



Final Draft - Barrier Analysis Study Report

30 September 2014



ACKNOWLEDGEMENTS

This study and report were made possible via the generous support of the American people through the United States Agency for International Development (USAID). The contents of this report are the responsibility of the World Vision-led ENSURE food security program and do not necessarily reflect the views of USAID or the United States Government.

The author of this report would like to express her sincere gratitude to a number of individuals who supported and contributed to the Barrier Analysis Study of ENSURE:

Lucia Gwete, the ENSURE Health and Nutrition Manager for providing invaluable leadership, support and assistance throughout all stages the Barrier Analysis Study. Also many thanks to Tecla Musizvingoza the Nutrition Specialist with CARE Zimbabwe for her support during the study in Masvingo Province.

I particularly appreciate the Barrier Analysis enumerators and ENSURE Supervisors who assisted during the data collection and analysis stages.

A very sincere thank you is extended to CARE and World Vision field staff, particularly the District Coordinators for their leading roles in facilitating entry into the communities for the fieldwork.

I also want to thank District stakeholders and community members of Bikita, Chivi, Zaka, Chipinge, Chimanimani and Buhera districts for their active participation and commitment.

Finally, a special thank you to David Evans, Richard Ndou and Archibald Chikavanga for their support and commitment.

ACRONYMS

BA	Barrier Analysis
CG	Care Groups
CGV	Care Group Volunteers
DBC	Designing for Behavior Change
ENSURE	Enhancing Nutrition, Stepping Up Resilience and Enterprise
MOHCC	Ministry of Health and Child Care
NG	Neighbor Group (community women who attend meetings facilitated by Care Group Volunteers)
NW	Neighbor Women (members of Neighbor Groups)
WVZ	World Vision Zimbabwe

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Executive Summary

During the first three weeks of August 2014, the ENSURE Project health and nutrition teams of World Vision Zimbabwe and CARE Zimbabwe, joined together to carry out four barrier analysis studies; one on each of four behaviors: 1. exclusive breastfeeding; 2. meal frequency for children; 3. food variety for children; 4. hand washing with soap or ash. The results of the formative research will be used to strengthen the behaviour change approaches of the project.

The four barrier analysis studies were carried out in the two provinces – Manicaland and Masvingo – where the ENSURE project is being implemented. As per the protocol, approximately 45 ‘doers’ and 45 ‘non-doers’ for each behaviour were interviewed by enumerators hired and trained for this purpose. The teams of enumerators were supervised by ENSURE project staff who had followed a four-day training on the Barrier Analysis survey.

The following table identifies the determinants that were shown to be significant for each of the four behaviors. Each of the significant responses, be it a motivator or a barrier, should be addressed in the Care Group modules and lessons, and mothers-in-law and other family members should be encouraged to support the behaviour as well.

Summary of Barrier Analysis Studies

Determinants ↓	Exclusive BF	Meal frequency	Meal Variety	Hand washing
Self efficacy				
Social Norms	Mothers-in-law	VHW/MIL /husbands	Mothers-in-law	Fathers-in-law
Positive Consequ.				
Negative Consequ				
Access				
Cue for Action				
Susceptibility				
Severity				
Action Efficacy				
Divine Will				
Policy				
Culture				

Only one determinant, Cue for Action, requires an intervention outside the CG approach. To help mothers remember to wash their hands it’s suggested that the project produce a small reminder symbol that can be tied near to where hand washing should take place.

1. Introduction

World Vision Zimbabwe (WVZ) in partnership with CARE Zimbabwe, SNV, SAFIRE and the Ministry of Health and Child Care (MOHCC) is implementing a food security program called ENSURE in Manicaland and Masvingo Provinces of Zimbabwe. The program is using the Care Group (CG) behaviour change strategy to promote healthy behaviours among mothers of children under age two. To make the CG strategy more effective, a plan has been developed to conduct formative research to inform the CG modules. To this end, WVZ hired an independent consultant to train staff in the use of the Designing for Behaviour Change (DBC) framework and to conduct Barrier Analysis (BA) surveys and to implement four BA studies. The Terms of Reference for this consultancy are shown in Annex 1. The results of these studies—reported herein—will be used to modify the standard CG modules to address more specifically the motivators and barriers to behaviour change.

2. Methodology

The consultancy was divided of four parts: 1) planning and questionnaire development-June – July 2014; 2) training of core ENSURE staff and MOHCC personnel in the DBC framework and the BA- July 30 – Aug 2; 3) Barrier Analysis training and studies in Masvingo and Manicaland- Aug. 4 – 15; 4) Report writing-Sept. 8 – 25. (The consultancy work plan is shown in Annex 2.)

During the **planning stage**, the consultant discussed the plan for the in-country work with the ENSURE Project Health and Nutrition Manager, Lucia Gwete, and developed the BA questionnaires for the four behaviours selected (The four questionnaires can be found in Annex 3.) The four behaviours include: a) Exclusive breastfeeding; b) Meal frequency for children; c) Food variety for children; d) Hand washing with soap or ash.

Prior to the arrival of the consultant in-country, the questionnaires were translated into Shona, the predominant language of the two intervention areas of the ENSURE Project. During this period the consultant also designed the two training events: one 4-day training for ENSURE staff and MOHCC partners on the DBC framework and two 2-day training events for the data collectors.

Stage two began with the arrival of the consultant in country on July 28, 2014. The 4-day training was conducted in Mutare and was attended by 26 participants from WVZ, CAREZ, the MOHCC and one independent consultant. (The list of participants is shown in Annex 5) The purpose of the training was to introduce the DBC framework to the participants so they would understand how the BA study results could be used to

increase the effectiveness of the Care Group approach. It also served to train ten of the participants to act as supervisors during the data collection activities in Manicaland and

Masvingo. The table to the right shows the pre and post test results indicating substantial learning.

Pre test	# correct Answers	Post test
	10	15
	9	5
2	8	1
4	7	1
4	6	1
4	5	
5	4	
3	3	
1	2	
	1	
23		23

As part of that training, participants developed four mock DBC frameworks for behaviours that will be studied later in the ENSURE project and promoted through both the Care Group and other strategies. The BA questionnaires that should be used to study those behaviours can be found in the drop box folder containing the other documents produced for this consultancy.

During **stage three** the consultant trained two teams of enumerators, a few of whom were ENSURE staff, one in Masvingo and one in Mutare, to conduct BA interviews. (See Annex 6 for the two-day workshop plan and Annex 7 for the list of participants.) They then conducted the interviews on the four behaviours, as indicated in Table 1 below.

Table 1. Barrier Analysis Questionnaire Tracking

	Masvingo		Manicaland		TOTALS	
	Doers	Non-doers	Doers	Non-doer	Doers	Non-Doers
Exclu. BrFeed.	24	21	26	21	50	42
Hand washing	24	24	24	25	48	49
Meal Freq.	24	24	25	26	49	50
Food Diversity	25	23	24	25	49	48

Although it was planned that coding and tabulating would take place each afternoon following the data collection, because all of the teams had to travel so far to their designated locations in the various districts, this was only possible in Manicaland. Fortunately, a buffer day had been built into the schedule which enabled the teams to complete the coding and tabulation on Friday of each week and all of the data was treated in the timeframe anticipated. The consultant then entered the data into the BA spread sheet which completed the analysis. (The BA spread sheets can be found at: <https://www.dropbox.com/sh/4t46k97gqy24db/AAAgbieaNFkzyjUGgH5IIoIa?dl=0>) Prior to departing Mutare on August 15 the consultant debriefed with Richard Ndou, the ENSURE Project Deputy Chief of Party.

Stage Four consisted of report writing, review and finalization (Sept. 8 – Oct. 2 2014).

3. Key Findings

3.1 Important Barriers and Motivators per Behaviour

When using the Barrier Analysis, results are considered significant if the difference between what the 'doers' (people who practice the behaviour) say and what the 'non-doers' (people who do not practice the behaviour) say is equal to or greater than 15 percentage points and/or the p-value is less than 0.05. The follow section identifies which responses were significant for each behaviour studied.

3.1.1 Exclusive Breastfeeding

For the behaviour, mothers of infants ages 0 – 5 months only feed them breast milk, responses to questions related to five determinants were found to be significant as shown in Table 2, below. To increase the effectiveness of the Care Group materials they should be modified to address these significant responses.

Table 2. Summary of Significant Responses – Exclusive Breastfeeding

Determinants	Significant Responses
Self – Efficacy/skills What makes it easier?	(doer) Mothers say having support from the health centre staff
	(doer) Mothers say having enough breast milk
	(doer) Mothers say feeling that the child is satisfied only drinking breast milk
	(doer) mothers say knowing how convenient breast feeding is
	(doer) Mothers say knowing that solid food is not good for a baby < 6 months old
Self-Efficacy - What makes it difficult	(non-doer) Mothers say feeling you don't have enough breast milk
Negative Consequences/ Disadvantages	(non-doer) Mothers feel that the baby won't grow well or will get sick if exclusively breast fed
Social Norms – Do Most People approve	(Doer) Mothers Feel that most people approve
Social Norms – who disapproves	(non-doer) Mothers-in-law/parents disapprove of exclusive breast feeding
	(doer) mothers say no one disapproves
Action Efficacy	(non-doer) mothers feel that EBF will lead to malnutrition
Susceptibility	(non-doer) Mothers don't see EBF as a way to prevent diarrhoea
	(Doer) Mothers don't feel at risk of their child becoming malnourished

3.1.2 Meal Frequency for Children

For the behaviour, mothers of children 9 – 23 months feed them at least three cooked meals that contain a staple food each day, responses to questions related to three determinants were found to be significant as shown in Table 3, below. To increase the effectiveness of the Care Group materials they should be modified to address these significant responses.

Table 3. Summary of Significant Responses – Meal Frequency

Determinants	Response
Self-efficacy – what makes it easier	(doer) Mothers say having access to water
Social Norms – who approves	(doer) Mothers say the village health workers approve
	(non-doer) Mothers say the husbands and mothers-in-law approve
Access to foods	(non-doer) Mothers say access to foods is very difficult

3.1.3 Meal Variety for Children

For the behaviour, Mothers of children 6 – 23 months feed them meals including foods from at least 4 of the 7 food groups each day, responses to questions related to three determinants were found to be significant as shown in Table 4, below. To increase the effectiveness of the Care Group materials they should be modified to address these significant responses.

Table 4. Summary of Significant Responses – Meal Variety

Determinants	Response
Positive Consequences	(doer) Mothers say the child will not be hungry or cry
Social Norms	(non-doer) Mothers say mothers-in-law do not approve (not statistically significant, but close)
Access	(doer) Mothers say that getting a variety of foods can be somewhat difficult

3.1.4 Hand washing

For the behaviour, Mothers of children 0 – 23 months wash their hands with soap or ash at the five critical times each day, responses to questions related to six determinants were found to be significant as shown in Table 5, below. To increase the effectiveness of the Care Group materials they should be modified to address these significant responses.

Table 5. Summary of Significant Responses – Hand washing

Determinants	Response
Self-Efficacy – what makes is easier	(doer) Mothers say having enough water
Self-efficacy - What makes it difficult	(non-doer) Mothers say it takes too much time
Negative Consequences	(non-doer) Mothers say it takes a lot of soap
Social Norms – who approves	(doer) Mothers mention village health worker and nurses
	(non-doer) Mothers mention fathers-in-law
Cue for Action – difficult to remember to do the behaviour	(non-doer) Mothers say it's somewhat difficult to remember
Susceptibility/ Risk	(doer) Mothers do not feel their children are at risk of becoming malnourished
Action Efficacy	(non-doer) Mothers are not convinced that hand washing will prevent children from getting diarrhoea; whereas 'doer' mothers are very convinced.

