CONSORT 2010 checklist of information to include when reporting a randomised trial\*

*Filled check list for the trial registered in Pan African Clinical Trials Registry (PACTR201809544276357)*

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| Section/Topic | Item No | Checklist item | Reported on page No |
| Title and abstract | | | |
|  | 1a | Identification as a randomised trial in the title-**Mentioned in title section** | Page 1 |
| 1b | Structured summary of trial design, methods, results, and conclusions-**Discussed in “abstract” section**. | Page 2 |
| Introduction  Introduction Section, Page 3 | | | |
| Background and objectives | 2a | Scientific background and explanation of rationale-**Explained sufficiently** |  |
| 2b | Specific objectives or hypotheses-**Found in “Introduction” section**. | Page 4 |
| Methods | | | |
| Trial design | 3a | Description of trial design (such as parallel, factorial) including allocation ratio-**Found in “Study design sub-section”.** | Page 4 |
| 3b | Important changes to methods after trial commencement (such as eligibility criteria), with reasons | None |
| Participants | 4a | Eligibility criteria for participants-Mentioned in “**Participants sub**-**section**”. | Page 5 |
| 4b | Settings and locations where the data were collected-**Dawro zone, southwest Ethiopia** | Page 4 |
| Interventions | 5 | The interventions for each group with sufficient details to allow replication, including how and when they were actually administered-**Discussed under section “Intervention Modalities”** | Pages 6-9 |
| Outcomes | 6a | Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed-**Primary improved KAP, secondary improved nutritional status (20 not assessed).** | Page 9 |
| 6b | Any changes to trial outcomes after the trial commenced, with reasons-**Nutritional status, planned to assess as secondary outcome, not assessed.** | Resource limitation |
| Sample size | 7a | How sample size was determined- **Using Gpower and different assumptions. Discussed in** “**Sample Size Determination**” Section | pp. 9-10 |
| 7b | When applicable, explanation of any interim analyses and stopping guidelines | NA |
| Randomisation: |  |  |  |
| Sequence generation | 8a | Method used to generate the random allocation sequence- **Simple randomization using lottery method.**  **Discussed under sub-title “randomization”.** | pp.5-6 |
| 8b | Type of randomisation; details of any restriction (such as blocking and block size) - **Discussed under sub-title “randomization”.** | pp.5-6 |
| Allocation concealment mechanism | 9 | Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned-**Lottery method using simple random sampling to allocate intervention and control groups.** | pp.5 |
| Implementation | 10 | Who generated the random allocation sequence, who enrolled participants, and who assign numbered containers ed participants to interventions**- The supervisor (health officer with BSc degree).** | pp.5-6 |
| Blinding | 11a | If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how-**The supervisor who allocate participants in to intervention or control groups. He was not aware of the arms.** | pp. 6 |
| 11b | If relevant, description of the similarity of interventions-**The same type of nutrition education for all intervention clusters. But none for control groups.** | PP. 6-9 |
| Statistical methods | 12a | Statistical methods used to compare groups for primary and secondary outcomes- **t-test,** **Chi-square test, p-value and confidence intervals**. | Page 11-12 and the 3 tables |
| 12b | Methods for additional analyses, such as subgroup analyses and adjusted analyses- **Generalized Estimating Equations (GEE)** | Page 11-12 and Table 3 |
| Results | | | |
| Participant flow (a diagram is strongly recommended) | 13a | For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome- **326 each (assigned), 323 intervention groups (received treatment). 647 (99.2%) [Analysed].** | Result part, pp. 12-15 and figure 2 |
| 13b | For each group, losses and exclusions after randomisation, together with reasons-**3 participants from intervention and 2 from control group lost after randomization. The reason was residence change.** | Result part, pp. 13 and figure 2 |
| Recruitment | 14a | Dates defining the periods of recruitment and follow-up- **January to June 2017** | Methods section, pp. 4 |
| 14b | Why the trial ended or was stopped- **end of the trial period** | Methods section, pp. 8 |
| Baseline data | 15 | A table showing baseline demographic and clinical characteristics for each group-**Found on result section** | Table 1 |
| Numbers analysed | 16 | For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups- **All analysis was conducted according to intention to treat principle.** | pp .11-12, Data analysis sec. |
| Outcomes and estimation | 17a | For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)-**The result for each outcome variables (i.e. the effect size and the corresponding 95% CI) was indicated in result section and in Table 2.** | pp. 14, lines 264-276 and Tables 2 |
| 17b | For binary outcomes, presentation of both absolute and relative effect sizes is recommended-**All the three outcome variables (Knowledge, attitude and practice scores) are continuous.** | NA |
| Ancillary analyses | 18 | Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory-**Multivariable analysis (GEE).** | Page 11-12 and Table 3 |
| Harms | 19 | All important harms or unintended effects in each group (for specific guidance see CONSORT for harms) - **Fortunately, nutrition education intervention has no harm.** | No harm |
| Discussion | | | |
| Limitations | 20 | Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses-**Indicated as Strength and limitation of the study in “discussion section”.** | pp.17-18 |
| Generalisability | 21 | Generalisability (external validity, applicability) of the trial findings-**with caution**! | pp.18 |
| Interpretation | 22 | Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence-**yes, done** | pp. 15-18. |
| Other information | | | PACTR201809544276357 |
| Registration | 23 | Registration number and name of trial registry- **Pan African Clinical Trials Registry** |  |
| Protocol | 24 | Where the full trial protocol can be accessed, if available-**Yes.** | S1 (sup. file) |
| Funding | 25 | Sources of funding and other support (such as supply of drugs), role of funders-**Jimma university financial, Wolkite university and Dawro zone adm. technical supports. Funder has no role in the whole process of conducting this research except financial support.** | - |

\*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see [www.consort-statement.org](http://www.consort-statement.org).