SALES 7=SKILLED OCCUPATION (E.G. TEACHER, MECHANIC, TAILOR...) 8=REMITTANCES 9= OTHER (SPECIFY) _____	
Q71 How much does your household earn monthly in Ksh? <i>Kaya yako hupata kiasi gani cha hela kila mwezi kwa shilingi za Kenya?</i> 1=1,000-5,999 2=6,000-10,999 3=11,000-20,999 4=21,000-30,000 5=31,000 and above	

MODULE P: ASSET OWNERSHIP/ MODULI P: UMILIKI WA MALI

Does your household have any of the following? <i>Je, kaya yako inamiliki yoyote kati ya yafuatayo?</i>	
Q72_1 Electricity? <i>Umeme</i>	Yes=1 No=2
Q72_2 Television? <i>Runinga</i>	Yes=1 No=2
Q72_3 Sofa? <i>Sofa</i>	Yes=1 No=2
Q72_4 Mobile phone? <i>Simu ya rununu</i>	Yes=1 No=2
Q72_5 Cupboard? <i>Kabati</i>	Yes=1 No=2
Q72_6 Radio? <i>Redio</i>	Yes=1 No=2
Q72_7 A table? <i>Meza</i>	Yes=1 No=2
Q72_8 Clock? <i>Saa ya ukuta</i>	Yes=1 No=2
Q73. What type of fuel does your household mainly use for cooking? <i>Je, kaya yako hutumia nini kwa kupikia</i>	1. LPG Gas 2. Wood/charcoal/sawdust 3. Other (Specify)

MODULE Q: WASH/MODULI Q: MAJI NA USAFI

Q74 What is the main source of drinking water for your household? <i>Chanzo kikuu cha maji ya kunywa kwa kaya yako ni kipi?</i> 1= PIPED INTO DWELLING (PROBE IF PIPING IS FROM PROTECTED SOURCES) 2= PIPED INTO YARD/PLOT 3= PUBLIC TAP 4= PROTECTED WELL IN DWELLING 5= PROTECTED WELL IN YARD/PLOT 6= PROTECTED SPRING 7= PROTECTED PUBLIC WELL 8= TUBE WELL/BOREHOLE 9= OPEN WELL IN DWELLING 10= OPEN WELL IN YARD/PLOT
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11= OPEN PUBLIC WELL 12= PROTECTED SPRING (CLOSED) 13= UNPROTECTED SPRING (OPEN SPRING 14= RIVER/STREAM 15= POND/LAKE 16= DAM 17= RAINWATER HARVESTING 18= OTHER (SPECIFY)
Q75 Is water normally available from the main source? <i>Je, maji yanapatikana kwa kawaida kutoka kwa hiki chanzo kikuu?</i> 1=Yes -GO TO Q77 2=No -CONTINUE
Q76 How many days per week is the water not available? Tick as appropriate. Days per week NOT available <i>Maji hayapatikani kwa siku ngapi kwa wiki? Weka alama inavyofaa. Siku kwa wiki HAYAPATIKANI _____</i> (NUMBER OF DAYS)
Q77 How long does it take to go there, get water and come back? <i>Inachukua muda gani kwenda huko, kuteka maji na kurudi? _____</i> (RECORD TIME IN MINUTES)
Q78 How far in kilometres, do you walk, to go there, get water and come back? <i>Je, unatembea umbali gani kwa kilomita, kwenda huko, kupata maji na kurudi?</i> 1= 0 – 1 2=> 1 – 2 3=> 2 – 5 4=> 5 5=DON'T KNOW/NOT SURE 6=OTHER (SPECIFY) _____
Q79 How much of this water (in liters) is collected for domestic use? _____ [RECORD NUMBER IN LITRES. CONFIRM WITH THE SIZE OF THE CONTAINER AND CONVERT ACCORDINGLY] Kiasi gani cha maji haya (katika lita hukusanywa kwa matumizi ya nyumbani? [REKODI NAMBA KATIKA LITA. THIBITISHA KWA UKUBWA WA KONTENA NA UGEUZE HIVYO HIVYO]
Q80 What type of toilet facility do members of your household usually use? [MULTIPLE RESPONSES ALLOWED. CODE ALL THAT APPLY] Je, wanakaya wako hutumia aina gani ya choo? [MAJIBU MENGI YANARUHUSIWA. VIRINGA VYOTE VINAVYOTAJWA] 1 = FLUSH TO PIPED SEWER SYSTEM 2 = FLUSH TO SEPTIC TANK 3 = FLUSH TO PIT LATRINES 4 = VENTILATED IMPROVED PIT LATRINE 5 = PIT LATRINE WITH SLAB 6 = COMPOSTING TOILET 7 = FLUSH TO SOMEWHERE ELSE / DON'T KNOW 8 = PIT LATRINE WITH NO SLAB/OPEN PIT 9 = BUCKET TOILET 10 = HANGING TOILET/LATRINE 11 = NO FACILITY/BUSH/FIELD (SKIP TO NEXT SECTION) 12 = OTHER (SPECIFY) _____ 88 = DON'T KNOW

