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*Charity Chikwiro, Takunda Nutrition Specialist talking to a mother during a household TIPs visit in ward 31, Zaka District.
Photo taken by Chisichawo Mutendadzamera, Takunda Nutrition and Health Officer for Zaka.*

Social and Behavior Change Formative Research Report

Takunda Resilience Food Security Activity

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Acronyms/Abbreviations

Agritex	Department of Agricultural Technical and Extension Services
BEAM	Basic Education Assistance Module
BFA	Barriers and Facilitators Analysis
BPC	Bulawayo Projects Centre
CBF	Continuing Breastfeeding
CCW	Community Care Workers
CDCS	Country Development Cooperation Strategy
CF	Complimentary Feeding
CGM	Care Group Model
CU5	Children Under Five Years
DBC	Designing for Behavior Change
DC	Data Collectors
EA	Environment Africa
EHT	Environmental Health Technician
EMA	Environmental Management Authority
FANTA	Food and Nutrition Technical Assistance III Project
FGDs	Focus Group Discussions
FLS	Family Life Schools
FNS	Food and Nutrition Security
FNSC	Food and Nutrition Security Committees
FRS	Formative Research Study
GDP	Gross Domestic Product
HCD	Human-Centered Design
HQ	Headquarters
HW	Handwashing
IGA	Income-Generating Activities
IYF	International Youth Foundation
KII	Key Informant Interviews
KIs	Key Informants
M&E	Monitoring and Evaluation
MDD	Minimum Dietary Diversity for Children Aged 6-23 Months
MDD-W	Minimum Dietary Diversity for Women Aged 15 – 49 Years
MNCH-FP	Maternal, Newborn, Child Health, and Family Planning
MoHCC	Ministry Of Health and Child Care
NAZ	Nutrition Action Zimbabwe
NGO	Non-Governmental Organization
NNS	National Nutrition Strategy
PI	Principle Investigator
PYD	Positive Youth Development
RDC	Rural Development Councils
RFSA	Resilience Food Security Activity
RMNCAH	Reproductive, Maternal, Neonatal, Child, and Adolescent Health
SAA	Social Action and Analysis
SAG	Sanitation Action Groups
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SDA	Small Doable Action
SIPS	Selection of Interventions By Participants
SNET	Social Norms Exploration Tool
SRH	Sexual and Reproductive Health
SUN	Scaling Up Nutrition
TIPs	Trials In Improved Practices
TO	Technical Officer

TOC	Theory of Change
TVET	Technical and Vocational Education and Training
VHW	Village Health Workers
VIDCO	Village Development Committee
VS&L	Village Savings and Loans
VSLA	Village Savings and Loans Associations
WASH	Water, Sanitation, and Hygiene
WSSC	Water and Sanitation Sub-Committees
WUPC	Water User Point Committees
ZIMSOFF	Small Holder Organic Farmer's Forum
ZNFPC	Zimbabwe National Family Planning Council

Glossary

Behavioral determinants & related terms	
Behavioral determinants	Categories of reasons why the priority group may or may not practice a given behavior
Access	Includes the degree of availability (to a particular audience) of the needed products (e.g., fertilizer, soap) or services (e.g., agriculture extension or health services) required to adopt a given behavior. Also includes barriers related to cost, geography, distance, cultural issues, and gender
Behavior	A specific action that priority group members carry out to address a problem they face. A behavior is also often referred to as a “practice”
Cues for action / reminders	The presence of reminders that help a person remember to do a particular behavior
Culture	The set of history, customs, lifestyles, values, and practices within a self-defined group
Perceived action efficacy	The belief that by practicing the behavior one will avoid the problem, that the behavior is effective in avoiding the problem (e.g., if I mulch my crops, I will increase my harvest)
Perceived divine will	A person’s belief that it is God’s will (or the gods’ wills) for him/her to have the problem and/or to overcome it. Includes the priority group’s perception of what their religion accepts or rejects and perceptions about the spirit world or magic (e.g., spells, curses)
Perceived negative consequences	The negative things a person thinks will happen because of performing a behavior
Perceived positive consequences	What positive things a person thinks will happen because of performing a behavior
Perceived self-efficacy / skills	An individual’s belief that he/she can do a particular behavior given his/her current knowledge and skills. The set of knowledge, skills, or abilities necessary to perform a particular behavior
Perceived severity	Belief that the problem (which the behavior can prevent) is serious (e.g., a farmer may be more likely to take steps to plant trees if he thinks soil erosion is a serious problem, a mother may be more likely to take her child for immunizations if she believes that measles is a serious disease)
Perceived social norms	The perception that people important to an individual think that he/she should do the behavior
Perceived susceptibility / risks	A person’s perception of how vulnerable or at risk he/she feels to the problem (e.g., is it possible that his/her crops could be affected by draught? is it possible for him/her to get diarrhea from not washing hands?)
Policy	Laws and regulations (local, regional, or national) that affect behaviors and access to products and services (e.g., the presence of good land title laws [and clear title] may make it more likely for a person to take steps to improve their farmland]
Priority Group	The group of people that are being encouraged to adopt a behavior, as well as those people who ensure that someone else (such as a baby) practices the new behavior
Stakeholder	Individuals or groups that have an interest in any decision or activities of a project
Universal motivators	Factors that have been found to motivate most people, irrespective of other variables. Usually used in mass media activities (e.g., billboards, posters, public service announcements). Include love, security, comfort, recognition, success, freedom, positive self- image, social acceptance, peace of mind, status, pleasure, and power.
Focal behaviors	
Construction of Latrines	Building a latrine at a household and using it consistently and all the time for both urine and feces for all household members

Intercropping	Planting crops like groundnuts, pigeon peas, cowpeas, green bean, soybeans, or lentils in the same field as your staple crop during the same planting season.
Minimum Dietary Diversity for children (MDD)	Each day, children who are no longer breastfeeding consume at least 4 of 7 food groups: grains, roots and tubers, legumes and nuts, dairy products, flesh foods, eggs, vitamin A rich fruits & vegetables, other fruits, and vegetables, and those continuing to breastfeed consume at least 5 of 8 food groups. The eighth food group is breastmilk
Minimum Dietary Diversity for Women (MDD-W)	Each day, consume at least 5 of 10 food groups: Grains, white roots and tubers, and plantains, Pulses (beans, peas, and lentils), Nuts and seeds, Dairy, Meat, poultry and fish, Eggs, Dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables, and other fruits.
Minimum Meal Frequency	<ul style="list-style-type: none"> Non-breastfed children 6–23 months of age should be fed at least four solid, semi-solid or soft food feeds or milk feeds per day, with at least one of the four being a solid, semi-solid or soft food feed. Children continuing to breastfeed should be fed at least twice if aged 6–8 months and three times if aged 9–23 months.
Mulching	Applying a protective layer on top of the soil in the fields, such as grass clippings, straw, bark, or other similar materials or grow crops that cover the soil as live mulch, such as velvet bean.
Production of Small Grains	Growing small grain cereals, such as sorghum, millet or rapoko in the fields
Safe disposal of children's feces	Mothers/caregivers of children under 5 years practice safe disposal of their child's feces by disposal in latrine or by burying it.
Pfumvudza	Conservation agriculture practices
Local foods and drinks	
Covo	Exotic green leafy vegetable, also known as <i>chomolia</i> . It is often eaten as a relish with <i>sadza</i> . This vegetable is not indigenous to Zimbabwe.
Maheu	A homemade drink made from fermenting cooked maize porridge using finger millet malt. It can also be made from millet or sorghum porridge.
Muboora	Pumpkin leaves
Masawu	Indigenous, wild growing fruit. Scientific name - <i>Ziziphus abyssinica</i>
Matemba	Dried small fish
Matowe	An indigenous, wild growing fruit. Known as snot-apple in English. Scientific name is - <i>Azanza garckeana</i>
Mutakura	A traditional dish made by boiling dry maize/corn kernels together with cowpeas, bambara nuts and groundnuts. It can be just one of the legumes or all of them. This are boiled until all water is absorbed.
Natjies	A citrus fruit, resembling mandarin orange, common in southern Africa.
Nhunguru	An indigenous, wild growing fruit. Known as governor's plum in English. Scientific name - <i>Flacourtia indica</i>
Nyii	An indigenous, wild growing fruit. Known as birdplum or 'African sweets' in English. Scientific name is - <i>Berchemia discolor</i>
Nyimo powder	A powder mad by roasting bambara nuts, then gringing them into powder
Sadza	A stiff maize / corn porridge.
Soya chunks/ chunks	Soya chunks made using soy flour that has had oil removed. They are rich in protein and have a rough texture when left to dry but become soft when reconstituted in water or added to gravy.
Shumha	Jackalberry fruit
Tsungu	A green leafy vegetable. It looks more like Mustard greens
Tsvubvu	Indigenous wild growing fruit - smelly-berry finger leaf (in English). Scientific name - <i>Vitez mombassae</i>
Rukweza	Rapoko / finger millet

Executive Summary

Introduction and Study Objectives

CARE International in Zimbabwe – along with partners FHI 360, International Youth Foundation (IYF), Nutrition Action Zimbabwe (NAZ), Bulawayo Projects Centre (BPC), and Environment Africa (EA) – is implementing Takunda, a five-year, USD \$55 million Resilience Food Security Activity (RFSA), funded by USAID in two provinces: Masvingo (Chivi and Zaka Districts) and Manicaland (Mutare and Buhera Districts). Takunda seeks to promote sustainable, equitable, and resilient food, nutrition, and income, directly impacting 301,636 people. Project activities involve promoting social and behavior change (SBC) to shift social norms and change behaviors associated with the prevailing status quo. Formative assessment is crucial to adequately understand the wide range of behavioral determinants and relationships between them in Takunda project settings and inform tailored intervention designs.

Formative SBC research was determined necessary to understand the barriers and facilitators to adoption of desired behaviors, technologies, and practices by Takunda's target participants; uncover what people currently know, think, feel, and do about the relevant topics and behaviors that Takunda will be promoting, and identify small doable actions and other feasible and appropriate practices to promote as part of the project's SBC strategy. It sought to meet the need for more research on the effectiveness of advocacy to build community problem-solving capacity, social capital, foster social change, and urge the government to improve service delivery to benefit the poor and vulnerable. There was very little known from literature about effective ways of building resilience to shocks for very poor and chronically vulnerable households. Identifying barriers to participation in building and benefiting from community assets and deriving viable livelihoods from these would help inform how to engage this Takunda target group. It was also not clear from the literature what motivates very poor and chronically vulnerable households to participate in and engage meaningfully in activities to increase their income from on and off-farm livelihood activities, which activities they prefer, and how they prefer to be engaged.

SBC Research Study Objectives:

1. Understand community structures, dynamics, and networks.
 - a. Explore experiences of men, women, youth, and adolescent boys and girls in community leadership and decision-making roles (livelihoods, health, nutrition, and resilience).
 - b. Identify determinants to effective group participation, management, and achievement of group objectives.
2. Identify (at an individual, household, and community levels) specific social, cultural, and other drivers affecting adoption of technologies and practices for improving on and off-farm livelihoods, health and nutrition, and resilience; Engage communities to identify specific behaviors to build capacity and resilience to withstand repeated shocks.
3. Explore factors contributing to maternal and child nutrition, health and hygiene knowledge, and practice gaps.
4. Identify effective engagement, action, communication activities, programmatic audiences, including their reference groups (stakeholder, religious/cultural leaders) for promoting desirable behaviors among Takunda target communities.
5. Try out selected nutrition and WASH behaviors to promote amongst Takunda program communities and identify feasible and appropriate actions that households, men, women, boys, and girls can adopt.

Methods

Takunda conducted mixed-methods formative assessment using desk review methods and direct data collection from beneficiary communities using several approaches carried out simultaneously in four districts—namely, desk research, focus group discussions (FGDs), key informant interviews (KIIs), trials of improved practices (TIPs), and a barriers and facilitators analysis (BFA). Data were collected from Buhera, Chivi, Mutare, and Zaka from 13 September – 12 October 2021. Twenty-one KIIs were conducted with selected individuals, including community or religious leaders; government officers from ministries of Agriculture, Health, Community Development, and other development practitioners using a semi-structured guide. Three FGDs were conducted in each district; 6-13 respondents participated in each group. Data was also collected using an adapted TIPs methodology, a participatory research technique that employs a series of information-gathering visits with the project's target audiences to understand current practices, negotiate testing of new behaviors, and identify the barriers and facilitators of these behaviors. Three sets of TIPs were conducted as part of this formative assessment (complementary feeding, women's dietary diversity, and handwashing at critical times). In Mutare and Zaka, the TIPs sample was drawn from members of the Apostolic Faith Sect to represent a population with distinct socio-cultural norms that can affect research questions, while in Chivi and Buhera, sampling did not specify religion, just the general economic status targeted by the Takunda project. Finally, data for BFA was collected for six behaviors using an adapted Barrier Analysis questionnaire including both open-ended and closed-ended questions based on behavioral determinants. Interviews were conducted in person.

Findings

There is a sense of hopelessness that runs through many comments made by SBC-FRS participants as they discuss their main problems of hunger, food insecurity, and poverty. Much of the emphasis is on basic, structural causes, and prospects for change seem dim. But data indicate there is potential for Takunda to make a positive impact. Existing material and social resources—while very limited—suggest the possibility of improved management of those resources, and findings offer hope that project activities can help address determinants of behaviors for nutrition, agriculture, and livelihoods.

Nutrition. Behavioral determinants were largely structural/environmental, with the burden of poverty and rural environments severely constraining access to nutritious foods. The TIPs methodology revealed limited access to nutritious foods and found participants emphasized barriers associated with resources rather than socio-cultural factors. The daily quest for money to feed the family was relentless. Still, women expressed the desire to improve their and their children's diets. Some reported delight at seeing improvements in their child throughout the four weeks of TIPs, and many seemed to genuinely appreciate the attention and support from the TIPs researchers. Women in all districts reported receiving social support and encouragement of new practices from women relatives, husbands, and neighbors. The fact that women consult husbands and a variety of female peers, as well as grandmothers, about nutrition practices indicates the potential for engaging all household members in nutrition activities. In Apostolic households, the religious prohibition against utilizing health services is a major factor in identifying and treating malnourishment. Beyond the obvious health impact of receiving no medical care, respondents adhering to the church rules were deterred from even speaking with volunteer health workers (VHW) about nutrition education for fear of being reprimanded by husbands or pastors. However, we found another social value that helps overcome this barrier, as some

village health workers make a point to meet Apostolic mothers in private places away from health clinics in order to provide support.

WASH. As with nutrition, handwashing and latrine use determinants are heavily structural/environmental. Handwashing practices are habitual norms that are hard to change without social modeling, which is exhibited before eating and after using the latrine but is apparently not common at other times. Social norms that limit community members' participation in group efforts could be a constraint on latrine construction efforts, although the reported preference to work with a small family and church-linked groups could be an enabler for small-scale efforts. The WASH data do not allow gender and age-specific interpretations, but it was clear that female caregivers are the primary actors for handwashing and child feces practices, while men and youth are potentially key actors in developing new water sources and digging latrines.

Agriculture. Access to reliable water is the key to successful agriculture. Irrigation would be a major help for farmers to be more productive. Access to markets is the other crucial element for successful agriculture development. Informants express willingness to grow new produce but also discouragement due to losses when transportation and production costs often are not covered by prices they earn at the market. Also affecting agriculture development are culturally constructed identities of youth and social norms that restrict young farmers from accessing inputs and participating in agriculture development activities. This could impact the scope of communities' engagement in Takunda programs to promote new technologies and practices if these social norms are not addressed adequately. Some data also indicate traditional beliefs could affect agriculture activities, for example, clinging to cultivating crops of forefathers, such as cotton, which may no longer be productive. Some cultural beliefs in causes of problems such as bewitching or the role of rain-making ceremonies may sometimes prevent people from accepting innovations.

Livelihoods.

Participants make clear their desire to improve their livelihoods, but their participation in income-generating activities (IGA) and vocational training activities depends on seeing a market for any goods produced or skills developed. Across districts, there is a call for capital to invest in enterprises and in vocational training for seed money to build from. While most accept the idea of VSLAs as a good idea, there are many reports of their failure; reasons cited are lack of transparency, theft of money, lack of monitoring, failure to observe the governing rules, and most fundamentally, the lack of money to contribute to the savings funds. Social and cultural factors shaping engagement in livelihoods activities include the attraction of youth to migrate to South Africa for work and the social status of remittances that result. Gender norms are powerful as women are generally restricted from taking leadership roles, or in some more conservative households, from participating in community activities. Respondents from all districts report men controlling productive assets and decisions about productive activities and being threatened if women are successful in income-earning activities.

Participation. Our data present several key learnings related to participation in community development activities that apply across the purpose areas and research questions. Respondents express a value on group participation and collaboration but at the same time depict community dynamics fraught with division and distrust. There is tension between the incentivizing and disincentivizing effects of project "handouts"—a strong message is that people will not participate unless they get something tangible, and yet those handouts are said to depress peoples' willingness to work hard and contribute. Evidence suggests that handouts should be specific, targeted, and linked to sustainable livelihoods development rather than meeting a day's needs. There are strong views expressed that groups must be self-selecting/segregated into homogenous groups, while others insist

that community members must learn to work together in inclusive activities, unified for the common good. Many respondents describe concerns about the unsustainability of assistance programs which demotivates participation; people are more likely to engage actively when short-term gains are seen but participate less when objectives seem longer-term. Key barriers reported for participation in group activities include poor leadership, including favoritism and suppression of voices of women and youth. Laziness, selfishness, and low self-esteem on the part of community members are cited as limiting participation, along with the hopelessness that de-motivates the effort to adopt practices to improve health and livelihoods.

The combination of a lack of vision and lack of social cohesion together present significant challenges to Takunda's work. However, the data also present positive signs of potential, with respondents expressing pride in working together on de-silting dams, community gardens, or sharing experiences and information that is mutually beneficial, and recognizing the reciprocal benefits from cooperation even with people they don't like.

Recommendations

We have the following overarching recommendations for designing effective SBC strategies for Takunda:

Purpose 1 – Increase Incomes from On-Farm, Off-Farm, and Non-Farm Livelihoods Activities

IO 1.1.1: Adoption of improved agricultural technologies and practices increased

- Explore ways to overcome the cost barrier to accessing technical support. Work with agriculture officials to remove the requirement to pay Agritex officers' fees for advice or develop a system for community groups to collectively pay those fees.
- Develop a diffusion-based model farmer initiative to expose peers to successful techniques for increasing yields and boost the confidence and capacity of model farmers, integrated with the Farmer Field and Business Schools (FFBS)

IO 1.1.1. Adoption of improved agricultural technologies and practices increased and IO 1.1.2. Access to improved and appropriate agricultural inputs increased

- Explore respondents' suggestions of developing beekeeping and fish farming.

IO 1.1.3 Access to markets and business services increased

- Support concrete and sustainable linkages to markets for farmers in specific agriculture value chains.

IO 1.2.1 Participation in diversified formal and informal enterprises (IGA) increased

- Promote off-farm livelihoods activities that re-channel the entrepreneurial spirit youth have already shown in illegal activities and fuel it with business skills development.
- Develop mechanisms to overcome the major barrier of capital. Study and apply lessons from Burial Societies and consider setting aside a few grants to support start-ups for IGAs by trained youths.
- Promote intergenerational activities involving mentoring and teamwork and well-facilitated dialogue to forge mutual understanding, appreciation, and learning between youth older community members.

IO 1.2.2 Increased formal and informal employment

- Invest in expertly facilitated deep visioning exercises tailored to youth to foster a commitment to future-oriented efforts like vocational training. At the same time, invest in employment and market development schemes to ensure visions will not be shattered.
- Explore mechanisms for financing TVET tuition via grants or partnerships with businesses.

Purpose 2 – Improve the Nutritional Status of Children Under Five Years of Age, Adolescent Girls, and Women of Reproductive Age

IO 2.1.1 Availability of diversified nutritious foods at household level increased

- Promote natural family planning with members of the Apostolic Church to address the often-cited cause of hunger and poverty while respecting religious teachings against contraception.
- To address the main barrier to improved nutrition, which is access to nutritious foods, invest more in fundamentals like irrigation and capital for agricultural inputs, which are more likely to sustainably enhance productivity and income needed to diversify diets. (As opposed to an approach focused mainly on nutrition education).

- Study community garden clubs or “nutrition gardens,” which are reported as a rare example of sustained community activity, to identify and apply secrets of success.

IO 2.1.2 Adoption of improved IYCF, Maternal and Adolescent girl feeding practices increased

- Introduce training for caregivers (and VHWs if needed) to do basic monitoring and reporting for malnutrition surveillance, e.g., train women to take MUAC measurements.
- It is possible that the findings of this study were significantly influenced by the timing of study, i.e., during the lean season. Takunda should engage in continuous monitoring across seasons, using the qualitative monitoring sheets (QUIPS), to see how the barriers to adoption of nutrition behaviors change; Takunda should then develop specific messages and activities to address these changing barriers throughout the consumption year.

IO 2.2.2 Adoption of improved WASH practices increased

- Address reported problems of tippy taps with troubleshooting to help households develop sustainable small doable actions for handwashing with clean water or ash.
- Invest as much as possible in developing water sources and supporting the provision of water storage devices for households, along with advocacy and technical assistance to ensure maintenance, including borehole construction, to expand coverage significantly.
- Study of attitudes about open defecation to complement our limited BFA data on latrine construction and make sure the strategy is well-tailored to fit the most relevant behavioral drivers.

For Purpose 3 – Build Institutional and Local Capacities Among Ultra-Poor and Chronically Vulnerable Households to Cope with Shocks and Stressors and Reduce Risk

IO 3.1.1 Household mechanisms/strategies to manage climate shocks, market failures, and macroeconomic context enhanced

- Work with government and other partners to invest in social protection strategies to build safety nets, and consider the “Graduation Approach” described by [USAID](#) as a complement more sustainable livelihoods development schemes.
- Develop SBC strategies to promote communication between husbands and wives to improve household access to risk information and management strategies.

IO 3.1.2 Community-based planning and management systems for shared resources strengthened.

- Mobilize participant observation methods to discover what practices community members use to pool resources and mitigate risk when experiencing stress. Then, use community dialogue and SBC to encourage and develop any positive examples and successes of existing groups.
- Engage whole communities in vision work to cultivate the aspirations, self-efficacy, and future orientation that can guard against using negative coping strategies and motivate positive action.

IO 3.2.1 Effective linkages and effectiveness of government DRR structures and interconnections with community structures strengthened.

- Harness and build local capacity for DRR by building on local structures that are most collaborative.
- Explore support for developing a perennial spring in Mutare and similar efforts in other districts by working through cluster-level groups to expand sustainable water sources.

IO 3.2.2 Household access to appropriate risk information and services improved.

- Invest in activities and awareness-raising campaigns with women and youth on relevant topics like early warning systems and household planning and organize them as gender-segregated and youth-exclusive groups that emphasize giving them a voice. After these marginalized groups have been informed and their confidence raised, mixed meetings should be convened by leader champions

committed to inclusive participation in which youth and women representatives take the role as spokespeople to share ideas and engage in planning for preparedness initiatives.

- Apply learning from SBC communication channel analysis to climate and risk reduction information dissemination.

Recommendations for SBC Strategy and Project Implementation

Purpose 1 – Increase Incomes from On-Farm, Off-Farm, and Non-Farm Livelihoods Activities

- Engage model farmers as peer leaders to develop capacity and role models and make learning most relatable.
- In promoting mulching, SBC messages and activities should clarify what exactly is needed for mulching, how farmers can get material, and what needs to be planned; and address the perception of difficulty in doing the practice with demonstration and support.
- To promote small grains, incorporate into program messaging and farm-based demonstrations the enabling factor that “small grains do well in drought” and identify ways of introducing simple technology that contributes towards reducing the labor burden of processing small grains.
- To promote intercropping, emphasize the benefits through activities that demonstrate them experientially. Emphasize with Non-Doers the message that intercropping can help minimize the risk of the soil becoming infertile.
- Facilitate reciprocity among community members by having training graduates participate in “give-back” activities like peer training and mentoring and volunteering at community events.
- To develop livelihoods programming by working with existing structures, for example, past livestock projects by Heifer, Government initiatives for baking and sewing.
- When promoting livelihoods activities and TVET, develop youth leadership to avoid disincentive activities being run by community elders.

Purpose 2 – Improve the Nutritional Status of Children Under Five Years of Age, Adolescent Girls, and Women of Reproductive Age

- Cultivate “positive deviants” and peer leaders among caregivers, partly through mobilizing Takunda staff as participant observers in communities.
- Build on the positive motivational effect of seeing a child’s health and growth improve through peer groups where women can hear testimonials of Doers and witness improvements themselves.
- Offer education about the fact that a nursing child is not harmed when the mother is pregnant, mobilizing “positive deviant” examples in the community to provide testimony through experience.
- Strengthen handwashing practice at the critical times rarely reported (after cleaning the child after defecation, before handling food, and before feeding baby).
- Spread to Non-Doers the understanding reported by ‘Doers’ that safe disposal of child’s feces prevents infection. Promote the alternative of burying feces since lack of latrines is a major obstacle.
- Invest in boosting self-esteem, especially among women caregivers, but also engage men through both men-only activities (reaching them through existing groups) and through couples’ group dialogues to promote awareness and pre-empt men’s resistance to women’s involvement and greater voice.
- Engage men through appealing activities to learn about and support the special needs and risks related to women’s and adolescent health. Mobilize male role models to demonstrate the value to families when, for example, pregnant and lactating women eat more protein.
- Integrate activities for men, grandparents, couples, and youth in the Care Group Model, using a family system-centered approach, and tailored but integrated activities and messages that support the overarching behavior change aims and avoiding pitfalls of focusing only on WRA.

- Employ “teach-back” techniques in SBC activities such as education in care groups.
- Draw on BFA findings to highlight practical factors that enable access to necessary resources and build necessary skills and demonstrate the benefits of targeted practices.

Purpose 3 - Build Institutional and Local Capacities Among Ultra-Poor and Chronically Vulnerable Households to Cope with Shocks and Stressors and Reduce Risk

- To address the fatalistic idea about preparedness reflected in some FGD comments, invest in demonstrative activities that engage groups in reflecting on actual, observed results from planning, using games or competition to develop planning capacity.
- Consider the implications of donor dependency in the development of Takunda’s SBC strategy.

Cross-cutting Recommendations

- Look beyond information-based SBC approaches. Recognize that knowledge is not enough to change behavior, and behavior change is not enough to reduce vulnerability.
- Invest in structural support that is invested strategically to give farmers, households, and individual youth the boost needed to develop sustained income sources rather than foster dependency.
- Mobilize ‘positive deviants’ among youth – those who are go-getters *and* work respectfully with elders – to represent youth in community activities.
- Establish an intergenerational program to break down negative social perceptions between the generations and cultivate an appreciation for the value each brings to community development.
- Utilize an innovative method for monitoring and evaluation: participant observation, in which project field workers spend extended time in a community to observe daily activities, to learn what is really happening with key behaviors and social influences, and to facilitate SBC activities more effectively.
- Develop a sensitive, strategic advocacy plan for Apostolic Church based on audience research and segmentation.

To maximize the effectiveness of SBC implementation:

- Invest heavily in strengthening capacity for expert facilitation of community dialogues and interactive exercises.
- Rely more on community dialogue approaches and interactive activities with proven effectiveness to shift norms rather than simple information dissemination.
- Emphasize SBC messages that mobilize powerful enabling factors for participation found in our data, including the self-interest in practical benefits, concepts that resonate in local contexts, emotional ties and instincts to protect one’s family, etc. Conduct concept testing first to develop messages that bridge strong values to broader aims for group solidarity and action.
- Conduct a rapid assessment of media and communication channels used in target communities to identify any relevant media and information sources. Then utilize the most relevant channels for announcements of weather warnings and community meetings, for WASH campaigns, and other SBC activities.
- Implement activities designed through the DBC framework through a staged approach that allows testing and learning what messages and approaches resonate best with targeted groups because our BFA data provide limited qualitative insights.

To maximize participation in activities:

- Use games, competitions, and drama, to make any topic entertaining, especially for youth, but also to engage the men who informants say have a lot of time available and are less motivated to join group activities.
- Given different opinions on the nature of group composition (homogenous, mixed, etc.), investigate preferences in each locality before organizing group activities.

- Use role models, success stories, and community drama to demonstrate collaboration, counter social norms of selfishness, and build social cohesion.
- If care groups are organized, ensure separate activities for adolescent girls, whose voice is silenced in the presence of senior women.

Table of Contents

Acronyms/Abbreviations.....	2
Glossary.....	4
Executive Summary.....	6
Table of Contents.....	15
Introduction.....	18
Problem Statement and Justification.....	19
Study Objectives.....	19
Literature Review	21
SBC Lessons Learned from Previous RFSA Programs	21
SBC in Zimbabwe National Institutions, Policies, and Strategies	22
Opportunities for Building or Strengthening SBC Interventions in Takunda Program Districts	22
Best Approaches for Promoting Behavior Adoption Amongst Communities.....	23
Barriers and Facilitators to Behavior Change in Zimbabwean Communities	24
Knowledge Gaps	24
Methodology	25
Overall Design	25
Study Sites & Location	25
SBC Stakeholder Mapping.....	26
Key Informant Interviews	26
Focus Group Discussions	26
Trials of Improved Practices	27
Barrier and Facilitator Analysis.....	28
Data Management, Quality Assurance, and Analysis.....	29
Study Limitations.....	30
Results	31
Index of Findings by Research Question	31
Existing Community Resources and Structures	33
Stakeholders	33
Community Structures, Programs, and Groups	38
RMNCH Structures and Services.....	40
Natural Resources.....	41
Community Capacity.....	42
Addressing Poverty, Food Insecurity, and Vulnerability	43
Perceived Causes of Poverty, Food Insecurity and Vulnerability.....	43
Socio-cultural Factors Causing Food Insecurity, Poverty, and Vulnerability.....	44
Participation in Community Initiatives.....	49

Barriers to Participation in Community Development Actions to Address Key Problems.....	49
Enabling Factors for Participation	51
Adoption of New Agricultural Practices and Technologies.....	53
Participation in Livelihoods Activities	57
Adoption of Household Practices for Maternal, Newborn, and Child Health and Nutrition and WASH	59
Maternal, Newborn, and Child Health.....	59
WASH Practices.....	72
Reducing Vulnerability to Shocks	79
Key Learnings.....	80
Determinants of Key Practices and Most Impactful Social Norms and Attitudes.....	81
Nutrition	81
WASH	81
Agriculture	81
Livelihoods	81
Participation in Community Development Activities.....	82
Recommendations.....	83
Recommendations for Takunda Project Design.....	83
Purpose 1 – Increase Incomes from On-Farm, Off-Farm, and Non-Farm Livelihoods Activities.....	83
Purpose 2 – Improve the Nutritional Status of Children Under Five Years of Age, Adolescent Girls, and Women of Reproductive Age.....	84
For Purpose 3 – Build Institutional and Local Capacities Among Ultra-Poor and Chronically Vulnerable Households to Cope with Shocks and Stressors and Reduce Risk.....	86
Recommendations for SBC Strategy and Project Implementation	87
Purpose 1 – Increase Incomes from On-Farm, Off-Farm, and Non-Farm Livelihoods Activities.....	87
Purpose 2 – Improve the Nutritional Status of Children Under Five Years of Age, Adolescent Girls, and Women of Reproductive Age.....	88
Purpose 3 – Build Institutional and Local Capacities Among Ultra-Poor and Chronically Vulnerable Households to Cope with Shocks and Stressors and Reduce Risk.....	90
Cross-cutting Recommendations	90
Annexes	93
Annex 1: Takunda SBC Formative Research Team	93
Annex 2: Data Collection Tools	96
Key Informant Interview Guide.....	96
Focus Group Discussion Guide	100
TIPs Guide & Key Messages – Complementary Feeding.....	106
TIPs Guide & Key Messages – Handwashing.....	115
TIPs Guide & Key Messages – Women’s Dietary Diversity.....	123
BFA Guide – Intercropping.....	131
BFA Guide – Mulching.....	137

BFA Guide – Production of Small Grains	143
BFA Guide – Safe Disposal of Infant Feces.....	149
BFA Guide – Construction and Use of a Latrine.....	153
BFA Guide – Livestock Crossbreeding.....	158
Annex 3: Data Collection Standard Operating Procedures.....	166
SOP for Conducting Key Informant Interviews.....	166
SOP for Conducting Focus Group Discussions	168
SOP for Conducting Trials in Improved Practices	172
SOP for Conducting Barrier and Facilitator Analysis.....	176
SOP for Data Management.....	179
Annex 4: BFA Detailed Results	183
Annex 5: TIPs Detailed Quantitative Results.....	185
Annex 6: FGD Codebook	200
Annex 7: KII Summary Sheet.....	205
References	207

Introduction

Ensuring food and nutrition security is a crucial area of development focus for Zimbabwe. The 2021 Rural Livelihoods Assessment Report from Zimbabwe Vulnerability Assessment Committee reveals multiple nutrition areas needing improvement. Poor food consumption patterns have increased from 31% (2020) to 43% in 2021, indicating increasing challenges in accessing nutritious and diversified foods faced by rural households¹. Nationally, 79% of households attempting to purchase chicken were unable to; in rural areas, the proportion rose to 89%². Additionally, household dietary diversity remains low, and only 6% of children aged 6-23 months received the minimum acceptable diet. Agriculture provides the primary source of livelihood for about 70 percent of the rural population in Zimbabwe³. In 2019, the country experienced the worst drought in a decade, which led to a sharp decline in agriculture production, pushing nearly 8 million into food insecurity². One of the key objectives in the National Development Strategy (2021-2025) is to “Increase agriculture production and productivity, especially by smallholder farmers to ensure food and nutrition security, enhanced income, increased opportunities for value addition and the development of agro-business value chains.”⁴

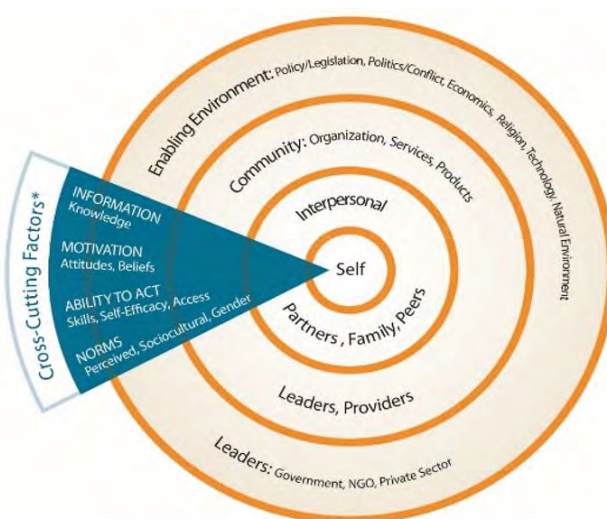
To address these challenges, CARE International in Zimbabwe – along with partners FHI 360, International Youth Foundation (IYF), Nutrition Action Zimbabwe (NAZ), Bulawayo Projects Centre (BPC), and Environment Africa (EA) – is implementing Takunda, a five-year, USD \$55 million Resilience Food Security Activity (RFSa), funded by USAID. Takunda is being implemented in two provinces: Masvingo (Chivi and Zaka Districts) and Manicaland (Mutare and Buhera Districts). Takunda seeks to promote sustainable, equitable, and resilient food, nutrition, and income, directly impacting 301,636 people. Target population groups include vulnerable adult women and men, adolescent mothers, male and female youth (aged 18-35), women of reproductive age (WRA), and children under five years (CU5), who are made vulnerable by socio-economic challenges, the impacts of climate change, and the COVID-19 pandemic.

The Takunda Theory of Change (TOC) directly responds to the underlying causes of food insecurity and malnutrition. These include poverty, limited financial resources, gender inequality, persistent negative social norms, cultural beliefs and behaviors, limited youth empowerment, and weak institutional/organizational governance and accountability. Activities addressing these causes fall under the following three purpose areas.

- **Purpose 1** – Increase incomes from on-farm, off-farm, and non-farm livelihoods activities.
- **Purpose 2** – Improve the nutritional status of CU5, adolescent girls, and WRA.
- **Purpose 3**– Build institutional and local capacities among ultra-poor and chronically vulnerable households to cope with shocks and stressors and reduce risk.

Pursuit of these aims involves promoting social and behavior change (SBC) across the project purposes to shift social norms and change behaviors associated with the prevailing status quo. Takunda’s SBC activities will be focused on

- increasing gender-equitable income among extremely poor and chronically vulnerable households, women, and youth (P1);
- improving the nutritional status of children under 5, adolescent girls, and WRA (P2); and
- increasing sustainable resources, services, and catalysts for change for extremely poor and chronically vulnerable households, women, and youth (P3).



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Figure 1 The Socio-Ecological Model

To this end, Takunda will utilize a cross-cutting SBC pathway to shift social norms, behaviors, and attitudes. The SBC approach is grounded in a socio-ecological model (see Figure 1) that assesses the complex interplay between individual, interpersonal, community, and societal factors that affect behaviors. The SBC strategy will be rooted in community mobilization and advocacy and will target multiple levels of the ecosystem present within households, communities, and enabling environments so that all stakeholders can act. Takunda's SBC strategy will also facilitate norm change interventions and broader initiatives to build social capital, social cohesion, and gender equity. Takunda's SBC focal areas and related social and behavioral outcomes will specifically address behavioral determinants that can ameliorate prevailing food insecurity, malnutrition, poverty, and chronic vulnerability to shocks among target audiences. Activities will drive social change and problem-solving capacity, building on local knowledge, culture, community networks, and resources.

Formative assessment is crucial to adequately understand the wide range of behavioral determinants and relationships between them in Takunda intervention areas and to inform tailored intervention designs. To help inform the development of the SBC formative research, Takunda conducted an SBC Landscape Analysis and Literature Review (LA&LR) to identify knowledge and information gaps and refine the assessment objectives.

Problem Statement and Justification

This participatory SBC Formative Research Study (SBC-FRS) was designed to inform the development of Takunda's SBC strategy, which will articulate SBC activities and approaches that will contribute to sustained adoption and practicing of promoted behaviors technologies, and approaches. Formative research is a best practice when designing SBC activities for RFSAs. In designing the Takunda SBC formative research, Takunda used the LA&LR findings summarized below. This, together with the evidence gap analysis and discussions during the inception process and the Gender, Youth and Social Dynamics (GYSD) workshops, identified several knowledge and information gaps (EKGs) that need to be addressed to inform the program's SBC Strategy and help refine the program's focus for each purpose area. The EKGs were questions on the proposed Takunda ToC, which questioned what is already known about the proposed pathways, and additional evidence needed to confirm the pathway. Findings from the formative research would then be used to identify specific behaviors to focus on, the target group(s) for each behavior, and associated interventions and activities to promote them.

Study Objectives

1. Understand community structures, dynamics, and networks.
 - a. Explore experiences of men, women, youth, and adolescent boys and girls in community leadership and decision-making roles (livelihoods, health & nutrition, and resilience).
 - b. Identify determinants to effective group participation, management, and achievement of group objectives.
2. Identify (at the individual, household, and community levels) specific social, cultural, and other drivers affecting adoption of technologies and practices for improving on and off-farm livelihoods, health and nutrition, and resilience; Engage communities to identify specific behaviors to build capacity and resilience to withstand repeated shocks.
3. Explore factors contributing to maternal and child nutrition, health and hygiene knowledge, and practice gaps.
4. Identify effective engagement, action, communication activities, programmatic audiences, including their reference groups (stakeholder, religious/cultural leaders) for promoting desirable behaviors among Takunda target communities.
5. Try out selected nutrition and water, sanitation, and hygiene (WASH) behaviors to promote amongst Takunda program communities and identify feasible and appropriate actions that households, men, women, boys, and girls can adopt. The specific behaviors tested through TIPs and BFAs were selected in consultation with Purpose Managers, considering experiences from ENSURE and focusing on those behaviors that were not studied through a BFA or another form

of SBC formative Research, to identify barriers and influencing social norms before, but necessary to achieve Takunda outcomes.

Specifically, the SBC Research activity aimed to answer the following overarching questions:

1. Who are the stakeholders working in Takunda intervention areas, and how can Takunda collaborate with them? Are there nutrition programs, activities, and stakeholders targeting adolescent girls? What opportunities are there to complement their efforts? And are there differentials among rural/remote communities?
2. What are the experiences of men, women, youth, and adolescent boys and girls in community leadership and decision-making roles (livelihoods, health and nutrition, and resilience), and what factors affect effective group participation, management, and achievement of group objectives? What are the drivers of trust and cooperation within and between community groups? How can social capital be fostered among groups of men, women, youth, or mixed groups?
3. How do community structures support social services, such as nutrition referrals, social safety nets, agricultural extension, youth engagement, and water management community groups, and how do the attitudes and beliefs of influential figures and/or groups, such as religious or livelihood associations and their role in decision making, influence these structures?

Specific sub-research questions map to the Takunda result areas as indicated in Table 1. These questions informed the construction of research methods, data collection instruments, and analysis approach explained in the following section.

Table 1 Detailed SBC Research Questions by Purpose Area

Purpose 1. Increase incomes from on-farm, off-farm, and non-farm livelihoods activities.	Purpose 2. Improve the nutritional status of CU5, adolescent girls, and WRA (Nutrition Questions)	Purpose 2. Improve the nutritional status of CU5, adolescent girls, and WRA (WASH Questions)	Purpose 3. Build institutional and local capacities among ultra-poor and chronically vulnerable households to cope with shocks and stressors and reduce risk.
<p>1.a. What are the structural, social, cultural, and other barriers and facilitators that influence farmers' adoption of new and improved agricultural practices (intercropping, crossbreeding livestock, mulching, and production of small grains) and other off-farm livelihood opportunities? What promotional strategies, activities, messages, and message channels are most likely to increase adoption?</p> <p>1.b. What are communities' perceptions and</p>	<p>2.a. What are the most harmful social norms, attitudes, and perceptions regarding nutrition and health practices? Who are the major influencers of these, and what motivates them to perpetuate these practices?</p> <p>2.b. How do religion, culture, and social status affect targeting, reach, and utilization of RMNCAH and nutrition interventions?</p> <p>2.c. What are the current diet practices for children aged 6-23 months, WRA, and adolescent girls? How can project activities build on these existing behaviors and norms to support and promote optimal diets for these groups?</p>	<p>2.g. How can project activities build on identified, existing handwashing behaviors and norms to support and promote reduced exposure to pathogens?</p> <p>2.h. What actions can target groups take to support handwashing at critical times? Who are and how can influencers support adoption?</p> <p>2.i. What behavioral determinants prevent or facilitate handwashing at critical times? How has Covid-19 impacted this behavior?</p>	<p>3.a. What are the barriers, including social, cultural, religious, and knowledge, that impede or enhance household and community action for consensual adoption of by-laws and good practices to both protect and utilize community natural resources for inclusive and equitable long-term benefit?</p> <p>3.b. What behaviors are related to adaptation to shocks and positive coping</p>

Purpose 1. Increase incomes from on-farm, off-farm, and non-farm livelihoods activities.	Purpose 2. Improve the nutritional status of CU5, adolescent girls, and WRA (Nutrition Questions)	Purpose 2. Improve the nutritional status of CU5, adolescent girls, and WRA (WASH Questions)	Purpose 3. Build institutional and local capacities among ultra-poor and chronically vulnerable households to cope with shocks and stressors and reduce risk.
preferences for support towards improving both on and off-farm livelihood opportunities?	<p>2.d. What actions can WRA, adolescent girls, and primary caregivers of children aged 6-23 months, take to achieve an optimal diet for their children, themselves, and their families? Who are the influencers of these actions? How can their partners, household members, and other influencers support them in these actions?</p> <p>2.e. What behavioral determinants serve as barriers and facilitators to the achievement of optimal diets for children 6-23 months, WRA, and adolescent girls?</p> <p>2.f. What determines household access and availability of a wide variety of nutritious foods throughout the year? How can this be promoted across all Takunda program households?</p>	<p>2.j. What are the most harmful social norms and attitudes regarding hygiene practices among target groups? Who are the major influencers of these, and what motivates them to perpetuate these practices?</p> <p>2.k. What motivates and enhances the adoption of latrine use/reduction of open defecation practices?</p>	<p>at household and community levels?</p> <p>3.c. What are the barriers and enablers/facilitators to community trust and cooperation?</p>

Literature Review

SBC Lessons Learned from Previous RFSA Programs

A recent report reviewed RFSA SBC interventions highlighting key findings relevant for Takunda.⁵ According to the report, best practices that should be built into SBC strategies include conducting formative research; designing SBC activities that are cross-cutting and layered onto other project activities; identifying and using positive role models to spur broader community-wide changes; using existing community groups, and leaders; providing sound technical assistance. Gaps in RFSA SBC programming that should be addressed include lack of attention to community-level or social change, inadequate advocacy with community leaders and other key influencers, over-reliance on knowledge compared to other enabling factors and behavioral determinants. The report advocates for the use of participatory methods such as social action and analysis (SAA) and trials of improved practices (TIPs) where project strategies are assessed and selected by community participants to better garner information on the enabling environment while also gaining insights into why and how people adopt key behaviors. Participatory methods may also promote greater equity in program implementation and foster buy-in among participants.

SBC in Zimbabwe National Institutions, Policies, and Strategies

As part of our literature review, we searched for relevant Zimbabwe national guiding documents, including the USAID's Zimbabwe Country Development Cooperation Strategy (CDCS)⁶, the previous Zimbabwe National Nutrition Strategy (2014-2018)⁷, National Poverty Report⁸, and National HIV strategy⁹. We also identified several relevant Government of Zimbabwe institutions, including:

- The Food and Nutrition Council
- Ministry for Lands, Agriculture, Fisheries, Water, and Rural Resettlement
- Ministry of Information, Publicity and Broadcasting Services
- Ministry of Health and Child Care (MoHCC)
- Ministry of Women Affairs, Community, Small and Medium Enterprises – Developments
- Ministry of Public Service, Labor, and Social Welfare

USAID's Zimbabwe CDCS⁶ highlights the importance of achieving increased economic participation of women and youth, improving nutrition status and reducing food insecurity, and enhancing resilience to disasters and shocks, and increasing community problem-solving capacity. USAID/Zimbabwe's goal is to reach "Inclusive, accountable governance and a healthy, engaged citizenry to drive social, political, and economic development with equal opportunity for all." According to the CDCS, an important step in succeeding includes driving social change, which promotes an engaged citizenry that works together to hold their leaders accountable, live healthier lives and be more economically secure.

The Zimbabwe National Nutrition Strategy (NNS)⁷ identified causal factors that drive malnutrition and food insecurity within the country and articulated guiding principles that: nutrition is a basic human right, programming should be evidence-based, interventions should be coordinated across sectors and actors, community empowerment and participation should be an integral part of interventions, programs should work to overcome barriers to the uptake of maternal and child nutritional behaviors, programs should adopt a lifecycle approach, the continuum of care should extend from the facility to the community and to the household, interventions should build on principles of equity and inclusion, resilience and risk mitigation are critical for nutrition security, and finally good governance is also critical for nutrition security.⁷ The NNS provided a five-year roadmap for addressing Zimbabwe's nutritional security needs using a multi-sectoral approach; while the strategy ran from 2014-2018 and has since expired, a new National Food and Nutrition Security Strategy is under development.

Another key guiding document is the Zimbabwe National Poverty Report⁸ which highlights a critical nationwide trend in poverty, particularly demonstrating increases in rural poverty in recent years. Specifically, Takunda, Masvingo, and Manicaland have extreme poverty rates compared to other regions. This report also highlights key factors that may inform audience segmentation among rural households, including focusing on communal and resettlement farmers as they constitute over 80% of the economically active population with the highest rates of extreme poverty. Other factors that may influence how these audiences are targeted include other stressors that impact overall adaptive capacity, including factors that pose potential shocks at the household level, such as chronic or acute illnesses and diseases, which are more prevalent in rural areas. Finally, we reviewed the Zimbabwe National HIV SBC Strategy⁹ and found useful behavioral change communication support tools that can be adapted for Takunda, including *Audience Archetypes*, *Journey Mapping Guide*, and *Communications Matrix - Audience Barriers, Behavioral Analyses, and Communication Objectives Tool*.

Opportunities for Building or Strengthening SBC Interventions in Takunda Program Districts

The literature review revealed dozens of nutrition-related projects in Zimbabwe. AMALIMA (the predecessor to Takunda's sister project AMALIMA Loko), ENSURE⁹ the predecessor to Takunda), Changing Rivers Flow, and Mhuri/Imuli are summarized in Table 2. The table presents the project name and geographic areas of focus.

Table 2 Summary Table of Key Food Security and Nutrition Projects incorporating SBC in Zimbabwe

Project Name	Funding Agency and Implementing Partners	Geographic Focus and Period of Performance
AMALIMA	USAID, CNFA	2013-2020 Bulilima, Gwanda and Mangwe in Matebeleland South and Tsholotsho in Matebeleland North
ENSURE	USAID – World Vision and CARE	2013 - 2020 Buhera, Chipinge, and Chimanimani in Manicaland and Bikita, Chivi and Zaka Districts in Masvingo Province
Changing Rivers Flow	Sonke Gender Justice and SAFAIDS	2015 – 2017 Nyanga, Hwange, Chiredzi, and Seke districts.
Mhuri/Imuli	USAID-FHI360	2018 – 2023 Manicaland Province
Livelihoods and Food Security Program (LFSP)	FCDO-FAO	2014-2021 12 Districts in three provinces – Mutasa, Makoni and Mutare in Manicaland, Bindura, Mt Darwin, Guruve and Mazowe in Mashonaland Central and Gokwe North, Gokwe South, Kwekwe and Shurugwi in the Midlands.

Best Approaches for Promoting Behavior Adoption Amongst Communities

Across nutrition, agriculture, and livelihoods literature, engaging peer/community groups has been a successful SBC strategy in Zimbabwe. The Goal Zimbabwe Nutrition Impact and Positive Practice technique that uses participatory community groups (circles) to treat moderate acute malnutrition has observed sustained improvement in nutrition uptake; WASH; livelihoods; health knowledge and practices; and moderate acute malnutrition over six months.¹⁰ Several other programs, including but not limited to ENSURE¹¹, the Zimbabwe Livelihoods and Food Security Program (LFSP)¹², Amalima¹³, and UNICEF funded nutrition Interventions by NAZ, used the Care Group Model (CGM) to promote improved infant and young child feeding (IYCF) practices. This led the MoHCC, with support from UNICEF, to adopt the CGM as the nutrition behavior change model of choice. The Ministry went on to develop national CGM guidelines for use by all partners who wish to use the model in their programming. In the agriculture sector, the Transforming Irrigation in Southern Africa Project created platforms for farmers to discuss barriers together and work towards common understanding and learning, in addition to providing soil monitoring tools to roughly a quarter of the farmers.¹⁴ These agricultural innovation platforms engaged in visioning and reflection to advocate for changes to water scheduling and crop policies, they connected farmers to providers of agriculture inputs, enhancing farmers' ability to find better inputs, and they used test plots to try out new ideas. Another successful example in the agricultural sector used the Integrated Research for Agricultural Development model on food security outcomes.¹⁵ This model created networks of all agricultural actors, from producers to consumers, to foster learning across all levels. In addition, there was a component of promoting adult education and agricultural extension for producers and agricultural households.

An abundance of articles discussed the characteristics of people who adopt agricultural innovations, such as conservation agriculture and production of drought-tolerant maize, but little information is provided on how these techniques were communicated and/or rolled out to the intended audience making it difficult to understand the role of SBC. At the individual level, personal preference for staples, such as maize and other cereals, discourages crop rotation, lack of knowledge and technical support,

lack of funding to buy inputs, prior investment into other equipment (e.g., ox-drawn plow), and perceived complexity reduce the likelihood of adoption.¹⁶ Those with larger farms were more likely to adopt conservation agriculture.^{16,17} Traditional agro-ecological knowledge is important for coping, and this knowledge should be incorporated into strategies and communication for resilience.¹⁸ In Masvingo province, individual-level coping strategies that are used when agriculture fails to sustain include: Crop diversification (more drought & pest tolerant crops because "farming nowadays is like gambling," food and cash crops, small livestock); conservation agriculture for those with sufficient resources; destocking; barter trade; nutrition gardens; and livelihood diversification (brick molding, fencing, thatching, building, weeding, harvesting (particularly among women) in commercial farms), traditional systems of decision-making in relation to weather (e.g., using wind direction, observation of plant and animal behavior, observations of precipitation, moon halos, cloud frequency / meteorological signs). At the community level, strategies include menial jobs, petty trading, firewood trading, beer brewing, brick molding, and *Kuronzera* (destocking by lending animals to relatives or friends living in areas with better grazing). Some of the community-level strategies are negative for the environment leading to land degradation and soil erosion.¹⁹

The systematic literature search yielded several studies that highlighted efforts to build community problem-solving capacity as a method to foster social change. In the agricultural sector, Chibambakwe et al.²⁰ builds on Zimbabwean-based research on strategies that women use to appropriate urban land for urban agriculture. This suggests that there are gendered differences in land use, acquisition, and appropriation that may need to be explored. Additionally, this research emphasizes the need to focus on food sovereignty and not food security because the former is a rights-based approach that puts the focus on the farmer.

Barriers and Facilitators to Behavior Change in Zimbabwean Communities

Cultural norms play a strong role in rural Zimbabwe when it comes to nutrition, particularly infant feeding practices. While mothers are generally responsible for cooking¹⁰, mothers-in-law, grandmothers, and husbands are extremely influential in infant feeding practices and have the cultural authority to supersede the mother's wishes.^{10,21-24} The belief that babies must be fed solid foods within the first week of life is a strong barrier to exclusive breastfeeding, and mothers of newborns are often powerless when the father, mother-in-law, and/or grandmother view feeding solid foods to newborns as a sign of "genetic connection of the baby to its ancestors."²¹ Also, gender norms play a role in that mothers perceive that boy children require more food than girls and therefore cannot subsist on breastmilk alone.^{23,25} Factors that facilitate the adoption of exclusive breastfeeding include the mother having sufficient food and sufficient milk as well as family support.²³ Stigma can be another barrier to behavior change. For those at risk of malnutrition¹⁰ and those living with HIV/AIDS²⁴, stigma was a reason for low uptake.

Finances are a major barrier to the adoption of agricultural innovations, both at the individual and community levels. Pittock et al.¹⁴ describe that farmers were unable to participate in novel irrigation practice groups prior to payment of water bills which had become unmanageable due to inflation (Zimbabwe) or investments in infrastructure, like the lining of irrigation canals (other countries). Access to credit, electricity, capital, and labor are other finance-related barriers to the adoption of improved crop production.²⁶ Mukute et al.²⁷ notes a barrier to organic market development in that the government and private sector push for conventional agricultural approaches.

Knowledge Gaps

While there is an abundance of retrospective literature on the characteristics of farmers who adopt agricultural innovations, their decision processes and channels for communication are not very well described. Furthermore, there is little evaluation of what aspects of implementation were most effective to meet food security, nutrition, and income objectives and build resilience for very poor and chronically vulnerable households, and in fact, in some studies, the most vulnerable failed to access the innovations, and it is unclear why.²⁸ Thus, priority research may examine how to mitigate barriers to entry in collective marketing groups or innovation platforms, as well as be sure to measure changes

over time in food security and nutrition outcomes to be sure that changes can be attributed to the interventions.

More research is needed on the effectiveness of advocacy to build community problem-solving capacity, social capital and foster social change, as well as urging the government to improve service delivery to benefit the poor and vulnerable. There is very little known about effective ways of building resilience to shocks for very poor and chronically vulnerable households. Identifying barriers to participation in building and benefiting from community assets as well as deriving viable livelihoods from these would help inform how to engage this Takunda target group.

It is also not clear from the literature what motivates very poor and chronically vulnerable households to participate in and engage meaningfully in activities to increase their income from on and off-farm livelihood activities, which activities they prefer, and how they prefer to be engaged. While there is some context to social norms and attitudes governing some aspects of infant nutrition and women's health practices, more information is needed across all three purposes on the most impactful social norms and attitudes impacting: economic opportunities for youth and women; nutrition, health, hygiene practices; and women and youth's decision-making power. Engagement will be similarly important to understand existing community structures that support social services, such as nutrition referrals, agricultural extension, youth engagement, and water management community groups. Particularly during COVID-19, structures that once provided strong support to the most vulnerable may have lapsed. Knowing whether these structures have survived COVID-19 and the populations' willingness to engage with them under COVID-19 restrictions will give the Takunda Program a benchmark understanding of how well we can build upon prior work and how much we need to build them back up with established and novel community governance groups.

