



FIRST 1,000 DAYS PROJECT: Baseline Survey Report

SHEFA, SANMA, AND PENAMA PROVINCES, VANUATU

May 2018

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ACRONYMS

ANC	Antenatal Care
CSI	Coping Strategies Index
CU5	Children Under Five Years of Age
DHS	Demographic and Health Survey
EBF	Exclusive Breastfeeding
HAZ	Height for Age Z-Score
HH	Household
HHH	Head of Household
IFA	Iron-Folic Acid
IYCF	Infant and Young Child Feeding
MDD-W	Minimum Dietary Diversity – Women
MUAC	Mid-Upper Arm Circumference
ORS	Oral Rehydration Solution
PLW	Pregnant and Lactating Women
RHF	Recommended Home Fluids
VHW	Village Health Worker
WRA	Women of Reproductive Age

ACKNOWLEDGEMENTS

This survey was conducted by Save the Children in Vanuatu, with funding received by the Australian NGO Cooperation Program (ANCP) and Save the Children Australia (SCA).

Supervisors and data collectors came from Save the Children and Provincial Health Department staff including Leiwaku Leah Noah, Marie Keiruan, Michel Calo Kapp, Leitare Joel, Frank Gideon, Christion Tuku, Jean Tabibang, Andrew Tavi, and Lola lavro. Data analysis, interpretation and preparation of the report were lead by Jenn Weiss, Health Technical Advisor (SCiV). Technical review and input from SCA was provided by: Anna Bauze, Health Advisor; Asha Bradley, Gender Technical Advisor; Susan McGowan, Disability Inclusion Technical Advisor; and Manoja Wickramarathne, Program Quality Advisor.

This survey would not have been possible without community members in Sanma, Shefa and Penama Provinces giving their time generously.

EXECUTIVE SUMMARY

Background and Rationale

According to the 2013 Vanuatu Demographic and Health Survey (DHS), an estimated 29% of children in Vanuatu under five are stunted; a form of chronic undernutrition resulting from poor feeding practices, repeated infections, and inadequate consumption of key micronutrients which enable the child's body and brain to properly develop. Prevention of stunting is possible by improving nutrition for both mothers and children during the first 1,000 days of life: from conception through to the child's second birthday. This 1,000 day 'window of opportunity' has significant impact on the child's ability to grow, learn, and thrive¹; and has a lasting effect on a country's prosperity.

With support from the Australian Government Department of Foreign Affairs and Trade (DFAT) through the Australian NGO Cooperation Program (ANCP), Save the Children is implementing the First 1,000 Days project from 2017-2021. The goal of the project is to reduce stunting by improving the health and nutrition of pregnant and lactating women (PLW) and children under two years of age. Project success will be measured by the following three outcomes:

1. Improvements in the knowledge, practice and behaviour of targeted PLW and caregivers on issues related to maternal nutrition, IYCF, and hygiene
2. Evidenced community action plans for improving (or fundraising for) the community enabling environment for the above areas
3. Project-derived evidence and policy recommendations have been considered for adoption by National health policy makers

In April 2018, Save the Children conducted a survey of 272 primary caregivers with a child under the age of five years as part of the First 1,000 Days program's baseline activities. The objectives of the survey were to:

- Provide baseline values for nutritional status in children under five, and evidence-based health and nutrition practices in the project target communities
- Understand the socioeconomic status of households within the target communities
- Assess other caregiving practices which may affect infant and young child feeding (IYCF) practices
- Understand household decision making and other gender norms may affect IYCF practice
- Assess sources of health and nutrition information and exposure to mass media among men and women
- Gather data on the prevalence of disabilities among caregivers and children under five within target communities
- Inform prioritisation of key practices for promotion within the First 1,000 Days project

Methodology

The survey utilised simple random sampling to select households for participation in the survey. To develop the sampling frame, program staff members worked with community leaders and health facility staff to prepare a list of all households with at least one child under the age of five years (0-59 months) from each community. Twenty-five percent of households with a child under five years from each Province were then randomly selected to participate in the survey. Data was collected from the youngest child in each household. In addition, one module of the survey was designed to be completed by both women and men in relation to decision-making, health knowledge, and information sources. If the primary caregiver's husband / male partner was home at the time of the survey, he was invited to complete this module.

Findings

This survey provides critical insights to reflect progress in key maternal and child health and nutrition indicators since the 2013 Vanuatu Demographic and Health Survey; and can be used to triangulate with ongoing Health Information System data monitoring through the Ministry of Health in project locations.

Demographic and Socio-Economic Characteristics

- The **majority of primary caregivers participating in the survey were the child's mother** (92.6%), with 6.3% being the child's grandmother. The **average age of primary caregivers was 30 years**, and the median age was 28 years (range 16-64 years). Among all primary caregivers, nearly half (48.2%) were currently lactating and 4.4% were known to be pregnant at the time of the survey.

¹ Adair et al (2013). Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income; findings from five birth cohort studies *Lancet* 382: 525-34

- **Levels of education varied widely** across respondents. While 6.3% of primary caregivers reported ever attending school, and 18.8% reported only attending some primary school; 23.9% had completed primary school, and 51.1% had at least some secondary education (with 6.6% achieving post-secondary degrees).
- **Over one in five (21.8%) mothers report working outside the home**, which is defined as either employment or work in the garden.
- Whilst maternal and child disability was measured in this survey, **very low levels of functional disability were reported** in only 2.2% (6 adults) of caregivers and 1.8% (2 children) amongst children 2-4 years. These numbers were too low to be able to undertake any analysis on the relationship between stunting or other IYCF practices and disability in the project area.

Health and Nutrition Status among Children Under Five Years

The survey found that **20.8% (CI: 15.8-25.8%) of children under five in the project area suffered from chronic malnutrition (stunting)**. This is lower than the VDHS 2013 stunting rate of 28.9%. While stunting rates did not vary by urban / rural location or by Province, boys had considerably higher levels of stunting (25.6%) than girls (15.6%).

Approximately one in four (23.5%) children under five years had diarrhoea in the previous 2 weeks, indicating an ongoing need to attend to good practices to prevent and treat illness.

Coverage of Evidence-based Essential Nutrition and Hygiene Practices and Behaviours

A range of recommended practices including health service use that support good nutritional outcomes were identified as having **relatively high (or higher than anticipated) coverage** in the target communities including:

- **Breastfeeding practices:** Exclusive breastfeeding for children 0-5 months was 69%. Three-quarters (75%) of children continued to be breastfed until one year of age (12-17 months) and half of children (50%) continued to be breastfed until the recommended two years of age (20-23 months).
- The proportion of mothers reporting **attendance at least four antenatal care consultations** was 85.8% and **taking iron tablets / syrup** for 90 or more days during pregnancy was 88.4%, both considerably higher figures than VDHS 2013 of approximately 50%.
- The proportion of **children fully immunised at 12 months** was 84%, which is a vast improvement from the VDHS 2013 and a likely reflection of the strong emphasis of Ministry of Health and UNICEF in recent years.

Conversely, a range of recommended practices were found to have **comparatively low or inadequate coverage**, namely:

- **Lack of dietary diversity** is a key risk factor which may contribute to poor nutrition among both mothers and children. **Less than one quarter (22.4%) of women met minimum dietary diversity standards** for women of reproductive age (MDD-W). Among pregnant and lactating women, only 18.3% met the MDD-W. For children, our data show that approximately **one in three children (35.1%) receive a minimum acceptable diet** (i.e. both sufficient quantities and quality to support their growth and development).
- **Sub-optimal sick child care and feeding practices** are another risk factor, with low rates of offering increased fluids and continued feeding during episodes of diarrhoea, especially in Sanma province.
- **Use of modern contraception** in the study population is modest, where only 40% of mothers of children under five are currently using a modern method (and only 11% in Penama province).
- Despite almost three-quarters of households having a place for handwashing, and 61% of households having water present at that place, the **poor availability of soap** (found in 25.4% of households only) resulted in less than one quarter of households having both soap and water present to enable handwashing with soap. Furthermore only about one in four women and men had adequate **knowledge of the critical times for handwashing** (i.e. could name four out of the five times).

Gender

Consistent with global evidence, findings from the baseline survey identify a range of gender-related factors important for health and nutrition outcomes in the project areas:

- Approximately 10.3% of the overall sample of households were female-headed, consistent with available national data of 12.2%². Most women are not the head of their household but are either the head of household's wife / partner or daughter / daughter-in-law, with implications for decision-making and access to resources.
- **Less than half of mothers reported that someone accompanied them to at least one ANC visit.** Husbands / male partners and mothers / mothers-in-law were most often cited. Overall, **79% of mothers reported having some help with their workload during pregnancy**; of which assistance with cooking and cleaning were the most commonly reported. More demanding tasks such as collecting firewood, water, and gardening were less often cited.
- **Men play a large role in household decision making** around food purchases and healthcare seeking, either independently or in consultation with their partner, however had lower levels of MCH knowledge than women. Men are more likely to receive health messages through some form of media (radio, internet, newspaper) than women. **Mothers / mothers-in-law were also identified as key influencers** in relation to child's health, and support for mothers.

Key Issues for Decision Makers and Other Stakeholders

Despite some challenges experienced during survey implementation and limitations as noted in the report, these baseline findings highlight a number of relevant issues for decision makers and other stakeholders in Vanuatu as they seek to improve nutritional outcomes for the population within a broader context of economic and social development.

Dietary diversity (nutritional intake) is inadequate among both women and children

Women of Reproductive Age and especially PLW and young children have inadequate dietary diversity (nutritional intake) to support their reproductive health needs and healthy growth and development. The Ministry of Health and partners have promoted 'Tri Kaen Kakae' (Three Kinds of Food) campaign in recent years, which promotes consumption of starches / root crops, fresh fruits and vegetables, and animal products. Messaging must now go beyond 'Tri Kaen Kakae' to promote widely available yet under consumed nutritious foods from additional food groups, such as eggs, nuts, and dairy. Furthermore, current policies do not have a particular emphasis on maternal nutrition which is known to be of critical importance in child nutrition outcomes.

In addition to this, consumption of oils / fats and sweets are particularly high, even in children younger than 2 years of age. Strong efforts are in place to prevent non-communicable diseases (NCDs), especially diabetes. Thus, there is an opportunity to synergise and expand messaging on healthy diets both during the First 1,000 Days as well as for the entire household, and to link stunting prevention with NCD prevention efforts.

Men and grandmothers are highly influential in maternal and child health and nutrition

In addition to providing advice, Grandmothers most frequently take on the primary caregiver role while the mother is away; suggesting they themselves need to be equally informed of key maternal and child health messages. Men report high levels of involvement in decision-making around maternal and child health, and food purchases, yet their knowledge of key maternal and child health and hygiene practices is low. Interventions designed to promote maternal health and nutrition during the first 1,000 days must therefore also engage grandmothers and husbands / male partners to ensure women receive appropriate advice and adequate support to adopt healthy practices.

Health contacts and information reach are sub-optimal

Fewer than one-third of women and men had at least one contact with any health worker in the last month, regardless of the age of the child, suggesting areas for improvement to increase access to monthly growth monitoring and promotion as well as VHW presence at the community level. Exposure to health messaging was more common with slightly over half of women and men reporting receiving a health message from any source; with community meetings and churches being the most common avenue. New and innovative approaches to disseminate health information and influence the uptake of evidence-based household practices are required.

² Vanuatu National Statistics Office and UNDP Pacific Office (2013). *Vanuatu Hardship & Poverty Report: Analysis of the 2010 Household Income and Expenditure Survey* http://www.undp.org/content/dam/rbap/docs/Research%20&%20Publications/poverty/UNDP_PC_Van_HIES.pdf

INTRODUCTION

Background

Globally, almost one in four children are stunted³; a chronic form of undernutrition which results from poor feeding practices, repeated infections, and inadequate consumption of key micronutrients which enable the child's body and brain to properly develop. Stunting indicates that a child is failing to thrive, and the effects of stunting – which include impaired brain development, lower IQ, weakened immune systems, and greater risk of cancer and diabetes later in life – are irreversible. Beyond the individual impacts, stunting is an enormous drain on economic productivity and growth. Economists estimate that stunting can reduce a country's GDP by as much as 12%⁴.

Though stunting is largely irreversible, it is preventable. An estimated 20% of stunting could have its origins in the foetal period, with a mother who herself is not getting enough nutrition to support her baby's growth and development during pregnancy⁵. Therefore, prevention of stunting is possible by improving nutrition for both mothers and children during the first 1,000 days of life: from conception through to the child's second birthday. This 1,000 day 'window of opportunity' has significant impact on the child's ability to grow, learn, and thrive⁶; and has a lasting effect on a country's prosperity.

In Vanuatu, an estimated 29% of children under five are stunted. Stunting is higher in rural areas (32%) than urban areas (19%) and associated with a short birth interval (<24 months) and low birth weight⁷. Figure 1 illustrates the World Health Organization conceptual framework for stunting, which includes many other contributing causes of stunting applicable to the Vanuatu context, such as non-exclusive breastfeeding, early cessation of breastfeeding, relatively low dietary diversity, inadequate water and sanitation, women's status and limited access to health services.

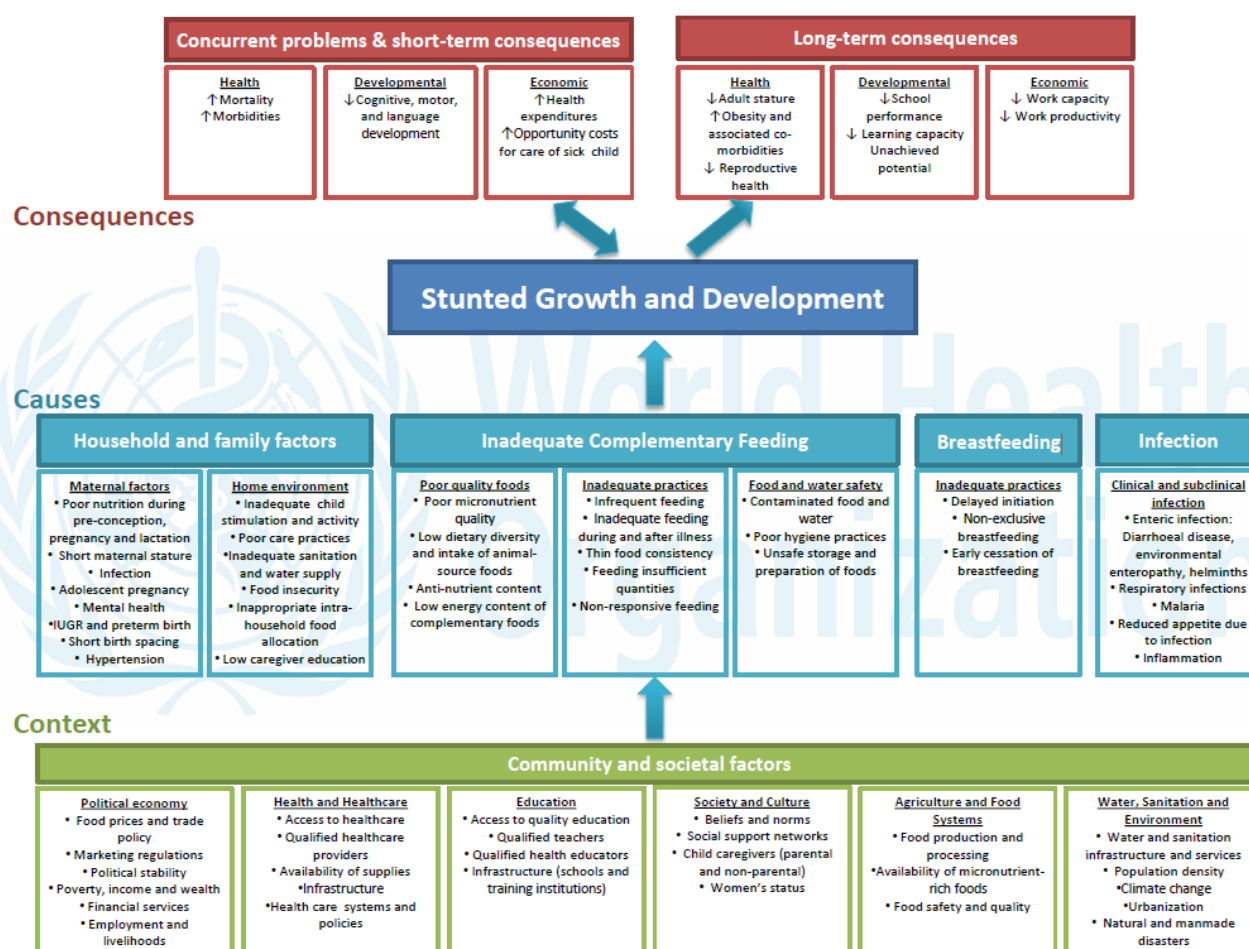
³ Development Initiatives (2017). *Global Nutrition Report 2017: Nourishing the SDGs*. Bristol, UK: Development Initiatives.

⁴ World Bank Group (2017). *The Economic Costs of Stunting and How to Reduce Them*.

⁵ Black et al (2013). Maternal and child nutrition and overweight in low-income and middle-income countries. *Lancet* 382: 427-51.

⁶ Adair et al (2013). Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income; findings from five birth cohort studies *Lancet* 382: 525-34

⁷ VNSO (Vanuatu National Statistics Office) and SPC (Secretariat of the Pacific Community) (2014). *Vanuatu Demographic and Health Survey, 2013*.

Figure 1: WHO Conceptual Framework on Stunting⁸

The Vanuatu Ministry of Health (MOH) has articulated its commitment to addressing stunting through the Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2020, specifically Key Policy Area 2 (Child Survival), which aims to reduce stunting to under 20% among all children under five years. The MOH has prioritized promoting early and exclusive breastfeeding, infant and young child feeding (IYCF) practices, and Vitamin A supplementation and de-worming. Maternal nutrition is not included at this time.

Project Description

With support from the Australian Government Department of Foreign Affairs and Trade (DFAT) through the Australian NGO Cooperation Program (ANCP), Save the Children is implementing the First 1,000 Days program from 2017-2021. The goal of the program is to reduce stunting by improving the health and nutrition of pregnant and lactating women (PLW) and children under two years of age. Program success will be measured by the following three outcomes:

1. PLW and primary caregivers of girls, boys and children with disabilities under five demonstrate healthy behaviours and practices within the home for improved maternal nutrition, infant and young child feeding hygiene
2. Improved enabling environment for improved health and nutrition practices in target communities
3. Project-derived evidence is communicated and used to inform and influence nutrition-related policy and practice in Vanuatu and foster cross-sector dialogue with key government stakeholders on first 1000 days

⁸ Stewart CP, Iannotti L, Kewey KG, Michaelsen KF & Onyango AW (2013). Contextualising complementary feeding in a broader framework for stunting prevention. *Maternal and Child Nutrition* 2013; 9(Suppl 2): 27-45. Graphic retrieved from http://who.int/nutrition/events/2013_ChildhoodStunting_colloquium_4Oct_ConceptualFramework_colour.pdf

Project Location

The First 1,000 Days project is implemented in 33 communities across three of six Provinces in Vanuatu: Shefa, Sanma, and Penama. Target communities are a mixture of small rural villages on remote outer islands, larger rural communities on the main islands of each province (Efate, Santo, and Ambae), and peri-urban areas around the country's two main cities: Port Vila and Luganville. Table 1 provides a detailed overview of each community's location and its inclusion in the baseline survey sampling.