MODULE R: POSITIVE PARENTING/ MODULI R: UZAZI CHANYA

Q81 Have you heard of positive parenting/good parenting? <i>Je, umewahi kusikia kuhusu malezi chanya/malezi bora?</i> 1=Yes 2=No
Q82 In your opinion what comprises of positive parenting/ good parenting? (list at least 2) <i>Kwa maoni yako ni nini kinajumuisha malezi chanya ya uzazi/malezi bora? (orodhesha angalau 2)</i> 1= CHILD CARE 2= CHILD FEEDING 3= POSITIVE DISCIPLINE
Q83 What is your source of knowledge/ information on positive parenting/good parenting? <i>Nini chanzo chako cha maarifa/taarifa kuhusu malezi chanya/malezi bora?</i> 1= CHVS 2= NEIGHBOUR/FRIEND 3= MEDIA 4= NGO
Q84 How do you discipline your child? <i>Je, hufanyaje kumtia adabu mtoto wako?</i> 1=SHOUTING 2=PHYSICAL PUNISHMENT 3=NON-VIOLENT METHOD 4=INSULTS

MODULE S: EARLY CHILDHOOD SIMULATION/ MODULI S: KUSISIMUA MTOTO MAPEMA

Tell me if you <i>“Agree”=1. “Disagree”=2 or “Not Sure”=3</i> <i>Eleza kama 1=Unakubaliana 2=Hukubaliani au 3=Huna uhakika”</i>
Q85_1 A baby should not be held when he (she) is crying because this will make him (her) want to be held all the time? <i>Mtoto hapaswi kubebwa wakati analia kwa sababu hii itamfanya atamani kubebwa kila wakati</i>

Q85_2 Babies do some things just to make trouble for their parents, like crying a long time or pooping? <i>Watoto hufanya baadhi ya mambo ili tu kuwasumbua wazazi wao, kama vile kulia kwa muda mrefu au kupiga kinyesi</i>
Q85_3 Infants understand only words they can say? <i>Watoto wachanga huelewa tu maneno ambayo wanaweza kusema</i>
Q85_4 It is important to talk and sing to your baby? <i>Ni muhimu kumzungumzia na kumwambia mtoto wako</i>
Q85_5 Talking to a child about things he (she) is doing helps its mental development? <i>Kuzungumza na mtoto kuhusu mambo anayofanya humsaidia kukua kiakili</i>
Q85_6 It is important to teach the baby names of simple objects and colors? <i>Ni muhimu kufundisha mtoto majina ya vitu rahisi na rangi</i>
Q85_7 It is important to play games with the baby? <i>Ni muhimu kucheza michezo na mtoto</i>

MODULE T: CHILD DISABILITY/ MODULI T: ULEMAVU WA MTOTO

Q86 Do you have a child with any form of disability? <i>Je, una mtoto mwenye ulemavu wa aina yoyote?</i> 1=Yes -CONTINUE 2=No -GO TO Q91
Q87 What is the main form of disability(s) of your child? <i>Je, ni aina gani kuu ya ulemavu ambalo mtoto wako anao?</i> 1=PHYSICAL/MOBILITY DISABILITY 2=VISUAL IMPAIRMENT 3=AUDITORY 4=SPEECH 5= COGNITIVE 6=OTHER (SPECIFY) _____
Q88 Do you know how the disability came about? <i>Je, unajua jinsi ulemavu huo ulivyotokea?</i> 1= BORN WITH IT 2= DEVELOPED AFTER AN ILLNESS/SICKNESS 3= GOT ACCIDENT 4= OTHER (SPECIFY)
Q89 Has the child received any support concerning his/her disability? <i>Je, mtoto amepata msaada wowote kuhusu ulemavu wake?</i> 1=Yes -CONTINUE 2=No -GO TO Q91
Q90 What support did the child receive? <i>Mtoto alipokea usaidizi gani?</i> 1=MEDICAL CARE 2=PHYSIOTHERAPY/OCCUPATIONAL THERAPY 3=EDUCATION 4=ASSISTIVE DEVICES 5= COUNSELLING /SENSITIZATION 6= OTHER (SPECIFY) _____