Methodology

Overall Design

Takunda conducted mixed-methods formative assessment using desk review methods and direct data collection from beneficiary communities using several approaches carried out simultaneously in four districts—namely, desk research, focus group discussions (FGDs), key informant interviews (KIIs), TIPs, and a barriers and facilitators analysis (BFA).

Study Sites & Location

Data were collected from Buhera, Chivi, Mutare, and Zaka districts from 13 September – 12 October 2021. An independent Consultant was recruited to lead the SBC Formative Assessment, and she worked with Takunda Project Staff, District Level, MoHCC staff, District and Ward Food and Nutrition Security Committees (FNSCs), and community leaders (Councilors, Village Heads and Chiefs) to conduct participant recruitment. The SBC Formative Assessment Consultant worked with the SBC Lead and SBC Technical Officer (SBC TO) to assemble a data collection Team and ensure all team members were trained to implement the research and use ethical data collection procedures. Data collection training was conducted from 6 – 10 September 2021, and 28 people (18 Females and ten males) were trained as research assistants (Annex 1). Data collection immediately followed this training, from 13 September concurrently in all four Takunda project districts. A data collection supervisor was assigned to lead and a team of five research assistants in each district. Teams met at the end of each day to discuss field experiences and troubleshooting. Supervisors in all districts kept in touch via WhatsApp to do the same and agree on standardized ways of dealing with presenting issues.

Takunda used a purposive sampling design targeting the very poor in all communities, with some distinctions between districts. In Mutare and Zaka, samples of participants for all data collection methodologies were drawn from members of the Apostolic Faith Sect to represent a population with distinct socio-cultural norms that can affect research questions. These sects varied, with the majority being found in Mutare as the Johane Marange. In Chivi and Buhera, sampling did not specify religion, just the general economic status targeted by the Takunda Project. Participants in Chivi were chosen amongst the very poor, as guided by local leaders and in Buhera, the target was the general population

with a mixture of the various economic and social groups. For all data collection methodologies, research assistants liaised with community leaders (e.g., village heads, chiefs and concilors, and government community workers) VHWs, EHTs and Rural Health Center Nurses to mobilise people for FGDs, select households for TIPs, and identify Doer and Non-Doer households for BFAs. KIIs were chosen amongst the community leaders and government community workers using purposive sampling.

SBC Stakeholder Mapping

An SBC Stakeholder Mapping explored potential stakeholders (organizations, institutions, and other actors) implementing SBC interventions and activities in the Takunda project areas and the relationships between actors. Information gathered included basic information about the entity (name, contact person, focus/mandate, sector, level of work, and geographic coverage) and information on SBC related work, target population, SBC strategy, methodology, and approaches used. The SBC TO facilitated data collection over the phone or through email using a structured excel template. The study also explored the existence of organizations, institutions, and other actors supporting communities through FGDs and KIIs.

Key Informant Interviews

Twenty-one KIIs were conducted with selected individuals, including community or religious leaders; government officers from ministries of Agriculture, Health, Community Development, and other development practitioners using a semi-structured guide (Table 3). Consent to record interviews was obtained from the participant, and the interviewer also recorded responses directly onto the questionnaire. Immediately following each interview, the research assistant transferred written observations and notes into a data extraction template developed in consultation with the Takunda SBC team.

Table 3 List of key informants by District

District	# of KIIs	Sex	Community Role
Buhera	5	All Male	1 Environmental Health Technician (EHT) 2 Village Heads 1 Apostolic Faith church leader 1 Agritex Worker
Chivi	5	2 Females, 3 Male	2 EHTs 1 Agritex Worker 1 Ward Councilor 1 Rural Health Brown Nurse
Mutare	5	2 Females, 3 Males	1 EHT 1 Village Health Worker (VHW) 1 Agritex Worker 1 Village Head 1 Youth Officer
Zaka	6	1 Female, 5 Males	1 Agritex Worker 1 EHT 1 Community Development Officer 1 Youth Officer 1 Ward Councilor 1 Church Bishop
Total	21		

Focus Group Discussions

Three FGDs were conducted in each district; 6-13 respondents participated in each group (Table 4). Two one-hour sessions were conducted with each group—adult men, adult women, and youth. The first FGDs conducted were designed to elicit reflection on key problems and particularly probe for socio-cultural factors contributing to those problems, while in the second FGD, the same participants discussed potential Actions to address poverty, food insecurity, and vulnerability. Consent to record discussions

was obtained. FGDs utilized a semi-structured guide informed by the SAA in the context of Food and Nutrition Security (SAA-FNS) tools and methodologies with questions incorporated from the Passages Project's Social Norms Exploration Tool. Two techniques were used. "Vignettes" shared stories capturing realistic experiences and characters that resonated with the community and prompted lively discussion without pressure of personal questions. "The Five Whys" was used to probe deeply into root causes with repeated use of "why" questions. Immediately following the discussion, the research assistant transferred written observations and notes into a data extraction template developed in consultation with the Takunda SBC team. English transcripts that summarized the discussion were also developed.

Table 4 Focus Group Discussion Participants

District/group	Reflection (# of Participants)	Action (# of Participants)
Buhera Men	10	10
Buhera Women	10	10
Buhera Youth	8 (3 female, 5 male)	10 (2 female, 8 male)
Chivi Men	8	8
Chivi Women	11	8
Chivi Youth	12 (5 male, 7 female)	6 (1 male, 5 female)
Mutare Men	13	13
Mutare Women	10	10
Mutare Youth	12 (2 male, 10 female)	10 (2 male, 8 female)
Zaka Men	9	9
Zaka Women	13	13
Zaka Youth	11 (7 male, 4 female)	6 (3 male, 3 female)

Trials of Improved Practices

Data was collected using an adapted TIPs methodology, a participatory research technique that employs a series of information-gathering visits with the project's target audiences to understand current practices, negotiate testing of new behaviors, and identify the barriers and facilitators of these behaviors. This qualitative methodology was chosen because it has been used with success in a variety of settings and applied to a range of health and development issues to generate context-specific learning that can rapidly be applied to the development of SBC strategies and associated activities, messages, and materials²⁹. The Takunda project adapted existing TIPs tools and guides to the Zimbabwean context and to align with the needs of this assessment.

Three sets of TIPs were conducted as part of this formative assessment (Table 5). In all cases, the purpose and format of the TIPs activity were explained to potential participants, and they were asked for their consent to participate in the activity—which included four household visits (see Table 6 for visit purposes). Households were selected in partnership with VHWs, EHTs, and community leaders. Household inclusion criteria were the existence of the primary target in the household and their willingness to participate in the four-week process.

Takunda used a purposive sampling design targeting the very poor in all communities, with some distinctions between districts. In Mutare and Zaka, the TIPs sample was drawn from members of the Apostolic Faith Sect to represent a population with distinct socio-cultural norms that can affect research questions, while in Chivi and Buhera, sampling did not specify religion, just the general economic status targeted by the Takunda project.

Table 5 TIPS Topics and Target Audiences

TIPS	Primary target population	Participants/households per district	Total
Achieving MDD-W for WRA, including adolescent girls	Women and girls aged 15-49 years.	8	32
Handwashing at critical times	Mother or primary caregiver for children under 5.	8	32
Complementary feeding	Mother or primary caregiver of a child aged 6 – 23 months	8	32

Table 6 Summary of TIPS Visits

Visit	Timing	Purpose
1	Day 1	Visit 1: Assessment. Participant meets with data collector(s). The household situation is analyzed through interview questions, observations. Discussion of contextual factors influencing target behavior.
2	Day 7	Visit 2: Negotiation. Participant meets with data collector(s). Data collector gives feedback to the household on their practices (what they are doing well, areas they might improve) The data collector gives suggestions of actions the household might try for a trial period. Participant agrees on one to three of these ideas for trial.
3	Day 14	Visit 3: Reinforcement. Participant meets with data collector(s). Household provides feedback on trial, focusing on new steps taken, how they felt about the experience, what they found easy, challenging, if they discussed the new action(s) with anyone, what they said. Discuss any needed modifications and how they would promote activities to peers. Negotiation to agree on additional action(s) to be tried before the next meeting.
4	Day 21	Visit 4: Evaluation. Participant meets with data collector(s). Participant shares successes, challenges, adaptations, intentions for the future.

Barrier and Facilitator Analysis

Data for BFA was collected for six behaviors (Table 7) using an adapted Barrier Analysis questionnaire, including both open-ended and closed-ended questions based on behavioral determinants. Interviews were conducted in person. A BFA collects data from people identified as “Doers” of the desired behavior and people identified as “Non-Doers” of this behavior. By comparing these two groups, it is possible to determine which behavioral determinants most influence whether someone is a Doer or Non-Doer and are the most important for the project to focus on. This information is then used to identify bridges to move Non-Doers to become Doers. The assessment uses both qualitative and quantitative methods and includes questions about:

- Perceived self-efficacy: What characterizes self-efficacy regarding the behavior? What makes it easier to do the behavior? What makes it difficult?
- The perceived consequences of performing the desired behavior: What do you see as the advantages or good things of performing the behavior? What do you see as the disadvantages or bad things of performing the behavior?
- Perceived social norms: Who approves or supports you doing the behavior? Who disapproves or objects to you doing the behavior?
- Perceived access and cues for action: How difficult is it to get the things you need to practice the behavior and plan for the behavior?

- Perceived susceptibility and risk: How likely is it that the negative outcome (due to not practicing the behavior) occurs?
- Perceived severity: How serious would it be if the negative outcome (due to not practicing the behavior) occurs?
- Perceived action efficacy: How likely is it that the behavior would lead to positive outcomes?
- Perception of divine will: Do God (or spirits) influence the behavior/determines the outcomes of the behavior?
- Policy: Are there any community laws or rules in place that make it more likely for one to practice the behavior?
- Culture: Are there any cultural rules or taboos against the behavior?
- Universal motivators: What is the one thing that the respondent desires most in life?

Table 7 BFA Behaviors and numbers reached

Behaviors	Doers	Non-Doers	Total
Inter-cropping by households	46	51	97
Production of small grains (sorghum or millets) by farmers.	52	48	100
Use of soil cover or mulching by farmers.	48	51	99
Cross breeding livestock for use with livestock owners	21	43	64
Safe disposal of children <5 years feces by mothers or primary caregivers of children under 5 years	52	48	100
Household construction of improved latrine by male or female household head.	52	45	96
Total	270	286	556

Analysis was conducted for five behaviors – there was not sufficient data from Chivi on Doers to conduct BFA for cross breeding livestock for use with livestock owners. In addition, the description of the behavior by Doers from the other districts did not suit the definition of cross-breeding livestock.

Data Management, Quality Assurance, and Analysis

For FGDs, raw data was first reviewed by all four District Data Collection Supervisors, corrected, and verified with research assistants before submission to the Takunda SBC Lead, who in turn reviewed all data for accuracy before uploading the data and summary files to a shared drive on a rolling basis. Upon receipt of FGD transcripts, a team of analysts, comprising the FHI 360 research technical support team, reviewed all files for completeness and worked with data collection supervisors to confirm the accuracy of translation for any unclear segments and collect any missing data. Recordings and the data collection teams were consulted as needed. Final versions of the transcripts were then formatted uniformly and uploaded to NVivo 12. In addition, summary data from each FGD was consolidated into one master spreadsheet by an analyst for the consultant to oversee the whole dataset. Codebook development was led by the FR's consultant, with initial codes aligned to the questionnaires and the research questions. Codebook testing and finalization was iterative, with the FRS consultant and two analysts independently coding two transcripts then meeting to resolve discrepancies, refine code definitions and add additional codes through discussion; inputs were also provided by the FHI 360 lead researcher. The analysts updated the codebooks based on these meetings and re-coded transcripts when necessary. The analysts independently coded the third interview and compared it to ensure intercoder agreement; overall, the team established 100% intercoder agreement on over 10% of the transcripts. The analysts coded the remaining transcripts in Nvivo 12, then exported coding reports for each code to Microsoft (MS) Word for further analysis by the FRS consultant.

For TIPs, the initial process was the same as for FGDS. Raw data and summary excel files were reviewed by District Data Collection Supervisors before submission to the SBC Lead, who in turn reviewed it before

uploading it to a shared drive on a rolling basis. Clarification on data by the analysis team was consulted with the Takunda SBC Lead. Summary data from each TIPs was consolidated into one master spreadsheet by an analyst for the consultant to review the whole dataset. To produce the quantitative data report for TIPs, an analyst imported all TIPs data to Stata, developed and executed Stata scripts to produce output tables. These tables were then consolidated to MS Word for further analysis by the FRS consultant. For qualitative data, the FRS consultant reviewed the summary master spreadsheet and selected at least 2 cases per district per behavior to be coded for factors that could enable healthy behavior or be a barrier to healthy behavior. Two behaviors (WDD, handwashing) were assigned to one analyst, while the third behavior (CF) was assigned to a second analyst. The analysts created individual NVivo projects (Nvivo 12) for each behavior and uploaded the transcripts from the raw data folder; no additional formatting or review was conducted. Each analyst coded transcripts individually then exported coding reports for each code to MS Word for further analysis by the FRS consultant.

For KIIs, raw data and summary excel files were uploaded to a shared drive on a rolling basis after initial review by the District Research Supervisors and the SBC Lead. Summary data from each KIIs was consolidated into one master spreadsheet by an analyst for the consultant to review and analyze.

For BFA, de-identified data was inputted by in-country research assistants into data collection questionnaires (KoboToolBox, questionnaires developed by an analyst). This analyst consulted with the SBC Lead and District Data Collection Supervisors during this data sharing process to ensure that the correct number of Doers and Non-Doers from each district were reached and to clarify any errors made during data entry. Once all the data were uploaded to KoboToolBox, the analyst downloaded data as Excel files and saved them into a shared drive. For open-text responses, the analyst directly color-coded the text in excel to categorize the responses, following instructions from *A Practical Guide to Conducting Barrier Analysis*³⁰. For quantitative data, the analyst imported data to Stata and executed a tabulation command to compare the responses between Doers and Non-Doers. The tabulation results from both quantitative and qualitative data were inputted to an excel-based Barrier Analysis Tabulation Sheet³¹.

Study Limitations

Covid-19 pandemic. There had recently been more awareness-raising of the importance of handwashing related to reducing the spread of COVID-19; therefore, we anticipate that this may have contributed to relatively high reported levels of handwashing practices in the handwashing study.

Lean season. Data collection took place in September, which falls in the lean season of the Zimbabwean food consumption year. During this time, food access (cost and availability) is an acute issue in Takunda communities as well as many other rural communities in the country. This lean period reaches a peak around January. This had the biggest effect on TIPs data since the method is based on actual testing behaviors. Since access to food was so limited, it was a dominant barrier for all participants in the women's dietary diversity and complementary feeding TIPs. As a result, other barriers to dietary diversity, such as attitudes, self-efficacy, and norms, may have been under-emphasized, and findings may have been different during another season when diverse foods were readily available.

Some limitations of design/sampling. Takunda aims to serve the most vulnerable and poor. Recruitment of study participants, particularly for FGDs, relied on community leaders mobilizing people to attend the FGDs at specified venues and times. In some instances, this was done through the phone, which could have resulted in the poorest not being reached. No travel reimbursement, snacks, or any material incentives were given to participants, which may have worked to minimize bias, but could also prevent a possible incentive for some. People asked to give time for research are those who can 'afford' time. Recruited people lived close enough to walk to the FGD site, missing far away from people. Some participants may have had an incentive to participate for social reasons. It is also worth noting that demographic data was collected for TIPs but not for all other data collection methods—this affected demographic characterization of findings.

Social desirability bias. It is difficult to gauge the extent of social desirability bias. Field research assistants sometimes expressed some doubt that what they were told in interviews reflected reality.

For example, in BFA on safe disposal of children's feces, collected data found everyone with a latrine claimed to be a Doer of the behavior. But research assistants report impressions that may not have been a true reflection of their behavior.

FGD limitations. The transcripts are not verbatim and do not identify individual speakers; additionally, demographic information beyond sex was not captured (e.g., age, education level, etc.). The transcripts provide bulleted notes to capture responses, with no quantification. Our interpretation here makes judgments based on the overall weight and feeling conveyed in the transcript data and includes consideration of research assistant comments which were sometimes available in the notes. On balance, the number of research assistants and research participants, and the general consistency of themes across Takunda groups and districts, give us confidence in our interpretations and our use of the terms "most," "many," "some," and "few" to capture the relative extent of views expressed in FGDs.

TIPs data recording limitations. The TIPs method was designed to have the researcher suggest to the participant a few small, doable actions (SDAs) actions based on needs identified; then, the participant would select one to try. Discussion of the experience would result in data on behavioral factors and allow a Yes/No answer to whether the behavior was successfully practiced. However, in many cases, the "SDA selected" included multiple behaviors. Using the summary table to quantify the prevalence of success practicing a targeted behavior, "yes" is taken to mean the participant practiced at least one of the behaviors, but our results reflected in the reported success rates are less precise due to multiple possible behavioral referents. Interpretations are described qualitatively based on transcripts.

Results

Index of Findings by Research Question

Research Question		Report Section
1	Who are the stakeholders working in Takunda project areas, and how can Takunda collaborate with them?	<ul style="list-style-type: none"> • SBC in Zimbabwe national institutions, policies, and strategies • Opportunities for building or strengthening SBC interventions in Takunda program districts • Stakeholders
1a	What are the structural, social, cultural, and other barriers and facilitators that influence farmers' adoption of new and improved agricultural practices (intercropping, crossbreeding livestock, mulching, and production of small grains) and other off-farm livelihood opportunities? What promotional strategies, activities, messages, and message channels are most likely to increase adoption?	Adoption of new agricultural practices and technologies
1b	What are communities' perceptions and preferences for support towards improving both on and off-farm livelihood opportunities?	Participation in Livelihood activities
2	What are the experiences of men, women, youth, and adolescent boys and girls in community leadership and decision-making roles (livelihoods, health and nutrition, and resilience), and what factors affect effective group participation, management, and achievement of group objectives? What are the drivers of trust and cooperation within and between	<ul style="list-style-type: none"> • Community Capacity • Participation in Community initiatives

Research Question		Report Section
	community groups? How can social capital be fostered among groups of men, women, youth, or mixed groups?	
2a	What are the most harmful social norms, attitudes, and perceptions regarding nutrition and health practices? Who are the major influencers of these, and what motivates them to perpetuate these practices?	<ul style="list-style-type: none"> • Social cultural factors causing Food Insecurity, Poverty, and Vulnerability • Adoption of WASH, MNCH, and Nutrition Practices
2b	How do religion, culture, and social status affect the targeting, reach, and utilization of RMNCAH and nutrition interventions?	Social, cultural factors causing Food Insecurity, Poverty, and Vulnerability
2c	What are the current diet practices for children aged 6-23 months, WRA, and adolescent girls? How can project activities build on these existing behaviors and norms to support and promote optimal diets for these groups?	Adoption of WASH, MNCH, and Nutrition Practices
2d	What actions can WRA, adolescent girls, and primary caregivers of children aged 6-23 months, take to achieve an optimal diet for their children, themselves, and their families? Who are the influencers of these actions? How can their partners, household members, and other influencers support them in these actions?	Adoption of WASH, MNCH, and Nutrition Practices
2e	What behavioral determinants serve as barriers and facilitators to the achievement of optimal diets for children 6-23 months, WRA, and adolescent girls?	Adoption of WASH, MNCH, and Nutrition Practices
2f	What determines household access and availability of a wide variety of nutritious foods throughout the year? How can this be promoted across all Takunda program households?	Adoption of WASH, MNCH, and Nutrition Practices
2g	What are the current handwashing practices within target communities? How can project activities build on these existing behaviors and norms to support and promote reduced exposure to pathogens?	WASH Practices
2h	What actions can target groups take to support handwashing at critical times? Who are the influencers of these actions? How can influencers support the adoption of these actions?	WASH Practices
2i	What behavioral determinants serve as barriers to and facilitators of handwashing at critical times? How has Covid-19 impacted this behavior?	WASH Practices
2j	What are the most harmful social norms and attitudes regarding hygiene practices among target groups? Who are the major influencers of these, and what motivates them to perpetuate these practices?	WASH Practices
2k	What motivates and enhances the adoption of latrine use/reduction of open defecation practices?	WASH Practices
3	How do community structures support social services, such as nutrition referrals, social safety nets, agricultural extension, youth engagement, and water management community groups, and how do the attitudes and beliefs of influential figures and/or groups, such as religious or livelihood associations and their role in decision making, influence these structures?	Existing Community Resources and Structures

Research Question		Report Section
3a	What are the barriers, including social, cultural, religious, and knowledge, that impede or enhance household and community action for consensual adoption of by-laws and good practices to both protect and utilize community natural resources for inclusive and equitable long-term benefit?	Addressing Food Insecurity, Poverty & Vulnerability
3b	What behaviors are related to adaptation to shocks and positive coping at household and community levels?	Addressing Food Insecurity, Poverty & Vulnerability
3c	What are the barriers and enablers/facilitators to community trust and cooperation?	Lack of social cohesion and interest in the common good

Existing Community Resources and Structures

Discussions explored how people view and utilize resources available in their communities. Resources are defined broadly, encompassing material assets of individuals and households and natural resources, as well as community programs and groups. It also includes community capacity to solve problems and social resources like networks, cultural assets, and social capital. This section presents findings on the range of existing resources and structures and respondents' related attitudes and practices, which form the potential for community development.

Stakeholders

The Takunda SBC-FRS identified key individuals, institutions, projects/programs, and organizations to collaborate with during program implementation. These entities either have an interest in Takunda project affairs, or their work has the potential to influence the work of Takunda in SBC. Identified stakeholders have been classified as partners, allies, or gatekeepers, depending on their level of influence on Takunda activities (see key findings on the following page).

Partners collaborate with the project and give hands-on support. These stakeholders have a high influence on Takunda activities and a high interest in project technical areas. Government ministries have high influence due to policies and guidelines that govern how the project works with the target population. Takunda identified the MoHCC Nutrition and Environmental Health departments, the ministries of Primary and Secondary Education and Youth, Sports, Arts, and Recreation as key partners with guidelines and staff at the community level whom Takunda can work and collaborate with.

In 2016, the Nutrition department in the MoHCC developed a National Nutrition Communication strategy to guide implementation of the National Nutrition Strategy, National Food Fortification Strategy, and the Infant and Young Child Feeding National Policy to ensure positive and sustained behavior change in nutrition practices. The strategy focuses on changing behaviors of individuals, adolescents and maternal nutrition, infant and young child nutrition, strengthening uptake of clinical nutrition services along with mainstreaming nutrition in multiple sectors among population groups in Zimbabwe. More recently, the National Nutrition department conducted formative research to guide the development of a national SBCC strategy for adolescent nutrition interventions. The study was conducted in six districts, including Chivi, which is in Takunda's geographical area. Takunda will participate in working group meetings to share the project's formative research findings and to contribute to the development of the National SBC strategy. These meetings are led by the MoHCC with support from UNICEF.

The Ministry of Primary and Secondary Education (MoPSE), in collaboration with the MoHCC, has had a school health policy in place since 2018. The school health program includes the implementation of school health clubs at the primary and secondary levels. These clubs engage learners through a curriculum that covers WASH, Sexual and Reproductive Health (SRH), and basic Nutrition topics. The National Adolescent Nutrition Formative Research study found that adolescents understood basic concepts on nutrition. One assumption is that this increased knowledge is coming from the primary and

secondary education curriculum, which now encompasses nutrition, as well as other school-based health education activities. School-going adolescents exhibited increased knowledge compared to those school-aged adolescents that were out of school. Adolescent mothers who had dropped out of school demonstrated limited knowledge of basic nutrition concepts; their responses only showed an appreciation of health education components shared in health facilities. Takunda will explore the utilization of the school health clubs to engage with in-school adolescents and youths.

There is potential for Takunda to partner with the Ministry of Youth, Arts, Sports and Recreation (MoYSAR) in the formation of Youth clubs that will engage youths and adolescents in the community. International Youth Foundation (IYF) is The Takunda youth partner expected to champion youth engagement in livelihood activities, both on and off-farm, and support skills development and capacity building in identified areas, using their Positive Youth Development (PYD) approach, which creates a platform for behavior change among the youth and adolescents. Through the Youth clubs, IYF plans to facilitate a curriculum that covers a range of topics, including a module on Healthy lifestyles. Takunda will adapt this module to ensure that topics on adolescent nutrition are well covered and will engage the relevant government departments in the review and finalization of the material. Takunda will also consider this study's findings emphasizing how youth are motivated by tangible, direct benefits as it develops this curriculum.

There is also scope for partnership with the FHI 360 led Mhuri/Imuli project. Mhuri/Imuli, a five-year project funded by the United States Agency for International Development (USAID), works to improve maternal, newborn, and child health and family planning (MNCH-FP) in Zimbabwe's Manicaland Province (Buhera and Mutare districts), working closely with the MoHCC and the Zimbabwe National Family Planning Council. The project is utilizing the following approaches to promote behavior change and social norm shifting:

- *Social Norms Exploration using the Social Norms Exploration Tool (SNET)*. The project has identified and explored solutions to common barriers and facilitators of family planning, safe delivery, and childcare among the youth and the Apostolic Faith church members. These have been utilized to explore social norms in the communities and better understand nuanced socio-cultural beliefs and practices surrounding MNCH/FP.
- *Change The River's Flow approach* – For transforming gender and socio-cultural norms, the project is making use of this evidence-based method to empower women and girls and engage men and boys in transforming communities through dialogue at the community level.
- *Rock Leadership "90" (RL90)*. This is implemented among the "amaSeventy" religious leadership within communities with a high population of Apostolic Faith church members to design and execute culturally appropriate interventions to reduce harm and increase the use of health care services.
- *Family Life Schools (FLS)*. This is an integrated, holistic approach that is aimed at bringing together individuals and/or caregivers who are in the same phase along the life stage to receive education on MNCH-FP topics. The Families Matter methodology is used to assist parents/caregivers in overcoming communication barriers on sexuality and sex risk with their children. Takunda intends to learn from Mhuri/Imuli's experiences with the implementation of these FLSs and pilot an adapted version in two districts, with the aim of improving the adoption of nutrition and health behaviors.

Allies support the work the project is doing through their own efforts. Identified organizations and projects have clearly defined SBC strategies in Nutrition, Food Security, or Adolescents and Youth. However, they are operating outside of Takunda's geographical area; therefore, there may be limited opportunities for partnership, but the project can learn from their experiences.

- *Amalima Loko*, Takunda's sister project, is in the process of developing an SBC strategy using the Behavior Integration approach. The latter defines outcomes as specific behaviors required to achieve the development goal. It involves defining and prioritizing the behaviors most critical

to change, establishing and measuring behavioral and factor-level indicators. The resultant SBC strategy is expected to follow a logical pathway from desired results to the interventions or activities most likely to achieve behavior change. Amalima Loko will be piloting Care Groups tailored for Adolescent mothers. Takunda will collaborate with the project through cross-learning events, including virtual meetings and exchange visits by Takunda staff to Amalima Loko project sites.

- *Fostering Agribusiness for resilient Markets (FARM) Project* is a USAID-funded activity that started on July 1, 2020, and will run until June 30, 2025, implemented by Chemonics International. The overall goal of the activity is to provide inclusive economic opportunities to smallholder farmers and other actors along viable agricultural value chains by sustainably increasing their production, productivity, and incomes, thereby enhancing their food security, nutrition, hygiene, resilience, and poverty reduction. The activity is being implemented in partnership with subcontractors Fintrac Inc.; Another Option LLC, and Nutrition Action Zimbabwe (NAZ). Additionally, the activity will work and collaborate with producer/trader groups, local private companies, other USAID programs, NGOs, the Division of Livestock Production and Development (DLPD), Department of Agricultural Technical and Extension Services (AGRITEX), Department of Veterinary Services (DVS) and other government departments (within the context of US government (USG) policies in Zimbabwe). FARM has conducted formative research and is awaiting the finalization of its SBC strategy. The strategy includes approaches and activities targeting smallholder farmer audiences on specific behaviors to affect meaningful, sustainable change across agricultural value chains in FARM's targeted districts (Masvingo and Manicaland provinces). Determinants may change by theme, but the formative research shows climate change, water management, access to quality markets and credit, and food security are pervasive across audience segments. Takunda will engage with FARM through virtual meetings to share formative research findings and share experiences on SBC approaches to encourage the adoption of new agriculture technologies.
- *Welthungerhilfe*, a German International NGO, is implementing Farmer Field Schools and Care Groups following the Designing for Behavior Change approach. The organization is working with MoHCC to develop the national Care Group training guide. Takunda will engage with them to share lessons learned with the implementation of SBC through the Care Group approach.
- *USAID* is funding a number of the projects that have been identified as partners or allies for Takunda's work in SBC and adolescent nutrition. The agency is, therefore, a key influencer with a high interest in the project's SBC work.

Gatekeepers have the power of influence on Takunda SBC and other activities. Key government ministries and departments like the MoHCC, MoPSE, and MoYSAR have all been identified as key gatekeepers. Takunda will ensure methodologies and approaches used are shared with these institutions and align to their expectations as guided by national policies and strategies. The MoHCC has identified the Care Group Model (CGM) as the SBC approach for promoting optimum nutrition amongst children under five years and women of childbearing age. They have national CGM guidelines to guide the work of all development partners using the approach. Similarly, the ministry has a national WASH Policy and Strategy and has established structures for coordinating WASH activities from the national down to the village level. All Takunda activities, materials in WASH, and nutrition will be discussed with these key stakeholders before implementation to ensure both sustainability of investments and a coordinated approach to addressing prevailing community challenges. Any work involving schools and youths will be discussed with the MoPSE and MoYSAR to ensure coordination and sustainability of efforts.



Focus Group Discusison with Youths in Ward 16, Mutare District. Photo taken by Delilah Takawira, Takunda SBC Lead.

Key Findings Summary: Existing Community Resources & Structures

- Key Stakeholders:
 - Several behavior change models are used by various programs and partners although they may not call them as SBC interventions.
 - Activities are not based on theory and informed by formative research
 - Majority of partners do not have standalone SBC strategies
 - Focus is on communication with very little on social norm shifting and structured behavior change.
- Key stakeholders for Takunda:
 - The Mhuri/Imuli project, the MoHCC Nutrition and Environmental Health departments, the ministries of Primary and Secondary Education and Youth, Sports, Arts and Recreation were identified as partners which Takunda can collaborate with and learn from in implementing SBC interventions
 - USAID, as a donor together with the Amalima Loko project, the Pathways project, FARM project, and Welthunger Hilfe and international NGOs were identified as allies to Takunda as they have / or are developing clearly defined SBC strategies in Nutrition, Food Security or Adolescents and Youth.
 - Takunda identified the ministries of Health and Child Care, Lands, Agriculture, Fisheries and Rural Resettlement, Youth, Arts and Recreation, Gender, Labor and Social Development and Primary and Secondary education, as well as the Food and Nutrition Council as gatekeepers to consult with, provide authority and technical guidance as well as allow access to the target populations.
- Community Programs and Groups
 - Conservation agriculture pfumvudza is a widely practiced for new ag techniques to boost yields and food security
 - VSLA savings groups have been commonly tried, but many are not sustained
 - Projects supporting Income Generating Activities (IGAs) have been run by many different NGOs, like the girls' cotton wool project in Zaka and Boshveld chicken breeding project in Mutare.
 - Community gardens have been appreciated and enduring in some places, however access to reliable waters sources is a major challenge.
 - Japata and Nhimbe groups work together for natural resource protection
 - Church groups are the most common community groups, but are closed and have limited community impact
- RMNCAH
 - Great unmet need for information and services
 - Prohibitive distance to reach facilities
 - Structure for outreach exists but much capacity development is needed; training must be convenient.
 - Religious/Apostolic Church prohibition against utilizing health services; service content, venue and format must be tailored to fit social norms
 - Potential to link nutrition services more with agriculture extension than health facilities
 - VHWs and EHTs are providing education and promoting latrines and handwashing stations.
 - Potential to build on experience in Zaka Schools WASH project that built toilets and handwashing facilities.
 - Need for more potable water sources (boreholes).
- Natural Resources
 - Land – most people have, but population pressure and fires are growing problem
 - Soil- infertile soil due to neglect; agricultural practices can help
 - Water -- systems are mismanaged, dams and springs not optimized to address grave need for crop/garden irrigation
- Community Capacity as a Resource
 - Community capacity, social capital, networks, and other intangibles are important resources that Takunda may bolster and develop
 - Generally, people prefer to work with small, self-selected homogenous groups
 - Leadership is key to mobilizing community capacity.
 - Traditional leaders are crucial decision-makers and influencers; they can motivate and unify, but sometimes wield favoritism
 - Church leaders, government officers and local government play specific roles that should be engaged in development activities

In this respect, Takunda will also work with the ministry of local government through the provincial and district development committees, and FNSCs at provincial, district, and ward levels.

Community Structures, Programs, and Groups

KIs and FGD participants report a variety of existing resources in their communities designed to help vulnerable families and spur economic empowerment, but the overall message is that, despite the potential, these resources are inadequate; and even when quite promising, most are not sustainable.

In every district, people mentioned previous NGO projects that launched groups and activities that did not continue after the project ended. Chivi men's comments were typical: *"Community groups are not very common"* and *"Projects die soon after the donor has left."* Mutare women said, *"Currently, there are no project groups except church groups."*

Reasons that groups were reportedly not very successful or long-lasting are explored later with our data on participation. One village head in Buhera claimed there was "nothing" in the way of existing resources to work with. Others report similar discouragement:

"There are no structures in the community that support people like Martin. [Martin is the character in a vignette presented to focus groups, an unemployed youth considering emigration to South Africa vs. enrolling in TVET]. [Mutare women]¹

"People like Chimusoro get food assistance from social welfare, NGOs. But this help will only be for a short period, thus not sustainable, and Chimusoro's situation will not change in the long run." [from another vignette presented in FGDs, Chimusoro is a farmer struggling to provide enough food for his family] [Zaka youth]

"Groups like village savings and loans and others in the past have dissolved mostly due to the economic hardship affecting sustainability." [Chivi women]

All Key Informants mentioned the presence of **agricultural development projects** of some sort in their communities, although they could not name them. The few projects that were mentioned by name appear to have had the most meaningful impact on communities. All districts mention conservation agriculture (*pfumvudza*) as the main intervention promoting food security. Other initiatives include government schemes to provide agriculture inputs, promotion of small grain production, Agritex training on agriculture techniques and gardening, and in some places like Zaka, poultry projects for youth. Community or "nutrition" gardens are quite commonly mentioned, and in some places, programs have continued successfully. But many agree with the Buhera youth: *"We might work hard at gardens, but due to inadequate water, nothing is coming out of them."*

Village Savings and Loans Associations (VSLA) are a common activity that various projects have organized across Takunda project areas over some time. They are often mentioned, but usually with notes of caution or regret about their unsustainability. Common problems were that group members failed to regularly contribute money to the group funds (due to limited resources). Other factors cited across districts as barriers to their success include lack of transparency, failure to observe rules, theft, lack of monitoring, and failure to observe the governing rules. In Zaka, men reported they had VSLA groups, but due to some stealing, they lasted less than a year. Some VSLAs seem to be more successful, such as in Chivi, where youth FGD reported they have one that is still existing after six years. While factors in its sustainability were not investigated for that specific group, the data on participation suggests that success is more likely when group formation and governance is transparent, a spirit of mutual support and reciprocity is evident, and participants regularly contribute.

¹ Identification of the source of quotes that are not given in text are as follows: For FGDs, the name of the district and the group are given. So, this quote came from the women's focus group in Mutare. For KI, the name of the district and "KI" is given without further specification, to protect privacy of informants.

IGA Projects. Many different NGOs have launched IGA projects, such as those focused on women & business or youth groups. As noted above, many report that such activities do not last long. Participants usually did not mention interventions by project name, which could be an indication of communities not being fully aware of the project and not participating in them. The Zaka men reported *“a bakery project went broke due to lack of transparency and lack of market especially for buns,”* and in Buhera, two bakery initiatives were identified (in Wards 7 and 11) that failed because of insufficient input funds—in one case the money was stolen. Zaka reported some projects that support the girl child, such as a cotton wool project where girls are taught to make sanitary pads from cotton. Most girls reportedly attend this. Buhera men say they have a labor group of about 58 members in the community that works together on piece jobs, including road works and building houses for other community members. More details were not given, but Takunda could investigate the potential to build on its model.

Training Programs. Technical and Vocational Education and Training (TVET) centers operate across districts, although not in proximity to every community. They provide training in agricultural techniques and a range of business and technical skills such as carpentry, welding, and hairdressing. They are considered by stakeholders to be very important to their communities. As one Buhera KI said: *“TVET empowers the community and creates a sense of ownership. We don't have industries here. We need skills that can help us to be self-employed. TVET gives us knowledge and the ability to be self-reliant.”* Some NGO programs partner with TVET institutions; for example, a KI in Mutare mentioned Simukai (a TVET training center) and FACT (a national NGO project)² working to support vulnerable girls in school by providing training and income-generating activities for the guardians of these girls. Other training programs exist in some communities; for example, the Chivi women's FGD mentioned some NGO programs are 'very effective' such as IGATE (Improving Gender Attitudes, Transition, and Education Outcomes)³, which is teaching basic youth skills. Key informants seem more aware of such programs, while FGD participants more often complain of limited access to vocational training, for example:

“There are no organizations nor training centers to provide help or training to the affected young men. The vocational training center is out of the ward and mostly not accessible due to lack of money for fees by the community members who have the interest to train.” [Mutare women]

Burial Societies. Groups that support families when there is a death in the family are often mentioned as valuable social and cultural assets. Communities mobilize these burial societies to help families handle the costs of funerals. Such groups may function similarly to VSLAs, as Mutare men noted, *“Some villages have funeral savings clubs to help bury their dead.”*

Group Potential. Many participants said that groups typically do not last beyond the project that initiated them—examples were given of VSLA groups disbanded and chicken raising groups that “fell apart due to lack of trust and stealing.” In general, it is not common for people to work with other community members on something beneficial for the community because, as a youth in Buhera said, “they fear being scammed.” Those FGD participants said that to be successful, groups need to “share the same vision and trust each other,” while another Buhera FGD emphasized other enabling characteristics: “For groups to be successful, there needs to be patience and determination to see the group succeed.” Other cited barriers to group success are lack of inputs and general economic hardship, as well as insufficient monitoring and supervision. However, there were some examples from previous projects that have remained well after the project ended, such as in Chivi, where the women's FGD noted, *“The community garden irrigation has been functioning for a long time. And a goat project group which was implemented by Heifer is still functional since 2012.”* Community or

² A Christian national development NGO, which implements sustainable development initiatives to improve people's livelihood, Sexual Reproductive Health (SRH), HIV Prevention, HIV and AIDS care and support as well as health activities that complement

³ This was a World Vision International program funded by the Girls Education Challenge Fund through the UK Department for International Development from 2013 – 2017 targeting marginalized girls in schools located in four provinces in Zimbabwe.

“nutrition” gardens were highlighted as successes in other districts too and were said to exemplify community members’ goodwill in working closely together, indicating potential. For example, the Buhera women mentioned a community garden group set up by Mercy Corps that has been operating for some time, and the Mutare women reported a community garden committee is still running for many years. The Mutare Men elaborated: *“One organic farming group has lasted more than 12 years. They grow and process organic foods. There is a need to learn from such.”* Success factors around this thriving group seemed to be the fact that as an organic farming group, they have a set market for their produce/products, and all produce is specifically produced for these markets. Lack of markets in agricultural production was reported as a major hindrance to success.

RMNCH Structures and Services

Key Informants note limited availability and/or utilization of maternal, newborn, and child health resources. There is a great need for health information, and some education is provided through health centers, but the distance to facilities is a major barrier mentioned in all districts, so most women miss these opportunities to learn about nutrition. With time spent on basic household tasks, many women are not able or willing to go to clinics. At least one KI suggested establishing Mobile Clinics.

In Mutare, religious restrictions are the main deterrent to accessing health services and, along with it, education that may be offered. Any activities and initiatives implemented through health facilities and at times through health worker outreach programs are met with rejection by these religious objectors.

KIs stress that existing community structures have potential, but capacity building is needed to extend the impact of, e.g., EHTs and VHWs. KIs across districts express some hope in the potential to develop the VHW system, as these volunteers are trained to treat malnourished children at the clinic and can provide health education in community settings so even the Apostolic church members can participate. Some community outreach workers report going out of their way to meet with women who are afraid to be seen with health workers for fear of retribution from husbands or church leaders. This willingness to meet women ‘where they are’ to provide basic support is a positive response that appears to be welcome.

All five KIs in Mutare mention low uptake of training offered to community members for maternal and child nutrition (MCN). They report a lack of interest due to the priority to go out seeking daily food/income and lack of approval of husbands to let wives attend. In addition, a big deterrent is that training centers are too far, and the cost is a limitation. Some informants, however, see the potential to improve engagement, saying people are aware and ‘expectant’ for such training. They suggest starting by working with those who have already attended training before training new people.

Some KIs suggest linking nutrition education more with agriculture activities for food production. “All family members and community stakeholders should be involved.” “People’s hunger will drive them to training to boost homestead food production.”

To boost nutrition and dietary diversity, many communities have promoted “**nutrition gardens**.” Every KI mentioned gardening as a current action to improve food availability. People generally have land and are involved in crop production to some extent. Past gardening programs have had mixed success. The lack of water is a major limitation, as well as wild animals damaging produce. But FGDs in Chivi and Mutare, as noted above, have had sustainable success with some community gardens. In general, informants speak more positively about gardens than many other activities and indicate the potential to develop such programs. KIs in Zaka and Buhera emphasize the need to develop community nutrition gardens only when the necessary irrigation or boreholes and fencing can also be in place.

Livestock programs also exist, and some cite rearing livestock as a way of preparing for shocks. A Zaka KI noted youth are engaged in indigenous poultry production, and a Chivi KI mentioned people are rearing small livestock, noting they are inexpensive to procure. In Mutare, FGDs report that a goat-rearing project is doing well, and people are still raising goats even though the project is done. In Buhera, youth report the area is too arid for good cultivation, but livestock rearing is possible, and

they want to do more projects rearing cattle, goats, and poultry. Barriers cited are lack of vaccines and drought, which leads to livestock death.

Most communities have experienced **feeding programs** for malnourished children like supplementary feeding initiatives run by NGOs and/or government at health facilities or schools. Some reported government, Social Welfare programs provide food handouts but not with consistent coverage or full effectiveness, so it is considered unreliable.

WASH systems. The existing service structures for the promotion of water and sanitation work through Environmental Health Technicians (EHTs) who lead community outreach. Health officials are also doing hygiene education and training, so awareness is spreading, especially with the support of VHWs. KIs see potential to develop the system with promotions to expand the number of people who have handwashing stations and latrines by building from successful experiences. For example, a Zaka KI mentioned a school WASH project where toilets and handwashing facilities were constructed, saying this should be taken as a learning hub and cascaded down to the household level. Community members may not be able to afford cement for latrine building, informants note, but they have labor and soil, so they are able to mold bricks and dig pits. There is a need to do more also for potable water to drill boreholes. In one Mutare community, a long row of latrines was observed, apparently clean and clearly used by students. For handwashing, two concrete receptacles for water storage were installed in appropriate proximity. The local EHT explained that they were not functioning as intended (to store water--which would have to be hauled from another location--for handwashing) because the PVC liner used by the NGO to line the structures deteriorates in the hot sun, making them unusable. A tank was also observed across the school yard, a rain catchment system built as another NGO project. However, the pipe from the roof is broken, so no rainwater can make it into the tank. About 400m away from the school property is a new borehole/water pump, which is active. The EHT explained the plan to run a tap from that over to the handwashing structure. When asked when that was expected to be done, he indicated an unfinished science classroom and other priorities, indicating resignation that the students will not have a handwashing station near the latrines in the foreseeable future. The only source of water on campus was at the opposite side, beyond the buildings and yard, where students were observed bending over the spout at the bottom of the tank to rinse hands and drink from them. This finding points to the need for Takunda to learn from past experiences and be sure to undertake only projects that are viable, realistic, with necessary commitment and resources proven to be available in the local community.

Natural Resources

Some KIs spoke about the great potential for using natural resources if they can be managed properly. But some complain that leaders often do not have the knowledge, skills, or commitment to do so. One general message is that even with hard work, it's hard to get good yields from the natural resources available. Some Zaka men said the following when responding to a question on the causes of hunger:

"Mismanagement of resources such as trees, soils, and forests, thereby allowing them to deplete at a faster rate. These are our natural resources which we should protect and help the community to better their lives if managed well. This can also be blamed on the lack of understanding and cohesion amongst traditional leaders. Demand for natural resources has also been made high due to population increase as well. People are now too many, hence some end up constructing houses along with waterways."

"People lack the knowledge that is required for them to protect their natural resources. For example, society now has a tendency of constructing houses along with the water ways, and this is making these areas to dry quickly."

Land is one resource many people mention as an asset they have, although others note increasing population pressure that limits the availability of land to farm. But Buhera women note the problem of fire that can destroy the land if mismanaged: *"Open veld fires are also destroying our fields, and it affects us. It is probably caused by uncontrolled burning during land preparation."*

Soil. And while many do have land, they complain of poor soils that are not fertile and can't retain water well. Chivi men discussed: *"What causes soil infertility is a) farming for many years without feeding our soil – we need to put manure, but maybe are too lazy; b) soil erosion, because we don't make contours in our field, and other issues like riverbank cultivation and tree cutting on the footpaths."*

Water. On top of poor soils is poor rainfall, which is the #1 concern (discussed in detail later), and the lack of systems to harness water, like dams. If an area has dams, they can develop irrigation schemes and utilize fishing resources. Some talk of gardening around their dams. But some mention the heavily silted dams make water inaccessible, and others speak of the weir dams that are too small and depleted from too much demand. People in Mutare mention a perennial spring that could be tapped, but instead, it is flowing from the mountain to the sea being wasted. They make a case for a project to develop a piped water system to benefit many communities.

Gold. Some mention youth panning for gold for income. Apparently, an illegal activity; gold is a resource viewed as an inappropriate distraction from more worthy activities, as youth go gold-digging as a way to generate quick money. It appears that most of the gold panners are male, but this study did not go deeper into understanding the gender dynamics around this activity.

Forests. Firewood is a resource commonly sold for petty cash. But a considerable number of FGD participants express concern about forests being depleted:

Lack of knowledge to preserve their natural resources, which are depleting at an alarming rate. This can be noted through trees that are being cut down rampantly and the construction of houses along with the water ways that are making the water way dry quickly, as noted by Zaka men.

Community Capacity

Takunda's SBC formative research has emphasized the need to better understand socio-cultural factors in community development and behavior change. It is important to view such factors as community capacity, social capital, networks, and other intangibles as resources that Takunda may bolster and develop through interventions. Key informants and FGD participants responded to questions about the **existing capacity of their communities to work together.**

Findings from KIIs were similar across districts, showing that people prefer to work individually and as families, but there is potential to foster more work together. Many say that people want to work together, but collaboration is often fraught (this theme is detailed later). KIs say participation will be better if projects allow people to self-select groups members and, if necessary, have inputs for activities provided as incentives. Some KIs say people have the capacity already (Chivi KIs refer to their 'good history of working together' and say there are 'no challenges in working together'), but people just need the opportunity to learn – from formal training and education, and from role models who can provide encouragement and coaching.

The theme of **leadership** (which will be discussed in detail later, largely as a barrier to effective problem-solving) is another aspect of communities' human resources that was mentioned often in KIIs and FGDs. The need for good leadership was stressed, as well as the need to involve traditional leaders, the need for leaders to accept everyone and promote unity. At the same time, KIs and FGD participants talk about how influence works through channels of privilege and networks of dependence. As Buhera men explained: *"People listen to those influential persons in the community, who have tangible assets and admirable figures in the community,"* and Buhera women said: *"... the less privileged will give much respect to the [affluent] family so that they can get assistance."* A great deal of decision-making power rests with the village head, and people listen to those leaders, according to people across districts. *"People abide by what the village head says." [Buhera women]*

Informants identified **influential people** as these leaders:

- Village heads/headman/chiefs, all traditional leaders

- Local government: including Ward coordinator, Councilor, Rural District Council, and District Development committees,
- Church leaders
- Agritex, EHT, CCW, and other gov't extension agents

Role for these people to play in Takunda: Generally, there is a strong view that these influential people should be involved in projects from the start. They must be shown respect and engaged throughout. They play important roles in motivating the community and encouraging unity. The project should engage them to promote activities, sensitize and mobilize communities. They also can be valuable to coordinate partners and support project monitoring. A Zaka KI specifies:

"Local government facilitates an enabling environment for Takunda-technical support. Chiefs give oversight of the projects. Councilors lend hands on the project and coordination of activities. Village heads handle the allocation of projects sites and prevention of vandalism of assets."

Addressing Poverty, Food Insecurity, and Vulnerability

Perceived Causes of Poverty, Food Insecurity and Vulnerability

Key informants were asked about drivers of the key problem of hunger, and the FGDs explored root causes in depth. Findings indicate that some causes are more individual, while some more structural or socio-cultural in nature. For example, **individual factors** cited include the lack of **knowledge** and the lack of **motivation** to seek it; and some insist people are just too lazy to do things that would improve their lot, including preparing for potential stressors; or they are too impatient to work over the long term. But some respondents emphasize the power of **low self-esteem** and unvalued identity as driving persistent pessimism about anything new, which keeps people believing they can't get ahead. Another individual factor is **selfishness**, but it is

spoken of more as a social norm that people who have succeeded do not want to share their knowledge or resources with others. Factors such as **trust and respect**, which are expressed by individuals, have broad social implications, and FGD participants depict a lack of trust and a lack of respect for others that deeply undermines social cohesion. This itself is viewed as an underlying cause for poverty and persistent hunger

Key Findings: Socio-cultural causes of poverty, hunger & vulnerability

- Individual causes
 - Lack of knowledge & skills
 - Low self-esteem
 - Laziness
- Structural
 - Economic instability
 - Natural resources constraints
 - Lack of agricultural inputs
 - Poorly designed or delivered programs and services
- Socio-cultural
 - Gender norms limiting women's participation and decision-making
 - Norms limiting youth participation and decision-making
 - Apostolic religion
 - Lack of trust and cooperation within communities
 - Dependency mindset

Other basic causes are more structural. In addition to the economic instability and structures limiting wage-earning, FGD respondents report limitations such as a) ineligibility for assistance (e.g., unmarried youth can't participate in Food for Assets), b) women's lack of power to start their own IGAs; c) inadequacies in government system for agricultural assistance (e.g., Agritex officers' requirement of payment for advice – as reported in Buhera); d) pressure on resources like poor, infertile soil or livestock disease. KIIs rated health factors highly as drivers of vulnerability, including illnesses like malaria, lack of clean drinking water, and poor access to health services.

By far, the most-cited cause of hunger in FGDs was **lack of money/unemployment**. Across districts and groups, the strong and consistent message is that people do not have money to buy food or productive

inputs—or much of anything. They lack the capital to start income-generating activities (IGAs), invest in farming or any other livelihood opportunities. The lack of money prohibits parents from schooling their children. Even graduates with certificates cannot find employment. Key Informants cite poverty second most often, but the driver of vulnerability they mention most often was the lack of water for food production—a fundamental cause of food insecurity. FGD participants emphasize the same factor frequently: **insufficient rain/lack of irrigation** along with **lack of agricultural inputs**.

Only in Buhera did participants *not* mention problems related to drought, unpredictable rains, and/or lack of irrigation for crops. Respondents in Zaka and Mutare mention the heavy silt in dam water, making it unusable for agriculture. As Mutare men said: *‘If we can get water for irrigation, we would do much in agriculture. People in irrigation schemes are doing so much better on very small pieces of land. I have huge tracts of land myself but cannot produce even 3 50kg bags of grain!’* Likewise, the lack of agricultural inputs like fertilizer and seeds was a major limitation to providing food for families. As one man in Mutare said, *“The little money we get from piece jobs goes to buy food for the family. it’s difficult to use what little you earn to buy fertilizer when the family has nothing to eat.”* In Chivi, lack of agricultural inputs was the most cited cause. In Buhera, people complained that while the government may provide inputs, they often come late.

Socio-cultural Factors Causing Food Insecurity, Poverty, and Vulnerability

In addition to individual and structural factors, the assessment uncovered social norms and cultural factors that drive behaviors related to livelihoods, health, nutrition, and resilience. There were several socio-cultural factors that emerged as key drivers of hunger, poverty, and vulnerability. They are a) **gender norms**, b) **exclusion of youth**, c) the **Apostolic religion** (in some areas only), d) **social division and distrust**, and e) a **culture of dependency**.

Gender

There were countless reports by women feeling stress over lack of harmony in households and lack of opportunities. While in Mutare and Zaka, women often link the causes of their problems to engendered structures within the Apostolic faith, pervasive patriarchal norms affect social relations in all districts and groups in Takunda areas, not just polygamous Apostolics. As the Takunda Gender Analysis reports:

“Gender inequalities are rooted in patriarchal, cultural, and religious values, beliefs, and practices. The inequality manifests in all spheres of life, including household decision making; access to and control over household and community assets; gender roles and responsibilities; participation in public decision making; GBV; access and utilization of services; resilience to disasters, shocks, and stressors; and migration patterns.” [Takunda Gender FRS Report page 4]

KIs discussed **social norms limiting women’s engagement** in community development. In Mutare, the main problem depicted is the Apostolic church, which gives women no voice and subjugates women in a polygamous marriage with older men. Men are the decision-makers, but they are often accused of not actually working to provide for the family—women do. In Buhera, rather than the church, KIs focused on psycho-social issues, such as men’s ‘insecurities’ leading husbands to prevent wives from going out for work, or community activities, for fear they will be drawn into adulterous affairs. Some men are intimidated if wives earn income. Broader community judgments implying women are immoral if they work outside the household lead women to restrict themselves to the home and suffer low self-esteem. Zaka KIs emphasized women’s lack of access to productive assets and decision-making roles on economic issues. They echo others’ comments about women’s lack of voice and inferiority, which keeps them from taking leadership roles, and community judgments of enterprising women as ‘loose.’ To these themes from other districts, Chivi KIs note that any women who get engaged with community activities tend to be from families of traditional leaders, with status; and that whenever any woman-led activity is successful, traditional leaders want to get involved and take it over.

Prominent themes arising from FGDs around gender come mostly from Mutare and Chivi. Large families are explained by polygamous men who lack other sources of entertainment besides their wives, leading

to having many children. Women are generally expected to stay home. The age gap and domestic violence reinforce men's control of wives. Women do the household work without much help from men. As Mutare women explained:

"Women are oppressed despite being the providers of food, clothing, and all the needs of children. All the wives and children of one man will work the land to produce grain, but the harvest belongs to the husband, who shares the field crop produce amongst the wives. But he practices favoritism by giving more grain to his preferred wife and depriving the other wives of food. This leads to continuous food shortages and makes some wives not give one hundred percent effort to field work."

