**Women Store HH drinking water in tightly covered containers**

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| **Behaviour** | **Priority Group/ Influencing Group** | **Determinants** | **Bridges to Activities** | **Activities** |
| Women Store HH drinking water in tightly covered containers | **Demographics:** women of child bearing age who are pregnant or have a child ˂ 24 months. Most are unemployed hence they do not have a steady income and they reside in Bikita, Chivi, Zaka, Buhera, Chipinge and Chimanimani. They are housewives who speak predominantly Shona and are literate with an educational level up to O level.  **Daily Activities:**  The women perform household chores such as fetching water, washing cooking, cleaning the house, child caring activities and attending the sick. They also take part in economic activities such as gardening, subsistence farming, VS&L, pottery, poultry and small livestock production  **Barriers to the behaviour:**  Most of the women cited that barriers to this behaviour include inadequate containers for properwater storage. Unavailability of these proper containers on the local market and financial constraints to purchase the containers. Others also stated that it is difficult for children to open containers hence children have problems in accessing water if an adult is not around.  **What mothers know, feel & do:**  **Knowledge**  The women have the knowledge that they should to keep their water in closed containers to prevent contamination and hence diseases.  **Feel**  Some of the women who are practising the behaviour are proud that they are managing to store their water in closed containers and feel it is an achievement. However others feel it’s an extra burden to buy containers which can be tightly closed since they have other immediate needs. There is also a common belief that keeping water in closed containers makes it warm and it becomes unpleasant.  **Practice**  Most of the women are practising the behaviour.  **Influencing Group:** Health personnel | Self-Efficacy | * Reinforce the perception that storing water in tightly covered containers in hygienic manner prevents diseases | * Care Groups - monthly meetings covering Lesson: Hygiene and causes of diseases * Facilitate a session on blocking the route game * In Care Group meetings discuss cost and source of supply of appropriate containers. * In the care group meetings facilitate a session on VS&L * In Care Group meetings discuss cost and source of supply of appropriate containers. |
| Self-Efficacy | * Decrease the perception that it is difficult to get appropriate containers for storing HH drinking water |
| Self-efficacy | * Decrease the perception that appropriate water storage containers cost a lot of money. |
| Negative consequences | * Decrease the perception that water stored in a tightly covered containers is warm and unpleasant. | Facilitate a session on proper HH storage of drinking water. |
| Access | * Decrease the perception that it is difficult to get tightly covered containers to store HH drinking water. | * In Care Group meetings discuss cost and source of supply of appropriate containers. |
| Susceptability/Risk | * Reinforce the perception that HH drinking water will be contaminated with pathogens that cause diarrhoea. | * Facilitate session in Care Group meetings on hygiene and causes of diarrhoea diseases. * Use blocking the route game in CG meetings. |
| Action Efficacy | * Decrease the perception that HH drinking water will be contaminated with pathogens that cause diarrhoea in children if stored in tightly covered containers. | * Use blocking the route game in CG meetings. |
| Outcome Indicator: % of beneficiary households storing water in safe storage containers. | | Process Indicators:   * CG modules/lessons/flip charts that address the Bridges to Activities * Number of CGC who attend the lesson on Hygiene and causes of diseases; Blocking the route game ; * Number of CGC who attend the lesson on proper storage of HH drinking water * Number of CGC who attend a lesson on cost and source of supply of appropriate water storage containers * Number of CGC who attend a lesson on VS&L * Number of home visits by CGV to targeted NW to talk about storage of household drinking water | | |