A detailed map illustrating the project area is provided in Annexe I.

Table 2: Location of First 1,000 Day Program Communities

Province	Island	Community	Urban / Rural	Included in Baseline Survey?
Shefa	Efate	Erakor	Urban	Yes
		Eton	Rural	Yes
		Mele	Urban	Yes
		Pangpang	Rural	Yes
		Paunagisu	Rural	Yes
		Takara	Rural	Yes
	Epi	Lopalis	Rural – Outer Island	Yes
		Nulnesa	Rural – Outer Island	Yes
		Tekelele	Rural – Outer Island	Yes
	Nguna	Newora	Rural – Outer Island	Yes
Sanma	Santo	Launamoa	Rural – Outer Island	Yes
		Banban	Urban	Yes
		Chapuis	Urban	Yes
		Fimele	Rural	Yes
		Lorevilko	Rural	Yes
		Mataloi	Rural	Yes
		Narango	Rural	No
		Showground	Urban	Yes
		Solway	Urban	Yes
		Tanavusvus	Rural	Yes
		Teproma	Rural	Yes
	Malo	Avurani	Rural – Outer Island	Yes
Penama	Ambae	Ambanga	Rural	No
		Hona	Rural	Yes
		Lomataboe	Rural	No
		Lolovoli	Rural	Yes
		Lombaha	Rural	No
		Luvunbini	Rural	No
		Nagweagwea	Rural	Yes
		Red Cliff	Rural	Yes
		St. Mark	Rural	Yes
		Vilakalaka	Rural	Yes
		Vuikalato	Rural	No

METHODOLOGY

Survey Objectives

The objectives of the survey were to:

- Provide baseline values for nutritional status in children under five⁹, and evidence-based health and nutrition practices in the project target communities
- Understand the socioeconomic status of households within the target communities
- Assess other caregiving practices which may affect IYCF practices
- Understand household decision making and other gender norms may affect IYCF practice
- Assess sources of health and nutrition information and exposure to mass media among men and women
- Gather data on the prevalence of disabilities among caregivers and children under five within target communities
- Inform prioritisation of key practices for promotion within the First 1,000 Days project

Sampling

The survey utilised simple random sampling to select households for participation in the survey. To develop the sampling frame, program staff members worked with community leaders and health facility staff to develop a list of all households with at least one child under the age of five years (0-59 months) from each community. 25% of households with a child under five from each Province were then randomly selected to participate in the survey, for a total sample size of 282 households as illustrated in Table 2. Data was collected from the youngest child in each household. In addition, one module of the survey was designed to be completed by both women and men in relation to decision-making, health knowledge, and information sources. If the primary caregiver's husband / male partner was home at the time of the survey, he was invited to complete this module.

Table 3: Baseline Sample Size Calculations

Province	Total # of HHs with a CU5	Proportion of Sample from the Total Population	Sample Size (25% of Total HHs)
Shefa	572	51%	143
Sanma	350	31%	88
Penama	207	18%	52
Total	1,129	100%	282

Survey Tool Development

Baseline questionnaires were developed to target the primary caregiver of children under the age of five years. The primary caregiver was defined as the person who has primary responsibility for the child's health and well-being; and was assumed to be the mother, but could also include the child's father, grandmother, or other relative. One section of the survey also targeted the husband or male partner of the primary caregiver.

Survey questions were derived from standard global nutrition survey guidance¹⁰ and most recent Vanuatu Demographic and Health Survey. Questions on household food insecurity were formulated based on the Coping Strategies Index. Primary

⁹ While the program targets children under two years of age, the survey targeted children under five due to the small population size in the program area.

¹⁰ FFP Indicators Handbook Part I: Indicators for Baseline and Final Evaluation Surveys. April 2015. Washington, DC: Food and Nutrition Technical Assistance III Project (FANTA III), 2015; FAO and FHI 360. 2016. *Minimum Dietary Diversity for Women: A Guide for Measurement*. Rome: FAO.

caregiver questions on disability utilised the Washington Group Short Set of questions, and the UNICEF Child Functioning Module 2016¹¹ was used to assess disability in children 2-4 years.

The questionnaire was developed in English and translated into Bislama by program staff. Supervisors and enumerators reviewed the translation during the training and pre-testing of the survey tool. The questionnaire was uploaded onto Kobo Toolbox. The full questionnaire is included in Annexe 2.

Survey Teams

Five enumerators were recruited for data collection for each province. Enumerators either were recent Nursing graduates or had worked with Save the Children as peer educators or enumerators on previous surveys. Program staff, as well as representatives from the Provincial Health Office, served as survey supervisors. Supervisors provided ongoing technical and logistical support to enumerators and reviewed completed questionnaires for accuracy and consistency.

Survey teams from each Province participated in a three-day training, which included a half-day dedicated to practising measuring height, weight, and MUAC of children under five; and a half-day pilot test to practise administering the questionnaire on tablets. Following the pilot testing, additional changes were made to the Kobo system to fix skip pattern errors identified.

Data Collection, Entry, Quality Control and Analysis

Data was collected from 9-25 April 2018, which is the end of the rainy season. Enumerators administered surveys using mobile tablets and supervisors uploaded completed questionnaires to Kobo's central server when WiFi was available. Length of children 0 through 23 months and height of children 24 to 59 months was measured to 0.1cm precision using UNICEF Height/Length Measuring Boards. Weight of children 0-59 months was measured to 0.5kg precision using weighing scales. Mid-Upper Arm Circumference (MUAC) of children 6-59 months was measured using the standard MUAC tape.

Survey supervisors reviewed each questionnaire on the tablet to ensure accuracy and consistency of responses each evening before saving and uploading the survey on the server. Supervisors provided continuous feedback on errors identified and ensured each enumerator was supervised administering at least one questionnaire per day.

Data was downloaded from Kobo into an Excel database, and then imported into SPSS for analysis. SPSS version 22 was used to run frequencies and bi-variate analysis. WHO Anthro software was used to calculate sex-specific height-for-age, weight-for-age, and height-for-weight Z scores using 2006 WHO Growth Standards.

Ethical Considerations

The survey adhered to the Australian Council for International Development *Principles and Guidelines for Ethical Research and Evaluation in Development 2017*¹². Enumerator and supervisor training included a two hour session on child safeguarding, which was facilitated by either the Human Resource Manager or field Program Manager depending on location. Protocols for referral of children identified with oedema or severe acute malnutrition, and suspected child safeguarding issues, were clearly communicated to all survey team members.

During the survey, enumerators read an informed consent script to each survey respondent prior to administering the questionnaire which outlined the purpose of the survey, voluntary nature of survey participation, and confidentiality of all responses. All respondents then signed an informed consent form, which is kept on file at Save the Children office in Port Vila. The Informed Consent Form is included in Annexe 3.

All data collected is anonymous and stored on Kobo's secure server with a password-protected account.

¹¹ <https://data.unicef.org/resources/module-child-functioning/>

¹² Australian Council for International Development (2017). Principles and Guidelines for Ethical Research and Evaluation in Development https://rdinetwork.org.au/wp-content/uploads/2017/07/G231_ACFID-RDI_PG2017_WEB_compressed.pdf

RESULTS

Sample Description

A total of 272 households were sampled, against a target of 282, as shown in Table 4. Penama province was not able to achieve their targeted sample, as several target communities and many individual households within target communities were evacuated during the baseline survey process due to a volcanic eruption. Shefa and Sanma slightly exceeded their sample target.

Table 4: Comparison of baseline sample size achieved against original target

	Sample Target	Sample Achieved	% Achieved
Shefa	143	146	102.0%
Sanma	88	89	101.1%
Penama	52	37	71.1%
Overall	282	272	96.4%

Table 5 provides a general description of the sample. Slightly more boys than girls were included in the sample across all provinces but this difference was not statistically significant. Similarly, age group distribution was generally consistent across locations, with approximately 11% aged under 6 months, almost 50% of children aged 6-23 months, and the remainder (around 40%) aged 24-59 months. The urban / rural locations of communities varied considerably by Province. Overall and in Shefa, approximately 40% of households were urban and 60% rural, however in Sanma the opposite effect was observed with the majority (61%) of households located in urban areas and in Penama where implementation was affected by emergency evacuation, all sampled households were rural.

Table 5: Baseline Sample Description

	Overall		Shefa		Sanma		Penama	
	N	%	N	%	N	%	N	%
Child Sex								
Male	146	53.7%	75	51.4%	49	55.1%	22	59.5%
Female	126	46.3%	71	48.6%	40	44.9%	15	50.5%
Age Group								
<6 months	29	10.7%	13	8.9%	11	12.4%	5	13.5%
6-23 months	134	49.3%	69	47.3%	48	53.9%	17	45.9%
24-59 months	109	40.1%	64	43.8%	30	33.7%	15	40.5%
Location								
Urban	104	38.2%	49	33.6%	55	61.8%	0	0%
Rural	168	61.8%	97	66.4%	34	38.2%	37	100%
Male Partner Participation in Survey								
Yes	59	21.7%	30	20.5%	23	25.8%	6	16.2%
No	213	78.3%	116	79.5%	66	74.2%	31	83.8%
Total	272	100%	146	53.7%	89	36.1%	37	13.7%

Socioeconomic Status and Demographic Profile

Household Composition

While the majority of household heads were male (89.7%), just over 10% of household were female-headed. However, the proportion of female-headed households varied greatly by Province. Nearly half (48.6%) of respondents in Penama were female headed, compared to fewer than 5% in Shefa and Sanma. The average household size was 5.8, with no statistically different variation by location but some suggestion of larger household size in urban areas, as shown in Table 6.

Table 6: Household composition

Sex of Head of Household and Average Household Size by Location (n=272)												
	Overall		Shefa		Sanma		Penama		Urban		Rural	
	N	%	N	%	N	%	N	%	N	%	N	%
Sex of Head of Household												
Male	244	89.7%	139	95.2%	86	96.6%	19	51.4%	97	93.3%	147	87.5%
Female	28	10.3%	7	4.8%	3	3.4%	18	48.6%	7	6.7%	21	12.5%
Average HH Size	5.8		5.8		5.8		5.7		6.5		5.3	
Note: Chi-Square statistics between sex of the HHH and Province variable is 68.408, P value of Fisher’s exact test is 0.0001, Relationship is statistically significant at p<0.001												

Primary Caregiver Demographics

The majority (92.6%) of primary caregivers identified themselves as the child's mother. In 17 cases, the primary caregiver was the child's grandmother (6.3% of respondents), two primary caregivers were the child's father (0.7%), and one was the child's aunt (0.4%). The primary caregiver's relationship to the head of household was more varied: while the majority of respondents (66.2%) were the head of household's wife or partner; 14.3% were the head of household's daughter, 8.5% were the head of household's daughter-in-law, and another 8.5% reported themselves to be the head of the household.

The majority of primary caregivers are either married or living with their partner (89.3%), with 7.7% being single, and 1.5% being divorced or widowed, respectively.

The average age of primary caregivers is 30 years, and the median age is 28 (range 16-64). Among primary caregivers who identified themselves as the child's mother (n=252), the mean age is 28.9 years and the median is 28 (range 16-47 years). Among all primary caregivers, nearly half (48.2%) were currently lactating and 4.4% were known to be pregnant at the time of the survey.

Levels of education varied widely across respondents. While 6.3% of primary caregivers reported ever attending school, and 18.8% reported only attending some primary school; 23.9% had completed primary school, and 51.1% had at least some secondary education (with 6.6% achieving post-secondary degrees).

There are some important differences between primary caregiver by Province and urban/rural location, as shown in Table 7. In urban locations, primary caregivers were more likely to be the child's grandmother and are more highly educated than caregivers in rural locations. Despite the fact that approximately 90% of caregivers were married across all Provinces, 40% of caregivers in Penama province reported themselves as the head of household, higher than in Shefa or Sanma. Caregivers in Shefa were also less educated than other Provinces.

Table 7: Primary Caregiver Demographics

Number and percentage of primary caregivers (n=272), by selected demographic indicators and location												
	Overall		Shefa		Sanma		Penama		Urban		Rural	
	N	%	N	%	N	%	N	%	N	%	N	%
PC Relationship to Child *												
Mother	252	92.6%	134	91.8%	82	92.1%	36	97.3%	91	87.5%	161	95.8%
Grandmother	17	6.3%	10	6.8%	5	5.6%	1	2.7%	11	10.6%	5	3%
Other	3	1.1%	2	1.4%	2	2.2%	0	0%	2	2.0%	2	1.2%
PC Relationship to HHH **												
Wife / Partner	180	66.2%	92	63.0%	68	76.4%	20	54.1%	68	65.4%	112	66.7%
Daughter / Daughter-in-law	62	22.8%	45	30.8%	1	18.0%	16	2.7%	26	25.0%	36	21.4%
Self	23	8.5%	6	4.1%	2	2.2%	15	40.5%	4	3.8%	19	11.3%
Marital Status												
Married / living with partner	243	89.3%	130	89.1%	79	88.8%	34	91.9%	89	85.6%	154	91.6%
Single	21	7.7%	12	8.2%	7	7.9%	2	5.4%	10	9.6%	11	6.5%
Divorced / Separated or widowed	8	3%	4	2.8%	3	3.3%	1	2.7%	5	4.8%	3	1.8%
Education												
None / some primary	68	25.0%	48	32.9%	14	15.7%	6	16.2%	18	17.3%	50	29.8%
Completed primary	65	23.9%	28	19.2%	27	30.3%	10	27.0%	19	18.3%	46	27.4%
At least some secondary	139	51.1%	70	47.9%	48	53.9%	21	56.8%	67	64.4%	72	42.9%
Age												
Mean	30.0		30.2		29.6		30.3		30.4		29.8	
Median	28.0		29.0		27.0		30.0		28.0		28.5	
15-19	5	1.8%	2	1.4%	3	3.4%	0	0.0%	1	1.0%	4	2.4%
20-24	60	22.1%	29	19.9%	25	28.1%	6	16.2%	25	24.0%	35	20.8%
25-29	84	30.9%	48	32.9%	25	28.1%	11	29.7%	32	30.8%	52	31.0%
30-34	56	20.6%	31	21.2%	13	14.6%	12	32.4%	22	21.2%	34	20.2%
35 and above	67	24.6%	46	24.7%	23	25.8%	8	21.6%	24	23.1%	43	25.6%
Note: Chi square statistics between Educational attainment and Province variable is 11.537, P value is 0.021 and relationship is statistically significant at $p < 0.05$; Chi square statistics between Educational attainment and Location variable is 11.537, P value is 0.002 and relationship is statistically significant at $p < 0.01$												

Pregnancy during adolescence is associated with poorer maternal and child health and mortality outcomes, with increased rates of complications during delivery, and of premature and low birth weight babies.¹³ Young maternal age can reflect poor access to

¹³ World Health Organization (2018). Adolescent Pregnancy Fact Sheet. 28 February 2018, retrieved from: <http://who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

family planning information and services and broader gender equality. Of the 252 mothers included in the survey, the median age was roughly similar across locations, with slightly lower age in Sanma. A total of 2% of mothers were age 19 years or below, and one in four was under the age of 25 years. A further 20% of mothers were over the age of 35 years, as shown in Table 8.

Table 8: Maternal Age

	Age of Mother by Location (n = 252)											
	Overall		Shefa		Sanma		Penama		Urban		Rural	
	N	%	N	%	N	%	N	%	N	%	N	%
Maternal Age												
Mean	28.9		29		28.4		29.7		28.4		29.2	
Median	28		28		26		30		27		28	
15-19	5	2.0%	2	1.5%	3	3.7%	0	0%	1	1.1%	4	2.5%
20-24	58	23.0%	29	21.6%	23	28.0%	6	16.7%	23	25.3%	35	21.7%
25-29	84	33.3%	48	35.8%	25	30.5%	11	30.6%	32	35.2%	52	32.3%
30-34	54	21.4%	29	21.6%	13	15.9%	12	33.3%	21	23.1%	33	20.5%
35 and above	51	20.2%	26	19.4%	18	22.0%	7	19.5%	14	15.4%	37	22.9%

Food Security Status

The Coping Strategies Index (CSI) is a tool used to assess what people do when they cannot access enough food; either due to a lack of food available for harvest from the garden or a lack of money to buy food¹⁴. The CSI measures both the frequency (never, rarely, sometimes, often, and every day over the last month) and severity of a variety of coping strategies. Each coping strategy is adapted to context by assigning a weight, determined in consultation with national staff, in terms of its severity on a scale of 1-4: 1 being the least severe coping strategy ("not a big deal") and 4 being the most drastic coping strategy (extremely embarrassing and only done if the household has no other choice).

This survey asked about ten different coping strategies, which are listed below alongside their severity weighting:

1. Relying on less preferred food (1)
2. Limiting portion size at mealtime (2)
3. Reducing the number of meals consumed each day (3)
4. Restricting the amount of adult consumption so that children can eat (2)
5. Sending household members to eat elsewhere (4)
6. Sending household members to ask for food for other relatives (4)
7. Borrowing food or borrowing money to buy food (3)
8. Gathering wild food (1)
9. Purchasing food on credit (3)
10. Reducing other household expenditures (e.g. healthcare, school fees, phone credit) to purchase food (1)

¹⁴ Maxwell, D. and R. Caldwell, *The Coping Strategies Index: Field Methods Manual*. 2008, World Food Programme: Rome.

Table 9 presents the frequency of households reporting employing each coping strategy at least sometimes over the last month.

Table 9: Households Coping Strategies													
Number and percentage of households employing coping strategies at least sometimes in the last month, by location (n = 272)													
Coping strategy		Overall		Shefa		Sanma		Penama		Urban		Rural	
		N	%	N	%	N	%	N	%	N	%	N	%
1.	Rely on less preferred food	46	16.9%	13	8.9%	24	27.0%	9	24.3%	15	14.4%	31	18.5%
2.	Limit portion size at mealtime	42	15.4%	12	8.2%	26	29.2%	4	10.8%	16	15.4%	26	15.5%
3.	Reduce number of meals consumed	35	12.9%	12	8.2%	18	20.2%	5	13.5%	13	12.5%	22	13.1%
4.	Restrict amount of adult consumption	52	19.1%	15	10.3%	25	28.1%	12	32.4%	19	18.3%	33	19.6%
5.	Send HH members to eat elsewhere	8	2.9%	3	2.1%	2	2.2%	3	8.1%	2	1.9%	6	3.6%
6.	Send HH members to ask for food	10	3.7%	6	4.1%	1	1.1%	3	8.1%	2	1.9%	8	4.8%
7.	Borrow food or money	12	4.4%	8	5.5%	1	1.1%	3	8.1%	4	3.8%	8	4.8%
8.	Gather wild food	26	9.6%	6	4.1%	6	6.7%	14	37.8%	1	1.0%	25	14.9%
9.	Purchase food on credit	36	13.2%	11	7.5%	17	19.1%	8	21.6%	12	11.5%	24	14.3%
10.	Reduce other HH expenditures	50	18.4%	16	11.0%	19	21.3%	15	40.5%	18	17.3%	32	19.0%
Note: Coping strategy 1, 2, 4, 8 and 10 have significant relationship with Province variable at $p<.001$; Coping strategy 3 and 9 have significant relationship with Province variable at $p<.0$; Coping strategy 8 has significant relationship with Location variable at $p<.001$													

The CSI is calculated by multiplying the severity weight of a particular strategy by the reported frequency of employing that coping strategy in the last month (0 = never, 1 = rarely, 2 = sometimes, 3 = often, 4 = everyday). Therefore, a household may score anywhere from 0 (respondent never employed any of the strategies) to a maximum score of 96 (respondent employed all of the strategies, everyday).