Some men blame problems on modernizing developments that have shifted gender norms and go against their culture. For example, women dressing immodestly and getting more assertive at home is said to damage household relationships. Some men are clearly not comfortable with changes, as expressed by Mutare men's FGD comments: *"Gender lessons held in communities are destroying households as women are raising their heads too much."* And *"Gender is now trying to put women on top of man which is culturally not correct."* A few even link gender changes with hunger, saying that changes in dressing, like women not wearing head coverings, have led to curses which are causing repeated droughts. *"Women no longer respect their husbands, and this is worsening hunger and poverty in households."*

These attitudes come through most strongly in our data from Mutare, although in Chivi, even the men say that their refusal to do household chores is a problem; but they still complain of suffering emotional abuse from wives who disrespect them by constantly reminding them that they are un-employed, and the wife is the one taking care of the family. This phenomenon is linked to gender-based violence in both Chivi, where women report that *"Hunger causes domestic violence in the home"* and in Mutare, where women assert, *"Almost all women have experienced gender-based violence and most men do not take constructive criticism, and they feel that wife battering is a way of discipline."*

It is notable that gender themes did not appear significant in FGDs with women in Buhera or Zaka. Unlike the other two districts, when exploring factors causing problems in their communities, no reference was made to women's suppression or household gender dynamics. In Buhera, the women's FGD did note the vulnerability of women to a male coping strategy: *"Most men are now leaving their families because of food insecurity and go to marry other well up women in other communities, leaving their wives to fend for the children."* And they noted that women lack the power to start IGAs and tend to lack self-esteem; and in terms of group participation, they note:

"Men are keen on working in groups, but they quickly give up if there are no quick, tangible results. Some men do participate, but currently, there are no active groups where they can join in, and because of that, the women will take the leading role since most of the members will be females. The older women mostly take leadership positions in groups. All the young girls are not recognized in these groups." **[Buhera women]**

Similarly, in Zaka, there is no mention of problematic gender issues FGDs. Only one comment from the women referred to gender in a positive way, noting that *"Most groups are led by women because women are trusted when it comes to handling money that belongs to the group; hence they are given the responsibility to lead."*

In the other two districts, research assistants' own comments reflect the pervasive stress women feel in large, polygamous households, particularly in Mutare, where research assistants observed strong emotion about the burden of many children and resulting hunger. Even in the second FGD, which was supposed to focus on action, a researcher described how women *"...continued to vent feelings on the issue of large families. It was like starting the reflection process again"* as they lamented the *"stress in households caused by lack of harmony between fathers and [many] mothers."* Women in Mutare (and perhaps other districts) noted that Covid-19 lockdowns had exacerbated gender challenges. It has increased school dropouts and early child marriages as they seek relief from hunger.

"We marry young, by the time we grow and become enlightened, we will have had so many children making it impossible to change our situations." [Mutare women]

"Religion contributes to hunger in that some churches do not allow women to lead when men are there. At times women are better leaders than men." [Mutare women]

Such sentiments indicate a great challenge for programming. Activities must be sensitive and consider men's as well as women's perspectives in promoting non-threatening, gradual normative change. Methods should be adapted for each community to prevent unintended consequences mobilize positive attitudes wherever those cultural assets are found. In general, KIIs indicate there is potential to improve gender relations if projects target women and promote empowerment through education, advocacy with leaders, including religious leaders, and engagement of women in activities.

Youth limitations

FGDs with youth, men, and women all noted challenges faced by youth, and to some degree, linked their distinct identity and the way society limits their roles and opportunities as a cause for community problems. This will be discussed in detail under determinants of participation, but here it should be noted that there are social-structural factors that restrict youth access to several critical resources: unmarried youth cannot own their own land, which hinders their livelihood efforts. They are not invited to participate in community activities and are not given a voice at meetings run by elders. Even young fathers are not eligible for inputs from development programs. The majority of girls were reported to be marrying early, even before completing their secondary education. Some women in FGDs reported that they marry very young before they can make meaningful decisions about their livelihoods and their future.

Apostolic church/religion

As alluded to above, one of the most powerful social structures affecting Takunda communities in Mutare and Zaka is the Apostolic Church. The Apostolic faith and gender norms are intertwined to create the main set of socio-cultural factors contributing to poverty, food insecurity, and vulnerability. In focus groups, women acknowledge—often with notable emotion—that their churches are oppressive and that their faith empowers men to oppress them.

There are many different subgroups within the Apostolic Faith, the largest being the Johanne Marange sect. Members of the church may not use birth control or avail of any health care services. The Johanne Marange is the most dominant group in Mutare and is very strict in its prohibition on seeking health services. Technically, people may participate in educational activities promoting health and nutrition practices that do not involve any medicines or medical interventions. But FGD and interview participants time and again expressed fear that being seen even talking with a health worker could result in a reprimand or negative consequences from husbands and/or church leaders. This presents a powerful barrier to accessing any health services and severely limits women's access to helpful information, like most women—despite their desire to learn and act to improve their health and that of their families—feel they cannot risk losing what minimal support their husbands provide.

One Mutare woman said, *".... even myself, I know that if I get malaria, I can take Coartem [A drug prescribed for malaria treatment by the local health system] and get better, but I will not. I will take my holy water from church until I get better"*. Many people fear the consequences of what their church leaders and fellow congregants would say after knowing that they went against the church rules. These people believe that if you go against church rules, the spirit will see this the moment you walk into the shrine, and it will be known by all people. Some people fear being seen by fellow churchmates at the clinic.

Some health workers demonstrate their commitment to helping women while respecting their religion by employing strategies to advise and support women outside of the health facility settings, making an effort to meet them in neutral spaces to minimize the risk of associating with a health care worker.

Some people note the significant time commitment of compulsory church gatherings, which sometimes keep them away from essential agricultural tasks, linking church with ill-timed planting or insufficient care for crops, such as weeding as a factor in hunger.

There are various interpretations of the Apostolic Faith, and it seems most/all communities studied have more than one sub-group active, and these groups can promote different rules/interpretations of the religion; some of the breakaway sects are more accommodating of members seeking medical treatment. However, the presence of different sects is a key factor in community divisions, and a theme throughout FGDs is that people don't want to mix in community activities with members of other groups.

One of the commonly mentioned problems related to the Apostolic faith is early marriage—older men marry young girls in the church, and that leads to having many children, which people see as a root cause of hunger. According to Mutare youth,

"The Johane Marange Apostolic Sect believes in marriage within the same sect. They believe that if young girls in the church are left to grow, they will be taken by men from outside their church, who will break their virginity before they reach marital age. To prevent this, they marry them while still young – 'catch them young.'"

All groups in Mutare emphasize polygamy as a problem, saying things like *"parents cannot care for so many children!"* and citing it as a main socio-cultural cause of food insecurity, poverty, and vulnerability. In Mutare, virtually all the socio-cultural factors they discussed are based on issues related to religion and polygamy. The women's FGD participants linked it with depression and hopeless attitudes they feel, as they give up trying to improve things for themselves and their families. These Mutare women claim that: *"Religion contributes significantly to the poverty and food insecurity"* because of polygamy, early child marriages, unlimited numbers of children and even, a lack of voice in leadership: *"Religion contributes to hunger in that some churches do not allow women to lead when men are there. At times women are better leaders than men."*

In Zaka, KIs mention the influence of the Apostolic church, although FGD participants do not emphasize it as much as in Mutare. Sociocultural factors Zaka participants discussed relate more to economic and social divisions in the communities. They talk about the lack of support by parents of their children, the problem of poor leadership *"Leadership has been bought by the rich, and the community is divided."* And mention the idea that plowing sacred places caused no rains to fall in the area. But some Zaka women said the church enhances socio-economic stratification as *"some churches do not allow people with assets to interact with poor people who do not share the same Christian values with."*

Beyond this specific religious tradition, other **spiritual factors** were highlighted, for example, by Buhera men in relation to modern farming. They report it is a problem that they are *"not planting crops that were cultivated by our forefathers long ago because our families are now modernized."* Also, people have discontinued rainmaking ceremonies (for example, Mutare men discussed the abandonment of beer brewing and cultural celebrations to bring rain); some are building in sacred places and killing sacred animals. Such departures from tradition may be contributing to current problems, some fear. The youth group also mentioned *"religious sects (Mapostori) worshipping in sacred mountains"* and *"abandonment of African Religious traditions such as mukwerera, traditional rainmaking ceremonies"* preventing rainfall. In Chivi, some women interpret problems with livestock as caused by bewitching by jealous community members and that economic troubles may stem from non-compliance with prescribed rituals.

Social division and distrust

When asked about root causes of hunger and vulnerability in their communities, in addition to their focus on poverty and poor food production, participants in FGDs also pointed out as causal factors the problems of social division and distrust. They depict a lack of cohesion starting with some local leaders, which in turn cascades down to community members who often shun cooperation because of jealousy or distrust. The inability to work together is cited as a root cause of poverty and hunger in its own right

because of how it prevents people from working together to solve common problems. This theme is explored in the section below on community participation.

Dependency mindset / “culture of poverty”

Dependency was a theme that arose spontaneously in multiple FGDs across at least three districts. The theme of “laziness” reported as a significant driver of core problems across communities is sometimes expressed as simply a lack of motivation to work, as in Chivi, where it was most discussed, with men and women saying too many people do not want to participate in agricultural activities. But laziness is also mentioned as linked with **donor dependency**; some participants stressed it as a big barrier that keeps people poor and hungry. What many call the “dependency syndrome” is an important theme that runs through many focus group discussions – most strongly in Mutare -- and is highlighted by several Key Informants as a cause of communities’ problems. Most often, it is presented as community members are being unmotivated to work to improve their conditions and participate in community development activities because there is too much aid and handouts. FGDs were asked what they consider to be causes of hunger in their communities. The Chivi men said it was at least partly due to: *“Laziness brought about by too much dependency on aid.”* The Zaka men gave it a name: *“‘Donor syndrome’ is another cause. Now people are relaxing and depend too much on donors making them not to till their land to produce food; hence hunger is now a common thing in our community.”*

“The problem is poverty and dependency; some people who are poor have become lazy, have low self-esteem, and end up waiting for donor support instead of finding work or projects to sustain themselves.” [Mutare Men]

“Gaming the system” for assistance is practice-driven not just by attitude but by the structure of development programs that leads people to ‘stay-poor’ actions. In Mutare, different community members said it is a problem that projects target only the very poor. It leads people who are poor but have the potential to improve to attempt to stay poor in order to qualify for project assistance. Some Mutare men suggested that NGO programs “come focusing on just the poor cultivate the belief that it benefits to be poor, making people want to remain poor.” Instead, they say, NGOs should ask for people that need help and the sort of help they need.

Some people reportedly make a habit of selling project inputs like seeds instead of growing them. Others whose children get school fees paid by a government program, or get food or oil from NGOs, have been known to sell livestock or otherwise divest of assets so they can keep receiving those benefits.

“NGOs should come asking to work with people with at least these things--one cow or one goat, that would be better and encourage people to work hard and have a little more. Seeking to help just the poor encourages laziness.” [Mutare men]

This “gaming” of the development aid system is described by Mutare women as disincentivizing participation:

“The poor are not willing to participate in income-generating groups; they prefer to receive food aid.”

“The poor and vulnerable usually don’t want to participate for fear of exclusion from food aid and handouts from NGOs and the government, which are meant for those who don’t have. If they are helped to develop, they fear exclusion from these projects targeting the poor. Better off members of the community (middle-class) participate more than the vulnerable.” [Mutare Women]

These sentiments were expressed in multiple ways by men and women in Mutare FGDs, but it is not clear how widespread they are, so Takunda should remain alert to learn more about peoples’ attitudes in the other districts.

Participation in Community Initiatives

One of the most important areas of Takunda's inquiry relates to community members' participation in initiatives that could address poverty, food insecurity, and/or vulnerability to shocks. How do they engage in leadership and decision-making? What factors drive group participation, and how do people work together? How can people develop greater trust and cooperation?

In both FGDs and KIIs, participants expressed the importance of working together to solve problems while simultaneously reporting community division and barriers to collaboration. Another contradictory theme throughout discussions relates to project assistance. On the one hand, people want aid. There are many examples of people participating with an eye on material gain and expressions of disgruntlement when asked to collaborate without receiving something immediate and tangible in return. On the other hand, there were many people who spoke with eloquence and grave concern about the problem of "donor dependency" and its impact on engagement in development efforts. They made a case for projects to stop giving handouts and instead focus on activities that build self-reliance. As described above, a range of community activities are taking place in Takunda's targeted districts, including other NGO-initiated programs and local groups such as Burial Societies. However, across districts, participants report that community groups typically do not last long – not beyond the projects that launch and finance them. They fail due to a lack of inputs and funding. Even if groups run well for some time, community members often report a member undermines group interests with a selfish act that ruins the group, as in the case of a bread-baking IGA that failed because someone entrusted to buy flour used the money for her own purposes.

Barriers to Participation in Community Development Actions to Address Key Problems

Key informants made general reference to some factors affecting participation that echo causes of poverty discussed above, including individual attributes of laziness, selfishness, and low self-esteem, as well as social norms undermining collaboration. A few KIIs mentioned poor group governance as a barrier to participation, and in Chivi, one KI disagreed with the others, saying, "*There are no challenges. They collaborate well.*" But in general, key informants note the same issues that are discussed in much more detail in FGDs. Three key themes emerge from discussions that characterize reasons for poor participation in community activities and failure of many community development activities: 1) lack of social cohesion, 2) poor leadership, and 3) donor dependency.

Lack of social cohesion and interest in the common good

Division and distrust of fellow community members who come from other groups (whether identified by religious affiliation, economic or social status, age, or gender) profoundly affects group participation and willingness to collaborate on activities. A pervasive lack of trust is noted in all districts and deters group participation. Respondents note the different values and interests people hold, their economic class divisions, different church affiliations, and partisan political divisions. Such differences, combined with egos and greed, fuel nepotism and favoritism, distrust, and ongoing grudges between community

members. There are multiple mentions across districts about the phenomenon of **bewitching**, which seems to relate to **jealousy**. People express suspicion that assets or advantage was obtained through *juju*. This is both cause and effect of community distrust and inhibits group participation. It also relates to the theme of **selfishness**, reflected in common complaints that community members who have knowledge or resources are unwilling to share them.

Zaka KIs particularly stress the **distrust** and disputes between people, the lack of community spirit, and great political differences. The way people benefit unequally from projects and have unequal representation (e.g., on committees) reportedly “kills collaboration.” At the same time, some KIs emphasize trust at the cluster level.

“The VIDCOs [Village Development Committees – clusters of about ten villages] that the Takunda project is working with have greater social cohesion. They have got a good leadership that listens to their issues and leaders who set good examples.” [Zaka KII]

Key Findings: Determinants of Participation in Community Activities

- ❖ Respondents express value on group participation and collaboration but depict community dynamics fraught with division and distrust.
- There is tension between the incentivizing and disincentivizing forces of project ‘handouts’
 - Barriers to Participation & collaboration:
 - Groups are differentiated based on social, political, economic, religious differences, and there is general aversion to working with people from other groups.
 - Belief that others’ advantages have nefarious sources leads to mistrust and jealousy.
 - Zero-sum thinking prevents people from sharing knowledge and resources and prevents ‘win-win’ thinking.
 - Poor leadership – nepotism, favoritism, poor communication
 - Project handouts can disincentivize working on community efforts.
- Enabling factors to Participation & collaboration:
 - Learning from others
 - Reciprocity—help others so you can be helped
 - Desire to help one’s own group
 - Seeing success is motivating to do more

Many KIs and FGD participants emphasize the importance of letting people cooperate in self-selected groups so that these problems of distrust can be avoided, and the value of collaboration can be maximized through smaller groups where trust and group cohesion do exist particularly in churches.

Respondents depict a general **lack of mutual support**. People are very critical and look down upon each other’s capacities, sometimes out of jealousy. They don’t want to help each other. The fact that people have different capabilities and motivation stirs conflict instead of fostering collaboration. Along with this, some mention a **lack of gratitude**. When something good happens, sometimes “*people don’t have the heart to give thanks to others.*” So, if someone tries to help, they lose heart from the unkind response. These social dynamics destroy any group spirit, thereby making people not want to work together in groups.

Poor leadership

A general theme across districts is that leaders do not manage group dynamics well enough to overcome tensions and build social cohesion. In general, “*Leadership are sometimes fueling divisions and hatred amongst community members. In the end, people will lose heart.*” [Zaka men]. Leaders are reported to be nepotistic, bringing their relatives into privileged roles. They come from the same clan and abuse power. They are said to pander to people they favor and shun the interests of the majority. Participants note that traditional leaders may be poor, but their vulnerability is taken advantage of by the rich. “*Leadership has been bought by the rich, and they are enjoying with the rich; as a result, the community is divided.*” [Zaka men] Some leaders are ineffective because they try to do too much, insisting on leading every activity. Another aspect of poor leadership is the role-modeling of bad behavior. “*The leaders are fighting for senior leadership positions amongst themselves. Their behavior is cascaded down through the community and destroys the spirit of oneness which is required in carrying out community projects.*” [Zaka men]. These factors lead groups to fail, which appears to be a common

opinion. Most of the strong comments related to problematic leadership came from Buhera and Zaka FGDs and Zaka KIIs. But in Chivi, one KII and the men's FGD also cited bad leadership—in the case of the focus group, 3 out of 5 of their answers to the question about why groups fail pointed to leadership, citing leaders' lack of trustworthiness and failure to perform duties due to politics.

Another complaint is that leaders do not ensure good **communication** about community activities. A **lack of information sharing**, in general, inhibits community work, as community members are said to withhold knowledge from each other, reportedly because they are reluctant to relinquish their advantage by sharing information.

These points illustrate the powerful role of **group composition** and leadership as determinants of participation. Many people insist that group participants should be able to choose their own members and leaders. But there are some interesting conflicting views, with some saying NGOs should choose members. Some argue people should be grouped by income status and others say they should mix people from different income levels. Some say the poor exclude themselves; others blame systems that exclude the poor, who are keen to participate. The range of opinions suggests the need to investigate preferences in each locality before organizing group activities.

Youth are formally excluded from some community activities and projects because of their age, marital status, or lack of income to pay joining fees. Only after youth leave their parents' homes and marry can they participate fully in community projects. Even if they can join, they are not able to take leadership roles on committees. Zaka youth said: *"There is no room for youths when it comes to being involved in leadership positions or in community committees. Such posts are considered for parents only."* While some adult FGD participants assert that *"Young people are not interested in joining groups"* (e.g., Mutare women) and cite their vices and laziness as barriers to participation, youth themselves stress these restrictive social norms and the feeling of being shunned and not listened to whenever they do try to join groups. These are some of the socio-cultural factors shaping participation, leadership, and decision-making in communities. Excluding youth is *"a tradition in our society."* There is a self-perpetuating cycle fueled by perceptions between elders and youth. Some parents prevent youth participation, fearing they will misbehave, particularly young women. Elders berate youth for being irresponsible or non-productive. Many youths insist they are willing to participate in community activities, but since they are excluded, they feel frustrated, bored, and unable to advance themselves. As a result, they may get involved with drugs or waste time on frivolous activities. Gender norms present limits on female youth participation as they are excluded from social media and group leadership.

The 'dependency syndrome.'

The same issue discussed above as a root cause of hunger is a prominent one in discussions of participation in community activities. The expectation that projects will come and go without lasting impact has de-motivated participation, particularly because of handouts that encourage laziness or disincentivize hard work. KI Stakeholders and community members describe feeling discouraged when projects die after an NGO finishes, leaving nothing tangible behind. Many people note the damage to motivation when they recall the history of failed projects. But it is important to note how this donor-driven factor relates to the leadership and social cohesion factors. NGO projects cannot be permanent, but to achieve sustainable impact, it requires strong and ethical leadership and collaborative work among community members.

Enabling Factors for Participation

FGDs asked people to think about the disadvantages of doing things alone in their communities, and the value of collaboration was clear to many who said things like: *"There are no advantages of working alone because hunger is fought as a group."* Some point to reciprocity—a self-interested motivation to work with others:

"It's important to work and associate with the community since someday you will need help from them." [Buhera Women]

“Projects or other activities may fail, because the same community you ignore is the very community that will support your projects.” [Chivi women]

Others point to the value of learning and growing: Without collaboration, “there will be no growth because you will be not exposed to new ideas and new skills from others.” As counterpoint to themes of laziness and jealousy disincentivizing participation, Zaka women assert a work ethic and the value of learning from others’ success:

“People join any project which comes to our area because we know very well that in our ward, we really need to work hard to have food on the table. Knowledge or news from other areas is also helpful to trigger interest to join such projects.”

Some point to the risks associated with solitary success, like these men in Mutare:

“Development from working individually is temporary and not permanent. People are likely to steal from you and continuously borrow from you when you are the only one successful in a community.”

The theme of communities being fragmented into distinct groups that do not like to collaborate is described as a barrier to participation but can also work the other way as an enabler. Many people recommend activities be organized in self-selected, homogenous groups.

“Take ten people from ten different villages, they cannot work together, but one village would work together accordingly, thus it is important to maintain village-level communication channels.” [Zaka men]

Working together as a family group can be particularly powerful, as Zaka women say:

“After people have agreed as a family and set their goals, usually they don’t listen to what people say. They will soldier on and do what it takes to change their lives and be successful. When they would have agreed as a family, no one can stop them.”

The FGD participants gave interesting responses to the story of a hypothetical ‘Tashinga’ group, revealing community perceptions about the potential benefits of such programs and the likelihood of participation. This is part of the vignette FGD participants heard:

Tashinga is a community group made up of men, women, and some youths. This group started as a Village Savings and Loans group where members put money together, lend it to other people who return it with interest. The group then diversified and started doing some projects to raise more money. Their projects include vegetable production, buying and selling groceries, and others, all things needed by their community. An organization working in the area helped them to get a bank loan which they managed to pay back. This organization also linked Tashinga to buyers of their agricultural produce, which is making their farming more productive.

Across districts, people said they would listen to a group like this in an effort to improve their livelihoods, and the main motivation for participation would be seeing tangible results. Participants highlighted the motivational value of seeing a group working together and achieving good things, which suggests the power of role models and success stories. This comment from Buhera women’s FGD, “We will also get advice from the group on how it got where it is now,” indicates an analytical interest – they want technical support/advice, and they want to know how a group like this gets from A to B.

Key Informants offer other enabling factors for participation. They stress that incentives attract participation. Getting direct benefits attracts participation because people are living hand to mouth—poverty pushes them to attend if something is provided. Any kind of inputs or start-up capital will help. Programs that provide education or training motivate people, especially when they can share success stories with others. People value learning through ‘look & learn’ visits). It is motivating if people know there is a market for their product, so the project may have to invest in market development along with

production-oriented activities. Other key principles KIs suggested to follow when attempting to organize group activities include these enabling factors:

- Respect for religion
- Transparency in the selection process. Most prefer a self-selection process to ensure group trust, but some also stress NGOs should be inclusive and work with everyone.
- Rotating leadership and encouraging the vulnerable to participate in leadership. (Zaka)
- Good communication/information sharing between the project and everyone in the community about activities.

Adoption of New Agricultural Practices and Technologies

This section draws on data from the BFA to identify relevant barriers limiting adoption and enabling factors supporting the adoption of those new practices and technologies and draws implications for promotional strategies, activities, messages, and communication channels most likely to increase adoption.

For each of the targeted agricultural practices studied in the BFA, community members' perceptions and preferences were explored. For each behavioral determinant, the percentage of Non-Doers and the percentage of Doer with that response were calculated. The estimated risk ratio was then calculated to estimate how many times more (or less) likely it is that Doers mention a behavioral determinant as compared to a Non-Doer. The further away from "1", this number is, the more important the determinant. Significant statistical difference was set at a p-value less than 0.5 (indicating that the difference between Doers and Non-Doers is probably not due to chance)^{30,32}.

Mulching

This behavior was defined as "Targeted farmers apply a protective layer on top of the soil in their fields, such as grass clippings, straw, bark or other similar materials or grow crops that cover the soil as live mulch, such as velvet bean."

As shown in Table 8, Doers report two significant **enabling factors** of mulching: 1) others generally approve of the practice, including Agritex officers, and 2) mulching will very likely improve their soil fertility. In addition, they do not find access to needed materials or necessary planning to be difficult at all. For Non-Doers, significant **barriers** are 1) difficulty to access necessary materials, and 2) great difficulty to plan for mulching.

Table 8 Statistically significant results from the mulching BFA

Behavioral determinant	Use of soil cover or mulching by farmers.
Perceived Social Norms	Doers are 2.9 times more likely to respond that most people approve of mulching and 2.3 times more likely to report that Agritex approves of this behavior
Perceived Access	Non-Doers are 2.3 times more likely to respond that it is "very difficult" to get the things they need to practice mulching, while Doers are 5.3 times more likely to respond, "not difficult at all."
Cues for Actions/Reminders	Non-Doers are seven times more likely to respond that it is "very difficult" to plan to put mulching, while Doers are 2.6 times more likely to respond "not difficult at all."
Perceived Action Efficacy	Doers are three times more likely to respond that their soil will "very likely" to become more fertile if they practice mulching.
Policy	Non-Doers are 3.9 times more likely to respond that there is no community laws/regulation that make it less likely for them to do the behavior.

Production of small grains

For the purposes of this study, this behavior was defined as “targeted farmers grow small grains such as sorghum, millet or *rapoko* in their fields.”

As shown in Table 9, significant **enabling factors** of the practice reported by Doers are that “other farmers approve of the practice” and that “draught farming makes it easier,” which can be incorporated into program messaging and farm-based demonstrations. Non-Doers report only two significant **barriers** to producing small grains. First, it is very difficult to get things they need to plant small grains. To address this, Takunda can address perceived access through activities to link farmers to necessary inputs or provide discounted seeds. Non-Doers also report the practice would be easier if it did not require much labor and if they had the support of the community. This implies that they perceive it as more work and do not feel support for trying it. Therefore, the program can engage Doers to demonstrate how they do draught farming to make it easier, sharing techniques and encouragement (support).

Table 9 Statistically significant results from the production of small grains BFA

Behavioral determinant	Production of small grains (sorghum or millets) by farmers.
Perceived Self-efficacy	Non-Doers are 4.4 times more likely to respond that production of small grains would be easier if it does not require much labor and if they have support from the community. Doers are 2.9 times more likely to report that draught farming makes it easier for them to produce small grains.
Perceived Social Norms	Doers are 3.2 times more likely to respond than other farmers would approve of their practice
Perceived Access	Non-Doers are three times more likely to respond that it is “very difficult” to get things they need to plant small grains.
Cues for Actions/Reminders	Non-Doers are 2.6 times more likely to respond that it is “very difficult” to prepare to plant small grains.

Intercropping

This behavior was defined as “farmers plant a leguminous crop (e.g., groundnuts, pigeon peas, cowpeas, green beans, soybeans or lentils) in the same field as their staple crop during the same season.”

As shown in Table 10, Doers report these advantages of the practice as **enabling factors** (in order of strength): 1) having more food resources, i.e., increasing household food access 2) enhancing and preserving soil quality (making it more fertile), 3) reducing processing time. They also report most people to approve of intercropping. Non-Doers report two key perceptions that function as **barriers** to intercropping: a) the perception of risk that soil will become infertile, and b) social disapproval. Unlike Doers, Non-Doers perceive negative social norms as a barrier, being much more likely to report that their family would disapprove. Results suggest that social norms are a significant determinant both ways—barrier and enabler. However, the strongest effects seem to come from the benefits Doers see of intercropping. The perceived risk of intercropping is a weaker determinant than others, but also active for Doers and Non-Doers, in opposite ways. While Non-Doers are more likely to say soil *will* become infertile, Doers say it is not likely to become infertile.

Table 10 Statistically significant results from the intercropping BFA

Behavioral determinant	Inter-cropping by households
Perceived Self-efficacy	Doers are 3.8 times more likely to report that the reduced processing time makes it easier for them to practice inter-cropping

Perceived Positive Consequences	Doers are 4.4 and 3 times more likely to report that having more food resources and preserving soil quality, respectively, are the advantages of inter-cropping
Perceived Social Norms	Doers are 4.1 times more likely to respond that most people approve of intercropping. Non-Doers are four times more likely to respond that their family would disapprove of intercropping
Perceived Susceptibility/Perceived Risk	Non-Doers are 2.3 times more likely to respond that it is “very likely that their soil will become infertile, while Doers are 2.6 times more likely to respond “not likely at all.”
Perceived Action Efficacy	Doers are 3.9 times more likely to respond that their soil will very likely become more fertile if they plant a leguminous crop in the same field as their stable crop during the same season.

General barriers and enabling factors for adopting new agricultural practices

Factors affecting the adoption of new agricultural practices were also discussed in FGDs. **Enabling factors reported** by FGD participants when asked about the motivation to take up new ways of farming include receiving key material support – inputs like seeds for drought-resistant crops and fertilizers, access to loans, and capital to invest in equipment (tractor, incubators, etc.), and irrigation systems. But they also mention the enabling value of continuous support and refresher training on farming methods and support from field technicians. Some note the importance of support from family and friends and particularly highlight the valuable experience of seeing others' success. This happens through "look & learn" exchange visits that many appreciate as it allows them to see how other farmers have achieved improved yields. For many, the overall message is they need a combination of training to gain knowledge and hands-on skills, along with tangible things like inputs.

Barriers to accepting new agricultural practices mentioned in FGDs highlight many of the same issues identified earlier as basic causes of hunger. Insufficient water supply is prominent. Many people say they would adopt improved agricultural techniques if they had irrigation. A general lack of inputs is perhaps the biggest barrier, as people lack resources. They look to development projects to provide fertilizer, seed, and equipment and to help them overcome the problem of livestock disease.

One overarching factor is the lack of markets for their produce, regardless of what improvements are made in production. Participants repeatedly note that without viable market linkages, they are not inclined to try new practices. For example, in Mutare, women report a positive factor - that some men are doing gardening, producing and drying vegetables; however, there is no market for the produce. The Mutare men give a vivid example:

"At times, we produce as much as five buckets of tomatoes (about 100kg), getting transport to take them to Mutare town is a problem, and when you get there, the price you get for these tomatoes would be as low as US\$3/25kg. The farmer would have used \$3 for transport to go there, leaving him with no extra money to buy any seed or fertilizer."

Related to this, in Zaka, participants pointed out the need to respond to market changes, explaining that some farmers stubbornly cling to cotton growing, despite changes in its market value. The cotton used

Key Findings: Adoption of new agricultural practices and technologies

- ❖ Some barriers to adopting new practices seem overwhelming, but farmers benefit from support of successful peers and agriculture agents, and from hands-on training. They are eager to try new practices if they receive a combination of skills and material support.
- **Mulching**
 - Key barriers: Non-Doers think it is difficult to acquire materials and plan for mulching
 - Enabling factors: Doers believe mulching improves soil fertility. They find necessary materials accessible and actions not difficult.
- **Production of small grains**
 - Enabling factors: Doers report that other farmers approve of growing grains such as sorghum and millet, and that draught farming makes it easier to do.
 - Barriers: Enabling factors: Doers report that it is very difficult to get things they need to plant small grains.
- **Intercropping**
 - Enabling factors: Doers report that planting leguminous crops along with staple crop has advantages of 1) having more food resources, 2) enhancing and preserving soil quality (making it more fertile), 3) reducing processing time. They also report that others approve of the practice.
 - Barriers: Non-Doers report two key perceptions; a) risk that soil will become infertile, and b) social disapproval.
- **General Barriers for agricultural behavior change:**
 - Lack of capital and inputs (seed, fertilizer, fencing, equipment)
 - Lack of rain/irrigation
 - Lack of access to viable market for goods
 - Lack of skills and knowledge for livestock management
- **General Enabling factors:**
 - Material support (seeds, loans)
 - Water supply
 - Training and support to learn about techniques and develop skills
 - Facilitated visits to learn from successful peers

to pay better, and many people made a living producing it. But now prices are low, but some people won't listen; they refuse to give up cotton for another crop.

Some barriers mentioned are potentially easier to surmount, such as fencing to protect gardens – although the lack of trees in some areas presents a barrier to constructing them. Open veld fires reportedly destroying fields, market demand, and lack of capital to invest are more daunting barriers.

Finally, the dependency syndrome is a barrier driving reported tendencies for some to shun uptake of Conservation Agriculture programs because they felt it would stop donors from coming to help them. *“They believe if people do conservation agriculture well, they will produce more and become better off, then donors and development organizations will not bring aid to the area” [Mutare Youth].* While this statement exemplifies the reported preference for remaining poor enough to receive aid, it also is interesting for implying that people believe in the efficacy of conservation agriculture to improve production and income—which is an enabling factor to work with. It is also worth noting the difference of opinion from another Mutare focus group (women) who said, saying: *“The community is very receptive. We are into Pfumvudza (Conservation Agriculture) as the only new technology being practiced.”*

Participation in Livelihoods Activities

This section draws on data from FGDs and KII to understand communities' perceptions and preferences for support towards improving both on and off-farm livelihood opportunities. The overall theme in the data is that people, mean, women and youth, are always hustling to earn a bit of money to survive. There are very few stable, secure livelihood activities described by our participants, only a daily quest for casual labor to be able to fill bellies. People seek piece work on other homesteads, sell firewood, herd cattle, or pan for gold. These activities are done by all – in Mutare; women were responsible for sourcing food for families to eat, while in other districts, this was a men's responsibility, and women only helped. It is not surprising that most informants can list a wide variety of income-generating projects that have come and gone as NGOs try to find a way to strengthen livelihoods opportunities, with most efforts focused on engaging youth.

Key Findings: Perceptions and preferences for livelihoods opportunities

- ❖ Respondents report few stable, secure livelihood activities, despite a series of short-lived project IGA activities. The desire of youth to gain skills and employment is not matched by available opportunities.
- Current livelihoods for youth are based on temporary, menial jobs, or migration to South Africa.
- IGAs are sometimes implemented by NGOs but activities generally are not sustained.
- TVET programs are an important resource for technical and vocational training, with potential for development.
 - Barriers to participation: The daily quest for survival income, the lack of money for tuition fees, and the lack of jobs after completion limit participation.
 - Enabling factors: Youth seek knowledge, skills, and jobs training. They will participate if programs are affordable and conveniently located.
- To engage youth, with training and livelihoods programming, build on existing programs, mobilize their youthful energy and desire to be responsible, and invest in their leadership skills.

Respondents generally indicate there is much-untapped potential to engage youth in livelihoods activities. Many youths are reportedly “doing nothing;” They have energy, are willing to be trained, and want to prepare to provide for families. Key Informants echo concerns heard in FGDs that too many youths are involved with drug abuse and illegal mining. Communities want to see more productive opportunities for themselves. They see youth activities as a great way to keep them out of illegal activities and hope for program support that can enhance linkages to markets for products from IGAs involving carpentry, poultry, and fisheries. Other ideas key informants suggest developing for youth include tapping the youth soccer clubs for their fundraising potential and building on a bead production activity for sales in South Africa. The hope these informants and FGD participants express is to harness the entrepreneurial spirit youth have already shown in illegal activities and channel it with proper business skills development.

Youth themselves describe a variety of ad hoc endeavors to earn money--menial jobs like molding bricks for sale, piece work at sugar cane plantations, selling produce. But the bigger step of migrating remains a compelling option. Youth FGD comments about the Martin story are revealing, as they emphasize limited opportunities in Zimbabwe. *"In South Africa, a lot of opportunities exist. There, chances of leading better lives are high."* [Zaka youth] Some Mutare women mentioned a socio-cultural factor going beyond the economic value of remittances from children working in South Africa: parents find it prestigious to be seen going to town to collect money that has been sent by their children through the mobile money transfer service.

Technical, vocational education and training (TVET). To develop viable opportunities for livelihoods at home, training programs are key. Across districts, stakeholders and community members voice the potential for developing the vocational training program through TVETs. They describe its value to communities – to build knowledge, skills, and self-reliance for youth who are keen to learn practical skills and be productive. They say it is ideal for those about age 30 who completed O Level with nothing to do.

Enabling factors. Factors reported making it more likely for people to participate include not only the obvious value of new knowledge and skills but a passion for success and growth that fuels participation for some. Convenience and affordability would be (potential) draw if venues are nearby (some mentioned availability of school buildings as an enabling factor) and fees non-existent. Those are desired enabling factors, but realistically, not expected.

Barriers. The main barrier reported to participating in TVET, and other training programs was lack of money for tuition fees. Mutare FGD participants note that the *"TVET schools like Simukai in the area are too expensive for the majority. They also need revival, in terms of infrastructure and teachers because the standards have gone down."* Even when enrolled, participants may not attend classes regularly because they must face the daily quest for food – the need for immediate income detracts youth from a focus on a longer-term vision.

The biggest limiting factor for vocational training programs may be what happens afterward. Even with training completed, graduates need money for inputs to apply their skills and start-up an enterprise. There is no value in TVET training if there is no job or market for newly acquired skills or products.

"In our community, young people love going to South Africa. So even after completing TVET, they might work a little bit back home, but once he raises the money, he will join other youths in South Africa where they believe there are better opportunities. Or, they won't find a job and lack start-up capital, so they migrate." [Zaka men]

Strategies, activities, messages, and communication channels most likely to increase adoption

KIs and adult FGD participants recognize **challenges** to engaging youth, pointing out their tendency to focus on short-term gains, looking for quick money without a long-term commitment. Many prefer panning for gold or migrating to South Africa. So, some adults emphasize the need to instill vision and perseverance in youth, to help them appreciate hard work and not just look for easy money. While some write them off as lazy, disrespectful, or drug-addicted, youth themselves point to unfairness in the system that excludes them from community meetings, judges them harshly, and denies them productive assets needed to invest in training and IGA activities. These different perspectives on youth engagement indicate the potential to identify the positive role models in each community and mobilize the youthful energy and commitment wherever possible.

To develop livelihoods programming, participants recommend working with existing structures, for example, past livestock projects by Heifer, Government initiatives for baking and sewing. There were many calls for improving water technologies for sustainable agriculture in areas there is a potential water asset that is untapped—dams are frequently mentioned--and could enhance production via farming and fishing. Some participants suggested using locally available resources like firewood and

river sand, and some emphasized opportunities to promote gardening and marketing fruits with business training.

When promoting livelihoods activities and TVET, participants recommend that older people do NOT lead activities because it will depress youth participation. Rather, embrace the opportunity to develop youth leadership in the way these programs are run.

Adoption of Household Practices for Maternal, Newborn, and Child Health and Nutrition and WASH

The next sections draw on data from the TIPs methodology (with limited reference to FGDs) investigating Complementary Feeding, Women's Dietary Diversity, and Handwashing to present findings addressing the 3rd SBC-FRS objective.

Maternal, Newborn, and Child Health

This section explores current household nutrition behaviors, social factors influencing nutrition and health, household access to nutritious foods, and other barriers and facilitators to optimal nutrition for children under two, WRA, and adolescent girls.

Household available foods. We inquired about the **current availability of nutritious food** through focus group discussions as well as TIPs. FGD participants discussed access to food, highlighting stark limitations, and many stressed the need for outside assistance for households to have access to nutritious food, calling for NGOs to assist in addressing malnutrition:

"We lack basic food for household survival such as mealie meal, washing and bathing soap, and cooking oil. These are daily household needs for survival, and they are lacking." "Lack of balanced diet nutrition due to lack of money to buy other food supplements hence they lack food at the household level." [Zaka men]

"There were King's granary programs [Zunde raMambo] sometime back, but they no longer exist. They would help with grain storage to moderate supplies. During the time of plenty, the grain would be used to take care of the disadvantaged, and when it is low, the poor will benefit as well. It was a traditional practice associated with the feeding capacity of the Shona kings/chiefs." [Buhera women]

"There is little or no water for people to engage in horticulture which is a source of income to improve food security at the household level." [Zaka youth]

Almost all TIPs participants reported availability of maize (or *sadza*, cooked maize meal), with rice being the second most available (just under a third of respondents). The most widely available vegetables are tomatoes and green leafy vegetables, of which there is a variety locally grown. There are many wild-growing fruits available; the most mentioned is *shumha* or jackal berry. A few respondents mentioned the availability of cooking oil, salt, and sugar, but since they rarely volunteered, it does not indicate representative availability and is not reported. Table 13 below shows the full list of foods and the number of respondents mentioning their availability, along with consumption reported during the TIPs. The TIPs assessment inquired about basic household features related to diet, as follows:

Household members' diet: There were no striking findings regarding differences between household members' diets. Respondents reported that children eat more frequently than adults, but in less quantity; children drink *Maheu*; the youngest get porridge; only children eat fruit. More notable was the complete absence of a gender message that husbands eat all the 'best' food, i.e., animal protein.

Household diet decisionmaker: Notably, the vast majority (70%) of cases said the household member who makes decisions about diet was the mother of the family—specifically, the primary caregiver of the child aged 6-23 months, who was in each case the TIPs participant. Six said it is grandmothers, two of those sharing responsibility with the mother or the grandfather. Only one said the father is the decision-maker. Regarding who sources the household's food, it was a relatively even mix between mother and father, and some report grandparents another relative obtains food.

Key Findings: Adoption of Improved Complementary Feeding Practices

- The most reported barriers to continued breastfeeding were the mother's lack of food, leading to insufficient breast milk; poor health, fatigue; and another pregnancy.
- The most cited enabling factor for continuing breastfeeding was the knowledge or belief of the benefits to the child's health and growth. Support from family was next most important.
- At the 1st meeting, only 3 mothers' reports indicated children had adequate dietary diversity.
- At the 2nd meeting, 76% selected adding protein (mostly plant) as their SDA; some aimed to boost frequency.
- At the 3rd meeting, all but 2 were successful in practicing their SDA, citing availability as the enabling factor.
- At the 4th meeting:
 - 3 were unsuccessful with their SDA, citing unavailability of eggs.
 - Dietary Recall showed much more narrow range of foods consumed than those initially identified as available.
 - Groundnuts were the one protein consistently reported available and consumed.
- Over the course of TIPs,
 - All protein foods showed increase in consumption, particularly eggs, although obstacles to consistent egg supply are notable.
 - Some indicated increased frequency.
 - Vegetable consumption remained steady (tomatoes and leafy greens most consumed).
 - Fruit consumption remained relatively insignificant.
 - 27 of 32 participants reported improvement in their child (e.g., improved appetite, weight gain), and all of them had succeeded in practicing their SDAs.
- Overall, reported confidence and experience suggests good potential for continuing improved feeding practices, with availability being the major determining factor.

Continuing breastfeeding (CBF) practice and determinants

The first part of the Complementary Feeding TIPs inquiry addressed continuing breastfeeding practices. We found that 12 women were continuing BF. 11 were not. Of the 8 cases reporting the age their child was weaned, the average was almost 14 months, ranging from 7 – 18 months.

Enabling factors for CBF: The most cited enabling factor for continuing breastfeeding was the knowledge or belief of the benefits to the child's health and growth (10 mentions), including 1 citing education from VHW. The next most important factor was family support. Husbands and other family members (mother-in-law, sister-in-law, aunts) are mentioned. In one case in Chivi, the participant reports that even though some people question her breastfeeding status, telling her to wean at 18 months, she is committed to continuing, explaining that her husband is supportive, as well as some family members who say it is good for the child's health.

Some respondents mentioned the importance of getting enough food as enabling CBF. Three mentioned the birth spacing advantage—all in Mutare—and one noted that religion forbids contraception.

One Zaka woman noted that her husband's absence facilitated continued breastfeeding because it kept her from falling pregnant (which triggers most women to wean).

Some of the women who stopped breastfeeding mentioned potential enabling factors—that they knew it was good for the child, or would help postpone pregnancies, and had support from family, but the barriers of ill health, lack of food, or work did not overcome those enabling factors.

Barriers for CBF: The most cited **barrier** to breastfeeding for 24 months is 'food shortage.' Women express the belief that the lack of food for them leads to insufficient breast milk. The timing of the study, during the lean season, may have influenced this finding. The next most reported barrier was ill-health or fatigue. Many women say that they stop breastfeeding as soon as they fall pregnant, which is a barrier related to a common cultural belief that the child will get sick if the mother breastfeeds while pregnant. Other barriers mentioned include the demands of work, the effort to improve a child's appetite (believing that CBF depressed appetite for food). Two mothers who cited their own poor health explained that early weaning was meant to protect the child from diseases. At least one mother (in Chivi)

disclosed her HIV status as a barrier since she struggles to eat enough to meet her own dietary needs. Another HIV+ mother in Buhera continues BF without challenge.

The barriers mentioned are listed and ranked in Table 11.

Table 11 Barriers to continued breastfeeding up to 2 years

CBF Barriers (as reported by both mothers who continued and those who discontinued breastfeeding before 24 months)	# Cited
food shortage/poor diet leading to insufficient milk	8
mother ill/poor health /mother tired/painful breast	7
another pregnancy (some say BF while pregnant makes lactating child ill, so must stop)	6
work demands/looking for work	4
child lacked the appetite for food	3
the belief that continuing breastfeeding caused the death or illness of a child	2
Mother lacked support from her husband	2

One woman in Mutare had lost 5 of 10 children and explained she had breastfed those five longer, so she believed that continuing breastfeeding caused the death. The woman did not know what caused the death of her children but had been told by her family that it was because of continued breastfeeding. She, therefore, intends to wean her current baby at eight months.

Variations by mother's age: There were no teenage mothers, aged 10 – 15, amongst the TIPs sample. The youngest mother was 18 years old. In total there were 10 cases aged 18 – 25 and 22 in the older group (26 years and above).

For continuing breastfeeding:

- **Barriers** – Half of both groups gave no answer for this question, so the sample was very small. **A significantly greater portion of young mothers cited lack of food as a barrier (3 of 4 respondents) compared to the older group (2 out of 14 respondents).** Among the older group there was a greater variety of reasons mentioned, including ill health, mistaken beliefs about cause of previous children's death, ART complications, another pregnancy, etc., whereas among the younger group only one other barrier, work demands, was mentioned.
- **Enablers** – There was a significant difference between the number of younger mothers (aged 18 – 25 years), compared to the older mothers (aged 26 years and above) who mentioned knowledge of benefits to the child of BF as an enabling factor to their continued breastfeeding.
 - o Five of the younger group mothers mentioned knowledge of/value of the benefits of CBF, while only one of the older group members mentioned this (she specified LAM)
 - o Only one of the younger group members mentioned getting enough food as an enabler, whereas three older members mentioned this.

Complementary feeding practice and determinants

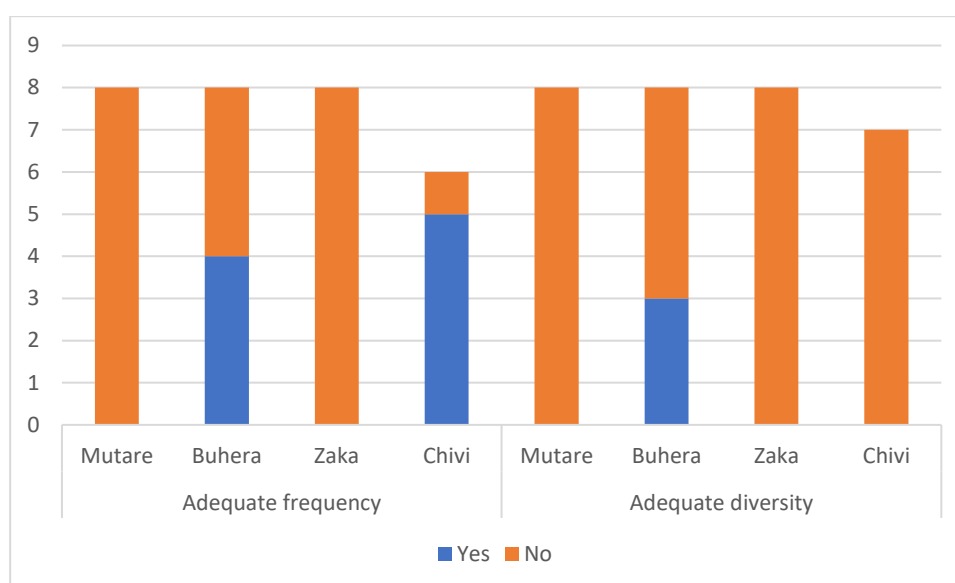
The TIPs were implemented in accordance with the following guidelines for feeding children aged 6-23 months. **An adequate diet for children 6-23 months** consists of age-appropriate frequency and quality:

Frequency: Non-breastfed children 6–23 months of age should be fed at least four solid, semi-solid or soft food feeds or milk feeds per day, with at least one of the four being a solid, semi-solid, or soft food/feed. Children continuing to breastfeed should be fed at least twice if aged 6–8 months and three times if aged 9–23 months.

Diversity/quality: Each day, children who are no longer breastfeeding should consume at least four of seven food groups: grains, roots and tubers, legumes and nuts, dairy products, flesh foods, eggs, vitamin A-rich fruits & vegetables, other fruits and vegetables, and those continuing to breastfeed should consume at least five of the eight food groups (with the eighth food group being breastmilk).

Out of the 32 case TIPs sample, at the first meeting, only three children were achieving adequate dietary diversity, and 9 had adequate frequency, as shown in Figure 2.

Figure 2. 12 Number of Children achieving adequate dietary diversity and meal frequency



At the 2nd meeting, a majority of SDAs (76% out of 49 total selected actions) that participants said they would try involved adding protein to the diet, with only a few of those being 'add animal protein.' Clearly, the discussions with TIPs researchers focused in most cases on addressing protein deficits by promoting the consumption of accessible, low-cost plant proteins. Virtually all the researchers noted concerns related to a lack of diversity in the diet. The majority of children were not consuming protein and micronutrient-rich diets. Meat, milk, and eggs were seldom eaten by the majority of these children. In addition, seven of them identified inadequate frequency. 16% of SDAs involved adding vegetables and/or fruits to the child's diet, and 12% involved adding the frequency of feeding. Details in left column In Table 12 below:

Table 12 Proposed SDAs

SDA identified at 2 nd meeting to try	#/% who tried it
Add eggs to the diet	9
Add peanut butter/groundnut powder to porridge	8
Increase plant protein	8
Add a meal/increase frequency	7
Add animal protein	5
Add <i>nyimo</i> powder to porridge	2
Increase Vit A rich foods	3
Add fruits & veg	2
Give child mashed foods from the family pot	2
Replace less nutritious snacks with fruit	1
Breastfeed for longer periods	1
Give sour porridge	1
Add to or replace Cerelac porridge as the main food	1



TIPs Research Assistants demonstrating how to prepare spinach to add to a child's porridge during a TIPs household visit in Ward 31, Zaka District. Photo taken by Mercy Jamba, Takunda Nutrition and Health Officer, Zaka District.

At the 3rd meeting, almost all participants had successfully tried practicing their SDAs. Some had multiple SDAs and did not manage all of them, but since the aim was just to try just one, they are counted as successful. The main **enabling factor** cited at the third meeting was the availability of the food in the house. Most mentioned availability of cash to buy foods, most frequently specified as eggs. Many of those mentioned it was due to their (and in two cases another family member's) ability to obtain day labor for income, and another two mentioned another family member was able to earn. Others reported that easy access to targeted foods was due to having stores in their household, having laying chickens, receiving handouts from relatives, or help from friends to obtain foods. Support from husband, grandmother, and VHW were specifically noted.

The most-reported **barriers** in practicing their SDAs had to do with the inability to obtain the targeted food; for example, one could not sell enough firewood to buy beans, eggs were eaten by the dog, or they couldn't get to the market to buy fruits. Sometimes it was the child's disinterest in new food or the child being sick.

Only two participants were recorded as not successful practicing their SDA at the 3rd meeting:

- One in Mutare aimed to add legumes but did not because she did not get any day labor, so she had no money to buy them. While she had peanuts, she forgot they were legumes. She intends to continue the effort to add animal protein, planning to try groundnuts next week since she has them available at home.
- One in Chivi aimed to add eggs but did not report efforts. She said the dog ate the eggs because there was no enclosure. She hoped to try next week. Notably, this case had poor recall of what was discussed last time.

At the 4th meeting, one of the unsuccessful participants became successful, one continued unable to practice the behavior, and two new participants were unsuccessful after practicing their SDA the week before. The following describes these cases

- Changed from unsuccessful → successful: She was successful with groundnuts, having selected a different behavior for which she was enabled, thus overcoming the barrier after failing to add legumes. The child enjoyed the porridge with this addition. She is moderately confident she can continue this practice.
- Continued unsuccessful: She was not able to add eggs again this week, citing a death in the family and a hectic household. She has low confidence she will be able to do the practice in the future.
- Changed from successful → unsuccessful: She had been able to give her child egg last time but discontinued because hens were no longer laying, and she had no money to purchase eggs. She has little confidence she will be able to continue the practice.

- Changed from successful → unsuccessful: Similarly, this mother aimed to give her child eggs. Her husband agreed to buy them. But the child refused to eat them boiled or fried, or even in the porridge. She aimed to try again adding to fermented porridge. But this week, her husband lacked the money to buy them again. She has low confidence in her ability to continue this practice.

The main **enabling factor** cited at the fourth meeting was, again, availability. Most mentioned either having their own production stores or having income from casual labor that enabled the purchase of targeted foods—a few mentioned gifts or handouts. Several mentioned support from relatives, and one particularly enthusiastic mother in Buhera cited the new knowledge she gained during TIPs on how to feed her child and the joy she feels is about feeding her child better. She sees her child's improved appetite, and despite some days not having enough resources, she feels confident to continue with a more diverse diet.

At the 4th meeting, 11 participants reported no **barriers**. Of those who reported challenges in doing their SDA, 13 said it was because they ran out or had no money to buy the food, and two said the children were not eating. There did not seem to be significant differences between the districts.

Dietary recall findings

There were significant differences between the foods reported as generally available to the household (without specifying the time of year) vs. foods reported consumed the previous day in a dietary recall. Recall showed sadza (maize porridge) to be the consistently consumed staple, while rice, sorghum, millet, and sweet potatoes were not consumed at all, despite 4-5 people reporting them as generally available. Cow peas, eggs, chicken, and beans were reported as widely available, but very few were actually consumed; groundnuts were the one protein source relatively consistently reported available and consumed. Fruits were the other category of food that many respondents said were available, but few reported actually feeding them to their children.

Between the first TIPs visit and the third one-two weeks later, some notable progress was made by participants. There was a slight increase in the number consuming maize, rice, and bread; and an increase in the number consuming virtually all of the protein foods. The number consuming fruits increased from only 2 to 8, while vegetables remained steady. Table 13 below shows all the foods reported available in rank order, followed by dietary recall results.

Table 13 Food reported as available VS food consumed by children

Food items reported available to households of complementary feeding TIPs participants	# of respondents reported foods available (at 1 st meeting)	# of respondents reported foods were consumed on 1st visit dietary recall	# of respondents reported foods were consumed on 3rd visit dietary recall
Starches			
Corn (Maize 19 sadza 10)	29	24	28
Rice	10	1	5
Sorghum (<i>mapfunde</i>)	5	0	1
Millet/pearl millet	4	0	0
Sweet potatoes	4	0	2
Bread	2	2	5
Sour/fermented porridge	9	5	5
<i>Mahewu</i>	11	11	9
Protein			
Cow peas	16	2	4
Ground nuts/peanut butter	13	10	14
Chicken	11	1	3
Beans	10	3	6

Food items reported available to households of complementary feeding TIPs participants	# of respondents reported foods available (at 1 st meeting)	# of respondents reported foods were consumed on 1st visit dietary recall	# of respondents reported foods were consumed on 3rd visit dietary recall
Eggs	7	0	2
Milk (cow's milk)	5	2	2
Chunks/soya chunks	3	1	2
Fish	3	1	3
Goat meat	2	0	0
<i>Kapenta</i>	2	0	0
<i>Matemba</i> , Guinea fowl, <i>Nyimo</i> , Beef, game	1 each	0	3
Cerelac		1	0
<i>Vegetables</i>		22 (unspecified veg)	22 (unspecified veg)
Tomatoes	18		
Green leafy veg (including <i>covo</i> , spinach, <i>muboora</i> , <i>tsunga</i>)	14		
Cabbage	6		
Onions	6		
Rape	3		
Carrots	3		
Avocado	2		
Okra	1		
Fruits		2 (unspecified fruits)	8 (unspecified fruits)
<i>Shumha</i>	5		
Oranges	4		
<i>Nyii</i>	3		
Watermelon	2		
Mango	2		
<i>Masawu</i>	2		
<i>Matohwe</i> , <i>tsvubvu</i> , <i>natjies</i> , guava, mulberry, <i>nhunguru</i>	1 each		

Some caregivers were quite resourceful in making adaptations, for example, a Zaka woman added groundnuts to her child's porridge, but the child did not like it, so after two attempts, she tried adding eggs, and that improved the child's eating. Frequency increased as well as variety, and this mother noticed weight gain and improved health. At least one mentioned trying to exchange casual labor for food items.

Social Support

TIPs asked about social support systems (Table 14), and participants most often cited female relatives as those they consulted for support during the TIPs. Friends or neighbors were the next most consulted, followed by mother-in-law and husband. Notably, village health workers were least likely to be consulted on these issues related to complementary feeding, although a few did give advice on diversifying the child's diet. This is not a surprising finding, as in general, people talk most to those in closest proximity. In rural households, particularly in conservative, Apostolic households where mothers may be young and not out in public as much, it is natural for women to consult the most with family members or friends and neighbors they have easy access to. The minor role of VHWs here could be an indication that the VHWs are not coming around very often.