9b. **Women of Child bearing age consume iron rich foods**

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| **Behaviour** | **Priority Group/ Influencing Group** | **Determinants** | **Bridges to Activities** | **Activities** |
| Women of Child bearing age consume iron rich foods | **Demographics:** women aged 15-49 years living in Zaka, Chivi, Bikita, Buhera, Chipinge, Chimanimani. Their language is Shona and most have been educated up to Ordinary level. The main skill set is agricultural related.  **Daily Activities:**  Most of the women aged between 15-19 years are still attending school whilst those aged 20-49 mostly do household chores such as fetching water, firewood, caregiving, cooking and cleaning. Their main livelihood is farming and they also rely on remittances. They also do casual labour (maricho) to earn some income. Hawking/ vending are also common. Women also participate in community development programs such as FFA and FFW.  **Barriers to the behaviour:**  There are several barriers which hinder the women from consuming iron rich foods. Most of the women cited lack of iron rich foods, seasonality of iron rich foods e.g. runi and muboora, erratic rain patterns and inadequate knowledge. Some explained that iron sources such as meat and liver are expensive. Usually animals are killed for meat on special occasions only e.g. funerals and presence of visitors. Social norms and cultural beliefs such as totems also hinder the women from eating some iron rich sources.  **What mothers know, feel and do:**  **Knowledge**  The women know the importance of consuming iron rich foods but some don’t know the sources of iron.  **Feel**  Most feel it is an expensive behaviour (opportunity cost) since they cannot afford some of the foods such as dried fish and meat.  **Practice**  Some of the women are practising the behaviour unknowingly. They consume iron through available plant based sources of iron e.g. millet, pumpkin leaves, cow peas and mbambara nuts.  **Influencing Group:** Health personnel | Self-Efficacy | * Increase the ability to produce iron rich foods | * Care Groups - monthly meetings facilitate a session on production of iron rich foods ( plant and animal sources) * Care Groups - monthly meetings facilitate a session on the benefits of consuming iron rich foods * Use a flip chart showing pictorial benefits of consumption of iron rich foods. * Care Group monthly meetings to cover module on Consumption of iron rich foods lesson: sources of iron rich foods and the benefits of consuming them |
| Positive consequences | * Increase the perception that consumption of iron rich foods improves mother’s health. |
| Negative consequences | * Decrease the perception that consumption of iron rich foods causes illness and allergy |
| Social Norm | * Reinforce the perception that health personnel approve of WCBA consuming iron rich foods | * Care Group monthly meetings –use flip charts showing Health personnel teaching about consumption of iron rich foods. * During ANC, Health Personnel teach mothers about consumption of iron rich foods. |
| * Increase the perception that mother/father in law approve of WCBA consuming iron rich foods | * Home visits by CGL to CGC to include mother/father in law |
| Cues for Action | * Increase the ability of WCBA to remember to consume iron rich foods | * Provide each CGC a stick card with pictures of Iron rich foods to be pasted in the kitchen. |
| Outcome Indicator: % of beneficiary women consuming iron rich foods | | Process Indicators:   * CG modules/lessons/flip charts that address the Bridges to Activities * Number of CGC who attend the lesson on production of iron rich foods( plant and animal sources) * Number of CGC who attend the lesson on sources of iron rich foods( plant and animal sources) * Number of CGC who attend the lesson on benefits of consuming iron rich foods( plant and animal sources) * Number of home visits by CGL to targeted CGC to talk about consumption of iron rich foods * Number of CGC who received the reminder stick cards on consumption of iron foods | | |

**9c Adult Men fetch household drinking water**

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| **Behaviour** | **Priority Group/ Influencing Group** | **Determinants** | **Bridges to Activities** | **Activities** |
| Adult Men fetch household drinking water | **Demographics:**  These are adult men aged 18 and above staying in a household with a pregnant or a mother of a child aged 0-24 months and residing in Project operational areas. They speak Shona and most have a low income obtained from casual labour, farming and brick moulding. Most are literate with primary and secondary level education.  **Daily Activities:**  On a day to day basis, the men usually spend their time farming, gardening, attending village meetings and volunteering in community development activities such as road maintenance and gully filling. Others have income generating projects like barber shops and small kiosks.  **Barriers to the behaviour:**  Most of the men stated that several barriers prevent them from doing the behaviour for example culture, ridicule from peers, lack of water carting devices, distance to water source, poor water drawing techniques, lack of time, and they also have other duties to perform.  **What they know, feel and do:**  **Knowledge**  The men know that they should fetch clean and safe water for their families and that they should share household chores with their wives. They also know that it is a good behaviour to fetch water.  **Feel**  The men feel that it is embarrassing to fetch water whilst their wives are around and this embarrassment will fuel ridicule from peers in the community. Others feel that if they continuously fetch water their wives will become lazy. Some however feel it is a way of showing love to their wives  **Practice**  Some of the men are practising the behaviour.  **Influencing Group:** Health personnel, Ministry of Gender, ENSURE | Self-Efficacy | * Increase the perception that socialisation and education make it easy for adult men to fetch household drinking water | * Care Groups and Men’s forum - monthly meetings covering a module on Gender –discuss Time sharing strategies for boys and girls from an early age. * CG Home visit ( ensure adult men are present and participate) Gender –discuss Time sharing strategies for boys and girls from an early age * Care Groups and Men ‘s fora - monthly meetings covering a module on Gender –Lesson on Importance of Having adequate household water: How much water is required per person per day? * CG Home visit ( ensure adult men are present and participate) Gender –Lesson on Importance of Having adequate household water: How much water is required per person per day? * Care Groups and Men’s fora - monthly meetings covering a module on Gender –Lesson :Importance of Time sharing and Time sharing strategies |
| Positive consequences | * Increase the perception that there is adequate household drinking water if adult men fetch water |
| Access | * Decrease the perception that it takes a lot of time for adult men to fetch household drinking water . |
| Severity | * Increase the perception that it is a serious problem if WCBA is overburdened with work | * Care Groups and Men’s fora - monthly meetings covering a module on Gender –Lesson :Effects of overburdening WCBA with work and Time sharing strategies .Use participatory tools ( activity profiles and daily calender) |
| Action Efficacy | * Increase the perception that WCBA will not be overburdened with work if adult men fetch household drinking water. | * Care Groups and Men’s fora - monthly meetings covering a module on Gender –Lesson :Effects of overburdening WCBA with work and Time sharing strategies .Use participatory tools ( activity profiles and daily calender) |
| Divine Will | * Increase the perception that God approves of adult men fetching household drinking water | * Men’s fora - monthly meetings covering a module on Gender –Lesson : Time sharing strategies |
| Outcome Indicator: % of beneficiary mothers reporting receiving at least 3of the 5 targeted support activities to improve consumption of nutritious foods | | Process Indicators:   * CG modules/lessons/flip charts that address the Bridges to Activities * Number of CGC /men who attend the lesson on Time sharing strategies * Number of CGC/ men who attend the lesson on Importance of having adequate HH water * Number of CGC /men who attend the lesson on effects of overburdening WCBA with work * Number of home visits by CGL to targeted CGC homes to talk about Time sharing strategies * Number of men present during the CGL home visit discussion on Time sharing | | |