3.2 Influencing Groups per Behaviour

All four barrier analysis studies revealed at least one influencing group as shown in Table 6, below. These influencing groups were identified by asking the questions: Who approves of you doing the behaviour?, and Who disapproves of you doing the behaviour? How to engage these influencing groups in the promotion of the behaviours is addressed in the next section of the report.

Table 6. Influencing Groups per behaviour

Behaviour	Influencing Group
Exclusive breast feeding	Mothers-in-law/parents disapprove (barrier) Everyone approves (motivator)
Meal frequency	VHW and Nurses; husbands and mothers-in-law approve (motivators)
Meal variety	Mothers-in-law do not approve (barrier) [not statistically significant, but close]
Hand washing	VHW/Nurses and fathers-in-law approve (motivators)

3.3 How to use the BA Results to improve the effectiveness of the Care Groups

For ease of understanding, the recommendations regarding how best to address the barriers and motivators revealed by the barrier analysis studies are presented in a table format. These recommendations inform the DBC frameworks shown in Annex 9.

Table 7. Recommendations based on BA results

Determinants	Significant Responses	Recommendations
EXCLUSIVE BREASTFEEDING		
Self – Efficacy/ Skills What makes it easier?	(doer) Mothers say having support from the health centre staff	<ul style="list-style-type: none"> • In the CG modules/lessons encourage all pregnant women to attend ANC; • encourage VHW/Nurse to discuss EBF with all pregnant women • In the CG flip charts show a picture of a VHW helping a young mother to breast feed her infant
	(doer) Mothers say having enough breast milk	<ul style="list-style-type: none"> • In the CG modules/lessons on infant feeding, stress the fact that all mothers produce enough milk to EBF their baby for six months; • explain that frequent suckling triggers milk production;
	(doer) Mothers say feeling that the child is satisfied only drinking breast milk	<ul style="list-style-type: none"> • In the CG modules/lesson/flip chart on infant feeding, show a happy healthy baby breast feeding and use language in the story about a mother knowing that her breast milk alone is enough to satisfy her baby.
	(doer) mothers say knowing how convenient breast feeding is	<ul style="list-style-type: none"> • In the CG story about infant feeding, have a mother exclaim about how convenient breast feeding is – no need to worry about other foods
	(doer) Mothers say knowing that solid food is not good for a baby < 6 months old	<ul style="list-style-type: none"> • In the story about infant feeding, make sure a mother expresses the knowledge that until an infant is over 6 months, solid foods can cause diarrhoea.
Self-Efficacy - What makes it difficult	(non-doer) Mothers say feeling you don't have enough breast milk	<ul style="list-style-type: none"> • This will be covered by the positive idea above. It could also be blended into a story where one mother shares that she's worried she doesn't have enough milk..
Negative Consequences/ Disadvantages	(non-doer) Mothers feel that the baby won't grow well or will get sick if exclusively breast fed	<ul style="list-style-type: none"> • In the story about infant feeding, have a VHW or mother telling another mother that the best way to ensure that a child gains weight is to EBF the infant

Social Norms – who disapproves	(non-doer) Mothers-in-law/parents disapprove of exclusive breast feeding	<ul style="list-style-type: none"> In the infant feeding story, show a picture of a mother-in-law telling her husband how proud she is that her daughter-in-law knows how best to feed their grandson – only giving breast milk.
	(doer) mothers say no one disapproves/everyone approves	<ul style="list-style-type: none"> Covered through the above
Action Efficacy	(non-doer) mothers feel that EBF will lead to malnutrition	<ul style="list-style-type: none"> Include language in the infant feeding story that shows a VHW telling a mother that EBF is the best way to PREVENT malnutrition. Perhaps showing a picture of babies being weighed and the VHW commenting that EBF babies are never under-weight.
Susceptibility	(non-doer) Mothers don't see EBF as a way to prevent diarrhoea	Similar to the above, add dialogue to the story on infant feeding that EBF is an effective way to prevent diarrhoea.
	(Doer) Mothers don't feel at risk of their child becoming malnourished	Add a concluding word from a mother of a healthy infant saying something like: "Since I only give my baby breast milk, I know I don't have to worry about him becoming malnourished. What a relief for me and my family." (show happy father and parents)
MEAL FREQUENCY		
Self-efficacy – what makes it easier	(doer) Mothers say having access to water	As part of the complementary feeding module/lesson be prepared to address the amount of water that is needed to prepare several small meals per day for a baby
Social Norms – who approves	(doer) Mothers say the village health workers approve (non-doer) Mothers say the husbands and mothers-in-law approve	In the complementary feeding module/lesson show a picture/include in the story that VHW, husbands and Mothers-in-law are in favour of frequent feeding of babies.
Access to foods	(non-doer) Mothers say access to foods is very difficult	In the complementary feeding module/lesson focus on the size of the meals for each age range, emphasizing that babies don't need to eat a lot – they need to eat frequently.
MEAL VARIETY		
Positive Consequences	(doer) Mothers say the child will not be hungry or cry	In the Complementary Feeding module/lesson, tell a story wherein the mother exclaims that her baby is so happy – show smiling baby – since he gets to eat so many different kinds of foods.

Social Norms	(non-doer) Mothers say mothers-in-law do not approve (not statistically significant, but close)	In the Complementary Feeding module/lesson show a picture of a mother-in-law teaching her daughter-in-law about the need to feed a variety of foods to the baby.
Access	(doer) Mothers say that getting a variety of foods can be somewhat difficult	In the complementary feeding module/lesson, identify the locally available foods that are inexpensive and once again emphasize that meal sizes are small.
HAND WASHING		
Self-Efficacy – what makes is easier	(doer) Mothers say having enough water	In the Hygiene Module/lesson practice hand washing while being frugal about water quantities;
Self-efficacy - What makes it difficult	(non-doer) Mothers say it takes too much time	In Hygiene module/lesson during activity section, time how long it takes to wash hands;
Negative Consequences	(non-doer) Mothers say it takes a lot of soap	<ul style="list-style-type: none"> • During the Hygiene module/lesson ask ‘doer’ mothers to give testimony about the amount of soap they use each week/month and discuss ways to limit soap use (using powdered soap) • Compare the expense of soap with the expense of seeking and paying for treatment of diarrhoea • Introduce the idea of using ash instead of soap
Social Norms – who approves	(doer) Mothers mention village health worker and nurses (non-doer) Mothers mention fathers/fathers-in-law	<ul style="list-style-type: none"> • In Hygiene module/lesson, show fathers helping a mother to wash her hands (or hands of children) before preparing a meal.
Cue for Action – difficult to remember to do the behaviour	(non-doer) Mothers say it’s somewhat difficult to remember	<ul style="list-style-type: none"> • Develop hand washing symbols and tie them in the places where mothers are likely to forget to wash their hands (e.g. kitchen, latrine) • Promote the installation of a tippy tap by the latrine
Susceptibility/ Risk	(doer) Mothers do not feel their children are at risk of becoming malnourished	In the Hygiene Module/lesson, explain how prevalent diarrhoea is and how many children suffer from the disease;
Action Efficacy	(doer) Mothers feel that hand washing prevents diarrhoea	In the Hygiene Module/lesson, explain why hand washing helps prevent diarrhoea.

4. Work plan

The recommendations provided in section D, above, should be acted upon in the process of developing/finalizing the Care Group modules and lessons. It is understood that the ENSURE project intends to use existing visual aids/counselling cards produced or used by the MOHCC (and/or UNICEF). This is fine, but additional visual aids and a story-line will need to be added to those to address the specific barriers and motivators revealed by the formative research. The old and new visual aids (counselling cards) should be harmonized so they look like one contiguous set.

To this end the ENSURE Health and Nutrition Manager will need to review all of the visual aids/counselling cards that they expect to use with the CGs, and assign them to their respective CG modules/lessons. Then referencing Table 7, determine which additional pictures and text/story line should be added. At that point an artist/graphic designer will need to be engaged to draw the additional pictures. See the Gantt chart below.

Table 8. Recommendation Implementation Work Plan

TASKS	Oct	Nov	Dec	Jan	Feb	Mar	Apr
1. Review BA Report Recommendations	X						
2. Review existing CG modules and lesson from the Care Group website	X						
3. Determine which CG modules/lessons will be needed to promote the ENSURE behaviours	X						
4. Review existing counselling cards and assign to Modules/lessons intended for use	X						
5. Attend Care Group Training		X					
6. Identify which modules/lessons need to have additional counselling cards to address the barriers/motivators		X					
7. Hire an artist to work with ENSURE H&N Manager to develop the additional counselling cards			X	X			
8. Decide if a story line needs to be created to make the counselling cards more effective as behaviour change tools.			X				
9. If yes, to #8, probably hire a consultant to create the story lines as part of the modules/lessons/flip charts (counselling cards) and to work with the artist to make the pictures and story go together			X	X			
10. Finalize and reproduce Modules and lessons					X		
11. Training CG Coordinator, Supervisors and Promoters in the initial Modules/Lessons						X	

5. Annexes

Annex 1. Terms of Reference

<https://www.dropbox.com/sh/4t46k97gqy24db/AAAgbieaNFkzyjUGgH5IIoIa?dl=0>

Annex 2. Consultancy Work plan

Dates	Task	Locale	Responsible Person (ENSURE)
Prior to July 27	Desk review; Selection of behaviours to study; Development of 8 BA questionnaires; Plan BA training including writing the new lesson; plan surveys;	remote	
27 July	Consultant leaves home country for Zimbabwe		
28 July	Consultant arrives in Zimbabwe and travel to Mutare		
29 July	Brief with ENSURE staff, finalize plans for training of 8 Key Staff & M&E Advisor; Review translated questionnaires, Review plans for the BA studies – site selection, vehicles, materials etc.	Mutare	Lucia
30 July – 2 August	Conduct Full Barrier Analysis Training for Key ENSURE staff	Mutare	Lucia
3 August	Travel to Masvingo Province		Tecla
4- 5 August	Train first set of interviewers	Masvingo	Tecla
6 – 8 August	Conduct one BA per day per team	Masvingo	Tecla
9 August	Travel to second site - Manicaland Province	En route	Lucia
11 – 12 August	Training of second team of interviewers in Manicaland Province	Mutare	Lucia
13 – 15 August	Conduct one BA per day per team	Mutare	Lucia
16 August	Debrief with ENSURE team and other stakeholders and depart	Mutare	Lucia
8-12 September	Report writing	Remote	
15 - 19 September	Feedback from WVZ, WVUS and FFP is collated by one person and send to the consultant		
29 – 30 September	Finalize Report	Remote	

Annex 3. Barrier Analysis Questionnaires

Group: Doer Non-Doer

Barrier Analysis Questionnaire: Exclusive Breastfeeding for Mothers of children 5 – 12 months

Behavior Statement

Mothers of children ages 0 – 5 months feed them only breast milk.