While husbands were only reported by 12 of the 32 participants as having been consulted, their role in child feeding is essential, particularly as it relates to making food available in the household and ensuring the available food is of the right quantity and quality. Strategies and activities to increase their awareness and support in this area are essential.

Table 14 Social support for complementary feeding

Persons consulted (combined reports from 3 rd and 4 th meetings)	# of respondents who mentioned
Other female relatives (sister, sister-in-law, maternal grandmother, co-wives)	23
Friends and/or neighbors	20
Mother-in-law	13
Husband	12
No one	8
VHW	6

At the 3rd meeting, 2/3 of the participants consulted family members, and 1/3 spoke to church women, friends, or VHW. In almost all cases, the influence of those consulted was positive, with respondents reporting encouragement to add new foods and providing practical help in some cases. Chivi was the only district where respondents reported, at the 3rd meeting, some negative responses from those they consulted. The friends and neighbors were skeptical about the new practices they heard about because of limited resources. But one affirmed that an unsupportive attitude ‘did not deter me,’ and similarly, another asserted confidence in her knowledge about the benefits of nutritious foods. One Chivi respondent reports her friends’ negative response was that the project should bring assistance rather than offering knowledge alone.

At the 4th meeting, in Chivi (where previously only two had consulted family), none of them reported consulting family members, while in other districts, social consultations remained mostly the same. In the 4th meeting, there were no more negative influences reported. Only one participant (Chivi) noted some negative feedback along with positive. At the 4th meeting in Zaka – all influences were positive except one n/a, and in Buhera and Mutare, the influence was 100% positive.

Potential for boosting consumption in complementary feeding

Responses do not indicate how much of a particular food is available nor how much or often it is consumed. From participants’ comments, it seems that ground nuts, beans, and cow peas are relatively available and easy to incorporate. The dietary recall from 3rd and 4th meetings shows only one more participant feeding her child legumes, but comments suggest that they may be feeding their child more, as in some cases, they mention improved frequency. Eggs seem to be the most commonly available foods that were targeted in TIPs, and dietary recall shows improvement. But many obstacles are also noted, so the potential for sustaining an increased quantity of eggs is not clear.

Confidence in continued practice

Overall, the reported confidence and experience of participants suggest good potential for continuing their improved feeding practices. Eighteen participants rated their confidence ‘high’ for continuing, and only 4 rated their potential ‘low.’ Notably, 100% in Buhera were highly confident, while only one was in Mutare (there, 3 were ‘low’ and 4 medium). In Zaka, 7 were high (1 medium), and in Chivi, it was a mix (3 high, 3 med, 2 low). This suggests that the greatest need for support may be in Mutare and Chivi, where participants did not feel much confidence in continuing their practices. An example of reported intentions is a mother who says she will try to farm more beans during the coming season so that she will have enough for the child and the family as well. Some respondents speak of particular

opportunities, like saving money from bus fares due to changes in seasons. Most reporting confidence in future improved feeding voice the caveat that it depends on the availability and their economic resources.

Observed effects on child

By the end of the last TIPs meeting, only five of the sample had not reported any improvement in their child since the beginning of TIPs. Of those, 3 had adopted their SDA behavior with a medium level of confidence in continuing, while 2 had not adopted it and did not expect to in the future.

More significantly, 27 respondents reported seeing some kind of improvement in their child over the weeks of TIPs. Of those, 100% had successfully adopted their targeted behavior, and of those, 22 reported high confidence in continuing, with 5 feelings of medium confidence. It appears that observing positive effects on the child helps drive continued practice. The most frequently reported positive changes are improved appetite and improved weight gain/growth. Several women report that adding new foods to their child's diet increases their appetite, which makes mothers happy. One says she noticed a positive change after she stopped giving 'zappy nax' to the child.

A Mutare mother explains even she benefits as well as the child:

"It is good as I am getting more time to rest as the child looks full and has reduced their frequency of breastfeeding. These visits have been helpful because I haven't received any information on complementary feeding. The baby is now walking, and she looks healthy. I wish I had taken a picture of her the first visit we met and now this visit so I could show other mothers."

Women's dietary diversity TIPs: current diet practices for WRA

The second TIPs investigating dietary practices was for Women's Dietary Diversity, which focuses on the behavior: "Adolescent girls (10-14 years) and WRA (15-49 years) consume diverse, nutritious foods daily." An adequately diverse diet is defined as daily consumption of at least five of ten food groups: Grains, white roots and tubers, and plantains, Pulses (beans, peas, and lentils), Nuts and Seeds, Dairy, Meat, poultry and fish, Eggs, Dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables and other fruits.

WDD = Adolescent girls (10-14 years) and WRA (15-49 years) consume diverse, nutritious foods daily.

Adequately diverse diet = daily consumption of at least five of ten food groups: Grains, white roots and tubers, and plantains, Pulses (beans, peas and lentils), Nuts and seeds, Dairy, Meat, poultry and fish, Eggs, Dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables and other fruits.

At the first TIPs meeting, only three out of 32 women reported consuming a diverse diet meeting this standard. Most women (18) reported eating three times a day (either two meals + snack or three meals), eight reported eating two meals and no snacks, and five women reported eating four or more times a day.

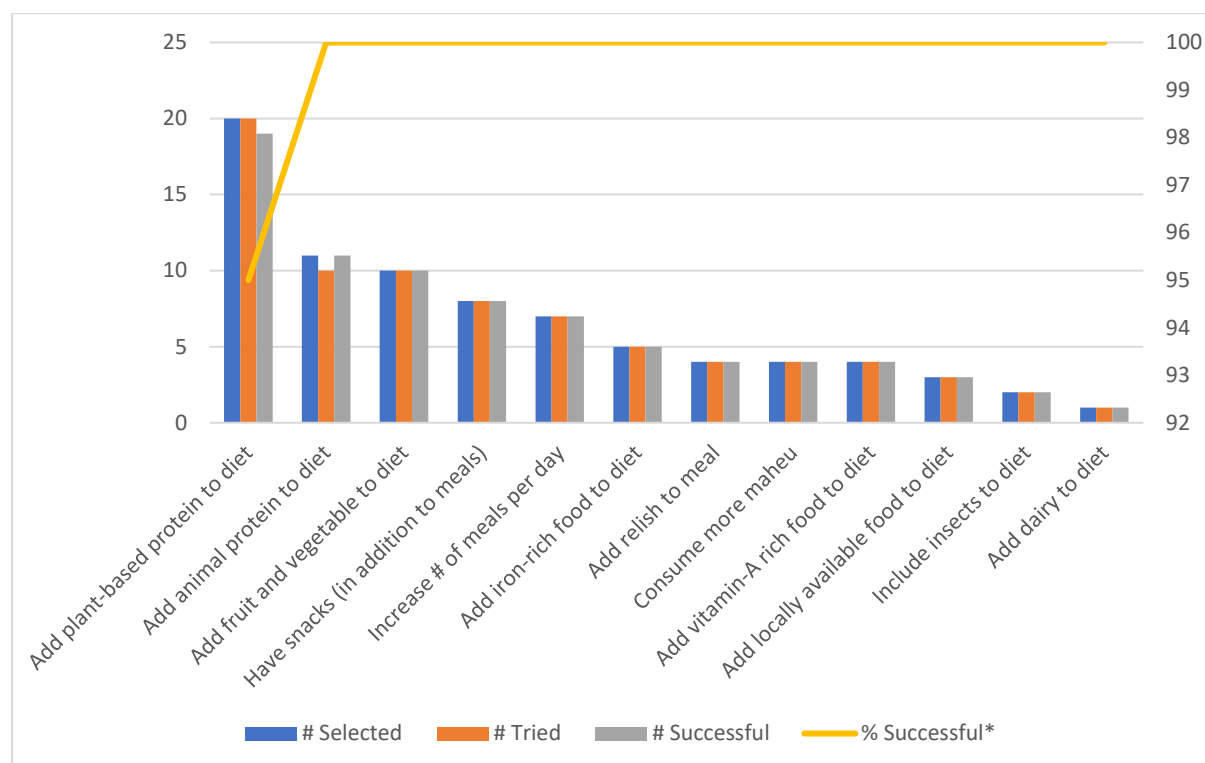
Data were collected across four TIPs household visits discussing changes in participants' dietary practices regarding the full behavior (adopting an adequately diverse diet) as well as their experience practicing selected SDAs that represent steps towards the larger behavioral goal.

By the end of the TIPs, nine women out of the 32 participants reported successful practice of full dietary diversity as well as practicing their SDA. Given the limited resources in participating communities and the lean season during research, finding 28% of the sample have improved their diet enough to meet the standard of full dietary diversity is perhaps an encouraging sign.

Many people seemed motivated to try to add more to their diet and managed to get something from the family's existing food stores or collect wild fruits or relatively easily available food sources. Many were

able to add to the amount they consume daily, as well as incorporate new things, from dried beef to carrots. While focus group discussions highlighted a common theme of unsupportive husbands, about ¼ of TIPs participants reported receiving good support from their husbands for improving diets and this willingness to reallocate family resources for the sake of maternal health was appreciated by those women. Figure 3 below summarizes each of the SDAs that were tried, the number of participants who tried them, and the percent who were successful in practicing that new behavior. In ANNEX 2, data are presented fully, including a breakdown by the district.

Figure 3. SDAs tried and their success rate

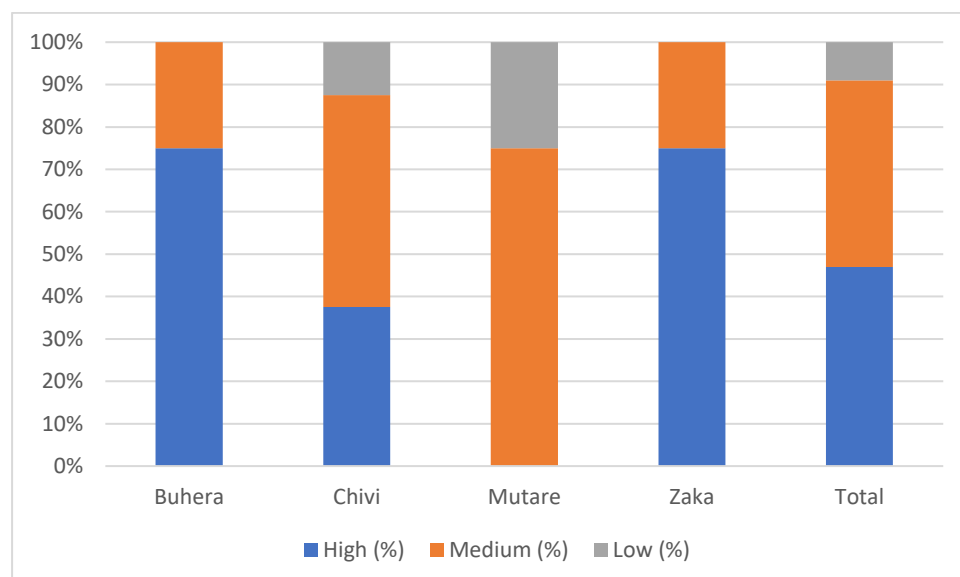


*Participants were counted as 'successful' in practicing the selected SDA if, at the beginning of the 4th meeting, the participant reported she continued to practice the SDA (at least one of them, if they had selected multiple).

Except for the practice of adding plant-based protein to the diet, all practices brought success rate, with 100% of those trying them succeeding. But the greatest number of participants attempted to add plant protein to their diet—a nutritionally high-impact change--and 95% were successful.

Participants were asked at the last TIPs meeting how realistic the expectation is that they will continue their new practice. Their confidence ratings showed that overall, less than 10% had a low expectation of continuing – with none at all in that category from Zaka or Buhera, where a full 75% rated themselves highly confident (Figure 4).

Figure 4. Confidence levels for continued practice



Regarding the adoption of the full targeted behavior of consuming an adequately diverse diet, participants showed an improvement, with the average rate of success going from 9% in the first meeting to 19% after the second week of TIPs and ending at the last meeting with 28% of the sample eating a diverse diet.

At the first TIPs visit, participants were asked what foods they typically consumed. Dietary recall data were collected at the 1st, 3rd, and 4th TIPs meetings, for comparison. Table 15 lists foods mentioned and recall results. Not surprising, maize is by far the most common starch, with no others besides porridge (and we don't know what it's made of) being mentioned more than just three times at the first meeting. Over subsequent weeks, maize consumption was unremarkable, while a slight increase was reported in porridge and bread consumed. Vegetables are widely mentioned as available, particularly tomatoes, green leafy vegetables, and onions. Surprisingly, vegetable consumption seems to have declined during TIPs, with 22 reporting eating veg at the 1st meeting and down to 16 at the 3rd and 4th meetings. Fruits are not consumed much, and no notable change was observed. The most important protein source reported is ground nuts, with 14 mentioning them (including peanut butter), followed by cow peas. Small amounts of chicken, eggs, soya chunks are eaten, and rarely other sources such as meat, fish, and milk. Notably, over the course of the TIPs meetings, consumption of several proteins declined – with only peanut butter and fish getting more reports on the 4th visit and many staying almost unchanged.

Table 15 Food mentioned and recall results

Food	Foods mentioned as commonly eaten (visit 1)	Dietary recall (visit 1)	Dietary recall (visit 3)	Dietary recall (visit 4)
Starches				
Corn (maize, <i>sadza</i>)	33	40	55	49
Rice	3	2	5	1
Porridge	9	7	9	14
Millet (<i>rapoko</i> , <i>rukweaza</i>)	1	0	1	1
Potatoes	1	0	1	0
Sweet potatoes	3	1	0	0
Bread	2	5	5	9
Macaroni	1	0	0	0
Refined cereal	0	0	3	0
Vegetables	22	22	16	16
Tomatoes	6	11	19	22

Food	Foods mentioned as commonly eaten (visit 1)	Dietary recall (visit 1)	Dietary recall (visit 3)	Dietary recall (visit 4)
Green leafy veg (including <i>covo</i> , spinach, <i>muboora</i> (pumpkin leaves), <i>tsunga</i> (mustard leaves), blackjack leaves)	4	8	15	10
Dried vegetables	5	7	4	6
Cabbage	2	0	0	1
Onions	4	6	9	13
Pumpkin leaves	1	0	1	1
Okra	1	0	0	0
Fruits				
<i>Shumha</i> (jackal-berry fruit)	2	3	5	2
Fig	0	0	1	1
<i>Matemba</i>	1	1	3	0
Berry fruit	1	2	3	3
Oranges	0	0	1	0
Banana	0	0	1	0
Paw paw	1	1	1	0
Apple	0	0	1	0
Jackfruit	0	0	0	1
<i>Masawu</i> /jujube	1	1	0	0
<i>Matowe</i> (snot-apple)	0	0	0	1
Protein				
Ground nuts	9	9	3	7
Cow peas	9	8	6	7
Peanuts/peanut butter	5	4	9	14
Beans	4	3	5	4
<i>Mutakura</i> (peanuts and beans dish)	3	3	1	0
Chicken	2	1	3	3
Eggs	2	1	1	1
Milk	2	0	1	1
Chunks/soya chunks	2	0	1	1
Fish	1	2	3	4
Beef	1	1	4	2
Soya mince	1	0	1	0
Nuts	1	0	0	0
Meat	1	0	0	0
Goat meat	0	0	0	1

Barriers affecting WDD practices

Barriers limiting women's adoption of dietary diversity were mostly material factors. Only two mentioned negative social influence from 'sister wives' or from husband and neighbors. Barriers cited include:

- Eating beans requires more firewood to cook. To save on firewood, some learn to soak beans ahead and reduce cooking time.
- It is a struggle to find money to buy extra food to add plant protein
- The lean season is very hard to add foods to the diet
- Tomatoes were expected cash crops, but insects destroyed them.

Enabling factors affecting WDD practices

Enabling factors supporting the adoption of WDD cluster around a) practical or material support in the acquisition of food – such as husbands going out to spend his money to buy new foods, or a brother-in-law going fishing and sharing, and b) social support, such as a friend offering verbal encouragement affirming the value of eating a better diet, or relatives taking an interest in learning about nutrition from the participant. The people who provided positive support during TIPs were mostly family. The majority were female relatives (12), roughly similar numbers citing elder women/grandmothers as others like daughters and sister-wives. There were as many (8) husbands being supportive as other friends and neighbors.

Some women took encouragement from relatives who wanted to learn more from her about nutrition. And at least one reported it felt good to be able to improve the diet for the whole family as a result of TIPs.

Several women report increased energy from eating better, particularly after eating protein. They report this feeling drives them to sustain the practice—or at least it motivates them to try.

One interesting positive consequence arose from one woman who believes improving her own diet has an impact on a child's welfare. By eating beans, it made her drink more, which made her lactate better, which made the baby happier:

She feels good and happy because before, breastfeeding was painful, but when she started eating beans, she now drinks more water, and she is now producing more milk, which is more than enough for the baby. The baby is no longer crying like before because the baby is also receiving enough food from the mother

We looked to see if there were correlations between the success a woman had in practicing her SDA and the support she received. There were only two reporting negative influence, and, in both cases, they successfully practiced their SDA, although neither succeeded in consuming an adequately diverse diet. Most of those who successfully practice their SDA as well as full dietary diversity through TIPs reported having good support from family and/or friends in the process of improving their diet.

Key Findings: Adoption of Women's Dietary Diversity Practices

- At the 1st meeting, only 4 out of 32 reported consuming an adequately diverse diet.
- Each week the number who improved diversity increased
- By the 4th meeting, nearly half of participants practiced full dietary diversity as well as successfully practicing their selected SDA.
- 62% selected adding plant protein as SDA and 95 were successful by the 4th meeting. Half as many aimed to add animal protein and 82% were successful.
- Greatest success (100%) came from adding fruits & vegetables.
- ¼ of husbands supported improving their wives' diets
- Key barriers were:
 - Unavailability of foods (lean season)
 - Lack of money to buy extra foods
 - Extra firewood needed to cook beans
- Key enabling factors:
 - Family members providing extra foods
 - Encouragement from female relatives and husbands and neighbors

Variations by woman's age: There were no teenagers recruited in the sample. Seven (7) respondents were aged 18 – 25 and 25 cases were aged 26 and above.

- **Barriers** cited showed no significant difference between younger (18 – 25 years) and older (26 years and above) women. Almost all of the barriers for both groups were 'lack of food' (or the particular food for SDA). Among seven cases in the younger group, five (70%) mentioned lack of food as a barrier in at least one of the last two meetings, while 19 out of 25 in the older group (76%) mentioned this.
- **Enablers** among both groups similarly cite the availability of targeted foods. However, there was a **significant difference in the role of family support—cited by 57% of the younger members vs. only one out of 25 in the older group**. Among the older group, only one woman mentioned the support from her husband helped her change her diet. However, three out of the seven respondents in the younger group mentioned the support of their husband and one mentioned support of her grandmother.

WASH Practices

The next two sections draw on data from the Handwashing TIPs and the Latrine Construction BFA to describe current handwashing and sanitation practices, as well as barriers and enablers to improving these behaviors. Some findings from KIIs are included after BFA data.

Handwashing at critical times

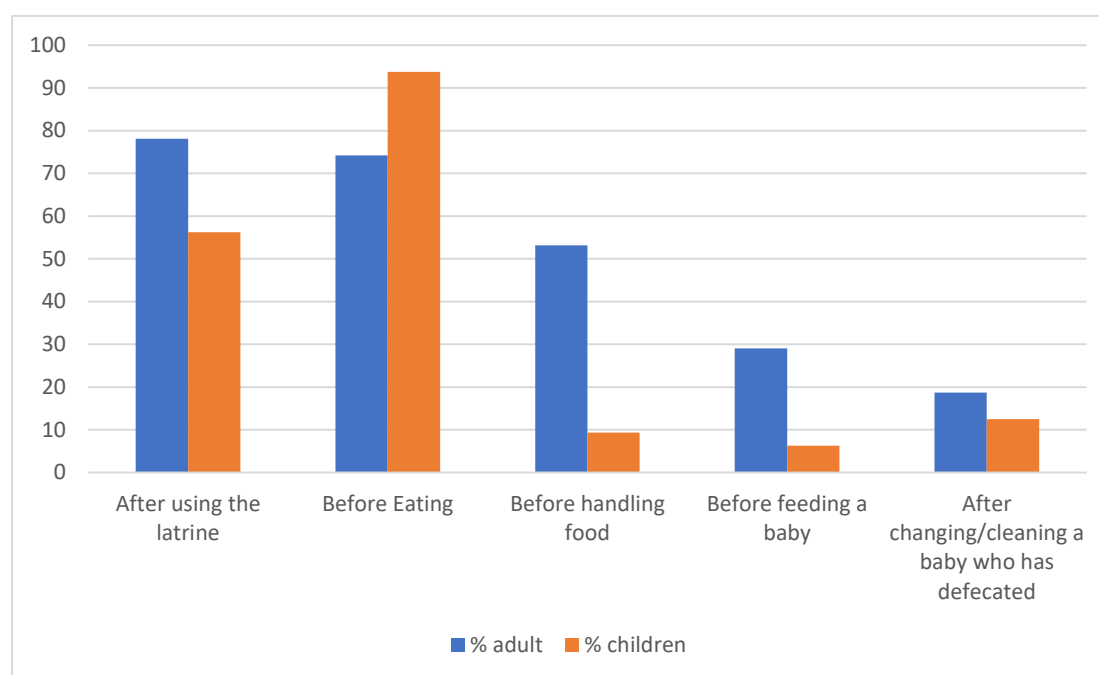
The targeted behavior, "Household members wash hands at five critical times," is defined as successful when a respondent washes hands at all these times:

1. After using the latrine
2. After changing/cleaning a baby who has defecated
3. Before handling food
4. Before feeding a baby
5. Before eating

Handwashing is a relatively complex behavior that requires multiple resources and steps to accomplish effectively. Research assistants observed that many households did not have adequate facilities for handwashing. When requested to demonstrate how she washes her hands, many participants did not use adequate techniques. It was common to dip hands into a communal water container rather than use a tippy tap or way to wash under running water, and many neglected rubbing hands. Only 7 people gave an adequate demonstration of handwashing at the first meeting (1 in Mutare, 4 in Buhera, 2 in Zaka). As of the first TIPs meeting, none of the participants **practiced the full target behavior** of handwashing at all five critical times. But a high proportion of our sample successfully improved over the course of the TIPs engagement. At the 3rd meeting, 22 participants (about 69%) reported handwashing at all critical times (this was nearly equal across districts). And at the 4th meeting, it went up to 29, or 94% of the sample.

To promote the full behavior of handwashing with soap and water in five distinct situations throughout one's day, it is important to differentiate the extent of successful practice in each of those circumstances. By far, the most common times for adults to wash their hands are after using the latrine (reported at the first meeting by 78% of respondents, averaged across districts, which ranged from 62% in Chivi to 100% in Zaka), and before eating (74% average, ranging from 43% in Buhera to 100% in Chivi). More than half reported washing before handling food. Notably, lower numbers reported washing hands before feeding a baby or after cleaning a baby who has defecated (Figure 5).

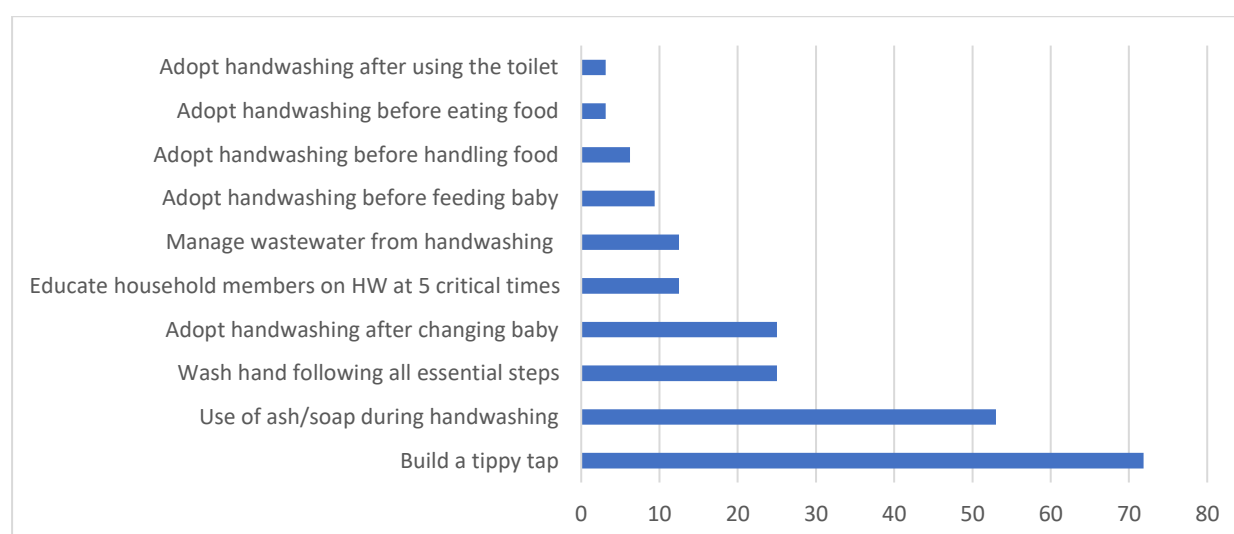
Figure 5. Proportion of adult and children who wash hands at each of the five critical times.



Regarding washing children's hands, all respondents across districts report very high percentages of handwashing before eating (100% in Mutare and Zaka, 87.5% in the other districts). Chivi had the same number reporting handwashing after using the latrine, but for other districts, the reports are lower. In no district was there more than one person saying she washed her child's hands at other critical times (after cleaning the child after defecation, before handling food, and before feeding the baby).

After the first assessment meeting, each respondent negotiated small doable actions (SDAs) that they selected to try in the coming week. Figure 6 shows the number of participants who selected each of the actions. By far, the most popular activity was to build a tippy tap for handwashing, with almost 72% aiming to try that—over half aimed to try using ash or soap. Many respondents selected more than one action to try. Reports indicate that respondents did follow through by attempting almost all the selected actions during the following week. At the last meeting, 100 percent reported that they continued to successfully practice their SDAs.

Figure 6. SDAs selected by participants



We inquired about support participants may have had in adapting new handwashing practices. Almost all said that she, the mother, was the household decision-maker when it comes to handwashing, although a few mentioned the father, grandparent, or sibling were involved. About 2/3 mentioned

talking with a health care worker about handwashing, receiving instruction about tippy taps, and the importance of handwashing for hygiene, especially for Covid-19 prevention. Almost half the respondents mentioned learning about handwashing in the context of Covid. Respondents also talked about handwashing with neighbors, friends, and relatives, who affirmed its value and learned from several NGO projects and from community officers like VHW and EHT, or church leaders—all of whom have emphasized the importance of handwashing for disease prevention in the context of Covid-19. Respondents virtually all say that their household members share their views about the importance of HW, although a few notes that before Covid-19, husbands were not supportive, and some family members complained of wasted water.

Research assistants record high success rates based on clients' self-reports and indicate a majority of participants did experience improvements in handwashing practices. Many note improved commitment and knowledge (many had good recall of the five key times,) a few got family members engaged and even educated neighbors, promoting HW. Some report increased frequency of handwashing. Many tippy taps were installed, and at least some seem to be using them, although it is impossible to know with what frequency. But in other cases (5 out of 8 in Mutare), research assistants note there was no evidence of tippy tap being used. Ultimately, sustaining the water supply seems most likely to be a challenge.

When asked, "Realistically, what is the chance that you will consistently practice handwashing at the critical times from now on?" Twenty participants rated their confidence 'high' that they would continue, 10 had medium confidence, and only one person said she was not confident she could continue her new handwashing practices. (The total sample was 31 for this question).

These numbers suggest participants achieved striking success improving their handwashing practices. Looking at behavioral determinants will help explain that success and point out challenges that could make the practice difficult to sustain.

Handwashing barriers. By far, the most pressing barrier in practicing handwashing is the availability of soap and water, with soap being mentioned more than water. TIPs researchers generally explain and encourage the use of ash as an alternative, and many reports try that when soap is not available. Presumably, limited availability of necessary supplies similarly limits how often or how well caregivers wash their children's hands; but when it comes to the practice of handwashing a child's hands, the most cited barriers pertain to behavioral issues rather than supplies. It was the interactive component that was most burdensome for parents, as their regular household demands or piece work away from home keep them busy and make them fatigued; young children require supervision to wash hands, and that extra time was hard to provide. That same barrier was the 3rd most cited for own handwashing—so clearly, the time and effort of handwashing is a burden for busy people, whether it is for oneself or a child.

Table 16 Barriers mentioned and the frequency they were mentioned for both caregiver and child

Barriers to adult handwashing	# citing
Lack soap	12
Lack water	7
Demands of household, work, childcare	5
Knowledge gap	2
No one to assist for pouring water method	2
Away from home, no soap	1
Barriers to washing child's hands	# citing
Demands of household – the child needs supervision	11

Child too distracted	4
Lack knowledge	2
Child resists	1
Lack of soap	1

Other barriers that are discussed in transcripts include the common problem of kids playing with the tippy-tap equipment, taking it away or damaging it, or playing with and wasting water. Sometimes animals destroy the equipment if tippy taps are not hung properly from a tree branch or something appropriate. A very basic barrier is that without some kind of tap or container with flowing water that can be opened and closed, a person is dependent on the presence of another person to pour water, which is why some respondents say they cannot manage to wash their hands when home alone or with just young children.

Forgetfulness is another real barrier affecting many. It points to the challenge of changing habits and indicates the value of injecting ‘cues to action’ as part of an SBC strategy for hand washing.

Handwashing enabling factors. Participants were asked about enabling factors at 3 TIPs visits. The first responses clustered almost exclusively around material factors: receiving demonstrations on how to wash hands and install Tippy Taps, having water or ash available, having household labor to help, and having no-cost material available to set up the TT.

At the next meeting, some additional enablers were mentioned that were focused more on support. Many spoke of encouragement from their husbands and other relatives, even neighbors. One mentioned receiving a helpful information sheet and one credited support from VHW, and a few also mentioned the help from Takunda with supportive reminders and education. At the last meeting, the main message was that successful handwashing practice was enabled by continuing support from household members—especially help to collect water and maintain tippy taps.

Another enabling factor mentioned rarely was the visual cue of having a Tippy Tap as a reminder to wash hands. One of the most meaningful enablers seems to be the positive feelings some participants describe. A buoyant attitude was expressed by some who had a *“good feeling of being safe and hygienic when hands are clean”* and felt empowered from their learning. *“I feel so encouraged, and I am happy about what I have learned throughout this period,”* said a woman in Buhera who also described her success troubleshooting to protect her tippy tap from goats by putting a fence around it. Some participants clearly demonstrated growth in learning and enthusiasm for promoting new habits with others. Success makes them feel good and spurs behavior maintenance.

One notable enabling factor with SBC strategy implications is the value of what we call “teach back.” In administering the TIPs methodology, on the second meeting, when research assistants offer guidance on suggested actions, after their explanations, they ask the participant to teach back to them, saying in their own words what they understood from the information presented. And at the 3rd meeting, again, their recall was elicited. This is a technique for counseling and education that allows providers/Research assistants to discover how much of the new information was absorbed. It is based on psychological research that suggests adult learning will stick better when a person processes new information actively by speaking it out loud in their own words. Our data can’t draw precise associations between effective ‘teach back’ and successful behavior adoption, but qualitative indications suggest it is a valuable way to reinforce new information and foster a sense of ownership over new ideas, which should be promoted in any counseling and education interactions during implementation.

This case provides an illustration of a common progression through TIPs and includes the role of ‘teach back’:

She began the first meeting with poor handwashing techniques and awareness, only occasionally washing hands after using the toilet or before eating. But she showed interest. [Chivi research assistant]

On the next visit, she reported having tried washing hands in a new circumstance. After the counseling, the researcher noted:

The respondent's teach-back was good. She managed to explain the idea of setting up tippy taps and using these for handwashing after using the latrine. She also mentioned the use of soap for effective handwashing. She also mentioned the importance of using a bucket with a tap for handwashing in food preparation premises as well as managing wastewater through planting fruit trees at the handwashing station/tippy tap.

At the 3rd visit, her 'teach back' was again strong, as she voiced a good recall of information from last time. She reported increased frequency of handwashing and had installed a Tippy Tap and repaired a second one. She engaged with questions and expressed commitment, and on the last visit, she had increased the handwashing frequency/circumstances further, and the TT remained strategically located at the edge of the yard, with ash on hand.

I am very happy about managing to implement the suggested SDAs. I am happy to see my family members, especially school children washing their hands before entering the house it makes me happy.

This participant's enthusiasm and commitment grew over the weeks of TIPs, and she even reached out to a church friend and a neighbor

I encouraged them to set up tippy taps at their homesteads. They were very encouraging, and my neighbor took it as a challenge and set up her own tippy tap at her homestead. I feel honored with the response by the neighbor and by the churchmates.

This case ends with improved knowledge, attitude, frequency, and effectiveness of handwashing — she is recorded as successful in practicing handwashing at the five critical times. The participant's level of confidence in continuing the new practice went from 'medium' to 'high' by the last meeting, and she has diffused her example to others in her social network.

The quantitative indicators of success and some qualitative reports of handwashing being 'easy' may not fully capture the reality of handwashing practices. While not common, there are several respondents who depict it as easy:

"Installation of a tippy tap and washing my hands after using the latrine has been made easy by using the tippy tap. All are now washing hands." [Buhera]

"She feels so happy about her achievements. The education she got from Takunda made it easy for her to continue with the SDAs." [Mutare]

"It's easy to keep practicing for my family members and me. The tippy tap is interesting for children as well. Everything is easy already." [Chivi]

But research assistants record their observations of absent or broken tippy taps, unused tippy taps, no 'run to waste' method available, no soap in a convenient place. In some cases, when the caregiver was asked to demonstrate how she washes her child's hands, it was obvious that the child is not used to this behavior, contrary to what the mother had said about her typical practice. We can expect that participants are demonstrating their best technique when being observed, and given researchers' reports of faulty methods, we can assume they are even less effective when unobserved. Such observations, along with the self-reported barriers (no time, no money for supplies, etc.) suggest that consistent handwashing at all five key times may not be as common as the quantitative TIPs data suggest.

Here's a telling quote from a Mutare research assistant:

"Respondent showed high confidence in her ability to continue successfully with all the SDAs. However, her responses and actions, as well as observations made, did not seem to match. The tippy tap that was established was no longer standing. Chances are very low that she will continue with hand washing. During the last visit, she made it very clear that she had hoped all this time to get some handouts / some form of incentives from the Takunda team."

Latrine construction

To answer this Purpose 2 research question, the SBC-FRS employed the BFA method to investigate household construction of latrines as an essential intermediary behavior for the use of latrines and reduction of open defecation practices. We also asked key informants their views on the potential for this and other WASH practices. All key informants interviewed mentioned the value and potential for latrine construction and reported a strong role being played by EHTs to educate and promote the practice. Kis point out that while community members might not have money to buy cement, they are able to mold their own bricks and dig the pits, and with EHT guidance and training, more latrines can be built.

FGD did not specifically ask about WASH and latrine construction, but at least a few FGD participants indicated the need for more latrines in their communities, as in this comment from Zaka women's FGD:

Open defecation is a problem in the area. This is because most households do not have toilets in the community. Lack of resources to construct as many people are poor.

The BFA data for latrine construction show only two significant determinants, both reported by Non-Doers. The **enabling factor** is social approval: Non-Doers are more likely to say that community members would approve of them constructing a latrine. The **key barrier** is lack of money: Non-Doers are nearly 5x more likely to say that lack of money makes it difficult to construct a latrine.

Key Findings: Household Construction of Latrines and Safe Disposal of Child's Feces

- ❖ Respondents reflect general perceptions on the value of latrines and safe disposal of child's feces for infection prevention, but barriers beyond lack of money for materials are not identified.
- Data Sources: BFA, KII
- Latrine construction is promoted through the existing environmental health system.
- Availability of material to mould bricks and labor to dig pits are potential enabling factors
- BFA found two significant determinants:
 - Enabler is perceived social approval of the practice
 - Barrier is lack of money for material
- Safe Disposal of child's feces:
 - Enabling factors: Presence of a latrine, perceived efficacy of the practice to prevent diarrheal infection and perceived risk of infection without the practice.
 - Barriers: lack of a latrine is the overwhelming barrier to the practice.

The BFA data do not reveal much about perceived benefits. None of our methods investigated attitudes about open defecation, knowledge about the fecal-oral disease cycle or other demand-side factors that could influence receptivity to campaigns promoting latrines and safe disposal of children's feces. Since our BFA findings show social approval is perceived to be high, and money is the key limitation for latrine construction, remaining data gaps suggest further investigation is recommended before launching a such campaigns.

Table 17 presents statistically significant results from the Latrine Construction BFA.

Table 17 Statistically significant results from the Latrine Construction BFA

Behavioral determinant	Household construction of improved latrine by male or female household head.
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Perceived efficacy	Self-	Non-Doers are 4.8 times more likely to respond that lack of money makes it difficult to construct a latrine
Perceived Norms	Social	Non-Doers are 2.3 times more likely to respond that neighbors/community members are the people who approve of them constructing latrines.

Safe disposal of child feces

The behavior means: “Mothers/caregivers of children under 5 years practice safe disposal of their child’s feces by disposal in a latrine or by burying it.”

Enabling factors: The main enabling factors identified for the practice are having a latrine and the perception of its value in preventing infection, along with the perceived risk of infection if they do not. Doers are more likely than Non-Doers to say they are “very likely” to get diarrhea without practicing safe disposal and to report perceiving the efficacy of safe disposal as preventing diarrheal infection.

Barriers: The overwhelming barrier to the safe disposal of a child’s feces is the lack of a toilet/latrine. Non-Doers are over 26x more likely to cite this factor as making safe disposal of child’s feces difficult, and they are 10x more likely to say it is “very difficult to get what you need.” On the other hand, Doers report it is “not difficult at all,” and having access to a toilet/latrine makes it easy for them to safely dispose of.

Table 18 Statistically significant results from the Safe Disposal of Child Feces BFA

Behavioral determinant	Safe disposal of children <5 years feces by mothers or primary caregivers of children under 5 years
Perceived Self-efficacy	Non-Doers are 26.2 times more likely to respond that not having a toilet/latrine makes it difficult to safely dispose of, while Doers are 2.8 times more likely to respond that having a toilet/latrine makes it easy for them to safely dispose of.
Perceived Access	Non-Doers are 10 times more likely to respond that it is “Very difficult” to get what you need to practice safe disposal, and Doers are 4.4 times more likely to respond that it is “Not difficult at all.”
Perceived Susceptibility/Perceived Risk	Doers are 2.2 times more likely to respond that they are “Very Likely” to get diarrhea without practicing safe disposal
Perceived Action Efficacy	Doers are 2.3 times more likely to perceive that practicing safe disposal will “very likely” prevent diarrhea.

Potential for WASH activities

Key informants were asked what potential they see for developing WASH in their communities. All affirm the potential to expand latrine construction, although few specifics on how are offered. They highlight the role of education and support for the construction of WASH infrastructure through the environmental health system, but some also note the need for community members to participate more by attending meetings and working with health officers to realize the potential for progress. A concern for Apostolic communities is some resistance to getting involved in sanitation activities they think may involve drugs.

EHTs play a critical role in providing health and hygiene education and technical guidance on construction, and VHWs reportedly visit homesteads with chemicals for treating water while promoting WASH practices at the household level. They also have a close view of the challenges of maintaining WASH facilities and the potential to help ensure new projects are well planned to be sustainable.

Some KIs stress the need for more training — on toilet construction, building piped water infrastructure, and installation of hand washing facilities. One KI in Zaka suggested Takunda consider the model of a WASH project in schools that built toilets and hand washing facilities, recommending cascading this effort to households.

The BFA data do not reveal much about perceived benefits. Neither BFA nor KIs investigated attitudes about open defecation, knowledge about the fecal-oral disease cycle, or other demand-side factors that could influence receptivity to latrine campaigns. Since our findings show social approval is perceived to be high, and money is the key limitation for latrine construction, further investigation is recommended before launching a latrine campaign.

Reducing Vulnerability to Shocks

Vulnerability drivers. Key informants describe the main drivers of vulnerability similarly across districts. By far, the most often mentioned was the lack of water for food production. Many KIs mentioned drought, climate instability, and lack of irrigation as fundamental causes of vulnerability. This links with hunger/food insecurity and lack of nutritious foods, which were mentioned by many KIs. The second most mentioned factor was poverty – including reference to low income and lack of employment or income-generating activities. Many of the drivers related to agriculture, including lack of inputs, poor soil, and livestock disease which were also frequently mentioned. Health factors are also rated highly as vulnerability drivers, including lack of clean drinking water, the lack of access to health services, and illnesses like malaria. Several KIs also mentioned donor dependence or the “dependency syndrome” as a key driver of vulnerability.

Perceived preparation. When asked how prepared they were to manage unexpected, unfortunate circumstances like droughts, floods, economic challenges, death, or sickness in the family, respondents across districts expressed a lack of preparedness. Mutare FGD respondents said, *“People are not prepared that much, although some groups could come up with insurance policies.”* The Zaka youth group explained: *“They can’t prepare because they do not have anywhere to start.”* And *“People are not prepared.”* They quote a saying that suggests fatalism and procrastination: *“We will start from there going forward. We will see when it happens in our lives; we will face it and find solutions then.”* [Zaka youth] But there are also expressions of some preparedness. KIs from Chivi focused on the VSLA groups that enable borrowing for hard times, saying, for example, *“We are somewhat prepared; most of us have joined Nyaradzo funeral insurance with contributions made by VS&L groups.”* These comments must be interpreted along with commonly expressed views across districts that VSLA groups are notoriously ineffective or unsustainable. Some mentioned the importance of burial societies in some villages, which are funeral savings clubs to help bury their dead and help pay for coffins. The investment in burial support reflects a priority value important in local culture.

Practices associated with adaptation and successful coping. Despite evidence of deficient preparedness, there are examples of community efforts to reduce vulnerability to shock. When asked about current actions, by far the most mentioned agricultural development projects of some sort. All districts report some degree of involvement with conservation agriculture (*pfumvudza*). Other community-level initiatives include government schemes to provide agriculture inputs, promotion of small grain production, Agritex training on agricultural techniques and gardening, and in some places, poultry projects for youth. Zaka men shared two examples: First, a committee established by traditional leadership to remove people from water ways. They said it showed that it is possible for people to come together in the community, in this case with the involvement of the Environmental Management Authority (EMA) and Agritex. And second, a desilting effort: *“People are removing silt from silted dams because it is where animals are surviving. It’s a sign of preparedness. All these are signs people are prepared to come together towards achieving good for their community.”* [Zaka men].

Other individual actions are taken to address vulnerability suggest “last-resort” desperation, including women performing sex work to support their families (reported in Buhera women), selling livestock, and the common experience of out-migration (mostly men, mostly to South Africa).

When asked what they think they need to do to be prepared for unfortunate circumstances and minimize vulnerability, some FGD participants talk about drilling boreholes, taking piece work on others’ land after harvesting their own crop, or emphasize saving money; but many responses focus on the external

support they require, most importantly, access to water for farming and agricultural inputs, which often come too late for plowing, as well as other material assistance, for example:

“If we get cement to help us build more durable houses, they will not be blown away in times of disaster. But we don’t have the resources.” [Buhera women]

“We want to have cattle rearing, goat rearing, and poultry projects because at least we will have a starting point even if misfortune befalls us. The money we get from the projects will help us pay for medicines and food. We need to be uplifted by Takunda as a group for youths so that we earn money.” [Buhera Youth]

When pushed to share ideas for things they could do themselves, some FGD participants sound hopeless, saying they cannot do anything because they don’t have a starting point. Some mention is doing small projects like community gardens, making bricks, collecting and selling firewood—as they say, just continuing their small efforts. Some mention possibly trying new things like planting small grains would help small improvements. Some women in polygamous households suggested they could improve their situation if each wife were able to have her own piece of land to work, rather than the standard practice of all wives working in one man’s field, and he distributes produce, which may be unfairly shared to favorite wives’ households.

Opportunities for engaging communities to build capacity and resilience

Key informants offered ideas for Takunda to invest in climate-adapted agriculture (with no notable differences across districts). The most frequently mentioned were:

- Establish irrigation schemes/boreholes/improved dams for dry season farming
- Introduction of new agriculture technologies like conservation agriculture
- Training and education for farmers and for Agritex (on irrigation, new agricultural practices, climate-adapted crops)

When Kis were asked for ideas for addressing vulnerability, it is not surprising, given the top driver, that the most-mentioned idea was getting help developing water for agriculture [7 Kis mentioned]. All districts highlighted the need for boreholes and irrigation. Kis in all districts also mentioned training and had some specific ideas, including vocational training for youth, training on horticulture/agriculture practices, marketing, and how to start IGA projects. Establishing IGAs was also frequently mentioned by Kis, who suggested poultry and rearing livestock like goats (for quick turnover), fish farming, dressmaking, peanut butter production, VSLA. Also mentioned were the provision of inputs for start-ups, provision of agriculture equipment, and linking farmers to markets. Kis in Zaka and Chivi suggested establishing nutrition gardening cooperatives. Two in Chivi suggested addressing the problem of the dependency syndrome, saying it is better to reduce vulnerability by working hard, not giving aid, which should only be for emergency/disaster relief.

The theme of dependency was mentioned in several FGDs, including this one, suggesting how communities can build capacity:

“NGOs and projects like Takunda should stop targeting the very poor people in communities alone as this leads to donor dependency and lack of development. Groups should have a mixture of the very poor and the not so poor so they can help each other in development. The men need the education to do viable projects, coupled with startup resources to start these projects.” [Mutare Men]

Key Learnings

There is a sense of hopelessness that runs through many comments made by SBC-FRS participants. In addressing their main problems of hunger, food insecurity and poverty, and depicting gloomy prospects for positive change, much of the emphasis is on basic, structural causes. As Chivi men said: “People

have no hope for the future because of recurrent drought and economic hardships.” While it is a daunting challenge, our data indicate there is potential for Takunda to make a positive impact. The project may not be able to change fundamentals of climate, natural resources, macro-economics, and structures of government, but there are enough material and social resources in Takunda communities to indicate promise for better management of resources and risk and suggest that project activities can help address determinants of behaviors for nutrition, agriculture, and livelihoods.

Determinants of Key Practices and Most Impactful Social Norms and Attitudes

Nutrition

Behavioral determinants were largely structural/environmental, with the burden of poverty and rural environments severely constraining access to nutritious foods. Poor household food access is the major barrier to diversified diets for both women and children. The TIPs methodology highlighted practical experiences and barriers reported generally focused on resources rather than cultural traditions. But social support and encouragement of new practices for complementary feeding and women’s diet were important enabling factors, as was the satisfaction of seeing children’s growth improve. In apostolic households, the religious prohibition against utilizing health services is a major factor. Beyond the obvious health impact of no medical care, treatment, vaccination, or contraception, etc., our respondents indicate a reluctance to even speak with volunteer health workers about nutrition education for fear of being reprimanded by husbands or church leaders. But a positive response to overcome that barrier is a social value of public servants to help, as some VHWS make a point to meet Apostolic mothers in private places away from health clinics in order to provide support.

WASH

As with nutrition, handwashing and latrine use determinants are heavily structural/environmental as water and supplies are so limited. Handwashing practices are habitual norms that are hard to change without social modeling, which is not apparently present for handwashing at times other than after latrine use and before eating, which is not common. Social norms that limit community members’ participation in group efforts could be a constraint on latrine construction efforts, although the reported preference to work with a small family and church groups could be an enabler for small-scale efforts.

Agriculture

Access to reliable water is the key to successful agriculture. Irrigation would be a major help for farmers to be more productive. Access to markets is the other crucial element for successful agriculture development. Informants made clear their efforts to grow new produce, but their discouragement is also evident, as transportation and production costs often are not covered by prices they earn at the market. Demand and prices are key factors to consider when launching production initiatives. Also affecting agriculture development are culturally constructed identities of youth and social norms that restrict young farmers from accessing inputs and participating in agriculture development activities. This could impact the scope of communities’ engagement in Takunda programs to promote new technologies and practices if these social norms are not addressed adequately. Some data also indicate traditional beliefs could affect agriculture activities, for example, clinging to cultivating crops of forefathers, such as cotton, which may no longer be productive. Some cultural beliefs in causes of problems such as bewitching or the role of rain-making ceremonies may sometimes prevent people from accepting innovations.

Livelihoods

To expect project activities to improve livelihoods—which participants strongly desire—there must be a market for any goods produced or skills developed. Otherwise, community members will not sustain participation. It is critical for participants to have the capital to invest in enterprises and in vocational training. Respondents across Takunda districts demonstrate a passion for seed money to build from. VSLAs seem to be a good idea to support this, but reports of their failure run across districts; people cite the lack of transparency, theft of money, lack of monitoring, failure to observe the governing rules, and most fundamentally, the lack of money to contribute to the savings funds. Examples from multiple failed bakery enterprises illustrate the challenges of IGAs in which the lack of demand for their product,

lack of money, and theft led to their early demise. Social and cultural factors shaping engagement in livelihoods activities include the attraction of youth to migrate to South Africa for work and the associated social status of remittances. Gender norms are powerful as women are generally restricted from taking leadership roles, or in some more conservative households, from participating at all in community activities. Respondents from all districts report men controlling productive assets and decisions about productive activities and feeling threatened if women are successful in income-earning activities.

Participation in Community Development Activities

Our data present several key learnings related to participation in community development activities that apply across the purpose areas and research questions. Findings reflect a theme of tension between apparently contradictory, co-existing messages:

- Respondents express a value on group participation and collaboration but at the same time depict community dynamics fraught with division and distrust.
- There is tension between the incentivizing and disincentivizing effects of project 'handouts.' A strong message is that people will not participate unless they get something tangible, and yet those handouts are said to depress peoples' willingness to work hard and contribute. The key takeaway seems that any handouts should be specific, targeted, and linked to sustainable livelihoods development rather than meeting only a day's needs.
- There are strong views expressed that groups must be self-selecting/segreated into homogenous groups, while others insist that community members must learn to work together in inclusive activities, unified for the common good. There may be potential to work through small, self-selected groups at the community level, then have those groups collaborate at the inter-community level.
- Many respondents describe concerns about the unsustainability of assistance programs which demotivates participation; people are more likely to engage actively when short-term gains are seen but participate less when objectives seem longer-term.

Tackling the determinants of participation will be key to Takunda's success. Key barriers reported for participation include individual attributes of laziness, selfishness, and low self-esteem. Low self-esteem is also expressed as a community attribute, and in both cases, it is linked with a hopeless attitude that participants depict as a powerful influence over participation in activities and motivation to adopt practices to improve health and livelihoods. For example, Buhera women said:

"We look down on ourselves. We have low self-esteem. We ask ourselves: 'even if I get knowledge on how to rear chickens, will I be able to get the money to do so?' We believe that we are poor. Even if you tell me about a piggery project, I can't see myself practically engaging in that because I don't even have enough food for my children."

Hopelessness is expressed especially in FGD data but also in TIPs interviews. These data suggest a lack of vision which could be a significant factor in adopting targeted behaviors. Our findings show desperate poverty is a practical limitation on what people can envision for their future. Work in the fields of community development and human psychology indicates that having a vivid picture of an improved situation can be a motivating factor and help people focus their actions. Role models can drive behavior change among peers. This SBC-FRS inquired about social influencers and learned that women derived valuable social support from female relatives and friends, but our methods did not uncover examples of 'positive deviants' who could catalyze broader change with project support. (Field team members can be trained to look for such insights during implementation). Our data depict Takunda communities as strongly impacted by disunity and lack of trust, which operates as a barrier to collaboration. Community members report high degrees of division between social groups based on social, economic, and religious identities. They report jealousy and unwillingness to share valuable information or help each other, expressing disdain for others' talents instead of a spirit of mutual support. Poor leadership is another common complaint deterring group participation. Decision-making is firmly in the hands of traditional

leaders who are accused of practicing favoritism, corruption, and excluding the voices of women, youth, or political adversaries in activities.

The combination of a lack of vision and lack of social cohesion together present significant challenges to Takunda's work. However, the data also present positive signs of potential, with respondents expressing pride in working together on de-silting dams, community gardens, or sharing experiences and information that "helps us all"; some recognize the reciprocal benefits from cooperation even with people they don't like.

Recommendations

The following recommendations are based on data collected and align with Takunda's Theory of Change. They are organized by a) those that speak specifically to program design, suggesting what to focus on and activities to pursue Takunda project Outcomes, and b) those that focus on strategy and implementation under each of the three purpose areas; addressing the *how* questions around how to engage community groups, build capacity, support behavior change, and how to maximize the impact of interventions.

Recommendations for Takunda Project Design

Purpose 1 – Increase Incomes from On-Farm, Off-Farm, and Non-Farm Livelihoods Activities

IO 1.1.1: Adoption of improved agricultural technologies and practices increased

- To support IO 1.1.1.1 Access to local, public, and private extension services increased and 1.1.1.2 Barriers to adoption of improved agricultural practices reduced, Takunda should **explore ways to overcome the cost barrier to accessing technical support**. Work with agriculture officials to remove the requirement to pay Agritex officers' fees for advice or develop a system for community groups to collectively pay those fees. Such exploration could make the use of fees more transparent to farmers and may spur Agritex's greater responsiveness to community needs while making the expertise more affordable should boost skills and uptake of new practices. Agritex workers face many challenges affecting smooth delivery of their duties, including but not limited to transport challenges, lack of equipment, and in some cases, they lack the relevant technical skills to provide adequate support to farmers. Addressing this will inevitably contribute to Takunda achieving Outcome 1.1.1.1 and subsequently IO 1.1.1.
- Recognizing the appreciation farmers expressed for "look & learn" visits to learn from other farmers, Takunda can **develop a diffusion-based model farmer initiative** to expose peers to successful techniques for increasing yields and boost the confidence and capacity of model farmers. This can integrate with the Farmer Field and Business Schools (FFBS) and would contribute to the achievement of **IO 1.1.1.2**, reducing barriers to the adoption of improved agricultural practices.

IO 1.1.1. Adoption of improved agricultural technologies and practices increased and

IO 1.1.2. Access to improved and appropriate agricultural inputs increased

- **Explore ideas that respondents suggested, based on their observations of others' success: beekeeping to sell honey and fish-farming.** If viable, promoting these agricultural practices could improve agricultural productivity and may also contribute to improving farmers' capacity to engage with market systems (**1.1.3.2**), particularly if Takunda provides training and networking for business and marketing services. Beekeeping and fish farming may also support the dotted line outcome: 3.1.2.3 Investments in climate-resilient productive community assets enhanced.

IO 1.1.3 Access to markets and business services increased

- The lack of viable markets for their agricultural produce was a commonly expressed concern. Takunda should **support concrete and sustainable linkages to markets for farmers in specific**

agriculture value chains because the confidence that they can sell their products is essential for farmers to participate in meaningful agriculture activity.

IO 1.2.1 Participation in diversified formal and informal enterprises (IGA) increased

- **Promote off-farm livelihoods activities that re-channel the entrepreneurial spirit youth have already shown** in illegal activities and fuel it with business skills development. SBCC messaging can do this while building on the expressed motivation of young marrieds to support their families by finding themes that resonate, for example, self-sufficiency or ‘good provider.’
- Since the lack of working capital is such a barrier to starting small enterprises, VSLA are potentially important for Takunda’s efforts, but the data indicate many barriers to their sustained success in target communities. Data coming from the VSLA inventory indicates that the levels of savings from these are very minimum. Strategies to overcome them should be carefully planned for, e.g., selecting members committed to and capable of participating based on the governing rules. **Lessons from Burial Societies should be studied and applied**, as they represent a traditional, culturally valued system that works effectively for community members to pool savings to cover funeral costs. Takunda should also **consider setting aside a few grants to support start-ups** for IGAs by trained youths.
- **Promote intergenerational activities** that can overcome the norm of excluding youth and counter negative images each group has of the other. By engaging older community members as mentors supporting youth in IGAs, elders can develop an appreciation for the abilities and motivation of youth and proudly share their skills while also being exposed to innovations; at the same time, youth can demonstrate respect and honor their elders while learning from their experience. Facilitating such dynamics can achieve livelihood aims while gradually bolstering social cohesion, which supports all project aims.