MODULE U: AWARENESS OF ENTITLEMENTS / MODULI U: UFAHAMU WA HAKI

Q91 Do you know the amount money that you were entitled to receive for each payment cycle? <i>Je, unajua kiasi cha pesa ambacho ulistahili kupokea kwa kila kipindi cha malipo?</i> 1=Yes 2=No
Q92 How much money did you receive each time per child? Insert amount in Kenya Shillings/ <i>Ulipokea pesa ngapi kila kipindi cha malipo kwa kila mtoto? Weka kiasi katika Shilingi za Kenya</i> _____
Q93 How frequent were you supposed to receive the payment amount in Q92? Je, <i>Ulifaa kupokea kiasi cha malipo baada ya muda gani?</i> 1. Monthly 2. After every 2 months 3. Other (specify)
Q94 How many times did you receive/will you receive the UCB funds? <i>Umepokea/utapokea pesa za UCB mara ngapi?</i> 1=Two times 2=Three times 3=Four times 4=Five times 5=Six times 6=Twelve times 7=Other (specify)
Q95 Did you always receive the money the same date of the month you were supposed to? <i>Je, kila mara ulipokea pesa siku ile ile ya mwezi uliyotakiwa kupokea?</i> 1=Yes 2=No

<p>Q96 Which month and year did you start receiving the payment? Insert Month and Year? <i>Ulianza kupokea malipo lini?</i> Weka Mwezi na Mwaka _____</p>
<p>Q97 Are you currently receiving funds the UCB funds? <i>Je, unapokea fedha za UCB kwa sasa?</i> 1=Yes-GO TO Q99 2=No -CONTINUE</p>
<p>Q98 Which month and year did you last receive the payment, insert Month and year? <i>ulipokea malipo kwa mara ya mwisho lini? ingiza Mwezi na mwaka?</i> _____</p>
<p>Q99 Were you/have you been receiving a notification from Safaricom on your mobile phone each time funds were transferred to your mobile phone?/ <i>Je, umekuwa/umekuwa ukipokea arifa kutoka kwa Safaricom kwenye simu yako ya mkononi kila mara pesa zilipohamishiwa kwenye simu yako ya mkononi?</i> 1=Yes 2=No</p>
<p>Q100 How have you been withdrawing the funds, most times?/ <i>Umekuwa ukitoaje pesa mara nyingi?</i></p> <ol style="list-style-type: none"> 1. Cash out the benefit using a mobile money agent/ 2. Transfer funds to another mobile money account 3. Use the mobile money to make a payment to a merchant 4. Other (specify)

MODULE V: SATISFACTION WITH THE REGISTRATION POINTS / MODULI V: KURIDHISHWA NA HATUA ZA USAJILI

<p>Q101 Were you informed of the targeting process in your village or sub-location before the UCB targeting process started?/ <i>Je, uliarifiwa kuhusu mchakato wa ulengaji katika kijiji chako au eneo dogo kabla ya mchakato wa kulenga UCB kuanza?</i> 1=Yes 2=No</p>
<p>Q102 How did you receive information about the UCB targeting process? <i>Ulipoakeje taarifa kuhusu mchakato wa kulenga UCB?</i> 1=Schools informed parents of school children, in case some have eligible children or know of others who may be eligible 2=Local radio station 3=Religious services 4=Community leaders e.g. health officers, teachers, shopkeepers, Beneficiary Welfare Committees 5=Posters at strategic locations within the communities e.g. schools, clinics, religious centres, shops, etc); 6=Leaflets placed within strategic locations within the communities (schools, clinics, religious centres, shops, etc); 7=Public address systems 7=Relatives/Friends 8=Other Sources 9=Don't know/Can't remember</p>
<p>How would you rate your level of satisfaction with the registration points, on the following attributes using a 5-point likert scale where 5-Very satisfied, 4-Satisfied, 3-Neutral, 2-very Dissatisfied, 1-Very dissatisfied?/ <i>Je, unaweza kukadiriaje kiwango chako jinsi ulivyoridhika na usajili wa UCB, kwa sifa zifuatazo kwa kutumia mizani ya alama 5 ambapo 5-Niliridhika Sana, 4-Niliridhika, 3 Niko katikati ya kuridhika na kutoridhika, 2-Sikuridhika, 1-Sikuridhika kabisa?</i></p>
<p>Q103_1 Time taken to reach the registration point? <i>Muda uliouchukua kufikia eneo la usajili?</i></p>
<p>Q103_2 Travel distance to the registration point? <i>Umbali wa kusafiri hadi mahali pa kujiandikisha?</i></p>
<p>Q103_3 Building that was used as a registration site? <i>Jengo ambalo lilitumika kama eneo ya usajili?</i></p>
<p>Q103_4 Availability of toilet facilities at the registration point? <i>Uwepo wa vyoo kwenye kituo cha usajili?</i></p>
<p>Q103_5 Resting places and shade at the registration point? <i>Mahali pa kupumzika na kivuli kwenye sehemu ya usajili?</i></p>
<p>Q103_6 Protection from the rain? <i>Mahali fiche kutokana na mvua?</i></p>
<p>Q103_7 Creche/nursery or a place where babies and young children were cared during the registration process? <i>Mahali ambapo watoto wachanga na watoto wadogo walitunzwa wakati wa mchakato wa usajili?</i></p>
<p>Q103_8 Registration for caregivers who were unable to travel to the registration site? <i>Usajili wa walezi ambao hawakuweza kusafiri hadi kwenye eneo la usajili?</i></p>