CSI scores ranged widely from 0 through 92; with a median score of 5 and an average score of 10.3. Table 8 presents results by Province and urban/rural location. Penama province had considerably higher CSI scores across all domains, reflecting the emergency context in Ambae during the time of the baseline survey. Rural locations also had higher scores than urban area, countering prevailing ideas of urban areas being more food insecure in Vanuatu. These results, however, are likely mediated by Penama's CSI scores, as there are no urban locations on Ambae.

Table 10: Household Coping Strategy Index

	Severity Weight	Max Possible Score	Average Score					
			Overall	Shefa	Sanma	Penama	Urban	Rural
Rely on less preferred food	1	4	0.69	0.33	1.1	1.1	0.62	0.73
Limit portion size at mealtime	2	8	1.3	0.72	2.1	1.7	1.2	1.4
Reduce number of meals consumed each day	3	12	1.7	1.0	2.4	2.5	1.6	1.7
Restrict amount of adult consumption so that children can eat	2	8	1.3	0.70	1.8	2.3	1.2	1.4
Send household members to eat elsewhere	4	16	0.74	0.38	0.85	1.8	0.58	0.83
Send household members to ask for food for other relatives	4	16	0.76	0.60	0.67	1.6	0.54	0.90
Borrow food or money to buy food	3	12	0.75	0.68	0.74	1.1	0.75	0.75
Gather wild food	1	4	0.40	0.17	0.33	1.5	0.11	0.58
Purchase food on credit	3	12	1.6	1.1	2.3	2.0	1.5	1.7
Reduce other household expenditures	1	4	0.69	0.40	0.85	1.4	0.63	0.72
Overall – all strategies weighted	--	92	10.3	6.1	13.3	19.4	8.7	11.2

Disability

Primary Caregiver Disability

The Washington Group Short Set was asked of all primary caregivers of children under five. The Washington Group Short Set assesses the presence of difficulties in performing basic universal activities across six domains: seeing, hearing, mobility, self-care, cognition, and communication¹⁵. An individual is considered to have a disability if they have functional difficulty (report 'a lot of difficulty' in performing the action, or if they cannot do the action at all) in at least one domain.

Table 11 presents the full primary caregiver disability results by domain. Overall, six (2.2%) primary caregivers reported functional difficulty in at least one domain and are considered to have a disability. The most frequently reported functional difficulties were in the cognitive domain.

Table 11: Disability Status of Primary Caregivers

Number and percentage of primary caregivers by functional domain and reported level of difficulty functioning (n=272)												
	Seeing		Hearing		Mobility		Self-Care		Cognitive		Communication	
	N	%	N	%	N	%	N	%	N	%	N	%
No difficulty	231	84.9%	239	87.8%	216	79.4%	253	93.0%	188	69.1%	246	90%
Some Difficulty	39	14.3%	32	11.7%	54	19.9%	18	6.6%	79	29.0%	24	9%
Functional Difficulty	2	0.7%	1	0.3%	2	0.7%	1	0.4%	5	1.9%	1	0%

¹⁵ <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

Child Functioning

Caregivers of children 24-59 months were also asked a series of questions regarding their perception of their child's level of difficulty across eight domains: seeing, hearing, walking, fine motor skills, communication, learning, playing, and controlling behaviour using the UNICEF Child Functioning module (2-4 years). As with the adult disability calculations, a child is considered to have a difficulty if their caregiver reports 'functional difficulty' ("a lot of difficulty" or "cannot do at all" except for controlling behaviour where the comparative response is "a lot more") in at least one domain¹⁶.

Table 12 presents the full child functioning results, disaggregated by child sex. Overall two (1.8%) of children 24-59 months, both male, were identified as having a disability, using the criteria described above.

Table 12: Child Functioning																
Number and percentage of children 24-59 months by functional domain, reported level of difficulty functioning, and child sex (n=109)																
	Seeing		Hearing		Walking		Fine Motor		Communi cation		Learning		Playing		Controlling Behaviour	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
No Difficulty	106	97%	104	95%	105	96%	107	98%	101	93%	101	93%	109	100%	101	93%
Boy	58	95%	57	93%	57	92%	59	97%	55	90%	55	90%	61	100%	55	90%
Girl	48	100%	47	98%	48	100%	48	100%	46	96%	46	96%	48	100%	46	96%
Some Difficulty	3	3%	4	4%	4	4%	2	2%	8	7%	8	7%	0	0%	7	6%
Boy	3	5%	3	5%	4	7%	2	3%	6	10%	6	10%	0	0%	5	8%
Girl	0	0%	1	2%	0	0%	0	0%	2	4%	2	4%	0	0%	2	4%
Functional Difficulty	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
Boy	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%
Girl	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Note: an additional response of "not sure" was also included in the survey tool however no responses were recorded.

As the total number of primary caregivers and children with a disability is so low, it is not possible to disaggregate data in this report by disability status. Whilst respondents were also asked about use of assistive devices, there were no instances of reported use.

Maternal Health and Nutrition¹⁷

Mother's Work Outside Home

Mother's work outside the home may have a noteworthy effect on IYCF practices, especially breastfeeding. Overall 21.8% of mothers report working outside the home, which is defined as either employment or work in the garden. Of these mothers, 16.7% work rarely, 51.9% work part time, and 31.5% work full time (data not shown). While the mother is at work, the primary caregiver of the child is most often the child's grandmother (33.3%) however, it may also be the child's father (14.8%). Most commonly, (37%) the mother reports not using an alternate caregiver and bringing the child with her. While only 3.7% of mothers working away from home had a child 0-5 months, 51.9% had a child aged 6-23 months; which has important implications for continued breastfeeding.

¹⁶ Loeb, M. et al (2017). *Measuring Child Functioning: The UNICEF/Washington Group Model*.

¹⁷ Domains on maternal employment, pregnancy care, and family planning use were only assessed if the respondent was the child's mother (n=252). Women's dietary diversity was asked of all female primary caregivers of children under five (n=272) and then calculated for women of reproductive age (15-49 years) (n = 263).

Table 13 illustrates the breakdown of mothers who work outside the home by Province and urban/rural location. Mothers in Penama are more likely to report working outside the home than those in Shefa or Sanma.

Table 13: Maternal Employment		
Number and percentage of mothers who work outside home by location (n = 252)		
	N	%
Overall	54	21.4%
Province		
Shefa	27	20.1%
Sanma	13	15.9%
Penama	14	38.9%
Location		
Urban	15	16.5%
Rural	39	24.2
Note: Chi square statistics between 'Mothers work outside home' and Province variable is 8.162. , P value is 0.017, Relationship is statistically significant at $p < 0.05$		

Pregnancy Care

Antenatal Care and Iron and/or Folic Acid Supplementation

Table 14: Antenatal Care and IFA Supplementation among Mothers				
Number and percentage of mothers reporting attendance at antenatal care at least four times (ANC 4+) and taking iron / IFA supplementation during pregnancy, by location (n=252)				
	ANC 4+		Iron / IFA for 90 Days	
	N	%	N	%
Overall	195	77.4%	206	88.4%
Province				
Shefa	111	84.1%	118	89.4%
Sanma	55	83.3%	57	83.8%
Penama	25	83.3%	31	93.9%
Location				
Urban	62	77.5%	72	85.7%
Rural	129	87.2%	134	89.8%

Nearly all (98.4%) of mothers of children under five reported ever attending antenatal care (ANC) during their last pregnancy, and a majority (77.4%) attended at least four times (ANC4+), as recommended by the Vanuatu Ministry of Health. However, only 14.7% of mothers attended ANC at least eight times as recommended by WHO¹⁸. The mean number of ANC visits was 5.6 (range 1 to 12). Overall, 43% of mothers reported someone accompanied them to at least one ANC visit (data not shown). Of these, 39% of mothers reported their husbands or male partners accompanied them, 28.7% reported their mother or mother-in-law, 18.4% reported their sister, and 9.3% were accompanied by their friend.

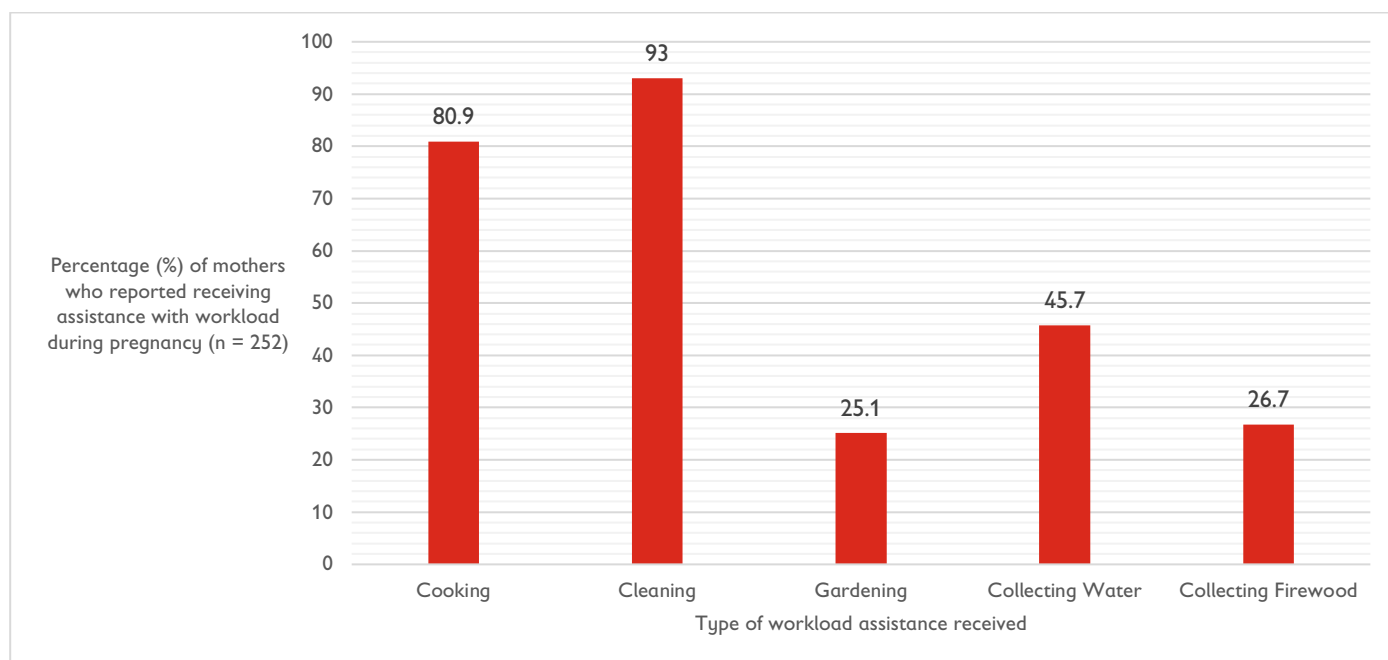
¹⁸ World Health Organization (2016). WHO recommendations on antenatal care for a positive pregnancy experience recommends a minimum of eight contacts during pregnancy to reduce perinatal mortality and improve women's experience of care

Table 14 summarizes ANC and Iron / IFA by Province and urban/rural location. No statistically significant differences were observed by location for either ANC 4+ and Iron / IFA intake.

Workload during Pregnancy

Overall, 79.0% of mothers reported having some help with their workload during pregnancy; of which assistance with cooking and cleaning were the most commonly reported, as shown in Figure 2 below. Fewer women reported assistance with more physically demanding chores such as collecting water, firewood, or gardening.

Figure 2: Type of assistance received with workload during pregnancy, reported by mothers of children under five years



Family Planning Use

Healthy timing and spacing of pregnancy helps reduce the risk of poor maternal and perinatal outcomes, and newborn deaths, ensures optimal maternal nutrition during pregnancy, and prevents low birth weight.¹⁹ WHO recommends at least two years after a live birth before attempting another pregnancy.²⁰ However, less than half (44.4%) of mothers of children under five report currently using any form of contraception; with 40.9% of all mothers reporting use of a modern method of contraception.

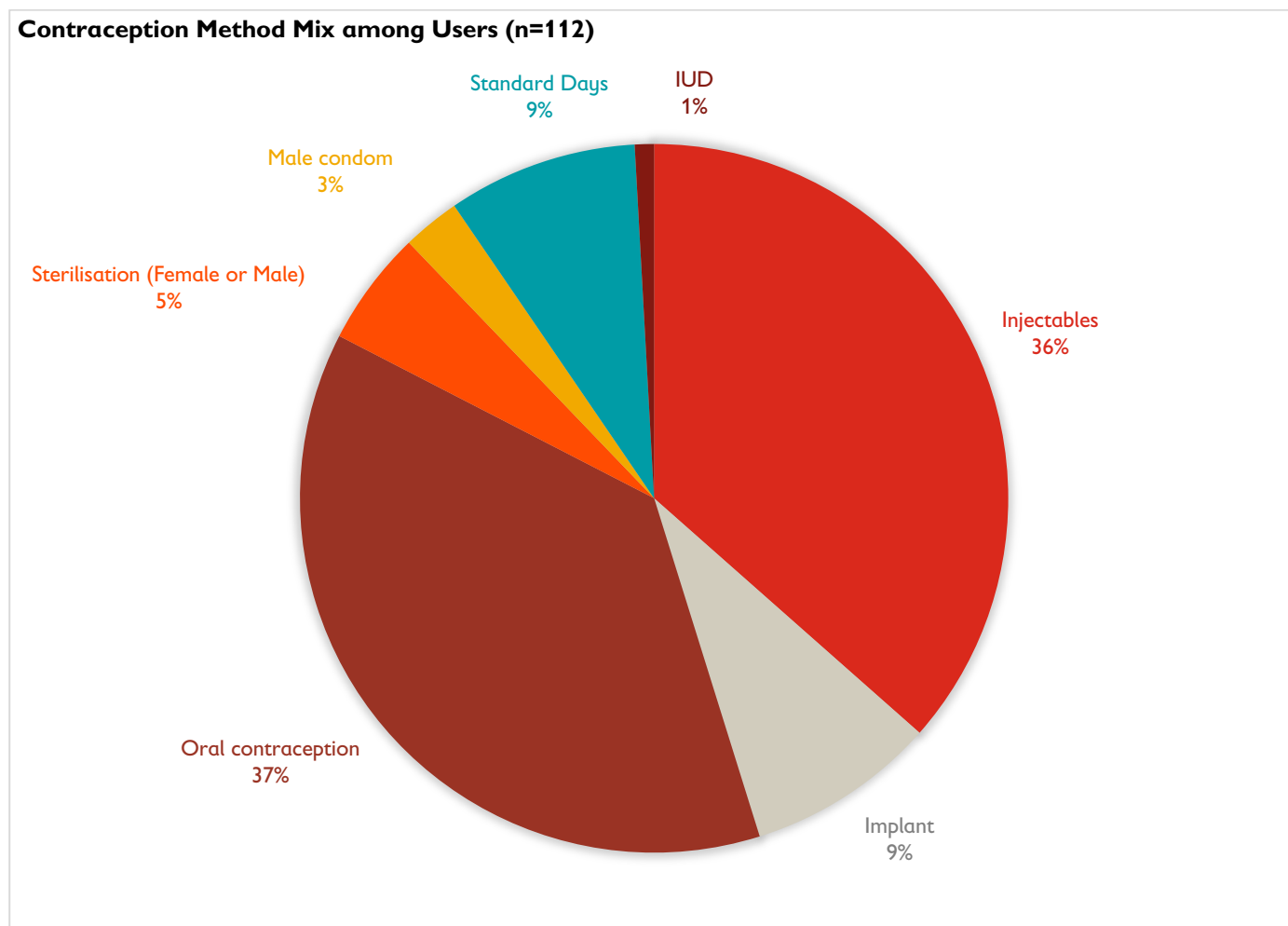
Contraceptive use is considerably lower in Penama province, where only 11% of mothers report using a modern method of contraception, compared to 45% in Shefa and 48% in Sanma, as shown in Table 13. Use of contraception also appears to be higher in urban areas, though this relationship is statistically not significant.

Injectable contraception (such as Depo Provera) and oral contraception (pills) are the most popular forms of contraception, as shown in Figure 3.

Table 15: Use of Modern Contraception		
Number and Percent of Mothers Using Modern Contraceptive Methods by location (n=252)		
	N	%
Overall	103	40.9%
Province		***
Shefa	60	45%
Sanma	39	48%
Penama	4	11%
Location		
Urban	43	47%
Rural	60	37%
*** $p < .001$		

¹⁹ World Health Organization (2007). *Report of a WHO Technical Consultation on Birth Spacing* Geneva, Switzerland, 13-15 June 2005

²⁰ Ibid

Figure 3: Contraception Method Mix

Women's Dietary Diversity

Women's dietary diversity was calculated in accordance with the Minimum Dietary Diversity for Women (MDD-W) indicator²¹ that measures adequate consumption of 11 micronutrients²² required for women of reproductive age (age 15-49 years). MDD-W assesses consumption of ten food groups by women of reproductive age in the previous 24 hours:

1. Grains, white roots and tubers, and plantains
2. Pulses (beans, peas, lentils)
3. Nuts and seeds
4. Dairy
5. Meat, poultry, and fish
6. Eggs
7. Dark leafy green vegetables
8. Vitamin-A rich fruits and vegetables
9. Other vegetables
10. Other fruits

²¹ FAO and FHI 360. 2016. *Minimum Dietary Diversity for Women: A Guide for Measurement*. Rome: FAO.

²² Vitamin A, thiamine, riboflavin, niacin, vitamin B6, folate, vitamin B12, vitamin C, calcium, iron and zinc

A woman must consume at least five of the ten food groups to meet her minimum dietary diversity requirements.

Overall 22.4% of women met MDD-W. Among pregnant and lactating women (n=134), only 18.3% met the MDD-W. While there was a moderate variation between Provinces, as shown in Table 16, this relationship was not statistically significant. The average number of food groups consumed was 3.6.

