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# INTEGRATING IEC MESSAGES ON VACCINATION, BIRTH SPACING, AND HIV IN RWANDA



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## BACKGROUND

Rwanda's infant mortality rate of 152 deaths per 1000 live births places it only slightly below the average for the world's least developed countries.<sup>1</sup> Yet, at the same time, vaccination completion rates are extremely high. For example, WHO estimates that DPT3 coverage in 2007 was 97%,<sup>2</sup> meaning that most children see a health provider four or five times for a vaccination before their first birthday.

Given such high client attendance at vaccination service delivery points, these venues are ideal for communicating with large numbers of mothers about healthy behaviors that can increase child survival. With this in mind, the Ministry of Health of Rwanda requested technical assistance from USAID/BASICS in December 2008 to develop a Kinyarwanda-language job aid for service providers that would improve effective communication with mothers during vaccination encounters. The messages included in the job aid would be meant to not only reinforce vaccination behavior, but also promote improved awareness of birth spacing and increased uptake of family planning services, as well as PMTCT services.

The importance of improving the impact of interventions in these three health areas—in Rwanda and throughout the developing world—is indisputable:

- In 2002, an estimated 2.1 million people worldwide died of diseases preventable by widely-used vaccines. This toll included 1.4 million children under the age of five. Among these childhood deaths, over 500,000 were caused by measles; nearly 400,000 by Hib; nearly 300,000 by pertussis; and 180,000 by neonatal tetanus.<sup>3</sup> Current and new vaccines being introduced (rotavirus, pneumococcal and meningococcal) can prevent approximately one-quarter of child mortality.
- Recent analyses based on previous births indicate that birth spacing can reduce the risk of neonatal death by as much as 3.2 times, lessen the chance of post neonatal death by as much as 3 times, the risk of infant death by as much as 3.4 times and the chance of a child dying between the age of 1 and 4 years by as much as 2.6 times.<sup>4</sup>
- Without treatment through PMTCT, 15–30 percent of babies born to HIV-positive women in the future will become infected during pregnancy and delivery, and a further 5–20 percent will become infected through breastfeeding.<sup>5</sup>

### Vaccination Messages

Developed by IMMUNIZATIONbasics and used with success in DR Congo, a set of messages known by the French mnemonic, *MERCI*, was evaluated. These included cues for service providers to tell mothers about:

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<sup>1</sup> UNICEF, *1946-2006 Sixty Years for Children*, New York, November 2006.

<sup>2</sup> <http://www.who.int/vaccines/globalsummary/immunization/countryprofileresult.cfm?C=%27RWA%27>.  
Note: The 2005 Rwanda DHS estimates DPT3 coverage to be 86.4%.

<sup>3</sup> <http://www.who.int/mediacentre/factsheets/fs288/en/index.html>

<sup>4</sup> [http://www.esdproj.org/site/DocServer/HTSP\\_5.24.06.pdf?docID=123](http://www.esdproj.org/site/DocServer/HTSP_5.24.06.pdf?docID=123)

<sup>5</sup> [http://www.usaid.gov/our\\_work/global\\_health/pop/news/issue\\_briefs/familypmtct.html](http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/familypmtct.html)

- Which diseases their children are being vaccinated against at each encounter
- Side effects of the vaccinations
- When the next vaccination is to be given
- The importance of bringing their child's vaccination card to each encounter
- The importance of completing all five vaccinations within twelve months of birth

For the purposes of this exercise, it was considered essential that testing should inform a sequential order for these messages based on their importance to mothers in Rwanda, even if it meant abandoning the MERCI mnemonic. Given that service providers would not be expected to memorize the messages and that job aids would only be produced in Kinyarwanda, this approach was highly appropriate.

### **Birth Spacing Messages**

In 2007, USAID/BASICS and USAID/IMMUNIZATIONbasics began development of three draft messages for mothers about birth spacing. USAID/BASICS proposed slight modifications to the messages in November 2008 and submitted them to the Ministry of Health's Director of EPI, Dr. Fidele Ngabo, for approval of their use in this testing effort. They comprise:

- After giving birth, it is better for your health and your children's health if you wait at least 24 months before becoming pregnant again.
- Using a modern contraceptive method is the best way to ensure you will not become pregnant before you want to.
- Visit the Family Planning room in this health facility to learn about planning your next pregnancy and to obtain contraceptives.

### **HIV and AIDS Messages**

Dr. Ngabo further requested that the job aid under testing and development also include a message regarding HIV and AIDS that stresses challenges during pregnancy, delivery, and child care when the mother is seropositive.

## **MESSAGE TESTING APPROACH**

Pretesting was conducted to help ensure that final messages would be well understood; respond to the concerns and needs of service providers (as communicators) and mothers (as targets) alike; and would be culturally sensitive.

The most important points to verify were that service providers and caretakers understand what they should do and how to do it. This is largely reliant on comprehension of fundamental ideas or terms. Issues to consider include:

- Suitability of words used
- Ability to distinguish key details
- Ability to assimilate all information being provided
- Ability to recall information being shared

Beyond comprehension, USAID/BASICS also attempted to gauge the audiences' acceptance of and personal involvement with the messages. Additional issues to consider included:

- What kind of feelings (negativity, neutrality, enthusiasm) the materials elicit.
- Compatibility with local culture.
- Whether caretakers can see themselves carrying out the actions called for in the messages.

### **Team Make-up**

The testing team comprised five members, including two Ministry of Health representatives and three USAID/BASICS personnel:

- Dr. Anicet Mbonimpa, Ministry of Health, FP-HIV Integration Coordinator, MCH Task Force
- Dr. Maurice Gatera, Ministry of Health, EPI Supervision In-charge
- Dr. Moses Ahabwe USAID/BASICS Child Health Technical Officer, Rwanda
- Paul Crystal, USAID/BASICS Communications Manager
- Silver Karumba, USAID/BASICS Nutrition Officer, Rwanda

### **Tools**

The team's first joint activity was the pre-testing of three separate tools that were developed in advance by USAID/BASICS for interviewing mothers and service providers, as well as a third tool for assessing relevant facility services (see Annexes 1-6).

Pre-testing of the tools was conducted at the Kabusunzu and Kimironko Health Centers in Kigali province on Monday, December 1, 2008 in preparation for commencement of testing. The team agreed that the pre-test largely confirmed the usability and efficacy of the tools. Thus, only minimal changes were made to the content of the questions and the team decided to advance the starting date of its testing exercise by one day (to Wednesday, December 3).

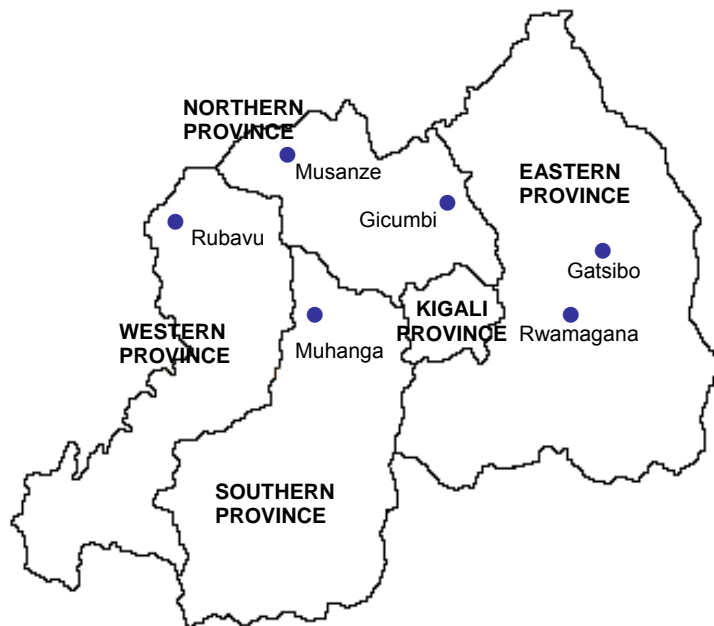
Although the pre-test resulted in few changes to the testing approach, it was extremely useful in helping to identify necessary modifications to the way in which many questions

had been translated (by an outside translator) from the original English into Kinyarwanda. In addition to ensuring appropriate vocabulary in terms of the way vaccinations, family planning, and HIV are referred to in provider-client encounters, it was also essential to guarantee that the tone of the questions was respectful. For example, the translation of the question, “Can you name...was changed from *Watubwira bumwe muribwo?* to *Ushobora kuvuga bumwe muribwo?* because the former would more likely be interpreted as a command (You must name...) and the latter accepted as a request to know from mothers if they have prior knowledge about vaccinations (Can you name...).

### Cohort

To better ensure that potential regional differences would be accounted for, including culture and immunization worker profiles, testing was conducted in two facilities from one district in the Eastern, Southern, and Western Provinces, and two districts in the Northern Province, as shown in figure 1.

**Figure 1: Location of sites visited**



USAID/BASICS initially set an objective of interviewing two vaccination service providers and six mothers at each location. However, as shown in table 1, the availability of clients and personnel was such that a total of 34 mothers and 8 service providers were ultimately interviewed. The results produced are nonetheless largely sufficient for this analysis.

**Table 1: Number of mothers and service providers interviewed, by location**

<b>Province</b>	<b>Mothers</b>	<b>Service Providers</b>
<b>Northern Province</b>		
Byumba Health Center (Gicumbi District)	5	2
Gasiza Health Center (Musanze District)	2	1
<b>Eastern Province</b>		
Gahini (Gatsibo District)	6	1
Rwamagana Health Center (Rwamagana District)	4	1
<b>Southern Province</b>		
Ngoma Health Post (Muhanga District)	6	1
<b>Western Province</b>		
Karambo Health Center (Rubavu District)	5	1
Kora Health Center (Rubavu District)	6	1
<b>All</b>		
	34	8

## RESULTS AND DISCUSSION

Results in this section are presented based on a discussion of key questions, and are also considered in relation to established evidence and nationwide statistics (primarily taken from the 2005 Rwanda Demographic and Health Survey).