Q103_9 Registration process? <i>Mchakato wa usajili?</i>
Q103_10 Time taken to complete the registration process? <i>Muda uliouchukua kukamilisha mchakato wa usajili?</i>
Q103_11 Registration documents requirements e.g. caregiver ID and child's birth certificate? <i>Nyaraka za usajili zilizohitajika kama vile kitambulisho cha mlezi na cheti cha kuzaliwa cha mtoto?</i>

MODULE W: CHANGE MANAGEMENT / MODULI W: USIMAMIZI WA MABADILIKO

Now I would like us to discuss more about the change management process/ <i>Sasa ningependa tujadili zaidi kuhusu mchakato wa usimamizi wa mabadiliko</i>
Q104 During the period of the UCB Pilot project, did you have a need to update your information? <i>Katika kipindi cha mradi wa Majaribio wa UCB, je, ulikuwa na haja ya kusasisha maelezo yako?</i> 1=Yes -CONTINUE 2=No -GO TO Q107_1
Q105 Who did you approach for the purposes of updating your information? <i>Je, uliwasiliana na nani kwa madhumuni ya kusasisha maelezo yako?</i> 1.Area Chief 2. Member of the BWC 3. Nobody -TO GO Q107_1 4. Other (Specify)
Q106 What information did you request to be changed? <i>Je, ni taarifa gani za kibinafsi ulizomba zibadilishwe?</i> 1. Change of caregiver 2. Deceased child 3. Change or loss of SIM card 4. Change of address 5. Other (Specify)
How would you rate your level of satisfaction with the following attributes related to change management using a 5-point likert scale where 5-Very satisfied, 4-Satisfied, 3-Neutral, 2-very Dissatisfied, 1-Very dissatisfied? / <i>Je, unaweza kukadiriaje kiwango chako cha kuridhika na sifa zifuatazo zinazohusiana na mabadiliko ya usimamizi kwa kutumia mizani ya alama 5 ambapo 5-Nimeridhika Sana, 4-Nimeridhika, 3- Niko katikati ya kuridhika na kutoridhika, 2-Sijaridhika sana, 1-Sijaridhika Sana? 99- Sijui/Siwezi kusema</i>
Q107_1 Availability of information on how to request for change in information updates
Q107_2 Ease of accessing the person responsible to initiate the change
Q107_3 Time taken to have the information change completed

MODULE X: GRIEVANCE AND COMPLAINTS/ MODULI X: MALALAMISHI

Now I would like us to discuss more about complaints management / <i>Sasa ningependa tujadili zaidi kuhusu usimamizi wa malalamiko</i>
Q108 Do you know how you can give feedback or register your concerns or complaints to the UCB project personnel if you wanted to?/ <i>Je, unajua jinsi unavyoweza kutoa maoni au kusajili matatizo au malalamiko yako kwa wafanyakazi wa mradi wa UCB ikiwa ungependa kufanya hivyo?</i> 1=Yes 2=No
Q109 Do you know where or to whom you can give feedback or raise concerns or complaints to?/ <i>Je, unajua ni wapi au kwa nani unaweza kutoa maoni au kutoa malalamiko?</i> 1=Yes 2=No
Q110 Do you know the appeal process in the event that you are dissatisfied with the decision of your initial complaint?/ <i>Je, unajua mchakato wa kukata rufaa iwapo haujaridhika na uamuzi wa malalamiko yako ya awali</i> 1=Yes 2=No
Q111 Where can you or with whom would you give your feedback or register your concerns or complaints? DO NOT PROBE. SELECT ALL MENTIONS. MULTIPLE RESPONSE POSSIBLE. CONTINUE ASKING ANY OTHER UNTIL NO MORE RESPONSES IS GIVEN BY THE CAREGIVER/ <i>Je, unaweza kutoa maoni yako wapi au KWA nani au kusajili matatizo au malalamiko yako? USIULIZIE MAJIBU.CHAGUA MATAJWA YOTE. MAJIBU MENGI YANAWEZEKANA. ENDELEA KUULIZA KAMA KUNA LINGINE LOLOTE MPAKA MAJIBU YATAKAYOTOLEWA NA MLEZI.</i> 1=BWC member 2=Chief 3=Sub-County Children's Officer 4=County Coordinator 5=National G&CM team 6=Director of DSA 7=Principal Secretary 8=Senior officer in NSPS 9=Other (Specify)