Demographic Data

Interviewer's Name: _____ Questionnaire No.: _____

Date: ____/____/____ District/Province: _____

Scripted Introduction:

Makadini zvenyu, zita rangu ndinonzi _____; ndiri mumwe weavo vari kuita tsvakurudzo mudunhu renyu maererano nezvekudya zvinopiwa vana vadiki. Tichakumbirawo nguva yenyu shoma yekuti tiite nhaurirano. Ndiri kuda kunzwa maonero enyu maererano nenyaya iyi. Hamusungirwi kana kumanikidzwa kuti mupindure mibvunzo yedu uyezve hapanzve chamunoiwa kana muchinge musina kusununguka kutaura nesu. Hurukuro yese yatinoita nemi ichachengetedzwa hapana mumwe munhu achaudzwa nezvazvo. Makasununguka here kutaura nesu mutsvakurudzo iyi?

[Kana vasina kusununguka vatendei motsvaga mumwe musha]

Hi, my name is _____; and I am part of a study team looking into infant feeding practices. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. Likewise, if you chose to be interviewed you will not receive any gifts, special services or remuneration. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions

1. Mwana wenyu mudiki akura zvakadii? _____

How old is your youngest child? (write the age in months)

- A. 5-12 months
- B. 0- 4 month → *end the interview and look for another respondent*
- C. 13 month or older → *end the interview and look for another respondent*
- D. Don't Know / Won't say → *End interview and look for another respondent*

2. Makambobvira mamuyamwisa here?
Have you ever breast fed this child?
- A. yes
 - B. No → *End the interview and look for another respondent*
 - D. Do not remember / no response → *End interview and look for another respondent*
3. Ndingada kuziva kuti makatanga kumupa kumwe kunwa kusiri mukaka wemuzamu akura zvakadini,zvingave mvura, zvinwiwa kana mukaka wembudzi kana wemombe?
Now I would like you to remember back when your baby was very young – even when s/he was a newborn. Please tell me how old the baby was when you first gave him/her any liquids other than breast milk – like water, juice, cow’s milk or goat milk.
- A. 5 months or older
 - B. 0-4 months → *Mark as Non-doer*
 - C. Do not remember / no response → *End interview and look for another respondent*
4. Munganditaurirawo here kuti mwana wenyu makatanga kumupa kumwe kudya kwakaita sebota kana muto akura zvakadii?
Please tell me how old the baby was when you first gave him/her semi solid foods – like soup, porridge)
- A. 5 months or older
 - B. 0-4 months → *Mark as Non-doer*
 - C. Do not remember / no response → *End interview and look for another respondent*

DOER /NON-DOER CLASSIFICATION TABLE

DOER (all of the following)	Non-Doer (any of the following)	Do Not Interview (any of the following)
Question 1 = A		Question 1 = B or C or D
Question 2 = A		Question 2 = B or C
Question 3 = A	Question 3 = B	Question 3 = C
Question 4 = A	Question 4 =B	Question 4= C

Group: Doer Non-doer

Section B – Research Questions

(Perceived Self-efficacy)

1a. Doers: Ndezvipi zvakaita kuti zvine nyore kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga?

What made it *easier* for you to give only breast milk to your baby for the first 6 months?

1b. Non-doers: Ndezvipi zvingakuitirai kuti zvine nyore kuti mupe mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga?

What would make it **easier** for you to give only breast milk to your baby for the first 6 months?

(*Nyorai mhinduro dzese, mobunza "chimwe chii"?*) (Write all responses below. Probe with "What else?")

2a. Doers: Ndezvipi zvinga zvakakuomerai pakupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga?

What made it **difficult** for you to give only breast milk to your baby for the first 6 months?

2b. Non-doers: Ndezvipi zvingakuomerai kuti mupe mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga?

What would make it **difficult** for you to give only breast milk to your baby for the first 6 months?

(*Nyorai mhinduro dzese, mobunza "chimwe chii"?*) (Write all responses below. Probe with "What else?")

(Perceived Positive Consequences)

3a. Doers: Zvakakoshereyi kupa mwana wenyu mukaka waamai chete kwemwedzi inokwana mitanhatu yekutanga?

What are the **advantages** of only giving breast milk to your baby for the first 6 months?

3b. Non-doers: Ndezvipi zvingakoshera kupa mwana wenyu mukaka waamai chete kwemwedzi mitanhatu yekutanga?

What would be the **advantages** of only giving breast milk to your baby for the first 6 months?

(*Nyorai mhinduro dzese, mobunza "chimwe chii"?*) (Write all responses below. Probe with "What else?")

(Perceived Negative Consequences)

4a. Doers: Zvakashatirei kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga?

What are the **disadvantages** of only giving breast milk to your baby for the first 6 months??

4b. Non-doers: Ndezvipi zvingashatira kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga?

What would be the **disadvantages** of only giving breast milk to your baby for the first 6 months?

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

(Perceived Social Norms)

5a. Doers: Vanhu vamunoziva vanobvumirana nemi kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga here?

Do most of the people you know approve of you only giving breast milk to your baby for the first 6 months?

5b. Non-doers: Vanhu vangabvumirana nemi kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga here?

Would most of the people you know approve of you only giving breast milk to your baby for the first 6 months?

a. Yes

b. Possibly

c. No

(Perceived Social Norms)

6a. Doers: Ndevapi vanhu vanobvumirana nemi mukupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? Who are all the people that **approve** of you only giving breast milk to your baby for the first 6 months?

6b. Non-doers: Ndevapi vangabvumirana nemi kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? Who are all the people that **would approve** of you only giving breast milk to your baby for the first 6 months?

(Write all responses below. Probe with "Who else?" Try to get specific types of people)

(Perceived Social Norms)

7a. Doers: Ndevapi vanhu vasingabvumirani nemi kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga ?

Who are all the people that **disapprove** of you only giving breast milk to your baby for the first 6 months?

7b. Non-doers: Ndevapi vanhu vangangorega kubvumirana nemi kupa mwana wenyu mukaka wemuzamu chete kwemwedzi inokwana mitanhatu yekutanga ?

Who are all the people that **would disapprove** of you only giving breast milk to your baby for the first 6 months?

(Write all responses below. Probe with "Who else?" Try to get specific types of people)

(Perceived Access)

8a. Doers: Zvakaoma zvakadini kuti muwane tsigiro yakakwana pakupa mwana mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.

How difficult is it to get the support you need to give only breast milk to your baby for the first 6 months?

8b. Non-doers: Zvingaoma zvakadini kuti muwane tsigiro yekupa mwana mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? Mungati zvakanyanyooma, zvakaomawo hazvo, kana kuti hazvina kumbooma.

How difficult would it be to get the support you need to give only breast milk to your baby for the first 6 months?

a. Very difficult

b. Somewhat difficult

c. Not difficult at all

(Perceived Cues for Action / Reminders)

9a. Doers: Zvakaoma zvakadini kuti murangarire kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.

How difficult is it to remember to give only breast milk to your baby for the first 6 months?

9b. Non-doers: Zvingaoma zvakadini kuti murangarire kupa mwana wenyu mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.

How difficult would it be to remember to give only breast milk to your baby for the first 6 months?

Mungati here zvakaomesesa ,kana kuti zvakaomawo kana kuti zviriri nyore?

Very difficult, somewhat difficult, or not difficult at all?

- a. Very difficult
- b. Somewhat difficult
- c. Not difficult at all

(Perceived Susceptibility / Perceived Risk)

10. Doers & Non-doers: Zvinogona kuitika here kuti mwana wenyu aperezeke muviri gore rinouya? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki?

How likely is it that your baby will become malnourished in the coming year? Very likely, somewhat likely, or not likely at all

- a. Very likely
- b. Somewhat likely
- c. Not likely at all

(Perceived Susceptibility / Perceived Risk)

11. Doers & Non-doers: Zvinogona kuitika here kuti mwana abatwe nemanyoka mumwedzi mishoma inoteveera? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki?

How likely is it that your baby will get diarrhea in the next few months? Very likely, somewhat likely, or not likely at all

- a. Very likely
- b. Somewhat likely
- c. Not likely at all

(Perceived Severity)

12. Doers and Non-doers: Ringava dambudziko rakakura zvakadini kana mwana wenyu akaperezeka muviri? Idambudziko rakakura chaizvo, idambudziko rakakurawo, harisi dambudziko?

How serious would it be if your baby became malnourished? very serious, somewhat serious, or not serious at all?

- a. Very serious
- b. Somewhat serious
- c. Not serious at all

(Perceived Severity)

13. Doers and Non-doers: Ringava dambudziko rakakura zvakadini kana mwana wenyu akabatwa nemanyoka? Idambudziko rakakura chaizvo, idambudziko rakakurawo, harisi dambudziko?

How serious would it be if your baby got diarrhea? very serious, somewhat serious, or not serious at all?

- a. Very serious
- b. Somewhat serious
- c. Not serious at all

(Action Efficacy)

14. Doers and Non-doers Zvingangoitika here kuti mwana wenyu aperezeke muviri kana muchimuyamwisa mukaka wemuzamu chete kwemwedzi mitanhatu yekutanga? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki? How likely is it that your baby will become malnourished if you only breast feed for the first 6 months? Very likely, somewhat likely, or not likely at all

- a. Very likely
- b. Somewhat likely
- c. Not likely at all

(Action Efficacy)

15. Doers and Non-doers Zvingangoitika here kuti mwana wenyu angabatwa nemanyoka kana muchimuyamwisa mukaka wezamu chete kwemwedzi mitanhatu yekutanga? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki? How likely is it that your baby will get diarrhea if you only breast feed for the first 6 months? 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: Munofunga kuti kuda kwaMwari here kuti mwana aperezeke muviri ?

Do you think that God causes children to become malnutrition? (Read the responses)

- a. Yes
- b. Maybe
- c. No

(Perception of Divine Will)

17. Doers and Non-doers: Munofunga kuti kuda kwaMwari here kuti vana vabatwe nemanyoka?

Do you think that God causes children to get diarrhea?

(Read the responses)

- a. Yes
- b. Maybe
- c. No

(Culture)

18. Doers and Non-doers: Pane mitemo kana zvinoera here mutsika nemagariro enyu zvinotadzisa kuyamwisa kwemwana mukaka wezamu chete kwemwedzi mitanhatu?

Are there any cultural rules or taboos against only breastfeeding your baby for 6 months? (Read the Responses)

- a. Yes

- b. Maybe
- c. No

(Policy)

19. Doers and Non-doers: Pane here mitemo yenyika inokutadzisai kuyamwisa mwana mukaka wezamu chete kwemwedzi mitanhatu yokutanga?

Are there any policies in place that make it more difficult for you to only breastfeed your baby for 6 months? (Read the responses)

- a. Yes
- b. Maybe
- c. No

TATENDA... THANK THE RESPONDENT FOR HER TIME!

**Barrier Analysis Questionnaire on Complementary Feeding
(Meal Frequency)
for use with Mothers with Children 9 – 23 months**

Behaviour Statement
Mothers of children 9 – 23 months feed them at least three
cooked meals that contain a staple food each day.