### Using the vaccination encounter to disseminate multi-dimensional health information

#### ***—Is the vaccination encounter an appropriate place to communicate about birth spacing and prevention of mother-to-child transmission of HIV?***

Perhaps the most important detail to state at the outset of this discussion is that multi-dimensional health counseling is already provided during vaccination encounters. In all seven facilities visited during this assessment, vaccination encounters include group counseling sessions. Vaccination service providers in each of the facilities reported having used the sessions to provide information about family planning (but not necessarily specific to birth spacing), and two service providers also reported having discussed HIV and AIDS. But, as one service provider suggested, messages that mothers receive can be inconsistent and, therefore, confusing at times. It can thus be said that the general goal of developing the proposed job aid is to formalize an ongoing process, helping better guarantee that message delivery is uniform and well-targeted to mothers.

All eight service providers that were interviewed agreed that vaccination days are good times to counsel mothers on birth spacing and PMTCT, noting that large numbers of mothers are present at each encounter. As noted in the background section of this report, Rwanda enjoys a nationwide DPT3 completion rate of 97%. One service provider also astutely pointed out that counseling on birth spacing and PMTCT during vaccination is also timely because a considerable proportion of the mothers in attendance have not recommenced menstruation after child birth.

#### ***—Do mothers listen to and understand what they hear?***

Each of the service providers interviewed also reported that mothers listen well and understand counseling that is currently provided to them. For their part, mothers expressed correct (but fairly basic) information when asked to explain what they had learned about vaccinations, mostly mentioning the need to complete the vaccine series and that vaccines are generally important for preventing illness.

In another effort to gauge mothers' understanding during the testing process, interviewers read three model messages (see page 2 of this document) about birth spacing and asked respondents what they thought they should do after hearing them.<sup>6</sup>

As was the case with vaccination knowledge, mothers generally showed a good, but basic understanding of the ideas being shared with them, with most saying that they felt they should visit family planning services, practice family planning or, more simply, "Follow this message." Few mothers answered in a way that would indicate that they misunderstood the core messages. For example, one mother said that she would go to

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<sup>6</sup> The question was initially stated as, "What do you think this message is asking you to do?" However, all Kinyarwanda-speaking members of the testing team agreed that the question would be confusing for mothers if asked this way. The question was thus changed to, "What do you think you should do after hearing this message?"

the family planning provider for a general health check-up and another stated that the family planning provider's role was to choose a contraceptive method for her.

An issue of considerable concern is whether the mixing of messages from three different (but clearly linked) health areas will confuse mothers and ultimately dilute the impact of each message set. Given that multidimensional counseling is already being conducted and that mothers show satisfactory understanding of what they hear, it should be considered the integration of vaccination, birth spacing, and HIV messages is quite acceptable. This assertion is further supported with convincing evidence from Togo showing that the introduction of family planning messages at EPI delivery points can lead to significant increases in family planning uptake without negatively impacting vaccination services.<sup>7</sup>

## **Vaccination**

### **—What do mothers want to know about vaccinations?**

In asking mothers what they felt was important for health workers to tell them about vaccinations, few interviewers received responses other than those they prompted (e.g., Do you think it's important to know the names of the diseases your child is being protected against?). However, it is noteworthy that the small number of mothers who offered unprompted responses asked to know more about the relationship between vaccinations and healthy growth of children. Moreover, when mothers were questioned about the reasons they sought vaccinations for their children, "good growth" was the only motive cited other than the protection against major diseases. The strongly perceived link between vaccinations and growth is undoubtedly a result of the fact that vaccination delivery is often accompanied by weighing, and a growth monitoring chart is included on the vaccination card.

For their part, service providers reported that mothers were primarily concerned with knowing the side effects of vaccinations (4 of 8 service providers said that mothers asked them about this). Other issues mentioned (by 1 or 2 of the services providers) included the consequences of missing a vaccination appointment, the likelihood of disease transmission by an unvaccinated child, and the names and symptoms of vaccine-preventable diseases.

### **—Given that vaccination behavior in Rwanda is robust, is it still important to institutionalize messages about vaccinations?**

Mothers interviewed in this study overwhelmingly know or already act on the information included in the MERCI messages:

- Only 3 out of 34 mothers said they didn't know how many times their child should be vaccinated. And, amongst mothers who said they did know, 26 out of 31 expressed the correct number.<sup>8</sup>
- Only 3 out of 34 mothers said they did not know when their child was due for his/her next vaccine.
- Amongst 16 mothers whose children had never experienced fever or pain after a vaccination, 2 were not aware that vaccines could result in side effects.

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<sup>7</sup> *The Integration of Family Planning and Childhood Immunization Services in Togo*, Dale Huntington and Aristide Aplogan, *Studies in Family Planning*, Vol. 25, No. 3 (May - Jun., 1994), pp. 176-183

<sup>8</sup> Four and five were deemed to be correct answers, given that the first vaccination occurs at birth and may not be counted by the mother as "coming for a vaccine."

- Only 1 out of 34 did not bring her child's vaccination card to the encounter. Notably, that mother (and others observed, but not interviewed) was provided key information on a small sheet of paper by the service provider.

Nearly unanimous use of vaccination cards is significant in that they can be used as communications tools themselves. The card (see annex 7) includes the intended list of vaccines and the period after birth at which they should be given; a grid showing vaccine status (i.e., the dates on which they were delivered); and the date on which the next vaccine is due. Continued reinforcement of cards usage will ensure that vaccination-related messages will be better retained (since they will not only be heard at the health facility but also taken home and will potentially set the stage for expanded use of the card to communicate key ideas to mothers.

While this report has stressed that vaccination completion rates are high in Rwanda, it should be noted that timely completion of all five vaccine interventions is 69.3%.<sup>9</sup> Vaccines given later in the 12-month cycle (i.e., the third polio vaccine and measles) have the weakest completion rates. Therefore, reinforcing vaccination-related behavior through a job aid could serve to help bridge the gap between completion of early vaccines and late vaccines.

Furthermore, despite having one of the strongest immunization programs in Africa, an analysis in 2004 showed that only 11 of Rwanda's 39 districts had been able to sustain DTP3 coverage of over 80% in the preceding three years, indicating instability of coverage. The immunization program also faces the potential of reduced attention due to the focus on HIV/AIDS and limited human resources at all levels of the health system.<sup>10</sup>

## Birth Spacing

### ***—Do couples practice birth spacing?***

According to the 2005 Rwanda DHS, nearly 23% of births amongst women who already have children occur at an interval of less than 24 months after a previous delivery.

Modern contraceptive prevalence amongst married Rwandan women was estimated in the same survey to be 10.3%. With respect to birth spacing, it is even more useful to look at contraceptive use that is specific to women whose use begins when the number of living children they have is low. In 2005, over 26% of contraceptive users initiated use when they had one living child and more than 25% began when they had two living children. It is thus unsurprising that unmet demand in this group is high— 64.6% of married women who have one living child and are not currently using contraception expressed the intention to use contraception in the future. The figure rose to 65.1% amongst married women who have two living children and are not currently using contraception. In the more limited cohort interviewed for this survey, it was found that:

- 12 out of 31 mothers who discussed contraceptive use said they had used modern contraceptives before. Of these, 5 are current users and 7 are not current users, but would consider using them again.
- Of the 19 mothers who said they had never used modern contraceptives, 13 said that they would consider doing so.

<sup>9</sup> Timely completion is meant to mean: TB and polio at birth; DPT, Hepatitis B, Hib, and Polio at 6 weeks, 10 weeks, and 14 weeks after birth; and measles 9 months after birth.

<sup>10</sup> <http://www.immunizationbasics.jsi.com/CountryActivities.htm#Rwanda>

Attempts to understand unmet demand through this evaluation are further aided by the knowledge that 29 out of 34 mothers expressed a desired time frame for the birth of their next child or said that they don't want more children.

When considering the practice of birth spacing—particularly in relation to the design of effective messages—it is obviously essential to recognize the particular terms mothers employ. In as far as the first model birth spacing message used by the interview team referred to an ideal space of “24 months,” it was consistently found that mothers preferred that this period be expressed as “two years.” In fact, some interviewers admitted instinctively rephrasing the model message after a number of mothers showed slight hesitation over the calculation of 24 months and others consistently expressed time in the largest possible value (i.e., years→months→weeks) when discussing such things as when they would like to have their next child, or when their child is due for a subsequent vaccination. Similarly, it was well established that the term “conceive” (gusama) is a far more common and understood term than “get pregnant.”

### **—What do mothers know about birth spacing?**

The DHS would suggest that the above evidence detailing fairly low contraceptive prevalence (particularly in the face of relatively high unmet demand) is not a function of poor awareness. That is, 94.5% of all women know of at least one modern contraceptive method.<sup>11</sup> Yet, the results of this evaluation portray a weaker understanding of family planning. On the one hand, 27 of the 34 interviewed mothers said they knew about family planning and 29 said they had heard of “modern contraceptives” (a term regularly used in family planning services). On the other hand, 11 of the respondents who claimed to know about modern contraceptives were unable to name at least one method, many of them confusing the term with *birth spacing*.

In addition, mothers were asked if they had previously heard the three model birth spacing messages<sup>12</sup> or messages that sound similar. In each case, roughly half of respondents said that they were hearing them for the first time. When asked to define the concept of birth spacing,<sup>13</sup> most mothers instead described closely spaced births.

More critically, when questioned about the most important reasons some couples might want to leave more time between births, nearly all who answered cited a lack of resources, often specifying the need to pay for a child's food, medical insurance, and schooling. In fact, only one mother mentioned that birth spacing would be practiced for health reasons. This is an extremely important issue in terms of message development to promote birth spacing. While the sustainability of birth spacing practices will be best ensured if the critical link between spacing and health is established for families, at the same time, the highly motivating factor of personal resources must be recognized.

### **—Is birth spacing acceptable and desirable?**

After reading the three model messages about birth spacing to mothers, attempts were made to determine how clear the mothers felt each message was and whether they agreed with what had been said. This ultimately yielded no practical information, with a

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<sup>11</sup> The most recognized modern method is the male condom (known to 89% of women), and there is ample knowledge of longer-term methods, including injectables (80%) and oral contraceptives (78%).

<sup>12</sup> These messages are not the same as WHO's three key birth spacing messages for women after a live birth and after an abortion, and adolescents.

<sup>13</sup> Mothers who said they knew about birth spacing were asked how they would explain it to someone who had never heard about it before.

nearly complete majority of mothers implicitly claiming to both like and believe all of the messages.<sup>14</sup>

Service providers also expressed nearly unanimous agreement with the principles expressed in the messages, and approved of their clarity. Furthermore, they fully agreed that mothers: want information about birth spacing and think birth spacing is a good idea, and want information about modern contraceptives and think using them is a good idea.