IO 1.2.2 Increased formal and informal employment

- To address the short-term focus of youth and encourage their investment in vocational training and activities that require a longer-term commitment while responding to adults’ call for youth to have developed vision and perseverance, Takunda should **invest in expertly facilitated deep visioning exercises tailored to youth**. This potentially powerful “soft skills” investment will be meaningless, however, without also making a **robust investment in employment and market development** schemes. People express weariness at programs that develop skills without realistic job prospects.
- Given the insurmountable fees for TVET training programs and lack of capital for IGAs, Takunda should **explore mechanisms for investing in financing tuition**, perhaps through grants or partnerships with businesses. Investment in public-private partnerships could be a means to address both the challenge of paying for training as well as developing the labor market. Job creation strategies should be integrated with Takunda’s work on developing TVET.

Purpose 2 – Improve the Nutritional Status of Children Under Five Years of Age, Adolescent Girls, and Women of Reproductive Age

IO 2.1.1 Availability of diversified nutritious foods at household level increased

- It was often reported that large families were one of the major causes of hunger and poverty—there are too many mouths to feed with the limited food available. Given the Apostolic Church’s prohibition on contraceptive use, it may be valuable to **promote natural family planning** with women of that group. If Takunda does not have information about this topic, it should be investigated for its potential. Enabling factors to include the reports in our TIPs data that some

women value continued breastfeeding as a method to space births and the fact that Apostolic women are generally able to talk with VHWs about things non-medical. The fact that husbands have multiple wives may overcome one key barrier to practicing natural family planning methods.

- Since the main barrier to improved nutrition is access to nutritious foods, nutrition education will not be sufficient to improve diets—especially boosting protein consumption. Takunda should invest more in fundamentals like irrigation and capital for agricultural inputs, which are more likely to sustainably enhance productivity and income needed to diversify diets. Takunda’s Theory of Change lacks an outcome, intermediary outcome, or specific output directly aimed to increase the production of diverse foods (crops and livestock) to improve households’ food security and nutrition. While it is assumed other activities will meet this need, it is suggested to **make more explicit investments in food access and the basic requirements to start viable agriculture production**. Adding a specific intermediary outcome or output on this under Purpose 1 is recommended. Since availability depends on the time of year, activities to improve access to nutritious foods during the lean season should be promoted, particularly food preservation through use of solar driers, improved grain storage technologies, and raising community awareness on this. Optimum nutrition requires year-round access to food and communities need support to ensure this happens.
- Community garden clubs or “nutrition gardens” are mentioned in several places as particularly successful, with garden committees and groups that apparently work well together sustainably over the years. Takunda should **learn more about garden groups and their secrets to success and support their expansion**. Combined with the development of more accessible water sources, this could enhance household food access and availability.

IO 2.1.2 Adoption of improved IYCF, Maternal and Adolescent girl feeding practices increased

- **Introduce training for caregivers (and VHWs if needed) to do basic monitoring and reporting for malnutrition surveillance**, e.g., train women to take MUAC measurements. This will help reveal the positive progress (point above) as well as identify problems to address.

IO2.2.1 Adoption of promoted MNCH practices increased

- Takunda needs to articulate what exactly they will do to promote MNCH services and which services these will be. Findings from this study indicate that family planning is needed, particularly in Mutare. If this is not amongst the practices promoted, Takunda should consider dropping this Outcome and concentrate on nutrition and WASH and ensure these are done well.

IO 2.2.2 Adoption of improved WASH practices increased

- Tippy taps seem to be problematic for many, not a sustainable solution because they are flimsy and attractive to children to play with. Caregivers report difficulty finding another way to have pouring water without another person on hand. Therefore, Takunda should **pursue troubleshooting to help households develop sustainable small doable actions for handwashing with clean water or ash**.
- Given the dominant barrier of water availability to households which limits handwashing, Takunda should **invest as much as possible in developing water sources and supporting the provision of water storage devices for households, along with advocacy and TA to ensure maintenance**. Borehole construction is critical to making water more closely accessible, so the project should expand coverage as much as possible. It should also ensure water user committees are fully

equipped to provide the necessary ongoing maintenance, being mindful to avoid repeating past projects' patterns of building WASH facilities that cannot be sustained. (SBC-FRS fieldwork noted several examples of water storage tanks and boreholes that were made by NGO projects but sit unusable not far from a lovely line of new latrines).

- None of our informants spoke of demand-side challenges for latrine use, although we can assume that is an issue in Takunda districts. Our BFA questions focused on latrine construction only. It is recommended that Takunda consider further **study of attitudes about open defecation** to complement our limited BFA data and make sure the strategy is well-tailored to fit the most relevant behavioral drivers. Research is needed to a) learn how people understand the fecal-oral disease cycle so educational activities can address knowledge gaps, and b) understand community members' attitudes about latrine use and how they judge people who use them so that the appropriate social and psychological factors can be addressed through activities, which should be highly participatory and experience-based. The Human-Centered Design (HCD) study planned for Takunda could help address these issues.

For Purpose 3 – Build Institutional and Local Capacities Among Ultra-Poor and Chronically Vulnerable Households to Cope with Shocks and Stressors and Reduce Risk

IO 3.1.1 Household mechanisms/strategies to manage climate shocks, market failures, and macroeconomic context enhanced

- Work with government and other partners to **invest in social protection strategies** to build safety nets that can be crucial to cushion vulnerable households against shocks. Consider the “Graduation Approach” described by [USAID](#). Such initiatives should be designed to complement more sustainable livelihoods development schemes.

IO 3.1.2 Community-based planning and management systems for shared resources strengthened

- Our data indicate significant limitations on community collaboration, along with signs of small-scale mutual support, but we lack robust evidence of specific social coping strategies that may be built upon. USAID's work on Resiliency³³ points to the power of social capital in preparing to weather shocks. Anthropological studies³⁴ have found groups adapting their behavior in the face of food insecurity or climate stress, using a variety of strategies to pool risk and build buffers against shock. Takunda could **mobilize participant observation methods over time to discover what practices community members use to pool resources and mitigate risk** when experiencing stress. Then, through community dialogue and SBC activities, any positive examples and successes of existing groups (e.g., men's piece labor groups, church groups) can be encouraged and mobilized.
- This effort will be enhanced through visioning exercises. This is suggested as a recommendation for youth but **whole engaging communities in well-designed vision work to cultivate the aspirations, self-efficacy, and future orientation** that USAID notes as important to guard against people using negative coping strategies (for example, in our data, selling off livestock or practicing sex work) and to motivate positive action.

IO 3.2.1 Effective linkages and effectiveness of government DRR structures and interconnections with community structures strengthened

- Harness and **build local capacity for DRR by building on local structures that are most collaborative** (as some reported, at village cluster level). Mobilize self-selected groups, preferred at the community level, to also collaborate on the inter-community level.

- Many people in Mutare lamented a situation where a perennial spring in the Nyarugwe mountains is flowing from the mountain to the sea, being wasted. They make a case for a project to develop a piped water system to tap that resource and benefit many communities. Takunda should investigate the possibilities of **supporting that project, and similar efforts in other districts**, by working through cluster-level groups that are reportedly most collaborative.

IO 3.2.2 Household access to appropriate risk information and services improved

- Recognizing findings that women and youth have limited access to control over natural resources and productive assets and keeping in mind the challenges related to participation, Takunda should **invest in activities and awareness-raising campaigns with women and youth on relevant topics like early warning systems** and household planning and organize them as gender-segregated and youth-exclusive groups that emphasize giving them a voice. After these marginalized groups have been informed and their confidence raised, mixed meetings should be convened by leader champions committed to inclusive participation in which youth and women representatives take the role as spokespeople to share ideas and engage in planning for preparedness initiatives.
- **Apply learning from SBC communication channel analysis to climate and risk reduction information dissemination.**

Recommendations for SBC Strategy and Project Implementation

Purpose 1 – Increase Incomes from On-Farm, Off-Farm, and Non-Farm Livelihoods Activities

- **Engage model farmers as peer leaders** to develop capacity and role models and make learning most relatable.
- In promoting mulching as a climate-smart agriculture technology for improving crop yields and combating the effects of long dry spells, consider BFA findings: The identified barriers to mulching were difficult to access necessary materials and difficult to plan for mulching. But since Doers did not find access to needed materials or necessary planning to be difficult at all, SBC messages and activities should clarify what exactly is needed for mulching, how farmers can get material, and what needs to be planned. Having a more realistic vision for what it takes to mulch would likely help promote adoption. Secondly, **the sense of difficulty in doing the practice should be addressed with concrete support** through the Agritex officers or other extension workers, as well as through demonstrations and guidance by peer farmers. This would also contribute to IO 1.1.1.
- To promote small grains, **incorporate into program messaging and farm-based demonstrations the enabling factor that “small grains do well in drought.”** Non-Doers report it is very difficult to get things they need to plant small grains. This perceived access problem can be addressed through activities to link farmers to necessary inputs or provide discounted seeds as part of activities for achieving IO 1.1.2.1. Takunda should consider making available to farmers a package of essential inputs, including small grain seed, preferably open-pollinated varieties, which can be used for more than one season. Access to agricultural inputs was mentioned repeatedly as a major challenge to productive agriculture and affecting most farmers this study interacted with. Takunda needs to identify an effective way of engaging agro-dealers in the provision of inputs beyond just introducing them to farmers. Non-Doers' responses imply they may perceive it as more work than it is, so Takunda can engage Doers to demonstrate how they do draught farming to make it easier, sharing techniques and encouragement which would address the other barrier, lack of support. Small grain processing is one major barrier to the adoption of this technology that can benefit farmers in terms of improving food security but also contributing to improved household nutrition. Takunda needs to **identify ways of introducing simple technology that contributes towards reducing the labor burden of processing small grains.**

- To promote intercropping, BFA results suggest that social norms are a significant determinant both ways—barrier and enabler—so messaging needs to be tailored through audience segmentation and social norms exercises. However, the strongest effects seem to come from the benefits Doers see of intercropping. Those **benefits should be emphasized in communications and through activities that demonstrate them experientially**. Since Non-Doers have a stronger perceived risk than Doers, regarding the potential for soil to become infertile, **messaging targeting Non-Doers should emphasize that intercropping can help minimize this risk**; Doer-led testimonies and on-field demonstrations can show farmers how intercropping prevents soil from becoming infertile. Before efforts to address the barrier of perceived social disapproval for Non-Doers, it should first be investigated to ascertain whether it is actually a strong determinant calling for attention. If so, the attitudes of peers should be explored. If there is more approval than perceived, norm-perception activities can be organized to improve the perception of approval. If many people really do disapprove of intercropping, proceed with other activities that will demonstrate its value and spur social approval shifts.
- **Facilitate reciprocity among community members by having training graduates participate in “give-back” activities** after concluding their education. For example, they can provide peer training and mentoring, volunteer at local clinics or harvest days, and participate in community events. Such activities may foster pride in accomplishments, which fuels sustained effort, while teaching and mentoring inspire others to make similar efforts.
- To develop livelihoods programming, participants recommend **working with existing structures**, for example, past livestock projects by Heifer, Government initiatives for baking and sewing.
- When promoting livelihoods activities and TVET, consider participants’ recommendation that older people do NOT lead activities because it will depress youth participation. Rather, **embrace the opportunity to develop youth leadership** in the way these programs are run.

Purpose 2 – Improve the Nutritional Status of Children Under Five Years of Age, Adolescent Girls, and Women of Reproductive Age

- **Cultivate “positive deviants” and peer leaders among caregivers**. TIPs data showed that women consult supportive female relatives and friends. Takunda should identify exceptional women who can serve as role models and supporters for small doable actions to improve nutrition and hygiene practices. This can be achieved partly through mobilizing Takunda staff as participant observers in communities.
- In the complementary feeding TIPs, some women reported positive changes in their children, specifically improved appetite, and improved weight gain/growth, which indicates that for a caregiver, observing positive effects on a child helps drive the continued practice of improved behaviors. Takunda’s SBC approach could **build on this positive motivational effect through peer groups where women can hear testimonials of Doers and witness improvements themselves**.
- To address the cultural belief that prevents continued breastfeeding when pregnant, offer **education about the fact that a nursing child is not harmed when the mother is pregnant**. But instead of simply telling, it is best to find “positive deviant” examples in the community who provide testimony through experience.
- For handwashing, it was very rare that we found caregivers who washed their child’s hands at other times except before the child ate. Takunda SBC activities should **strengthen HW practice at other critical times (after cleaning the child after defecation, before handling food, and before feeding the baby)**.
- For safe disposal of child’s feces, since an understanding of the link between safe disposal and prevention of sickness is a big factor for Doers, the program should invest in **spreading that**

understanding of infection prevention – ideally through testimonials from caregivers. And since the main barrier is there is no access to a latrine, SBC should **promote the alternative of burying feces**. The need for financial support to construct latrines remains, and Takunda will need to address this if the project is to achieve IO 2.2.2.3

- Data indicate women are much more likely to participate in community groups than men. Based on our data, there is reason to **invest in boosting self-esteem, especially of women caregivers**. But to address findings that men feel threatened when women become more assertive, Takunda should try **using a mix of gender-specific and mixed groups** for activities; for example, couples' group dialogues can facilitate airing of different expectations and conduct social norms exercises, and mixed groups can participate in hands-on skills demonstrations for hygiene and child feeding, while women-only groups (segregated by age) can work on self-esteem issues, while men's dialogues led by peer leaders can provide safe opportunities to explore male fears and learn from peer role models. Mutare men said: *"We prefer attending gender lessons together with our wives so that we all understand things the same way and remind each other at home when one of us is going against what will have been taught."* Many KIs stressed that activities should be inclusive and recommended setting aside leadership roles for women in activities and committees. But training and campaigns to raise awareness on gender must target men – both separately from women and through mixed activities.
- Takunda's plan to link male engagement with Mother Care Groups should be emphasized and pursued with finesse. Some TIPs participants noted husbands' support was key to improving maternal diets, and this potential should be fostered by **mobilizing supportive husbands as role models and reaching reluctant men through existing men's groups** (e.g., farmer coops, church groups) wherever possible. Groups can foster husbands' support of improved dietary diversity for wives, and promote awareness of the special needs and risks in adolescent health, and demonstrate through positive deviants' experience the value to families when women eat more protein while pregnant and lactating, etc. Care should be taken to make male activities appealing and in alignment with community and church leaders, who must be engaged actively for support. Well-designed engagement of men will help **prevent unintended negative consequences of engaging women without the full support of men**.
- In addition to integrating male engagement with the Care Group Model, **engage grandparents and link youth and couples' activities together under the CGM umbrella**, implementing tailored but integrated activities and messages supporting the same overarching behavior change aim and avoiding pitfalls of focusing only on WRA. The TIPs data show women caregivers consulted a variety of female relatives, including daughters, sister-wives as well as grandmothers, which indicates a possible departure from some cultural settings where senior women play a dominant role in maternal and child health & nutrition decisions at the household level. For Takunda, the influence of a range of family members, together with evidence of community divisions *between* family and church groups, suggests the importance of **investing in family systems-centered approaches**³⁵ that engage *all* household members to cultivate knowledge and commitment to improved practices. Changing norms within trusting family groups may be a more viable way to ignite norm shifting community-wide.
- **Employ "teach-back" techniques in SBC activities** such as education in care groups. In administering the TIPs methodology, after research assistants explained suggested actions and their benefits, they asked the participant to 'teach back' to them, saying in their own words what they understood from the information presented. Their recall was elicited again at the 3rd meeting. This technique allows educators /research assistants to discover how much of the new information was absorbed, and psychological research suggests learning 'sticks' better when it is spoken orally. Our data cannot draw precise associations between effective 'teach back' and successful behavior adoption, but our data suggests it could be a valuable way to reinforce new information and foster a sense of ownership over new ideas. While this technique

clearly supports MNCH activities, incorporating teach-back can increase the effectiveness of livelihoods and agriculture activities as well—any SBC activities using interpersonal communication to educate and inform.

- The BFA data overall showed for 4 out of 5 behaviors investigated, perceived self-efficacy and social norms were significant determinants, and for 3 out of 5, perceived access and action efficacy were strong factors. The determinants that showed no significant effect were culture, divine will, perceived severity, and perceived negative consequences. Therefore, in designing SBC approaches and messages for agriculture, WASH, and nutrition behaviors, it is recommended to **1) highlight practical factors that enable access to necessary resources and build necessary skills, and 2) demonstrate the benefits of the practices**. The BFA does not offer evidence that people are deterred from trying these practices because they expect negative consequences, so it is a matter of emphasizing the benefits and providing practical support rather than addressing negative attitudes or cultural factors that make people averse to the practices. While perceived social norms seem on the surface to be a factor, it was only for intercropping that Non-Doers reported that family would disapprove. For the other behaviors, we see only that Doers are more likely to report approval for the practice, whereas social disapproval is not a significant factor for Non-Doers. Before investing in social norm activities, further investigation would be needed.
- For WDD, since our TIPs data did not capture the experience of adolescent girls (aged 10-14 years), Takunda should ensure that this age group is engaged with tailored health and nutrition activities and that their attitudes and experiences are explicitly sought and documented to inform the design of messages and activities to meet their needs. As part of this, if care groups are organized, **ensure separate activities for adolescent girls**, whose voice is typically silenced in the presence of senior women.

Purpose 3 – Build Institutional and Local Capacities Among Ultra-Poor and Chronically Vulnerable Households to Cope with Shocks and Stressors and Reduce Risk

- To address the fatalistic idea about preparedness reflected in some FGD comments (in one discussion acknowledging their lack of preparation, someone said: “We’ll see when it happens and find solutions then!”), if indeed it is a prominent theme, then SBC should **invest in demonstrative activities that engage groups in reflecting on actual, observed results from planning. Using games or competition** could be effective in developing planning capacity.
- **Addressing donor dependency** is not an explicit part of Takunda’s Theory of Change (although sustainability is), nor was it investigated as a research question with behavioral implications. But given the project’s aim for sustainable impact, the prominence of donor dependency in our data, and its implication for communities’ response to project activities across each purpose area, it should be considered as SBC strategy is developed. Becoming less dependent on aid is a fundamental part of becoming more resilient.
- Develop SBC strategies to promote communication between husbands and wives (linking with IO 3.2.2 on improving household access to risk information and with broader gender SBC strategy). If women are given more access to information about risk and an enhanced voice in decision-making, it can bolster the household’s ability to manage risks and reduce vulnerability.

Cross-cutting Recommendations

- Look beyond information-based SBC approaches. Recognize that knowledge is not enough to change behavior, and behavior change is not enough to reduce vulnerability. Program design should **invest in structural support that is invested strategically** to give farmers, households, and individual youth the boost needed to lock in sustained income sources rather than foster dependency on consumables that will disappear after Takunda closes. It may be necessary to

conduct a rapid assessment of the impact of food aid on families and communities, to fully understand the implications and explore ways to minimize the problems reported in this FRS, such as recipients selling food or livestock instead of using it as intended.

- To **break the negative cycle identifying youth as irresponsible and unproductive, mobilize ‘positive deviants’**—youth who are go-getters *and* work respectfully with elders – to represent youth in community activities. Provide coaching for them to interact with elders in a way that earns mutual respect. Establish an intergenerational program to break down negative social perceptions between the generations and cultivate an appreciation for the value each brings to community development. Explore with International Youth Foundation (IYF) potentially suitable models (such as an old one from FHI “Youth-Adult Partnership Training Curriculum”) that build on/integrate with their Positive Youth Development Approach.
- Our TIPs data indicate many participants ‘promise’ to do or continue their new behavior. But given the limited reliability of self-reports on behaviors that are notoriously hard to make habitual, Takunda should **consider an innovative method for monitoring and evaluation: participant observation**. If field workers could spend extended time in a community to observe daily activities, it would be a great opportunity to learn what is really happening with key behaviors as well as gain richer insights about social influence and identify positive deviants. The insights and relationships developed through participant observation would also open up transformative opportunities to facilitate SBC activities more effectively.
- Robust, strategic, and sensitive **advocacy with Apostolic Church** leaders will be needed to enlist support for the range of Takunda activities and to identify opportunities for nudging social change wherever promising potential lies. Before designing an advocacy campaign, conduct full audience research, and segmentation. Findings show the church is fragmented, and differences need to be well understood and the range of sects engaged in tailored ways.

To maximize the effectiveness of SBC implementation

- **Invest heavily in strengthening capacity for expert facilitation** of community dialogues and interactive exercises. Deliver them in an ongoing, iterative way (not as one-off events). Engage local people as rapporteurs – let them take responsibility for listening and reporting back on group activities progress, rather than project staff. This enhances their learning (‘teach back!’) and leadership.
- **Invest in community dialogue approaches and interactive activities with proven effectiveness** to shift norms more than simple information dissemination. To do this, Takunda should invest in further research to **identify the most effective methods for community visioning, reconciliation, and social norms-shifting**. CARE’s SAA approach and SNET-type exercises can be powerful, participatory tools for social norms work. Other NGOs offer valuable resources that could be applied to enhance Takunda’s success. For example, Takunda’s aim to invest in adolescent girls will be a challenge, but the Grandmother Project has shown promising results and offers tools for catalyzing change for girls, mobilizing cultural assets through community dialogues, and norm-shifting³⁶. For **developing social cohesion**, consider CRS resources that draw on deep experience in peacebuilding, disaster recovery, and social justice, including their *Rising from Resilient Roots*^{37,38}.
- Emphasize **messages that mobilize powerful enabling factors for participation**, including the self-interest in practical benefits – doing good for others because you anticipate good returns may be worth emphasizing in messaging; spiritual imagery that resonates in local contexts, e.g.,

the “Golden Rule”; emotional ties and instincts to protect one’s family can be referenced to broaden a sense of group solidarity beyond narrow in-groups with messages like ‘A rising tide lifts all boats.’ Listen deeply first (via **concept testing**), then develop messages tailored to each audiences’ heartfelt values.

- Activities designed through the DBC framework should be **implemented in a staged approach** that allows testing and learning what messages and approaches resonate best with targeted groups because our BFA data provide limited qualitative insights.

To maximize participation in activities:

- Our research findings on apathy and aversion to participation suggest the importance of using methods that are as active and innovative as possible. **Use games, competitions, and drama, to make any topic entertaining**, especially for youth, but also to engage the men who informants say have a lot of time available.
- Given different opinions on the nature of group composition, **investigate preferences in each locality** before organizing group activities.
- Build on the motivational value some participants expressed about seeing a group working together and achieving common benefits—**use role models, success stories, and community drama to demonstrate collaboration**. Incorporate activities to build reciprocity among participants to counter social norms of selfishness and build social cohesion.

Annexes

Annex 1: Takunda SBC Formative Research Team

Data Collection Team

District / Names	Sex	Email Address	Designation
Mutare District			
1. Consultant – Mary Packard-Winkler	F	marypackwink@gmail.com	Independent Consultant—Supervisor
2. Delilah Takawira	F	DTakawira@fhi360.org	Takunda SBC Lead—Supervisor
3. Nyararai Mpofu	M	nyararai.mpofu@care.org	Supervisor
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6. Freddy Karemba	M	fredkaremba@gmail.com	Research Assistant
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8. Kudakwashe Murambadoro	M	kudakwashe@environmentafrica.org	Research Assistant
Buhera District			
9. Mutsa Tsvamuno	F	MTsvamuno@fhi360.org	Takunda SBC TO—Supervisor
10. Mollen Ziweya	F	Mollen.Ziweya@care.org	Supervisor
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22. Edson Nyashanu	M	edson.nyashanu@care.org	Research Assistant
Zaka District			
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24. Barbara Sibanda	F	Barbra.Sibanda@care.org	Supervisor
25. Godfrey Muvhuti	M	muvhutifoods@gmail.com	Research Assistant
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27. Glory Chuma	F	glorychuma@gmail.com	Research Assistant
28. Chisichawo Mutendadzamera	M	brchisi@gmail.com	Research Assistant
29. Mercy Jamba	F	mercy.jamba@care.org	Research Assistant

Government Community Workers and Community Leaders who Assisted the Team During Data Collection

Name	District	Designation
Mr Lovejoy Mudzingwa	Mutare	Environmental Health Technician
Sibonile Mukwananzi	Mutare	Village Health Worker
Tsitsi Mafarikwa	Mutare	Village Health Worker
Taurai Choga	Mutare	Councillor
Wilson Totorisi	Mutare	Agritex
Norah Ruwamba	Chivi	Village Health Worker
Viola Ncube	Chivi	Village Health Worker
Rejoice Moyo	Chivi	Village Health Worker
Miriam Shoko	Chivi	Village Health Worker
Mellen Ranganai	Chivi	Agritex
Mhurai Maziriri	Chivi	Agritex
Adlight Manyere	Buhera	Councillor
Lancet Muzivi	Buhera	Councillor
Dampson Makichi	Buhera	Concillor
Petros Chitsiga	Buhera	Concillor
Boas Museki	Zaka	Concillor
Faith Muragu	Zaka	Environmental Health Technician
Mable Chikohora	Zaka	Concillor
Lazarus Kufa	Zaka	Environmental Health Technician
Walter Musaka	Zaka	Concillor

Data Analysis Team

Name	Email Address	Designation	Role
Mary Packard-Winkler	marypackwink@gmail.com	Independent Consultant	Team Leader - Developing Analysis plan, developing code books for all qualitative data, data analysis using

				NVivo, Quantitative data analysis, drafting the report
Rachel Weisbecker	Lenzi- Rlenzi@fhi360.org	FHI 360 Research Associate		Codebook testing for all qualitative data, coding all qualitative data, Qualitative data analysis in NVivo, reviewing the report
Nhi Dinh	Ndinh@fhi360.org	FHI 360 Research Associate		Analysis all BFA data, analysis quantitative data in Stata, coding qualitative data, and reviewing the report.
Gretchen Thompson	Gthompson@fhi360.org	FHI 360 Research Scientist		Quality assurance and supervision of all data analysis process and reviewing draft reports.
Delilah Takawira	DTakawira@fhi360.org	Takunda SBC Lead		Reviewing all transcripts and quantitative data for accuracy and completeness, guide analysis and reporting to meet approved Study Scope of Work requirements, and reviewing the draft report.
Mutsa Tsvamuno	MTsvamuno@fhi360.org	Takunda SBC TO		Collecting and analyzing the Stakeholder Mapping data and drafting report, reviewing all transcripts and data for accuracy and completeness, and reviewing draft reports.

Annex 2: Data Collection Tools

Key Informant Interview Guide

Takunda SBC Formative Research Guide for Key Informant Interviews

Date: _____ District: _____

Name of Interviewer: _____

KII ID# _____ Designation: _____

Time of interview: Start: _____ End: _____

Introduction

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes, and with your permission we would like to audio-record our discussion so we can refer back to it and catch anything we might miss. We will destroy the recording after we have transcribed it.

Do you have any questions? *[if so, respond]*

Do you agree to proceed with the interview? *[If not, thank them for their time.]*

Do you agree to record the audio?

[If so, begin recording and say: "I just want to confirm your consent to be interviewed now. Do you agree to this interview and to audio recording?"

If they do not agree, say: "That is perfectly fine. I will write notes as we talk—it may take me a bit longer but I want to respect and remember what you say!"]

Consent (circle response Y or N)

Participant agrees to participate:	Yes	No
Participant agrees to be audio-recorded:	Yes	No

Name & Signature of Person Conducting Informed Consent

Date _____ Time _____

KII Interview Questions:

The Takunda project has several ambitious aims, and I'd like to get your ideas on some key issues we propose to address.

1. What are the main causes / drivers of vulnerability in this community?

Ndezvipi zvinonyanya kukonzeresa matambudziko akaita se nzara, kushaiwa mari, / hurombo nehutano hwana mai nevana munharaunda ino?

2. What is happening currently to try to reduce that vulnerability?

Ndezipi zviri kuitwa kuedza kuderedza matambudziko aya?

3. How do you think vulnerability can be reduced? What would help people be more resilient to shocks and those issues you identified? (Probe, for example, for the stakeholder ideas on income diversification and climate-adaptive agriculture practices).
4. What do you think of trying to improve agricultural practices and business skills through Technical, Vocational Education and Training (TVET)? What would be challenges & opportunities of working through those training programs?

Munofungei nekuedza kuvandudza marimiro amunoita nemaitiro amunoita zvemabizimisi kuburikidza nekudzidza muzvikoro zvamubato wemaoko (TVET)? Ndezvipi zvigozhero nemikana yekudzidza kuburikidza nenzira idzi?

5. How do you think projects like Takunda can support diversifying income sources?

Ndezvipi zvinogona kuitwa neTakunda kuvandudza nzira dzekuwana nadzo mari?

6. What do you think about the potential to engage youth more in livelihoods opportunities?

Mikana yevechidiki kupinda mumabasa ekuwana nawo raramo

- 6.a. What have been challenges engaging youth in the past?

Zvigozhero/ zvinetswa zvakambosanganikwa nazvo

- 6.b. What are community assets or opportunities to leverage for youth engagement?

Mikana nezviwanikwa zvekushandisa

- 6.c. What are some attitudes or social norms that limit youth's engagement in economic opportunities?

Tsika nemagariro, mawonero nemafungiro anotadzisa vechidiki kupinda mumikana yekuwana mari

7. How do you think projects like Takunda can develop agricultural approaches that adapt to climate stress?

Chirongwa chingabatsira sei kuvandudza marimiro anopindirana nekushanduka kuri kuita mamiriro ekunze

8. Based on experience with projects that try to improve maternal and child nutrition, what do you see as limitations—what problems should Takunda avoid?

Kuvandudza hutano hwanai mai nevana. Matambudziko nezvinodzorera kumashure zvekuti Takunda ichenjerere

8.a. Given community characteristics and resources, describe any realistic potential for activities to promote dietary diversity, homestead food production, and WASH?

Mukana wezvinokwanisa kuitwa kusimudzira. makatarisa mamiriro enharaunda nezviwanikwa zvenyu ndeupi mukana ungavepo wekusimudzira/ kuvandudza kudya kwakasiyana siyana, kurimwa kwezvekudya pamusha nekusimudzira/kuvandudza hutsanana

9. How do you view the interest of very poor, vulnerable households in this community to participate meaningfully in income-generating and other community development activities?

Munuwona sei mabatiro anoita vanonyanya kushaya nechido chavo kupinda muzvirongwa zvekutsvaga mari nebudiro.

9.a. What is it that people don't like about collaboration in community activities?

Zvingaita kuti vanhu vasafarira kushandidzana/ kushanda pamwe mumapoka

9.b. How capable are people to work together? What capacity needs to be strengthened?

Vanhu vanokwanisa kushandira pamwe chete here? Ndezvipi zvingaitwa kuvandudza kushandira pamwe chete

9.c. What would help motivate and engage them to participate more?

Ndezvipi zvingaitwa kukurudzira nekuita kuti vade kupinda muzvirongwa

10. How do you think gender equality can be improved? Given past experience with gender projects or initiatives here, what do you think is the potential for Takunda to stimulate improvements? (Probe, for example: greater decision-making power for women and participation in community development).

Kuenzanisa mikana pakati pevanhurume nevanhukadzi

10.a. What are some attitudes or social norms that limit women's engagement in economic opportunities?

Mafungiro, mawonero, tsika nemagariro zvingaderedza kubata kwemadzimai mumabasa ebudiro/ ekutsvaga mari

11. Who are the most influential figures and/or groups in this community? What role should they play in Takunda programing, and how are they best engaged?

Influential- vanhu vanotererwa, vanonzwikwa, vanoremekedzwa

12. How would you describe the level of social cohesion or trust among community members? What helps and what hinders their collaboration?

Social cohesion- kubatira pamwe nekuvimbana, kubatana, kuwadzana, kuwirirana, kusimudzirana

13. Do you have any other comments or questions that came to mind while we've been talking?

Zvekuwedzera kana mibvunzo

Interviewer notes:

Describe anything notable about the situation—your observations about the context, the person, or the interview dynamic. For example, it was very noisy, had interruptions from staff, the audio equipment didn't work, the KI looked nervous or distracted, the KI was very warm and spoke openly, you had trouble understanding the KI, you and the KI were old friends or former colleagues, the KI spoke so much you had to rush through second half of interview, etc. Feel free to add your own interpretations of what you observed or felt during the interview. Your perceptions are valuable! Just make sure you distinguish them as your subjective interpretations, in contrast to the data from your research subject.

DESCRIPTION

Session #1 – Reflection

Aim: Facilitate the group's reflection on causes of food insecurity and vulnerability in their community.

Outcomes: *Participants* have demonstrated some new thinking and awareness of factors that affect vulnerability in their community. They have identified some underlying causes of food insecurity (and related problems of poverty, vulnerability, malnutrition) and have identified resources in the community that can be better mobilized to address those vulnerabilities. *Facilitators* have identified a) some salient socio-cultural drivers of vulnerability and food insecurity b) which groups are most influential in fueling social norms related to key behaviors (e.g., adopting recommended ag practices, participating in community initiatives, etc.)

Session #2 – Planning for Action

Aim: Activate the group's sense of agency and motivation to change /take up practices/participate in community activities/problem solving that will reduce vulnerability and food insecurity.

Outcome: Group has reached consensus on a few small, doable actions. Group feels increased trust and motivation to collaborate with each other.

Purpose of “Five Whys” is to stimulate reflection on the root causes of the main problem discussed (vulnerability and food insecurity in the first session, and apathy and inaction in the second session), identify causes that relate to social norms and issues, rank the causes and discuss the most important reasons. Estimated time for this portion: ~30 minutes.

Purpose of “Vignettes”: to further explore the social norms and other behavioral determinants, including community resources & assets, that influence the main problem discussed (vulnerability and food insecurity in the first session, and participation in community actions targeting vulnerability and hunger in the second session. Estimated time for this portion: 45 minutes (broken into 2 sections).

Materials needed for each session: Flip chart, marker pens, ball pen/pencils, discussion guide, FGD discussion recording forms, written vignettes.

Roles and responsibilities of FGD facilitation/notetaking team:

- **Lead facilitator:** Takes charge of managing the group discussion, raising topics, probing questions and managing group dynamics to balance the twin aims of open expression along with topical focus. If at any point you feel uncomfortable or unsure about how to steer the discussion, ask your 2 supporters if they would 'like to chime in.'
- **Supporter #1:** Listens very carefully and records in written (or typed) notes a full and faithful (but not verbatim) account of what is said. If at any point you feel the lead facilitator has missed something important or needs help to regain control of the group dynamic, raise hand and say, “excuse me, may I chime in?”
- **Supporter #2:** Listens very carefully and observes very carefully. Takes notes that capture the main points of everything said as well as details of context, behavior of participants, any factors affecting the FGD dynamic. If at any point you feel the lead facilitator has missed something important or needs help to regain control of the group dynamic, raise hand and say, “excuse me, may I chime in?”

FACILITATION GUIDE:

Introduction

Hello. My name is ___ and I am __ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think in relation to agriculture, nutrition, health, and livelihoods

so they can design appropriate activities. We would appreciate hearing your perspectives. We are asking you to participate in two discussions, today and then again on __date__. Both discussions will take approximately 90 minutes. If you participate today, we ask you to commit to coming back for the follow-up meeting.

We follow strict procedures to protect the privacy of everyone we speak with. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, my colleagues will take notes, and with your permission try to record the audio.

Do you have any questions?

Do you agree to proceed?

Name & Signature of Person Conducting Informed Consent _____ Date _____ Time _____

FGD MEETING #1: REFLECTION

Opening

In this session, we want to get your perspectives about some challenges facing your community, and ask you to reflect about causes, consequences, experiences coping, and resources available. In the next meeting, we will talk about actions.

Define the problem focus:

1. First, let me ask a big question: What would you say are the biggest problems you face in this community? *Let them offer different responses, but when they mention something like food insecurity/hunger, focus on that, asking:*
2. What do you mean by 'hunger'? *Listen carefully and pick up on what they say, while framing the definition it as the main focus of this discussion.*
It sounds like you are talking about vulnerability that involves people not having enough money, or jobs, not having enough food or opportunities to cope with stress. Let's focus our discussion on that problem of hunger and issues related to that. Okay? I'll start by telling you a story. *Read the story aloud, asking the questions where indicated.*

"Martin"

Martin is 21-year-old young man in Chivi district. He did not do well in his O Levels and his parents could not afford to have him repeat. He therefore started staying at home, working in his father's field, and helping with household chores. He is now worried that he is growing old and there are no prospects of him getting a job anytime soon. He plans to get married and start a family in the next 3 to 5 years but is concerned that may not be possible without a regular source of income. His friend has migrated to South Africa to seek employment and has been encouraging him to go and join him. Martin is however worried about the uncertainties that come with migration.

3. In your opinion, how typical is this situation in this community?
4. What would most young men like Martin do in this situation?
5. What do adults in this community expect young people like Martin to do?
6. In your opinion, how many people do you think agree with the advice from Martin's friend? Why?
7. What support structures are available in and around this community to help young men like Martin? How effective are they?

Martin decides to engage in a Vocational Education and Training (TVET) facility to learn about upholstery. Someone advised him that it is better to migrate to South Africa with a skill to use to seek employment or start a business.

8. What would other young people say about Martin's decision? What would adults? [sanctions]
9. Would the opinions and reactions of others such as Martin's friends and family make Martin change his mind about starting a TVET course? [sensitivity to sanctions]
10. How would Martin's parents react to this decision by Martin?
11. Who among Martin's family and friends would be most supportive? Who would be most critical of his decision?
12. Are there any circumstances where it would be considered acceptable for Martin to go to TVET? [exceptions]
13. How readily available are TVET opportunities for youth and how easy is it for the youths to enroll and get training?

"The Whys" -- Identify causes of hunger by probing for "Whys":

14. Now, let's focus on the big problem of hunger, and let me ask you to think about root causes. Why you think food insecurity exists in this community? Why do you think people don't have enough food? *Probe by asking series of "WHY" questions. "Why is that?" "Why does that happen?" Following each response with "Why?" so you get into deeper causes.*
15. *If they haven't already mentioned some factors related to social norms or cultural factors, probe for more causes: **What other factors contribute** to malnutrition and food insecurity? When you hear a cause that is social or cultural, probe with more "whys?"*
16. **Review the list of causes that have been mentioned.** *Point out that some causes are not social, and we won't focus on those now. Note the ones that are more social and mark them on the flip chart.*
17. Of these factors, what do you think are most important ones here? **Identify** the top five factors and circle on flipchart.
18. *Ask them questions probing for social norms, regarding the top 1-3 factors identified e.g.:*
 - a. Who makes those decisions?
 - b. Who do people listen to?
 - c. What do you think others do about that?
 - d. What would people say if you did that?

*After you have a few good insights about those **social influences on the top causes**, have the Notetaker record the top 5 reasons and key discussions points on the FGD recording form.*

Now, let me tell you about a guy named Chimusoro:

"Chimusoro"

Chimusoro is a villager in Marange area in Mutare. Like many other people in his village, he relies on farming as his major source of food, and he gets a little income from doing various piece jobs in surrounding villages. Over the years, harvests from his arm have continued to dwindle and he has been failing to meet his family's food requirements. His family has had to rely on food rations from the Department of Social Welfare and other organizations like the World Food Program. He also receives government agriculture inputs, mostly maize seed, and fertilizer. The economic situation has also made it very difficult for Chimusoro to use the money from his piece jobs meaningfully. The money continues to buy less and less, and his family is become poorer and poorer.

19. How typical is this situation in this community? How many households can be described as being like Chimusoro's in this area?
20. What would most men like Chimusoro do in this situation?

21. What do people in this community expect Chimusoro to do?
22. How would you help Chimusoro if he were your friend?
23. What support structures are available in and around this community to help men like Chimusoro? How effective are they?
24. Why might Chimusoro be reluctant to use those services?

A new program has started in his village which is helping farmers to grow new crops that can survive droughts and thrive on low rainfall. Chimusoro has decided to join one of the groups organized by this program. This program is however not offering any agriculture inputs, but is giving information about improving crop production, and linking farmers to buyers of agriculture produce who buy them at good prices. The organization is also training farmers in doing farming as a business. The program is also helping farmers to plan for unforeseen circumstances through saving money, buying assets, and engaging in other business opportunities. They are also grouping villagers to plan for disasters and to demand service from the government.

25. What would other men say about Chimusoro's decision to join the new program? [Sanctions]
26. Would the opinions and reactions of others such as Chimusoro's friends and family make him change his mind about participating in the new program? [sensitivity to sanctions]
27. How would Chimusoro's wife react to this decision by him?
28. Who among Chimusoro's family and friends would be most supportive? Most critical of his decision?
29. Are there any circumstances where it would be considered acceptable for Chimusoro to join the new program? [Exceptions]
30. What would motivate Chimusoro more to actively participate and benefit from the new program?
31. What would make it easier for Chimusoro to continue to participate in the new program?

Our time is almost up, but I want to note that you reflected on some important issues, and I appreciate your sharing. You reflected on.... **summarize themes they discussed**, e.g., struggles with hunger in this community, some of the causes, and how social norms play a role. You also reflected on some of the resources that might be available to you and your community—assets, which some people neglect, or try to mobilize. Please come back here at ____day/time____ for our follow up discussion.

FGD MEETING #2 Planning for Action

Recap last meeting

1. Thank you all for coming back. We really appreciated hearing what you had to share at our last meeting. We talked about some important, but difficult issues. Let's recall what we discussed last time. *Have them share what they recall.*
2. *When they're done, you state the main take-away points that you want to follow up today.* These are not easy problems to solve, but let's discuss. Some people mentioned that it's not always easy to access resources, some people don't want to seek help, or won't work together on problems. Let's talk about that today. First, I'll tell you a story:

"Chimuti Family"

The Chimuti family has lived in Buhera District for a very long time. They started off very poor, with many children and struggling like the rest of their neighbors. Breakthrough for them came when one of their sons, who was very intelligent was identified for a bursary by a local Catholic Church. This bursary allowed him to go to school, all the way to university and ended up getting a very good job in Harare. This son is now helping his parents to improve their situation. He has built them a beautiful house with iron sheets, drilled a borehole at his father's homestead and put solar for them. He is also helping his father build a cattle herd, together with goats and chickens. The Chimuti family has however become very proud and self-centered. They are not willing to work with other community members and to assist their fellow neighbors. They will not let their neighbors get clean water from their borehole. They also don't like sharing food with others. They would rather feed any extra food to their livestock.

Questions:

3. Do we have many people like Chimuti family in this community? How common are they?
4. What makes people behave this way?
5. How do people here view people that have succeeded in life and are now doing better than they used to? Are you willing to learn from others? Why or why not?
6. Would you expect Chimuti family to help their neighbors and community? How? If not, why? How willing are people to get help from such people?
7. What social, cultural, and religious norms make people behave like Chimuti? How can these be addressed?

The Chimuti family has done many good things like planting a eucalyptus tree plantation. However, some people are complaining that this plantation is causing their neighbors not to have enough water in the ground for their crops. They spray their cattle to kill ticks, but the problem of ticks on their cattle continues. Last season, they lost 5 beasts due to tick-borne diseases.

Questions

8. What do you think is causing the death of Chimuti family cattle? How would other people view this?
9. What are the disadvantages of doing things alone in communities?
10. Do you have community groups where people work together? How willing are people to work together in groups?
11. What causes groups to fail? How long have majority of groups here lasted?
12. How much do the very poor and vulnerable people in this community participate in groups? Who participates more in groups, the very poor and vulnerable or the better off members?
13. How involved are men, women, and youths in groups? Who takes up leadership positions? Why?

“The Whys”

14. Now, let's focus on that main problem we mentioned, about people not participating or collaborating in activities, and people don't take available steps to reduce vulnerability and hunger. **WHY do you think people sometimes don't take action to improve their situation?** Probe by asking series of “WHY” questions. “Why is that?” “Why does that happen?” Following each thing they say with a “Why?” so you get into deeper causes.
15. If they haven't already mentioned some factors related to social norms or cultural factors, probe for more causes: **What other factors contribute** to apathy and inaction?
16. When you hear a cause that is social or cultural, probe with more “whys?”
17. **Review the list of causes that have been mentioned.** Point out that some causes are not social, and we won't focus on those now. Note the ones that are more social and mark them on the flip chart.
18. Of these factors, what do you think are most important ones here? **Identify** the top five factors and circle on flipchart.
19. Ask them probes for social norms regarding the top 1-3 factors identified e.g.:
 - a. Who makes those decisions?
 - b. Who do people listen to?
 - c. What do you think others do about that?
 - d. What would people say if you did that?
20. After you have a few good insights about those social influences on the top causes, have the Notetaker record the top 5 reasons and key discussions points on the recording form.

Now, let's listen to another story:

Vignette “Tashinga Group”

Tashinga is a community group made up men, women, and some youths. This group started as a Village Savings and Loans group where members put money together, lend it to other people who return it with an interest. The group then diversified and started doing some projects to raise more money. Their projects include vegetable production, buying and selling groceries and others all things need by their community. An organization working in the area helped to them to get a bank loan which they managed to pay back. This organization also linked Tashinga to buyers of their agriculture produce which is making their farming more productive.

Questions

21. How common is it to find groups made up of men, women, and youth in this area? How effective are they?
22. How common are groups that were formed by previous projects that have remained in existent for long after that project ended? What are the key issues to success?
23. How willing are people to participate in groups? What would make them successful?
24. What other communication channels would help people act to improve their livelihoods situations?
25. What would motivate you to take up new ways of farming, eating, or managing your resources?

Many people now want to join Tashinga group because of their success. To help with this demand, Tashinga is assisting people to form other groups which meet their needs. Tashinga is now taking leadership in working with communities to preserve their natural resources and act against climate change. They have become community champions for promoting climate smart agriculture and water conservation. They are also mobilizing community to develop community and household plans to manage climatic and economic shocks.

26. How common are individuals or groups who mobilize other community members to do something beneficial to the community? Why is it common or not common, depending on response?
27. Would you listen to Tashinga and participate in the activities they are promoting? Why or why not? (What would motivate you to participate?)
28. How prepared are you to manage unexpected, unfortunate circumstances like droughts, floods, economic challenges, death, or sickness in the family?
29. What do you think you need to do to be prepared for these unfortunate circumstances? What can you do yourselves? What external support would you need and from who?
30. How would you accept help towards changing your current ways of doing things – farming, eating, managing shocks? How you prefer to be engaged and to receive support information?

Wrap Up

31. *Try to highlight any points raised in discussion that point to resources people have, assets they have mentioned. If there are none, prompt them: We have been talking about problems and limited resources—but also some opportunities. Before we leave each other today, can you think about what resources you DO have?*
 - a. What do you think you can work with to make small improvements in your life?
 - b. What do you think the community can do to make small improvements for all?
 - c. Has this discussion made you more aware of any community resources you think can be mobilized to improve things related to hunger? What specifically?
32. *End with an encouraging note and hope they can build on all of this and work together with small steps that little by little make improvements. Thank them for their time.*

TIPs Guide & Key Messages – Complementary Feeding

TAKUNDA SBC FORMATIVE RESEARCH TRIALS OF IMPROVED PRACTICES (TIPs) INTERVIEW GUIDE COMPLEMENTARY FEEDING

Behaviors of interest to be investigated through this TIPs:

- feed children 6 – 23 months of age complementary foods following the recommended age-appropriate frequency.
 - Non-breastfed children 6–23 months of age should be fed at least four solid, semi-solid or soft food feeds or milk feeds per day, with at least one of the four being a solid, semi-solid or soft food feed.
 - Children continuing to breastfeed should be fed at least twice if aged 6–8 months and three times if aged 9–23 months.
- feed children 6 – 23 months diverse, nutritious complementary foods daily
 - Each day, children who are no longer breastfeeding consume at least 4 of 7 food groups: **grains, roots and tubers, legumes and nuts, dairy products, flesh foods, eggs, vitamin A rich fruits & vegetables, other fruits, and vegetables**, and those continuing to breastfeed consume at least 5 of 8 food groups. The **eighth food group is breastmilk**

Note: The Assessment Interview tool differs for breastfeeding and non-breastfeeding audiences. The Negotiation and Evaluation tools are the same for both groups

INTRODUCTION and INFORMED CONSENT SCRIPT:

Hello. My name is ___ and I am ___ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes, and with your permission we would like to audio-record our discussion so we can refer back to it and catch anything we might miss. We will destroy the recording after we have transcribed it.

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Do you agree to record the audio?

[If so, begin recording and say: “I just want to confirm your consent to be interviewed now. Do you agree to this interview and to audio recording?”]

If they do not agree, say: “That is perfectly fine. I will write notes as we talk—it may take me a bit longer, but I want to respect and remember what you say!”]

Consent (circle response Y or N)

Participant agrees to participate:	Yes	No
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Participant agrees to be audio-recorded:	Yes	No
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Name & Signature of Person Conducting Informed Consent

Date

Time

Begin by requesting demographic data, completing information in Table 1 below. Then proceed to ask questions and write responses in spaces provided below.

Interview 1A: Assessment for Female caregiver of child aged 6-24 months who is continuing to breastfeed.

Demographics

Age

Marital status

Highest level of
education achieved

Occupation

Number and ages of
living children

Age of youngest child

Current practices -- Continuing breastfeeding

Please answer my questions based on your current practices with your youngest child.

Write responses in space provided.

1. On average, how many times do you breastfeed your child each day? _____
2. How long do you intend to continue breastfeeding your child? (Until your child is what age?)

 - a. Can you explain why? (*Probe as needed: Who influences your decision? What factors lead to this expectation?*)
 - b. Do any members of your family have particular views on whether you should or should not continue breastfeeding your child? What advice do they give?
3. Is there anything that has made continuing breastfeeding difficult to do?
 - a. How have you dealt with those challenges?
4. What has made continuing to breastfeed easier to do? *Probe: what motivates you to continue? are their people who support you?*

Current practices – Complementary Feeding

5. On average, how many meals is your child offered each day?
 - a. Which meals/time of day – breakfast, lunch, dinner?
 - b. What types of food is your child given at these meals?
6. On average, how many snacks is your child offered, per day, in addition to these meals?
 - a. What types of snacks are offered?
7. What other liquids does your child receive? *Probe for water, milk, fruit juice, tea, sugary drinks, etc.*
 - a. How much? /How frequently?
8. Who feeds your child? *Probe to clarify if different people feed different meals/snacks.*
9. Are your child's eating habits generally the same every day, or do they sometimes differ?
 - a. If they differ, explain how and when they differ? (*Probe, e.g., if it relates to breastfeeding, who is feeding the child, access to foods, etc.?*)

Dietary recall

10. Please tell me all that your child ate and drank yesterday, including breastmilk. *Probe by asking:*
 - a. After your child woke up, what was the first thing you gave him/her to eat or drink?

- b. After that, what other food or liquids did you offer your child throughout the day, including breastmilk? *List each mentioned and note time of day, name of meal, and what was consumed.*
- c. Was there anything else that your child was offered to eat or drink yesterday?

Sources of information and influence

11. Have you talked with a healthcare provider about your child's diet?
 - a. If yes, what types of information did the provider share?
12. Have you talked with anyone else about your child's diet?
 - a. If yes, who?
 - b. What advice or information did they share?

Household diets

13. In your household, do all members of the family eat the same meals? Y ___ N ___
 - a. If no, please tell me about these differences, e.g., differences in number, timing, or location of meals for certain family members, do children eat the same food as adults?
14. In your household, who determines what your family eats at mealtimes? _____
 - a. How is this decision made? *Probe on: Who decides what food to buy / or source by other means? what influences the decision?*
15. In your household, who obtains the food that your family eats? _____
 - a. Does anyone else help with obtaining the food your family eats? How do they help?
16. In your household, who primarily prepares the family's meals? _____
 - a. Does anyone else help with this? How do they help?

Intention for practice going forward

17. Do you want to make any change **or** expect you will change anything about your child's feeding in the near future?
 - a. Explain why.
18. Which foods does your household have access to?

Probe: List all the foods, including indigenous foods, seeds, nuts, fruits, and vegetables. Ask about foods they may not be used to eating but can access.

Interview 1(B): Assessment for Female caregiver of child aged 6-24 months who is not continuing to breastfeed

Demographics

Age

Marital status

Highest level of
education achieved

Occupation

Number of living
children

Age of youngest child

Current practices – (dis)Continuing breastfeeding

19. Please answer my questions based on your current practices with your youngest child. *Write responses in space provided.*
20. Did you breastfeed your child?
21. *If yes:*
 - a. Approximately what age was your child when you stopped breastfeeding?
 - b. How did you feel about this?

- c. What were your reasons for stopping breastfeeding?
- d. Was there anything that you found made breastfeeding hard to do?
- e. Was there anything that you found made breastfeeding easier to do?
- f. What did you see as the benefits of breastfeeding?
- g. How did members of your family feel about your decision to stop breastfeeding?
Probe: did anyone encourage you to continue breast feeding (CBF)? Anyone recommend/encourage you to stop? Explain who and why?

22. If no:

- a. How did you feel about the idea of breastfeeding?
- b. What were your reasons for not breastfeeding?
- c. Would you have been interested in receiving support to breastfeed? If so: What support would have been helpful?

Dietary recall

23. Please tell me all that your child ate and drank yesterday, including breastmilk.

Probe by asking:

- a. After your child woke up, what was the first thing you gave him/her to eat or drink?
- b. After that, what other food or liquids did you offer your child throughout the day, including breastmilk? *List each mentioned and note time of day, name of meal, and what was consumed.*
- c. Was there anything else that your child was offered to eat or drink yesterday?

Household diets

- 24. In your household, do all members of the family eat the same meals? Y ___ N ___
a. If no, please tell me about these differences, e.g., differences in number, timing, or location of meals for certain family members, do children eat the same food as adults?
- 25. In your household, who determines what your family eats at mealtimes? _____
a. How is this decision made? *Probe on: Who decides what food to buy or source by other means? What influences the decision?*
- 26. In your household, who shops for/sources the food that your family eats?

a. Does anyone else help with obtaining the food your family eats? How do they help?
- 27. In your household, who primarily prepares the family's meals? _____
a. Does anyone else help with this? How do they help?

Re: intention for practice going forward

- 28. Do you want to make any change **or** expect you will change anything about your household's diet in the near future?
- 29. Which foods does your household have access to?
Probe: List all the foods, including indigenous foods, seeds, nuts, fruits and vegetables. Ask about foods they may not be used to eating but can access.

2nd Interview: Negotiation with Caregiver of child aged 6-24 months

Introduction:

1. *Greet participant warmly. Introduce this meeting saying:* Thank you for meeting me again today. I want to talk about what we discussed last time. *Recap a few key points from what you discussed in first interview, e.g.:* Last time, you told me ____, ____, and ____. *Commend her for good practices she is already practicing, e.g.:* It's really great that you are doing _____. That will help your child grow well.
2. *Note possible areas of improvement in the child's diet based on the results of the assessment interview, e.g.* If I got it correctly, you said you _____, is that right? I want to explain the consequences if children are often fed this way _____.... A diet that includes a variety of nutritious foods can prevent those problems and help your child grow and be healthy.
3. Now let's talk about ways in which you could improve your child's diet. If you agree that it would be good to increase the amount of diverse, nutritious, age-appropriate foods in your child's diet, do you have any ideas of what you could change/add? *Listen to their response.*

Share the 3 proposed small doable actions (SDAs) the participant could try, based on the results of the assessment interview.... _____

4. Elicit 'teach back', saying: I'm not sure if I am clear—can you tell me what you got from what I've said? Listen and probe/correct to make sure she has understood:
 - the behaviors you congratulated her on
 - what concerns you raised and why
 - what SDAs you presented
5. Negotiate an SDA for the trial period using the following questions:
 - a. Do you feel you could try one of these actions over the next week?
 - o If yes, which ones do you feel you could try?
 - o Which one of these would be a good starting point?
 - b. If no, what other action do you feel you could try? Help the participant to think through small steps that may bring her closer to one of the SDAs proposed

NOTE: If the participant refuses to adopt any new practice during the trial, ask questions to understand why; however, this participant will not be counted in the TIPs sample.

6. Ask barriers and enabling factors she anticipates in trying the SDA. What do you think might be hard about doing __? Who can help you? What resources can you draw on to manage that challenge if it happens? Offer suggestions on how to address barriers and maximize support.
7. So, can you please confirm what you're planning to try during the upcoming week? Write response here.
8. How confident are you that you can do this? Note her confidence level (hi, medium, low). If she is not very confident, help her select another SDA she is confident about doing.
9. Do you have any questions for me? Any concerns? Respond as needed.
10. Set the time and date for the evaluation interview and record it here.