Demographic Data

Interviewer’s Name: _____ Questionnaire No.: _____

Date: ____/____/____ District/Province: _____

Scripted Introduction:

Makadini zvenyu, zita rangu ndinonzi _____; ndiri mumwe weavo vari kuita tsvakurudzo mudunhu renyu maererano nezvekudya kunopiwa vana vadiki. Tichakumbirawo nguva yenyu shoma yekuti tiite nhaurirano. Ndiri kuda kunzwa maonero enyu maererano neniyaya iyi. Hamusungirwi kana kumanikidzwa kuti mupindure mibvunzo yedu uyezve hapanzve chamunoiwa kana muchinge musina kusununguka kutaura nesu. Hurukuro yese yatinoita nemi ichachengetedzwa hapana mumwe munhu achaudzwa nezvazvo. Makasununguka here kutaura nesu mutsvakurudzo iyi? [Kana vasina kusununguka vatendei motsvaga mumwe]

Hi, my name is _____; and I am part of a study team looking into child feeding practices. Before I continue, I would like to know the age of your youngest child. *(Note the age in question 1 and continue if she fits into the priority group for the survey. If the person doesn't fit the profile for the survey, end the interview.)* The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. If you decide to talk with me you will not be compensated in any way or receive any gift or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [If not, thank them for their time.]

Section A. Behavior Screening Questions

1. Mwana wenyu mudiki akura zvakadini?

How old is your youngest child? _____ months

- a. 9 - 23 months of age
- b. ≤ 8 months → *End interview and look for another respondent*
- c. ≥ 24 months → *End interview and look for another respondent*

2. Nezuro mwana wenyu makamupa zvekudya kangani?
Yesterday, how many meals did you feed your child? _____ (← write the number of meals)
- a. 3 meals or more meals
- b. 2 or fewer meals → *mark as Non-doer and continue to Section B*
- c. Don't know → *End interview and look for another respondent*
3. Pane zvekudya zvakamakupa ,zingani zvaيدا kudyiwa zvakabikwa.....?
Of those meals that you fed your baby, how many required you to cook? (← write the number of meals)
- a. 3 meals or more meals
- b. 2 or fewer meals → *mark as Non-doer and continue to Section B*
- c. Don't know → *End interview and look for another respondent*
4. Pane zvekudya zvakamakupa zvingani zvinopa simba,zvakaita sesadza,mbatatisi,mbambaira mupunga,bota ringava rezviyo, mapfunde kana mhunga._____?(← write the number of meals)
Of the meals you cooked yesterday and fed to your baby, how many of those meals contained cereals, roots and tubers(maize, millet or sorghum flour)?
- a. 3 meals or more meals
- b. 2 or fewer meals → *mark as Non-doer and continue to Section B*
- c. Don'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 or C
Question 2 - A	Question 2 – B	Question 2 – C
Question 3 - A	Question 3 – B	Question 3 - C
Question 4 - A	Question 4 – B	Question 3 - C

GROUP: DOER NON-DOER

Behavior Explanation: Izvezvi ndave kukubvunzai mibvunzo yakanangana nezvekudya zvakapapa mwana. Apa ndinoreva zvekudya zvakamakabika zvinopa simba zvakaita sesadza,mupunga,mbatatisi,bota ringave rezviyo mapfunde kana mhunga.

I am going to ask you some questions about meals you feed your baby. When I talk about meals, I mean cooked meals that contain a staple food like maize, millet or sorghum flour.

SECTION B. Research Questions

1a. **Doers:** Ndezvipi zvinoita kuti zvive nyore kuti mubikire mwana wenyu zvekudya katatu kana kupfuura pazuva.

What makes it **easier** for you to feed your baby at least three cooked meals each day.

1b. **Non-doers:** Ndezvipi zvingaita kuti zvive nyore kuti mubikire mwana wenyu zvekudya katatu kana kupfuura pazuva.

What would make it **easier** for you to feed your baby at least three cooked meals each day.

(Probe for multiple answers - Write all responses below and probe three times)

2a. **Doers:** Ndezvipi zvinokuomerai kupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva rega- rega?

What makes it **difficult** for you to feed your baby at least three cooked meals each day.

2b. **Non-doers:** Ndezvipi zvinonetsa kuti mubikire mwana wenyu chikafu katatu kana kupfuura pazuva rega-rega?

What would make it **difficult** for you to feed your baby at least three cooked meals each day.

(Perceived Positive Consequences)

3a. Ndezvipi zvakanakira kupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva rega-rega?

What are the **advantages** of feeding your baby at least three cooked meals per day.

3b. Zvinganakirei kupa mwana chikafu chakabikwa katatu kana kupfuura pazuva rega-rega ? What would be the **advantages** of feeding your baby at least three cooked meals per day?

(Perceived Negative Consequences)

4a. **Doers:** Ndezvipi zvakaipira kupa mwana chikafu chakabikwa katatu kana kupfuura pazuva rega-rega?

What are the **disadvantages** of feeding your baby at least three cooked meals each day.

4b. **Non-doers:** Ndezvipi zvingangpodaro zvakaipira kupa mwana chikafu , katatu kana kupfuura pazuva rega rega?

What would be the **disadvantages** of feeding your baby at least three cooked meals each day.

(Social Norms)

5a. **Doers:** Ndevapi vanhu vanowirirana nemi pakupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva zuva rega-rega?

Who are the people that **approve** of you feeding your baby at least three cooked meals each day.

5b. **Non-doers:** Ndevapi vanhu vangangowirirana nemi pakupa mwana wenyu chikafu chakabikwa, katatu kana kupfuura pazuva rega-rega?

Who are the people who would **approve** of you feeding your baby at least three cooked meals each day.

(Social Norms)

6a. **Doers:** Ndevapi vanhu vasingawirirani nemi pakupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva zuva rega-rega?

Who are people that **disapprove** of you feeding your baby at least three cooked meals each day.

6b. **Non-doers:** Ndevapi vanhu vanogona kusawirirana nemi pakupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva rega-rega?

Who are the people that would **disapprove** of you feeding your baby at least three cooked meals each day.

(Access)

7a. **Doers** Zvakaoma zvakadii kuti muwane chikafu chakabikwa chekupa mwana wenyu katatu kana kupfuura pazuva zuva rega-rega? Mungati here **zvakaomesesa** kana kuti zvakaoma kana kuti zvole zviri nyore?

How difficult is it for you to get the food you need to feed your baby at least three cooked meals each day? Would you say it is very difficult, somewhat difficult or not difficult at all?

7b. **Non-doers:** Zvingaoma zvakadii kuti muwane chikafu chakabikwa chekupa mwana wenyu katatu kana kupfuura pazuva zuva rega-rega?

How difficult would it be for you to get the food you need to feed your baby at least three cooked meals each day?

Mungati here zvakaomesesa kana kuti zvakaoma kana kuti zvole zviri nyore? Would you say it is very difficult, somewhat difficult or not difficult at all?

A. Very difficult

B. somewhat difficult

C. Not difficult at all

(Access)

8a. **Doers:** Zvakaoma zvakadii kuti muwane huni dzekubika chikafu chekupa mwana wenyu zuva rega-rega katatu kana kupfuura? Mungati here zvakaomesesa, zvakaoma zvishoma, kana kuti zviri nyore?

How difficult is it for you to get the fuel you need to feed your baby at least three cooked meals each day?

8b. **Non-doers:** Ndezvipi zvingaoma kuti muwane huni pakubika chikafu chekupa mwana wenyu katatu kana kupfura pazuva rega-rega?

How difficult would it be for you to get the fuel you need to feed your baby at least three cooked meals each day?

Mungati here zvakaomesesa, zvakaoma zvishoma, kana kuti zviri nyore?

Would you say it is very difficult, somewhat difficult or not difficult at all?

A. Very difficult

B. somewhat difficult

C. Not difficult at all

(Cue for Action/Reminder)

- 9a. **Doer:** Zvakoma zvakadii kuti murangarire kupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva rega-rega? Mungati here zvakaomesesa,zvakaoma zvisihoma kana kuti zviri nyore?
How difficult is it to **remember** to feed your baby at least three cooked meals each day?
- 9b. **Non-doer:** Munofunga kuti zvingava zvakaoma here kuti murangarire kupa mwana wenyu chikafu chakabikwa katatu kana kupfuura pazuva rega-rega?
How difficult do you think it would be **to remember** to feed your baby at least three cooked meals each day?
Mungati here zvakaomesesa,zvakaoma zvisihoma kana kuti zviri nyore?
Would you say it is very difficult, somewhat difficult or not difficult at all?
- A. Very difficult
- B. Somewhat difficult
- C. Not difficult at all

(Perceived Risk)

10. **Doers and Non-doers:** Zvinogona kuitika here kuti mwana wenyu aite kwashi kana kuperezeka muviri gore rinouya? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki?
How likely is it that your baby will become malnourished in the next year? Would you say it is very likely, somewhat likely or not likely at all?
- A. Very likely
- B. Somewhat likely
- C. Not likely at all

(Perceived Severity)

11. **Doers and Non-doers:** Ringava dambudziko rakakura zvakadini kana mwana wenyu aita kwashi kana kuperezeka? Idambudziko rakakura chaizvo, idambudziko rakakurawo, harisidambudziko?
How serious would it be if your baby became malnourished? Would you say it is very serious, somewhat serious or not serious at all?
- A. Very serious
- B. Somewhat serious
- C. Not serious at all

(Perceived Action Efficacy)

12. **Doers and Non-doers:** Zvingangoitika here kuti mwana wenyu angaite kwashi kana kuperezeka kana muchimupa zvekudya zvakabikwa katatu kana kupfuura pazuva zva rega-rega? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki?
If you fed your baby at least three cooked meals each day, how likely do you think it would be that your baby would become malnourished? Would you say it is very likely, somewhat likely or not likely at all?
- A. Very likely

- B. Somewhat likely
- C. Not likely at all

(Perception of Divine Will)

13 a. **Doers:** Zvakanaka here pamberi paMwari kuti mupe mwana wenyu zvekudya zvakabikwa katatu kana kupfuura pazuva zuva rega- rega?

Do you think that God approves of you feeding your baby at least three cooked meals every day?

13b. **Non-doer:** Maonero enyu zvakanaka here pamberi paMwari kupa mwana wenyu zvekudya zvakabikwa, katatu kana kupfuura pazuva zuva rega-rega? paMwari?

Do you think that God would approve of you feeding your baby at least three cooked meals every day?

- A. Yes
- B. Perhaps/not sure
- C. No

(Culture)

14. **Doers and Non-doers:** Mutsika nemagariro enyu pane here mitemo inoyera pakupa mwana zvekudya zvakabikwa, katatu kana kupfuura pazuva zuva rega rega? Are there any cultural rules or taboos against feeding your baby at least three cooked meals every day?

- A. Yes
- B. Maybe/not sure
- C. No

NDATENDA THANK THE MOTHER FOR HER TIME

Group: Doer Non-doer

Barrier Analysis Questionnaire
Complementary Feeding/Food Variety
for use with Mothers of Children 6 – 23 months

Behaviour Statement

Mothers of children 6 – 23 months feed them meals including
foods from at least 4 of the 7 food groups each day.

Demographic Data

Interviewer's Name: _____ Questionnaire No.: _____

Date: ____/____/____ District/Province: _____

Scripted Introduction:

Makadini zvenyu, zita rangu ndinonzi _____; ndiri mumwe weavo vari kuita tsvakurudzo mudunhu renyu maererano nezvekudya kunopiwa vana vadiki. Tichakumbirawo nguva yenyu shoma yekuti tiite nhaurirano. Ndiri kuda kunzwa maonero enyu maererano nenyaya iyi. Hamusungirwi kana kumanikidzwa kuti mupindure mibvunzo yedu uyezve hapanazve chamunoiwa kana muchinge musina kusununguka kutaura nesu. Hurukuro yese yatinoita nemi ichachengetedzwa hapana mumwe munhu achaudzwa nezvazvo. Makasununguka here kutaura nesu mutsvakurudzo iyi? [Kana vasina kusununguka vatendei motsvaga mumwe

Hi, my name is _____; and I am part of a study team looking into child feeding practices. The study includes a discussion of this issue and will take about 15 - 20 minutes. I would like to hear your views on this topic. Would you be willing to talk with me? You are not obliged to participate in the study and no services will be withheld if you decide not to. Everything we discuss will be held in strict confidence and will not be shared with anyone else.