Husbands play a key role in the choice to practice birth spacing. Thirty-three of 34 mothers said that they would be willing to space births, with the lone dissenter citing that “a good understanding” between her and her husband made spacing unnecessary. And, 3 of the mothers who said they favored spacing felt that their husbands would not approve, primarily in that it might mean reducing the frequency of sexual encounters.

Despite the mostly positive-pointing attitudes towards family planning and birth spacing indicated above, it was still shown in the 2005 DHS that only 7.4% of women who visited a health facility discussed family planning. Half of the mothers interviewed in this survey had never visited family planning services anywhere. The most common reasons cited were:

- Lack of agreement on family planning with their husband or not having previously discussed the issue with their husband
- Not knowing about birth spacing or understanding why it is practiced
- Having only one child for the time being

Although 7 of 8 service providers felt that mothers not currently practicing birth spacing would do so if they received support from a health facility, mothers proved to be less convinced: after hearing all of the model birth spacing messages used in this survey, one-quarter of the mothers interviewed said they would not be interested in visiting family planning services that same day or in the near future.

Clearly, there are barriers to family planning (that do not exist for vaccination-seeking and other family health behaviors) that could not be understood through this assessment. Additional, in-depth research that includes mothers, fathers, and elders is recommendable.

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<sup>14</sup> It should be assumed that most respondents did not feel comfortable answering questions in a way that could be interpreted as expressing disagreement with interviewers.

## HIV and AIDS

### **—What do mothers know about MTCT and PMTCT?**

While women's knowledge that HIV can be transferred from mother to child during pregnancy and breastfeeding is fairly sufficient, a companion understanding that PMTCT-related drugs can reduce the likelihood of infection is lagging. In fact, some 20% of pregnant women surveyed in the 2005 DHS were unaware of the benefits of drugs provided through PMTCT.

This evaluation also showed that general awareness of HIV is good. Almost all interviewed mothers had been tested for HIV, and nearly all vaccination service providers reported having given information to clients about transmission and prevention of HIV. The virus is consistently referred to and understood by the name *SIDA*, and is subject to a small number of companion nicknames, such as: *Agasimba* (the animal), *Icyorezo* (the epidemic), and *Umusmali* (the nail: because it pierces skin).

Again, like in the DHS, this survey suggests that mothers' awareness becomes progressively weaker as one begins to talk more specifically about MTCT. Although most mothers said they believed a baby can be infected by an HIV-positive mother during labor and after birth, many fewer believed that infection can occur during pregnancy. That is, 7 mothers said they did not think it is possible and 8 mothers did not provide an answer to the question at all. Notably, all of the mothers who recognized that infection can occur after birth knew that breastfeeding is the primary mode of transfer, but one mother thought that the child would have to have oral ulcers for this to occur and another said that transfer of HIV through breast feeding never occurs during the first six months of life.

Critically, no vaccination service providers mentioned having spoken to mothers about PMTCT, and more than one-third of mothers had never heard of PMTCT.

### **—Are quality HIV and PMTCT services available, and are they being used?**

Of the 7 facilities visited during this evaluation, 6 regularly offer HIV and PMTCT services through appropriately trained providers. This type of availability has clearly led to considerable uptake—28 of 34 interviewed mothers said they had been tested for HIV. And, of the 6 who had not, 4 were clients of the facility where testing is not performed, but instead conducted via referral.

The 2005 DHS suggests a grimmer picture as the specific issue of PMTCT uptake is considered. Women who had given birth in the two years preceding the survey were asked whether they had: (1) received HIV/AIDS counseling during an antenatal care visit; (2) whether they had taken a voluntary AIDS test during an ANC visit, and; (3) whether they had received the results of the test. Some 56% reported having received counseling, 23% received counseling and took an HIV test, and a mere 22% completed all three steps.

While no specific questions were asked for this evaluation regarding use of PMTCT services, the DHS' conclusions are clearly supported; not only because (as noted above) knowledge of PMTCT is weak, but also because stigma appears to be a significant constraint for mothers-to-be when considering whether to seek PMTCT services. That is, all participating service providers said they believed an HIV-positive woman should avoid pregnancy, and 33 out of 34 mothers said that it is, "...not okay for a woman with AIDS to have a child."

As part of measuring the quality of HIV and/or PMTCT services at the facilities that were visited, an attempt was made to gauge the continuous availability of HIV tests. Unfortunately, due to an error in translation, service providers were asked to use stock registers to determine demand instead of indicate the frequency of stock-outs.

## **RECOMMENDED JOB AID**

The last section highlighted that:

1. Rwanda's existing vaccination card is a key part of ongoing, successful message delivery from EPI service providers to mothers.
2. Birth spacing is desired by mothers, but it is not well understood as being beneficial to family health.
3. Awareness and knowledge of PMTCT are poor.

With these general issues in mind and taking into account the remainder of the previous discussion, including key word choices, the two-sided job aid shown on the subsequent pages in Figures 2a (English) and 2b (Kinyarwanda) was recommended to and approved by the Ministry of Health of Rwanda —

Figure 2a: Recommended job aid (English)

**1**


**WHILE MOTHERS ARE WAITING FOR A VACCINATION, SAY THE FOLLOWING TO THEM ABOUT BIRTH SPACING AND HIV**

- Even if you have resources, your children will grow better if you always wait at least two years after giving birth before conceiving again. Waiting this long is also good for your health.
- Using a modern contraceptive is the best way to ensure you will not conceive before you want to.
- Visit Family Planning services here or at another health facility to learn about planning your next pregnancy and to obtain contraceptives.

**HIV**

- If a woman with HIV conceives, she may give the disease to her child during pregnancy, delivery, or later when she breastfeeds. Mothers with HIV who conceive have a better chance of protecting their babies against the disease by taking special medicine during pregnancy.
- The first step in protecting your baby is going for antenatal care, including getting tested for HIV and knowing your test result. If you are HIV-positive and you conceive again, ask an antenatal care service provider here or at another health facility what you need to do next.

*On the other side of this card is important information to tell mothers right before their child is vaccinated.*



The image shows the logos for USAID (United States Agency for International Development) and BASICS (Basic Antenatal Care In Small Clinics). The USAID logo includes the text "USAID FROM THE AMERICAN PEOPLE". The BASICS logo features a stylized green icon of a person and the word "BASICS" in blue.

(See side 2 on next page)

## 2

### BEFORE VACCINATING A CHILD, BE SURE TO DISCUSS THE FOLLOWING WITH THE MOTHER (OR CAREGIVER).

- Tell the mother the names of the vaccines her child will receive and the diseases they protect against.

Vaccine	Protects child against:
BCG	Tuberculosis
OPV (oral polio vaccine)	Polio
Pentavalent vaccine (Penta)	Protects against five diseases: <ul style="list-style-type: none"> <li>• Diphtheria</li> <li>• Whooping cough</li> <li>• Tetanus</li> <li>• Hepatitis B</li> <li>• Some types of pneumonia</li> </ul>
Pneumococcal vaccine (Pneumo)	Some other types of pneumonia and some meningitis
Measles	Measles

- Explain that there may be some minor side effects, usually pain or redness where the injection was given or fever. These generally go away in one or two days. If the mother is concerned, she can bring her child to the health facility or give the child paracetamol.
- Say that the child needs to be vaccinated several times in the first year of life to be protected against 9 serious diseases.
- Tell the mother the date when she should return for the next vaccination and show her where you have written that date on the vaccination card.

Vaccinate according to this schedule

Age of child	Birth	6 weeks	10 weeks	14 weeks	9 months
<b>Vaccines and doses to give</b>	<ul style="list-style-type: none"> <li>• BCG</li> <li>• OPV-0</li> </ul> <i>This is the birth dose of OPV and should only be given in the child's first two weeks of life.</i>	<ul style="list-style-type: none"> <li>• OPV-1</li> <li>• Penta-1</li> <li>• Pneumococcal-1</li> </ul>	<ul style="list-style-type: none"> <li>• OPV-2</li> <li>• Penta-2</li> <li>• Pneumococcal-2</li> </ul>	<ul style="list-style-type: none"> <li>• OPV-3</li> <li>• Penta-3</li> <li>• Pneumococcal-3</li> </ul>	<ul style="list-style-type: none"> <li>• Measles vaccine</li> </ul>

- Remind the mother to always bring her child's vaccination card when they visit the health center for any reason. Also remind the mother to bring her own health card whenever she visits the health center for antenatal care.

*On the other side of this card are important things to say to mothers while they are waiting in line for their child is vaccinated.*



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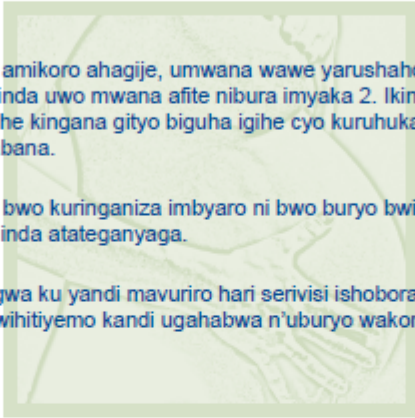
**BASICS**

Figure 2a: Recommended job aid (Kinyarwanda)

1

**IGIHE ABABYEYI BATEGEREJE GUKINGIZA ABANA,  
BAGEZEHO UBUTUMWA BUKURIKIRA BWEREKEYE  
KURINGANIZA IMBYARO N'UBWA VIRUSI ITERA SIDA**



**A. Ubutumwa bwerekeye kuboneza urubyaro:**




- N'ubwo waba ufite amikoro ahagije, umwana wawe yarushaho gukura neza uramutse usamye inda uwo mwana afite nibura imyaka 2. Ikindi kandi gukurikiza umwana amaze igihe kingana gityo biguha igihe cyo kuruhuka, bigatuma ubuzima bwawe budahungabana.
- Gukoresha uburyo bwo kuringaniza imbyaro ni bwo buryo bwiza bwo kurinda umubyeyi gusama inda atateganyaga.
- Kuri iri vuriro cyangwa ku yandi mavuriro hari serivisi ishobora kugufasha gutegura igihe cyo gusama wihitanyemo kandi ugahabwa n'uburyo wakoresha kugira ngo ubigereho.