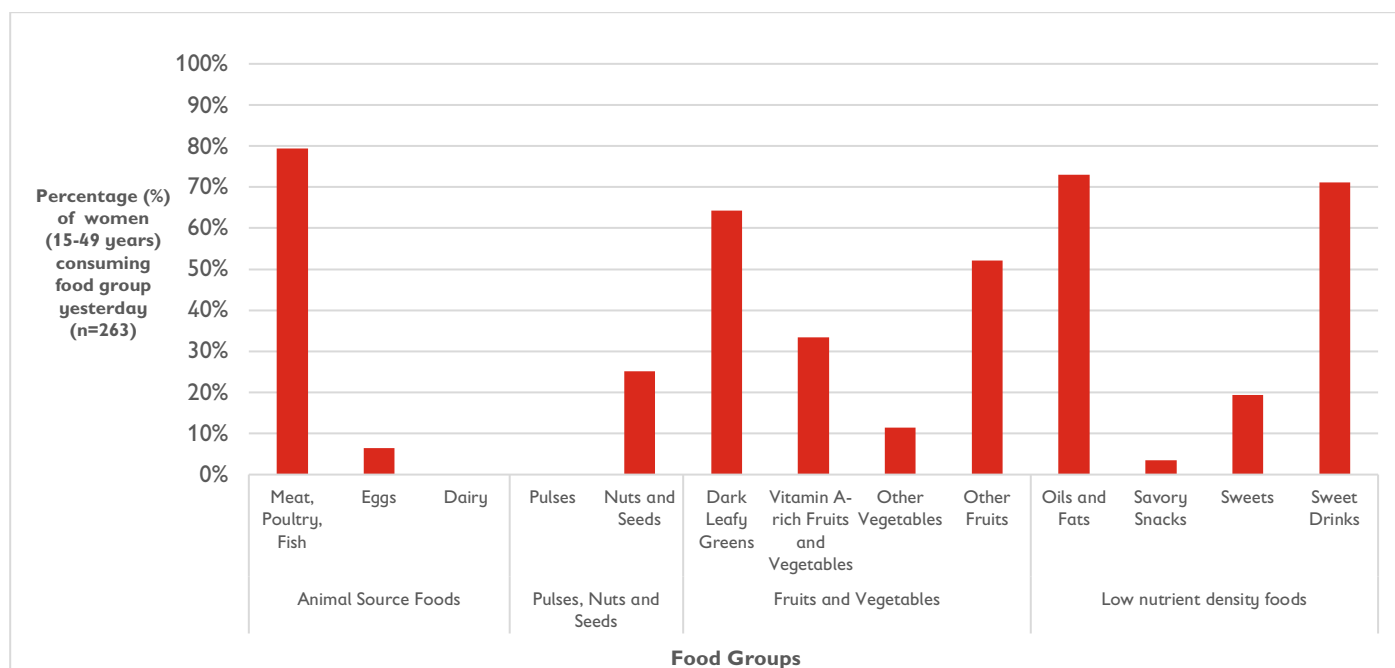
Figure 4 illustrates the percentage of women aged 15-49 years that consumed each food group. Women's nutrient-rich diets are characterized by high consumption of three principal food groups: grains (white rice and root crops such as yam, taro, and plantain), meat or fish, and dark leafy greens (e.g. island cabbage); with just over half of women also consuming fruit. Consumption of pulses, dairy, eggs, and other vegetables was rare or non-existent.

Table 16: Women's Dietary Diversity

Number and Percent of Women 15-49 Achieving Minimum Dietary Diversity, by Location (n = 263)

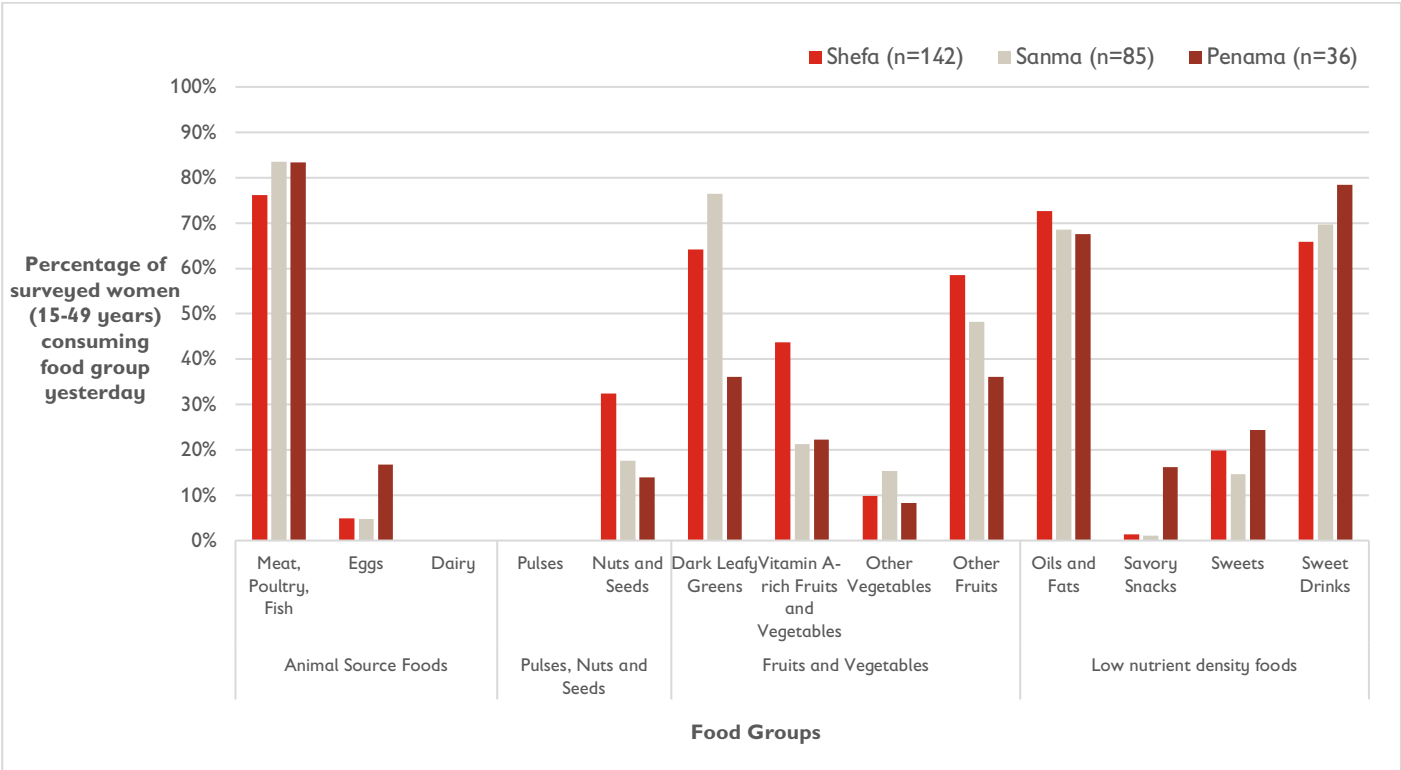
	N	%	Average Food Group Score
Overall	59	22.4%	3.6
Province			
Shefa	40	27%	3.8
Sanma	17	19%	3.7
Penama	4	11%	3.1
Location			
Urban	23	22%	3.6
Rural	38	23%	3.6

Figure 4: Dietary diversity of female primary caregivers of reproductive age (15-49 years): consumption of nutrient-rich and nutrient-poor foods



In addition to nutrient-rich food groups, consumption of non-nutrient dense food groups was high, with over 70% of women consuming oils and fats and approximately 20% of women reporting eating sweets in the previous 24 hours. Sweet drink consumption was also high among women, although this was more likely to be sweetened tea for breakfast based on enumerator observation. By comparison, savoury (packaged) snacks were consumed by relatively few women (3.4%). Provincial level data shows most consistent patterns with slightly higher consumption rates of eggs and low nutrient density foods and less consumption of nutritious foods (nuts and seeds, fruits and vegetables) observed in Penama, although the sample was relatively small and consumption patterns were likely affected by the emergency evacuation.

Figure 5: Dietary diversity of female primary caregivers of reproductive age (15-49 years): consumption of nutrient-rich and nutrient-poor foods, by Province



Child Health and Nutrition

Child Anthropometry

Height-for-age Z-score (HAZ) was determined using WHO Anthro software, using the 2006 World Health Organization Child Growth Standards (sex-specific). Implausible values (i.e. those less than or greater than 6 standard deviations (SD) from the reference mean) were excluded from analysis. Moderate stunting is defined as -2 SD from the reference mean, and severe stunting as -3 SD. For MUAC measurements, values beneath 11.5 cm and 12.5 cm were used to determine severe and moderate acute malnutrition, respectively, among children 6-59 months. There was minor digit preference observed for height measurements with approximately 12% ending in a zero or five (ideal is about 10% of observations). No additional tests were performed.

Table 17 presents the anthropometric results of children 0-59 months, disaggregated by sex, Province, and location. Prevalence of stunting in the survey area is estimated at 21%. Boys are more likely to be stunted than girls, a trend that is also reflected in the DHS. Only one child from the total sample was found to have moderate acute malnutrition (MUAC < 12.5cm).

Infant and Young Child Feeding

Breastfeeding

Exclusive breastfeeding until the age of six months is one of the most powerful determinants of child growth and development. WHO also recommends that children continue to be breastfed until at least the age of 23 months, while gradually introducing complementary foods from age six months.²⁴

Breastfeeding in this survey was determined based on the primary caregiver's report of child feeding that occurred "yesterday, during the day or night". A child was categorised as exclusively breastfed if the caregiver replied in the affirmative that the child received breastmilk yesterday, during the day or night, and replied in the negative that the child received any of the following in that same time period: non breast milk liquid (such as canned, powdered or fresh animal milk, infant formula, juice, tea, water, or coconut water); or solid or semi-solid food (such as rice, pre-chewed foods, fruits, bread, meat, eggs or vegetables). Children who did not receive breastmilk or consumed any of the mentioned foods or non-breast milk liquids were classified as not exclusively breastfed. Note that this method of calculation assumes that the previous 24 hours is representative of every day.

Overall, 86.8% of all children in the survey were ever breastfed, and 72.4% of children 0-23 months were breastfed in the previous 24 hours. Prevalence of exclusive breastfeeding among children 0-5 months was 69%. Continued breastfeeding is also extremely important, as it fulfils an important dairy requirement. Overall, 75.0% of children 12-15 months were still breastfed, and 50.0% of children 20-23 months were still breastfed. Whilst there appear to be wide variations between male and female children, and by province and location (as shown in Table 18), these relationships are not statistically significant due to the small denominators in each age category.

Table 17: Child nutritional status: Height for Age

Number and Percent of Children 0-59 Months with Moderate (-2SD) and Severe (-3SD) Stunting by location and child sex (n = 255)²³

	-2 SD		-3 SD	
	N	%	N	%
Overall	53	20.8%	19	7.0%
Sex				
Male	34	25.6%	10	7.5%
Female	19	15.6%	9	7.4%
Province				
Shefa	28	21.1%	7	5.3%
Sanma	15	17.0%	7	8.0%
Penama	10	29.4%	5	14.7%
Location				
Urban	18	18.6%	7	7.2%
Rural	35	22.2%	12	7.6%
Note: Chi square statistics between Sex and status of stunting is 3.857, P value is 0.05, Relationship is not statistically significant at p<0.05				

²³ WHO Anthro Software excluded 17 children from analysis due to implausible (+/- 6SD) scores

²⁴ World Health Organization (2013). *Essential Nutrition Actions: improving maternal, newborn, infant, and young child health and nutrition*

Table 18: Breastfeeding Practices

	Number and Percentage of Children 0-5 Months Exclusive Breastfeeding (n=29)		Number and Percentage of Children Breastfed at 1 Year (12-17 months) (n=45)		Number and Percent of Children Breastfed at 2 Years (20-23 months) (n=26)	
	N	%	N	%	N	%
Overall	20	69.0%	33	73.3%	13	50.0%
Sex						
Male	14	78%	19	76.0%	8	57.1%
Female	6	55%	14	70.6%	5	41.7%
Province						
Shefa	8	62%	17	70.8%	7	43.8%
Sanma	7	64%	14	73.7%	4	57.1%
Penama	5	100%	2	100.0%	2	66.7%
Location						
Urban	6	55%	12	60.0%	6	60.0%
Rural	14	78%	21	84.0%	7	43.8%

Additional Fluids

Data show that plain water, other liquids, powdered milk, and infant formula are introduced to babies less than 6 months old. The highest reported rates of infant formula and powdered milk consumption were amongst children aged 6-8 months (a total of 34.5%, see Table 19). Whilst high levels of 'non-milk liquids / juice' were consumed, enumerators reported that this was most often coconut water. More than 90% of children aged 9-23 months are consuming water, underlining the importance of appropriate water treatment methods.

Table 19: Consumption of liquids other than breastmilk by age group

Total number and percentage of children 0-23 months consuming liquids other than breastmilk, by age group									
Age in Months	Total Number in Age Group	Water		Non-Milk Liquids / Juice		Infant Formula		Powdered Milk	
	N		%	N	%	N	%	N	%
0-5	29	4	13.8%	5	17.2%	3	10.3%	2	6.9%
6-8	29	22	75.9%	10	34.5%	6	20.7%	4	13.8%
9-23	105	97	92.4%	57	54.3%	4	3.8%	14	13.3%
Total	163	123	75.5%	71	43.6%	13	8.0%	20	12.3%

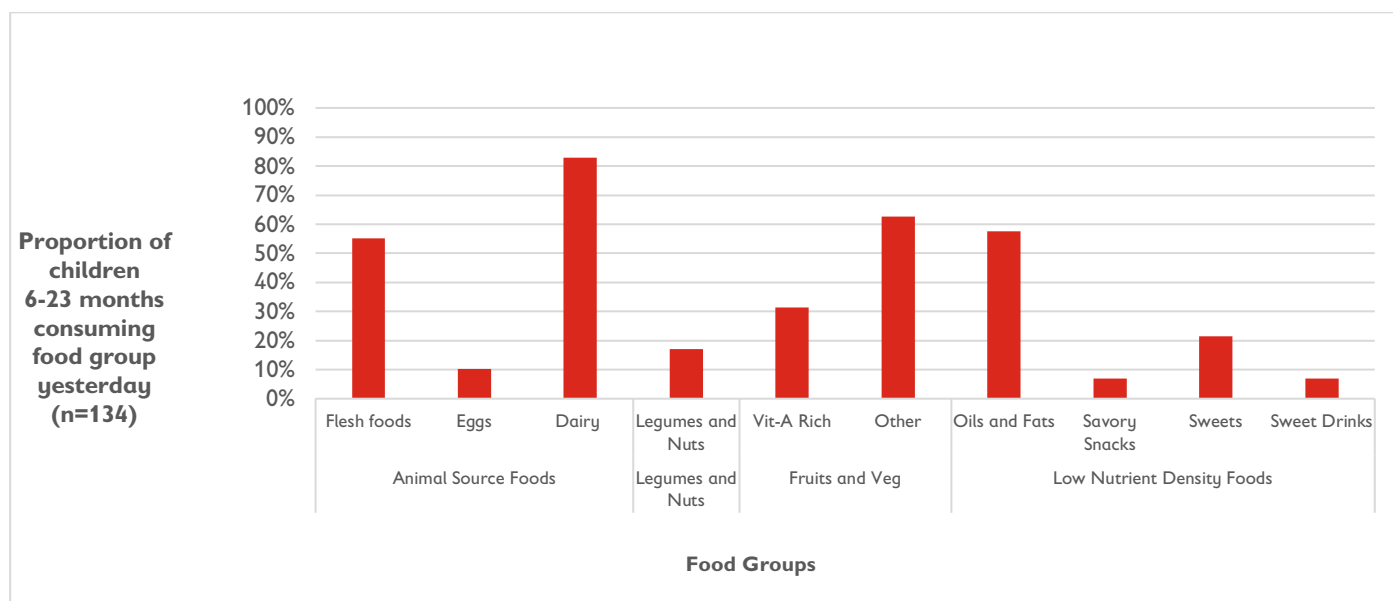
Complementary Feeding

Minimum dietary diversity for children 6-23 months is defined as consumption of at least four of the following seven food groups within the last 24 hours:

1. Grains, White Roots and Tubers
2. Legumes and Nuts
3. Dairy (including breastmilk)
4. Flesh foods
5. Eggs
6. Vitamin-A rich fruits and vegetables
7. Other fruits and vegetables

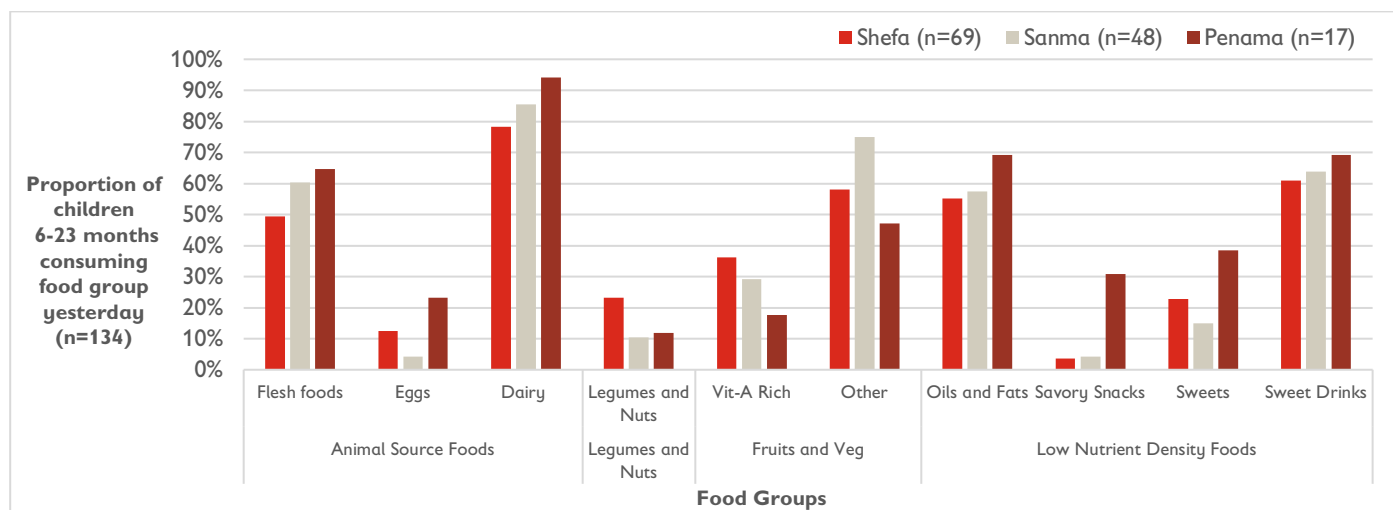
Approximately half (50.7%) of children 6-23 months met the daily minimum dietary diversity requirement (Table 20). Child diets are characterized by high consumption of rice and other root crops (taro, yam, plantain) and breastmilk (Figure 6). Mirroring women's dietary diversity, almost 60% of children 6-23 months consumed oils and fats and almost one quarter (21%) of children 6-23 months consumed sweets in the previous 24 hours (Figure 6). By comparison, savoury (packaged) snacks were consumed by 7% of children. Sweet drink consumption was also 7%, although survey enumerators reported this was more likely to be sweetened tea for breakfast, rather than soda or juice. Diet reflects what was consumed in the previous 24 hours only, so may be subject to seasonal variations in food availability. The survey team considered that the main dietary staples (root crops and island cabbage) were available at this time.