3rd Interview: Reinforcement with Caregiver of child aged 6-24 months

Introduction:

Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I'm excited to hear how you're doing! Let her respond to this open question about how it's going, noting response here:

Commend her for whatever sounds good, then go on to ask:

1. Could you tell me what you remember about what we discussed last time? Probe her to recap a few key points from what you discussed about the SDAs and suggestions for overcoming barriers, etc.
Note recall as: GOOD ____ POOR ____
2. Today, I would like to learn about your experience trying the action we agreed upon during our last conversation. You were going to try _____ [SDA agreed upon during the negotiation interview].
Were you able to perform this action? (If she's already made it clear, just say "I'd like to hear more about how it was to try ____ practice" and continue with questions below.

If she has not made some efforts to try the selected SDA, ask:

3. What prevented you from performing the action? Probe to explore her feelings and difficulties.
4. What might have made the action easier to do?
5. Did you try to adapt the action to overcome these barriers?
6. Or did you try any other new actions instead? What? Write any responses.
7. How did that go? Was it successful?

If she has made some efforts to try the practice, ask:

8. How did you feel about it?

9. What went well?
10. Did you face any challenges? What were they?
11. What solutions did you find to overcome these challenges?
12. Did you make any adaptations to the planned action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
13. Is this an action you plan to continue?
14. Why or why not?
15. What might make this hard to do?
16. What would make this easier to do?

For all participants:

17. Did you talk to anyone about the action? Y or N
18. If yes,
 - Who did you speak to?
 - What did you discuss?
 - How did they influence you?

Probe to clarify whether the person's influence was positive or negative re: the SDA, asking for examples and feelings about that person's support or hindrance.

19. Would you encourage other parents of young children to try this action?
20. How would you "sell" it to them? What would you say the benefits are?

Dietary recall

21. Please tell me all that your child ate and drank yesterday, including breastmilk.
Probe by asking:
 - After your child woke up, what was the first thing you gave him/her to eat or drink?
 - After that, what other food or liquids did you offer your child throughout the day, including breastmilk? *List each mentioned and note time of day, name of meal, and what was consumed.*
 - Was there anything else that your child was offered to eat or drink yesterday?

4th Interview: Evaluation with Caregiver of child aged 6-24 months

Introduction:

Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I'm excited to hear how you're doing! Let her respond to this open question about how it's going, noting response here:

I want to ask some more about your experience trying ____.

For those who had been successful in adopting the action at the time of last meeting

1. Have you continued performing the action since we last met?
2. If yes, they have continued,
 - a. How does it make you feel?
 - b. Is there anything that has made it easier to keep doing this action? What?
 - c. Have you faced any challenges? What were they?
 - d. What solutions did you find to overcome these challenges?
 - e. Did you make any adaptations to the action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - f. Has anyone supported you to sustain this action?
 - Who?
 - What support did they provide?

- How did you feel about this?
- 3. If no, they did not continue performing the action since last meeting,
 - a. How does this make you feel?
 - b. What prevented you from continuing to perform the action?
 - c. Did you try to adapt the action to overcome these barriers? Or did you try any other new actions instead?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - d. What might have made the action easier to keep doing?

For those who had not been successful in adopting the action at the time of last meeting:

- 4. Did you make another attempt to try the action since we last met?
- 5. If yes, what happened?
 - a. What prompted you to try the action again?
 - b. What went well?
 - c. How did you feel about this?
 - d. Did you face any challenges? What were they?
 - e. What solutions did you find to overcome these challenges?
 - f. Is this an action you plan to continue?
 - Why or why not?
 - What might make this hard to do?
 - What would make this easier to do?

For all participants:

- 6. Did you talk to anyone about the action since we last met?
- 7. If yes,
 - Who did you speak to?
 - What did you tell them?
 - What did they say about the action?
 - How did this make you feel?
- 8. Have you made any other changes to what you feed your child since we last met?
 - What changes have you made?
 - What prompted you to make these changes?
 - How do you feel about this?
- 9. Have you noticed any changes in your child since we first met? Explain.
- 10. Realistically, what is the chance that you will consistently practice the CF practices we've discussed from now on? *Probe: How confident or not are you that you will be able to do it?*

Dietary recall

- 11. Please tell me all that your child ate and drank yesterday, including breastmilk.
Probe by asking:
 - After your child woke up, what was the first thing you gave him/her to eat or drink?
 - After that, what other food or liquids did you offer your child throughout the day, including breastmilk? *List each mentioned and note time of day, name of meal, and what was consumed.*
 - Was there anything else that your child was offered to eat or drink yesterday?

TIPS GUIDANCE for Complementary Feeding

CF starting when baby is 6 months

- Starting at about 6 months, your baby needs other foods in addition to breast milk.
- Continue breastfeeding your baby on demand both day and night.
- Breast milk continues to be the most important part of your baby's diet.
- Breastfeed first before giving other foods.
- When giving complementary foods, think: Frequency, Amount, Thickness, Variety, Active/responsive feeding, and Hygiene
 - Frequency: Feed your baby complementary foods 2 times a day
 - Amount: Give 2 to 3 tablespoonfuls ('tastes') at each feed.
 - Thickness: should be thick enough to be fed by hand
 - Variety: Begin with the staple foods like porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana or mashed potato

Complementary feeding from 6 to 9 months

- Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet.
- Breast milk supplies half (1/2) baby's energy needs from 6 up to 12 months.
- Breastfeed first before giving other foods.
- When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/responsive feeding, and Hygiene
 - Frequency: Feed your baby complementary foods 3 times a day
 - Amount: Increase amount gradually to half (1/2) cup (250 ml cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given
 - Thickness: Give mashed/pureed family foods. By 8 months your baby can begin eating finger foods
 - Variety: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) 1 star*; Staples (grains, roots and tubers) 2 stars**; Legumes and seeds 3 stars***; Vitamin A rich fruits and vegetables and other fruits and vegetables.

NOTES:

- Foods may be added in a different order to create an optimal diet.
- Animal source foods are very important. Start animal source foods as early and as often as possible. Cook well and chop fine.
- Infants can eat well-cooked and finely chopped eggs, meat and fish even if they don't have teeth.
- Additional snacks (extra food between meals) such as fruit or bread with nut paste) can be offered once or twice per day.
- If you prepare food for the baby that has oil or fat in it, use no more than half a teaspoon per day.
- Use iodized salt
- Each week you can add one new food to your child's diet
- Avoid giving sugary drinks
- Avoid sweet biscuits

Complementary feeding from 9 up to 12 months

- Continue breastfeeding your baby on demand both day and night. This will maintain his or her health and strength as breast milk continues to be the most important part of your baby's diet.
- Breast milk supplies half (1/2) baby's energy needs from 6 up to 12 months.
- Breastfeed first before giving other foods.
- When giving complementary foods to your baby, think: Frequency, Amount, Thickness, Variety, Active/responsive feeding, and Hygiene
 - Frequency: Feed your baby complementary foods 4 times a day
 - Amount: Increase amount to half (1/2) cup (250 ml cup: show amount in cup brought by mother). Use a separate plate to make sure young child eats all the food given.
 - Thickness: Give finely chopped family foods, finger foods, sliced foods.

- Variety: Try to feed a variety of foods at each meal. For example: Animal-source foods (flesh meats, eggs and dairy products) 1 star*; Staples (grains, roots and tubers) 2 stars**; Legumes and seeds 3 stars***; Vitamin A rich fruits and vegetables and other fruits and vegetables.

Notes:

- Foods may be added in a different order to create a 4-star food/diet.
- Animal source foods are very important. Start animal source foods as early and as often as possible. Cook well and chop fine.
- Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.
- Use iodized salt
- Avoid giving sugary drinks
- Avoid sweet biscuits

Food Variety

- Continue to breastfeed (for at least 2 years) and feed a variety of foods at each meal to your young child. For example:
 - Animal-source foods (meat, chicken, fish, liver), and eggs, milk and milk products 1 star*
 - Staples (maize, wheat, rice, millet and sorghum); roots and tubers (cassava, potatoes) 2 stars**
 - Legumes (beans, lentils, peas, groundnuts) and seeds (sesame) 3 stars***
 - Vitamin A-rich fruits and vegetables (mango, papaya, passion fruit, oranges, dark-green leaves, carrots, yellow sweet potato and pumpkin), and other fruit and vegetables (banana, pineapple, watermelon, tomatoes, avocado, eggplant and cabbage) 4 stars****

Notes:

- ❖ *Foods may be added in a different order to create a 4-star food/diet.*
 - *Introduce animal source foods early to babies and young children and give them as often as possible. Cook well and chop fine.*
 - *Additional nutritious snacks (extra food between meals) such as pieces of ripe mango, papaya, banana, avocado, other fruits and vegetables, boiled potato, sweet potato and fresh and fried bread products can be offered once or twice per day.*
 - *Use iodized salt.*

Non-breastfed child from 6 up to 24 months

Note for community worker: Only use this card for non-breastfed children who are between 6 and 24 months.

- A minimum of 2 cups of milk each day is recommended for all children under 2 years of age who are no longer breastfeeding.
- This milk can be either commercial infant formula, that is prepared according to directions, or animal milk, which should always be boiled for children who are less than 12 months old. It can be given to the baby as a hot or cold beverage or can be added to porridge or other foods.
- All children need complementary foods from 6 months of age.
- The non-breastfed child from 6 up to 9 months needs the same amount of food and snacks as the breastfed child of the same age plus 1 extra meal plus 2 cups of milk each day (1 cup = 250 ml).
- The non-breastfed child from 9 up to 12 months needs the same amount of food and snacks as the breastfed child of the same age plus 2 extra meals plus 2 cups of milk each day.
- The non-breastfed child from 12 up to 24 months needs the same number of food & snacks as the breastfed child of the same age plus 2 extra meals plus 2 cups of milk each day.
- After 6 months, also give 2 to 3 cups of water each day, in especially hot climates.

TIPs Guide & Key Messages – Handwashing

TAKUNDA SBC FORMATIVE RESEARCH TRIALS OF IMPROVED PRACTICES (TIPs) INTERVIEW GUIDE HANDWASHING AT CRITICAL TIMES

Behavior of interest to be investigated through this TIPs:

- Household members wash hands at the five critical times
 1. after using the latrine
 2. after changing/cleaning a baby who has defecated
 3. before handling food
 4. before feeding a baby
 5. before eating.

Introduction

Hello. My name is ____ and I am __ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes, and with your permission we would like to audio-record our discussion so we can refer back to it and catch anything we might miss. We will destroy the recording after we have transcribed it.

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Do you agree to record the audio?

[If so, begin recording and say: “I just want to confirm your consent to be interviewed now. Do you agree to this interview and to audio recording?”

If they do not agree, say: “That is perfectly fine. I will write notes as we talk—it may take me a bit longer, but I want to respect and remember what you say!”]

Consent (circle response Y or N)

Participant agrees to participate:	Yes	No
Participant agrees to be audio-recorded:	Yes	No

Name & Signature of Person Conducting Informed Consent

Date

Time

Begin by requesting demographic data, completing information in Table 1 below. Then proceed to ask questions and write responses in spaces provided below.

Assessment Interview

Audience: Mother or primary caregiver for children under 5.

Demographics

Age

Marital status

Highest level of
education achieved

Occupation

Number of living
children

Age of youngest child

Current practices

Please answer the following questions, reflecting specifically on your current practices with your youngest child

Handwashing practices (own)

30. On an average day at home, how often do you wash your hands? ____
- a. When and where? *Tick each mentioned. Probe to clarify circumstances for when they wash their own hands.*
- ____ 1. after using the latrine
- ____ 2. after changing/cleaning a baby who has defecated
- ____ 3. before handling food
- ____ 4. before feeding a baby
- ____ 5. before eating
31. How do you wash your hands? *Ask for a demonstration. Note whether it is generally adequate and explain as needed.*
- a. Adequate ____ Not Adequate ____
32. Is this way of washing hands the same throughout or it differs from time to time? Y__ N__
- a. If different, explain how and when it differs? *Probe on differences.*
33. Do you face any challenges with frequent handwashing?
- a. What are these challenges? *Probe for explanation, examples.*

Handwashing practices (child's)

34. Do you also wash your child's hands? Y__ N__
35. How often / at what times do you wash your child's hands?
- a. When and where? *Tick each mentioned. Probe to clarify circumstances for when they wash their child's hands.*
- ____ 1. after using the latrine
- ____ 2. after changing/cleaning a baby who has defecated
- ____ 3. before handling food
- ____ 4. before feeding a baby
- ____ 5. before eating

36. How do you wash your child's hands? *Ask for a demonstration, if child is present. Note whether it is generally adequate and explain as needed.*
 - a. Adequate ____ Not Adequate ____
37. Is this way of washing hands the same throughout or it differs from time to time? Y__ N__
 - a. If different, explain how and when it differs? *Probe on differences depending on who is taking care of the child or the time?*
38. Do you face any challenges with washing your child's hands?
 - a. What are these challenges? *Probe for explanation, examples.*

Handwashing practices (household)

39. In your household, do all members of the family wash their hands with the same or different frequency as you? Y / N
 - a. *If different, at what points do they wash their hands during the day?*
 - b. *Tick each mentioned. Probe to clarify circumstances for when they wash their child's hands.*
 - ____ 1. after using the latrine
 - ____ 2. after changing/cleaning a baby who has defecated
 - ____ 3. before handling food
 - ____ 4. before feeding a baby
 - ____ 5. before eating
40. Are there any differences on handwashing practices amongst different members of your household? Y / N
 - a. What are the differences?
 - b. What do you think causes these?
41. Do HH members face any challenges with frequent handwashing?
 - a. What are these challenges? *Probe for explanation, examples.*
42. In your household, is there anyone who determines whether or not people wash their hands often?
 - a. How is this decision made? *Probe on: Who decides or makes handwashing possible?*

Sources of information/influence

43. Have you talked with a healthcare provider about handwashing? Y / N
 - a. If yes, who did you talk to?
 - b. Where was this discussion held?
 - c. What type of information did the provider share?
44. Have you talked with anyone else about handwashing? Y / N
 - a. If yes, who and where was this?
 - b. What advice or information did they share?
 - c. How helpful was this information?

Attitudes about HW

45. What are your views / perceptions about handwashing?
 - a. Do you think it is important? Why or why not? *Probe for explanation.*
46. Do any members of your family have particular views on handwashing?
 - b. What are their views? *Probe for explanation and examples of what they say.*

Re: intention for practice going forward

47. Do you want to make any change **or** expect you will change anything about handwashing in the near future? *Probe for explanation.*

Interview 2: Negotiation -- based on assessment interview

Audience: Mother or primary caregiver for children under 5.

Introduction & recap

1. Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I want to talk about what we discussed last time. *Recap a few key points from what you discussed in first interview, e.g.: Last time, you told me ____, ____, and _____. Commend her for good practices she is already practicing, e.g.: It's really great that you are doing _____. That will help keep your family healthy!*

Concerns

2. Note possible areas of improvement in handwashing practices, based on the results of the assessment interview, e.g. If I got it correctly, you said you _____, is that right? I want to explain the consequences if _____.... Washing your hands at 5 critical times can prevent those problems and will help your child and whole family be healthy.

Introduce SDAs

3. Now let's talk about ways in which you could improve your handwashing practices, as the primary caregiver of this young child. *Share the three proposed small doable actions (SDAs) the participant may want to take based on the results of the assessment interview*

Verify Understanding via 'teach back'

4. Elicit 'teach back', saying: I'm not sure if I was clear—can you please tell me what you got from what I've said? *Listen and probe/correct to make sure she has understood:*
 - what behaviors you congratulated her on
 - what concerns you raised and why
 - what SDAs you presented

Select SDA to try

5. Negotiate to identify an SDA for the trial period using the following questions:
 - c. Do you feel you could try one of these actions over the next week?
 - o If yes, which ones do you feel you could try?
 - o Which one of these would be a good starting point?
 - d. If no, what other action do you feel you could try? *Help the participant to think through small steps that may bring her closer to one of the SDAs proposed*

Note: If the participant refuses to adopt any new practice during the trial, ask questions to understand why; however, this participant will not be counted in the TIPs sample

Discuss possible barriers and enablers

6. Ask barriers and enabling factors she anticipates in trying the SDA. What do you think might be hard about doing __? Who can help you? What resources can you draw on to manage that challenge if it happens? *Offer suggestions on how to address barriers and maximize support.*

Confirm SDA commitment and confidence

7. So, can you please confirm what you're planning to try during the upcoming week? *Write response here.*
8. How confident are you that you can do this? *Note her confidence level (high, medium, low). If she is not very confident, help her select another SDA she is confident about doing.*
9. Do you have any questions for me? Any concerns? *Respond as needed.*
10. Set the time and date for the evaluation interview

Interview 3: Reinforcement

Audience: *Mother or primary caregiver for children under 5.*

Trial experience

Introduction:

Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I'm excited to hear how you're doing! Let her respond to this open question about how it's going, noting response here:

Commend her for whatever sounds good, then go on to ask following questions.

Verify action

1. Were you able to perform this action? Y___ N___

Did NOT try SDA

If she has not made at least some efforts to try the selected SDA, ask:

2. What prevented you from performing the action? *Probe to explore her feelings and difficulties.*
3. What might have made the action easier to do?
4. Did you try to adapt the action to overcome these barriers? *If so, how?*
5. Did you try any other new actions instead? *If so, What? Write any responses.*
 - a. *Probe:* How did that go? Was it successful?

Did try SDA

For those who have made at least some efforts to try the practice:

6. How did you feel about it?
7. What went well?
8. Did you face any challenges? What were they?
9. What solutions did you find to overcome these challenges?
10. Did you make any adaptations to the planned action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
11. Is this an action you plan to continue?
 - a. Why or why not?
12. What might make this hard to do?
13. What would make this easier to do?

Consulting others

For all participants:

14. Did you talk to anyone about the action?

If yes,

- a. Who did you speak to?
- b. What did you tell them?
- c. What did they say about the action?

Social support for SDA

15. Did anyone support you during the trial?

If yes,

- a. Who?
- b. What support did they provide?
- c. How did you feel about this?

Promoting SDA

16. Would you encourage other parents of young children to try this action?

17. How would you “sell” it to them? What would you say the benefits are?

Interview 4: Evaluation

Audience: Mother or primary caregiver for children under 5.

Continuation since trial experience

Introduction:

Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I’m excited to hear how you’re doing! Let her respond to this open question about how it’s going, noting response here:

I want to ask some more about your experience trying handwashing practices we discussed last time.

Continued practice of SDA

For those who had been successful in adopting the action during the trial period

1. Have you continued performing _____ [the SDA action] since we last met? Y / N
2. If yes,
 - a. How does it make you feel?
 - b. Is there anything that has made it easier to keep doing this action? What?
 - c. Have you faced any challenges? What were they?
 - d. What solutions did you find to overcome these challenges?
 - e. Did you make any adaptations to the action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - f. Has anyone supported you to sustain this action?
 - Who?
 - What support did they provide?
 - How did you feel about this?
3. If no,
 - a. How does this make you feel?
 - b. What prevented you from continuing to perform the action?

- c. Did you try to adapt the action to overcome these barriers? Or did you try any other new actions instead?
 - What were they?
 - How did you feel about this?
 - Was it successful?
- d. What might have made the action easier to keep doing?

Other attempts at SDA

For those who were not successful in adopting the action during the trial period

4. Did you make another attempt to try the action since we last met?
5. If yes, what happened?
 - a. What prompted you to try the action again?
 - b. What went well?
 - c. How did you feel about this?
 - d. Did you face any challenges? What were they?
 - e. What solutions did you find to overcome these challenges?
 - f. Did you make any adaptations to the planned action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - g. Is this an action you plan to continue?
 - Why or why not?
 - What might make this hard to do?
 - What would make this easier to do?

For all participants:

1. Did you talk to anyone about handwashing since we last met?
2. If yes,
 - Who did you speak to?
 - What did you tell them?
 - What did they say about it?
 - How did this make you feel?
3. Have you made any other changes to the way or frequency with which you wash hands (yours or your child's) since we last met?
 - What changes have you made?
 - What prompted you to make these changes?
 - How do you feel about this?
4. Realistically, what is the chance that you will consistently practice HW at the critical times from now on? *Probe: How confident or not are you that you will be able to do it?*
Rate hi, med, lo.

TIPS GUIDANCE for Handwashing

Critical times to practice handwashing:

1. Before, during, and after preparing food.
2. Before and after eating food.
3. Before feeding a baby
4. After using the latrine.
5. After changing/cleaning a baby who has defecated

Support small doable actions to achieve these key steps to the practice of HW behavior are:

1. Easily see and access a handwashing station at critical times.
2. Ideally, a hand washing station will be located 15-20 steps /within 5 meters from areas where contact with feces and food commonly occur.
3. Access flowing water to wet hands.
4. Access soap and spread it on hands.
5. If soap is not available, ash may be used.
6. Rub soapy hands together for 15-20 seconds to create lather.
7. Access flowing water to rinse soap from hands.
8. Air dry hands or use a clean cloth to avoid re-contamination.

Support practice of proper handwashing technique:



Step 1: Wet your hands



Step 2: Use soap



Step 3: Lather and scrub for 20 sec



Step 4: Rinse for 10 sec



Step 5: Dry your hands

Brainstorm SDAs:

Households with limited access to water will find it challenging to have all family members do extend hand washes with clean water the many times a day that are critical times for handwashing. Small doable actions for handwashing in water-scarce settings could include:

- Install and use a water-saving tippy tap or similar water-limiting handwashing device
- Wash with 'less clean' water sources. Yes, you can get clean hands with dirty water
- Wash as frequently as possible at key COVID-19 priority times, but for shorter washes if water is scarce.
- Studies show hands are often re-contaminated within an hour, so frequency can be more effective than duration for handwashing

TIPs Guide & Key Messages – Women’s Dietary Diversity

TAKUNDA SBC FORMATIVE RESEARCH TRIALS OF IMPROVED PRACTICES (TIPs) INTERVIEW GUIDE Women and Adolescent Girls’ Dietary Diversity

Behavior of interest to be investigated through this TIPs:

- Adolescent girls (10-14 years) and women of reproductive age (15-49 years) consume diverse, nutritious foods daily, meaning:
 - Each day, consume at least 4 of the 7 food groups: grains, roots and tubers, legumes and nuts, dairy products, flesh foods, eggs, vitamin A rich fruits & vegetables, other fruits and vegetables.

Introduction

Hello. My name is ____ and I am __ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes, and with your permission we would like to audio-record our discussion so we can refer back to it and catch anything we might miss. We will destroy the recording after we have transcribed it.

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Do you agree to record the audio?

[If so, begin recording and say: “I just want to confirm your consent to be interviewed now. Do you agree to this interview and to audio recording?”

If they do not agree, say: “That is perfectly fine. I will write notes as we talk—it may take me a bit longer, but I want to respect and remember what you say!”]

Consent (circle response Y or N)

Participant agrees to participate:

Yes

No

Participant agrees to be audio-recorded:

Yes

No

Name & Signature of Person Conducting Informed Consent

Date

Time

Begin by requesting demographic data, completing information in Table 1 below. Then proceed to ask questions and write responses in spaces provided below.

Interview 1: Assessment	
Audience: Women and Adolescent girls in the age group 15 – 49 years	
Demographics	
Age	
Marital status	
Highest level of education achieved	
Occupation	
Number and ages of living children	
Age of youngest child	
<i>Please answer the following questions, reflecting specifically on your current practices regarding your diet</i>	
Current practices	
1. Are you currently breastfeeding? Y___ N___	
2. On average, how many meals do you eat per day? . Which meals – breakfast, lunch, dinner? a. Do you eat mostly at home or away from home?	
3. Do you eat any snacks in addition to these meals? . If yes, how many snacks do you eat on average per day? a. Where do you get these snacks? b. What types of foods do you mostly eat?	
4. What drinks do you consume regularly? <i>List drinks</i> . How often/in what amount? <i>probe for quantity of each</i>	
5. Are your eating habits generally the same every day, or do they sometimes differ? . If they differ, please explain how and when they differ? a. What makes you meals vary more? <i>Probe around seasonality issues that may be affecting diet.</i>	
Sources of information and influence	
6. Have you talked with a healthcare provider about your diet? . If yes, what types of information did you receive? a. How useful did you find this information?	
7. Have you talked with anyone else about your diet? . If yes, who? a. What advice or information did they share? b. How helpful/practical did you find this information?	

<p>8. Do any members of your family have particular views on what you should or should not be eating? If so, what advice do they give?</p> <p><i>List attitudes and comments shared, probe for examples.</i></p>
<p>Household's general eating habits</p> <p>9. In your household, do all members of the family eat the same meals?</p> <ul style="list-style-type: none"> If no, please tell me about these differences, e.g., differences in number, timing, or location of meals for certain family members, do children eat the same food as adults?
<p>10. In your household, who determines what your family eats at mealtimes?</p> <p>11. How is this decision made? <i>Probe on: Who decides whether you eat at home or eat out/eat fast food?</i></p>
<p>12. In your household, who shops for the food that your family eats?</p> <ul style="list-style-type: none"> Does anyone else help with obtaining the food your family eats? How do they help?
<p>13. In your household, who primarily prepares the family's meals?</p> <ul style="list-style-type: none"> Does anyone else help with this? How do they help?
<p>Dietary recall</p> <p>14. Please tell me all what you ate and drank yesterday. Please include everything.</p> <p>Probe by asking:</p> <p>15. After you woke up, what was the first thing you ate or drank?</p> <p>16. After that, what other food or liquids did you eat or drink throughout the day?</p> <p>17. What is the name of that mealtime (for example, breakfast, lunch, dinner, snack)?</p> <p>18. Was there anything else that you ate or drank yesterday?</p>

<p>Interview 2: Negotiation</p>
<p>Audience: Women and Adolescent girls in the age group 15 – 49 years</p>
<p>1. Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I want to talk about what we discussed last time. Recap a few key points from what you discussed in first interview, e.g.: Last time, you told me ____, ____, and ____. Commend her for good practices she is already practicing, e.g.: It's really great that you are doing _____. That will help keep you healthy!</p>
<p>Concerns</p> <p>2. Note possible areas of improvement in dietary diversity practices, based on the results of the assessment interview, e.g. If I got it correctly, you said you _____, is that right? I want to explain the consequences if you _____. Eating a variety of foods every day can prevent those problems and will help you be strong and healthy.</p>
<p>Introduce SDAs (based on analysis of 1st interview and preparation with your supervisor)</p> <p>Now, let's talk about ways in which you could increase the amount of diverse and foods in your diet.</p> <p>3. Share the three proposed small doable actions (SDAs) that the participant may want to take, based on the results of the assessment interview.</p>
<p>Verify Understanding via 'teach back'</p>

<p>4. Elicit 'teach back', saying: I'm not sure if I was clear—can you please tell me what you got from what I've said? Listen and probe/correct to make sure she has understood:</p> <ul style="list-style-type: none"> - what behaviors you congratulated her on - what concerns you raised and why - what SDAs you presented
<p>Select SDA to try</p> <p>5. Negotiate to identify an SDA for the trial period using the following questions:</p> <ol style="list-style-type: none"> Do you feel you could try one of these actions over the next week? <ul style="list-style-type: none"> If yes, which ones do you feel you could try? Which one of these would be a good starting point? If no, what other action do you feel you could try? Help the participant to think through small steps that may bring her closer to one of the SDAs proposed <p><i>Note: If the participant refuses to adopt any new practice during the trial, ask questions to understand why; however, this participant will not be counted in the TIPS sample</i></p>
<p>Discuss possible barriers and enablers</p> <p>6. Ask barriers and enabling factors she anticipates in trying the SDA. What do you think might be hard about doing __? Who can help you? What resources can you draw on to manage that challenge if it happens? Offer suggestions on how to address barriers and maximize support.</p>
<p>Confirm SDA commitment and confidence</p> <p>7. So, can you please confirm what you're planning to try during the upcoming week? Write response here.</p> <p>8. How confident are you that you can do this? Note her confidence level (hi, medium, low). If she is not very confident, help her select another SDA she is confident about doing.</p>
<p>9. Do you have any questions for me? Any concerns? Respond as needed.</p>
<p>10. Set the time and date for the evaluation interview</p>

Interview 3: Reinforcement
Audience: Women and Adolescent girls in the age group 15 – 49 years
Trial experience
<p>Introduction:</p> <p>Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I'm excited to hear how you're doing! Let her respond to this open question about how it's going, noting response here:</p> <p>Commend her for whatever sounds good, then go on to ask following questions.</p>
<p>Verify action</p> <p>Were you able to perform this action? Y___ N___</p>
<p>Did <u>not</u> try SDA</p> <p>If she has <u>not</u> made at least some efforts to try the selected SDA, ask:</p>

<ol style="list-style-type: none"> 1. What prevented you from performing the action? <i>Probe to explore her feelings and difficulties.</i> 2. What might have made the action easier to do? 3. Did you try to adapt the action to overcome these barriers? <i>If so, how?</i> 4. Did you try any other new actions instead? <i>If so, What? Write any responses.</i> <ul style="list-style-type: none"> • <i>Probe: How did that go? Was it successful?</i>
<p>Did try SDA</p> <p><i>For those who <u>have</u> made at least some efforts to try the practice:</i></p> <ol style="list-style-type: none"> 1. How did you feel about it? 2. What went well? 3. Did you face any challenges? What were they? 4. What solutions did you find to overcome these challenges? 5. Did you make any adaptations to the planned action? <ul style="list-style-type: none"> ▪ What were they? ▪ How did you feel about this? ▪ Was it successful? 6. Is this an action you plan to continue? <ul style="list-style-type: none"> • Why or why not? 7. What might make this hard to do? 8. What would make this easier to do?
<p>Consulting others</p> <p><i>For all participants:</i></p> <ol style="list-style-type: none"> 9. Did you talk to anyone about the action? <ul style="list-style-type: none"> If yes, <ol style="list-style-type: none"> a. Who did you speak to? b. What did you tell them? c. What did they say about the action? <p>Social support for SDA</p> <ol style="list-style-type: none"> 10. Did anyone support you during the trial? <ul style="list-style-type: none"> If yes, <ol style="list-style-type: none"> a. Who? b. What support did they provide? c. How did you feel about this?
<p>Promoting SDA</p> <ol style="list-style-type: none"> 11. Would you encourage other parents of young children to try this action? 12. How would you “sell” it to them? What would you say the benefits are?
<p>Dietary recall</p>

Please tell me all that you ate and drank yesterday *Probe by asking the following and making careful notes to clarify what, and about how much was consumed:*

13. After you woke up, what was the first thing you ate or drank?
14. After that, what other food or liquids did you eat or drink throughout the day?
15. What is the name of that mealtime (for example, breakfast, lunch, dinner, snack)?
16. Was there anything else that you ate or drank yesterday?

Interview 4: Evaluation

Audience: Women and Adolescent girls in the age group 15 – 49 years

Introduction:

Greet participant warmly. Introduce this meeting saying: Thank you for meeting me again today. I'm excited to hear how you're doing! Let her respond to this open question about how it's going, noting response here:

I want to ask some more about your experience trying handwashing practices we discussed last time.

Continued practice of SDA

For those who had been successful in adopting the action during the trial period:

1. Have you continued performing _____ [the SDA action] since we last met?
2. If yes,
 - a. How does it make you feel?
 - b. Is there anything that has made it easier to keep doing this action? What?
 - c. Have you faced any challenges? What were they?
 - d. What solutions did you find to overcome these challenges?
 - e. Did you make any adaptations to the action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - f. Has anyone supported you to sustain this action?
 - Who?
 - What support did they provide?
 - How did you feel about this?
3. If no,
 - a. How does this make you feel?
 - b. What prevented you from continuing to perform the action?
 - c. Did you try to adapt the action to overcome these barriers? Or did you try any other new actions instead?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - d. What might have made the action easier to keep doing?

Other attempts at SDA

For those who were not successful in adopting the action during the trial period:

4. Did you make another attempt to try the action since we last met?

5. If yes, what happened?
 - a. What prompted you to try the action again?
 - b. What went well?
 - c. How did you feel about this?
 - d. Did you face any challenges? What were they?
 - e. What solutions did you find to overcome these challenges?
 - f. Did you make any adaptations to the planned action?
 - What were they?
 - How did you feel about this?
 - Was it successful?
 - g. Is this an action you plan to continue?
 - Why or why not?
 - What might make this hard to do?
 - What would make this easier to do?

For all participants:

6. Did you talk to anyone about the action since we last met?
7. If yes,
 - Who did you speak to?
 - What did you tell them?
 - What did they say about the action?
 - How did this make you feel?
8. Have you made any other changes to what you feed your child since we last met?
 - What changes have you made?
 - What prompted you to make these changes?
 - How do you feel about this?
9. Realistically, what is the chance that you will consistently practice HW at the critical times from now on? *Probe: How confident or not are you that you will be able to do it?*

Rate high, med, or low.

Dietary recall

Please tell me all that you ate and drank yesterday. Probe by asking:

10. After you woke up, what was the first thing you ate or drank?
11. After that, what other food or liquids did you eat or drink throughout the day.
12. What is the name of that mealtime (for example, breakfast, lunch, dinner, snack)?
13. Was there anything else that you ate or drank yesterday?

TIPS GUIDANCE for WDD

Nutrition for pregnant and breastfeeding women

- During your pregnancy, eat one extra small meal or “snack” (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- During breastfeeding, eat two extra small meals or “snacks” (extra food between meals) each day to provide energy and nutrition for you and your growing baby.
- You need to eat the best foods available, including milk, fresh fruit and vegetables, meat, fish, eggs, grains, peas and beans.
- Drink whenever you are thirsty.
- Taking tea or coffee with meals can interfere with your body’s use of the foods. Limit the amount of coffee you drink during pregnancy.
- During pregnancy and breastfeeding, special nutrients will help your baby grow well and be healthy.
- Take iron and folic acid tablets to prevent anemia during pregnancy and for at least 3 months after your baby’s birth.
- Take vitamin A tablets immediately after delivery or within 6 weeks so that your baby receives the vitamin A in your breast milk to help prevent illness.
- Use iodized salt to help your baby’s brain and body develop well.
- Attend antenatal care at least 4 times during pregnancy. These check-ups are important for you to learn about your health and how your baby is growing.
- Take de-worming tablets to help prevent anemia.
- To prevent malaria, sleep under an insecticide-treated mosquito net and take anti-malaria tablets as prescribed.
- Learn your HIV status, attend all the clinic appointments and take your medicines as advised by your health provider.
- Adolescent mothers: you need extra care, more food and more rest than an older mother. You need to nourish your own body, which is still growing, as well as your growing baby.

Takunda SBC Formative Research Barrier Analysis Questionnaire: Intercropping with legumes for use with farmers

Behavior Statement

Targeted framers plant a leguminous crop (e.g., groundnuts, pigeon peas, cowpeas, green beans, soybeans or lentils) in the same field as their staple crop during the same season.
(*Kurima mbeu dzakaita sebhinzi, nyemba, nzungu, nyimo mumunda mumwechete nembeu dzesadza mumwaka mumwechete*)

Demographic Data

Interviewer's Name: _____ **Date:** ____/____/____

Questionnaire No.: _____ **District:** _____ **Ward:** _____ **VIDCO:** _____

Situation/location of interaction _____

Introduction:

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Consent (circle response Y or N)

Participant agrees to participate: _____ Yes _____ No

Name & Signature of Person Conducting Informed Consent

Date

Time

Section A - Doer/Non-Doer Screening Questions

1. What is your primary occupation? *Tick response. If a, ask the follow-up question and write response, e.g., maize, rice, sorghum, millet, other*

☐ a. farmer

During the last growing season, what was your staple crop? (What crop did you plant on the largest piece of land?)

☐ b. other than farmer → *End interview and look for another respondent*

☐ c. **Don't Know / Won't say** → *End interview and look for another respondent*

2. In the field where you planted your main staple crop [*insert name of the staple crop they mentioned*] _____, did you plant anything else at the same time as your staple crop?

☐ a. Yes

☐ b. No → *Mark as Non-Doer*

☐ c. **Won't say** → *End interview and look for another respondent*

3. *If answered yes/a to Q2, ask:* In addition to the main staple crop [*insert name of the staple crop they mentioned*] _____, what else did you plant in that same field?

☐ a. groundnuts, pigeon peas, cowpeas, green beans, soybeans or lentils (or insert any other legumes common to the intervention area)

☐ b. None of the above → *Mark as Non-Doer*

☐ c. **Doesn't know/Won't say** → *End interview and look for another respondent*

DOER /NON-DOER CLASSIFICATION TABLE

DOER (All of the following)	Non-Doer (Any ONE of the following)	Do Not Interview (Any ONE of the following)
Question 1 = A		Question 1 = B, C
Question 2 = A	Question 2 = B	Question 2 = B, C
Question 3 = A	Question 3 = B	Question 3 = B, C

Group: ☐ Doer ☐ Non-Doer

Behavior Explanation

In the following questions I am going to be asking you about intercropping with legumes. When I say this, I mean planting things like groundnuts, pigeon peas, cowpeas, green bean, soybeans or lentils in the same field as your staple crop during the same planting season.
(*Kurima mbeu dzakaita sebhinsi, nyemba, nzungu, nyimo mumunda mumwechete nembeu dzesadza mumwaka mumwechete*)

Section B – Research Questions

(Perceived Self-efficacy)

1. Doers and Non-Doers: With your present knowledge, money, and skills do you think that you could plant a leguminous crop in the same field as your staple crop during the same season? *Tick response and if b or c, write in responses to questions below.*

☐ a. Yes

☐ b. Possibly

What might make it likely? What would make it unlikely?

☐ c. No

Why not? What would make it impossible for you to plant it?

☐ d. Don't Know

- 2a. *Doers*: What makes it *easier* for you to plant a leguminous crop in the same field as your staple crop during the same season?

- 2b. *Non-Doers*: What would make it *easier* for you to plant a leguminous crop in the same field as your staple crop during the same season?

(Probe with "What else?", Write all responses below.)

- 3a. *Doers*: What makes it *difficult* for you to plant a leguminous crop in the same field as your staple crop during the same season?

- 3b. *Non-Doers*: What would make it *difficult* for you to plant a leguminous crop in the same field as your staple crop during the same season?

(Probe with "What else?", Write all responses below.)

(Perceived Positive Consequences)

- 4a. *Doers*: What are the *advantages* of planting a leguminous crop in the same field as your staple crop during the same season?

- 4b. *Non-Doers*: What would be the *advantages* of planting a leguminous crop in the same field as your staple crop during the same season?

(Write all responses below. Probe with "What else?")

(Perceived Negative Consequences)

- 5a. *Doers*: What are the *disadvantages* of planting a leguminous crop in the same field as your staple crop during the same season?

- 5b. *Non-Doers*: What would be the *disadvantages* of planting a leguminous crop in the same field as your staple crop during the same season?

(Probe with "What else?", Write all responses below.)

(Perceived Social Norms)

6a. *Doers*: Do most of the people that you know approve of you planting a leguminous crop in the same field as your staple crop during the same season?

6b. *Non-Doers*: Would most of the people that you know approve of you planting a leguminous crop in the same field as your staple crop during the same season?

☐ a. Yes

☐ b. Possibly

☐ c. No

☐ d. Don't Know / Won't say

7a. *Doers*: Who are the people that *approve* of you planting a leguminous crop in the same field as your staple crop during the same season?

7b. *Non-Doers*: Who are the people that *would approve* of you planting a leguminous crop in the same field as your staple crop during the same season?

(Do not state names, just types of people)

(Probe with "What else?", Write all responses below.)

8a. *Doers*: Who are the people that *disapprove* of you planting a leguminous crop in the same field as your staple crop during the same season?

8b. *Non-Doers*: Who are the people that *would disapprove* of you planting a leguminous crop in the same field as your staple crop during the same season?

(Do not state names, just types of people)

(Probe with "What else?", Write all responses below.)

(Perceived Access)

9a. *Doers*: How difficult is it to get the things you need to plant a leguminous crop in the same field as your staple crop during the same season?

9b. *Non-Doers*: How difficult would it be to get the things you need to plant a leguminous crop in the same field as your staple crop during the same season?

☐ a. Very difficult

☐ b. Somewhat difficult

☐ c. Not difficult at all.

☐ d. Don't Know / Won't say

10a. *Doers*: How difficult is it to get the things you need to practice intercropping (plant a leguminous crop in the same field as your staple crop during the same season) in your field?

10b. *Non-Doers*: How difficult would it be to get the things you need to practice intercropping in your field?

☐ a. Very difficult

☐ b. Somewhat difficult

- ☐ c. Not difficult at all.
- ☐ d. Don't Know / Won't say

(Perceived Cues for Action / Reminders / forward planning)

- 11a. *Doers*: How difficult is it to plan (buy seed and other inputs) to plant a leguminous crop in the same field as your staple crop during the same season?
- 11b. *Non-Doers*: How difficult do you think it would be to plan (buy seed and other inputs) to plant a leguminous crop in the same field as your staple crop during the same season?
- ☐ a. Very difficult
 - ☐ b. Somewhat difficult
 - ☐ c. Not difficult at all.
 - ☐ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

12. *Doers and Non-Doers*: How likely is it that your soil will become infertile (*ivhu risina chikafu chembeu*)? very likely, somewhat likely or not likely at all?
- ☐ a. Very likely
 - ☐ b. Somewhat likely
 - ☐ c. Not likely at all

(Perceived Severity)

13. *Doers and Non-Doers*: How serious would it be if your soil became infertile? very serious, somewhat serious, or not serious at all?
- ☐ a. Very serious
 - ☐ b. Somewhat serious
 - ☐ c. Not serious at all
 - ☐ d. Don't Know / Won't say

(Action Efficacy)

14. *Doers and Non-Doers*: How likely is it that your soil will become more fertile if you plant a leguminous crop in the same field as your staple crop during the same season? very likely, somewhat likely or not likely at all?
- ☐ a. Very likely
 - ☐ b. Somewhat likely
 - ☐ c. Not likely at all

(Perception of Divine Will)

15. *Doers and Non-Doers:* Do you think that God (or evil spirits) makes soil become weak and infertile?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. Don't Know / Won't say

(Policy)

16. *Doers and Non-Doers:* Are there any community laws or rules in place that make it more likely that you plant a leguminous crop in the same field as your staple crop during the same season?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. Don't Know / Won't say

(Culture)

17. *Doers and Non-Doers:* Are there any cultural rules or taboos against planting a leguminous crop in the same field as your staple crop during the same season?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. Don't Know / Won't say

(Perceived practitioners)

18. Who are the people who plant leguminous crops in the same field as staple crops? *(Do not state names, just types of people)*

Now I am going to ask you a question totally unrelated to the topic we've been discussing.

(Question on Universal Motivators)

19. *Doers and Non-Doers:* What is the one thing you desire most in life?

THANK THE RESPONDENT FOR HIS /HER TIME!

NOTES on context: *Describe anything notable about the situation or the respondent, for example, contextual factors that presented distraction, or behavior/body language of the respondent that indicated discomfort/enthusiasm.*

Takunda SBC Formative Research Barrier Analysis Questionnaire: Practicing mulching by farmers

Behavior Statement

Targeted farmers apply a protective layer on top of the soil in their fields, such as grass clippings, straw, bark or other similar materials or grow crops that cover the soil as live mulch, such as velvet bean. (*Zvamunoshandisa kuchengetedza hunyoro / mutota, muchishandisa huswa hwakaoma, mashizha kana kurima zvirimwa zvakaita sevelvet bean*)

Demographic Data

Interviewer's Name: _____ **Date:** ____/____/____

Questionnaire No.: _____ District: _____ Ward: _____ VIDCO: _____

Situation/location of interaction _____

Introduction:

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Consent (circle response Y or N)

Participant agrees to participate: Yes No

Name & Signature of Person Conducting Informed Consent

Date

Time

Section A - Doer/Non-Doer Screening Questions

1. Do you practice farming?
 - ☐ a. yes
 - ☐ b. no → *End interview and look for another respondent*
 - ☐ c. **Don't Know / Won't say** → *End interview and look for another respondent*
2. During the last growing season, what was your main staple crop? [maize, rice, sorghum, millet, other]
3. In the field where you planted the main staple crop [*insert name of the staple crop they mentioned*] _____, did you also apply a protective layer on top of the soil such as grass clippings, straw, bark or other similar materials or planted live mulch crops such as velvet bean?
 - ☐ a. Yes → *Mark as Doer*
 - ☐ b. No → *Mark as Non-Doer*
 - ☐ c. **Won't say** → *End interview and look for another respondent*

DOER /NON-DOER CLASSIFICATION TABLE

DOER (All of the following)	Non-Doer (Any ONE of the following)	Do Not Interview (Any ONE of the following)
Question 1 = A		Question 1 = B, C
Question 2 =		Question 2 = none
Question 3 = A	Question 3 = B	Question 3 = C

Group: ☐ Doer ☐ Non-Doer

Behavior Explanation

In the following questions I am going to be asking you about mulching in your field. When I say this, I mean applying a protective layer on top of the soil such as grass clippings, straw, bark, or other similar materials (*Zvemunoshandisa kuchengetedza hunyoro / mutota, muchishandisa huswa hwakaoma, mashizha kana kurima zvirimwa zvakaite se velvet bean*)

Section B – Research Questions

(Perceived Self-efficacy)

2. Non-Doers: With your present knowledge, money, and skills do you think that you could practice mulching?
 - ☐ a. Yes
 - ☐ b. Possibly
 - ☐ c. No
 - ☐ d. **Don't Know**

- 2a. *Doers*: What makes it *easier* for you to apply a protective layer on top of the soil in your field such as grass clippings, straw, bark, or other similar materials?
- 2b. *Non-Doers*: What would make it *easier* for you to apply a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

(Probe with "What else?", Write all responses below.)

- 3a. *Doers*: What makes it *difficult* for you to apply a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?
- 3b. *Non-Doers*: What would make it *difficult* for you to apply a protective layer on top of the soil in your field such as grass clippings, straw, bark, other similar materials?

(Probe with "What else?", Write all responses below.)

(Perceived Positive Consequences)

- 4a. *Doers*: What are the *advantages* of applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?
- 4b. *Non-Doers*: What would be the *advantages* of applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

(Probe with "What else?", Write all responses below.)

(Perceived Negative Consequences)

- 5a. *Doers*: What are the *disadvantages* of applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?
- 5b. *Non-Doers*: What would be the *disadvantages* of applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

(Probe with "What else?", Write all responses below.)

(Perceived Social Norms)

- 6a. *Doers*: Do most of the people that you know approve of you applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?
- 6b. *Non-Doers*: Would most of the people that you know approve of you applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

- ☐ a. Yes
- ☐ b. Possibly
- ☐ c. No
- ☐ d. Don't Know / Won't say

- 7a. *Doers*: Who are the people that *approve* of you applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

7b. *Non-Doers*: Who are the people that *would approve* of you applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

(Do not state names, just types of people)

8a. *Doers*: Who are the people that *disapprove* of you applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

8b. *Non-Doers*: Who are the people that *would disapprove* of you applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?

(Do not state names, just types of people)

(Probe with "What else?", Write all responses below.)

(Perceived Access)

9a. *Doers*: How difficult is it to get the things you need to practice mulching?

9b. *Non-Doers*: How difficult would it be to get the things you need to practice mulching?

Very difficult, somewhat difficult, not difficult at all

- ☐ a. Very difficult
- ☐ b. Somewhat difficult
- ☐ c. Not difficult at all.
- ☐ d. Don't Know / Won't say

(Perceived Cues for Action / Reminders)

10a. *Doers*: How difficult is it to remember to apply mulching?

Very difficult, somewhat difficult, or not difficult at all?

10b. *Non-Doers*: How difficult do you think it would be to remember to apply mulching?

Very difficult, somewhat difficult, or not difficult at all?

- ☐ a. Very difficult
- ☐ b. Somewhat difficult
- ☐ c. Not difficult at all.
- ☐ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

13. *Doers and Non-Doers*: How likely is it that your soil will become infertile? very likely, somewhat likely or not likely at all?

- ☐ a. Very likely
- ☐ b. Somewhat likely
- ☐ c. Not likely at all

(Perceived Severity)

14. Doers and Non-Doers: How serious would it be if your soil became infertile? very serious, somewhat serious, or not serious at all?
- ☐ a. Very serious
 - ☐ b. Somewhat serious
 - ☐ c. Not serious at all
 - ☐ d. **Don't Know / Won't say**

(Action Efficacy)

15. Doers and Non-Doers How likely is it that your soil will become more fertile if you practice mulching? very likely, somewhat likely or not likely at all?
- ☐ a. Very likely
 - ☐ b. Somewhat likely
 - ☐ c. Not likely at all

(Perception of Divine Will)

16. *Doers and Non-Doers:* Do you think that God (or evil spirits) makes soil become weak and infertile?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. **Don't Know / Won't say**

(Policy)

17. *Doers and Non-Doers:* Are there any community laws or rules in place that make it more likely that you apply a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. **Don't Know / Won't say**

(Culture)

18. Doers and Non-Doers: Are there any cultural rules or taboos against applying a protective layer on top of the soil in your field such as grass clippings, straw, bark or other similar materials?
- ☐ a. Yes

☐ b. No

☐ c. Don't Know / Won't say

(Perceived Practitioners)

19. Doers and Non-Doers: Who are the people who apply mulch to their fields? [not names, but the types of people]

Now I am going to ask you a question totally unrelated to the topic we've been discussing.

(Question on Universal Motivators)

20. Doers and Non-Doers: What is the one thing you desire most in life?

THANK THE RESPONDENT FOR HIS /HER TIME!

NOTES on context: *Describe anything notable about the situation or the respondent, for example, contextual factors that presented distraction, or behavior/body language of the respondent that indicated discomfort/enthusiasm.*

Takunda SBC Formative Research Barrier Analysis Questionnaire: Production of small grains by farmers

Behavior Statement

Targeted farmers grow small grains such as sorghum, millet or rapoko in their fields (*Varimi rimai mbeu dzetsanga / shanga diki dzakaita se mapfunde, mhunga nerukweza*)

Demographic Data

Interviewer's Name: _____ **Date:** ____/____/____

Questionnaire No.: _____ District: _____ Ward: _____ VIDCO: _____

Situation / Location of interview: _____

Introduction:

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes. Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Consent (circle response Y or N)

Participant agrees to participate: Yes No

Name & Signature of Person Conducting Informed Consent

Date

Time

Section A - Doer/Non-Doer Screening Questions

1. Do you practice farming?

- ☐ a. yes
- ☐ b. no → *End interview and look for another respondent*
- ☐ c. **Don't Know / Won't say** → *End interview and look for another respondent*

2. During the last growing season, what was your staple crop? (What crop did you plant on the largest piece of land?) [maize, rice, sorghum, millet, other]

- ☐ a. Maize only → *Mark Non-Doer*
- ☐ b. Sorghum → *Mark as Doer*
- ☐ c. Millet → *Mark as Doer*
- ☐ d. Rapoko → *Mark as Doer*
- ☐ e. Other small grains → *Mark as Doer*
- ☐ f. **Didn't plant anything** → *End interview and look for another respondent*

DOER /NON-DOER CLASSIFICATION TABLE

DOER (All of the following)	Non-Doer (Any ONE of the following)	Do Not Interview (Any ONE of the following)
Question 1 = A		Question 1 = B, C
Question 2 = B, C, D, E	Question 2 = A	Question 2 = A & F

Group: ☐ Doer ☐ Non-Doer

Behavior Explanation

In the following questions I am going to be asking you about production of small grains. When I say this, I mean growing crops such as sorghum, millet or rapoko (*kurima mbeu dzetsanga / shanga diki dzakaita se mapfunde, mhunga nerukweza*)

Section B – Research Questions

(Perceived Self-efficacy)

3. Non-Doers: Given your situation, do you think that you could plant small grains? *Tick one box*

- ☐ a. Yes
- ☐ b. Possibly
- ☐ c. No
- ☐ d. **Don't Know**

(Perceived Self-efficacy)

2a. *Doers*: What makes it *easier* for you to plant small grains?

(Probe with "What else?" Write all responses below.)

2b. *Non-Doers*: What would make it *easier* for you to plant small grains?

What would have to be different for you to feel you could plant them?

Probe: anything about your situation? Your resources? Anything about your skill or knowledge? Support needed? **Probe with "What else?"**

(Write all responses below.)

3a. *Doers*: What makes it *difficult* for you to plant small grains?

(Probe with "What else?" Write all responses below.)

3b. *Non-Doers*: What would make it *difficult* for you to plant small grains, if you tried? (What would be hard about it?)

(Write all responses below. Probe with "What else?"

(Perceived Positive Consequences)

4a. *Doers*: What are the *advantages* of planting small grains?

(Probe with "What else?" Write all responses below.)

4b. *Non-Doers*: What would be the *advantages* of planting small grains? What benefits could come of planting small grains?

(Probe with "What else?" Write all responses below.)

(Perceived Negative Consequences)

5a. *Doers*: What are the *disadvantages* of planting small grains?

(Probe with "What else?" Write all responses below.)

5b. *Non-Doers*: What would be the *disadvantages* of planting small grains?

(Probe with "What else?" Write all responses below.)

(Perceived Social Norms)

6a. *Doers*: Do most of the people that you know approve of you planting small grains?

6b. *Non-Doers*: Would most of the people that you know approve of you planting small grains?

- ☐ a. Yes
- ☐ b. Possibly
- ☐ c. No

☐ d. Don't Know / Won't say

7a. *Doers*: Who are the people that *approve* of you planting small grains?

(Do not state names, just types of people)

Why do they approve? *(Write all responses below.)*

7b. *Non-Doers*: Who are the people that *would approve* of you planting small grains?

(Do not state names, just types of people)

Why would they approve? *(Write all responses below.)*

8a. *Doers*: Who are the people that *disapprove* of you planting small grains?

(Probe with "Who else?" Write all responses below. Do not state names, just types of people)

Why do they disapprove? *(Write all responses below.)*

8b. *Non-Doers*: Who are the people that *would disapprove* of you planting small grains?

(Probe with "Who else?" Write all responses below.)

(Do not state names, just types of people)

Why would they approve? *(Write all responses below.)*

(Perceived Access)

9a. *Doers*: How difficult is it to get the things you need to plant small grains [in your field]?

9b. *Non-Doers*: If you were going to try, how difficult would it be to get the things you need to plant small grains?

☐ a. Very difficult

☐ b. Somewhat difficult

☐ c. Not difficult at all.

☐ d. Don't Know / Won't say

(Perceived Cues for Action / Needed support)

10a. *Doers*: How difficult is it for you to prepare (acquire the seed, prepare the field etc.) to plant small grains?

10b. *Non-Doers*: How difficult do you think it would be to prepare (acquire the seed, prepare the field etc.) to plant small grains?

☐ a. Very difficult

☐ b. Somewhat difficult

☐ c. Not difficult at all.

☐ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

11. *Doers and Non-Doers:* If you plant maize only, how likely is it that your crop yield / production will be low? *Tick one box, then if a or b, write responses to the questions below.*

- ☐ a. Very likely
- ☐ b. Somewhat likely
- ☐ c. Not likely at all

(Perceived Severity)

12. *Doers and Non-Doers:* How serious would the consequences be for your family if your maize crop yield / production was low? very serious, somewhat serious, or not serious at all?

- ☐ a. Very serious
- ☐ b. Somewhat serious
- ☐ c. Not serious at all
- ☐ d. Don't Know / Won't say

(Action Efficacy)

13. *Doers* How much does your yield / production increase when you plant small grains?

Non-Doers How likely is it that your cereal (maize) crop yield will increase if you plant small grains? very likely, somewhat likely or not likely at all?

- ☐ a. Very likely
- ☐ b. Somewhat likely
- ☐ c. Not likely at all

(Perceived causality)

14. *Doers and Non-Doers:* What do you think causes low crop yields? *(Probe: Anything else? Write in responses)*

(Perception of Divine Will)

15. *Doers and Non-Doers:* Do you think that God (or evil spirits) makes crop yield low?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Don't Know / Won't say

(Policy)

16. *Doers and Non-Doers:* Are there any community laws or rules in place that make it more likely that you plant small grains?

☐ a. Yes

If yes, what are they?

☐ b. No

☐ c. Don't Know / Won't say

(Culture)

17. *Doers and Non-Doers:* Are there any cultural rules or taboos against planting small grains?