Would you like to participate in the study? [If not, thank them for their time.]

Section A - Doer/Non-doer Screening Questions

1. Mwana wenyu mudiki akura zvakadii _____ <-- write age here
How old is your youngest child?

- a. 8 – 23 months
- b. Younger than 7 months → end interview and look for another mother
- c. 24 months or older → *End interview and look for another mother*
- d. *Don't Know / Won't say* → *End interview and look for another mother*

2. Ndinoda kuti mufunge nezvepamusoro pechikafu chose chakadyiwa nemwana wenyu, nenguva dzacho mukati memazuva maviri adarika. Kunze kwekuyamwisa mwana makamupa chikafu kangani uye nguva dzipi?

I would like you to think about all the meals/times you fed your baby in the last 2 days. How many times/meals did you feed your baby something other than breast milk? (This question is just to help the mother to remember what the baby ate.)

- a. _____ ← write the number here
- b. Handizivi/Haana kupa mhinduro → *Usaenderere mberi nehurukuro tsvaga mumwe mutsva angapindure*

Do not know / no response → *End interview and look for another respondent*

3. Munganditaurirewo here chikafu chese chakadyiwa nemwana wenyu mukati memazuva maviri adarika? (Check all the boxes of foods the mother mentions.)

Please tell me all the different foods you remember feeding to your baby in the last two days.

- a. Do not know / no response → *End interview and look for another respondent*

Handizivi/Haana kupa mhinduro → *Usaenderere mberi nehurukuro tsvaga mumwe munhu mutsva angapindure*

- b. Grains, roots, tubers: Koroni, chibage, mupunga, mapfunde, rapoko, mhunga, chingwa, mufarinya, mapotato, madhumbe, mbambaira
- c. Legumes & nuts: Pizi, bhinzi, soya, nzungu, nyemba, nyimo etc.
- d. Dairy produce: Mukaka, chizi, yoghurt, bhata, mukaka wakakora

- e. Flesh foods: Nyama – yehwai, yembudzi, yemombe, yehuku etc. hove matemba, nyama yemusango,
- f. Mazai: Chero mhando ipi yemazai
- g. Vit-A rich fruit & veg: Mango, yellow sweet potato, dark green leaves i.e. spinach, pumpkin, rape, pawpaw, macarrots, avocado,
- h. Other fruit & veg: Banana, oranges, okra, cabbage, cabbage, watermelon, tomatoes, onions, guava, pine apples, apples, narchies,

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 or d
Question 3 = four boxes checked between b – h	Question 3 = three or fewer boxes checked between b – h	Question 3 = a

Group: Doer Non-doer

Behavior Explanation

Pamibvunzo yese inotevera ndichange ndichikubvunzai pamusoro pemapoka echikafu. Pandichataura nezvemapoka aya ndinoreva mapoka manomwe aya. (Ratidzai mufananidzo wemapoka ezvekudya.)

In the following questions I am going to be talking about different food groups. When I mention the food groups I am talking about foods in these seven groups of food. (Show the mother the pictures of the different food groups)

Section B – Research Questions

(Perceived Positive Consequences)

1a. Doers: Chii chakanakira kupa mwana wenyu chikafu chinobva mumapoka anosvika kana kudarika mana pazuva rega rega?

*What are the **advantages** of feeding your baby foods from at least four of these different food groups each day?*

1b. Non-doers: Chii chingangova chakanakira kupa mwana wenyu chikafu chinobva mumapoka inosvika kana kudarika mana pazuva rega rega?

*What would be the **advantages** of feeding your baby foods from at least four of these different food groups each day?*

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

(Perceived Negative Consequences)

2a. Doers: Chii chakaipira kupa mwana wenyu chikafu chinobva mumapoka anosvika kana kudarika mana pazuva rega rega?

*What are the **disadvantages** of feeding your baby foods from at least four of these 7 different groups each day?*

2b. Non-doers: Chii chingangova chakaipira kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega?

*What would be the **disadvantages** of feeding your baby foods from at least four of these 7 different groups each day?*

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

(Perceived Self-efficacy)

3a. Doers: Chii chinoita kuti zvive nyore kuti mukwanise kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega?

*What makes it **easier** for you to feed your baby foods from at least four of these 7 different groups each day?*

3b. Non-doers: Chii chingaita kuti zvizove nyore kuti mukwanise kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega?

*What would make it **easier** for you to feed your baby foods from at least four of these 7 different groups each day?*

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

(Perceived Self-efficacy)

4a. Doers: Chii chinoita kuti zvive zvakaoma kuti mukwanise kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega?

What makes it **difficult** for you to feed your baby *foods from at least four of these 7* different groups each day?

4b. Non-doers: Chii chingaita kuti zvizove zvakaoma kuti mukwanise kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega?

What would make it **difficult** for you to feed your baby *foods from at least four of these 7* different groups each day?

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

(Perceived Social Norms)

5a. Doers: Ndevapi vanhu vanowirirana nekuti mupe mwana chikafu kubva mumapoka mana kana kupfuura pazuva rega rega?

Who are the people that **approve** of you feeding your baby *foods from at least four of these 7* different groups each day?

5b. Non-doers: Ndevapi vanhu vangawirirana nekuti mupe mwana chikafu kubva mumapoka mana kana kupfuura pazuva rega rega?

Who are the people that **would approve** of you feeding your baby *foods from at least four of these 7* different groups each day?

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

(Perceived Social Norms)

6a. Doers: Ndevapi vanhu vasingawirirane nekuti mupe mwana chikafu kubva mumapoka mana kana kupfuura pazuva rega rega?

Who are the people that **disapprove** of you feeding your baby *foods from at least four of these 7* different groups each day?

6b. Non-doers: Ndevapi vanhu vangazorega kuwirirana nekuti mupe mwana chikafu kubva mumapoka mana kana kupfuura pazuva rega rega?

Who are the people that **would disapprove** of you feeding your baby *foods from at least four of these 7* different groups each day?

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

(Perceived Access)

7a. Doers: Zvakaoma zvakadii kuti muwane chikafu chinobva mumapoka mana? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma. *How difficult is it to get food from at least four of these 7 different food groups? Would you say it is Very difficult, somewhat difficult or not difficult at all?*

7b. Non-doers: Zvingaoma zvakadii kuti muwane chikafu chinobva mumapoka mana? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma. *How difficult would it be to get foods from 4 of these 7 different food groups? Would you say it is Very difficult, somewhat difficult or not difficult at all?*

a. Very difficult

b. *Somewhat difficult*

c. *Not difficult at all*

(Perceived Cues for Action / Reminders)

8a. Doers: Zvakaoma zvakadii kuti murangarire kusanganisa zvikafu zvinobva mumapoka mana kana kupfuura pamunobika chikafu chemwana? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.

When you prepare meals for your baby, how difficult is it to remember to include foods from at least four of these 7 different food groups? Very difficult, somewhat difficult, or not difficult at all?

8b. Non-doers: munofunga kuti Zvingava zvakaoma here kuti murangarire kusanganisa zvikafu zvinobva mumapoka mana kana kupfuura pamunobika chikafu chemwana? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma. *When you prepare meals for your baby, how difficult do you think it would be to remember to include foods from at least four of these 7 different food groups? Very difficult, somewhat difficult, or not difficult at all?*

a. Very difficult

b. Somewhat difficult

c. Not difficult at all

(Perceived Susceptibility / Perceived Risk)

9. Doers and Non-doers: Zvinogona kuitika here kuti mwana wenyu aite “kwashi” kana kuperezeka kwemuviri mugore rinouya? zvinogona kuitika, zvingangoitikawo kana kuti hazviitiki? *How likely is it that your child will become malnourished in the coming year? Very likely, somewhat likely, or not likely at all?*

a. *Very likely*

b. *Somewhat likely*

c. *Not likely at all*

(Perceived Severity)

10. Doers and Non-doers: Ringava dambudziko rakakura zvakadii kana mwana wenyu akaita “kwashi” kana kuperezeka kwemuviri nekuda kwekushaya kudya kwakakodzera ? Idambudziko rakakura chaizvo, idambudziko rakakurawo, harisidambudziko? *How serious would it be if your baby became malnourished? A very serious problem, somewhat serious problem, or not serious at all?*

- a. *Very serious problem*
- b. *Somewhat serious problem*
- c. *Not serious at all*

(Action Efficacy)

11. Doers and Non-doers: Zvingangoitika here kuti mwana wenyu aite “kwashi” kana kuperezeka kwemuviri kana akadya chikafu chinobva mumapoka anosvika mana kana kudarika pazuva rega rega? zvinogona kuitika, zvingangoitikawo kana kuti, hazviitiki? *How likely is it that your baby would become malnourished if you feed him/her foods from at least four of these 7 different food groups each day? Very likely, somewhat likely, not very likely?*

- a. *Very likely*
- b. *Somewhat likely*
- c. *Not likely at all*

(Perception of Divine Will)

12a. Doers: Sekuwona kwenyu zvakakanaka here pamberi paMwari kuti mupe vana chikafu chinobva mumapoka mana kana kudarika pazuva rega rega?

*Do you think that **God approves** of you feeding your baby foods from at least four of these 7 different food groups each day?*

12b. Non-doers: Seku wona kwenyu zvakakanaka here pamberi paMwari kuti mupe vana chikafu chinobva mumapoka mana kana kudarika pazuva rega rega?

*Do you think that **God would approve** of you feeding your baby foods from at least four of these 7 different food groups each day?*

- a. Yes
- b. Maybe
- c. No

(Culture)

13. *Doers and Non-doers:* Pane mitemo here kana zvinoera mutsika nemagariro enyu zvinotadzisa vana kuti vadye chikafu chinobva mumapoka mana kana kudarika pazuva rega rega? *Are there any cultural rules or taboos that you know of against feeding your baby foods from at least four of these 7 different food groups each day?*

- a. Yes
- b. Maybe
- c. No

THANK THE RESPONDENT FOR HIS OR HER TIME!

Group: Doer Non-Doer

**Barrier Analysis Questionnaire:
Hand Washing among Mothers of children
0 – 23 months**

Behaviour Statement

Mothers of children 0 – 23 months wash their hands with soap or ash
at the five critical times each day.

Demographic Data

Interviewer's Name: _____ Questionnaire No.: _____
Date ____/____/____ District/Province _____

Scripted Introduction:

Makadini zvenyu, zita rangu ndinonzi _____; ndiri mumwe weavo vari kuita tsvakurudzo mudunhu renyu maererano nezveutsanana. Tichakumbirawo nguva yenyu shoma yekuti tiite nhaurirano. Ndiri kuda kunzwa maonero enyu maererano nenyaya iyi. Hamusungirwi kana kumanikidzwa kuti mupindure mibvunzo yedu uyezve hapanazve chamunoiwa kana muchinge musina kusununguka kutaura nesu. Hurukuro yese yatinoita nemi ichachengetedzwa hapana mumwe munhu achaudzwa nezvazvo. Makasununguka here kutaura nesu mutsvakurudzo iyi? [Kana vasina kusununguka vatendei motsvaga mumwe musha]

Hi, my name is _____; and I am part of a study team looking into personal hygiene habits. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. If you decide to talk with me you will not be remunerated or receive any gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else.