**B. Ubutumwa bwerekeye kurinda umwana ubwandu bwa virusi itera SIDA :**

- Niba umugore asamiye mu bwandu bwa virusi itera SIDA, ashobora kuyanduza umwana we amutwite, amubyara cyangwa se amwonsa (mu mashereka). Ababyeyi basamiye mu bwandu bwa virusi itera SIDA baba bafite amahirwe yo kurinda abana babo ubwo bwandu baramutse banyoye imiti yabiginewe, igihe batwite.
- Intambwe ya mbere umubyeyi agomba gutera agamije kurinda umwana ubwandu bwa virusi itera SIDA ni ukwitabira gahunda yo kwipimisha igihe atwite, akipimisha virusi itera SIDA kugira ngo amenya uko ahagaze. Niba utwite kandi ukaba ufite ubwandu bwa virusi itera SIDA, gusa serivisi ya hano ipima abagore batwite cyangwa mu rindi vuriro wihitanyemo kugira ngo bagufashe.



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(See side 2 on next page)

16

## MBERE YO GUKINGIRA UMWANA, BANZA UGANIRE N'UMUBYEYI CYANGWA UMUREZI KU BYEREKE URUKINGO

Bwire umubyeyi inkingo umwana agiye guhabwa kandi umubwire n'indwara ari bukingirwe

Urukungo n'indwara zikingirwa abana
Urur'igituntu
Urur'imbasa
Urukomataniye inkingo eshanu rukingira indwara zikinkira: <ul style="list-style-type: none"> <li>• Kokolishi</li> <li>• Agakwega (tetanos)</li> <li>• Akaniga</li> <li>• Hib</li> <li>• Umwijima wo mu bwoko bwa B (Hepatitis B)</li> </ul>
Ururwa pinemokoke (rukungira ubwoko bumwe na bumwe bw'umusonga, mugiga n'umuhaha)
Urur'iseru

- Basobanurire ko haba ubwo umwana agerwaho n'inkurikizi zidakabije zitewe n'urukungo. Muri zo twavugaga kubabara cyangwa guhishira ahatewe urushinge cyangwa se guhinda akariro. Akenshi izo nkurikizi umwana azimarana iminsi igera kuri ibiri. Niba umubyeyi atabashije kubyihanganira, ni byiza ko ajyana umwana ku kigo nderabuzima cyangwa se akamuha akanini kazimya umuriro kandi kakoroshya n'ububabare.
- Bwira ababyeyi ko umwana akingirwa incuro nyinshi mu mwaka wa mbere kugira ngo arindwe indwara icyenda (9) zizahaza abana. Agomba kuzirangiza mbere y'uko yuzuzwa umwaka.
- Mbere y'uko umubyeyi ataha, banza umusobanurire igihe azagarukira gukingiza umwana kandi umwereke aho wanditse itariki azagarukiraho ku ifishi y'ubuzima bw'umwana.

Ingengabihe ya gahunda yo gukingira					
Ikigero	Akivuka	Ibyumweru 6	Ibyumweru 10	Ibyumweru 14	Amezi 9
Inkingo	<ul style="list-style-type: none"> <li>• Urur'igituntu n'imbasa</li> </ul> <i>Icyitonderwa:</i> Umwana urengeje ibyumweru 2 avutse ntabwo urukungo rw'imbasa rwagenewe impinjira (PO)	<ul style="list-style-type: none"> <li>• Urur'imbasa rwa 1</li> <li>• Urukomataniye rwa 1</li> <li>• Pinemokoke na mugira rwa 1</li> </ul>	<ul style="list-style-type: none"> <li>• Urur'imbasa rwa 2</li> <li>• Urukomataniye rwa 2</li> <li>• Pinemokoke na mugiga rwa 2</li> </ul>	<ul style="list-style-type: none"> <li>• Urur'imbasa rwa 3</li> <li>• Urukomataniye rwa 3</li> <li>• Pinemokoke na mugiga rwa 3</li> </ul>	<ul style="list-style-type: none"> <li>• Urur'iseru</li> </ul>

- Ibutsa umubyeyi kujya azana ifishi y'ubuzima bw'umwana igihe cyose aje kwiambaza ikigo nderabuzima ku mpamvu iyo ari yo yose. Mwibutse kandi ko atagomba kujya asiga ifishi y'ubuzima bw'umubyeyi igihe cyose aje kwipimisha atwite cyangwa kwisuzumisha kubera inda.



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## ANNEXES

Annex 1—Interview tool for mothers (English)



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 **BASICS**

**TOOL FOR TESTING  
VACCINATION, BIRTH SPACING,  
AND HIV MESSAGES**

**MOTHERS**

Name of facility: \_\_\_\_\_

We would like to ask you questions about vaccinations, family planning, and AIDS. These questions are very important because they will help us improve the way you and your neighbors learn about health. Thank you for taking the time to speak with us.

## IMMUNIZATION

<b>Why did you bring your child for an immunization?</b>	
<b>Where have you heard about getting your children immunized?</b>	
<p>What have you heard/learned?</p>	
<b>Do you know the names of the diseases that children get immunized against?</b>	
<p><input type="checkbox"/> Yes</p> <p>Which ones?</p>    <p>How would you describe these diseases to other mothers?</p>	<p><input type="checkbox"/> No</p>
<b>What do you think is important for health workers to tell mothers about the diseases their children are being immunized against?</b>	
<p><i>Prompt if necessary...</i></p> <p><input type="checkbox"/> The names</p> <p><input type="checkbox"/> About side effects and what moms should do</p> <p><input type="checkbox"/> What happens when a child gets one of these diseases</p> <p><input type="checkbox"/> When they need to bring the child back for more shots</p>	

<b>Do you know how many times children need to come in order to get all of their vaccinations?</b>	
<input type="checkbox"/> Yes How many?	<input type="checkbox"/> No
<b>When will your child need the next vaccination?</b>	
<input type="checkbox"/> _____ How did you find out when to bring back your child?	<input type="checkbox"/> I don't know
<b>Has your child ever gotten sick or had pain after a vaccination?</b>	
<input type="checkbox"/> Yes What signs did he/she show?  What did you do when this happened?	<input type="checkbox"/> No Did you know that children sometimes develop fever for 1 or 2 days after a vaccination?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Did you bring your child's vaccination card today?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

## BIRTH SPACING

<b>How old are you?</b>	
<b>How many children do you have?</b>	
<b>How many more children do you think you would like to have?</b>	
<p><input type="checkbox"/> _____ (enter answer)</p> <p>--or--</p> <p><input type="checkbox"/> I don't know</p> <p>When do you think you would like to have your next child?</p>	<p><input type="checkbox"/> I do not wish to have any more children.</p>
<b>Have you heard about <i>birth spacing</i> before?</b>	
<p><input type="checkbox"/> Yes</p> <p>How would you explain birth spacing to someone who has never heard about it?</p>          <p>What are the most important reasons that some couples want to leave more time between births?</p>	<p><input type="checkbox"/> No</p> <p>What do you think birth spacing is?</p>

I would now like to read a message to you and ask your opinion about it.

<b>READ MESSAGE #1 TO THE RESPONDENT: AFTER GIVING BIRTH, IT IS BETTER FOR YOUR HEALTH AND YOUR CHILDREN'S HEALTH IF YOU WAIT AT LEAST 24 MONTHS BEFORE BECOMING PREGNANT AGAIN.</b>		
<b>Have you heard this message before?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> It's different than what I have heard before  How is it different?	<input type="checkbox"/> No
<b>After hearing this message, what do you think you should do?</b>		



I would now like to read another message to you and ask your opinion about it.

<b>READ MESSAGE #2 TO THE RESPONDENT: CHOOSING A MODERN CONTRACEPTIVE THAT YOU CAN USE EASILY IS THE BEST WAY TO ENSURE YOU WILL NOT BECOME PREGNANT BEFORE YOU WANT TO.</b>		
<b>Have you heard this message before?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> It's different than what I have heard before  How is it different?	<input type="checkbox"/> No
<b>After hearing this message, what do you think you should do?</b>		

<b>Have you ever used a modern contraceptive?</b>			
<input type="checkbox"/> Yes  Are you currently using a modern contraceptive method?		<input type="checkbox"/> No  Would you consider using a modern contraceptive method?	
<input type="checkbox"/> Yes  Which one?	<input type="checkbox"/> No  Would you consider using one again	<input type="checkbox"/> Yes  Why?	<input type="checkbox"/> No  Why not?
	<input type="checkbox"/> Yes  When?		
<b>Do you think modern contraceptives are easy to use?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> Some are easy to use  Which ones?	<input type="checkbox"/> No  Why?	
<b>Do you like this message?</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Is there anything in this message that you do not believe?</b>			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Have you heard about <i>family planning</i> before?	
<input type="checkbox"/> Yes  How would you explain family planning to someone who has never heard about it?	<input type="checkbox"/> No  What do you think family planning is?

I would now like to read another message to you and ask your opinion about it

<b>READ MESSAGE #3 TO THE RESPONDENT: VISIT THE FAMILY PLANNING SERVICE IN THIS HEALTH FACILITY TO LEARN ABOUT PLANNING YOUR NEXT PREGNANCY AND TO OBTAIN CONTRACEPTIVES.</b>		
Have you heard this message before?		
<input type="checkbox"/> Yes	<input type="checkbox"/> It's different than what I have heard before  How is it different?	<input type="checkbox"/> No
After hearing this message, what do you think you should do?		

<b>Did you know that this facility has family planning services?</b>			
<input type="checkbox"/> Yes Have you ever visited family planning services here or gone to another place for family planning information?		<input type="checkbox"/> No Have you ever gone to another place for family planning information?	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No Why not?	<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No Why not?
<b>Do you like this message?</b>			
<b>Is there anything in this message that you do not believe?</b>			
<b>Having heard all three messages, would you visit family planning services today or the next time you come here?</b>			
<input type="checkbox"/> Yes What would you want to learn about?		<input type="checkbox"/> No Why not?	