**9d. Adult women fetch household drinking water**

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| **Behaviour** | **Priority Group/ Influencing Group** | **Determinants** | **Bridges to Activities** | **Activities** |
| Adult women fetch household drinking water | **Demographics:**  These are adult women aged 49-65 years who reside in the project’s operational areas. They have a low income and also rely on remittances. Shona is the predominant language spoken and most are skilled in farming and animal rearing.  **Daily Activities:**  Most of the women perform household chores such as cleaning, fetching firewood and cooking on a daily basis. Others are small scale farmers and they also participate in community gardens. These women also look after their grand children. .  **Barriers to the behaviour:**  These women stated that they face a lot of challenges which hinder them from fetching water such as age and ill health. Cultural values and norms also do not allow older women (e.g. mother in law) to perform household chores when there are younger women around (e.g. daughter in law). A lot of the women staying with their daughters in law explained that their daughters in law do not even allow them to fetch water when they are around. Long waiting queues, long distance to water source, shortage of containers and lack of water carting devices also prevent the women from fetching water. Others also cited lack of time.  **What they know, feel and do:**  **Knowledge**  The women know the importance of availability of safe drinking water and they know that they should also help in fetching water.  **Feel**  They feel they have to help fetch water but they also feel that due to their age, their daughters in law, nephews and nieces should fetch water for them. Due to cultural beliefs/norms, they feel embarrassed to fetch water  **Practice**  They don’t normally practice it though due to ill health and culture except for a few isolated cases. Most of the women practising the behaviour are doing it because they have no options (daughters in law will be heavily pregnant, nieces and nephews are too young)  **Influencing Group:** Health personnel, ENSURE | Positive consequences | * Increase the perception that HH drinking water is safe if fetched by adult women | * Care Group monthly meetings : WASH lesson : Proper Household hygiene (water chain ) and causes of diseases   Use the blocking the route game |
| Negative consequences | * Decrease the perception that fetching water by elderly women is tiresome/ painful | * Care Groups - monthly meetings covering a module on WASH –Lesson on Amount of water per person per day |
| Risk | Increase the perception that if elderly women fetch water WCBA will not be overburdened with work | * Care Groups - monthly meetings covering a module on Maternal Health –Lesson :Effects of overburdening WCBA with work and Time sharing strategies .Use participatory tools ( activity profiles and daily calender) |
| Outcome Indicator: : % of beneficiary mothers reporting receiving at least 3 of the 5 targeted support activities to improve consumption of nutritious foods | | Process Indicators:   * CG modules/lessons/flip charts that address the Bridges to Activities * Number of elderly women participating in CGL home visit discussion on proper household hygiene( water chain) and causes of diseases * Number of elderly women participating in CGL home visit discussion on amount of water required per person per day and importance of having adequate household drinking water * Number of elderly women participating in CGL home visit discussion on effects of overburdening WCBA with work and time strategies | | |