Would you like to participate in the study? [If not, thank them for their time.]

Section A. Behaviour Screening Questions

1. Mwana wenyu mudiki akura zvakadzi? _____ <-- write the age here
How old is your youngest child?

- a. 0-23months
- b. >24 months → *End interview and look for another respondent*
- c. Don't know → *End interview and look for another respondent*

2. Nezuro makageza maoko here?

Yesterday, did you wash your hands?

- a. Hongu
Yes

- b. Kwete → *Mark as Non-doer and continue to Section B*
No
- c. Handicharangariri → *End interview and look for another respondent*
Don't remember

3. Ndinoda kuti mufunge zvanezuro kuti makageza maoko enyu kanokwana kangani?

I would like you to think about yesterday and tell me how many times you washed your hands.
(this is just to help with memory)

4. Nezuro makageza maoko enyu munguva dzipi?

Yesterday, what are all the moments that you washed your hands?

(DO NOT READ THE LIST – Mark all that are mentioned and probe to get the most complete response)

- a. ndabva kuchimbuzi (after defecating/using a toilet)
- b. ndapedza kubvisa mwana napukeni (after cleaning/changing a child's soiled diaper/nappy)
- c. ndisati ndabika kana kugadzira chikafu (before cooking / preparing food)
- d. musati madya (before eating)
- e. ndisati mapa mwana chikafu (before feeding a child)
- f. Handizivi/ Handicharangariri (Can't remember or won't say) → *End interview and look for another respondent*

5. Kusanganisira mvura pane chimwe here chakashandisa pakugeza maoko enyu nezuro?

In addition to water, did you use anything else to wash your hands yesterday?

- a. Yes
- b. No → *Mark as Non-doer and continue to Section B*
- c. Don't remember → *End interview and look for another respondent*

6. Kusanganisira mvura makashandisa chii chimwe kugeza maoko ?

In addition to water, what else did you use to wash your hands?

- a. Soap and/ or ash (*circle the one mentioned*)
- b. Anything else → *Mark as Non-doer and continue to Section B*
- c. Don't know/refused to answer → *End interview and look for another respondent*

7. Ndingaonawo here sipo kana dota ramakashandisa?

May I see the soap or ash that you used?

- a. Soap/ash available **and looks used**
- b. Soap /ash available but does not look used → *Mark as Non-doer and continue to Section B*
- c. No soap available → *Mark as Non-doer and continue to Section B*

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 – B	Question 2 – C
Question 4 - A plus any two from B, C, D, E	Question 4 – No A ; or A and only one other response between B, C, D, E	Question 4 -F
Question 5 – A	Question 5 – B	Question 5 - C
Question 6 – A	Question 6 - B	Question 6 - C
Question 7-A	Question 7- B or C	

GROUP: **DOER** **NON-DOER**

Behavior Explanation (READ TO RESPONDENT): Pamibvunzo yose inotevera ndichange ndichikurukura nezvekugeza maoko panguva shanu dzakakosha. Apa ndinoreva 1. Mabva kuchimbuzi, 2. Mushure mokubvisa mwana napukeni, 3. musati magadzira kana kubika chikafu, 4. Musati madya, 5. Musati mapa mwana zvokudya (Ratidza mifananidzo yenguva shanu dzakakosha kugeza maoko nguva yese yamuchange muchiita hurukuro)

In the following questions I am going to be talking about hand washing at five critical times. By this I mean 1. after defecation, 2. after changing/cleaning a baby's soiled diaper/nappy, 3. before cooking/preparing food, 4. before eating and 5. before feeding a child. (Show the mother a picture of these five critical times and keep it before her during the interview.)

Section B – Research Questions

(Perceived Self-efficacy)

1a. Doers: *Chii chinoita kuti zviite nyore kwamuri kugeza maoko enyu nesipo kana dota panguva shanu dzakakosha zuva rega rega*

What makes it **easier** for you to wash your hands with soap or ash at the five critical times each day?

1b. Non-doers: *chii chingaite kuti zvive nyore kwamuri kuti mugeze maoko enyu nesipo kana dota panguva shanu dzakakosha*

What would make it **easier** for you to wash your hands with soap or ash at the five critical times each day?

Nyorai mhinduro dzese, mobvunza "chimwe chii"?) (Write all responses below. Probe with "What else?")

(Perceived Self-efficacy)

2a. Doers: *chii chingakunetsai kuti mugeze maoko enyu zuva rega rega nesipo kana dota panguva shanu dzakakosha* What makes it **difficult** for you to washing your hands with soap or ash at the five critical times each day?

2b. Non-doers: *Chii chingaita kuti zvinetse kuti mugeze maoko enyu zuva rega rega nesipo kana dota panguva shanu dzakakosha* What would make it **difficult** for you to washing your hands with soap or ash at the five critical times each day? (Write all responses below. Probe with "What else?")

(Perceived Positive Consequences)

3a. Doers: *zvakanakirei kugeza maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha?* What are the **advantages** of washing your hands with soap or ash at the five critical times each day?

3b. Non-doers: *Zvingave zvakanakirei kugeza maoko enyu zuva rega rega nesipo kana dota panguva shanu dzakakosha?* What would be the **advantages** of washing your hands with soap or ash at the five critical times each day?

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

(Perceived Negative Consequences)

4a. Doers: *Zvakaipirei kugeza maoko enyu zuva rega rega nesipo kana dota panguva shanu dzakakosha*

What are the **disadvantages** of washing your hands with soap or ash at the five critical times each day?

4b. Non-doers: *Zvii zvingangodaro zvakaipira kugeza maoko enyu zuva rega rega kana sipo nedota panguva shanu dzakakosha*

What would be the **disadvantages** of washing your hands with soap or ash at the five critical times each day?

Nyorai mhinduro dzese, mobvunza "chimwe chii"?) (Write all responses below. Probe with "What else?")

(Perceived Social Norms)

5a. Doers: *Vanhu vazhinji vamunoziva vanowirirana here nemi kugeza maoko nesipo kana dota panguva shanu dzakakosha pazuva rega rega*

Do most of the people that you know approve of you washing your hands with soap or ash at the five critical times each day?

5b. Non-doers: *Vanhu vazhinji vamunoziva vangawirirana here nemi kugeza maoko nesipo kanadota panguva shanu dzakakosha pazuva rega rega?*

Would most of the people that you know approve of you washing your hands with soap or ash at the five critical times each day?

a. Yes

b. Maybe

c. No

(Perceived Social Norms)

6a. Doers: *Ndevapi vanhu vanowirirana nemi pakugeza maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha*

Who are the people that **approve** of you washing your hands with soap or ash at the five critical times each day?

6b. Non-doers: *Ndevapi vanhu vangawirirana nemi pakugeza maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha?*

Who are the people that **would approve** of you washing your hands with soap or ash at the five critical times each day?

Nyorai mhinduro dzese, mobvunza "chimwe chii"?) (Write all responses below. Probe with "Who else?")

(Perceived Social Norms)

7a. Doers: *Ndevapi vanhu vasingawirirane nekuti mugeze maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha ?*

Who are the people that **disapprove** of you washing your hands with soap or ash at the five critical times each day?

7b. Non-doers: *Ndevapi vanhu vangazorega kuwirirana nemi pakugeza maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha ?*

Who are the people that **would disapprove** of washing your hands with soap or ash at the five critical times each day? *Write all responses below. Probe with "Who else?"*

(Perceived Access)

8a. Doers: *Zvakaoma zvakadii kuti muwane sipo yekugezesa maoko enyu zuva rega rega panguva shanu dzakakosha? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.*

How difficult is it to get the soap you need to wash your hands at the five critical times each day? Would you say it is very difficult, somewhat difficult or not difficult at all?

8b. Non-doers: *Zvingakuomerai zvakadii kuti muwane sipo yekugezesa maoko enyu zuva rega rega panguva shanu dzakakosha? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.*

How difficult would it be to get the soap needed to wash your hands at the five critical times each day? Would you say it is: Very difficult, somewhat difficult, or not difficult at all?

- a. Very difficult b. Somewhat difficult c. Not difficult at all

(Perceived Cues for Action / Reminders)

9a. Doers: *Zvakaoma zvakadii kuti murangarire kugeza maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.*

How difficult is it **to remember** to wash your hands with soap or ash at the five critical times each day? Very difficult, somewhat difficult, or not difficult at all?

9b. Non-doers: *Munofunga kutizvingava zvakaoma zvakadii kuti murangarire kugeza maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha? Mungati zvakanyanyooma, zvakaomawo hazvo kana kuti hazvina kumbooma.*

How difficult do you think it would be **to remember** to wash your hands with soap or ash at the five critical times each day? Very difficult, somewhat difficult, or not difficult at all?

- a. Very difficult b. Somewhat difficult c. Not difficult at all.

(Perceived Susceptibility / Perceived Risk)

- 10. Doers and Non-doers:** Zvinogona kuitika here kuti mwana wenyu abatwe nemanyoka mumwedzi mitatu inotevera? **zvinoitika, zvingangoitikawo kana kuti hazviitiki?**

How likely is it that your child will get diarrhea in the coming 3 months? Very likely, somewhat likely, or not likely at all?

- a. Very likely b. somewhat likely c. Not likely at all

(Perceived Severity)

- 11. Doers and Non-doers:** Ringava dambudziko rakakura zvakadii kana mwana wenyu akabatwa nemanyoka? **Idambudziko rakakura chaizvo, idambudziko rakakurawo, harisidambudziko?**

How serious would it be if your child got diarrhea? A very serious problem, somewhat serious problem, or not serious at all?

- a. Very serious problem b. Somewhat serious problem c. Not serious at all

(Action Efficacy)

- 12. Doers and Non-doers** Zvinogona kuitika here kuti mwana wenyu anobatwa nemanyoka kana mukageza maoko enyu *nesipo kana dota zuva rega rega panguva shanu dzakakosha*? **zvinoitika, zvingangoitikawo kana kuti hazviitiki**

How likely is it that your child will suffer from diarrhea if you wash your hands with soap or ash at the five critical times each day? Very likely, somewhat likely, not very likely?

- a. Very likely b. Somewhat likely c. Not likely at all

(Perception of Divine Will)

- 13. Doers and Non-doers:** *Munofunga here kuti kuda kwaMwari kuti vana vabatwe nemanyoka?* Do you think that it is **God will** that children get diarrhea?

- a. Yes b. Maybe c. No

(Culture)

- 14. Doers and Non-doers:** Pane mitemo here kana zvinoera mutsika nemagariro enyu zvinotadzisa kuti mugeze maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha? Are there any cultural rules or taboos against washing your hands with soap or ash at the five critical times each day?

- a. Yes b. Maybe c. No

(Policy)

- 15. Doers and Non-doers :** Pane mitemo yenharaunda here iripo inokurudzira kuti mugeze maoko enyu nesipo kana dota zuva rega rega panguva shanu dzakakosha?

Are there any community laws or rules in place that encourages you to wash your hands with soap or ash at the five critical times each day.

a. Yes

b. Maybe

c. No

THANK THE RESPONDENT FOR HER TIME!