**HIV/AIDS**

<b>Have you been tested for HIV?</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No  Would you be willing to be tested before your next pregnancy?	
	<table border="1"> <tr> <td> <input type="checkbox"/> Yes               </td> <td> <input type="checkbox"/> No                 Why?             </td> </tr> </table>	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	<input type="checkbox"/> No  Why?	
<b>Do you think it's possible for a mother to infect a child with HIV (a) during pregnancy; (b) during labor; (c) after being born?</b>		
(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> Yes (c) <input type="checkbox"/> Yes  <i>If 'yes' to (c): How?</i>	(a) <input type="checkbox"/> No (b) <input type="checkbox"/> No (c) <input type="checkbox"/> No	
<b>Do you know what PMTCT services are?</b>		
<input type="checkbox"/> Yes  What is it?	<input type="checkbox"/> No	
<b>Is it okay for women who have HIV to get pregnant?</b>		
<input type="checkbox"/> Yes  How is pregnancy for a woman with HIV different from pregnancy for a woman who does not have HIV?	<input type="checkbox"/> No  Why not?	

That was the last question. The ideas you shared about vaccinations, family planning, and AIDS will help me a lot.

Thank you.

Annex 2—Interview tool for mothers (Kinyarwanda)



**IGIKORESHO CYIFASHISHWA MU  
GUKINGIRA, GUTANGA INAMA ZIFASHA  
MU KWIRINDA KUBYARA INDAHEKANA  
N'UBUTUMWA BUJYANYE NA SIDA**

**ABABYEYI**

Izina ry'ikigo nderabuzima:

---

Twifuzaga ko twababaza ibi bazo bijyanye n'inkingira ry'abana, kuboneza urubyaro hamwe no ku bijyanya na gakoko gatera SIDA. Ibibazo tubabaza bifite akamaro cyane kuko bizadufasha mu buryo bwo gutegura neza ubizima rusange bw'umwana wawe, nawe ndetse nabaturanye bawe.

Urakoze ku twemerera ko twavugana.

## IKINGIRA

<b>Ni akahe kamaro ko gukingiza umwana wawe?</b>	
<b>Ni hehe wakuye amakuru yatumye uza gukingiza abana bawe?</b>	
<p>Ni izihe nyigisho mwabonye uyu munsi/cyangwa icyowize?</p>	
<b>Uzi indwara abana bakingirwa?</b>	
<p><input type="checkbox"/> Yego</p> <p>Nizihe?</p>          <p>Ni gute wasobanurira abandi babyeyi izi ndwara?</p>	<p><input type="checkbox"/> Oya</p>
<b>Nibihe bindi bisobanuro ukeneye kumenya kuri Gahunda y'Ikingira?</b>	
<p><i>Mwibutse niba ari ngombwa...</i></p> <p><input type="checkbox"/> Uko zitwa</p> <p><input type="checkbox"/> Ingaruka zimiti nicyo ababyeyi bagomba gukora</p> <p><input type="checkbox"/> Habaho iki mugihe umwana yanduye imwe murizo ndwara</p> <p><input type="checkbox"/> Mugihe bakeneye kugarura umwana kumukingiza izindi nkingo</p>	

<b>Waba uzi incuro abana bagomba kuza kwikingiza inkingo zose?</b>	
<input type="checkbox"/> Yego Ni zingahe?	<input type="checkbox"/> Oya
<b>Ni ryari uzagarura umwana wawe guhabwa urukingo rukurikira?</b>	
_____	<input type="checkbox"/> Simbizi
Ni gute wamenye igihe ugomba kugarura umwana wawe gukingirwa urukingo rukurikira?	
<b>Umwana wawe yigeze arwara cyangwa agira ingaruka nyuma yo gukingirwa?</b>	
<input type="checkbox"/> Yego Ni ibihe bimenyetso yagaragaje?	<input type="checkbox"/> No Wari uziko rimwe na rimwe abana bafatwa n'umuriro umara umunsi 1 cyangwa 2 nyuma yo gukingirwa ?
Niki waba warakoze mu gihe byabaga?	<input type="checkbox"/> Yego <input type="checkbox"/> Oya
<b>Waba wazanye ifishe ukingirizaho umwana uyu munsi?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya

## KUTABYARA INDAHEKANA

<b>Ufite imyaka ingahe?</b>	
<b>Ufite abana bangahe?</b>	
<b>Urifuza kongera kubyara abandi bana bangahe?</b>	
<p>_____</p> <p>(andikamo igisubizo)</p> <p>--cyangwa--</p> <p><input type="checkbox"/> Simbizi</p> <p>Ni ryari wumva wifuza kongera kubyara undi mwana?</p>	<p><input type="checkbox"/> Sinifuza kongera kubyara abandi bana.</p>
<b>Hari ubwo waba warigeze uhabwa inyigisho zijyanye no kwirinda kubyara indahekana ?</b>	
<p><input type="checkbox"/> Yego</p> <p>Ni gute wasobanurira umuntu indahekana utarabyumva?</p> <p>Nizihe mpamvu z'ingenzi zitera benshi mubashakanye kwirinda kubyara indahekana?</p>	<p><input type="checkbox"/> Oya</p> <p>Kutabyara indahekana niki?</p>

Nifuzaga ko nagusomera ubutumwa bukurikira ukambwira icyo ubutekerezaho?

**SOMERA USUBIZA UBU BUTUMWA #1: NYUMA YO KUBYARA, NIBYZA KUBUZIMA BWAWE N'UBWABANA BAWE GUTEGEREZA BYIBUZE AMEZI 24 MBERE YO KONGERA GUSAMA.**

**Hari aho wigeze wumva ubu butumwa mbere ?**

Hari ahantu nigeze kubwumva

Butandukanye nubwo numvise mbere ?

Sinigeze mbyumva narimwe

**Umaze kumva ubu butumwa, urumva wakora iki?**

Urumva wakwemera kumara amezi 24 mbere yuko wongera gusama?	
<input type="checkbox"/> Yego Urumva umugabo wawe yakwemera ko mutegereza amezi 24 mbere yuko wongera gusama?	<input type="checkbox"/> Oya Kubera iki?
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya Niyihe mpamvu wumva atabyemera?
Haba hari ikintu muri ubu butumwa wumva wishimiye? (Ongera usome ubu butumwa niba aringombwa)	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya Kubera iki ?
Haba hari ikintu muri ubu butumwa wumva utemera?	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya Kubera iki ?
Waba warigeze kumva ibijyanye n'uburyo bugezweho bwo kuboneza urubyaro?	
<input type="checkbox"/> Yego Ushobora kuvuga bumwe muribwo?  <i>Icyitonderwa: Andika uburyo gakondo ubwo aribwo bwose umubyeyi akubwiye, twavugaga nko kubara iminsi yuburumbuke cyangwa kwiyakana mu gihe cy'imibonano mpuzabitsina.</i>	<input type="checkbox"/> Oya Wumva ko uburyo bugezweho bwo kuboneza urubyaro ariki?

Nifuzaga kongera kugusomera ubundi butumwa ukambwira icyo ubutekerezaho?

**SOMERA USUBIZA UBU BUTUMWA #2:GUHITAMO UBURYO BUGEZWEHO BWO KUBONEZA URUBYARO BUKOROHEYE NIBWO BURYO BWIZA BUTANGA ICYZERE KO UTAZONGERA GUSAMA MBERE YUKO UBIKENERA**

**Hari aho wigeze wumva ubu butumwa mbere?**

Hari ahantu nigeze kubwumva

Butandukanye nubwo numvise mbere ?

Sinigeze mbyumva narimwe

**Niki wumva ubu butumwa bugusaba gukora?**

<b>Wigeze ukoresha uburyo bugezweho bwo kuboneza urubyaro?</b>			
<input type="checkbox"/> Yego Hari uburyo bwo kuboneza urubyaro urimo gukoresha muriyi minsi?		<input type="checkbox"/> Oya Urumva wakwemera gukoresha uburyo bugezweho bwo kuboneza urubyaro?	
<input type="checkbox"/> Yego Ubuhe?	<input type="checkbox"/> Oya Urumva wakwemera kongera gukoresha bumwe muribwo		<input type="checkbox"/> Oya Niyihe mpamvu utabukoresha?
	<input type="checkbox"/> Yego Ryari?	<input type="checkbox"/> Oya Niyihe mpamvu utabukoresha?	
<input type="checkbox"/> Yego Ubuhe?		<input type="checkbox"/> Bumwe buroroshye mukubukoresha Ubuhe?	<input type="checkbox"/> Oya Kubera iyihe mpamvu?
<b>Haba hari ikintu muri ubu butumwa wumva wishimiye? (Ongera usome ubu butumwa niba aringombwa)</b>			
<input type="checkbox"/> Yego		<input type="checkbox"/> Oya Kubera iki?	
<b>Haba hari ikintu muri ubu butumwa wumva utemera?</b>			
<input type="checkbox"/> Yego		<input type="checkbox"/> Oya Kubera iki ?	

Waba warigeze kumva ibijyanye no kuboneza urubyaro?	
<input type="checkbox"/> Yego Nigute wasobanurira umuntu kuboneza urubyaro utarigeze abyumva na rimwe?	<input type="checkbox"/> Oya Wumva kuboneza urubyaro ari iki?

Nifuzaga kongera kugusomera ubundi butumwa ukambwira icyo ubutekerezaho?

