

Supplement Table. Frequency Counts and Percentages of Major and Sub-categories of Factors Influencing Access to and Use of MNP in Rutsiro District, Rwanda, September 2018–January 2019 (n= 234) ¹

	Major categories	Sub-categories	Codes
Factors related to access to MNP	Limited availability of MNP supplies 74 (32%)	CHWs have no MNP 72 (30.7%)	Informed by CHWs about lack of supplies
		CHWs have limited quantity of MNP for all mothers attending GM 2 (0.8%)	Mothers arriving late at the GM site have no chance to get MNP
	CHWs–mother interactions 41 (17.5%)	MNP routine distribution is more convenient 33 (14.1%)	Choice to wait for routine distribution over travelling to CHW’s house to get MNP supplies
		Opportunity cost 6 (2.5%) Other 2 (1.3%)	Choice to work for income over attending taking child to GM Neglect; unfair treatment by CHW
Limited information about MNP 27 (11.5%)	Mothers do not know MNP 17 (7.2%)	Mother never heard about MNP Mother heard about but never seen MNP	
	Limited information MNP programme 10 (4.3%)	Unawareness of eligibility criteria Unawareness of distribution mechanisms	
Factors related to the use of MNP	Perceived side effects 38 (16.2%)	MNP causes child illness 19 (8.1%)	MNP causes diarrhoea/vomiting/fever
		Child dislikes foods prepared with MNP 20 (8.5%)	MNP changes taste of foods
	Incompatibility between current complementary feeding practices and MNP programme recommendations 33 (14.1%)	Child still adapting to CF 27 (10.6)	Child is fed thin/watery foods with consistency not recommended by MNP program
		Late introduction to CF 6 (2.6%)	Child hasn’t started CF
MNP perceived as intended for malnourished children 11 (4.7%)	MNP is meant for malnourished children 11 (4.7%)	Healthy children don’t need MNP (a child who hasn’t lost weight/whose hair looks healthy; has never had health issues)	
MNP is not as important as “real” food	Demotivation due to non-participation in the supplementary program which distribute foods	Children need “real” foods	

	Major categories	Sub-categories	Codes
	5 (2.1%)	4 (1.7%) No need for MNP if a child eats all foods 1 (0.4)	MNP have no additional health benefits
	Lack of recommended foods 4 (1.7%)	Economic constraints to access foods 2 (0.8%) Perceived poor quality of available foods 2 (0.8%)	Lack of means to buy foods Available foods (e.g. sweet potatoes) are not appropriate
	Miscellaneous 6 (2.6%)	–	Received expired product MNP left in previous rental house Perceived inability to follow MNP feeding instructions Undisclosed (personal) reasons Child's lack of appetite Child's ill-health

Abbreviations: CF, complementary foods; CHWs, community health workers; MNP, multiple micronutrients powder; GM, growth monitoring.

Note: The frequency was determined by counting the number of times a major/sub-category occurred divided by the number of participants. The frequencies do not add up to 100% as some mothers were coded more than once.