Figure 6: Dietary diversity amongst children aged 6-23 months: consumption of nutrient-rich and nutrient-poor foods



Similar patterns of dietary diversity were observed across Provinces (Figure 7). Slightly higher consumption of animal sources and low nutrient density foods, and less consumption of nutritious foods were observed in Penama, although the sample size was low and consumption patterns were likely affected by the emergency evacuation.

Figure 7: Dietary diversity amongst children aged 6-23 months: consumption of nutrient-rich and nutrient-poor foods, by Province



Minimum meal frequency for children 6-23 months is defined as follows:

For breastfed children:

- Age 6-8 months: At least 2 servings of food per day
- Age 9-23 months: At least 3 servings of food per day

For non-breastfed children:

- At least 4 servings of food per day with
- At least 2 milk feeds

Overall, 56.7% of children 6-23 months met minimum meal frequency as determined by their age and breastfeeding status (Table 20).

Finally, minimum acceptable diet is defined as those children who meet both minimum dietary diversity and minimum meal frequency requirements. Just over a third (35.7%) of children 6-23 months met the requirements for a minimum acceptable diet.

Table 20 illustrates the breakdown by child sex, Province, and urban/rural location. Shefa province has notably lower minimum meal frequency as well as minimum acceptable diet.

Table 20: Complementary Feeding of Children 6-23 months

Number and percentage of children aged 6-23 months (n = 134) by child sex and location achieving:						
	Minimum Dietary Diversity		Minimum Meal Frequency		Minimum Acceptable Diet	
	N	%	N	%	N	%
Overall	68	50.7%	76	56.7%	47	35.1%
Sex						
Male	34	50.7%	41	61.2%	27	40.3%
Female	34	50.7%	35	52.2%	20	29.9%
Province			*			
Shefa	31	44.9%	32	46.4%	18	26.1%
Sanma	29	60.4%	33	68.8%	22	45.8%
Penama	8	47.1%	11	64.7%	7	41.2%
Location						
Urban	29	54.7	31	58.5%	19	35.8%
Rural	39	48.1	45	55.6%	28	34.6%

Note: Chi square statistics between Minimum meal frequency and Province variable is 6.278. P value is 0.043, Relationship is statistically significant at $p < 0.05$

Sick Child Feeding

Caregivers who reported their child had suffered from diarrhoea in the last two weeks were asked about feeding practices during the episode. To reduce the severity and duration of the diarrhoea, as well as prevent weight loss during illness, children with diarrhoea should receive increased fluids, continued feeding (i.e. the same or more than usual), and either oral rehydration solution (ORS) or other recommended home fluids (RHF) such as coconut water.

Overall, 23.5% of children suffered from diarrhoea in the previous two weeks, with no difference between the Provinces (data not shown). Of those, over half (53.1%) of primary caregivers reported giving the child ORS or other RHF and 39.1% of caregivers reported offering increased fluids during the diarrhoea episode. Only a third (32.8%) reported continued feeding during the illness.

Table 21 presents the sick child feeding indicators. Sanma province had consistently lower sick child feeding practices than Shefa or Penama provinces; and the higher continued feeding practices in Shefa province were observed.

Table 21: Sick Child Feeding during Episodes of Diarrhoea						
Number and percentage of children aged 6-59 months with diarrhoea in the previous 2 weeks (n=64) who received:						
	ORS or RHF		Increased Fluids		Continued Feeding	
	N	%	N	%	N	%
Overall	34	53.1%	25	39.1%	21	32.8%
Sex						
Male	18	55%	12	36%	11	33%
Female	16	52%	13	42%	10	32%
Province						*
Shefa	22	61%	15	42%	17	47%
Sanma	6	33%	4	22%	3	17%
Penama	6	60%	6	60%	1	10%
Location						
Urban	11	46%	8	33%	9	38%
Rural	23	58%	17	43%	12	30%
<i>Note: Chi square statistics between Continued feeding and Province variable is 7.8880. P value is 0.019. Relationship is statistically significant at $p < 0.05$</i>						

Immunisations

Immunisations play a vital role in child health, preventing illness, disability, and death from vaccine-preventable diseases.²⁵ Vaccination coverage also serves as a health systems indicator for access to, and continuity of, health services.²⁶ The Vanuatu vaccination schedule includes the following vaccine-preventable diseases: tuberculosis, diphtheria, whooping cough (pertussis), tetanus, hepatitis B, haemophilus influenza, polio, measles, and rubella. A child should receive all immunisations by 1 year to be considered 'fully immunised'.

Child's immunisation history was recorded from the child's health book, if available, or the primary caregiver's recall. Overall 84% of all children age 12-59 months were fully immunized. There was no statistically significant relationship in immunisation status between child sex, province, or location; as shown in Table 22. Moreover, there was little difference in coverage of individual vaccination types, ranging from 85.6% for measles / rubella to 93.0% for Polio 1 (data not shown).

²⁵ World Health Organization (2018). Factsheet: Immunization Coverage, <http://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

²⁶ World Health Organization (2009) Monitoring and evaluation of health systems strengthening: An operational framework

Table 22: Child Immunisation

Number and Percentage of Children age 12-59 months who are fully immunised, by child sex and location						
	Verified by child health book (n=160)		Caregiver's recall (n=27)		Either source (n=187)	
	N	%	N	%	N	%
Overall	136	85.0%	20	76.9%	157	84.0%
Sex						
Male	70	84.3%	12	75.0%	83	83.0%
Female	66	85.7%	8	80.0%	74	85.1%
Province						
Shefa	77	83.7%	11	78.6%	89	83.2%
Sanma	44	88.0%	6	85.7%	50	87.7%
Penama	15	83.3%	3	60.0%	18	78.3%
Location						
Urban	50	89.3%	13	81.3%	63	87.5%
Rural	86	82.7%	7	70.0%	94	81.7%

Household Water, Sanitation, and Hygiene

Water, sanitation, and hygiene (WASH) is closely associated with child malnutrition. Existing evidence supports at least three direct pathways where lack of access to WASH can affect a child's nutritional status: via diarrhoeal diseases, intestinal parasite infections, and environmental enteropathy which lead to direct fluid and nutrient loss, but also limit a child's ability to absorb micronutrients.²⁷ The root cause is the ingestion of pathogens and parasites found in human and animal faeces. Household WASH practices should therefore aim to block faecal-oral transmission routes through handwashing and properly disposing children's faeces²⁸.

Handwashing Facilities

Overall, 73.5% of households reported that they had a designated place to wash hands. Water was present at 61.0% of handwashing facilities, and soap was present at 25.4%. Less than a quarter (24.3%) of all households had a handwashing station, with both soap and water present. Soap and water in the place for handwashing was considerably lower in Penama province and in rural areas, as shown in Table 23.

²⁷ World Health Organization, UNICEF, USAID (2015). Improving Nutrition Outcomes with Better Water, Sanitation, and Hygiene: Practical Solutions for Policies and Programmes https://unicef.org/media/files/IntegratingWASHandNut_WHO_UNICEF_USAID_Nov2015.pdf

²⁸ Ibid.

Table 23: Soap and Water in Place for Handwashing

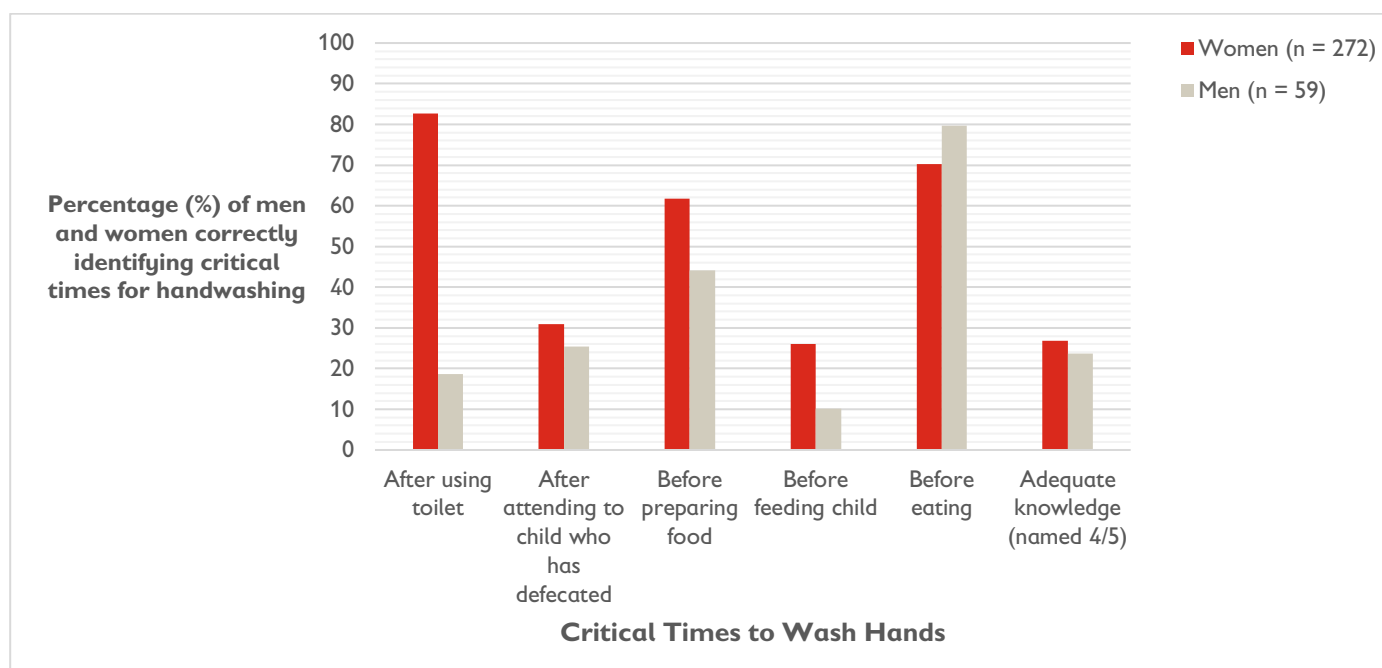
Number and percentage of households (n=272), by location, with:								
Place for Handwashing			Water Present at Place for Handwashing			Soap Present at Place for Handwashing		
	N	%	N	%	N	%	N	%
Overall	200	73.5%	166	61.0%	69	25.4%	66	24.3%
Province								
Shefa	137	93.8%	128	87.7%	45	30.8%	44	30.1%
Sanma	54	60.7%	32	36.0%	21	23.6%	19	21.3%
Penama	9	24.3%	6	16.2%	3	8.1%	3	8.1%
Location*								
Urban	80	76.9%	65	62.5%	34	32.7%	32	30.8%
Rural	120	71.4%	101	30.1%	35	20.8%	34	20.2%

Note: Chi square test results: Relationship between 'Has a place for Handwashing' and Province variable as well as 'Water present at place' and Province variable are statistically significant at $p < 0.0001$; 'Soap and water present at place' and Province variable is significant at 0.05; 'Soap and water present at place' and Location variable is significant at $p < 0.05$

Knowledge of Handwashing

Handwashing was also assessed by knowledge of the five critical times for handwashing (after using the toilet, after attending to a child who has defecated, before preparing food, before eating, and before feeding a child) among both primary caregivers of children under five, as well as their husbands if they were available at the time of the survey. Knowledge of critical times for handwashing was low. Only one quarter of women (26.8%) and men (23.7%) could name at least four out of five of the critical times for handwashing. While most respondents were able to mention before preparing food or before eating, fewer mentioned after using the toilet or any time related to interaction with a child, as shown in Figure 8.

Figure 8 Knowledge of critical times for handwashing amongst women and men



Adequate knowledge of handwashing did not vary statistically by Province or Location, for either women or men, as shown in Table 24.

Table 24: Adequate Knowledge of Handwashing				
Number and percentage of women and men with adequate knowledge of handwashing by location:				
	Women (n=272)		Men (n=59)	
	N	%	N	%
Overall	73	26.8%	14	23.7%
Province				
Shefa	37	25.3%	6	20.0%
Sanma	24	27.0%	7	30.4%
Penama	12	32.4%	1	16.7%
Location				
Urban	23	22.1%	5	26.3%
Rural	50	29.8%	9	22.5%

Appropriate Child Stool Disposal

Caregivers were asked where the child last defecated, and what was done with the faeces after the child defecated. A child's stool may be considered appropriately disposed if the child used the toilet or latrine, or if the child went anywhere else and the faeces were then either rinsed into a toilet or latrine or buried.

Under half (46.7%) of children's stools are disposed of hygienically. One in five (20.2%) children used a toilet or latrine. Of those who did not use a toilet or latrine, 44.1% are rinsed into a toilet or latrine and 11.7% are buried (data not shown). The remainder are disposed into garbage (21.3%), rinsed into a ditch or open water (12.8%), or disposed of or left in the open (2.2%). Children's stools are more likely to be appropriately disposed of safely as children grow older: 24.1% of children 0-5 months and 31.3% of children 6-23 months; compared to 71.6% of children 24-59 months. Appropriate infant stool disposal was more common in Penama province and in rural areas, as shown in Table 25.

Table 25: Appropriate Child Stool Disposal		
Number and percentage of caregivers practising appropriate child stool disposal, by location		
	N	%
Overall	117	46.7%
Province		
Shefa	51	34.9%
Sanma	44	49.9%
Penama	32	86.5%
Location		
Urban	36	34.6%
Rural	91	54.2%
<i>Note: Chi square test results: relationship between 'Appropriate stool disposal method' and Province variable as well as 'Appropriate stool disposal method' and Location variable are statistically significant at p<0.001</i>		

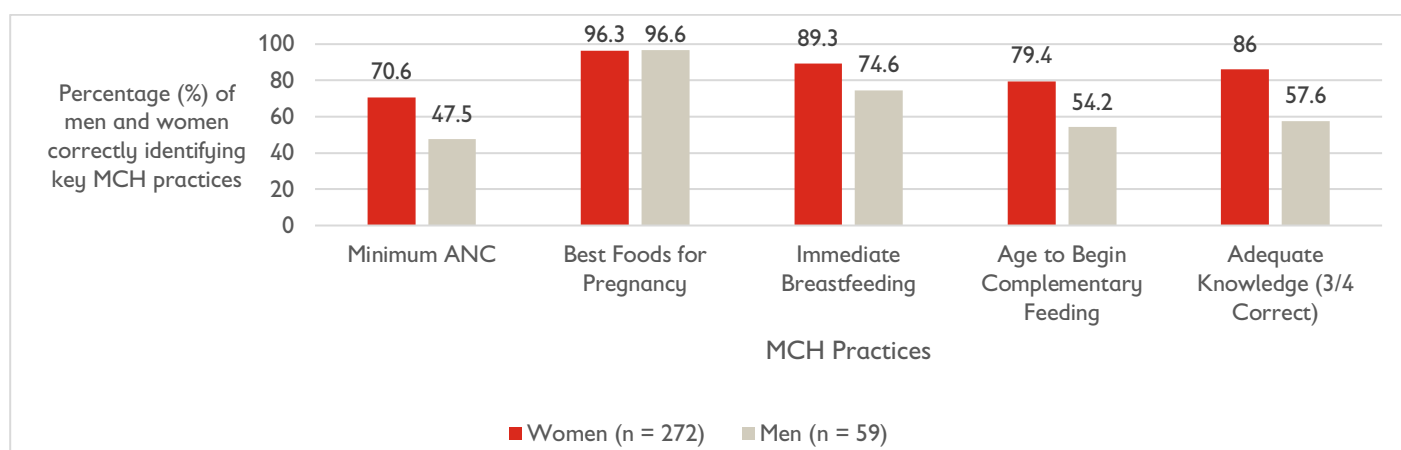
Knowledge of Key Maternal and Child Health Practices

In addition to assessing maternal and child health (MCH) and nutrition practices, the survey also assessed knowledge of specific practices among both primary caregivers of children under five, as well as their husbands if they were available at the time of the survey. The survey assessed levels of knowledge of the following:

- Knowledge of the minimum number of times for a pregnant woman to attend ANC (4)
- Knowledge of the best foods for a pregnant to consume during pregnancy (iron-rich foods, fruits and vegetables, island food)
- Knowledge of when to initiate breastfeeding after birth of child (within 1 hour)
- Age to begin introducing complementary foods to baby (6 months)

Adequate knowledge of MCH practices was defined as correctly answering three out of four of the above knowledge domains. While nearly all men and women knew about the best foods for pregnant women and early initiation of breastfeeding; fewer knew the number of times to attend ANC and when to introduce complementary foods to a baby, as shown in Figure 9.

Figure 9: Knowledge of MCH practices among women and men



Overall 86.0% of women and 57.6% of men had adequate knowledge of key MCH practices. While women's knowledge was the same across Province and Location, men's knowledge was notably higher in rural areas, as shown in Table 26. There were also wide differences in men's knowledge between Provinces. .

Table 26: Adequate Knowledge of MCH Practices

Number and percentage of women and men with adequate knowledge of key MCH practices, by location:				
	Women (n=272)		Men (n=59)	
	N	%	N	%
Overall	234	86.0%	34	57.6%
Province				
Shefa	125	85.6%	18	60.0%
Sanma	77	86.5%	11	47.8%
Penama	32	86.5%	5	83.3%
Location				
Urban	86	82.7%	7	36.8%
Rural	148	88.1%	27	67.5%
Note: Chi square statistics between 'MCH knowledge of men' and Location variable is 4.958. p value is 0.026, Relationship is statistically significant at p<0.05				

Sources of Health and Nutrition Information

Health Contacts

Contacts with health workers, who are an important source of health information, was low among both men and women. Only 27.9% of women and 18.6% of men reported being in contact with a nurse at least once during the past month; while fewer (18.0% of women and 22.0% of men) reported being in contact with a Village Health Worker at least once during the last month. Overall, 31.6% of women and 27.0% of men had at least one contact with any health worker in the last month. This figure remains the same regardless of the child's age, suggesting that even caregivers of children under the age of 1 year – who should be attending monthly growth monitoring and promotion at a health facility – are not in adequate contact with health workers. As shown in Table 27, women's contact with health workers was lowest in Shefa Province; and men's contact with health workers was notably lower in urban areas.