SOMERA USUBIZA UBU UBUTUMWA #3: GANA SERIVISE YAGENEWE KUBONEZA URUBYARO MURI IKI KIGO NDERABUZIMA KUGIRANGO UMENYE UKO WATEGANYA URUBYARO RW'UBUTAHA, NUKO WABONA IMITI IGUFASHA KUBONEZA URUBYARO		
Hari aho wigeze wumva ubu butumwa mbere?		
<input type="checkbox"/> Hari ahantu nigeze kubwumva	<input type="checkbox"/> Butandukanye nubwo numvise mbere ?	<input type="checkbox"/> Sinigeze mbyumva narimwe
<b>Umaze kumva ubu butumwa, urumva wakora iki?</b>		

<b>Wari uziko iki kigo nderabuzima gifite serivise yagenewe kuboneza urubyaro?</b>			
<input type="checkbox"/> Yego Hari ubwo wigeze uyigana cyangwa wagiye ahandi kugirango uhabwe inama zo kuboneza urubyaro?		<input type="checkbox"/> Oya Hari ubwo wigeze ujya ahandi hantu kugirango uhabwe inama zijyanye no kuboneza urubyaro?	
<input type="checkbox"/> Yego Kubera iyihe mpamvu?	<input type="checkbox"/> Oya Niyihe mpamvu yatumye utagenda?	<input type="checkbox"/> Yego Kubera iyihe mpamvu?	<input type="checkbox"/> Niyihe mpamvu yatumye utagenda?
<b>Haba hari ikintu muri ubu butumwa wumva wishimiye? (Ongerera usome ubu butumwa niba aringombwa)</b>			
<input type="checkbox"/> Yego		<input type="checkbox"/> Oya Kubera iki?	
<b>Haba hari ikintu muri ubu butumwa wumva utemera?</b>			
<input type="checkbox"/> Yego		<input type="checkbox"/> Oya Kubera iki?	
<b>Umaze kumva ubu butumwa butatu, waba wumva noneho ushaka gusura serivise ishinzwe kuboneza urubyaro uyu muni cyangwa ubutaha?</b>			
<input type="checkbox"/> Yego Niki wumva ushaka kumenya?		<input type="checkbox"/> Oya Kubera iki utabikora?	

## AGAKOKO GATERA SIDA

<b>Wigeze wipimisha agakoko gatera SIDA?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya  Waba wumva ushaka kwipimisha agakoko gatera SIDA mbere yuko wongera gutwita?
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya  Kubera iyihe mpamvu?
<b>Wumva bishoboka ko umwana yakwanduzwa agakoko gatera SIDA na nyina (a) mugihe amutwite; (b) mugihe ari kumubyara; (c) nyuma yo kuvuka?</b>	
(a) <input type="checkbox"/> Yego (b) <input type="checkbox"/> Yego (c) <input type="checkbox"/> Yego  <i>Niba ari 'yego' kuri (c): Gute?</i>	(a) <input type="checkbox"/> Oya (b) <input type="checkbox"/> Oya (c) <input type="checkbox"/> Oya
<b>Haricyo waba uzi kuri serivise zigamije gukumira ubwandu bwa SIDA bw'abana buturuka ku babyeyi (PMTCT)?</b>	
<input type="checkbox"/> Yego  Bisobanure?	<input type="checkbox"/> Oya
<b>Waba wumva ari byiza ko umugore ubana n'ubwandu atwita?</b>	
<input type="checkbox"/> Yego  Nirihe tandukaniro riri hagati y'umugore utwite ubana n'ubwandu n'utwite ari muzima?	<input type="checkbox"/> Oya  Kubera iki se?

Aka niko karakabazo kanyuma. Ibitekerezo uduhaye kw'Ikingirwa ry'abana, kuburyo bwo kuringaniza imbyaro hamwe no ku bwandu bwa SIDA bizadufasha cyane.

MURAKOZE CYANE.

Annex 3—Interview tool for service providers (English)



**USAID**  
FROM THE AMERICAN PEOPLE

 **BASICS**

**TOOL FOR TESTING  
VACCINATION, BIRTH SPACING,  
AND HIV MESSAGES**

**SERVICE PROVIDERS**

Name of facility: \_\_\_\_\_

We would like to ask you questions about your work. These questions are important because they will help us develop a job aid for you and your colleagues. Thank you for taking the time to speak with us.

## IMMUNIZATION

<b>What steps are included in the process when a mother brings her child for a vaccination?</b>	
<b>How much time do you have to speak with mothers during the vaccination process?</b>	
<b>What, if anything, do you usually discuss with a mother whose child you are immunizing?</b>	
<input type="checkbox"/> I discuss the following...	<input type="checkbox"/> I don't discuss anything with the mothers.  Why don't you give information to mothers?
<b>Do mothers listen well?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you think they understand well?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Do mothers ask you questions about immunization?</b>	
<input type="checkbox"/> Yes  What are the main questions they ask?	<input type="checkbox"/> No
<b>When speaking with mothers, do you describe the diseases that children get immunized against?</b>	
<input type="checkbox"/> Yes  Please tell me what you would say to mothers about a few of the diseases:	<input type="checkbox"/> No

## BIRTH SPACING

<b>Besides vaccination, what are your other responsibilities at this facility?</b>			
<b>Have you received training in the past five years in reproductive health or family planning?</b>			
<input type="checkbox"/> Yes Did your training cover birth spacing?		<input type="checkbox"/> No Have you ever been asked by a mother for information about family planning or birth spacing?	
<input type="checkbox"/> Yes Do you provide counseling to mothers on birth spacing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes What are some of the main things you have been asked?  What have you done in general?	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Provide information when asked	<input type="checkbox"/> Refer to a colleague
<b>Do you feel that it is a good time to provide a mother with information on birth spacing when she has brought a child for a vaccination?</b>			
<input type="checkbox"/> Yes Why?		<input type="checkbox"/> No Why?	

I would now like to read a message to you and ask your opinion about it.

<b>READ MESSAGE #1 TO THE RESPONDENT: AFTER GIVING BIRTH, IT IS BETTER FOR YOUR HEALTH AND YOUR CHILDREN'S HEALTH IF YOU WAIT AT LEAST 24 MONTHS BEFORE BECOMING PREGNANT AGAIN.</b>	
<b>Do you agree with this message?</b>	
<input type="checkbox"/> Yes Why is this message important?	<input type="checkbox"/> No Why?
<b>Do you feel that this message is clear for mothers?</b>	
<input type="checkbox"/> Yes What, if anything, is it asking them to do?	<input type="checkbox"/> No How would you explain it if a mother said she didn't understand?
<b>Do you feel mothers want information about birth spacing?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No Why?
<b>Do you feel mothers think birth spacing is a good idea?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No Why?
<b>Do you feel that mothers not currently practicing birth spacing would do so if they received support from this health facility or another?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No What are the constraints?

I would now like to read another message to you and ask your opinion about it.

<b>READ MESSAGE #2 TO THE RESPONDENT: CHOOSING A MODERN CONTRACEPTIVE METHOD THAT YOU CAN USE EASILY IS THE BEST WAY TO ENSURE YOU WILL NOT BECOME PREGNANT BEFORE YOU WANT TO.</b>	
<b>Do you agree with this message?</b>	
<input type="checkbox"/> Yes Why is this message important?	<input type="checkbox"/> No Why?
<b>Do you feel that this message is clear for mothers?</b>	
<input type="checkbox"/> Yes What, if anything, is it asking them to do?	<input type="checkbox"/> No How would you explain it if a mother said she didn't understand?
<b>Do you feel mothers want information about modern contraceptives?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No Why?
<b>Do you feel mothers think using modern contraception is a good idea?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No Why?
<b>Do you feel that mothers not currently using modern contraceptives would use them if they received support from this health facility or another?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No What are the constraints?

I would now like to read another message to you and ask your opinion about it.

<b>READ MESSAGE #3 TO THE RESPONDENT: VISIT THE FAMILY PLANNING ROOM IN THIS HEALTH FACILITY TO LEARN ABOUT PLANNING YOUR NEXT PREGNANCY AND TO OBTAIN CONTRACEPTIVES.</b>	
<b>Do you agree with this message?</b>	
<input type="checkbox"/> Yes  Why is this message important?	<input type="checkbox"/> No  Why?
<b>Do you feel that this message is clear for mothers?</b>	
<input type="checkbox"/> Yes  What is it asking them to do?	<input type="checkbox"/> No  How would you explain it if a mother said she didn't understand?
<b>Do you feel mothers believe the advice they receive on family planning in health facilities?</b>	
<input type="checkbox"/> Yes  What are other good places to give advice to mothers about these subjects?   Besides health facility workers, who are other good people to give advice about these subjects?	<input type="checkbox"/> No  Why?   Where is the best place or what is the best way to counsel mothers on birth spacing and family planning?
<b>Do you feel that mothers who have never visited the family planning room here (or somewhere else) would do so after hearing these three messages about birth spacing and modern contraceptives?</b>	
<input type="checkbox"/> Yes  Why?	<input type="checkbox"/> No  What are the constraints?

## HIV/AIDS

<b>Is HIV testing regularly available at this facility or nearby?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are PMTCT services regularly available at this facility or nearby?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever provided HIV information to a mother?</b>	
<input type="checkbox"/> Yes Specifically about what?	<input type="checkbox"/> No
<b>When mothers talk about HIV, do they call it "HIV" or do they use other words to describe the virus?</b>	
<input type="checkbox"/> HIV	<input type="checkbox"/> Other words Like what?
<b>Do you believe a woman with HIV should try to avoid getting pregnant?</b>	
<input type="checkbox"/> Yes Why?	<input type="checkbox"/> No

That was the last question. The information you shared about vaccinations, family planning, and AIDS will help me a lot.

Thank you.

Annex 4—Interview tool for service providers (Kinyarwanda)



**IBIBAZO BYIFASHISHWA MBERE YO  
GUKINGIRA, GUTANGA INAMA ZIFASHA  
MU KWIRINDA KUBYARA INDAHEKANA  
N'UBUTUMWA BUJYANYE NA SIDA**

**ABATANGA SERIVISE**

Izina ry'ikigo nderabuzima:

---

Twifuzaga ko twababaza ibibazo bijyanye n'akazi mukora. Ibibazo tubabaza bifite akamaro kuko bizadufasha gutegura infasha nyigisho mukifashisha mukazi nabagenzi banyu.

Urakoze ku twemerera ko twavugana.