<p>Q112 Did you raise or any other person in your household raise concerns or complain to anyone or any office since the UCB project was rolled out?/ <i>Je, ulileta au mtu mwingine yeyote katika kaya yako alitoa wasiwasi au kulalamika kwa mtu yeyote au ofisi yoyote tangu mradi wa UCB uanzishwe?</i> 1=Yes -CONTINUE 2=No -GO TO Q119</p>
<p>Q113 How did you raise your concerns or register the complaint regarding the UCB project? DO NOT PROBE. CIRCLE ALL THAT IS MENTIONED. MULTIPLE RESPONSES POSSIBLE/ <i>Je, ulitoa vipi wasiwasi wako au kusajili malalamiko kuhusu mradi wa UCB? USIULIZIE MAJIBU. CHAGUA YOTE YATAKAYOTAJWA. MAJIBU MENGI YANAWEZEKANA</i> 1=BWC member 2=Chief 3=Sub-County Children's Officer 4=County Coordinator 5=National G&CM team 6=Director of DSA 7=Principal Secretary 8=Senior officer in NSPS 9=By telephone, directly to DSA's complaints toll-free line 10=Directly to Safaricom 11=Other (Specify)</p>
<p>Q114 What was the nature of the complaint? <i>Malalamiko yako yalikuwa ya aina gani?</i></p> <ol style="list-style-type: none"> 1. Appeal against a rejected application 2. Appeal against exclusion from programme due to applying after the closing of the registration period 3. Appeal against exclusion because registration clerk did not visit house of a person who could not travel to the registration site 4. Dispute over child's caregiver 5. Payment not received 6. Insufficient payment received 7. Mistreatment by a programme officer 8. Challenges in accessing registration site 9. Other (specify)
<p>Q115 Was the concern or complaint addressed? <i>Je, wasiwasi au malalamiko yalishughulikiwa?</i> 1=Yes -CONTINUE 2=No -GO TO Q119</p>
<p>Q116 How long did it take for your complaint to get addressed or resolved?/ <i>Ilichukua muda gani kwa malalamiko yako kushughulikiwa au kutatuliwa?</i> 1=Instant 2=1 week 3=2 weeks 4=3 weeks 5=4 weeks 6=Other (specify) 7=Still unresolved -GO TO Q119</p>
<p>Q117 To what extent were you satisfied with the time it took to have your concern or complaint resolved?/ <i>Je, uliridhishwa kwa kiwango gani na muda uliochukua kusuluhisha wasiwasi au malalamiko yako?</i> 1=Dissatisfied 2=Very Dissatisfied 3=Neutral 3=Satisfied 4=very satisfied 5=Don't know/Can't tell</p>
<p>Q118 How would you rate the feedback given for the last concern or complaint raised?/ <i>Je, unaweza kukadiria vipi maamuzi yaliyotolewa kwa ajili ya wasiwasi au malalamiko uliopeana?</i> 1=Satisfactory 2=Unsatisfactory 3=Still pending</p>

MODULE Y: OVERALL SATISFACTION WITH UCB PROJECT/ MODULI Y: KURIDHIKA KWA UJUMLA NA MRADI WA UCB

<p>On a scale of 1-5 where 1=Very Dissatisfied, 2= Dissatisfied, 3=Neither satisfied nor dissatisfied 4=Satisfied, 5=Very satisfied, to what extent are you satisfied with the following components of the UCB project? / Kwa kipimo cha 1-5 ambapo 1=Sijaridhika Sana, 2=Sijaridhika, 3=Sijaridhika wala kutoridhishwa 4=Sijaridhika, 5=Nimeridhika sana, ni kwa kiasi gani umeridhika na vipengele vifuatavyo vya mradi wa UCB?</p>
<p>Q119_1 Targeting process/</p>
<p>Q119_2 Enrolment process/ <i>Mchakato wa uandikishaji</i></p>
<p>Q119_3 Payment frequency/ <i>muda kati ya siku moja ya malipo na inayofuata</i></p>
<p>Q119_4 Cash benefit amount/ <i>Kiasi cha fedha</i></p>
<p>Q119_5 Complaints and grievance handling procedures/ <i>Taratibu za kushughulikia malalamiko</i></p>
<p>Q119_6 Appeal process/ <i>Mchakato wa kukata rufaa</i></p>

Q119_7 Mode of payment/ <i>Njia ya malipo</i>
Q119_8 Distance to the registration point/ <i>Umbali wa kituo cha usajili</i>
Q119_9 Change management process/ <i>mchakato wa walengwa kubadilisha maelezo ya kibinafsi</i>