Sources of Health Information

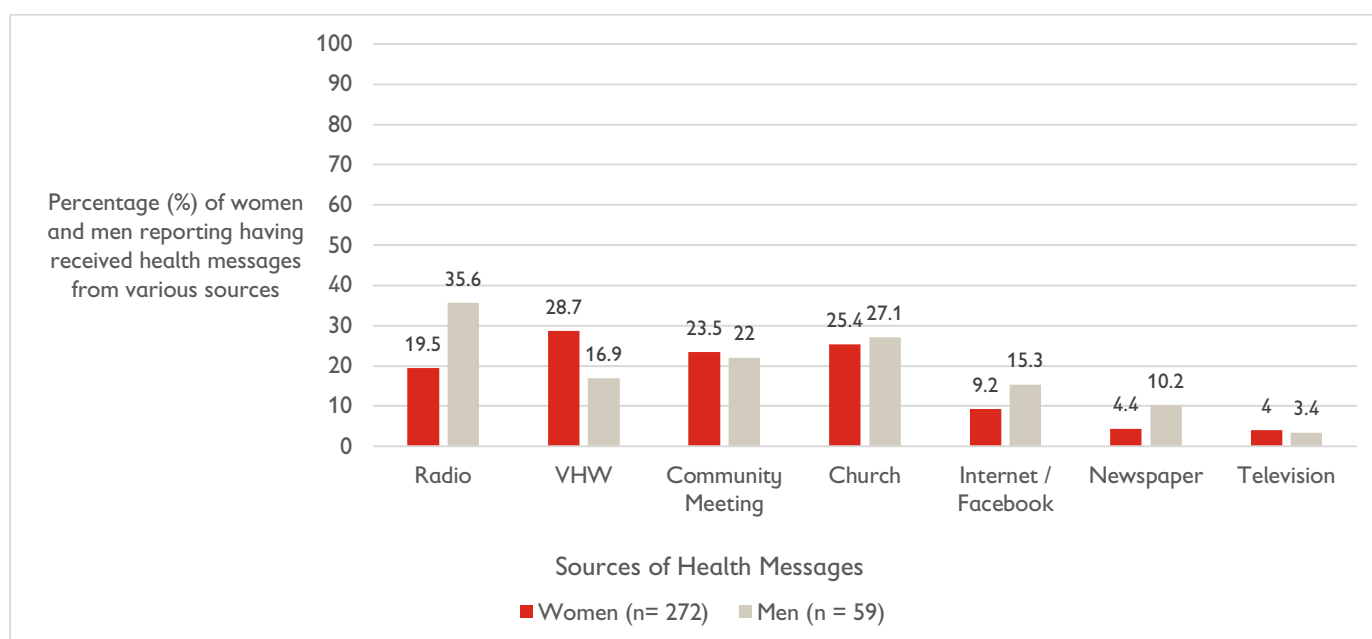
Women and men were also asked if they had received any health messages from a variety of sources in the past month. Overall, 58.8% of women and 57.6% of men reported receiving a health message from any source. As shown in Figure 10, about a quarter of men and women received health messages in a community meeting or church in the last month. Over a third of men reported receiving health messages through radio compared to 20% of women. Internet / Facebook was also more common among men (15%) than women (9%). Women and men mentioned newspaper and television were less frequently as a source of health messages.

Table 27: Health Contacts

Number and percentage of women and men in contact with a health worker in the last month, by location:				
	Women (n=272)		Men (n=59)	
	N	%	N	%
Overall	86	31.6%	16	27.0%
Province	**			
Shefa	34	23.3%	8	26.7%
Sanma	37	41.6%	6	26.1%
Penama	15	40.5%	2	33.3%
Location				
Urban	30	28.8%	2	10.5%
Rural	56	33.3%	14	35.0%

Note: Chi Square test results: Relationship between 'Women in contact with health worker' and Province variable is significant at $p < 0.05$; Relationship between 'Men in contact with health worker' and Location variable is statistically significant at $p < 0.01$

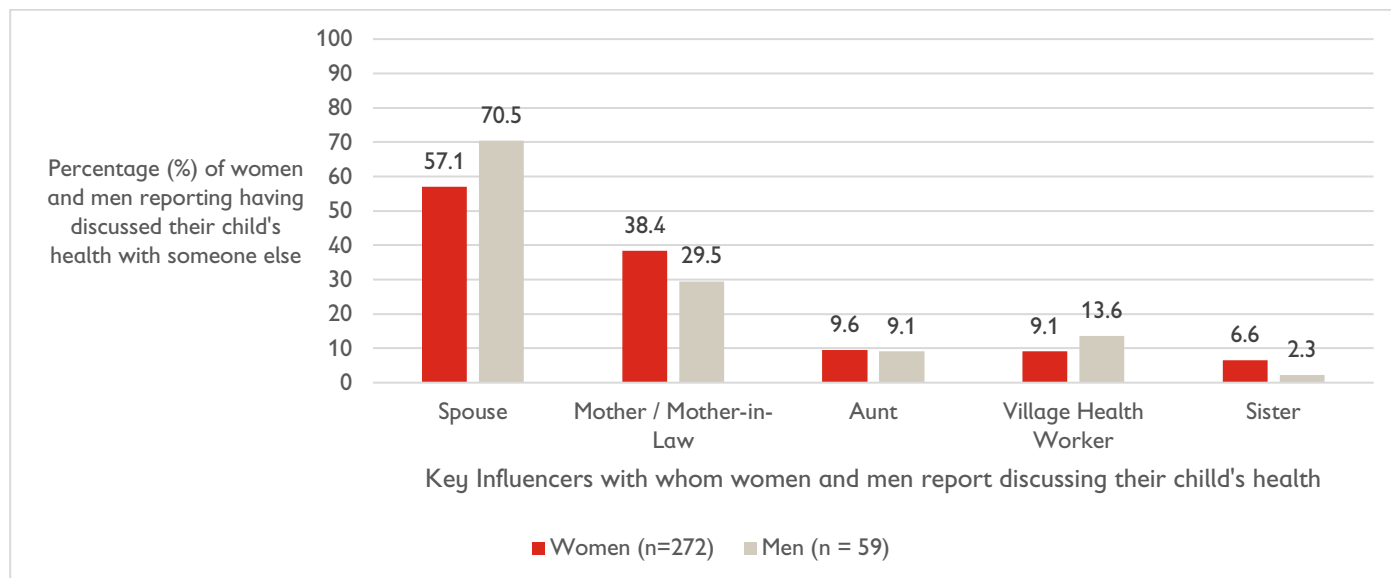
Figure 10: Sources of health messages among women and men



Key Influencers

Overall, 72.8% of women and 74.6% of men reported that they had ever discussed the health of their child with someone else. Figure 11 illustrates the most common confidants named. The two main people with whom respondents report discussing the health of the child are the spouse and mother or mother-in-law. Aunts and Village Health Workers were also mentioned by around 10% of respondents.

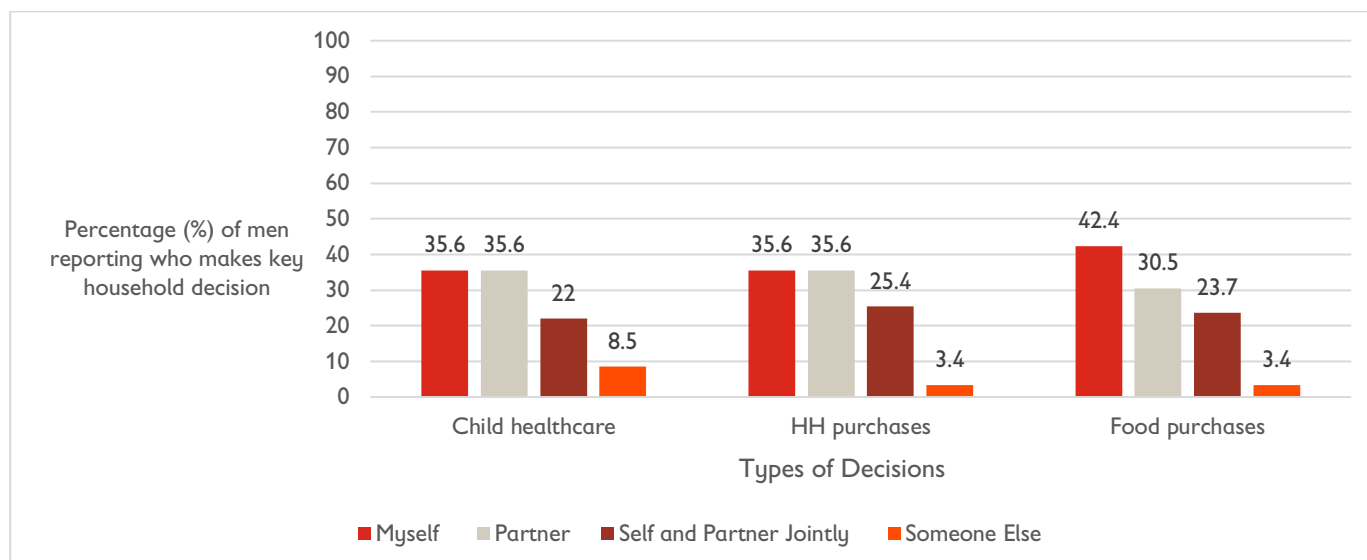
Figure 11: Key Influencers



Household Decision Making

Men / male partners of female respondents were asked a variety of questions about their roles in household decision making, specifically as it relates to their child's healthcare, household purchases, and food purchases. As shown in Figure 12, equal amounts of men (35%) reported that they alone or their wives along make decisions about child healthcare and household purchases, with about a quarter reporting they and their partner make the decisions jointly. A higher amount (42%) of men reported they alone make decisions about food purchases, with 31% reporting their partner makes the decision along and a quarter make the decision jointly. Due to a problem with questionnaire Kobo programming logic, data were not collected for the female partners of these men to enable comparison in responses.

Figure 12: Men's Perceptions of Household Decision Making



LIMITATIONS

Notwithstanding the value of these findings (as discussed below), some limitations impacted the survey implementation with possible implications for interpretations and generalisability of findings. Whilst the survey provides a range of useful information to better understand the health and nutrition situation of communities, **the major limitation is that the final sample may not be representative of (and therefore generalizable to) the population of the project area.** Identified limitations include:

- **Household listings incomplete / unavailable:** The sampling methodology used – simple random sampling – requires a comprehensive household listing of all eligible households (in this case, households with at least one child under the age of five) in the target communities to create the sampling frame. Sanma province was unable to complete the household listing exercise in one of 11 communities, and Penama province was unable to complete the household listing in three of 11 communities. In addition, the household listing exercise was not complete for many of the larger and peri-urban communities, including Mele, Erakor, Solway, and Showground. This means that the survey is not representative of the entire project area as originally intended.
- **Women sample:** As a consequence of the sampling frame above, the women sample is not representative of all women of reproductive age (WRA) 15-49 years, but of female primary caregivers of a child under 5 years, usually the child's mother. This has implications for the generalisability of some indicators (e.g. dietary diversity) to all WRA.
- **Restricted accessibility:** As noted above, Penama province was not able to achieve their targeted sample, as several target communities were evacuated during the baseline survey process due to a volcanic eruption. This also contributed to a final sample that is not representative of the entire project area.
- **Community displacement:** Community members in Penama that were interviewed were not living under their normal circumstances. For example, at least one community was living in an evacuation centre, which likely impacted on their responses (e.g. presence of handwashing station at home, potentially dietary diversity, etc.). Therefore differences where Penama Province appears higher / lower than Shefa and Sanma (e.g. female headed households) should be interpreted with caution.
- **Weighing scales:** The weighing scales procured by the survey team were only to 0.5kg precision, instead of the required 0.1kg precision required to accurately measure weight-related child anthropometry. Enumerator capacity to reliably measure child weights was not assured until well into the second week of data collection; despite having provided significant training and practice on the same. Closer examination and preliminary data analysis identified data quality concerns. Therefore, child weight – and calculations using child weight i.e. wasting (WAZ) and underweight (WHZ) data - is considered unreliable and therefore not included in this report.
- **Questionnaire skip logic error:** A skip logic error in the Kobo questionnaire that was not identified during pre-testing meant that women were not asked the module on household decision making. Thus answers are only available for male respondents only.
- **Respondent bias and recall bias:** Save the Children has been operating in Vanuatu for many years and the survey was undertaken after the project was introduced to communities. Respondents may have unconsciously or consciously biased their responses in ways that they thought would benefit, detract from, or influence themselves, their family, Save the Children, or other stakeholders. Further, some responses required recall periods of over 12 months (e.g. maternal health questions), which may have affected accuracy of responses.

DISCUSSION

The baseline survey aimed to document baseline levels for key indicators of the project in order to compare to results at the end of the project, and to inform activity design. It provided important insights into the nutritional status of children under five and coverage of key health and nutrition knowledge and practices within the First 1,000 Day project area. An endline survey will be conducted on or around April 2021, near the end of the project, during the same season as the baseline to ensure an accurate reflection of any changes in nutritional status and behaviours related to health, nutrition and WASH.

The sampling frame was designed to be representative of children under five years in the First 1,000 Days project implementing areas in Shefa, Sanma and Penama. Some similarities/differences were observed in the sample compared with the most recent national data for these Provinces, as noted below. A table including key project indicators against comparable VDHS 2013 indicators is included in Annexe 4.

Health and Nutrition Status among Children Under Five Years

The survey found that around one in five (20.8%) children under five in the project area suffered from chronic malnutrition (stunting). With Confidence Intervals (CIs) included (15.8 – 25.8%), this appears to be a reduction from the VDHS 2013 stunting rate of 28.9%. While stunting rates did not vary by urban / rural location or by Province, boys had higher levels of stunting (25.6%) than girls (15.6%). This trend is consistent with data from the VDHS 2013²⁹, and global literature³⁰, which report higher stunting rates among boys. Given the small sample size, it was not possible to undertake data analysis of association with other key household factors (e.g. dietary diversity, WASH) or maternal factors (e.g. maternal age, education).

Approximately one in four (23.5%) children under five years had diarrhoea in the previous 2 weeks, indicating an ongoing need to attend to good practices to prevent and manage illness (see below).

Coverage of Evidence-based Essential Nutrition and Hygiene Practices and Behaviours

A range of recommended practices including health service use that support good nutritional outcomes were identified as having **relatively high (or higher than anticipated) coverage** in the target communities including:

- **Breastfeeding practices:** Exclusive breastfeeding for children 0-5 months was 69% (CI 52.1 – 85.8%), somewhat lower but comparable to the rate of 85.4% identified through the VDHS 2013. Three-quarters (75%) of children continued to be breastfed until one year of age (12-17 months) and half of children (50%) continued to be breastfed until the recommended two years of age (20-23 months). While specific data on the timing, frequency, and length of feeds are not available, breastmilk is often the only source of dairy in young children's diets.
- **Minimum meal frequency** amongst children 6-23 months was 56.7% (CI: 48.3 – 65.1%), compared with VDHS data reporting 40.6% rates
- The proportion of mothers reporting **attendance at least four antenatal care consultations** was 85.8% and **taking iron tablets / syrup** for 90 or more days during pregnancy was 88.4%, both considerably higher figures than VDHS 2013 of approximately 50%.
- The proportion of **children fully immunised at 12 months** was 84% (CI 78.7 – 89.2%), which is a vast improvement from the VDHS 2013 and a likely reflection of the strong emphasis of Ministry of Health and UNICEF in recent years. That said, this level of coverage remains sub-optimal and inadequate to provide herd immunity for some highly contagious, vaccine-preventable diseases (e.g. for example, the herd protection threshold for measles is the highest of all vaccine preventable diseases and estimated coverage range is from 89 to 95% in different settings,³¹).

Conversely, a range of recommended practices were found to have **comparatively low or inadequate coverage**, namely:

- **Lack of dietary diversity** is a key risk factor which may contribute to poor nutrition among both mothers and children. Diets are characterized by high consumption of grains (rice) and local roots and tubers (manioc, taro, banana), meat or fish, and dark leafy greens (island cabbage). Consumption of fruits and vegetables (beyond island cabbage) is more limited,

²⁹ Ibid

³⁰ Black et al (2013) Maternal and child nutrition and overweight in low-income and middle-income countries, *Lancet* 2013; 382: 427-51

³¹ World Health Organization (2017) Measles vaccines: WHO position paper – April 2017, *Weekly Epidemiological Record*, No 17. 28 April, 2017

especially in urban areas. Key food groups, such as eggs and nuts, rarely consumed, despite their local availability. Dairy products (beyond breastmilk) and legumes are not part of the ni-Vanuatu diet. No comparable national data exists for minimum dietary diversity amongst women, but our data indicate that less than one quarter of women consume a sufficient range of food groups. Among pregnant and lactating women, only 18.3% met the MDD-W. For children, our data show that approximately one in three children (35.1%) receive a minimum acceptable diet (i.e. both sufficient quantities and quality to support their growth and development).

- **Sub-optimal sick child care and feeding practices** are another risk factor, with low rates of offering increased fluids and continued feeding during episodes of diarrhoea, especially in Sanma province.
- **Use of modern contraception** in the study population is modest, where only 40% of mothers of children under five are currently using a modern method (and only 11% in Penama province). The 2013 VDHS also identified birth spacing as a key contributing factor to stunting in Vanuatu.
- Despite almost three-quarters of households having a place for handwashing, and 61% of households having water present at that place, the **poor availability of soap** (found in 25.4% of households only) resulted in less than one quarter of households having both soap and water present to enable handwashing with soap. Furthermore only about one in four women and men had adequate **knowledge of the critical times for handwashing** (i.e. could name four out of the five times).

Other Key Findings

Other highly relevant findings for the Vanuatu context include:

- **Food insecurity does not appear to be a widespread issue affecting nutrition practices.** While Penama province had higher CSI scores across all domains, reflecting the emergency context in Ambae during the time of the baseline survey, overall CSI scores were considerably lower than those previously collected in Vanuatu during a prior, albeit much larger, emergency context³². Less than a fifth of households reported 'sometimes' engaging in any coping strategy over the last month.
- **High consumption of fats, savoury (packaged) snacks, and sugars:** Whilst reported consumption of fats, savoury (packaged) snacks and sugars do not contribute directly to measurements of dietary diversity due to their lack of nutrient value, consumption of these foods was high. Child consumption mirrored dietary consumption amongst women. Approximately 20% of women reported eating sweets in the previous 24 hours and almost one quarter (23%) of children 6-23 months also consumed sweets. Consumption of oils and fats was high with over 70% of women and almost 70% of children reporting consumption within the previous 24 hours. By comparison, savoury (packaged) snacks were consumed by 3.4% of women and 7% of children. Whilst differences are not analysed statistically, consumption of snacks and sweets were much higher in Penama than other provinces (likely due to the emergency evacuation), and also in urban communities. Levels of fats and oil consumption, however, was higher in rural communities. Given the well-recognised challenge of the double burden of malnutrition in Vanuatu, replacement of packaged and processed savoury and sweet foods with healthy snack options for mothers and small children will be important to reinforce through First 1,000 Days messaging.
- **Over 90% of children aged 9-23 months consume water,** reinforcing the importance of water treatment and purification methods alongside breastfeeding promotion, hygiene and health interventions already identified (though water treatment was not included for measurement in this survey).
- **Health knowledge, health worker contact, and reach of health messages remain sub-optimal:** Knowledge of key MCH practices was higher among women than men, although knowledge on critical times for handwashing was the same in both groups. However, men and women of children under the age of five years are largely not being reached with health messages, through either health workers or media. Only about a half of men and women had received any health message in the last month, and just under a third had been in contact with a health worker. Face-to-face channels continue to dominate, but men are more likely to receive health messages through some form of media (radio, internet, or newspaper) than women. The primary person confided in about child health matters for both men and women were the respondent's spouse or their mother / mother-in-law.