## IKINGIRA

<b>Ni izihe nzira umubyeyi uje gukingiza umwana acamo kuva agezehano kugeza atahye?</b>	
<b>Ni umwanya ungana iki ufata kugirango uganirize ababyeyi b'abana mugihe cya gahunda yikingira?</b>	
<b>Niki waba ukunda kuganira n'umubyeyi w'umwana ukingira?</b>	
<input type="checkbox"/> Tuganiriye ibi bikurikira... 1..... 2..... 3..... 4..... ..... .....	<input type="checkbox"/> Ntacyo nkunze kuganira n'ababyeyi b'abana.  Ni iyihe mpamvu ituma udaha ababyeyi inyigisho?
<b>Ubona ababyeyi b'abana bagutega amatwi neza?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya
<b>Ubona babisobanukiwe neza?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya

Haba hari ibibazo ababyeyi b'abana bakubaza kubijyanye no gukingira?	
<input type="checkbox"/> Yego  Ni ibihe bibazo byingenzi bakunda kubaza? 1..... 2..... 3..... .....	<input type="checkbox"/> Oya
Mugihe uganira n'ababyeyi b'abana, waba ubasobanurira indwara abana bakingirwa?	
<input type="checkbox"/> Yego  Gerageza umbwire uko wasobanurira ababyeyi zimwe mundwara abana bakingirwa. ..... ..... ..... ..... .....	<input type="checkbox"/> Oya

## KWIRINDA KUBYARA INDAHEKANA

<b>Uretse gukingira abana, ni izihe nshingano zindi ufite kuriki kigo nderabuzima?</b>			
<b>Waba warigeze uhugurwa kubijyanye n'ubuzima bw'imyororokere cyangwa kuboneza urubyaro mu myaka itanu ishize?</b>			
<input type="checkbox"/> Yego  Waba warahuguwe kubijyanye no kwirinda kubyara indahekana mu mahugurwa wahawe?	<input type="checkbox"/> Oya  Haba hari umubyeyi wigeze akubaza ibijyanye no kuboneza urubyaro cyangwa kwirinda kubyara indahekana?		
<input type="checkbox"/> Yego  Waba ugira ababyeyi inama zijyanye no kuboneza urubyaro cyangwa kwirinda kubyara indahekana?	<input type="checkbox"/> Oya	<input type="checkbox"/> Yego  Nibihe bintu byingenzi wabajijwe?   Niki wakoze muri rusange?	<input type="checkbox"/> Oya
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya	<input type="checkbox"/> Ntanga inyigisho igihe ubisabwe	<input type="checkbox"/> Mwohereza kuri mugenzi wanjye dukorana
<b>Waba utekereza ko igihe cy'ikingira ari umwanya mwiza wo guha ababyeyi inyigisho zijyanye no kwirinda kubyara indahekana?</b>			
<input type="checkbox"/> Yego  Kubera iyihe mpamvu?		<input type="checkbox"/> Oya  Kubera iyihe mpamvu?	

Nifuzaga ko nagusomera ubutumwa bukurikira ukambwira icyo ubutekerezaho.

<b>SOMERA USUBIZA UBUTUMWA #1 : NYUMA YO KUBYARA, NIBYIZA KUBUZIMA BWAWE N'UBWABANA BAWE GUTEGEREZA BYIBUZE AMEZI 24 MBERE YO KONGERA GUSAMA.</b>	
<b>Wemeranya nubu butumwa?</b>	
<input type="checkbox"/> Yego Niyihe mpamvu ubu butumwa ari ingenzi?	<input type="checkbox"/> Oya Kubera iyihe mpamvu?
<b>Wumva ubu butumwa busobanutse kuburyo ababyeyi babasha kubwumva neza?</b>	
<input type="checkbox"/> Yego Byagenda gute mugihe haricyo ubu butumwa bubasaba gukora?	<input type="checkbox"/> Oya Nigute watanga ibisobanuro birambuye mugihe haramutse hari umubyeyi uvuze ko atumvise neza?
<b>Ubona ababyeyi bakeneye inyigisho ziyanye nokwirinda indahekana?</b>	
<input type="checkbox"/> Yego Kubera iyihe mpamvu?	<input type="checkbox"/> Oya Kubera iyihe mpamvu?
<b>Ubona ababyeyi bumva ko kutabyara indahekana aribyiza?</b>	
<input type="checkbox"/> Yego Kubera iyihe mpamvu?	<input type="checkbox"/> Oya Kubera iyihe mpamvu?
<b>Waba utekerezako ababyeyi batitabira gahunda yo kwirinda kubyara indahekana muriki gihe barushaho kubyitabira mugihe bafashwa niki kigo nderabuzima cyangwa ikindi? Do</b>	
<input type="checkbox"/> Yego Kubera iyihe mpamvu?	<input type="checkbox"/> Oya Ni izihe mbogamizi ubona?

Nifuzaga kongera kugusomera ubundi butumwa ukambwira icyo ubutekerezaho.

<b>SOMERA USUBIZA UBUTUMWA #2: GUHITAMO UBURYO BUGEZWEHO BWO KUBONEZA URUBYARO BUKOROHEYE NIBWO BURYO BWIZA BUTANGA ICYIZERE KO UTAZONGERA GUSAMA MBERE YUKO UBIKENERA</b>	
<b>Waba wemeranya nubu butumwa?</b>	
<input type="checkbox"/> Yego  Niyihempamvu wumva ko ubu butumwa ari ingenzi?	<input type="checkbox"/> Oya  Kubera iyihe mpamvu?
<b>Wumva ubu butumwa busobanutse kuburyo ababyeyi babasha kubwumva neza?</b>	
<input type="checkbox"/> Yego  Byagenda gute mugihe haricyo ubu butumwa bubasaba gukora?	<input type="checkbox"/> Oya  Nigute watanga ibisobanuro birambuye mugihe haramutse hari umubyeyi uvuze ko atumvise neza?
<b>Ubona ababeyi bakeneye inyigisho zijyanye n'uburyo bwo kuboneza urubyaro?</b>	
<input type="checkbox"/> Yego  Kubera iyihe mpamvu?	<input type="checkbox"/> Oya  Kubera iyihe mpamvu?
<b>Ubona ababyeyi bumva ko gukoresha uburyo bugezweho bwo kuboneza urubyaro aribyiza?</b>	
<input type="checkbox"/> Yego  Kubera iyihe mpamvu?	<input type="checkbox"/> Oya  Kubera iyihe mpamvu?
<b>Ubona ababyeyi batitabira gahunda yo kwirinda kubyara indahekana muriki gihe barushaho kubyitabira mugihe bafashwa niki kigo nderabuzima cyangwa ikindi?</b>	
<input type="checkbox"/> Yego  Kubera iyihe mpamvu?	<input type="checkbox"/> Oya  Nizihe nzitizi?

Nifuzaga kongera kugusomera ubundi butumwa ukambwira icyo ubutekerezaho.

<b>SOMERA USUBIZA UBUTUMWA #3: GANA SERIVISE YO KUBONEZA URUBYARO MURI IKI KIGO NDERABUZIMA KUGIRANGO UMENYE UKO WATEGANYA URUBYARO RW'UBUTAHA, NUKO WABONA IMITI IGUFASHA KUBONEZA URUBYARO</b>	
<b>Waba wemeranya n'ubu butumwa?</b>	
<input type="checkbox"/> Yego  Ni yihe mpamvu ubu butumwa ari ingenzi?	<input type="checkbox"/> Oya  Kubera iyihempamvu?
<b>Wumva ubu butumwa busobanuye neza kuburyo ababyeyi babasha kubwumva?</b>	
<input type="checkbox"/> Yego  Niki bubasaba gukora?	<input type="checkbox"/> Oya  Ni gute watanga ibisobanuro birambuye mugihe haramutse hari umubeyi uvuzeko atumvise neza?
<b>Ubona ababyeyi bemera inama bahabwa kubijyanye no kuboneza urubyaro ku bigo nderabuzima?</b>	
<input type="checkbox"/> Yego  Nihe hantu handi heza ababyeyi bashobora kujya bagahabwa ubu butumwa bujyanye no kuringaniza imbyaro?  Uretse umuganga w'ikigo nderabuzima, nibande bandi bafite ubushobozi bwo gutanga inama kurizi ngingo?	<input type="checkbox"/> Oya  Kubera iyihempamvu?  Nihe hantu habereye cyangwa ni ubuhe buryo bwiza bwo kugira ababyeyi inama kubijyanye no kwirinda indahekana no kuboneza urubyaro?
<b>Wumva ababyeyi batarigera basura serivise yo kuboneza urubyaro kuri iki kigo nderabuzima ( cyangwa ahandi hantu) bazabyitabira nyuma yo kumva ubu butumwa ko ari butatu bujyanye no kwirinda kubyara indahekana no gukoresha uburyo bugezweho bwo kuboneza urubyaro?</b>	
<input type="checkbox"/> Yego  Kubera iyihe mpamvu?	<input type="checkbox"/> Oya  Nizihe mbogamizi?

## AGAKOKO GATERA SIDA

<b>Haba hari serivise zipima agakoko gatera SIDA zikora kuburyo buhoraho kuriki kigo nderabuzima cyangwa hafi yacyo?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya
<b>Haba hari sirivise za PMTCT zitangwa kuburyo buhoraho kuri iki kigo nderabuzima cyangwa hafi yacyo?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya
<b>Waba warigeze uha umubyeyi inyigisho zijyanye n'agakoko gatera SIDA?</b>	
<input type="checkbox"/> Yego  Nizihe nyigisho wamuhaye?	<input type="checkbox"/> Oya
<b>Mugihe abategarugori baganira kubijyanye n'Agakoko gatera SIDA, baba bakita "Agakoko gatera SIDA" cyangwa bakoresha andi magambo mugusobanura ako gakoko?</b>	
<input type="checkbox"/> Agakoko gatera SIDA	<input type="checkbox"/> Andi magambo  Nkayahe?
<b>Waba wemerako umugore ubana n'ubwandu agomba kwirinda gutwita?</b>	
<input type="checkbox"/> Yego  Kubera iyihe mpamvu?	<input type="checkbox"/> Oya

Aka niko karakabazo kanyuma. Ibitekerezo uduhaye kw'inkingirwa ry'abana, kuburyo bwo kuringaniza imbyaro hamwe no ku bwandu bwa SIDA bizadufasha cyane. **MURAKOZE CYANE.**



**USAID**  
FROM THE AMERICAN PEOPLE

 **BASICS**

# **TOOL FOR TESTING VACCINATION, BIRTH SPACING, AND HIV MESSAGES**

## **FACILITY OVERVIEW**

Name of facility: \_\_\_\_\_

**VACCINATION**

On what days of the week are offered?

## FAMILY PLANNING SERVICES

<b>Does this facility offer family planning services?</b>			
<input type="checkbox"/> Yes  At the time of the visit, were family planning services available?	<input type="checkbox"/> No  Are family planning referrals made?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes  Where?	<input type="checkbox"/> No
On what days are family planning services supposed to be available and during what hours?			