MODULE Z: IMPACT EVALUATION OF UCB PROJECT/ MODULI Z: ATHARI ZA MRADI WA UCB UCB

<p>The objective of this module is to assess the impact of the UCB pilot project. On a scale of 1-5 where 1=Much worse, 2= worse, 3=No improvement, 4=Better, 5=Much better, to what extent do you think the UCB project has impacted the child(ren) below the age of 3 years in your household on the following? Lengo la moduli hii ni kutathmini athari za mradi wa majaribio wa UCB. Kwa kipimo cha 1-5 ambapo 1=Mbaya zaidi, 2=Mbaya, 3=Hakuna uboreshaji, 4=Bora, 5=Bora zaidi, unadhani mradi wa UCB umeathiri kwa kiwango gani watoto/watoto walio chini ya umri wa miaka 3 katika kaya yako juu ya yafuatayo?</p>
Q120_1 Nutrition/ <i>Lishe</i>
Q120_2 Food security/ <i>Usalama wa chakula</i>
Q120_3 Infant Young Child Feeding (IYCF)/ <i>Kulisha Mtoto mchanga (IYCF)</i>
Q120_4 maternal health/ <i>afya ya mama</i>
Q120_5 Disability inclusion/ <i>ujumuishaji wa walemavu</i>
Q120_6 Water, Sanitation and Health (WASH) Practices/ <i>Taratibu za Maji, Usafi wa Mazingira na Afya (WASH)</i>
Q120_7 Training on positive parenting / <i>Mafunzo juu ya malezi mazuri</i>
Q120_8 Birth Registration/ <i>Usajili wa Kuzaliwa</i>
<p>Q121: In your own opinion, do you think UCB project should continue to exist? Kwa maoni yako mwenyewe, unadhani mradi wa UCB unapaswa kuendelea kuwepo? 1=Yes -CONTINUE 2=No -GO TO Q122</p>
<p>Q121: Do you think UCB project should be scaled up to include other areas in the Republic of Kenya? Je, unafikiri mradi wa UCB unapaswa kuongezwa ili kujumuisha maeneo mengine katika Jamhuri ya Kenya? 1=Yes 2=No</p>
<p>Q122: We have come to the end of our interview today. Do you have any other feedback / comment that you would wish to add? / Tumefika mwisho wa mahojiano yetu leo. Je, una maoni/maoni mengine yoyote ambayo ungependa kuongeza?</p>
<p>THANK YOU VERY MUCH FOR YOUR TIME AND VALUABLE CONTRIBUTION. I WISH YOU A LOVELY DAY/AFTERNOON/EVENING. ASANTE SANA KWA MUDA WAKO NA MCHANGO WA THAMANI. NAKUTAKIA SIKU NJEMA/MCHANA/JIONI NJEMA.</p>
Q123_1 Interviewer submits the filled questionnaire
Q123_2 Supervisor verification and submission to database

4.4. ANNEX 4-UCB END OF PROJECT FGD DISCUSSION GUIDE

INTRODUCTION AND WARM UP (2 mins)

- Good Morning/Good Afternoon. My Name is (MENTION YOUR FULL NAMES) from **Save the Children**. We are here today to assess the impact of UCB Pilot project.
- The moderator introduces him/herself and explains the purpose of the exercise.
- The moderator explains that the discussion is open, not an exam and there is no wrong or right answer. Explain that the information given by respondents is confidential.
- Encourage the respondents to give honest opinions and to listen to others.
- Talk not just for yourself but also what you know your friends/community/colleagues think.
- Explain the use of the recorder.
- Ask the respondents to introduce themselves and their role in the UCB Pilot project. Start by introducing yourself to help respondents feel at ease.
- Name; County; Sub-County; Location; Sub-Location; Village
- Brief narration from each participant (as a caregivers) on how, in their own view, the UCB project has been perceived by beneficiaries and non-beneficiaries in the area?

Name (s) of researcher(s):	
Date of FGD:	
Name of FGD location:	
Number of people attending the FGD:	1
Type of FGD:	1. Beneficiaries

Q1. Please let us discuss how the UCB Pilot Project has affected the livelihoods and wellbeing of community members in this community/location – women, children?

PROBES:

- Nutrition/ Lishe
- Food security/ Usalama wa chakula
- Infant Young Child Feeding (IYCF)/ Kulisha Mtoto mchanga (IYCF)
- Maternal health/ afya ya mama
- Disability inclusion/ ujumuishaji wa walemavu
- Water, Sanitation and Health (WASH) Practices/ Taratibu za Maji, Usafi wa Mazingira na Afya (WASH)
- Training on positive parenting / Mafunzo juu ya malezi mazuri
- Birth Registration/ Usajili wa Kuzaliwa

Q2. What do you think about the implementation of the UCB Pilot Project?