☐ a. Yes

If yes, name the most common ones?

☐ b. No

☐ c. Don't Know / Won't say

(Perceived Practitioners)

18. *Doers and Non-Doers:* Who are the people who produce small grains? [not names, but the types of people]

Now I am going to ask you a question totally unrelated to the topic we've been discussing.

(Question on Universal Motivators)

19. *Doers and Non-Doers:* What is the one thing you desire most in life?

THANK THE RESPONDENT FOR HIS /HER TIME!

NOTES on context: *Describe anything notable about the situation or the respondent, for example, contextual factors that presented distraction, or behavior/body language of the respondent that indicated discomfort/enthusiasm.*

Takunda Social and Behavior Change Formative Research
Barrier Analysis Questionnaire:
Safe disposal of children's feces by mothers of children under 5 years
(Disposal of feces in a latrine or by burying it)

Behavior Statement

Mothers/caregivers of children under 5 years practice safe disposal of their child's feces by disposal in latrine or by burying it. (Nzira yakanaka inoitwa nanaMai kurasa tsvina yevana vari pasi pemakore mashanu – kukanda muchimbuzi kana kuchera gomba mofushira kana pamusha pasina chimbuzi)

Demographic Data

Interviewer's Name: _____ Questionnaire No.: _____ Date: ____/____/____

District: _____ Ward: _____ VIDCO: _____

Situation/location of interaction _____

Introduction:

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Consent (circle response Y or N)

Participant agrees to participate: Yes No

Name & Signature of Person Conducting Informed Consent

Date

Time

Section A - Doer/Non-Doer Screening Questions

1. How old is your youngest child? _____ months ← *write the age in months*
 - ☐ a. 0-59 months
 - ☐ b. > 59 months → *End interview and look for another respondent*
 - ☐ c. Don't Know / Won't say → *End interview and look for another respondent*
2. Where/how do you dispose of your child's feces?
 - ☐ a. In a latrine → *Mark as Doer*
 - ☐ b. By burying it if there is no toilet for household use → *Mark as Doer*
 - ☐ c. By burying it when there is a latrine at home → *Mark as Non-Doer*
 - ☐ e. Don't Know / Won't say → *End interview and look for another respondent*

DOER / NON-DOER CLASSIFICATION TABLE

DOER (Both of the following)	Non-Doer (Any ONE of the following)	Do Not Interview (Any ONE of the following)
Question 1 = A	Question 1 = B, C	Question 1 = C
Question 2 = A or B	Question 2 = C, E	Question 2 = E

Group: ☐ Doer ☐ Non-Doer

Behavior Explanation

In the following questions I am going to be asking you about safe disposal of your child's (< 5 years) feces. When I say this, I mean disposal of feces in a latrine or by burying it. (*Nzira yakanaka inoitwa nanaMai kurasa tsvina yevana vari pasi pemakore mashanu – kukanda muchimbuzi kana kuchera gomba mofushira kana pamusha pasina chimbuzi*)

Section B – Research Questions

(Perceived Self-efficacy)

4. **Non-Doers:** Given your situation, do you think that you could safely dispose your child's feces?
Tick one box, then write in responses to the question below answer.

- ☐ a. Yes

What makes you think you could?

- ☐ b. Possibly

Why?

- ☐ c. No

Why not? What would make it impossible for you to do?

- ☐ d. Don't Know

2a. **Doers:** What makes it **easier** for you to dispose your child's feces safely?

2b. **Non-Doers:** What would make it **easier** for you safely dispose your child's feces at your homestead?

(Probe with "What else?" Write all responses below.)

3a. **Doers:** What makes it **difficult** for you to safely dispose your child's feces?

- 3b. Non-Doers:** What would make it **difficult** for you to safely dispose your child's feces, if you tried?
(What would be hard about it?)

(Write all responses below. Probe with "What else?")

(Perceived Positive Consequences)

- 4a. Doers:** What are the **advantages** of safely disposing your child's feces?
- 4b. Non-Doers:** What would be the **advantages** of safely disposing your child's feces? What benefits could come of safely disposing your child's feces?

(Write all responses below. Probe with "What else?")

(Perceived Negative Consequences)

- 5a. Doers:** What are the **disadvantages** of safely disposing your child's feces?
- 5b. Non-Doers:** What would be the **disadvantages** of safely disposing your child's feces?

(Write all responses below. Probe with "What else?")

(Perceived Social Norms)

- 6a. Doers:** Do most of the people that you know approve of you safely disposing your child's feces?
- 6b. Non-Doers:** Would most of the people that you know approve of you safely disposing your child's feces?

Tick one box, then write in responses below answer

☐ a. Yes

Why?

☐ b. Possibly

☐ c. No

Why not?

☐ d. Don't Know / Won't say

- 7a. Doers:** Who are the people that **approve** of you safely disposing your child's feces?
- 7b. Non-Doers:** Who are the people that **would approve** of you safely disposing your child's feces?

(Write all responses below. Probe with "Who else?")

- 8a. Doers:** Who are the people that **disapprove** of you safely disposing your child's feces?
- 8b. Non-Doers:** Who are the people that **would disapprove** of you safely disposing your child's feces?

(Write all responses below. Probe with "Who else?")

- 9. Doers and Non-Doers:** Who are the people that safely dispose of their child's feces [not names, but the kind of people]?

(Write all responses below. Probe with "Who else?")

(Perceived Access)

I0a. Doers: How difficult is it to get the things you need to safely dispose your child's feces?

I0b. Non-Doers: If you were going to try, how difficult would it be to get the things you need to safely dispose your child's feces?

- ☐ a. Very difficult
- ☐ b. Somewhat difficult
- ☐ c. Not difficult at all.
- ☐ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

I1. Doers and Non-Doers: If you dispose of your child's feces unsafely, how likely is it that you might get diarrhea? **Tick one box, then if a or b, write responses to the questions below.**

- ☐ a. Very likely

Why?

- ☐ b. Somewhat likely

What would make it more or less likely?

- ☐ c. Not likely at all

Why not?

(Perceived Severity)

I2. Doers and Non-Doers: How serious would it be if you got diarrhea?

- ☐ a. Very serious
- ☐ b. Somewhat serious
- ☐ c. Not serious at all
- ☐ d. Don't Know / Won't say

(Action Efficacy)

I3. Doers and Non-Doers How likely is it that you will prevent diarrhea if you safely dispose your child's feces?

- ☐ a. Very likely
- ☐ b. Somewhat likely
- ☐ c. Not likely at all

I4. Doers and Non-Doers: What do you think causes diarrhea?

(Write all responses below. Probe with "What else?")

(Perception of Divine Will)

15. Doers and Non-Doers: Do you think that **God (or the ancestors)** causes diarrhea?

- ☐ a. Yes
- ☐ b. No
- ☐ c. Don't Know / Won't say

(Policy)

16. Doers and Non-Doers: Are there any community laws or rules in place that make it more likely that you safely dispose your child's feces?

- ☐ a. Yes
- If yes, please specify:
- ☐ b. No
 - ☐ c. Don't Know / Won't say

(Culture)

17. Doers and Non-Doers: Are there any cultural rules or taboos against safely disposing your child's feces?

- ☐ a. Yes
- If so, please specify:
- ☐ b. No
 - ☐ c. Don't Know / Won't say

(Perceived practitioners)

18. Doers and Non-Doers: Who are the people who safely dispose of their child's feces? (Do not state names, just types of people)

Now I am going to ask you a question totally unrelated to the topic we've been discussing.

(Question on Universal Motivators)

19. Doers and Non-Doers: What is the one thing you desire most in life?

THANK THE RESPONDENT FOR HIS /HER TIME!

NOTES on context: Describe anything notable about the situation or the respondent, for example, contextual factors that presented distraction, or behavior/body language of the respondent that indicated discomfort/enthusiasm.

BFA Guide – Construction and Use of a Latrine

Group: ☐ Doer ☐ Non-Doer

Takunda SBC Formative Research

Barrier Analysis Questionnaire: Construction of latrines by households

Behavior Statement

Households construct a latrine

Demographic Data

Interviewer's Name: _____ **Questionnaire No.:** _____ **Date:** ____/____/____

District: _____ **Ward:** _____ **VIDCO:** _____

Situation/location of interaction _____

Introduction:

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Consent (circle response Y or N)

Participant agrees to participate: Yes No

Name & Signature of Person Conducting Informed Consent

Date

Time

Section A - Doer/Non-Doer Screening Questions

1. Do you have a latrine at your homestead?

☐ a. yes → *Mark as Doer*

☐ b. no → *Mark Non-Doer*

☐ c. Don't Know / Won't say → *End interview and look for another respondent*

Group: ☐ Doer ☐ Non-Doer

Behavior Explanation

In the following questions I am going to be asking you about household construction of a latrine.

Section B – Research Questions

(Perceived Self-efficacy)

1. Non-Doers: Given your situation, do you think that you could construct a latrine at your homestead?

Tick one box, then write in responses to the question below answer.

☐ a. Yes

What makes you think you could?

☐ b. Possibly

What might make it likely? What would make it unlikely?

☐ c. No

Why not? What would make it impossible for you to construct a latrine at your homestead?

☐ d. Don't Know

2a. *Doers*: What makes it *easier* for you to construct a latrine at your homestead?

2b. *Non-Doers*: What would make it *easier* for you to construct a latrine at your homestead?

(Probe with "What else?" Probe to ask "Is your response different for constructing a latrine vs. using a latrine? Why? Write all responses below.)

3a. *Doers*: What makes it *difficult* for you to construct a latrine?

3b. *Non-Doers*: What would make it *difficult* for you to construct a latrine, if you tried? (What would be hard about it?)

(Write all responses below. Probe with "What else?" Probe to ask "Is your response different for constructing a latrine vs. using a latrine? Why?)

(Perceived Positive Consequences)

4a. *Doers*: What are the *advantages* of constructing a latrine?

4b. *Non-Doers*: What would be the *advantages* of constructing a latrine? What benefits could come of constructing and using a latrine?

*(Write all responses below. Probe **with "What else?"**)*

(Perceived Negative Consequences)

5a. *Doers*: What are the *disadvantages* of constructing a latrine?

5b. *Non-Doers*: What would be the *disadvantages* of constructing a latrine?

(Write all responses below. Probe with "What else?")

(Perceived Social Norms)

6a. *Doers*: Do most of the people that you know approve of you constructing a latrine?

6b. *Non-Doers*: Would most of the people that you know approve of you constructing a latrine?

Tick one box, then write in responses to the question below answer

☐ a. Yes

Why? (Probe: What do they think is good about having a latrine?)

☐ b. Possibly

Why? What would make the difference for them to approve?

☐ c. No

Why not?

☐ d. Don't Know / Won't say

(Perceived Social Norms)

7a. *Doers*: Who are the people that *approve* of you constructing a latrine?

7b. *Non-Doers*: Who are the people that *would approve* of you constructing a latrine? (Not names, but types of people)

(Write all responses below. Probe with "Who else?")

8a. *Doers*: Who are the people that *disapprove* of you constructing a latrine?

8b. *Non-Doers*: Who are the people that *would disapprove* of you constructing a latrine? (Not names, but types of people)

(Write all responses below. Probe with "Who else?")

9. *Doers and Non-Doers*: Who are the people that construct a latrine [not names, but the kind of people]?

(Write all responses below. Probe with "Who else?")

(Perceived Access)

10a. *Doers*: How difficult is it to get the things you need to construct a latrine?

10b. *Non-Doers*: If you were going to try, how difficult would it be to get the things you need to construct a latrine?

☐ a. Very difficult

- ☐ b. Somewhat difficult
- ☐ c. Not difficult at all.
- ☐ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

11. *Doers and Non-Doers:* If you practice open defecation, how likely is it that you might get diarrhea? *Tick one box, then write responses to the questions below.*

- ☐ a. Very likely

Why?

- ☐ b. Somewhat likely

Why?

- ☐ c. Not likely at all

Why not?

(Perceived Severity)

12. *Doers and Non-Doers:* How serious would it be if you got diarrhea?

- ☐ a. Very serious
- ☐ b. Somewhat serious
- ☐ c. Not serious at all
- ☐ d. Don't Know / Won't say

(Action Efficacy)

13. *Doers and Non-Doers:* How likely is it that you will prevent diarrhea if you construct a latrine?

- ☐ a. Very likely
- ☐ b. Somewhat likely
- ☐ c. Not likely at all

14. *Doers and Non-Doers:* What do you think causes diarrhea?

(Write all responses below. Probe with "What else?")

(Perception of Divine Will)

15. *Doers and Non-Doers:* Do you think that God (or the ancestors) causes diarrhea?

- ☐ a. Yes

- ☐ b. No
- ☐ c. Don't Know / Won't say

(Policy)

16. *Doers and Non-Doers:* Are there any community laws or rules in place that make it more likely that you construct a latrine?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. Don't Know / Won't say

(Culture)

17. *Doers and Non-Doers:* Are there any cultural rules or taboos against constructing a latrine?
- ☐ a. Yes
 - ☐ b. No
 - ☐ c. Don't Know / Won't say

Now I am going to ask you a question totally unrelated to the topic we've been discussing.

(Question on Universal Motivators)

19. *Doers and Non-Doers:* What is the one thing you desire most in life?

THANK THE RESPONDENT FOR HIS /HER TIME!

NOTES on context: *Describe anything notable about the situation or the respondent, for example, contextual factors that presented distraction, or behavior/body language of the respondent that indicated discomfort/enthusiasm.*

Takunda SBC Formative Research

Barrier Analysis Questionnaire:

Cross breeding livestock for use with livestock owners

Behavior Statement

Targeted livestock owners practice cross breeding of their livestock

Demographic Data

Interviewer's Name: _____ **Date:** ____/____/____

Questionnaire No.: _____ District: _____ Ward: _____ VIDCO: _____

Situation/location of interaction _____

Introduction:

Hello. My name is ____ and I am ____ with the Takunda project, which is funded by USAID and implemented by CARE, FHI 360, IYF, NAZ, BPC and EA. The project is going to be working for the next few years to address malnutrition and food insecurity in this area. We are collecting information that will help the project team understand what local community members think, feel, and do in relation to agriculture, nutrition, health, and livelihoods. Understanding perspectives of community members and people like you will help us assist you to develop appropriate activities to help improve your situation now. We would appreciate hearing your perspectives. This discussion will take approximately ____ [insert time est.]

It is important you understand that we follow strict procedures with anyone we interview to protect their privacy. It is your choice to participate in this study or not. No services will be withheld if you decide not to, and if you chose to be interviewed, you will not receive any gifts, special services, or remuneration. Your name or identifying information will not be recorded in any of our records. Everything we discuss will be held in strict confidence and will not be shared with anyone else except the research team. There are no right or wrong answers to our questions. We are interested in your opinions and experiences.

While we are talking, I will take notes

Do you have any questions?

Do you agree to proceed with the interview? [If not, thank them for their time.]

Consent (circle response Y or N)

Participant agrees to participate: _____ Yes _____ No

Name & Signature of Person Conducting Informed Consent Date Time

Section A - Doer/Non-Doer Screening Questions

1. Do you own any livestock such as cattle, goats, sheep, pigs, or poultry?

☐ a. Yes

☐ b. No → *End interview and look for another respondent*

☐ c. Don't Know / Won't say → *End interview and look for another respondent*

2. Have you deliberately mated any of your livestock? (*Munosarudza mikono / hono dzekusangana nehadzi dzenyu?*).

☐ a. Yes

☐ b. No → *End interview and look for another respondent*

☐ c. Doesn't know/Won't say → *End interview and look for another respondent*

3. When selecting the mate for your livestock, did you look for specific traits such as size or productivity?

☐ a. Yes → *Mark as Doer*

☐ b. No → *Mark as Non-Doer*

☐ c. Doesn't know/Won't say → *End interview and look for another respondent*

DOER /NON-DOER CLASSIFICATION TABLE

DOER (All of the following)	Non-Doer (Any ONE of the following)	Do Not Interview (Any ONE of the following)
Question 1 = A		Question 1 = C
Question 2 = A		Question 2 = C
Question 3 = A	Question 3 = B	Question 3 = C

Group: ☐ Doer ☐ Non-Doer

Behavior Explanation

In the following questions I am going to be asking you about cross breeding your livestock (cattle, shoats, pigs and poultry). When I say this, I mean deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring. (*Kutsvaga mikono ine rudzi rwamunoda – kukura kana kubereka vana vakawanda kana zvimwewo*)

Section B – Questions

(*Perceived Self-efficacy*)

1. Non-Doers: With your present knowledge, money, and skills (*ruzivo, mari nehunyanzvi*) do you think that you could deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.? (*Munogona / kukwanisa kusarudza mikono yekusangana nezvipfuyo zvenyu, zvinoburitsi rudzi rwamuri kuda imi*)

☐ a. Yes

☐ b. Possibly

☐ c. No

☐ d. Don't Know

- 2a. *Doers*: What makes it **easier (chii chinoita....)** for you to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?
- 2b. *Non-Doers*: What would make it *easier (chii chingaita....)* for you to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

(Probe with "What else?", Write all responses below.)

(Perceived Self-efficacy)

- 3a. *Doers*: What makes it *difficult (chii chinoita kuti zvikuomerei....)* for you to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?
- 3b. *Non-Doers*: What would make it *difficult (chii chingaita kuti zvikuomerei....)* for you to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

(Write all responses below. Probe with "What else?" Probe with "why would that be difficult?")

(Perceived Positive Consequences)

- 4a. *Doers*: What are the *advantages (chii chakanakira....?)* of deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?
- 4b. *Non-Doers*: What would be the **advantages (chii chinganakira....?)** of deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

(Write all responses below. Probe with "What else? What are/would be the benefits")

(Perceived Negative Consequences)

- 5a. *Doers*: What are the *disadvantages (chii chakaipira / zvakaipirei....)* of deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?
- 5b. *Non-Doers*: What would be the *disadvantages (chii chingaipira / zvingaipirei....?)* of deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

(Write all responses below. Probe with "What else?")

(Perceived Social Norms)

- 6a. *Doers*: Do most of the people that you know approve (...*vanozvigamuchira / kubvumirana / kutenderana....*) of you deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

6b. *Non-Doers*: Would most of the people that you know approve (*vangagamuchira / vangabvumirana / vangatenderana...*) if you deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

- ☐ a. Yes
- ☐ b. Possibly (*pamwe*)
- ☐ c. No
- ☐ d. Don't Know / Won't say

7a. *Doers*: Who are the people that **approve (...vanotenderana / bvumirana/gamuchira...)** of you deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

7b. *Non-Doers*: Who are the people that **would approve (...vangatendera....)** of you deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring?

(Do not state names, just types of people)

(Write all responses below. Probe with "Who else?")

8a. *Doers*: Who are the people that **disapprove (vasingatenderani / vanopokana / vasingabvumirane....)** of you deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

8b. *Non-Doers*: Who are the people that **would disapprove (vangapokana, vangasabvumirana nemi / vangasatenderana nemi....)** of you deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

(Write all responses below. Probe with "Who else?")

(Perceived Access)

9a. *Doers*: How difficult (*zvakaoma sei / zvakuomerai zvakadii....*) is it to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring?

9b. *Non-Doers*: How difficult would it be (*...zvingava zvakaoma sei*) to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring? *Read the answer options, then tick one box, then write in responses to the question below.*

- ☐ a. Very difficult – *zvakaomesesa / hazvigoneke*
- ☐ b. Somewhat difficult – *zvakaoma zvishoma / zvakati womei*
- ☐ c. Not difficult at all. – *hazvina kuoma*
- ☐ d. Don't Know / Won't say - *handizive*

10a. *Doers*: How difficult is it to get the things you need (*...zvakaoma sei kuwana zvinodikanwa ku...*) to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring?

10b. *Non-Doers*: How difficult would it be to get the things you need (...*zvingaoma sei kuwana zvinodikanwa kuti...*) to deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring?

- ☐ a. Very difficult
- ☐ b. Somewhat difficult
- ☐ c. Not difficult at all.
- ☐ d. Don't Know / Won't say

(Perceived Susceptibility / Perceived Risk)

11. *Doers and Non-Doers*: Without cross breeding your livestock (deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring), how likely is it that your livestock will have undesirable traits such as small size, or have less or no offspring? (...*kune mikana wakakura sei / wakura zvakadzi kuti zvipfuyo zvenyu zvive zvidiki, zvisabereke zvakana kana kuti zviite vana vashoma?*) Read the answer options, then tick one box, then write in responses to the question below.

- ☐ a. Very likely – *mukana wakanyanya / zvinogona kuitika zvakanyanya*
- ☐ b. Somewhat likely – *mukana suina kunyanya, zvinogona kuitika*
- ☐ c. Not likely at all – *hazviitiki*

(Perceived Severity)

12. *Doers and Non-Doers*: How serious (*ringava dambudziko rakaura sei?*) would it be if your livestock will have undesirable traits such as small size, have less or no off-spring? Read the answer options, then tick one box, then write in responses to the question below.

- ☐ a. Very serious – *dambudziko rakakurisa*
- ☐ b. Somewhat serious - *dambudziko rakati kurei*
- ☐ c. Not serious at all – *dambudziko riri nani / risina kunyanya*
- ☐ d. Don't Know / Won't say - *hameno / handizive*

(Action Efficacy)

13. *Doers and Non-Doers* How likely is it that your livestock will have desirable traits, such as larger size or have more off-spring, if you cross breed? Read the answer options, then tick one box, then write in responses to the question below.

- ☐ a. Very likely
- ☐ b. Somewhat likely
- ☐ c. Not likely at all

(Perception of Divine Will)

14. *Doers: and Non-Doers:* Do you think that God makes livestock the way they are, with particular traits?

☐ a. Yes

☐ b. No

☐ c. Don't Know / Won't say

15. *Doers:* Do you think that God approves of you deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring.?

☐ a. Yes

☐ b. No

☐ c. Don't Know / Won't say

(Policy)

16. *Doers and Non-Doers:* Are there any community laws or rules in place that make (*mitemo yemunharaunda....*) it more likely that you deliberately mate your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring? *If answer is a, write in response below.*

☐ a. Yes

☐ b. No

☐ c. Don't Know / Won't say

(Culture)

17. *Doers and Non-Doers:* Are there any cultural rules or taboos (*mitemo / zviera / zvinoera mutsika nemagariro enyu zvinorambidza...*) against deliberately mating your livestock, selecting a mate that has specific traits such as a larger size or produces more offspring? *If answer is a, write in response below.*

☐ a. Yes

Specify what are the cultural rules or taboos?

☐ b. No

☐ c. Don't Know / Won't say

(Perceived Practitioners)

18. *Doers and Non-Doers:* Who are the people who cross breed livestock? (*Ndevapi vanhu vano.....*) [not names, but the types of people]

Now I am going to ask you a question totally unrelated to the topic we've been discussing.

(Question on Universal Motivators)

19. Doers and Non-Doers: What is the one thing you desire most in life? (*Ndecihipi chimwe chinhu chimwe chete chamunoshuvira zvakanyanya muhupenyu hwenyu?*)

THANK THE RESPONDENT FOR HIS /HER TIME!

NOTES on context: *Describe anything notable about the situation or the respondent, for example, contextual factors that presented distraction, or behavior/body language of the respondent that indicated discomfort/enthusiasm.*

Annex 3: Data Collection Standard Operating Procedures

SOP for Conducting Key Informant Interviews

Purpose: To collect perspectives from stakeholders on issues relevant to Takunda's SBC approach, including factors affecting key behaviors, (including those relevant to Purpose 3 aims, which are not being investigated via BFA); fill in knowledge gaps about local resources and stakeholders to engage in implementation of SBC activities; identify potential challenges and priorities for implementation of SBC strategy; triangulate findings from other SBC FRS methods, and to adjust future data collection activities based on iterative analysis of findings.

Research questions from our FRS SOW to be answered through this method:

- What do stakeholders think about the aims of the Takunda project? What do they see as priorities? What are the best entry points for activities?
- How do they view local capacity to contribute to achieving those aims?
- What do stakeholders think are obstacles and enablers to participation in SBC and livelihood activities—for different groups (men, women, youth, adolescents)?
- What social norms drive economic opportunities and decision-making for youth and women?
- What affects community members' trust and cooperation? What makes for effective community activities and optimal participation? What are key community assets and cultural resources Takunda should tap in SBC activities?
- What do stakeholders think about the key behaviors being targeted, barriers and enablers to behavior change in the socio-cultural context?

Participants: Pre-selected individuals may include Community or Religious Leaders; government officers from ministries of Agriculture, Health, Community Development; Development Practitioners from Health, Nutrition, Agriculture and Environment sectors

Recommendation is to interview at least 2 community and or / religious leaders, two government community cadres and possibly one other key informant, such as Councilor.

Analytical aim: Analysis of KII results will collate responses to each question and will analyze responses to identify themes and key insights, and to characterize the priority needs, challenges, and opportunities in the Takunda project contexts. It will highlight frequency/strength of responses and compare them between types of respondents.

Data Collection Plan: 5 individuals in each district will be purposively selected by the project team prior to data collection. The five KIIs will be conducted by one Research Assistant (RA), over 2 days, following SOP below.

Data collection tools: The RA will use a tablet to record audio and the questionnaire to write responses and related notes.

Data recording sheets: Data Collectors will write notes on the paper questionnaire to capture a) responses (which will also be recorded by audio) and b) contextual details including the setting and the respondent's behavior.

RAs will enter key data in the excel sheet: KII Data Summary Record (after transcriptions are complete).

Data Collection SOP:

1. Begin day with team review of schedule, sites/itinerary, roles of data collection team members, participants to be interviewed, transportation arrangements, test audio equipment, collect printed interview guide, pens/pencils and notebook.

2. When you arrive at location, confirm KI availability, and assess situation for appropriateness for a private interview. Ideally, try and make appointments with identified / selected Key Informants and meet them at agreed places and times. Adjust as needed.
3. When you meet with KI, introduce yourself and confirm their intention to talk with you about issues related to Takunda. Engage in appropriate small talk to establish rapport. Ensure they are comfortable, and the setting is appropriate for a private conversation.
4. Administer informed consent using the script provided in the introduction part of the questionnaire. KI does not necessarily need to sign the consent sheet to indicate they have been informed and consented. However, it is necessary, for research ethics purposes to ensure the KI is well informed of the interview objective and how their responses will be managed.
5. Begin audio recording, unless the KI declined to be recorded, in which case, clear and complete notes are especially critical.
6. Conduct your interview using the question guide attached. Write notes on the sheet. Make sure to describe the setting, the interviewee's behavior, and anything you observe in the context that could affect the interview.
7. When the interview is finished, thank the informant, and pack up your belongings. As soon as you have a private moment, immediately review your notes, and fill in any additional information, make corrections and note clarifications as needed. You want your notes to be clear and complete now because you will depend on them later to extract the key issues in the Excel data file. Make sure all requested information is included.
8. After all interviews for the day are completed, meet with supervisor and team for daily debrief.
9. Complete the KII data summary record (excel sheet).
10. Have supervisor review and approve your Extraction Table.
11. Submit your interview guide with notes, data summary record to supervisor following Data Management SOP. (The interview guide with notes should be scanned for filing).

Observing Covid-19 prevention protocols

- KIIs will be conducted outside (If possible), in the open air, 2 meters apart, while observing confidentiality protocols.
- All KIs and interviewers will be required to appropriately wear masks (covering their mouths and nose) throughout the data collection process.
- Interviewer will carry hand sanitizer to sanitize themselves and the KI as necessary before and after the interview.
- Do not shake hands and do not share pens or any other materials.

SOP for Conducting Focus Group Discussions

Purpose of this methodology:

FGDs draw on the SAA and SNET approaches while facilitating discussions with community groups to get their perspectives on underlying determinants of poverty, food insecurity, malnutrition, and chronic vulnerability to shocks in their communities. FGDs will explore what people already know about issues Takunda aims to address, what they are doing now, what influences what they are doing—including social norms and participation in community activities and services--and how they can be helped to change.

The process will help participants recognize how some values, customs, beliefs, and behaviors negatively affect their well-being and development. Facilitators will guide participants with probing questions to elicit community members' reflections on who is affected by prevailing norms, how they are affected, and what negative consequences this has for individual and community wellbeing. The facilitated discussions are expected to motivate participants to envision positive alternatives.

The group discussions will stimulate reflection on factors influencing behaviors, including social norms, and prompt them to analyze how those norms affect the key behavior *and* the relative weight of each (that is important as it will help us prioritize in our SBC design and indicators).

KEY BEHAVIORS of interest to this inquiry:

- Adopt new agricultural technologies and techniques
- Adopt off-farm livelihood opportunities and access technical and support services
- Save money, invest in productive assets
- Participate in community planning to prepare for climate shocks
- Demonstrate of mutual trust through collaboration

Research questions from our FRS SOW that this method answer:

1. What are the major drivers / causes of widespread poverty, **food insecurity**, malnutrition, and chronic vulnerability to shocks in this community?
2. Which are the shocks causing most vulnerability? Why?
3. Who is most affected by these problems and shocks? What are the consequences of these problems in the short and long term if not addressed?
4. Which social norms, cultural / religious practices and other behaviors contribute to these problems?
5. Which groups of people are most influential in enforcing these norms, practices, and behaviors? Why do you (as communities in general) comply with these social/cultural norms, practices, and behaviors? What have been the consequences of these practices?
6. What are you already doing to address poverty, food insecurity, malnutrition, and vulnerability? How successful have you been?
7. What are the experiences of men, women, youth, and adolescent boys and girls in **community leadership and decision-making** roles (livelihoods, health and nutrition, and resilience)?
 - a. What factors affect effective group participation, management, and achievement of group objectives?
 - b. What are the drivers of trust and cooperation within and between community groups?
 - c. How can social capital be fostered among groups of men, women, youth, or mixed groups?
8. What are the social, cultural, and other barriers and facilitators to farmers' (men, women, youth) ability to adopt new and improved agricultural technologies and practices and other off-farm livelihood opportunities and accessing technical and other support services for these?
 - a. What promotional strategies, activities, messages, and message channels are most likely to increase adoption?
9. What are communities' perceptions and preferences for support towards improving both on and off farm livelihood opportunities?

10. What are the barriers, including social, cultural, religious and knowledge, that impede or enhance household and community action for consensual adoption of by-laws and good practices to both protect and utilize community natural resources for inclusive and equitable long-term benefit?
11. What behaviors are related to adaptation to shocks, and positive coping at household and community levels?
12. What are the barriers and enablers / facilitators to community trust and cooperation?
13. What are the most harmful social norms and attitudes regarding hygiene practices among fathers, boys, women, PLW, girls, adolescent girls, the disabled and children <5? Who are the major influencers of these and what motivates them to perpetuate these practices?
14. What determines household access and availability of a wide variety of nutritious foods throughout the year? How can this be promoted across all Takunda program households?

Aim of the first meeting:

The first 'reflection' meeting aims to reflect on key poverty, food insecurity, malnutrition, and vulnerability issues. This happens through a facilitated discussion that identifies the root causes of vulnerability and food insecurity and activates participants' deeper thinking about the key factors that lead to the problem by exploring the social norms and other behavioral determinants (including community assets) that influence vulnerability and food insecurity and to identify community assets that can help make a difference.

Aim of the 2nd meeting:

The second 'planning for action' meeting aims to turn community motivation for change into individual and collective action for sustainable transformation, centering around communities' own identification and prioritization of practical actions to challenge their poverty, food insecurity, malnutrition, and vulnerability to shocks. This happens through a facilitated discussion that identifies the root causes of apathy and inaction regarding practices that could decrease vulnerability and food insecurity and to activate participants' deeper thinking about social norms and other behavioral determinants that influence participation in actions that could decrease vulnerability and food insecurity and to identify how their own actions can make a difference.

Analytical aim: Identify most relevant factors influencing community members' vulnerability, resiliency, food insecurity-related behaviors, and participation in problem-solving activities, so that SBC strategy can be designed to address social norms, attitudes and cultural assets in the community.

Participants: purposively selected Takunda project participants in the four project districts, men and women of all ages, and youth (male and female aged 15-35), participating in *separate discussions*

Sampling plan / selection of communities to conduct FGDs with

Per District

3 FGDs will be conducted with 6-10 people each:

Separate groups of Men, Women and Youth

- **Buhera:** Sample from different wards in the district (i.e., youth from one ward, men from another ward and women from another)
- **Mutare:** Sample from ward with Apostolic Faith Church / Sect members (one sect)
- **Zaka:** Sample from ward with Apostolic Faith church members (Different Apostolic Sect to the Mutare one)
- **Chivi:** Sample from area with concentration of extremely poor and chronically vulnerable (target population for Takunda)

Data Collection Plan:

Twelve (12) FGDs will be conducted in all four Takunda project districts, three in each district, separately with Each FGD will contain 6 – 10 participants. Concurrent data collection in all districts as follows:

- 3 FGDs X 2 sessions with each group
- 2 FGDs / Day
- 3 people/FGD
- 3 Days Data collection

Two one-hour sessions will be conducted with each group, first to reflect, then to develop action plans. Separate facilitation guides for each group discussion will be used. A team of 3 data collectors will run each FGD. Audio recording will be made, with participants' consent, but given circumstances, audio recording should not be depended upon. To ensure data capture, 2 notetakers will make written records.

The **roles & responsibilities** of FGD team members are as follows:

- Lead facilitator: Takes charge of managing the group discussion, raising topics, probing questions and managing group dynamics to balance the twin aims of open expression along with topical focus. If at any point you feel uncomfortable or unsure about how to steer the discussion, ask your 2 supporters if they would 'like to chime in.'
- FGD Supporter #1: Listens very carefully and records in written (or typed) notes a full and faithful (but not verbatim) account of what is said. If at any point you feel the lead facilitator has missed something important or needs help to regain control of the group dynamic, raise hand and say, "excuse me, may I chime in?"
- FGD Supporter #2: Listens very carefully and observes very carefully. Takes notes that capture the main points of everything said (the *what*) as well as the *HOW*. Note any behavioral features of participants, body language, emotions, contextual factors or anything else that seems to affect what is said. If at any point you feel the lead facilitator has missed something important or needs help to regain control of the group dynamic, raise hand and say, "excuse me, may I chime in?"

Before FGD:

DCs meet community POC and review logistics and set-up for FGD. Check equipment and documents.

Begin FGD with introductions of DC team, followed by informed consent script. Facilitator allows for questions from participants at the end and reminds everyone of schedule for next meeting and thanks them for their participation.

During FGD:

Notetakers will take notes in notebooks, per above guidance. Agree on identification each participant with number/letter and use consistently to note speakers in notes.

In addition, use the recording form for "Five Whys". At the relevant part of the discussion, complete that sheet with key points from the discussion about the 5 Whys. When that segment of the discussion is finished, they will return to notetaking in their notebooks.

After FGD:

Facilitator thanks community POC and supports clean-up of site.

Notetakers will, immediately after discussion, review notes and add additional information, make clarifications and corrections as needed.

Team debriefing sessions:

- After all, FGD for the day are complete, team will participate in daily debrief session. Share reflections on the data content and data collection issues. Resolve inconsistencies/gaps to be corrected in notes.
- Review procedure for labeling & handling data.
- Review procedure for transcription of data.

- **Daily debriefs** should also engage DCs in reflection on the data as part of an iterative data analysis process. Supervisor will elicit team discussion on key themes arising in the day's FGDs, as well as their impressions about the group dynamic and ideas for what the day's findings imply for the ongoing FRS.
- **After all, FGD sessions** have been completed, all facilitators will participate in a debrief to share feedback and impressions generated from the sessions and to discuss differences and similarities among audience segments. From these, participatory rapid analysis for each behavior of interest will be completed.

Transcription:

As soon as possible after the FGDs, DCs will transcribe their notes, per transcription SOP (separate document) and listen to audio recording (if available) to elaborate and clarify transcribed notes. Transcription will capture key elements of the discussion – a 'full and faithful account'. As you transcribe, keep in mind the key aims of this FGD activity and questions to ensure you capture the key themes.

Transcript will include at the top a description of contextual factors in the FGD situation, and at the end of the transcript, observations about the interview/FGD participants, group dynamics and features of the discussion not captured in the transcript. DCs should note their own subjective interpretations of what they heard and saw, suggesting any key issue that may be relevant to consider analysis.

Data collection tools

- 2 facilitation guides, one for each meeting
- 5 Whys data recording forms for each meeting

SOP for Conducting Trials in Improved Practices

Description of the method/Purpose:

The TIPS method is designed to identify the acceptability and feasibility of key behaviors through participatory techniques that engage target populations in pretesting selected behaviors the project intends to promote. The method incorporates counseling skills to support participants to overcome barriers and mobilize support as they test small, doable actions. It employs an iterative process between data collectors and supervisors to analyze data at each stage and strategize approach for the subsequent meetings.

Three TIPS will be conducted as part of the SBC Formative research to try out three behaviors:

1. Complementary Feeding TIPS: Achieving optimal dietary diversity for children aged 6-23 months, with caregivers of child aged 6-24 months.
2. Dietary Diversity TIPS: Achieving MDD-W for WRA, with adolescent girls and women aged 15-49 years.
3. Handwashing TIPS: Washing hands at critical times, with mothers or primary caregivers for children under 5.

Findings will be used to inform project strategy and activity design to scale up targeted behaviors.

Research questions (from our FRS SOW, what will this method help answer?):

- 2.1.1 What are the current diet practices for children aged 6-23 months, WRA and adolescent girls? How can project activities build on these existing behaviors and norms to support and promote optimal diets for these groups?
- 2.1.2 What actions can primary caregivers of children aged 6-23 months, WRA and adolescent girls in Takunda project target communities take to achieve an optimal diet for their children, themselves, and their families? Who are the influencers of these actions? How can their partners, household members and other influencers support them in these actions?
- 2.1.3 What behavioral determinants serve as barriers and facilitators to achievement of optimal diets for children 6-23 months, WRA and adolescent girls in Takunda project target communities?
- 2.1.4 What determines household access and availability of a wide variety of nutritious foods throughout the year? How can this be promoted across all Takunda program households?
- 2.1.3.1 What are the current handwashing practices within Takunda project target communities? How can project activities build on these existing behaviors and norms to support and promote reduced exposure to pathogens?
- 2.1.3.2 What actions can target audiences in Takunda project target communities take to support handwashing at critical times? Who are the influencers of these actions? How can influencers support the adoption of these actions?
- 2.1.3.3. What behavioral determinants serve as barriers to and facilitators of handwashing at critical times? How has Covid-19 impacted this behavior?
- 2.1.3.4 What are the most harmful social norms and attitudes regarding hygiene practices among fathers, boys, women, PLW, girls, adolescent girls, the disabled and children <5? Who are the major influencers of these and what motivates them to perpetuate these practices?

Key behaviors investigated through this method:

1. For Complementary Feeding TIPS:
 - a. Feed children 6 – 23 months of age complementary foods following the recommended age-appropriate frequency.
 - Non-breastfed children 6–23 months of age should be fed at least four solid, semi-solid or soft food feeds or milk feeds per day, with at least one of the four being a solid, semi-solid or soft food feed.

- Children continuing to breastfeed should be fed at least twice if aged 6–8 months and three times if aged 9–23 months.
- b. Feed children 6 – 23 months diverse, nutritious complementary foods daily
 - Each day, children who are no longer breastfeeding consume at least 4 of 7 food groups: **grains, roots and tubers, legumes and nuts, dairy products, flesh foods, eggs, vitamin A rich fruits & vegetables, other fruits, and vegetables**, and those continuing to breastfeed consume at least 5 of 8 food groups. The **eighth food group is breastmilk**
- 2. For handwashing TIPS, the behaviors of focus are:
 - a. Household members wash hands at the five critical times
 - after using the latrine
 - after changing/cleaning a baby who has defecated
 - before handling food
 - before feeding a baby
 - before eating
- 3. For MDD-W... key behaviors are:
 - a. Adolescent girls (10-14 years) and women of reproductive age (15-49 years) consume diverse, nutritious foods daily.
 - Each day, consume at least 5 of the 10 food groups: **Grains, white roots and tubers, and plantains, Pulses (beans, peas and lentils), Nuts and seeds, Dairy, Meat, poultry and fish, Eggs, Dark green leafy vegetables, other vitamin A-rich fruits and vegetables, other vegetables and other fruits.**

Participants:

Each set of TIPS will be conducted with the primary audience with whom that behavior will be promoted as follows:

TIPS Target Audiences

TIPS	Target population
Complementary Feeding: Achieving optimal dietary diversity (MDD) for children 6-23 months	Mother or primary caregiver for child aged 6-23 months.
Dietary Diversity: Achieving MDD-W for WRA, including adolescent girls	Women and girls aged 15-49 years. Girls aged 10 – 14 years
Handwashing: HW at critical times	Mother or primary caregiver for children under 5.

Sampling

- In each district, 24 households (HH) will be chosen to conduct the above-mentioned TIPS as follows:
 - In 8 of these households, the target groups would be mother or primary caregivers of children aged 6 – 23 months.
 - A different 8 households will target women of childbearing age – 15-49 years or adolescent girls aged 10-14 years for TIPS 2 above.
 - In 8 of the remaining HH, TIPS 3 above will be assessed.
- To select these households, the following plan will be followed:

In Mutare and Zaka Districts

- Sample all 24 households for TIPS #1, #2 and #3 from the Apostolic Sect community. Liaise with community leaders and government field cadres such as District Nutritionists, Environmental Health Technicians (EHTs), or Village health workers (VHWs) to identify HH of the Apostolic Sect

who also have children in the age group 6-23 months for TIPs #1 and children under 5 years for TIPs #3. Where Care Groups exist, you could use these as entry points.

- For TIPs #2, the selected HH can either have a woman aged 15-49 years or an adolescent girl aged 10-14 years
- It will make logistical sense to choose these HH from around the same communities where FGDs will be conducted. Try however to select TIPs HH from as wide a cross-section of the district as is logistically possible and avoid only concentrating in one corner of the district to get other agro-ecological influences besides just religion. The same household chosen will be followed 3 more times after the first interview. You should inform them about this before you start the first interview to get commitment for the work ahead.
- As per above bullet, try to ensure wider cross-section in selecting these HH.

In Buhera and Chivi Districts

- Sample 16 HH for TIPs #1 & #2 as for Mutare and Zaka above, but from non-Apostolic Faith Sect HH. Try as much as possible to cover a wide cross-section of the district cultural and agro-ecological variations.
- Choose HH from around the area where FGDs will be conducted.
- Solicit the help of District Nutritionists, EHTs and VHWs to identify HH with children aged 6-23 months. Where Care Groups exist, you could use these as entry points. The other 8 HH can either have a woman aged 15-49 years or an adolescent girl aged 10-14 years.
- Sample an additional 8 HH for TIPs #3. These HH should have aged five years or under. Again, try to ensure wider cross-section in selecting these HH. Care Group scan also be good entry points for this selection.

Analytical aim:

A simple quantitative data analysis aims to identify a) prevalence of the behaviors before TIPS, b) the proportion of participants who adopted specific behaviors (during the TIPS process), and c) the proportion of participants who cited specific barriers and facilitators to the desired behaviors. Qualitative analysis of data aims to uncover deeper insight into participants' experiences while testing behaviors, particularly to identify the relevant barriers and enablers, perceived benefits and challenges related to adopting them, how challenges were overcome, and what other people or factors influenced their experience trying the behaviors. Results will inform implementation plans to scale up behaviors among similar groups.

Data Collection Plan:

A series of four visits to each selected individual household will be conducted with the sampled participants, over 4 weeks, 24 households per district. Between visits, data collectors will work with supervisors to analyze findings from the previous meeting and prepare for the next. Supervisors will ensure that data collectors have the technical knowledge and counseling skills to conduct effective interviews at each stage. These are the steps that will be followed for TIPS field work:

1. Day 1: Conduct assessment visit to get a baseline for the person's practices related to the target behavior, using specified guide.
2. After the 1st Interview for Assessment, review the information obtained from each HH together with the Supervisor. For each research participant, identify and note the things they are doing well. Assess the situation and identify gaps. Using information obtained, identify a few small doable actions (SDAs) that you can suggest in the next visit and negotiate for trying. Prepare to explain the benefits of the target behavior as well as the specific SDAs. Anticipate possible barriers and enablers and consider how you will coach the person to overcome barriers and draw upon enablers as they try the SDA they select.

3. Day 7: Negotiation Visit to follow up and a) give feedback on practices reported in 1st visit and b) conduct behavioral negotiation/counseling with suggested practices and agreement on actions to try.
4. Day 14: Reinforcement visit to discuss experience and feedback on what was tried, provide guidance and support, and negotiate behavioral modifications and plans.
5. After Day 14 visit, meet with the Supervisor and review together the information collected from all the households. Identify what is working well and what needs to be reinforced in the next visit.
6. Day 21: Evaluation visit with same households to discuss experience, successes, challenges, adaptations. Leave participants with a feeling of confidence that they can continue with recommended practices and express appreciation for their collaboration.

Data collection tools:

There are interview guides/questionnaires for each of the three TIPs to be completed by the data collectors during interviews. One questionnaire will be used for all 4 HH visits per TIPs. This means in each district; you will have 24 completed questionnaires for the 3 TIPs at the end of data collection. These will however be collected from 24 HH. Responses will be recorded by hand on the questionnaires.

Audio recordings of each interview will be made with a tablet. After each interview, notes will be reviewed and corrected/expanded immediately on the questionnaire sheet. As soon as practical after the interview, an English transcription will be written in Word, based on careful review of the audio recording. It does not need to be a verbatim transcript but must capture completely and faithfully what the person said. Any corrections to notes on the questionnaire sheet can be made if the audio reveals a mistake.

Data recording tools:

After completion of interview notes on questionnaires, data will be transcribed into the corresponding excel sheet. There is one file for each of the three TIPs, and one sheet for each of the visits. Note that there is a column for you to summarize relevant features of the interview setting and of the interview participant. This is where you note things you observed that may affect the data collected, your impression of the person's emotional state, observation of distractions, etc.

For Handwashing data extraction sheet: To qualify for successfully adopting the practice, it means the respondent reports washing hands regularly at all 5 critical times. There is a column where you should note any notable signs of improvement, based on the respondent's other comments.

TIPs Data Management (see also Study Data Management SOP)

- each participant will be assigned a unique identification code following labeling convention (in Study Data Management SOP) as no tools/forms will contain identifiable information, such as names or phone numbers, to maintain confidentiality of participants.
- Obtaining authority and consent to record data collection process from both community leaders and TIPs participants. The recordings will serve as back-up to the written notes, allowing the TIPs team to verify the content of the notes or better understand nuance or the context of key quotations.
- Transcribing and translating all completed tools and audio recordings into English. The transcribers will prepare full translated transcripts of all interviews in English in electronic format so that the Takunda SBC team can conduct data quality assessments.
- Takunda project will retain hard copy records, audio-recordings, and electronic copies of the data for auditing and inspection during the life of the study. After the completion of this study, all data collection forms, transcripts and process documentation will be preserved in a secure cabinet until the end of the Takunda project, at which time they will be destroyed as part of closeout activities.

SOP for Conducting Barrier and Facilitator Analysis

Description of the method:

A barrier and facilitator analysis (BFA) survey are a specific formative research method that is conducted as part of the 'Designing for Behavior Change' approach. It identifies the significant determinants (out of a standard list), which most likely influence why a target group is practicing (or not) a specific behavior. This understanding can be used to design effective interventions for promoting the behavior and to determine related key messages and activities, as part of an SBC strategy. BFA uses a mix of qualitative and quantitative methods to identify what is preventing a target group from adopting a specific behavior, as well as identifying enablers/facilitators of the behavior. A standard questionnaire is used for each behavior and questions are asked of individuals from the Priority Group (PG). Each BFA will have a specific priority group. The results of the questions are compared amongst groups of people who already have adopted the behavior (called "Doers") and people who have not yet adopted the new behavior (called "Non-Doers") (identified through specific screening questions). By comparing these two groups, it is possible to determine which of these behavioral "determinants" most influence whether someone is a Doer or Non-Doer and are the most important for the project to focus on.

Purpose: To identify significant determinants (perceived consequences, self-efficacy, and norms) of key behaviors among key groups to inform design of behavior change activities. The behaviors being investigated are:

1. Inter-cropping by households
2. Production of small grains (sorghum or millets) by farmers.
3. Use of soil cover or mulching by farmers.
4. Use of improved animal breeds by farmers.
5. Safe disposal of children <5 years feces by mothers or primary care givers of children under 5 years
6. Household construction of improved latrine by male or female household head.

Research questions from the SBC-FRS SOW to be answered through this method:

- 1.1. What are the barriers and enablers/facilitators to adoption of the following agricultural practices: 1. Intercropping, 2. Household production of small grains (sorghum and millets), 3. Mulching of crops in fields, 4. Use of improved animal breeds?
- 2.1.3. What motivates and enhances adoption of latrine use / reduction of open defecation practices?
- 2.1.4. What are the barriers and facilitators to safe disposal of feces of children under the age of five years? How can these barriers be overcome?

Specific questions regarding behavioral determinants for those key behaviors Takunda's BFA will ask:

1. What are the perceived consequences of doing the behavior? What do you see as advantages of doing X? what good things may happen if you do X? What are the disadvantages?
2. What characterizes self-efficacy regarding the behavior? What makes it easier to do X? what makes it difficult?
3. What are the social norms influencing the key behavior? Who approves of you doing X? who supports you doing X? who disapproves? Who objects? *How do you know? What do they do or say?*

Participants: In each district, for each behavior studied, participants will be people who practice the behavior ("Doers") and people who do not practice it ("Non-Doers"). Screening questions will be asked of community members until 12 Doers, 12 Non-Doers have been identified.

Analytical aim: Based on tabulation of the data, analysis will identify which determinants are most likely influencing why a target group is practicing (or not) a specific behavior. Those most influential determinants will be the focus in DBC /SBC design of messages/interventions.

Data Collection Plan:

Doers and Non-Doers to interview for the BFA can come from any part of the district. However, Research Assistants are encouraged to get these from as wide across the district as possible and avoid concentrating on just one part of the district. In each district, 12 Doers and 12 Non-Doers will be interviewed for each of the 6 behaviors being assessed – 4 for P1 and 2 for P2. The BFA data collection process will follow the following steps:

1. Select the areas within the district you would like to conduct the BFA.
2. Approach the local Agritex Officer and EHT to identify Doers of the proposed behaviors. These people are likely to know the people in their communities consistently practicing the behaviors we are assessing.
3. A standard BA questionnaire including both open-ended and closed-ended questions will be used. A few screening questions will be used to verify whether the household is a "Doer" or "Non-Doer" of the behavior being studied since for some of these behaviors observed practice may not be possible as it will be off-agriculture season. The remaining questions are based on behavioral determinants.
4. When you get to the Doer household, ask the screening questions to confirm they are a Doer. If they are, proceed to interview then as a Doer. If they fail on the screening questions, then interview them as a Non-Doer.
5. Once you have interviewed all the Doers, you could randomly select Non-Doers to complete the set of interviews.

Hint**

You may want to split the 12 Doers and 12 Non-Doers into 4 of each per Research Assistant. You then identify the areas in the district where you would like to collect data for the BFA. Each person would then be dropped in an area each day to collect data for their set of Doers and Non-Doers.

Data collection for the BFA has been planned as below:

- Purpose 1:* 4 Behaviors
96 HH @ 12 Doers and 12 Non-Doers for each behavior
4 enumerators @ 4HH/Person/Day = 6 Days
3 Enumerators @ 4HH/Person/Day = 8 Days
- Purpose 2:* 2 Behaviors
48 HH @ 12 Doers and 12 Non-Doers for each behavior
4 Enumerators @ 4 HH/Day = 3Days
3 Enumerators @ 4HH/Day = 4 Days

Data Collection Protocol/SOP for fieldwork:

12. Begin day with team review of schedule, sites/itinerary, roles of data collection team members, participants to be interviewed, transportation arrangements, test audio equipment, collect printed interview guide, pens/pencils and notebook.
13. When you arrive at field site, your first port of call would be the local Agritex Officer or EHT as per point 2 under Data Collection Plan above. Mobilization should have been done in advance and these people should know you will be going to their area on that day. Assess situation for appropriateness for approaching people to screen for interviews. Adjust as needed.
14. When approach you approach a household, introduce yourself and explain Takunda SBC-FRS purpose by reading the script at the top of your BFA interview guide.
15. Conduct your interview using the BFA interview guide attached, recording responses on your questionnaire. Follow directions and prompts strictly. Tick responses and write in responses as indicated on the sheet.

16. When the interview is finished, thank the respondent. As soon as you have a private moment (either right there after leaving the household, or somewhere nearby), complete the part at the end of the form, adding descriptive notes about the setting, the interviewee's behavior, and anything you observe in the context that could have affected the interview. Review your sheet to make sure everything is recorded clearly and completely. Make sure all requested information is included and the file is labeled correctly. Pack up your belongings.
17. After all interviews for the day are completed, meet with supervisor and team for daily debrief.
18. Extract information from your questionnaires into the BFA Data Record (word document with links to questionnaires for each behavior), double checking that all information is correctly entered.
19. Submit your original questionnaire with responses and notes, following Data Management SOP.
20. Supervisors will update fieldwork log and data tracker.

Data collection tools

There are 6 BFA questionnaires, one for each of the target behaviors investigated with this method, noted above.

Data recording sheets

Data Collectors will write responses directly on the paper questionnaire, following the prompts strictly.

SOP for Data Management

Purpose: The purpose of this SOP is to describe procedures for securely managing and storing all study documents including recordings, debriefing and interview notes, consent forms, and any transcripts generated for the Takunda SBC Formative Research Study and ensuring confidentiality.

Overview:

- The study will generate a large volume of data from 4 districts and 4 different data collection methods, each including multiple parts/groups. Care in data management and labeling is essential.
- Lead consultant and supervisors will ensure secure storage and transmission of hardcopy and electronic data.
- Upon receipt from the field, all source data will be kept on secure Takunda servers and deleted from the tablets and computers. Audio-recordings will be deleted after completion of data analysis.
- All data and study documents will be stored securely. Electronic data will be stored on password-protected devices, and hard copy data will be stored in a locked cabinet accessible by only designated study staff.

Labeling conventions:

We will have various electronic files:

1. Audio recordings
2. Scanned questionnaires
3. Photos of flip charts or other visual materials used in data collection
4. Transcripts/notes in Word
5. Data summary/extraction sheets in Excel
6. Data Collection field log/tracker – excel sheets listing all data files and progress tracker for each, to be updated continually until complete.

Each file name should begin with abbreviation for the method (KII, TIPS, BFA, FGD)

-- followed by the particular TIPS or BFA or FGD

TIPScf=complementary feeding TIPS

TIPShw=handwashing TIPS

TIPSwdd=women's dietary diversity TIPS

BAlat=Barrier Facilitator Analysis for latrine use

BAint= "intercropping

BAlcb= "livestock cross breeding

BAmu= "mulching

BAdif= "disposal of infant feces

---followed by visit number if applicable (e.g., TIPS: 1, 2, 3, 4)

-- followed by abbreviation for name of district (Mt – for Mutare, Bh – Buhera, Zk – Zaka and Cv – Chivi)

-- followed by data collector's initials (Check to see if there aren't any similarities amongst district teams.

Add 1 if there is

-- followed by case number (ID#) (or group for FGD)

The file format extension will be the indicator for type of file it is (mp3, pdf, doc, xls, etc.).

Case numbers (ID#) should be pre-filled onto data collection forms to avoid duplication in the field.

Abbreviation Guide for Labeling Convention

Type	Full Name	Abbreviation
District	Mutare	Mt
	Buhera	Bh
	Zaka	Zk

	Chivi	Cv
Data Collector	Delilah Takawira	DT

For example:

For key informant interviews, we would have: (in order of their development

- KII.dist.ID#.mp3
- KII.dist.ID#.pdf [for the scanned copy of questionnaire on which notes are written]
- KII.dist.ID#.docx [for the transcription or notes of the interview]
- KII.dist.ID#.xlsx [for data summary record]

For BFA, we will have to add additional information per the behavioral question, e.g.:

- BFA.sg.dist.ID#.doc
- BFA.mu.dist.ID#.pdf
- Etc.