³² Save the Children (2015). Vanuatu Food Security and Livelihood Rapid Assessment Findings.

Gender and Disability

Consistent with global evidence, findings from the baseline survey identify a range of gender-related factors important for health and nutrition outcomes in the project areas:

- As noted above, **higher rates of stunting were observed in boys** than girls, however there were no other sex-related observable difference in child health and infant feeding indicators suggesting an **absence of preferential feeding or care practices**
- The **vast majority of primary caregivers of children under five years of age are women** (92.6% mothers and 6.3% grandmothers) and 21.8% of mothers work outside the home. In one third of these cases, the child's grandmother is the primary caregiver while the mother is at work, whilst 37% of these mothers bring their child with them. Whilst maternal education has not been separately calculated, analysis of primary caregiver education (most mothers) indicates that levels vary widely. Primary caregiver education was found to be statistically associated with handwashing knowledge, however was not related to child nutrition outcomes or essential practices.
- Approximately 10.3% of the overall sample of households were female-headed, consistent with available national data of 12.2%³³. Most women are not the head of their household but are either the head of household's wife / partner or daughter / daughter-in-law, with implications for decision-making and access to resources.
- Of the mothers surveyed, only a relatively small proportion (2%) were adolescent, however **one quarter of all mothers were under the age of 25 years**. Furthermore, one in five (20.2%) were aged 35 years or older. Due to the small sample size, additional disaggregated data analysis was not possible for this group to determine any differences between younger and older mothers
- **Less than half of mothers reported that someone accompanied them to at least one ANC visit**. Husbands / male partners and mothers / mothers-in-law were most often cited. Overall, **79% of mothers reported having some help with their workload during pregnancy**; of which assistance with cooking and cleaning were the most commonly reported. More demanding tasks such as collecting firewood, water, and gardening were less often cited.
- **Men play a large role in household decision making** around food purchases and healthcare seeking, either independently or in consultation with their partner, however had lower levels of MCH knowledge than women. As noted above, men are more likely to receive health messages through some form of media (radio, internet, newspaper) than women. **Mothers / mothers-in-law were also identified as key influencers** in relation to child's health, and support for mothers.

People with disability have poorer health outcomes and access to services, and are more likely to be economically disadvantaged³⁴. For the first time in Vanuatu, Save the Children integrated questions to estimate disability in both children 2 – 4 years and adults and found the following:

- Whilst maternal and child disability was measured in this survey, **very low levels of functional disability were reported** in only 2.2% (6 adults) of caregivers and 1.8% (2 children) amongst children 2-4 years. These numbers were too low to be able to undertake any analysis on the between stunting or other IYCF practices and disability in the project area.
- Our data compares with VDHS 2013 data of 4% and 9% prevalence of disability amongst 5 – 17 year olds and 18-59 year olds, respectively. Thus it is **entirely possible that the current survey under-reports disability prevalence** in the project areas for both adults and children aged 2-4 years. Under-reporting may relate to the way in which data were collected, and reflect inadequate training and expertise of enumerators in probing and guiding respondents, or may highlight methodological challenges, particularly with collecting perceived disability in young children. Either way, further efforts are needed to improve data collection in this new and emerging area.

³³ Vanuatu National Statistics Office and UNDP Pacific Office (2013). *Vanuatu Hardship & Poverty Report: Analysis of the 2010 Household Income and Expenditure Survey* http://www.undp.org/content/dam/rbap/docs/Research%20&%20Publications/poverty/UNDP_PC_Van_HIES.pdf

³⁴ World Health Organization (2011). *World Report on Disability* http://www.who.int/disabilities/world_report/2011/en/

IMPLICATIONS FOR POLICY AND PROGRAMMING

Recommendations for First 1,000 Days Project

Findings from the baseline survey provided an overview of the coverage of key health and nutrition knowledge and practices in the project area. To further inform program design, the program team should:

- Conduct additional formative research to better understand barriers to priority behaviours, including consumption of fruits and vegetables and hand-washing
- Conduct additional formative research among grandmothers as key influencers of maternal and child health and nutrition practices in the home, to better understand their knowledge, attitudes, and beliefs and their role in child care
- Conduct additional formative research among men (fathers of children 0-23 months) to better understand their perceived roles and responsibilities in child health and nutrition as well as their role in household decision making
- Consider how best to inform disability inclusion through the project and collect disability data going forward, in light of this survey experience
- Consider further research on adolescent and young parents, and ensure programming interventions consider these groups, for example through targeted messaging, tailored activities, and recruitment of adolescent and young parents as program facilitators

Key Findings for Decisions Makers and Other Stakeholders

Despite some challenges experienced during survey implementation and limitations as noted in the report, these baseline findings highlight a number of relevant issues for decision makers and other stakeholders in Vanuatu as they seek to improve nutritional outcomes for the population within a broader context of economic and social development.

Dietary diversity (nutritional intake) is inadequate among both women and children

WRA and especially PLW and young children have inadequate dietary diversity (nutritional intake) to support their reproductive health needs and healthy growth and development. The Ministry of Health and partners have promoted 'Tri Kaen Kakae' (Three Kinds of Food) campaign in recent years, which promotes consumption of starches / root crops, fresh fruits and vegetables, and animal products. Our data shows that the majority of women and children are indeed consuming foods from each of these three food groups, however this consumption is not sufficient to meet global dietary diversity standards based on seven and ten food groups for young children and WRA, respectively. Messaging must now go beyond 'Tri Kaen Kakae' to promote widely available yet under consumed nutritious foods from additional food groups, such as eggs, nuts, and dairy. Furthermore, current policies do not have a particular emphasis on maternal nutrition which is known to be of critical importance in child nutrition outcomes.

In addition to this, consumption of oils / fats and sweets are particularly high, even in children younger than 2 years of age. Strong efforts are in place to prevent non-communicable diseases (NCDs), especially diabetes, in large part through the Tri Kaen Kakae campaign. In a country likely to face crippling economic effects³⁵ of the double burden of malnutrition in the coming years, there is an opportunity to synergise and expand messaging on healthy diets both during the First 1,000 Days as well as for the entire household, and to link stunting prevention with NCD prevention efforts.

Men and grandmothers are highly influential in maternal and child health and nutrition

The husbands and mothers / mothers-in-law of primary caregivers of young children are key influencers in maternal and child health and nutrition, providing advice and practical support. In addition to providing advice, Grandmothers most frequently take on the primary caregiver role while the mother is away; suggesting they themselves need to be equally informed of key maternal and child health messages. Men report high levels of involvement in decision-making around maternal and child health, and food purchases, yet their knowledge of key maternal and child health and hygiene practices is low. Interventions designed to promote maternal health and nutrition during the first 1,000 days must therefore also engage grandmothers and husbands / male partners to ensure women receive appropriate advice and adequate support to adapt healthy practices.

³⁵ The International Bank for Reconstruction and Development / The World Bank (2013). *The economic costs of non-communicable diseases in the Pacific Islands: A rapid stocktake of the situation in Samoa, Tonga, and Vanuatu*. Ian Anderson, September 2013.

Health contacts and information reach are sub-optimal

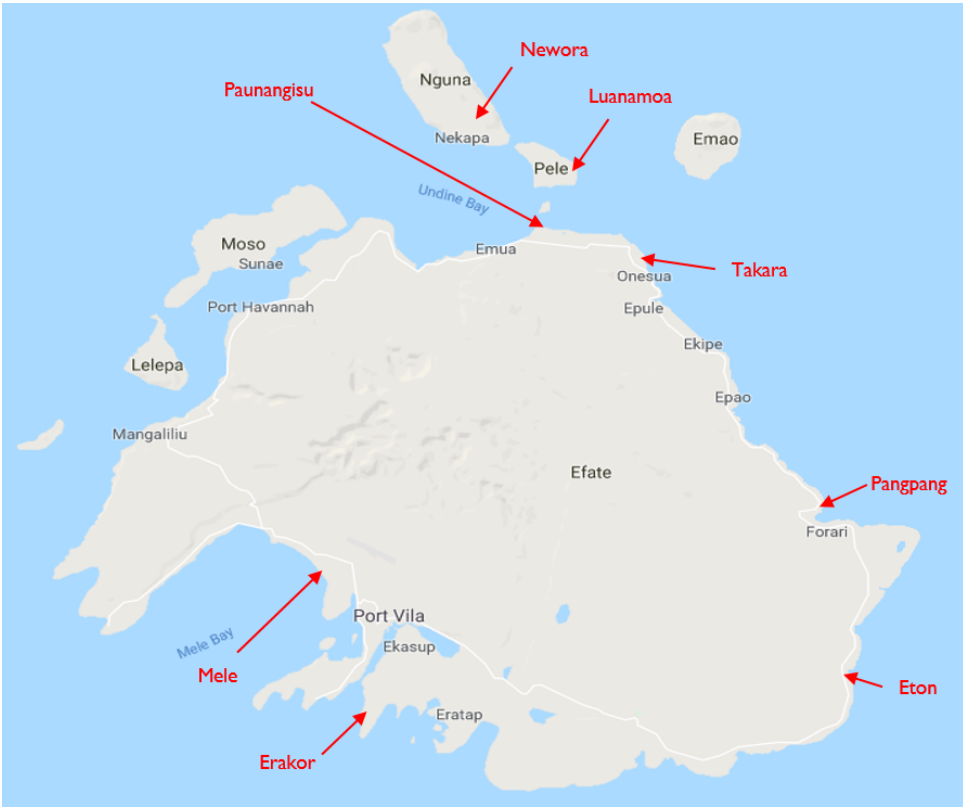
The Ministry of Health's RMNCAH National Communication Strategy identified access to health information as a key challenge in Vanuatu; with 42% of the population relying on word-of-mouth sources such as family members, friends, and community leaders. Our data confirms this challenge. Fewer than one-third of women and men had at least one contact with any health worker in the last month, regardless of the age of the child, suggesting areas for improvement to increase access to monthly growth monitoring and promotion as well as VHW presence at the community level. Exposure to health messaging was more common with slightly over half of women and men reporting receiving a health message from any source; with community meetings and churches being the most common avenue. New and innovative approaches to disseminate health information and influence the uptake of evidence-based household practices are required.

ANNEXES

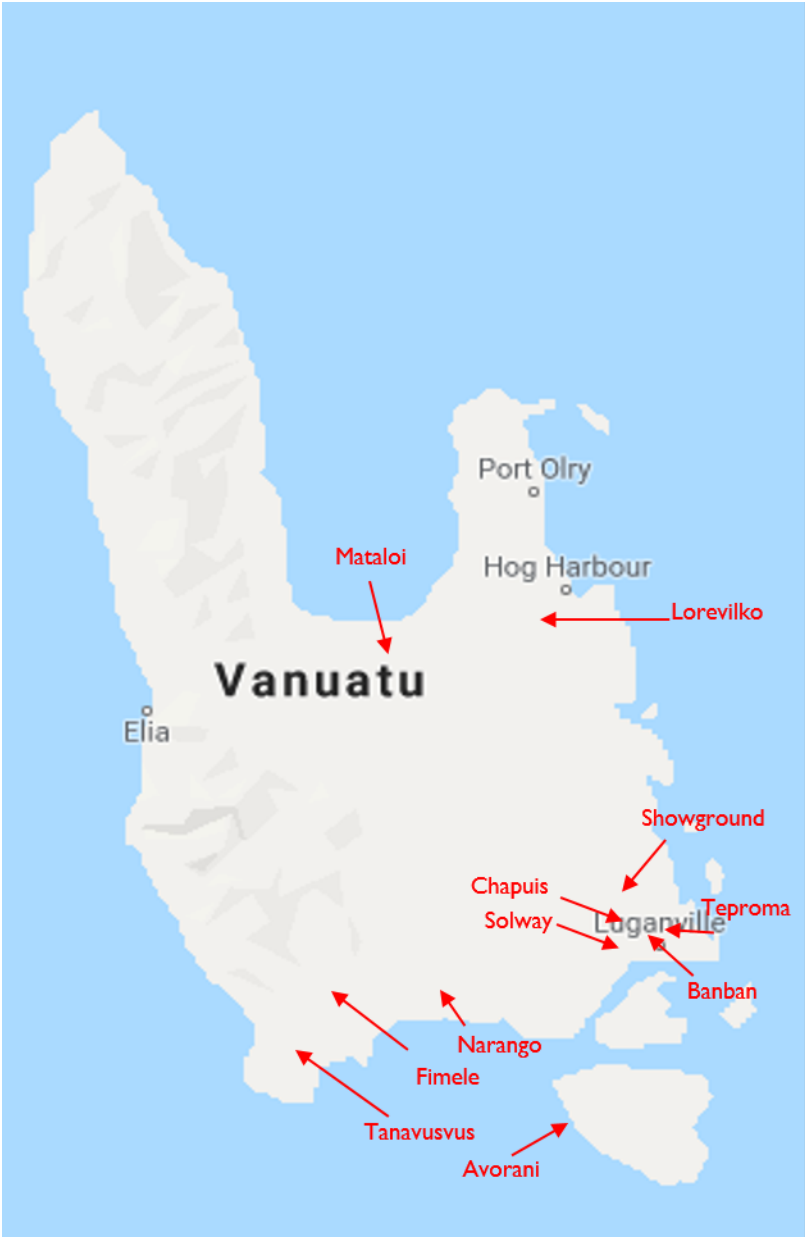
Annexe 1: Map of Project Area



Shefa Province



Sanma Province



Penama Province



Annexe 2: Survey Questionnaire

SECTION I: Location and Enumerator Details

SEKSEN I: Lokesen mo diteil blong Enumereta

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
101	Name of Province <i>Nem blong provins</i>	01 Shefa 02 Sanma 03 Penama	Single Choice	<ul style="list-style-type: none"> If SANMA, Skip to 103 If PENAMA, Skip to 104 	Province
102	Name of Community- Shefa <i>Nem blong komuniti- Shefa</i>	01 Erakor 02 Eton 03 Launamoa 04 Lopalis 05 Mele 06 Newora 07 Nulnesa 08 Pangpang 09 Paunagisu 10 Takara 11 Tekelele	Single Choice	<ul style="list-style-type: none"> Once complete, Skip to 105 	Community_Shefa
103	Name of Community- Sanma <i>Nem blong komuniti- Sanma</i>	01 Avorani 02 Banban 03 Chapuis 04 Fimele 05 Lorevilko 06 Mataloi 07 Narango 08 Showground 09 Solway 10 Teproma 11 Tanovusvus	Single Choice	<ul style="list-style-type: none"> Once complete, Skip to 105 	Community_Sanma

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
104	Name of Community- Penama Nem blong komuniti- Penama	01 Ambanga 02 Hona 03 Lomataboe 04 Lolovoli 05 Lombaha 06 Lovunbini 07 Nagweagwea 08 Redcliff 09 St Mark 10 Vilakalaka 11 Vuikalato	Single Choice	• Once complete, Skip to 105	Community_Penama
105	Date of Interview Deit blong intaviu	DD/MM/YYYY	Date		Date
106	Enumerator Name Nem blong Enumereta		Text		Enumerator

SECTION 2: Household Demographics

Seksen 2: Haoshol demografik

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
Say to the respondent: <i>First, I would like to collect some basic information about yourself and the people who live in this household</i>					
Talemaot long resondent: <i>Mi wantem tekem sam besik infomesen blong yu mo evriwan long yufala we istap tugeta long haoshol ya</i>					
201	What is the child's date of birth? Wanem deit we pikinini hemi bon long hem?	DD/MM/YYYY	Date		Child_DOB
202	What is the child's age in month?	_____ months	Number		Child_Age_Months

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	Hamas manis blong smol pikinini blong yu we istap long haos ya?				
203	What is the child's name?	_____	Text		Child_Name
	Wanem nem blong pikinini ya?				
204	What is the child's sex?	01 Male Boe 02 Female Gel	Single Choice		Child_Sex
	Pikinini hemi boe o gel?				
205	What is your relationship to [CHILD NAME]?	01 Child's mother Mama blong pikinini 02 Child's aunt Anti blong pikinini 03 Child's grandmother Apu woman blong pikinini 04 Child's older sibling Bigfala sista blong pikinini 05 Child's nanny Haos gel 06 Other (specify) Narafala	Single Choice		PC_Relation_Child
	Wanem rilesensip blong yu iko long (NEM BLONG PIKININI)				
206	How many people are in this household?	_____	Number		HH_Size
	Hamas long yufala evriwan ya l stap silip long haoshol ya?				
	(Household is defined as eating from the same pot)				
	(Haoshol hemi minim, evriwan we istap kakai tugeta long wan kitjin)				
Primary Caregiver Socioeconomic Status					
Praemari keakiva Sosioekonomik stetas					
207	How old are you?	_____	Number		PC_Age

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
208	Yu gat hams yia? Have you ever attended school? Yu bin atendem wan skul bifo?	00 No 01 Yes	Single Choice	• If NO, skip to 210	PC_School_Attendance
209	What is the highest level of school you completed? Yu bin finis long klas/level long skul?	01 Some Primary No komplitim praemari skul 02 Completed Primary Komplitim praemari skul 03 Some Secondary No komplitim sekondri skul 04 Completed Secondary Komplitim sekondri skul 05 Post-Secondary / Vocational / Diploma Teknikal skul, Vokesional skul, Diploma	Single Choice		PC_Education
210	What is your marital status? Yu maret o yu no maret?	01 Single Singel 02 Married Mared 03 Not married, but living with partner No mared, be stap liv wetem wan patna 04 Divorced or Separated Difos/seperet 05 Widowed Wido	Single Choice		PC_MaritalStatus
211	Are you currently pregnant? Yu gat bel l stap naoia?	00 No 01 Yes 99 Don't know / won't say No save/ Ino save talem	Single Choice		PC_Pregnancy
212	Are you currently breastfeeding? Yu stap kivim titi long bebi blong yu naoia?	00 No 01 Yes 99 Don't know / won't say No save/ Ino save talem	Single Choice		PC_Breastfeeding

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
213	What is your relationship to the Head of the Household? (HHH) Wanem rilesensip blong yu wetem hed blong haoshol ya?	01 Respondent is HHH Respondent hemi HHH 02 Wife / partner of HHH waef o patna blong HHH 03 Daughter of HHH Gel blong HHH 04 Daughter -in-law of HHH Dota long loa blong HHH 05 Granddaughter of HHH Pupu gel blong HHH 06 Not related to HHH (e.g. nanny) No memba blong HHH (Haosgel, kasin, Anti)	Single Choice		PC_Relation_HHH
214	Is the Head of Household male or female? Hed blong haoshol ya hemi wan man o woman?	01 Male 02 Female	Single Choice		HHH_Sex

Shared Child Caregiving

Jael Kea Kiva

215	Is respondent the child's mother? Intaviua hemi stret mama blong pikinini?	00 No 01 Yes		If YES, skip to 222 Sipos YES, skip iko long 222	Not on KOBO
216	In the last 1 month, have you done any work outside of the home? Long las manis, yu bin wok samples,aotsaed long haos ya?	00 No 01 Yes	Single Choice	• If NO, Skip to 219	Mother_Work_Away
217	How often have you worked outside the home? Hamas taem nao yu stap wok long ples ya?	Rarely (short time away from home, as needed) ino oltaem Part-time (2-3 times per week or only mornings / afternoons)	Single Choice		Mother_Time_Away