PROBES:

- Selection of beneficiaries/Targeting process
- Enrolment process/ Mchakato wa uandikishaji
- Payment frequency/ muda kati ya siku moja ya malipo na inayofuata
- Cash benefit amount/ Kiasi cha fedha
- Complaints and grievance handling procedures/ Taratibu za kushughulikia malalamiko
- Appeal process/ Mchakato wa kukata rufaa
- Mode of payment/ Njia ya malipo
- Distance to the registration point/ Umbali wa kituo cha usajili
- Change management process/ mchakato wa walengwa kubadilisha maelezo ya kibinafsi

- Q3.** Positive and negative effects of the UCB Pilot Project?
- Q4.** What positive changes have taken place in your community since UCB Pilot Project started being distributed?
- Q5.** What negative changes have taken place in your community since UCB Pilot Project started being distributed?
- Q6.** What were the effects of the UCB Pilot Project in terms of social relationships with the community?
Check for any tensions that may have occurred or usual social bonds that may have been impaired
- Q7.** Awareness level prior and during the selection process, challenges faced during the selection process, evaluation of the efficiency and effectiveness of targeting of households meant to benefit from the project?
- Who was involved in the selection process?
 - How was the selection done?
 - Awareness level prior and during selection process among the targeted persons
 - Challenges encountered during the selection process e.g. missing national identity card, unregistered children
 - Speed with which targeting was done
- Q8.** Do you feel that the people included in the UCB Pilot Project deserve it?
- Q9.** Do you feel that some households were excluded while they should have been included (They should explain why and to what extent they feel that exclusion errors have occurred.)
- Q10.** Do you feel that the some households were included but did not deserve to be in the UCB Pilot Project (They should explain why and to what extent they feel that they were inclusion errors.)
- Extent to which the wrong people were included (inclusion error)

Lessons Learnt

- Q11.** Whose involvement was important and why?
- Q12.** What were the most important lessons learned?
- Q13.** What would you do differently? What would you do the same way?
- Q14.** How did these lessons affect the success or failure of the actions?
- Q15.** Briefly share the experiences and lessons learnt during the implementation of the initiative/ intervention? What would you avoid?
- Q16.** What were the major factors which influenced the achievement or non-achievement of sustainability of the UCB pilot project?

Scalability

- Q17.** What information on social protection policy/agenda direction on Universal Child Benefit in Kenya at both national and county governments can we learn from the pilot project?
- Q18.** How does the pilot exercise inform and guide the design and scale-up of national UCB program in Kenya?

Thank you to all for joining this interview.

4.5. ANNEX 5 -UCB END OF PROJECT EVALUATION KEY INFORMANT DISCUSSION GUIDE

INTRODUCTION AND WARM UP (2 mins)

- Good Morning/Good Afternoon. My Name is (MENTION YOUR FULL NAMES) from Save the Children. We are carrying out the end line evaluation of the Universal Child Benefit Pilot Project.
- The moderator introduces him/herself and explains the purpose of the exercise
- The moderator explains that the discussion is open, not an exam and there is no wrong or right answer. Explain that the information given by respondents is confidential.
- Encourage the respondent to give honest opinions and to listen to others.
- Talk not just for yourself but also what you know your friends and colleagues think.
- Explain the use of the recorder.
- Request the participant to introduce himself/herself
 - County, Sub-County, job description and role in the UCB project

KEY QUESTIONS

Q1. EFFECTIVENESS

- i. How big was the effectiveness or impact of the UCB Pilot Project compared to the objectives planned?
- ii. To what extent were the planned objectives in the log frame of the UCB Pilot Project reached, per indicator?

Q2. RELEVANCE

- x. What best practices and strategies did UCB pilot project implement in improving nutrition practices, positive parenting and disability inclusion in the target areas?
- xi. How important was the significance of the UCB pilot project regarding county and national social protection requirements?
- xii. How do the stakeholders perceive the relevance of the UCB Pilot Project?
- xiii. Are there any stories of change? How fair and appropriate was the implementation of the UCB Pilot Project? (e.g., considering gender, youth, culture, disability, displacement, etc?)
- xiv. How were women, children (girls & boys), males & females with disability, female-headed households, youth, male & female IDPs and members of host communities involved in the design, implementation and monitoring?
- xv. What has changed in the ability of beneficiaries to access MENTION EACH AREAS BELOW?

PROBES:

- Nutrition/ Lishe
- Food security/ Usalama wa chakula
- Infant Young Child Feeding (IYCF)/ Kulisha Mtoto mchanga (IYCF)
- Maternal health/ afya ya mama
- Disability inclusion/ ujumuishaji wa walemavu
- Water, Sanitation and Health (WASH) Practices/ Taratibu za Maji, Usafi wa Mazingira na Afya (WASH)
- Training on positive parenting / Mafunzo juu ya malezi mazuri
- Birth Registration/ Usajili wa Kuzaliwa

Q3. EFFICIENCY

- i. Were the objectives being achieved economically by the interventions?
- ii. How big is the efficiency ratio of the resources used?