For handwashing TIPS, we would have additional files for each of the 4 visits. E.g.:

- TIPS.hw.dist.ID#.1.doc = the first visit with that case on handwashing TIPS
- TIPS.hw.dist.ID#.2.doc
- TIPS.hw.dist.ID#.3.doc
- TIPS.hw.dist.ID#.4.doc
- Etc.

For FGD, we will include the group, e.g.

- FGD.dist.men.mp3 for the audio recording
- FGD.dist.men.doc for the transcription & notes
- FGD.dist.men.xlsx for the data summary file

For all electronic documents, if it is still in progress, the last part of the file name should be the date. If it is a final version, label it _FINAL.

For field logs that record data collection activities and track incoming data, we would name it by district:

- Log.Dist.date.xlsx

We will also have paper files to keep in folders in locked file cabinet.

After electronic files are finished and filed on computer system, the paper files should be stored per protocol security measures, and the folder labeled.

Within the folder would be:

- Informed consent - only if it is a separate sheet from the questionnaire)
- Questionnaires – original sheets written on
- Transcripts – printouts of the typed transcripts
- Field logs – original papers, or printout if it's electronic
- Other records saved on paper

Checklist of Tasks Prior to Fieldwork:

Days before:

1. Become very familiar with entire questionnaire and comfortable with delivering all introduction, screening and consent portions. Practice repeatedly.
2. Review schedule for data collection and confirm logistical issues.

3. Reconfirm with community POC the times for data collection.
4. Prepare a bag that is secure (can be zippered closed and padlocked) which will be used to carry all items for fieldwork.

Day before:

5. Confirm transportation to sites.
6. Check functioning of audio recorder / tablet. Ensure it is fully charged each morning.
7. Print out copies of the questionnaires, with screening & consent forms as needed, (1 for each interview anticipated) for data collector (D.C.) to keep and make notes on.
8. Pack fieldwork supplies in secure bag:
 - a. Tablet
 - b. Questionnaire
 - c. Notebook with blank pages
 - d. 2 working pens
 - e. Watch/clock to be aware of time.

During Fieldwork

1. Check in with Point of Contact upon arrival. Walk around facility to assess situation, space for interviews, etc.
2. Before talking with anyone, turn on recorder and record statement of date, time and location.
3. Follow all the screening, informed consent and interview protocols and guidance that you were trained to follow.
4. When the interview is finished, stop recorder. When client has left, or you have left the space, state into the recorder: "End of my ___ interview" and turn off recorder. Put it into bag and zip close.
5. Do a quick review of your notes and complete any gaps on responses. Jot down additional notes about the interview context. Write comments and observations about the interview, the participant, etc. **Do not begin a subsequent interview until after these notes are written.** They can be brief and expanded later when you type up the transcript, **but do not neglect jotting on the spot just after each interview.**
6. Pack away the questionnaire for that interview and if doing another one, pull out a clean questionnaire.
7. Pack up all notes and materials, zip up in bag and go back to the office directly. If you are not going directly back to the office, your bag should be padlocked.
8. At the end of the day, all questionnaires should be labeled with unique identifier, unless pre-filled.

Checklist of tasks After fieldwork:

1. AUDIO FILES
 - a. Immediately after data collection site visit is complete, go back to the office and connect recorder to computer. (If not possible to return to the office that day, do this the following day, first thing.) Upload the audio file to your laptop under the folder following labeling convention.
 - b. After the audio recording files have been backed up onto the Takunda computer, the RA will delete them from their device, in front of supervisor (as witness).
2. PAPER DOCS
 - a. After interviewer checks to make sure notes, responses, and label on questionnaire are clear and complete, SCAN the Questionnaires. File them in the locked filing cabinet following protocol.

- b. Save the pdf files on specified Takunda computers.
- 3. TRANSCRIPTS
 - a. As soon as possible after the interview, transcribe the recording, following the Transcription Protocol. Try to secure a block of time to work uninterrupted. If you need to stop before finished, save the file following labeling convention, plus the date, and back it up on SharePoint.
 - b. After finished typing the entire interview (or notes), read through it carefully. Make edits as needed to correct and clean it up. For anything that is not clear, listen to the audio until everything is captured clearly.
 - c. After finished with audio transcription, review notes in notebook and on questionnaire and type up any relevant contextual comments.
 - d. Supervisor reviews transcript when RA is finished. When approved, save file in SharePoint.

DAILY tasks: (or, if not possible, every other day) Use the excel Data Management Tracker checklists to report progress on tasks completed.

After fieldwork and office work is complete:

Make sure all audio files have been erased from recorders. Keep devices with cords locked up in Takunda office until.... *specify*

Annex 4: BFA Detailed Results

		Inter-cropping by households	Production of small grains (sorghum or millets) by farmers.	Use of soil cover or mulching by farmers.	Safe disposal of children <5 years feces by mothers or primary care givers of children under 5 years	Household construction of improved latrine by male or female household heard.
<i>Perceived Self-efficacy</i>		Doers are 3.8 times more likely to report that the reduced processing time makes it easier for them to practice inter-cropping	Non-Doers are 4.4 times more likely to response that production of small grains would be easier if it does not require much labor and if they have support from community. Doers are 2.9 times more likely to report that draught farming makes it easier for them to produce small grains.	No Significant Difference	Non-Doers are 26.2 times more likely to response that not having a toilet/latrine makes it difficult to safely dispose, while Doers are 2.8 times more likely to response that having a toilet/latrine makes it easy for them to safely dispose.	Non-Doers are 4.8 times more likely to response that lack of money makes it difficult to construct latrine
<i>Perceived Positive Consequences</i>		Doers are 4.4 and 3 times more likely to report that having more food resources and preserving soil quality, respectively, are the advantages of inter-cropping	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference
<i>Perceived Negative Consequences</i>		No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference
<i>Perceived Social Norms</i>		Doers are 4.1 times more likely to response that most people approve of intercropping. Non-Doers are 4 times more likely to response that their family would disapproving of intercropping	Doers are 3.2 times more likely to response that other farmers would approve of their practice	Doers are 2.9 times more likely to response that most people approve of mulching and 2.3 times more likely to report that Agritex approves of this behavior	No Significant Difference	Non-Doers are 2.3 times more likely to response that neighbors/community members are the people who approve of them constructing latrine.

<i>Perceived Access</i>	No Significant Difference	Non-Doers are 3 times more likely to response that it is "very difficult" to get things they need to plant small grains.	Non-Doers are 2.3 times more likely to response that it is "very difficult" to get the things they need to practice mulching, while Doers are 5.3 times more likely to response "not difficult at all."	Non-Doers are 10 times more likely to response that it is "Very difficult" to get what you need to practice safe disposal; and doers are 4.4 times more likely to response that it is "Not difficult at all"	No Significant Difference
<i>Cues for Actions/ Reminders</i>	No Significant Difference	Non-Doers are 2.6 times more likely to response that it is "very difficult" to prepare to plant small grains.	Non-Doers are 7 times more likely to response that it is "very difficult" to plan to put mulching, while Doers are 2.6 times more likely to response "not difficult at all."	No Significant Difference	No Significant Difference
<i>Perceived Susceptibility/ Perceived Risk</i>	Non-Doers are 2.3 times more likely to response that it is "very likely that their soil will become infertile, while Doers are 2.6 times more likely to response "not likely at all."	No Significant Difference	No Significant Difference	Doers are 2.2 times more likely to response that they "Very likely" to get diarrhea without practicing safe disposal	No Significant Difference
<i>Perceived Severity</i>	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference
<i>Perceived Action Efficacy</i>	Doers are 3.9 times more likely to response that their soil will very likely become more fertile if they plant a leguminous crop in the same field as their stable crop during the same season.	No Significant Difference	Doers are 3 times more likely to response that their soil will "very likely" to become more fertile if they practice mulching.	Doers are 2.3 times more likely to perceive that practicing safe disposal will "very likely" prevent diarrhea.	No Significant Difference

<i>Perception of Divine Will</i>	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference
<i>Policy</i>	No Significant Difference	No Significant Difference	Non-Doers are 3.9 times more likely to response that there is no community laws/regulation that make is less likely for them to do the behavior.	No Significant Difference	No Significant Difference
<i>Culture</i>	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference	No Significant Difference

Annex 5: TIPs Detailed Quantitative Results Complimentary Feeding

Diet decision makers in HH	
Mother:	22 [incl 1 says consults family]
Father:	1
Mo/Fa jointly:	2
Maternal grandmother	3
Mo-in-law:	1
Mo and grandmother jointly	1
Grandma and grandfather	1

Persons consulted at 3 rd meeting	# of respondents who mentioned
Friends and/or neighbors /church women	11
Other (all-but-2 female) relatives (sister, sister-in-law, maternal grandmother, co-wives, daughter)	10
Husband	7
Mother-in-law	6
VHW	4
No one	2
Persons consulted at 4 th meeting	# of respondents who mentioned
Other female relatives (sister, sister-in-law, maternal grandmother, co-wives)	13
Friends and/or neighbors	9
Mother-in-law	7
No one	6
Husband	5
VHW	2

noticed any change in child since beginning TIPs	adopted behavior	confidence in continued practice
Mutare		
Yes, child now enjoying eating, they are now eating more, and they are gaining weight.	Y	medium
Yes, children now enjoy eating and they now eat more food	Y	medium
no	N	low
yes, the child now eats sadza and they no longer cry as much as they used to do before	N	low
no	Y	medium
no	Y	medium
Yes, the child enjoys eating the legumes and they eat more than what they used to	N	low
Buhera		
Yes, the child enjoys eating all the food that she was given, she is now walking and looks healthy as compared to the first visit	Y	High
Yes. Child has lost some weight because she is no longer eating her most preferred food, cerelac. However, child tends to eat better if fed from a separate bowl and she has started liking eggs in rice or eating them boiled	Yes	high

Yes. Child is growing well; she has good health, and she is eating well.	Yes	High
Yes, the child is growing well, his health has improved much	Yes	high
Child has gained weight by merely looking at him, his body has changed	Yes	high
Child's appetite for food has improved ever since she stopped giving <i>zappynax</i> , child no longer breastfeeds time and again because he will be full after eating food	Yes	high
Yes, the way my child is eating has changed, his appetite has improved	Yes	High
yes, my child has gained weight	Yes	high
Child's appetite improved when I gave fruit instead of zappy nax as a snack	Yes	High
Zaka		
weight gain, improved health	Y	high
Improved child health. The child was not walking; however, she is now walking	Y	medium
Yes, child has gained weight, can sleep for long periods, increase appetite	Y	High
weight gain from 9kg to 11kgs, improved health status, and growth	Y	high
Yes, increased meal frequency from 2 to 4meals, improved health and weight gain	Y	high
Yes, Increased in weight gain. Child health improved greatly, they are no longer crying, and they are playing happily	Y	high
Yes- The child has gained weight and a significant improvement in the child's health. Noticed an improvement in the child's mental capacity.	Y	high
Yes - noted improved child health and growth	Y	high
Chivi		
No.	Y	Medium
Yes	Yes	High
Yes	Yes	Medium
Yes	Yes	Low
Yes, improved feeding of the child	Yes	High
None	No	Low
Yes, improved appetite of the child	Yes	High
Yes, improved feeding of the child	Yes	Medium

Foods the household has access to	Number of respondents reported available (AL)	# of respondents reported foods were consumed on 1st CF visit dietary recall (column Y)	# of respondents reported foods were consumed on 3rd CF visit dietary recall (column BG)
Starches			
Corn (Maize 19 sadza 10)	29	24	28
Rice	10	1	5
Sorghum (mapfunde)	5	0	1
Millet/ pearl millet	4	0	0
Sweet potatoes	4	0	2
bread	2	2	5
sour/fermented porridge	9	5	5
mahewu	11	11	9
Vegetables		22 (unspecified veg)	22 (unspecified veg)
tomatoes	18		
green leafy veg (including covo, spinach, muboora, tsunga)	14		
Cabbage	6		
Onions	6		

Rape	3		
carrots	3		
avocado	2		
okra	1		
Fruits		2 (unspecified fruits)	8 (unspecified fruits)
shumha	5		
Oranges	4		
Nyii	3		
watermelon	2		
Mango	2		
Masawu	2		
Matohwe, tsvubu, natjies, guava, mulberry, nhunguru	1 each		
Protein			
Cow peas	16	2	4
Ground nuts/peanut butter	13	10	14
Chicken	11	1	3
Beans	10	3	6
eggs	7	0	2
Milk (cow's milk)	5	2	2
Chunks/soya chunks	3	1	2
fish	3	1	3
Goat meat	2	0	0
kapenta	2	0	0
Matemba, Guinea fowl, Nyimo, Beef, game	1 each	0	3
Cerelac		1	0

Handwashing

Proportion of participants who practice the target behavior => Handwashing at all 5 critical times (Y/N) --

○ prior to TIPs

	Buhera	Chivi	Mutare	Zaka	Total
No (#)	8	8	8	8	32
No (%)	100	100	100	100	100
Total (#)	8	8	8	8	32

○ at 3rd meeting

	Buhera	Chivi	Mutare	Zaka	Total
No (#)	2	2	2	3	10
No (%)	25	25	25	37.50	31.25
Yes (#)	6	6	6	5	22
Yes (%)	75	75	75	62.50	68.75
Total (#)	8	8	8	8	32

○ at 4th meeting

	Buhera	Chivi	Mutare	Zaka	Total
No (#)	0	2	0	0	2
No (%)	0	28.6	0	0	6.45

Yes (#)	8	5	8	8	29
Yes (%)	100	71.43	100	100	93.55
Total (#)	8	7	8	8	31

HW practices

of times per day they wash hands (Adults)

	Buhera	Chivi	Mutare	Zaka	Total
	# (%)	# (%)	# (%)	# (%)	# (%)
1	0 (0)	0 (0)	1 (12.50)	0 (0)	1 (3.13)
2	0 (0)	0 (0)	0 (0)	1 (12.50)	1 (3.13)
3	2 (25)	1 (12.50)	1 (12.50)	5 (62.50)	9 (28.13)
4	0 (0)	3 (37.50)	2 (25)	1 (12.50)	6 (18.75)
5	3 (37.50)	1 (12.50)	0 (0)	0 (0)	4 (12.50)
6	1 (12.50)	2 (25.0)	3 (37.50)	0 (0)	6 (18.75)
7	1 (12.50)	0 (0)	1 (12.50)	1 (12.50)	3 (9.38)
10	1 (12.50)	1 (12.50)	0 (0)	0 (0)	2 (6.25)
Total	8 (100)	8 (100)	8 (100)	8 (100)	32 (100)

of times per day they wash hands (Children)

	Buhera	Chivi	Mutare	Zaka	Total
	# (%)	# (%)	# (%)	# (%)	# (%)
1	0 (0)	0 (0)	0 (0)	1 (12.50)	1 (3.13)
2	0 (0)	1 (12.50)	2 (25)	4 (50)	7 (21.88)
3	7 (87.50)	3 (37.50)	4 (50)	2 (25.00)	16 (50)
4	1 (12.50)	1 (12.50)	1 (12.50)	1 (12.50)	4 (12.50)
5	0 (0)	1 (12.50)	0 (0)	0 (0)	1 (3.13)
6	0 (0)	1 (12.50)	1 (12.50)	0 (0)	2 (6.25)
8	0 (0)	1 (12.50)	0 (0)	0 (0)	1 (3.13)
Total	8 (100)	8 (100)	8 (100)	8 (100)	32 (100)

At which critical times do they wash hands? (Which key times have high % of practice, which have little to none?)

Adults

	Buhera	Chivi	Mutare	Zaka	Total
	# (%)	# (%)	# (%)	# (%)	# (%)
After using the latrine	6 (75)	5 (62.50)	6 (75)	8 (100)	25 (78.13)
After changing/cleaning a baby who has defecated	3 (37.50)	0 (0)	1 (12.50)	2 (25)	6 (18.75)
Before handling food	5 (62.50)	4 (50)	5 (62.50)	3 (37.50)	17 (53.13)
Before feeding a baby	1 (14.29)	5 (50)	4 (50)	0 (0)	9 (29.03)
Before Eating	3 (42.86)	8 (100)	7 (87.50)	5 (62.50)	23 (74.19)

Children

	Buhera	Chivi	Mutare	Zaka	Total
	# (%)	# (%)	# (%)	# (%)	# (%)
After using the latrine	2 (25)	7 (87.50)	4 (50)	5 (62.50)	18 (56.25)
After changing/cleaning a baby who has defecated	1 (12.50)	1 (12.50)	1 (12.50)	1 (12.50)	4 (12.50)
Before handling food	1 (12.50)	0 (0)	1 (12.50)	1 (12.50)	3 (9.38)
Before feeding a baby	0 (0)	1 (12.50)	1 (12.50)	0 (0)	2 (6.25)
Before Eating	7 (87.50)	7 (87.50)	8 (100)	8 (100)	30 (93.75)

List SDAs tried, % of participants who tried them, and % who were successful

All Districts				
	Visit 3 – selected this action	Visit 3 – attempted SDA	Visit 4 – successfully adopted the SDA	Visit 4 – continued practicing SDA
Use of ash/soap during handwashing	17 (53)	15/17 (88)	15/15 (100)	17/17 (100)
Educate other household members on HW at 5 critical times	4 (12.50)	3/4 (75)	3/3 (100)	4/4 (100)
Manage wastewater from handwashing by having plants close by	4 (12.50)	4/4 (100)	4/4 (100)	4/4 (100)

Adopt handwashing before feeding baby	3 (9.38)	3/3 (100)	3/3 (100)	3/3 (100)
Adopt handwashing after changing baby	8 (25)	8/8 (100)	8/8 (100)	8/8 (100)
Build a tippy tab	23 (71.88)	21 (91)	20/21 (95)	23/23 (100)
Adopt handwashing before handling food	2 (6.25)	2/2 (100)	2/2 (100)	2/2 (100)
Adopt handwashing before eating food	1 (3.13)	1/1 (100)	1/1 (100)	1/1 (100)
Washing hand following all essential steps	8 (25)	8/8 (100)	7/8 (87.50)	8/8 (100)
Adopt handwashing after using the toilet	1 (3.13)	1/1 (100)	1/1 (100)	1/1 (100)

Buhera				
	Visit 3 – selected this action	Visit 3 – attempted SDA	Visit 4 – successfully adopted the SDA	Visit 4 – continued practicing SDA
Use of ash/soap during handwashing	8 (100)	7/8 (87)	7/7 (100)	7/8 (100)
Educate other household members on HW at 5 critical times	0 (0)	NA	NA	NA
Manage wastewater from handwashing by having plants close by	0 (0)	NA	NA	NA
Adopt handwashing before feeding baby	0 (0)	NA	NA	NA
Adopt handwashing after changing baby	0 (0)	NA	NA	NA
Build a tippy tab	6 (76)	5/6 (83)	5/5 (100)	6/6 (100)
Adopt handwashing before handling food	0 (0)	NA	NA	NA
Adopt handwashing before eating food	0 (0)	NA	NA	NA
Washing hand following all essential steps	0 (0)	NA	NA	NA
Adopt handwashing after using the toilet	0 (0)	NA	NA	NA

Chivi				
	Visit 3 – selected this action	Visit 3 – attempted SDA	Visit 4 – successfully adopted the SDA	Visit 4 – continued practicing SDA
Use of ash/soap during handwashing	2 (25)	2/2 (100)	2/2 (100)	2/2 (100)
Educate other household members on HW at 5 critical times	0 (0)	NA	NA	NA
Manage wastewater from handwashing by having plants close by	4 (50)	4/4 (100)	4/4 (100)	4/4 (100)
Adopt handwashing before feeding baby	1 (12.50)	1/1 (100)	1/1 (100)	1/1 (100)
Adopt handwashing after changing baby	6 (75)	6/6 (100)	6/6 (100)	6/6 (100)
Build a tippy tab	8 (100)	8/8 (100)	8/8 (100)	8/8 (100)
Adopt handwashing before handling food	1 (12.50)	1 (100)	1/1 (100)	1/1 (100)
Adopt handwashing before eating food	1 (12.50)	1/1 (100)	1/1 (100)	1/1 (100)
Washing hand following all essential steps	7 (87.50)	7/7 (100)	7/7 (100)	7/7 (100)
Adopt handwashing after using the toilet	1 (12.50)	1/1 (100)	1/1 (100)	1/1 (100)

Mutare				
	Visit 3 – selected this action	Visit 3 – attempted SDA	Visit 4 – successfully adopted the SDA	Visit 4 – continued practicing SDA
Use of ash/soap during handwashing	4 (50)	4/4 (100)	4/4 (100)	4/4 (100)
Educate other household members on HW at 5 critical times	1 (12.50)	1/1 (100)	1/1 (100)	1/1 (100)
Manage wastewater from handwashing by having plants close by	0 (0)	NA	NA	NA
Adopt handwashing before feeding baby	2 (25)	2/2 (100)	2/2 (100)	2/2 (100)
Adopt handwashing after changing baby	2 (25)	2/2 (100)	2/2 (100)	2/2 (100)

Build a tippy tab	2 (25)	2/2 (100)	2/2 (100)	2/2 (100)
Adopt handwashing before handling food	1 (12.50)	1/1 (100)	1/1 (100)	1/1 (100)
Adopt handwashing before eating food	0 (0)	NA	NA	NA
Washing hand following all essential steps	0 (0)	NA	NA	NA
Adopt handwashing after using the toilet	0 (0)	NA	NA	NA

Zaka				
	Visit 3 – selected this action	Visit 3 – attempted SDA	Visit 4 – successfully adopted the SDA	Visit 4 – continued practicing SDA
Use of ash/soap during handwashing	3 (37.50)	2/3 (67)	2/2 (100)	3/3 (100)
Educate other household members on HW at 5 critical times	3 (37.50)	2/3 (67)	2/2 (100)	3/3 (100)
Manage wastewater from handwashing by having plants close by	0 (0)	NA	NA	NA
Adopt handwashing before feeding baby	0 (0)	NA	NA	NA
Adopt handwashing after changing baby	0 (0)	NA	NA	NA
Build a tippy tab	7 (87.50)	6/7 (86)	5/6 (83)	7/7 (100)
Adopt handwashing before handling food	0 (0)	NA	NA	NA
Adopt handwashing before eating food	0 (0)	NA	NA	NA
Washing hand following all essential steps	1 (12.50)	0/1 (0)	1/1 (100)	1/1 (100)
Adopt handwashing after using the toilet	0 (0)	NA	NA	NA

confidence/expectation for continuing SDA

	Buhera	Chivi	Mutare	Zaka	Total
High (#)	6	5	1	8	20
High (%)	75	71.43	12.50	100	64.52
Low (#)	0	0	1	0	1
Low (%)	0	0	12.50	0	3.23
Medium (#)	2	2	6	0	10
Medium (%)	25	28.75	75	0	32.26
Total	8	7	8	8	31

Correlations between 'successful' practice of SDA and

- Whether they had support / positive influence (vs no support or negative influence)
- District
- What HW changes they made (SDAs tried)
- age
- number of children

CASE #	district	age	# of living children	SDA selected to try	influence (+ or - summarize)	successful in adopting the SDA last time (Y/N)	successfully practices HW at all 5 critical times (Y/N)
HWM1	mutare	25	6	frequency in hand washing and using running water with soap or ash after changing /cleaning a baby who has defecated	N/A	Y	Y
HWM2	mutare	25	3	tippy tap installation use of ash	positive	Y	Y

HWM3	mutare	28	5	Educating other household members on 5 critical times for hand washing	positive	Y	Y
HWM4	mutare	24	4	Hand washing before handling food	positive	Y	Y
M5	mutare	38	9	Washing hands before feeding the baby with soap and running water	positive	Y	Y
M6	mutare	36	7	increased frequency and use of ash	positive	Y	Y
M7	mutare	26	6	HW after changing a baby who has defecated	N/A	Y	Y
M8	mutare	45	9	frequency in hand washing and using running water with soap or ash before feeding baby	positive	Y	Y
B1	buhera	29	5	frequency in hand washing and use of tippy tap with soap or ash	N/A	Y	Y
B2	buhera	67	7	frequency in hand washing and use of tippy tap with soap or ash	N/A	Y	Y
B3	buhera	28	6	frequency in hand washing and use of tippy tap with soap or ash	positive		Y
B4	buhera	50	8	tippy tap installation use of ash	positive	Y	Y
B5	buhera	34	6	tippy tap installation, use of ash/soap increase frequencies	positive	Y	Y
B6	buhera	45	5	installation of tippy tap and use of ash as well as frequencies	positive	Y	Y
B7	buhera	35	3	use of ash	positive	Y	Y
B8	buhera	25	3	increased frequency and use of ash	positive	Y	Y
Z1	zaka	48	5	establishment of tippy taps at pot rake and entry points, placing of ash in a container & position it at the tippy tape	positive, conduct door to door visits encourage establishment of tippy taps and ensure availability of water and soakaway at every station	Y	Y
Z2	zaka	39	7	utilization of local resources made process easy	ensure water availability and ash in the tippy taps	Y	Y
Z3	zaka	35	4	establishment of handwashing stations at entry points, teach children on proper use of tippy taps, use of ash in the absence of soap	encouragement on establishment of tippy taps at critical entry points (gate, pot rake)	Y	Y
Z4	zaka	48	3	use of ash (put it in a container and place it at the tippy tape. Mixing water with detergent (surf powder, soap)	encourage proper handwash using tippy taps (10 steps and 5 critical moments)	Y	Y
Z5	zaka	57	4	establish tippy taps at critical points: pot rake, toilet	positive, neighbors accepted teaching and adopted practice. established tippy taps at critical points.	Y	Y
Z6	zaka	55	4	educate children on 10 steps of handwashing, Erection of handwash at 2 critical points entrance, pot rake	mobilizing materials and erection of tippy taps	Y	Y
Z7	zaka	18		encourage family members on 10 steps & 5 critical moments, reestablishment of tippy tape and place, use of long handle cup before eating	encourage them to continue practicing handwash at critical moments, to keep tippy tap functional to prevent diseases	N	Y

Z8	zaka	29	2	improve on 10 steps of handwash, ensure availability of water in the tippy tap, place ash at the hand washing station	ensure availability of water in the tippy tap and they accepted	N	Y
C1	chivi	49	1	Client committed to try all the suggested SDAs except the use of bucket with tap since this needed money to buy the bucket first.	Positive	Y	Y
C2	chivi	48	4	1) Establishing a tippy tap at the yard as well as repair the one at the family toilet. 2) Wash hands following the proper HW steps. 3) Always use soap/ash for handwashing. 4) Managing wastewater from HW through watering a fruit tree. 5) Wash hands at the other critical HW times missed at the first visit.	Positive	Y	Y
C3	chivi	33	4	1) Establish a tippy tap at the yard entrance from defecation area and provide soap and or ash. 2) Proper handwashing following the HW steps. 3) To plant a fruit tree at the HW station to manage wastewater.	N/A	Y	Y
C4	chivi	24	4	Setting up a tippy tap and putting soap nearby. 2) Always wash hands after changing/cleaning a baby after defecating. 3) Wash hands following the proper HW steps	Positive	Y	Y
C5	chivi	18	1	1) Tippy tap establishment and providing soap close by the tippy tap. 2) Following the proper HW steps. 3) Washing hands after using the toilet/defecation area and also to wash hands after changing/cleaning a baby after defecation.	Positive	Y	N
C6	chivi	30	2	1) Setting up a tippy tap and putting soap nearby. 2) HW following the proper steps. 3) Washing hands after changing/cleaning a baby after defecating.	Positive	Y	Y
C7	chivi	27	2	1) Start HW after changing/cleaning a baby after defecating. 2) Establish tippy tap and make soap/ash available close to the HW point. 3) Wash hands before handling food. 4) Wash hands following the HW steps	N	Y	
C8	chivi	34	6	Construct a tippy tap, soap at a convenient place, Run to waste	also constructed a tippy tap,	Y	N

Women's Dietary Diversity

Quant features to report:

- Proportion of participants who adopted the target behavior => Consumption of a diverse diet per guidance (Y/N) --
 - prior to TIPs

	Buhera	Chivi	Mutare	Zaka	Total
No (#)	6	8	8	7	29
No (%)	75	100	100	87.50	90.63
Yes (#)	2	0	0	1	3

Yes (%)	25	0	0	12.50	9.38
Total (#)	8	8	8	8	32

- at 3rd meeting

	Buhera	Chivi	Mutare	Zaka	Total
No (#)	7	5	8	6	26
No (%)	87.50	62.50	100	75	81.25
Yes (#)	1	3	0	2	6
Yes (%)	12.50	37.50	0	25	18.75
Total (#)	8	8	8	8	32

- at 4th meeting

	Buhera	Chivi	Mutare	Zaka	Total
No (#)	5	5	8	5	23
No (%)	62.50	62.50	100	62.50	72
Yes (#)	3	3	0	3	9
Yes (%)	37.50	37.50	0	37.50	28
Total (#)	8	8	8	8	32

- confidence/expectation for continuing

- at 4th meeting

	Buhera	Chivi	Mutare	Zaka	Total
High (#)	6	3	0	6	15
High (%)	75	37.5	0	75	47
Low (#)	0	1	2	0	3
Low (%)	0	12.5	25	0	9
Medium (#)	2	4	6	2	14
Medium (%)	25	50	75	25	44
Total	8	8	8	8	32

- List SDAs tried, the % of participants who tried them, and % who were successful

	Buhera			Chivi			Mutare			Zaka			Total		
SDA	% select this SDA	% tried	% success	% select this SDA	% tried	% success	% select this SDA	% tried	% success	% select this SDA	% tried	% success	% select this SDA	% tried	% success
Add locally available food to diet	0	NA	NA	12.5 (1/8)	100 (1/1)	100 (1/1)	0	NA	NA	25 (2/8)	100 (2/2)	100 (2/2)	9 (3/32)	100 (3/3)	100 (3/3)
Increase # of meals per day	25 (2/8)	100 (2/2)	100 (2/2)	12.5 (1/8)	100 (1/1)	100 (1/1)	0	NA	NA	50 (4/8)	100 (4/4)	100 (4/4)	22 (7/32)	100 (7/7)	100 (7/7)
Include insects to diet	0	NA	NA	0	NA	NA	0	NA	NA	25 (2/8)	100 (2/2)	100 (2/2)	6 (2/32)	100 (2/2)	50 (2/2)

Add plant-based protein to diet	50 (4/8)	100 (4/4)	100 (4/4)	62.50 (5/8)	100 (5/5)	100 (5/5)	87.50 (7/8)	100 (7/7)	86 (6/7)	50 (4/8)	100 (4/4)	100 (4/4)	62.50 (20/32)	100 (20/20)	95 (19/20)
Add animal protein to diet	12.5 (1/8)	100 (1/1)	100 (1/1)	50 (4/8)	75 (3/4)	100 (4/4)	12.50 (1/8)	100 (1/1)	100 (1/1)	62.5 (5/8)	100 (5/5)	100 (5/5)	34 (11/32)	91 (10/11)	100 (11/11)
Add dairy to diet	0	NA	NA	12.50 (1/8)	100 (1/1)	100 (1/1)	0	NA	NA	0	NA	NA	3 (1/32)	100 (1/1)	100 (1/1)
Add iron-rich food to diet	0	NA	NA	0	NA	NA	12.50 (1/8)	100 (1/1)	100 (1/1)	50 (4/8)	100 (4/4)	100 (4/4)	16 (5/32)	100 (5/5)	100 (5/5)
Add fruit and vegetable to diet	75 (6/8)	100 (6/6)	100 (6/6)	50 (4/8)	100 (4/4)	100 (4/4)	0	NA	NA	0	NA	NA	31 (10/32)	100 (10/10)	100 (10/10)
Have snacks (in addition to meals)	37.50 (3/8)	100 (3/3)	100 (3/3)	0	NA	NA	0	NA	NA	62.50 (5/8)	100 (5/5)	100 (5/5)	25 (8/32)	100 (8/8)	100 (8/8)
Add relish to meal	37.50 (3/8)	100 (3/3)	100 (3/3)	12.50 (1/8)	100 (1/1)	100 (1/1)	0	NA	NA	0	NA	NA	12.50 (4/32)	100 (4/4)	100 (4/4)
Consume more maheu	12.50 (1/8)	100 (1/1)	100 (1/1)	0	NA	NA	0	NA	NA	37.50 (3/8)	100 (3/3)	100 (3/3)	12.50 (4/32)	100 (4/4)	100 (4/4)
Add vitamin-A rich food to diet	0	NA	NA	12.50 (1/8)	100 (1/1)	100 (1/1)	0	NA	NA	37.50 (3/8)	100 (3/3)	100 (3/3)	12.50 (4/32)	100 (4/4)	100 (4/4)

- Correlations between 'successful' practice of SDA and, whether they had positive support (vs no support or negative influence), District, what dietary changes they made (SDAs tried), age, number of children

CASE #	district	SDA selected to try	age	# of living children	influence (+ or - summarize)	successful in adopting the action last time (Y/N) (Visit 4)	SDA continued practicing (Y/N)	successfully practices DD (Y/N) *
M1	mutare	adding legumes to the diet	18	0 (pregnant)	+	Y	Y	N
M2	mutare	adding legumes to the diet	36	6	+	N	N	N
M3	mutare	adding legumes to the diet	25	3	-	Y	Y	N
M4	mutare	increasing the consumption of legumes	36	3	+	Y	Y	N
M5	mutare	adding animal source protein to the diet	21	0	+	Y	Y	N
M6	mutare	adding frequency of iron supplements to the diet and vegetable protein to the diet	28	6	+	Y	Y	N
M7	mutare	adding legumes to the diet	34	4	+	Y	Y	N
M8	mutare	adding legumes to the diet	30	6	-	Y	Y	N

B1	buhera	1. Addition of peanut butter to her meals 2. Adding a snack such as fruit or ground nuts 3. Adding different kinds of relish to her meals	43	5	N/A	Y	Y	N
B2	buhera	Adding carrots to meals	39	4	n/a	Y	Y	Y
B3	buhera	Eating dried okra as relish Eating roasted groundnuts as a snack Adding tomatoes and onions to meals	47	7	positive, she encouraged her to keep trying and wished they always could have variety of foods to eat	Y	Y	N
B4	buhera	Adding eggs to her meals Eating dried leafy green vegetables	35	3	N/A	Y	Y	N
B5	buhera	1. Adding beans to her meals 2. Eating dark green leafy vegetables 3. Adding other relish such as kapenta and fish	18	0	provided diverse foods	Y	Y	Y
B6	buhera	1. Adding dried cow pea leaves 2. Adding an extra meal 3. Drinking more maheu for energy	32	4	positive, she gave her fresh vegetables	Y	Y	N
B7	buhera	1. Adding an extra meal. When she prepares lunch for her children, she includes her own. 2. Adding peanut butter to her rice 3. Eating dried leafy green vegetables	26	2	N/A	Y	Y	N
B8	buhera	1. Eating porridge with peanut butter 2. Eating roasted groundnuts as a snack everyday	42	5	positive, he went fishing and brought me fish to add to diet after I explained to him what I have learnt and trying to practice. Other relatives were eager to learn more others had questions	Y	Y	Y
Z1	zaka	consumption of locally available iron rich foods, vitamin rich foods, animal proteins sources including insects, consuming 3 meals plus 2 snacks/ day.	37	7	positive as the neighbors and the mother encouraged her on consumption of the recommended foods	N	Y	Y
Z2	zaka	consumption of locally available iron-rich foods, vitamin A-rich foods, animal proteins sources including insects, consuming 3 meals plus 2 snacks/ day.	43	6	positive, education on the four food groups for women of reproductive age	Y	Y	N
Z3	zaka	consumption diverse foods, eating 3 meals plus 1-2 meals per day, consumption of iron rich foods, grinding of maize and legumes together.	47	6	positive	N	Y	Y

Z4	zaka	consumption of food from plant proteins, proteins from animals and drinks like maheu	24	2	positive influence: encouraged her and gave her knowledge on good health and nutrition, also encouraged each other to erect handwashing facilities for good hygiene	Y	Y	N
Z5	zaka	porridge with peanut butter, beans, maheu, sadza with chicken,	24	2	Positive, she encourages them to adopt to dietary diverse at their homes, because it's a good practice that improves nutritional status	Y	Y	N
Z6	zaka	i. Consumption of a four-star diet ii) Consumption of three meals plus an additional meal iii) healthy snack iv) consuming iron rich foods (Amaranthus, blackjack leaves, legumes and liver.	23	1	positive, discussed the importance of consuming four-star diet and meal frequency. She adopted some of the practices we discussed	Y	Y	Y
Z7	zaka	porridge with peanut butter, mashed beans, maheu, sadza with chicken and snacks	39	5	Positive, discussed the importance of consuming iron rich foods, four-star diet, avoiding drink tea with roundnuts samp. The welcomed the idea	Y	Y	N
Z8	zaka	to continue to look for iron rich vegetables and adding legumes and meat to the diet	25	2	Positive influence; VHW encouraged her	Y	Y	N
C1	chivi	1) Other fruits especially wild ones which I can afford. 2) Nuts and seeds e.g., groundnuts, roundnuts, pumpkin seeds. 3) Meat (dried	22	2	Positive	Y	Y	Y
C2	chivi	Meat. Peas. Beans. Eggs. Kapenta.	37	6	Positive	Y	Y	Y
C3	chivi	1) Add meat to the diet.2) Add eggs. 3) Add other fruits. 4) Add vitamin A rich foods (yellow fleshed). 4) Increase meals to minimum of 3 per day.	36	6	Positive	Y	Y	N
C4	chivi	1) Pulses (mutakura). 2) Fruits. 3) other vegetables.	20	2	Positive	Y	Y	Y
C5	chivi	Add other vegetables, other fruits and peanuts	36	2	They encouraged me to adopt what I was taught during our sessions.	Y	Y	N
C6	chivi	Add eggs	45	6	They had positive feedback, and just highlighted those financial constraints will be a challenge	N	Y	N

C7	chivi	Add nuts	40	6	None	Y	Y	N
C8	chivi	Add milk	45	5	None	Y	Y	N

Food Recall Summary

Foods the household has access to	Food consumed (visit 1))	Food mentioned (visit 1))	Recall #3	Recall #4
Starches				
Corn (Maize, sadza)	33	40	55	49
Rice	3	2	5	1
Porridge	9	7	9	14
millet (rapoko, rukweaza)	1	0	1	1
Potatoes	1	0	1	0
Sweet potatoes	3	1	0	0
bread	2	5	5	9
macaroni	1	0	0	0
refined cereal	0	0	3	0
Vegetables	22	22	16	16
tomatoes	6	11	19	22
green leafy veg (including covo, spinach, muboora, tsunga, blackjack leaves)	4	8	15	10
Dried vegetables	5	7	4	6
Cabbage	2	0	0	1
Onions	4	6	9	13
Pumpkin Leaves	1	0	1	1
okra	1	0	0	0
Fruits				
shumha	2	3	5	2
fig	0	0	1	1
matamba	1	1	3	0
berry fruit	1	2	3	3
Oranges	0	0	1	0
banana	0	0	1	0
paw paw	1	1	1	0
apple	0	0	1	0
Jackfruit	0	0	0	1
Masau/jujube	1	1	0	0
Matohwe	0	0	0	1
Protein				
mutakura	3	3	1	0
meat	1	0	0	0
ground nuts	9	9	3	7
Cow peas	9	8	6	7
Chicken	2	1	3	3
Beans	4	3	5	4
eggs	2	1	1	1
Milk	2	0	1	1
Chunks/soya chunks	2	0	1	1
fish	1	2	3	4
Goat meat	0	0	0	1
peanuts/peanut butter	5	4	9	14
Beef	1	1	4	2

Soya mince	1	0	1	0
margarine	0	0	0	1
nuts	1	0	0	0
Misc.				
Maheu/mahewu	3	3	3	4
sugar cane	1	1	0	0

Annex 6: FGD Codebook

Code Name	Code Description
1.Problems	Header, do not use as code
1.A.Key problem	Answers to the first FGD question in the reflection discussion “What are the biggest problems in this community?” and any other mentions of significant problems.
1.B.Causes of poverty, hunger or food insecurity, malnutrition, vulnerability to shocks	Answers the question “What are the causes of these problems,” (i.e., they Why’s) and any other references to causes or factors contributing to key problems (poverty, food insecurity, malnutrition, vulnerability to shocks). Do NOT use for causes of other problems that are not the focus of our research.
1.B.a.Most important causes	Use this code only where the text makes clear the FGD participants/facilitators considered the cause to be the most important, or one of the most important causes. Will be used as a tally/counting code.
1.B.b.Individual	Personal/psychological causes like self-esteem, motivation/intrinsic agency, laziness, [lack of] knowledge or skills, self-efficacy/instrumental agency
1.B.c.Socio-cultural	Social norms, cultural traditions, religious beliefs, social conflict, or any socio-cultural factors that are mentioned as causing/contributing to the key problems. For example, church won’t allow birth control, husbands won’t let women take jobs, etc.
1.B.d.Structural	Factors like income, farm inputs, irrigation, weather, government, program interventions, etc.
1.C.Most affected persons	Mention of people who are most affected by (most vulnerable to) the key problems. Use as counting code.
1.D.Social influence	Descriptions of dynamics, interactions between people, groups, or social institutions (like the church) that influence behavior. Can include perceptions/general attitudes as well as actual experiences. For example, references to seeking advice, receiving encouragement, experience of or expectations about social pressures.
1.D.a.Influential people	Counting code for references to specific people or categories of people (e.g., leaders, decision-makers, particular groups, or peers) being influential on the key problems discussed, on shaping social norms, influencing community activities, household practices, opinions, behaviors, etc. Also, code references to people or groups who are NOT influential (e.g., ‘oh no, we never listen to him!’). Focus on people not institutions (i.e., congregation members or pastor NOT “the church”)
1.D.b.Apostolic church	Code segments discussing the Apostolic church
1.E.Resources available to address key problems	Any resources whether material or intangible, individual or community, (e.g., land, money, skills, knowledge, social networks, program TA) that could be leveraged to address poverty, hunger/food insecurity, malnutrition, vulnerability—include those that are available currently,

		were previously available, and statements that there are no resources available
1.F.Actions taken to address key problems		Any actions being done by speakers or referred to being taken by others in the community that aim to address the key problems (poverty, hunger/food insecurity, malnutrition, vulnerability), or actions happening as a result of or response to the key problems. For example, women turning to prostitution, men leaving their families, etc.
1.G.Action recommended to address key problems		Actions that are recommended or mentioned as possible/might happen/should happen in response to a key problem (poverty, hunger/food insecurity, malnutrition, vulnerability), including actions by individuals, communities, governments, and/or NGOs, etc. For example, NGOs should focus on middle income families, not just poorest of poor.
2.Community Activities		Header, do not use as a code. Community activities are those that are organized by/for the community or a group, not initiated by an individual for their individual benefit. For example, someone asking for help building a barn is an example of cooperation, but not a community activity. May include but are not limited to burial groups, village savings and loans, group income generating schemes (like bakeries), farmers groups/cooperatives, and may include community meetings or social mobilization efforts,
2.A.Description of community activities	of	Objective, general mention of community development activities, programs, groups that have been or are present in community. Something the speakers are reporting they actually did should be coded as "Participation in community activities." Statements that there are no community activities or support structures can be coded as Resources Available
2.B.Participation in community activities	in	Description of actual experiences with or participation in community groups or community development activities. Individual participation analogous to instrumental agency; community participation analogous to collective agency.
2.C.Attitudes about participation in community activities	about in	Subjective expression of opinion/attitude/value regarding community development activities. Anything about what kind of people participate, reasons to participate, attitudes towards groups or projects
2.C.a.Barriers		Perceptions of factors that do or could prevent or discourage participation in community activities and/or formation or continuation of community activities (i.e., why groups fail).
2.C.b.Enablers		Perceptions of factors that do or could motivate, encourage, or incentivize participation in community activities and/or do or could formation/continuation of community activities. May include, e.g., social support structures or relationships, perceived material consequences, etc.

3.Social cohesion	Use for discussion of social cohesion within the community (i.e., social capital), including norms around reciprocity and trust, positive and negative influences such as jealousy, distrust, envy, competition. For references to trust, cooperation, or power—use subcodes.
3.A.Trust	Any references to trust-- trusting people in the community as part of collaboration on activities, trusting leadership, trusting other certain people for support, trusting institutions, even trust of a household member in a personal relationship. Include descriptions of lack of trust between individuals or groups.
3.B.Cooperation	Any examples of social/community collaboration/cooperation and/or norms around reciprocity. Examples include group planning, joint problem-solving, working together on a task or vision, etc. Reciprocity examples include statements that if you have received aid or been successful, you should give back or help others in the community. Include descriptions of lack of cooperation
3.C.Power	Any references to power dynamics or imbalances between individuals or groups
4.Behaviors	Header, do not use as a code These codes are designed to capture how to motivate or enable people to enact specific behaviors
4.A.Agriculture	References to agricultural practices or technologies, whether something that was heard about/seen introduced, tried, refused or adopted. Practices could include e.g., mulching, livestock management techniques, use of fertilizer or hybrid seeds, or anything mentioned as an agriculture practice.
4.A.a.Barriers	Factors that contributed to or could potentially contribute to refusal to try or led to failure when attempting agricultural practices (e.g., community norms, resources available, etc.). Often encompasses limitations in terms of time, capital, and labor.
4.A.b.Enablers	Factors that contributed to or could potentially contribute to adoption of agricultural practices (e.g., any promotional messages, support from people, inputs, knowledge, role models, etc.)
4.B.Non-farm livelihoods	Reference to income earning activities, whether it's something speakers participated in or have just heard about, including reference to programs providing support
4.B.a.Barriers	Factors that contributed to or could potentially contribute to refusal to try or led to failure when attempting new livelihood activity (e.g., community norms, resources available, etc.). Include references to unfavorable attitudes about the value of pursuing non-farm livelihood skills or trainings.
4.B.b.Enablers	Factors that contributed to or could potentially contribute to adoption of new NF livelihood practices (e.g., any promotional messages, support from people, inputs, knowledge, role models, resources, etc.).

	Include references to favorable attitudes about the value of pursuing non-farm livelihood skills or trainings.
4.C.Natural resources	Any reference to natural resources (e.g., water, soil, weather, trees, wild animals, etc.) and how they are used, protected, considered for household or community interest.
4.D.WASH	Any mention of hygiene, sanitation practices and who influences them.
4.E.Access to nutritious foods	Reference to nutritious foods and where/when/how they can be accessed.
5.Structural codes	Header, do not use as code
5.A.Descriptive norms	Use for questions on how typical a behavior is within the community or a group. Can also be used for spontaneous references to what is typical behavior.
5.B.Injunctive norms	Use for questions on what behavior is expected by the community or a group. Can also be used for spontaneous references to what is expected behavior.
5.C.Martin	Use for questions about Martin in the reflection discussion or spontaneous references to Martin. Specific questions to code include: <ul style="list-style-type: none"> • In your opinion, how typical is this situation in this community? • What would most young men like Martin do in this situation? • What do adults in this community expect young people like Martin to do? • In your opinion, how many people do you think agree with the advice from Martin's friend? Why? • What support structures are available in and around this community
5.D.Chimusoro	Use for questions about Chimusoro in the reflection discussion or spontaneous references to Chimusoro. Specific questions to code include: <ul style="list-style-type: none"> • How typical is this situation in this community? How many households can be described as being like Chimusoro's in this area? • What would most men like Chimusoro do in this situation? • What do people in this community expect Chimusoro to do? • How would you help Chimusoro if he were your friend? • What support structures are available in and around this co
5.E.Chimuti	Use for questions about Chimuti in the action discussion or spontaneous references to Chimuti. Specific questions to code include: <ul style="list-style-type: none"> • Do we have many people like Chimuti family in this community? How common are they? • What makes people behave this way? • Would you expect Chimuti family to help their neighbors and community? How? If not why? How willing are people to get help from such people? • What social, cultural, and religious norms make people behave like Chimuti? How can these be addressed?
5.F.Tashinga	Use for questions about Tashinga in the action discussion or spontaneous references to Tashinga. Specific questions to code include: <ul style="list-style-type: none"> • Would you listen to Tashinga and participate in the activities

they are promoting? Why or why not? (what would motivate you to participate?)

6.Other

Header, do not use as code

6.A.Gender

References to gender roles, ideas or dynamics, whether they are barriers, enablers, causes etc.

6.B.Youth

References to youth roles, ideas or dynamics around youth and elders

6.C.Leadership

References to leadership: who are in leadership positions, what makes a good or bad leader

6.D.Good quotes

Use to flag rich quotes

6.E.Interesting notes from staff

Use to code sections of the summary that include interpretation that may aid analysis

6.F.Question for team

Use to flag text segments that you are unsure how to code, need to check with transcriber/translator, etc.

Annex 7: KII Summary Sheet

[illegible]

TAKUNDA SBC FRS -- Key Informant Interview Data (Pg. 2)

summarize responses to questions from interview guide in each cell
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[illegible]

References

1. 2021 Rural Livelihoods Assessment Report. In: Council FaN, ed. Harare, Zimbabwe: Zimbabwe Vulnerability Assessment Committee (ZimVAC); 2021.
2. *Zimbabwe Economic Update: Overcoming Economic Challenges, Natural Disasters, and the Pandemic: Social and Economic Impacts*. Washington, DC: The World Bank Group; June 2021 2021.
3. FAO. *National Gender Profile of Agriculture and Rural Livelihoods – Zimbabwe*. Harare, Zimbabwe: FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS;2017.
4. National Development Strategy 1 (January 2021 - December 2025). In: Development MoFaE, ed. Harare, Zimbabwe2020.
5. Packard M. *Report on a Review of Social and Behavior Change Methods and Approaches within Food for Peace Development Food Security Activities*. Washington D.C.: Food and Nutrition Technical Assistance III Project (FANTA)/FHI 360.;2018.
6. USAID. *Zimbabwe Country Development Cooperation Strategy 2016-2021*. Harare, Zimbabwe: United States Agency for International Development;2016.
7. USAID. *Zimbabwe National Nutrition Strategy 2014-2018*. Harare: United States Agency for International Development;2014.
8. ZIMSTAT. *Zimbabwe Poverty Report 2017*. Harare: Zimbabwe National Statistics Agency;2019.
9. MOHCC. *Comprehensive National HIV Communications Strategy for Zimbabwe: 2019-2025*. Ministry of Health and Child Care;2019.
10. O'Mahony S, Barthorp H. Nutrition Impact and Positive Practice: nutrition-specific intervention with nutrition-sensitive activities. *Field Exchange - Emergency Nutrition Network ENN*. 2016(51):138-141.
11. IMPEL. *Final Performance Evaluation of the ENSURE Development Food Assistance Program in Zimbabwe (Vol. 1)*. Washington, DC: The Implementer-Led Evaluation and Learning Associate Award;2020.
12. Zimbabwe Livelihoods and Food Security Programme. Accessed.
13. Amalima Loko. Cultivating New Frontiers in Agriculture (CNFA). <https://www.cnfa.org/program/amalima-loko/>. Accessed.
14. Pittock J, Bjornlund H, van Rooyen A. Transforming failing smallholder irrigation schemes in Africa: a theory of change. *International Journal of Water Resources Development*. 2020;36:S1-S19.
15. Mango N, Nyikahadzoi K, Makate C, Dunjana N, Siziba S. The impact of integrated agricultural research for development on food security among smallholder farmers of southern Africa. *Agrekon*. 2015;54(3):107-125.
16. Kunzekweguta M, Rich KM, Lyne MC. Factors affecting adoption and intensity of conservation agriculture techniques applied by smallholders in Masvingo district, Zimbabwe. *Agrekon*. 2017;56(4):330-346.
17. Lotz-Sisitka H, Mukute M, Chikunda C, Baloi A, Pesanayi T. Transgressing the norm: Transformative agency in community-based learning for sustainability in southern African contexts. *International Review of Education / Internationale Zeitschrift für Erziehungswissenschaft*. 2017;63(6):897-914.
18. Kupika OL, Gandiwa E, Nhamo G, Kativu S. Local Ecological Knowledge on Climate Change and Ecosystem-Based Adaptation Strategies Promote Resilience in the Middle Zambezi Biosphere Reserve, Zimbabwe. *Scientifica*. 2019:1-15.
19. L N, J. C M, F. K M, V M. RESILIENCE STRATEGIES OF RURAL PEOPLE IN THE FACE OF CLIMATE CHANGE IN MAZUNGUNYE COMMUNITY, WARD 4, BIKITA DISTRICT, MASVINGO PROVINCE ZIMBABWE: A SOCIAL WORK PERSPECTIVE. *Gender & Behaviour*. 2020;18(2):15511-15520.
20. Chihambakwe M, Mafongoya P, Jiri O. Urban and Peri-Urban Agriculture as A Pathway to Food Security: A Review Mapping the Use of Food Sovereignty. *Challenges* (20781547). 2019;10(1):6-6.
21. Muchacha M. Socio-economic and attitudinal barriers to exclusive breast feeding uptake in Zimbabwe and possible migratory mechanisms. *Research on Humanities and Social Sciences*. 2015;5(9):55-62.
22. Muchacha M, Mtetwa E. Social and Economic Barriers to Exclusive Breast Feeding In Rural Zimbabwe. *International journal of MCH and AIDS*. 2015;3(1):16-21.

23. Nduna T, Marais D, Wyk Bv. An explorative qualitative study of experiences and challenges to exclusive breastfeeding among mothers in rural Zimbabwe. *ICAN: Infant, Child & Adolescent Nutrition*. 2015;7(2):69-76.
24. Nyati-Jokomo Z, Chitsike I, Mbizvo E, January J. 'If nurses were in our shoes would they breastfeed their own babies?' A qualitative inquiry on challenges faced by breastfeeding mothers on the PMTCT programme in a rural community in Zimbabwe. *BMC Pregnancy & Childbirth*. 2019;19(1):N.PAG-N.PAG.
25. Mbuya MNN, Matare CR, Tavengwa NV, et al. Early initiation and exclusivity of breastfeeding in rural Zimbabwe: impact of a breastfeeding intervention delivered by village health workers. *Current Developments in Nutrition*. 2019;3(4):nzy092-nzy092.
26. Musiyiwa K, Filho WL, Nyamangara J. Assessment of Farmer Preferred Organisations and Institutions by Gender in Different Smallholder Areas of Zimbabwe. *International Journal of Agricultural Resources, Governance and Ecology*. 2015;11(3-4):311-329.
27. Mukute M, Mudokwani K, McAllister G, Nyikahadzo K. Exploring the Potential of Developmental Work Research and Change Laboratory to Support Sustainability Transformations: A Case Study of Organic Agriculture in Zimbabwe. *Mind, Culture & Activity*. 2018;25(3):229-246.
28. Ahimbisibwe BP, Morton JF, Feleke S, et al. Household welfare impacts of an agricultural innovation platform in Uganda. *Food and Energy Security*. 2020;9(3):18.
29. Thrive A. *Overview of the Social Franchise Model for Delivering Counseling Services on Infant and Young Child Feeding*. Hanoi, Viet Nam 2013.
30. Kittle B. *A Practical Guide to Conducting a Barrier Analysis (2nd ed.)*. New York, NY: Helen Keller International; 2017.
31. Davis T. Tabulation Sheet for Analysing Barrier Analysis' Results. <https://www.behaviourchange.net/document/184-tabulation-sheet-for-analysing-barrier-analysis-results>. Published 2021. Accessed.
32. Davis T. Explanation for Using the Barrier Analysis Excel Calculation Sheet. Food for the Hungry. <https://www.behaviourchange.net/document/182-explanation-for-using-the-barrier-analysis-excel-tabulation-sheet>. Published 2013. Accessed.
33. USAID. *Resilience Evidence Forum Report*. Center for Resilience; 04/18/2018 2018.
34. Townsend CC, Lee. Does Scarcity Lead to Selfishness. In: *Anthropology News*; 2021:8-12.
35. Aubel J, Martin, S., Cunningham, K.,. Introduction: A family systems approach to promote maternal, child and adolescent nutrition. *Maternal & Child Nutrition*. 2021.
36. Aubel J, Rychtarik, A. . *Focus on Families and Culture: A guide for conducting a participatory assessment on maternal and child nutrition*. 2015.
37. *Rising from Resilient Roots - Revised version for CRS Youth and Adults: Peacebuilding, migration, disaster relief, youth engagement and recovery from violence*. 2020.
38. *Enhancing Outcomes by Integrating Social Cohesion & Justice: Case Studies from CRS's Strategic Change Platform*. November 10, 2021 2021.