Annex 4. Four-day BA Training Plan and Link to Materials

Session

Opening Session

Overview of DBC Framework

TEA BREAK

Exercise Exercise

Intro to Determinants

LUNCH

Doer/Non-doer and BA Studies

BREAK

The BA Questionnaire

Day One Evaluation

Review

Defining the Behavior

Writing the Behavior Screening Questions

TEA BREAK

Writing the Research Questions

LUNCH

Learning to Interview the BA Way

Tea Break

Organizing the Field Work

Day two Evaluation

FIELD WORK – Pre testing the questionnaire

LUNCH

Discussion of Questionnaires – finalizing the translation

Day Three Evaluation

Review

Coding, Tabulating and analyzing the data

TEA Break

Using the Data for Decision Making

LUNCH

Link to materials:

<https://www.dropbox.com/sh/4t46k97gqy24db/AAAgbieaNFkzyjUGgH5IIoIa?dl=0>

Annex 5. List of Participants in 4-day BA training

1	Tecla Musizvingoza	Nutritionist	Masvingo	CARE
2	Everjoy Mahuku	Gender Specialist	Masvingo	CARE
4	Lydia Mudadi	Nutrition PFA	Chivi	CARE
5	Phillip Mandipaza	Nutrition PFA	Zaka	CARE
6	Brian Velani	Nutrition PFA	Bikita	CARE
7	Tarusenga Huturume	District Nutritionist	Chivi	MoHCC
8	Grace Ndawi	District Nutritionist	Bikita	MoHCC
9	Tatenda Chiketa	Health Promotion Officer	Bikita	MOHCC
10	Kenneth Munyengerwi	District Coordinator	Buhera	WVZ - ENSURE
11	Edern Wutete	District Coordinator	Chipinge	WVZ - ENSURE
12	Ruramai Sibiya	Health & Nutrition Officer	Chimanimani	WVZ - ENSURE
13	Richard Mchokolo	Health & Nutrition Officer	Buhera	WVZ - ENSURE
14	Joel Bizure	Health & Nutrition Officer	Chipinge	WVZ - ENSURE
15	Arron Ndaa	WASH Officer	Mutare Office	WVZ - ENSURE
16	Lucia Gwete	Health & Nutrition Manager	Mutare Office	WVZ - ENSURE
17	Hlengani Bhebhe	M&E Manager	Mutare Office	WVZ - ENSURE
18	Dereck Moyo	M&E Officer	Mutare Office	WVZ - ENSURE
19	Charity KusiyaKurima	Nutritionist MOHCC	PMD Manicaland	MoHCC
20	Tendai Samushonga	Health MOHCC	PMD Manicaland	MoHCC
21	Miriam Banda	Nutritionist MOHCC	Head Office	MoHCC
22	Albert Jaure	Agric and Livelihoods Manager	Mutare Office	WVZ - ENSURE
23	Rumbidzai Gwete	Nutrition Intern	Chipinge	WVZ - ENSURE
24	Rufaro Madzima	Nutritionist	Harare	Free Lance

Annex 6. Two-day workshop Plan for Supervisors and Enumerators

Lesson #	Lesson Name
	DAY ONE
1	Opening Lesson
2	Overview of the Designing for Behavior Change Framework
3	Exercise, Exercise
4	Identifying Determinants of Behavior change
5	Introduction to the Questionnaire
	DAY TWO
6	Learning to Interview the Doer/Non-Doer Way <ul style="list-style-type: none"> - Practice classification - Difficult vs Disadvantages - Interviewing Dos and Don'ts - Role Play analysis - Small group practice with QIVC - Fish Bowl practice
7	Organizing the Field Work (Including Sampling)
8	Final Planning for Field work Closing Session

Link to training materials:

<https://www.dropbox.com/sh/4t46k97gqy24db/AAAgbieaNFkzyjUGgH5IIoIa?dl=0>

Annex 7. List of Participants in 2-day BA training in Masvingo and Manicaland

Masvingo Barrier Analysis Data Collection Teams for the 4th-8th August,2014			
	Name	Position	Organisation
1	Tecla Musizvingoza	Nutrition specialist	CARE
2	Lydia Mudadi	Program Field Assistant - Nutrition	CARE
3	Phillip Mandipaza	Program Field Assistant - Nutrition	CARE
4	Brian Velani	Program Field Assistant - Nutrition	CARE
5	Ruzha Edward	Food Monitor	CARE
6	Mugari Victor	Gender Coordinator	MWAGCD
7	Timothy Kuramba	Community Nurse	MOHCC
8	Lloyd Haruziwishe	Environmental Health Technician	MOHCC
9	Dafete Clemence	Environmental Health Technician	MOHCC
10	Tarusenga Huturume	District Nutritionist - Chivi	MOHCC
11	Rosario Mutsoko	Nutrition Assistant	MOHCC
12	Tatenda Chiketa	District Health Promotion Officer	MOHCC
13	Grace Ndawi	Nutrition Assistant	MOHCC
14	Collin Teveraishe	Environmental Health Technician	MOHCC
15	Courage Musingafi	Intern	CARE
17	Tafadzwa Musendekwa	Enumerator	
18	Farai Mukoko	Enumerator	
19	Gerald Chiota	Enumerator	
20	Shamiso Dundu	Enumerator	
21	Catherine Chareka	Enumerator	
22	Vitalis Runyongwe	Enumerator	
23	Douglas Muchemwa	Enumerator	
24	Gerald Nyamunokora	Enumerator	
25	Elizabeth Mapuranga	Enumerator	
26	Colette Musanyera	Enumerator	
27	Tapuwa Mafuta	Intern	MWAG
28	Augustus Chakwati	Community Nurse	MOHCC
29	Brighton Namate	Health Promotion Officer	MOHCC
30	Lucia Gwete	H&N Manager	WVZ - ENSURE
	Miriam Nonge	Enumerator	

Manicaland Data Collectors		
Name	Position	Organisation
1. Benson Mhashu (m)	WASH Facilitator	WVZ - ENSURE
2. Faith Jakachira (f)	Enumerator	-
3. Tinashe Sabiti(f)	Enumerator	-
4. Samuel Chesa (m)	Enumerator	-
5. Miranda Mutamatsaka (f)	District Enviromenatl Health Officer - Buhera	MOHCC
6. Russell Rusike (m)	Enumerator	-
7. Enock Damu (m)	VS&L Facilitator	WVZ - ENSURE
8. Miriam Nonge(f)	Enumerator	-
9. Ronald Jaricha (m)	Enumerator	-
10. Talkmore Mukundu (m)	Enviromental Health Technician - Chimanimnai	MOHCC
11. Theogina Mutete (f)	VS&L Facilitator	WVZ - ENSURE
12. Maxine Feremba(f)	Enumerator	-
13. Blessing Tsonha(m)	Enviromental Health Technician – Chipinge	MOHCC
14. Inocent Chamusingarevi	District promotion Officer - Buhera	MOHCC
15. Tendai Mamhova (f)	Enumerator	-
16. Rumbie Gwete (f)	Nutrition Intern	WVZ - ENSURE
17. Takesure Simango (m)	WASH Facilitator	WVZ - ENSURE
18. Agreement Newengo (m)	Enumerator	-
19. Mudzi (Rachel) (f)	Community Nurse - Buhera	MOHCC
20. Kudzai Taderera(f)	Enviromental Health Technican	MOHCC
21. Alfanso Nguwo (m)	WASH Facilitator	WVZ - ENSURE
22. Kuda Sigobohla (f)	VS&L Facilitator	WVZ - ENSURE
23. Makanaka Muropa (f)	Enumerator	-
25 Lucia Gwete	H&N Manager	WVZ - ENSURE
26 Richard Machokolo	H&N Officer	WVZ - ENSURE
27 Joel Bizure	H&N Officer	WVZ – ENSURE
28 Ruramayi Sibiya	H&N Officer	WVZ – ENSURE
29 Aaron Nda	WASH Officer	WVZ – ENSURE
30 Memory Mubochwa	Nurse	MOHCC

Annex 8. Barrier Analysis Spread Sheets Masvingo and Manicaland (dropbox link)

<https://www.dropbox.com/sh/4t46k97gqy24db/AAAgbieaNFkzyjUGgH5IIoIa?dl=0>

Annex 9. Designing for Behaviour Change Frameworks

9a. Exclusive Breastfeeding

Behaviour	Priority Group/ Influencing Group	Determinants	Bridges to Activities	Activities
<p>Mothers of children ages 0 – 6 months feed them only breast milk.</p>	<p><u>Demographics:</u> Mothers of children 0 – 6 months of age; Christian, some Apostolic, speak Shona, low literacy rates; live in rural Manicaland and Masvingo Provinces; low socio-economic status</p> <p><u>Daily Activities:</u></p> <ul style="list-style-type: none"> -some mothers are vendors/ hawkers/ formally employed. - child care; household management: cooking, fetching water, fetching fuel; <p><u>Barriers to the Behaviour</u></p> <ul style="list-style-type: none"> -feeling that breast milk is not sufficient for good growth; - feeling that mothers-in-law don't approve; - feeling that EBF is not effective in preventing malnutrition; <p><u>What mothers know, feel and do</u></p> <ul style="list-style-type: none"> - some mothers know that breast milk has all nutrients; - some say it is convenient; - some say everyone approves of EBF; -they have hope that with exclusive breast feeding will grow healthy. -most mothers are giving their babies water, soup and porridge as early as three months. <p>Influencing Group: Mothers-in-law</p>	Self – Efficacy/ Skills	<ul style="list-style-type: none"> • Reinforce the perception that health care providers approve of EBF 	<ul style="list-style-type: none"> • Care Groups - monthly meetings covering Module: Infant Feeding; Lesson: Exclusive Breastfeeding – all the bridges included in the lessons • Home Visits by CGV to pregnant women and mothers of children 0 – 6 months to include mothers-in-law and focusing on each of the Bridges to Activities • Home Visits by VHW to pregnant women and mother of children 0 – 6 months to include mothers-in-law and focusing on each of the Bridges to Activities
			<ul style="list-style-type: none"> • Increase the perception that all mothers produce enough milk to EBF 	
			<ul style="list-style-type: none"> • Reinforce the perception that EBF is convenient and easy 	
			<ul style="list-style-type: none"> • Reinforce the perception that babies' stomachs can't digest food prior to age 6 mth 	
		Negative Consequences/ Disadvantages	<ul style="list-style-type: none"> • Decrease the perception that infants won't grow well if EBF 	
Social Norms	<ul style="list-style-type: none"> • Increase the perception that mothers-in-law and parents approve of EBF 			
Action Efficacy	<ul style="list-style-type: none"> • Increase the perception that EBF 			

			is the best way to prevent malnutrition	
		Susceptibility	<ul style="list-style-type: none"> • Reinforce the perception that mothers who EBF are worry free since EBF helps to prevent diarrhoea and malnutrition 	
<p><u>Outcome Indicator:</u> % of mothers of infants 0 – 5 months who report only having fed their infant breast milk in the last 24 hours prior to the survey.</p>		<p><u>Process Indicators:</u></p> <ul style="list-style-type: none"> - CG modules/lessons/flip charts that address the Bridges to Activities - Number of Neighbour Women (NW) who are pregnant who attend the lesson on EBF - Number of NW who are pregnant who commit to EBF for 6 months - Number of home visits by CGV to pregnant NW to talk about EBF - Number of home visits by VHW to pregnant NW to talk about EBF 		