Q4. COHERENCE

- i. Were the UCB Pilot Project interventions aligned to other similar social protection interventions in the area/nationally?
- ii. How are the interventions compatible with other interventions in the same location?

Q5. COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

- i. To what extent were the minimum accountability standards integrated?
- ii. How much do the beneficiaries understand the UCB Pilot Project?
- iii. How much were beneficiaries involved in the UCB Pilot Project decision making?
- iv. What complaints and feedback mechanism were put in place?
- v. Do the community members think that the UCB Pilot Project respected their culture/religion/daily routines/community calendars etc? How did that affect the UCB Pilot Project uptake?
- vi. What would be the three preferred means of communicating complaints to and between the project stakeholders and the community?

Q6. ADVOCACY/POLICY

- i. How Did the UCB Pilot Project impact the social protection landscape in the Kenya?
- ii. Has the advocacy component of the UCB Pilot Project impacted key policy actions/decisions on universal child benefit? What are those actions/decisions made?

Q7. SUSTAINABILITY

- i. Are the positive effects or impacts sustainable?
- ii. How is the sustainability or permanence of the intervention and its effects?
- iii. What systems/structure did the project put in place that are likely to be sustained after the project ends
- iv. In what ways can the beneficiaries, the local partners and government stakeholder's partners prepared to continue with the UCB Pilot Project outcome?

Q8. VfM

- i. Can the processes of achieving results justify the costs incurred and represent value for money?

Q9. PROCESS

- i. Were the strategies employed adequate and/or appropriate to realize the UCB Pilot Project objectives or should other UCB Pilot Project strategies have been preferred rather than the one implemented?

Q10. IMPACT

- ii. What is the intended/unintended impact or effect of the UCB Pilot Project in proportion to the overall situation?
- iii. To what degree have UCB Pilot Project outcomes been achieved?
- iv. Were there any unexpected outcomes?
- v. What changed as a result of the UCB pilot project?
- vi. What worked well, and what did not worked well?
- vii. How was the UCB Pilot Project Performance against standards for the similar social assistance programmes? Is the intervention doing the right thing?
- viii. What functions and areas of improvement of the complaints and response mechanism were established by the pilot project?

Q11. LEARNING AND REPLICABILITY

- i. What Lessons learnt and best practices can we learn from the implementation of the UCB project
- ii. What recommendations would you recommend for adoption for a the scale up of the UCB Pilot project?

THANK RESPONDENT & CLOSE INTERVIEW

4.6. ANNEX 6-UCB END OF PROJECT EVALUATION CASE STUDY GUIDE

1. Background information

- Location (sub county, village name) please describe the geography of the area, describe the state of housing, and basic facilities availability such as water (distance to the water source etc)
- Name of respondent, age, gender
- Number of children
- Length of time in present location
- Family composition (adults, including children and other dependants)

2. Impact of the UCB Pilot project to the household

Please describe how the UCB Pilot Project has affected the livelihoods and wellbeing of your household?

PROBES:

- Nutrition/ Lishe
- Food security/ Usalama wa chakula
- Infant Young Child Feeding (IYCF)/ Kulisha Mtoto mchanga (IYCF)
- Maternal health/ afya ya mama
- Disability inclusion/ ujumuishaji wa walemavu
- Water, Sanitation and Health (WASH) Practices/ Taratibu za Maji, Usafi wa Mazingira na Afya (WASH)
- Training on positive parenting / Mafunzo juu ya malezi mazuri
- Birth Registration/ Usajili wa Kuzaliwa

3. What do you would be your feedback about the implementation of the UCB Pilot Project in regard to?

PROBES:

- Selection of beneficiaries/Targeting process
 - Enrolment process/ Mchakato wa uandikishaji
 - Payment frequency/ muda kati ya siku moja ya malipo na inayofuata
 - Cash benefit amount/ Kiasi cha fedha
 - Complaints and grievance handling procedures/ Taratibu za kushughulikia malalamiko
 - Appeal process/ Mchakato wa kukata rufaa
 - Mode of payment/ Njia ya malipo
 - Distance to the registration point/ Umbali wa kituo cha usajili
 - Change management process/ mchakato wa walengwa kubadilisha maelezo ya kibinafsi
4. What are come of the positive and negative effects of the UCB Pilot Project?
 5. What positive changes have taken place in your community since UCB Pilot Project started being distributed?
 6. What negative changes have taken place in your community since UCB Pilot Project started being distributed?
 7. What were the effects of the UCB Pilot Project in terms of social relationships with the community?
 8. Do you feel that the people included in the UCB Pilot Project deserve it?

Lessons Learnt

9. Whose involvement was important and why?
10. What were the most important lessons learned?
11. What would you do differently? What would you do the same way?

THANK THE RESPONDENT AND CLOSE THE INTERVIEW