- If there is no family planning room, skip directly to the questions about HIV (next page).
- If the family planning room is closed, ask if a health worker who provides family planning services is available to speak. If not, skip directly to the questions about HIV (next page).

<b>Is there a register that shows how many women (or couples) come for family planning services?</b>	
<input type="checkbox"/> Yes  How many women (or couples) came last month?	<input type="checkbox"/> No  Ask the service provider to estimate how many women (or couples) come for family planning services each week.
<b>Reviewing stock cards, have there being any stock-outs of (a) oral contraceptives, (b) Depo-provera, and (c) condoms in the past six months?</b>	
(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> Yes (c) <input type="checkbox"/> Yes	(a) <input type="checkbox"/> No (b) <input type="checkbox"/> No (c) <input type="checkbox"/> No
<b>How does the family planning service provider describe the training they've received?</b>	

## HIV

<b>Is HIV testing offered at this facility?</b>			
<input type="checkbox"/> Yes  At the time of the visit, was HIV testing being offered?	<input type="checkbox"/> No  Are referrals made for HIV testing?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes  Where?	<input type="checkbox"/> No

- If HIV testing is not offered, stop here.
- If HIV testing is offered, but was not available during the visit, ask if a health worker who provides HIV services is available to speak. If not, end here.

<b>Is there a register that shows how many people come for HIV testing?</b>	
<input type="checkbox"/> Yes  How many people came last month?	<input type="checkbox"/> No  Ask the service provider to estimate how many people come for HIV testing each week.
<b>Reviewing stock cards in the family planning room, have there being any stock-outs of HIV tests in the past six months?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>How does the HIV service provider describe the training they've received for testing?</b>	



**IBIBAZO BYIFASHISHWA MBERE YO  
GUKINGIRA, GUTANGA INAMA ZIFASHA  
MU KWIRINDA KUBYARA INDAHEKANA  
N'UBUTUMWA BUJYANYE NA SIDA**

**INCAMAKE Y'IKIGO NDERABUZIMA**

Izina ry'ikigo nderabuzima:

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## IKINGIRA

Ni iyihe minsi Ikingo nderabuzima gikingira abana ?

**SERIVISE YAGENEWE KUBONEZA URUBYARO**

<b>Haba hari serivise yagenewe kuboneza urubyaro ku kigo nderabuzima?</b>			
<input type="checkbox"/> Yego  Mugihe wahasuraga, waba warasanze serivise yagenewe kuboneza urubyaro ikora?		<input type="checkbox"/> Oya  Ese hari aboherezwa muyandi mavuriro kubera impamvu zo kuboneza ubyaro?	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya	<input type="checkbox"/> Yego  Hehe?	<input type="checkbox"/> Oya
Niyihe minsi, n'ayahe masaha serivise yagenewe kuboneza urubyaro igomba kuba ikinguye?			

- Niba nta serivise yagenewe kuboneza urubyaro, hita ujya kubibazo birebana n'agakoko gatera SIDA (urupapuro rukurikira).
- Niba serivise yagenewe kuboneza urubyaro idakora, baza niba umujyanama w'ubuzima utanga serivise zo kuboneza urubyaro ahari kandi niba mushobora kuvugana. Niba adahari, hita ujya kubibazo birebana n'agakoko gatera SIDA (urupapuro rukurikira).

<b>Haba hari igitabo cyandikwamo abategarugori ( abashatse) baza gusaba serivise zo kuboneza urubyaro?</b>	
<input type="checkbox"/> Yego  Ni abategarugore bangahe (cyangwa abashakanye) baje gushaka serivise zo kuboneza urubyaro ukwezi gushize?.....	<input type="checkbox"/> Oya  Baza utanga serivise kugereranya umubare w'abategarugore cyangwa abashakanye baza gushaka serivise zo kuboneza urubyaro buri cyumweru?  .....
<b>Suzuma amafishe ari mucyumba cyo kuboneza urubyaro, ese haba hari amafishe bakuyemo (a) imiti yo kuboneza urubyaro inyobwa, (b) Depo-provera, cyangwa (c) udukingirizo mu mezi atandatu ashize?</b>	
(a) <input type="checkbox"/> Yego (b) <input type="checkbox"/> Yego (c) <input type="checkbox"/> Yego	(a) <input type="checkbox"/> Oya (b) <input type="checkbox"/> Oya (c) <input type="checkbox"/> Oya
<b>Ni gute umukozi ushinzwe gutanga serivise zo kuboneza urubyaro asobanura amahugurwa bahawe?</b>	

## AGAKOKO GATERA SIDA

<b>Ese mupima agakoko gatera Sida kuri iki kigo nderabuzima?</b>			
<input type="checkbox"/> Yego  Mugihe wahasuraga, ese wasanze bapima agakoko gatera SIDA?	<input type="checkbox"/> Oya  Hari ababagana mwohereza kuyandi mavuriro kwipimisha agakoko gatera SIDA?		
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya	<input type="checkbox"/> Yego  Hehe?	<input type="checkbox"/> Oya

- Niba badapima agakoko gatera SIDA hagarikiraho.
- Niba bapima agakoko gatera SIDA ariko bakaba batarapimaga mugihe wahasuraga, baza niba umukozi wo kwa muganga utanga serivise zijyanye n'agakoko ka SIDA ahari kugirango muvugane. Niba adahari hagarikiraho.

<b>Haba hari igitabo cyandikwamo abategarugore (cyangwa abashatse) baza kwipimisha agakoko gatera SIDA?</b>	
<input type="checkbox"/> Yego  Ni abategarugore (cyangwa abashatse) bangahe bipimishije ukwezi gushize?.....	<input type="checkbox"/> Oya  Saba utanga serivise kugereranya umubare w'abategarugore (cyangwa abashatse) baza kwipimisha agakoko gatera SIDA buri cyumweru.  .....
<b>Suzuma amafishe ari mucyumba cyagenewe kuboneza urubyaro, ese haba hari amafishe bakuyemo mu mezi atandatu ashize ibikoresho byo gupima agakoko gatera SIDA?</b>	
<input type="checkbox"/> Yego	<input type="checkbox"/> Oya
<b>Ni gute umukozi ushinze gutanga serivise zo gupima agakoko gatera SIDA asobanura amahugurwa bahawe?</b>	

# Annex 7—Vaccination card

Front page

REPUBLIKA YU RWANDA  
MINISTERI Y'UBUZIMA

The Global Fund  
to Fight AIDS, Tuberculosis and Malaria

B.P. 84 KIGALI

## IFISHI Y'UBUZIMA BW'UMWANA

N°.....

- IKIGO/BITARO .....
- IZINA RY'UMWANA .....
- ITARIKI YAVUTSEHO .....
- IZINA RYA SE .....
- IZINA RYA NYINA .....
- AKAGARI KA .....
- UMURENGE WA .....
- AKARERE KA .....
- INTARA YA .....

### A. GUKINGIZA INKINGO UMWANA AHABWA

AMAZINA Y'INKINGO	AMATARIKI N'INSHURU AZHABWA			
	0	1	2	3
1 Urw'IGITUNTU				
2 Urw'IMBASA				
3 Urwa KOKORISHI, GAKWEGA (Tetanos) AKANIGA, Hib, HEPATITE B				
4 PINEMOKOKE				
5 Urw'ISERU				
6 INZITIRAMBU ITEYE UMUTI				
7 VITAMINI A				

AMATARIKI: \_\_\_\_\_ AZAGARUKIRAHO: \_\_\_\_\_

Back page

## GAHUNDA YO GUKINGIZA UMWANA

IGIHE UMWANA AKINGIRWA	ICYO UMWANA AKINGIRWA
AKIVUKA (Naissance)	Igituntu, Imbasa
AFITE UKWEZI N'IGICE (1 mois 1/2)	IMBASA, KOKORISHI, GAKWEGA (tetanos) AKANIGA, Hib, HEPATITE B, PINEMOKOKE
AFITE AMEZI ABIRI N'IGICE (2 mois 1/2)	IMBASA, KOKORISHI, GAKWEGA (tetanos) AKANIGA, Hib, HEPATITE B, PINEMOKOKE
AFITE AMEZI ATATU N'IGICE (3 mois 1/2)	IMBASA, KOKORISHI, GAKWEGA (tetanos) AKANIGA, Hib, HEPATITE B, PINEMOKOKE
AFITE AMEZI ICYENDA (9 mois)	ISERU, VITAMINI A
AFITE AMEZI ICYENDA (9 mois)	INZITIRAMBU ITEYE UMUTI

### KINGIZA UMWANA AKIVUKA

### KURIKIRANYA INKINGO UKO BYATEGANIJWE

### BIZAMURINDA

MUBYEYI UKO UJYANYE UMWANA KWA MUGANGA  
JYA WITWAZA IYI FISHI YE

Middle pages

### B. VITAMINE A

Gutanga ikinini cya Vitamini A

### ICYITONDERWA

Umwana ugomba kwitabwaho cyane cyane ni:

Buri mwana agomba guhabwa ikinini cya Vitamini A rimwe mu mezi 6 kuva agize amezi atandatu kugeza ku myaka 5

Buri mubyeyi agomba guhabwa ikinini kimwe cya vitamini A mu byumweru 6 abyaye

VITAMINI A KU MWANA	Ukwezi	Umwaka
Dose 1		
Dose 2		
Dose 3		
Dose 4		
Dose 5		
Dose 6		
Dose 7		
Dose 8		
Dose 9		
Dose 10		
Vitamini A ku mubyeyi (mu byumweru bitandatu nyuma y'uko abyaye)		

KWANDIKA KU IFISHI NO KUMENYESHA UMUBYEYI ITARIKI AZAGARUKIRAHO GUPIMISHA UMWANA NO KUMUHESHA IKININI CYA VITAMINE A

inye ibiro biri munsi ya 2 n'igice ngira mu biro akurira be barwaye bwaki iwa ubworo n'indashyamba

- Uvutse impanza
- Uvutse akurira abandi bitabye imana umubabiriza
- Uvutse ari uwu n'abamukurika
- Uvutse umubyeyi umwe gusa
- Uvuye Iseru, Kokorishi impenzi
- Uvutse ku bagahu
- Uvuye ahangana

## MIKURIRE Y'UMWANA

KA 1-2      IMWAKA 2-3      IMWAKA 3-4      IMWAKA 4-5