9b. Meal Frequency

Behaviour	Priority Group/ Influencing Group	Determinants	Bridges to Activities	Activities
<p>Mothers of children ages 9 – 23 months feed them at least 3 cooked meals each day that contain a staple food.</p>	<p><u>Demographics:</u> Mothers of children 0 – 6 months of age; Christian, some Apostolic, speak Shona, low literacy rates; live in rural Manicaland and Masvingo Provinces; low socio-economic status</p> <p><u>Daily Activities:</u></p> <ul style="list-style-type: none"> -some mothers are vendors/ hawkers/ formally employed. - child care; household management: cooking, fetching water, fetching fuel; <p><u>Barriers to the Behaviour</u></p> <ul style="list-style-type: none"> - Limited access to food, fuel, water - Limited time for extra cooking - Perception that 3 meals = a lot more food - Being away from home during the day - Disapproval by other family members <p><u>What mothers know, feel and do</u></p> <p>Feeling</p>	<p>Self – Efficacy/ Skills</p>	<ul style="list-style-type: none"> • Reinforce the perception that everyone has enough water to make 3 cooked meals each day 	<ul style="list-style-type: none"> • Care Groups - monthly meetings covering Module: Infant Feeding; Lesson: Meal Frequency – all the bridges included in the lessons • Care Group activity to demonstrate how to cook baby meals – focus on amount of ingredients (staple) needed to feed 3 meals. • Home Visits by CGV to NG mothers of babies 9 – 23 months to include mothers-in-law and husbands focusing on each of the Bridges to Activities • Home Visits by VHW to
		<p>Social Norms</p>	<ul style="list-style-type: none"> • Increase the perception that mothers-in-law, husbands and VHW approve of feeding a baby 3 cooked meals a day 	
		<p>Access (to foods)</p>	<ul style="list-style-type: none"> • Increase the perception even with the foods already available in the household it's possible to feed a baby 3 cooked meals each day (baby doesn't need to eat large meals) 	

	<ul style="list-style-type: none"> - They don't feel the importance of feeding a child three times daily especially if breastfeeding - They can feel that it is costly - They can feel that its time consuming - They can feel that the baby can be overweight - They feel that if they feed the baby three times they spoil the child <p>Practice</p> <ul style="list-style-type: none"> - Some of the mothers prepare food in the morning for two meals to ensure the availability <p>Influencing Group: VHW, Mothers-in-law and husbands</p>			<p>mother of children 9 – 23 months to include mothers-in-law and husbands focusing on each of the Bridges to Activities</p>
<p><u>Outcome Indicator:</u> % of mothers of babies 9 – 23 months who report having fed their baby 3 cooked meals containing a staple food in the last 24 hours prior to the survey.</p>		<p><u>Process Indicators:</u></p> <ul style="list-style-type: none"> - CG modules/lessons/flip charts that address the Bridges to Activities - Number of Neighbour Women (NW) who attend the lesson on Meal Frequency - Number of NW who commit to feeding they baby 9 – 23 months at least 3 cooked meals each day - Number of home visits by CGV to targeted NW to talk about meal 		

	frequency
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9c. Meal Variety

Behaviour	Priority Group/ Influencing Group	Determinants	Bridges to Activities	Activities
<p>Mothers of children ages 6 – 23 months feed them meals including foods from at least 4 of the 7 food groups each day. .</p>	<p><u>Demographics:</u> Mothers of children 0 – 6 months of age; Christian, some Apostolic, speak Shona, low literacy rates; live in rural Manicaland and Masvingo Provinces; low socio-economic status</p> <p><u>Daily Activities:</u></p> <ul style="list-style-type: none"> -some mothers are vendors/ hawkers/ formally employed. - child care; household management: cooking, fetching water, fetching fuel; <p><u>Barriers to the Behaviour</u></p> <ul style="list-style-type: none"> - Limited access to some foods - Lack of knowledge on the seven groups. - Lack of money to buy food - Limited time to cook - Belief that there are certain herbs that are more effective than 7 food groups; - Beliefs among the community members that children should not be given eggs and meat. - Unavailability of adequate firewood to prepare the food. 	<p>Positive Consequences</p>	<ul style="list-style-type: none"> • Reinforce the perception that children who eat a variety of foods will not be hungry – they will be happy 	<ul style="list-style-type: none"> • Care Groups - monthly meetings covering Module: Infant Feeding; Lesson: Meal Variety– all the bridges included in the lessons • Care Group activity to demonstrate how to cook baby meals – focus on finding ingredients that are easily and cheaply found locally. • Home Visits by CGV to NG mothers of babies 6 – 23 months to include mothers-in-law focusing on each of the Bridges to Activities • Home Visits by VHW to mother of children 9 – 23
		<p>Social Norms</p>	<ul style="list-style-type: none"> • Increase the perception that mothers-in-law, approve of feeding a baby a variety of foods each day. 	
		<p>Access (to foods)</p>	<ul style="list-style-type: none"> • Increase the perception that it is not difficult to get foods from at least 4 of the 7 food groups. (baby does not need to eat a lot) 	

	<ul style="list-style-type: none"> - Scarcity of water for cooking and washing the utensils. <p><u>What mothers know, feel and do</u></p> <p>Knowledge</p> <ul style="list-style-type: none"> - They know that the baby should be given porridge everyday. - The baby should be given 3 cooked meals everyday - Giving the baby 3 cooked meals per day helps the baby to grow well, socialise and healthy. - They also know that malnutrition is a very serious problem. - They know the advantages of giving the baby a balanced diet. - The child will be malnutrition or have kwashiorkor if not given a balanced diet. <p>Feel</p> <ul style="list-style-type: none"> - Preparing a variety of food is time consuming. - It is costly - They feel that only donations or donor funding can make this behaviour practiced. {they have donor syndrome} - Exclusive breast feeding cannot sustain the baby. - They feel that the seven food groups only without herbs will not help the baby to 			<p>months to include mothers-in-law focusing on each of the Bridges to Activities</p>
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	<p>grow well and healthy.</p> <p>Practice</p> <ul style="list-style-type: none"> - Children are given Corn Soy Blend porridge. - Mothers prepare food enough for 2 meals. - Children are given porridge 3 times per day without considering what is in the porridge. - Children are not given eggs and meat due to the beliefs in the community. - Children are not given other foods like fruits and vegetables. <p>Influencing Group: Mothers-in-law</p>			
<p><u>Outcome Indicator:</u> % of mothers of babies 9 – 23 months who report having fed their baby foods from at least 4 of the 7 food groups in the last 24 hours prior to the survey.</p>	<p><u>Process Indicators:</u></p> <ul style="list-style-type: none"> - CG modules/lessons/flip charts that address the Bridges to Activities - Number of Neighbour Women (NW) who attend the lesson on Meal Variety - Number of NW who commit to feeding they baby 9 – 23 months food from at least 4 of the 7 food groups. - Number of home visits by CGV to targeted NW to talk about meal variety 			

9d. Hand washing

Behaviour	Priority Group/ Influencing Group	Determinants	Bridges to Activities	Activities
<p>Mothers of children ages 0 – 23 months wash their hands with soap or ash at the five critical times each day.</p>	<p><u>Demographics:</u> Mothers of children 0 – 6 months of age; Christian, some Apostolic, speak Shona, low literacy rates; live in rural Manicaland and Masvingo Provinces; low socio-economic status</p> <p><u>Daily Activities:</u></p> <ul style="list-style-type: none"> -some mothers are vendors/ hawkers/ formally employed. - child care; household management: cooking, fetching water, fetching fuel; <p><u>Barriers to the Behaviour</u></p> <ul style="list-style-type: none"> - Unavailability of soap (cost) - Inadequate water - No strategic positions for hand washing - No hand washing facility - Culture – people believe that a child’s faeces are harmless - Absence of toilet may force people to use the bush thus a hand washing facility may not be there in the bush. - Forgetting to wash hands especially before food preparation - Ignorance people thinking it’s not important 	<p>Self – Efficacy/ Skills</p>	<ul style="list-style-type: none"> • Decrease the perception that it takes a lot of time to wash your hands; • Increase the ability to wash hands using a little water. 	<ul style="list-style-type: none"> • Care Groups - monthly meetings covering Module: Personal Hygiene and Sanitation; Lesson: Hand washing – all the bridges included in the lessons • Care Group activities to learn how to make a tippy tap; how to wash hands correctly using ash and soap; how to stock ashes in appropriate places. • Home Visits by CGV to NG mothers of babies 0 – 23 months to include mothers-in-law and husbands focusing on each of the Bridges to Activities; check on hand washing stations; availability of soap or ash; check on reminder symbols • Home Visits by VHW to mothers of children 0 – 23
		<p>Social Norms</p>	<ul style="list-style-type: none"> • Reinforce the perception that the VHW and fathers approve of frequent hand washing with soap/ash 	
		<p>Negative Consequences</p>	<ul style="list-style-type: none"> • Increase the perception that ash is a reasonable substitute for soap 	
		<p>Cue for Action</p>	<ul style="list-style-type: none"> • Increase the ability of the mother to remember to wash her hands at the five critical times each day 	

<p>- Cold weather: people tend to avoid washing hands especially with cold water</p> <p><u>What mothers know, feel and do</u></p> <p>Knowledge</p> <ul style="list-style-type: none"> - Mothers are aware that they should wash their hands - They are aware that not washing may cause diseases. - They are also very much aware that hand washing facilities should be available outside the toilet. - Soap /Ash is supposed to be used during hand washing. <p>Feelings</p> <ul style="list-style-type: none"> - They feel that it's not important to wash hands after changing diapers - If one spends the whole day doing chores like cleaning plates the hands will always be clean - It's a waste of resources to place a soap by the toilet - They feel they are discriminating their children if they wash hands after changing diapers making them like they do not love the children - People feel if it is cold there is no need to wash hands several times <p>Practices</p> <ul style="list-style-type: none"> - People tend to wipe their food stuffs 	<p>Susceptibility/ Risk and Action Efficacy</p>	<ul style="list-style-type: none"> • Reinforce the perception that hand washing is one of the best ways to protect your family from diarrheal disease 	<p>months to include mothers-in-law and husbands focusing on each of the Bridges to Activities; check on hand washing stations; availability of soap or ash; check on reminder symbols</p> <ul style="list-style-type: none"> • Design and distribute to NW small reminder symbols that can be tied up near to where hand washing should be done
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	<p>especially fruits on clothes</p> <ul style="list-style-type: none"> - People do not wash hands before feeding babies - People do not wash hands after changing diapers - People wash hands before eating their main meals - Some people now have hand washing facilities e.g. tip tap - Those with no soap are now using ashes - Those with no toilets are not practising hand washing - People are using the same soap for all cleaning plates and for the toilet <p>Influencing Group: VHW and fathers/fathers-in-law</p>			
<p><u>Outcome Indicator:</u> % of mothers of babies 0 – 23 months who report having washed their hands with soap or ash at the five critical time in the last 24 hours prior to the survey.</p>	<p><u>Process Indicators:</u></p> <ul style="list-style-type: none"> - CG modules/lessons/flip charts that address the Bridges to Activities - Number of hand washing reminder symbols made; distributed - Number of Neighbour Women (NW) who attend the lesson on hand washing - Number of NW who make a tippy tap - Number of NW who hang up reminder symbols - Number of home visits by CGV to targeted NW to talk about hand washing 			