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
		03 Full-time (all day, every day)			
218	Who takes care of [CHILD NAME] while you're away? Huia I stap lukaot (Nem blong pikinini) taem yu go aot long narafala ples o no stap long haos?	No one / I bring [child name] with me 02 Husband / Partner Haspen/Patna 03 Older Children Bigfala sista/brata 04 Grandmother Apu woman 05 Other Relatives in household Narafala memba blong haoshol 06 Neighbors Neiba 07 Nanny Haosgel 08 Nursery School Neseri/ Dei kea skul	Multiple Choice		Mother_Work_Alternate_PC
219	Since [CHILD NAME] was born, have they ever lived with another member of your family in on other household or community? Taem (Nem blong Pikinini) hemi bon, hemi bin stap liv wetem wan narafala memba blong famli? O hemi bin stap liv wetem sam famli long narafala haos/ ples ples?	00 No 01 Yes	Single Choice	• If NO, skip to 222	Circulation
220	Who has been [CHILD NAME]'s primary caregiver in these cases? Huia nao hemi stap lukaot (Nem blong pikinini) long ol taem olsem?	01 [Child Name]'s Aunt Anti blong (Nem blong pikinini) 02 [Child Name]'s Grandmother / Grandfather Apu woman/Apu man blong(Nem blong pikinini) 03 [Child Name]'s Older Siblings	Multiple Choice		Circulation_PC

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
221	<p>On average, how long have you left [CHILD NAME] with another caregiver?</p> <p>Long</p> <p>Long averej, hao long nao yu save livim (Nem blong pikinini) wetem wan kea teka?</p>	<p>Bigfala sista/Brata blong(Nem blong pikinini)</p> <p>04 [Child Name]'s Cousin Kasin blong(Nem blong pikinini)</p> <p>05 Other (Specify) Narafala(spesifae)</p> <p>00 Less than 1 month les ino kasem 1 manis</p> <p>01 1-3 months 1-3 manis</p> <p>02 4-6 months 4-6 manis</p> <p>03 6 months or longer 6 manis o ova 6 manis</p>	Single Choice		
Household food insecurity Haoshol fud Insekuriti					
222					
223	<p>In the last month, how often have you had to rely on less preferred food because you don't have enough food or enough money to buy food?</p> <p>Long las manis i pas, hamas taem yu dipen nomo long kakae we yu gat 1 stap from se yu no gat inaf moni blong pem kakae?</p>	<p>00 Never Neva</p> <p>01 Rarely (1 time per week) (1 taem long 1 wik)</p> <p>02 Sometimes (2-3 times per week) 2-3 taem long wan wik</p> <p>03 Often (4-6 times per week) 4-6 taem long wan wik</p> <p>04 Everyday Evridei</p> <p>05 No save / no wanem ansa</p>	Single Choice		HHCoping1
224	<p>In the last month, how often have you had to limit portion size at mealtime you don't have enough food or enough money to buy food?</p> <p>Long las manis i pas, hamas taem saes blong kakae blong yu hemi smol lelebet enitaem blong kakai</p>	<p>00 Never Neva</p> <p>01 Rarely (1 time per week) (1 taem long 1 wik)</p> <p>02 Sometimes (2-3 times per week) 2-3 taem long wan wik</p> <p>03 Often (4-6 times per week) 4-6 taem long wan wik</p> <p>04 Everyday Evridei</p>	Single Choice		HHCoping2

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
225	<p>from se yu no gat inaf moni blong pem kakae?</p> <p>In the last month, how often have you had to reduce number of meals per day because you don't have enough food or enough money to buy food?</p> <p>Long las manis i pas, hamas taem yu bin katem daon namba blong kakai long wan dei from se yu no gat inaf moni blong pem kakae?</p>	<p>05 No save / no wanem ansa</p> <p>00 Never Neva</p> <p>01 Rarely (1 time per week) 1 taem long 1 wik</p> <p>02 Sometimes (2-3 times per week) 2-3 taem long wan wik</p> <p>03 Often (4-6 times per week) 4-6 taem long wan wik</p> <p>04 Everyday Evridei</p> <p>05 No save / no wanem ansa</p>	Single Choice		HHCoping3
226	<p>In the last month, how often have you had to restrict the amount of adult consumption so that children could eat because you don't have enough food or enough money to buy food?</p> <p>Long las manis i pas, hamas taem yu bin katem daon namba blong kakae blong yu blong mekem se pikinini I save gat inaf blong kakai from se yu no gat inaf moni blong pem kakae?</p>	<p>00 Never Neva</p> <p>01 Rarely (1 time per week) 1 taem long 1 wik</p> <p>02 Sometimes (2-3 times per week) 2-3 taem long wan wik</p> <p>03 Often (4-6 times per week) 4-6 taem long wan wik</p> <p>04 Everyday Evridei</p> <p>05 No save / no wanem ansa</p>	Single Choice		HHCoping4
227	<p>In the last month, how often have you had to send household members to eat elsewhere because you don't have enough food or enough money to buy food?</p> <p>Long las manis i pas, hamas taem yu bin stap sendem ol memba we oli stap silip long haoshol ya blong ko kakai long narafala ples from se yu no gat inaf moni blong pem kakae?</p>	<p>00 Never Neva</p> <p>01 Rarely (1 time per week) 1 taem long 1 wik</p> <p>02 Sometimes (2-3 times per week) 2-3 taem long wan wik</p> <p>03 Often (4-6 times per week) 4-6 taem long wan wik</p> <p>04 Everyday Evri dei</p> <p>05 No save / no wanem ansa</p>	Single Choice		HHCoping5
228	<p>In the last month, how often have you had to send household</p>	<p>00 Never Neva</p> <p>01 Rarely (1 time per week) 1 taem</p>	Single Choice		HHCoping6

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	members to ask for food from non-relatives because you don't have enough food or enough money to buy food? Long las manis i pas, hamas taem yu bin stap sendem ol memba we oli stap silip long haoshol ya blong ko askem kakae long narafala famli from se yu no gat inaf moni blong pem kakae?	long I wik 02 Sometimes (2-3 times per week) 2-3 taem long wan wik 03 Often (4-6 times per week) 4-6 taem long wan wik 04 Everyday Evri dei 05 No save / no wanem ansa			
229	In the last month, how often have you had to borrow food or money to buy food because you don't have enough food or enough money to buy food? Long las manis i pas, hamas taem yu bin go askem kakae o askem mane blong pem kakae from se yu no gat inaf moni blong pem kakae?	00 Never Neva 01 Rarely (1 time per week) I taem long I wik 02 Sometimes (2-3 times per week) 2-3 taem long wan wik 03 Often (4-6 times per week) 4- 6 taem long wan wik 04 Everyday Evridei			HHCoping7
230	In the last month, how often have you had to gather wild food because you don't have enough food or enough money to buy food? Long las manis i pas, hamas taem yu bin go lukaotem wael kakae from se yu no gat inaf moni blong pem kakae?	00 Never Neva 01 Rarely (1 time per week) I taem long I wik 02 Sometimes (2-3 times per week) 2-3 taem long wan wik 03 Often (4-6 times per week) 4-6 taem long wan wik 04 Everyday Evridei			HHCoping8
231	In the last month, how often have you had to purchase food on credit because you don't have enough food or enough money to buy food? Long las manis i pas, hamas taem yu bin mekem kaon blong karem kakae from se yu no gat inaf moni blong pem kakae?	00 Never Neva 01 Rarely (1 time per week) I taem long I wik 02 Sometimes (2-3 times per week) 2-3 taem long wan wik 03 Often (4-6 times per week) 4-6 taem wan wik 04 Everyday Evriwan			HHCoping9

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
232	In the last month, how often have you had to reduce other household expenditure (e.g. healthcare, phone credit, education, etc) to purchase food because you don't have enough food or enough money to buy food? Long las manis i pas, hamas taem yu bin katem daon sam ekspenses blong haoshol (olsem helt kea, von kredit, skul fi) blong pem kakae from se yu no gat inaf moni blong pem kakae?	00 Never Neva 01 Rarely (1 time per week) I taem long I wik 02 Sometimes (2-3 times per week) 2-3 taem long wan wik 03 Often (4-6 times per week) 4-6 taem long wan wik 04 Everyday Evridei			HH Coping10
Infant Stool Disposal					
Disposal blong sitsit blong pikinini					
233	The last time that [child name] passed stool, where did he/she defecate? Las taem we (Nem blong pikinini) hemi bin sitsit wea o hemi sitsit iko long wanem?	01 Used sanitation facility (toilet, latrine) Yusum toelet o latrin 02 Used potty yusum poti 03 Used washable diapers yusum napkin 04 Used disposable diapers yusum daepa? 05 Went in house / yard Sitsit insaed long haos/yad 06 Went outside premises Sitsit aotsaed long yad 07 Went in his / her clothes Sitsit long traosis o kaliko blong hem wan 08 Other (Specify) Narafala (Spesifae) 99 Don't know No save	Single Choice		Infant_Stool_Place
234	The last time that [name of child] defecated, where were the feces disposed of?	01 Dropped into toilet facility / latrine Sakem iko insaed longtoalet/latrin	Single Choice		Infant_Stool_Disposal

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	Las taem we (Nem blong pikinini) hemi sitsit, yu bin putum sitsit blong hem iko wea?	02 Rinsed / washed away into sink connected to drainage system Rinsim/Wasem aot long sink we hemi konekt iko long wan drenej sistem 03 Rinsed / washed away into yard Rinsim/wasem mo kapsaedem iko long yad 04 Disposed into solid waste / trash Sakem iko long ples blong toti/ putum iko insaed long wan minisipol rapis plastik 05 Disposed somewhere in yard Putum iko nomo long yad 06 Disposed outside premises Putum aotsaed long yad 07 Buried Berem 08 Did nothing / left it there No mekem eni samting long hem/Livim nomo I stap 09 Other (Specify) Narafala (Spesifae) 99 Don't know No save			

Soap in place for handwashing

Sop istap blong wasem han

235	Please show me where members of your household most often wash their hands. Plis yu save soem long mi ples we famli I stap wasem han blong olgeta long hem?	01 Observed Lukluk 02 Not observed; place for handwashing does not exist in yard No lukluk: ino gat ples blong wasem han long yad 03 Not observed; no permission to see No lukluk: mi no alao blong luk 04 Not observed for any other reason No lukluk from I gat narafala risen		If not observed, Skip to end of module	Handwash_Observed
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No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
236	<p>ENUMERATOR: Observe presence of water at place for handwashing</p> <p>ENUMERETA: Bae yu osevem nomo sipos I gat wota long ples we oli stap wasem han blong olgeta long hem</p>	<p>00 Water not available I no gat wota</p> <p>01 Water available I gat wota</p>			Handwash_Water
237	<p>ENUMERATOR : Observe presence of soap, detergent, or other cleaning agent at place for handwashing</p> <p>ENUMERETA: Bae yu obsevem sipos I gat sop o eni narafala samting we oli yusum blong wasem han I stap long ples blong wasem han.</p>	<p>00 None No gat</p> <p>01 Soap or detergent (bar, liquid, powder, paste) Sop o ditegen(strong sop,likwid sop, paoda sop)</p> <p>02 Alternative cleansing agent available (ash, sand, mud, lemon) Narafala taep blong samting we yu save yusum blong wasem han wetem(asis, sanbis,sof mad, lemon)</p>			Handwash_Soap

SECTION 3: Maternal Disability, Health, and Nutrition

SEKSEN 3: Matenal Disabiliti, Helt mo Nutrisen

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
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Primary Caregiver Disability

Praemari kea kiva disabiliti

Say to the respondent: Now, I would like to ask some questions about your diet and your health. These next questions are about any difficulties you may have doing certain activities because of a HEALTH PROBLEM

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
Talemaot long intaviua: Naoia, bae mi askem yu samfala kwestian long saed blong kakae we yu stap kakai mo helt blong yu. Olgeta kwestian ya bae hemi tokabaot olgeta difikalti we yu save kasem taem yu stap mekem olgeta wok blong yu fromse hemi wan healt problem					
301	Do you wear glasses? Yu werem glas?	00 No 01 Yes	Single Choice	If NO, skip to 303	PC_Glasses
302	In the last 6 months, have you ever had trouble seeing, even if wearing glasses? Long las 6 manis, yu gat problem blong lukluk, iven taem we yu werem glas?	00 No – no difficulty No- no gat 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot see at all No save lukluk nomo 99 Don't know / won't say No save / no wantem ansa	Single Choice	After answering, SKIP to 304	PC_Glasses_Problem
303	In the last 6 months, have you ever had any trouble seeing? Long las 6 manis, yu gat problem blong lukluk?	00 No – no difficulty No- no gat 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 04 Cannot see at all No save lukluk nomo 99 Don't know / won't say No save / no wantem ansa	Single Choice		PC_Vision_Problem
304	Do you wear a hearing aide? Yu werem wan hearing eid?	00 No 01 Yes	Single Choice	If NO, Skip to 306	PC_HearingAide
305	In the last 6 months, have you ever had difficulty hearing, even when wearing your hearing aide? Long las 6 manis, yu gat problem long hearing, iven taem yu werem hearing eid?	01 00 No – no difficulty No- no gat 02 Yes – some difficulty Yes- sam problem 03 Yes – lots of difficulty Yes- fulap problem 04 Cannot hear at all No save harem samting nomo 99 Don't know / won't say No save / no wantem ansa	Single Choice	After answering, SKIP to 307	PC_HearingAide_Problem

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
306	In the last 6 months, have you ever had difficulty hearing? Long las 6 manis, yu gat problem blong harem samting?	01 00 No – no difficulty No- no gat 02 Yes – some difficulty Yes- sam problem 03 Yes – lots of difficulty Yes- fulap problem 04 Cannot hear at all No save harem samting nomo 99 Don't know / won't say No save / no wantem ansa	Single Choice		PC_Hearing_Problem
307	In the last 6 months, have you ever had difficulty walking or climbing steps? Long las 6 manis, yu gat problem long wokabout?	00 No – no difficulty No gat problem 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot do at all No save wokabout no mo 99 Don't know / won't say No save / no wantem ansa	Single Choice		PC_Mobility
308	In the last 6 months, have you ever had difficulty bathing or getting dressed? Long las 6 manis, yu gat problem blong lukaotem yuwan, olsem swim yuwan mo warem clos blo yu wan?	00 No – no difficulty No gat problem 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot do at all No save lukaotem miwan nomo 99 Don't know / won't say No save / no wantem ansa	Single Choice		PC_SelfCare
309	In the last 6 months, have you ever havd difficulty remembering or concentrating? Long las 6 manis, yu gat problem blong rimembarem samting o konsentret?	00 No – no difficulty No gat problem 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot do at all No save rimemba mo konsentret nomo	Single Choice		PC_Memory

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
310	In the last 6 months, have you ever had difficulty communicating or being understood when speaking in your local language? Long las 6 manis, wetem lanwis we yu stap yusum oltaem, yu gat problem blong komiunikesen olsem andestanem ol narafa man o olgeta i andestanem yu?	99 Don't know / won't say No save / no wantem ansa 00 No – no difficulty No gat problem 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot do at all No andestanem moo l rarafala man l no save andestanemen mi nomo	Single Choice		PC_Communication
311	In the last 6 months, have you ever had a problem using your hands or fingers to pick up an object, even if you are using an assistive device? Long las 6 manis, yu gat problem blong yusum ol han mo ol finga blong yu (olsem pikimap wan smol objek o klosem ol kontena), iven taem yu yusem wan asistiv divaes?	99 Don't know / won't say No save / no wantem ansa 00 No – no difficulty No gat problem 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot do at all No yusum ol han mo finga nomo	Single Choice		PC_MotorSkills
312	In the last 6 months, have you ever had a hard time learning or doing something new (something that you've never done before)? Long las 6 manis, yu gat problem blong lanem hao blong mekem ol niu samting (olsem wan samting we yu neva mekem bifo)?	99 Don't know / won't say No save / no wantem ansa 00 No – no difficulty No gat problem 01 Yes – some difficulty Yes- sam problem 02 Yes – lots of difficulty Yes- fulap problem 03 Cannot do at all No lanem niu samting nomo	Single Choice		PC_NewSkills

Women's Dietary Diversity Dietri Daevesiti blong ol Woman

313 Please describe everything that you ate yesterday during the day or night, whether at home or outside the home. Think about when you first woke up yesterday. Did you eat anything at that time? What did you do after that? Did you eat anything at that time?

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	Plis yu save talem long mi evri kakae we yu kakai yestede long dei o long naet, weta long haos blong yu o sam narafala ples aotsaed long haos blong yu. Tingabaot taem yu wekap long yestede moning, yu bin kakai eni kakae long taem ya? Wanem nao yu mekem afta long taem yia? Yu kakai eni kakae long taem ya?				
314	GRAINS: Food made from grains, such as bread, rice, noodles, breakfast cracker KREIN: Kakae we hemi kamaot long krein olsem bred, kato, nudel, brekfas kraka o strong biskit	00 No 01 Yes	Single Choice		PC_Grains
315	ROOTS: White potatoes, white yams, manioc, banana, sweet potato (white / pale yellow flesh) or any other foods made from roots RUS Waet kumala, waet yam, manioc, banana, swit kumala(wate/skin hemi yelo smol) o eni kakae we I kamaot long rus	00 No 01 Yes	Single Choice		PC_Roots
316	BEANS: Any foods made from beans, peas or lentils BIN: Eni kaen kakae we hemi kamaot long bins, pis o lentils	00 No 01 Yes	Single Choice		PC_Pulses
317	SEEDS: Any foods made from nuts or seeds such as nakatambol, nangae, nadavao, navele, namabae SIDS: Eni kakae we hemi kamaot long sids olsem nakatambol, nangae, nadavao, navele, namabae	00 No 01 Yes	Single Choice		PC_Nuts
318	MILK PRODUCT: Cheese, yogurt, or other milk products MILK PRODAKTJis, yogot, o eni narafala milk prodakt	00 No 01 Yes	Single Choice		PC_Dairy
319	ORGAN MEATS: Liver, kidney, heart, or other organ meats	00 No 01 Yes	Single Choice		PC_Organs

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
320	<p>MIT BLONG OGAN: Liva, kidni, hat, o eni narafala pat blong ogan we hemi mit</p> <p>MEAT OR CHICKEN: Any meat, such as beef, pork, goat, chicken, or duck</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_Meat
321	<p>MIT O FAOL: Eni mit, olsem mit blong buluk, mit blong pig, mit blong nani, faol o taktak</p> <p>FISH: Fish (fresh or canned), shellfish, or seafood</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_Fish
322	<p>FIS: Fis (fres o tin), selfis o eni narafala mit blong solwota</p> <p>Eggs</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_Egg
323	<p>Ek</p> <p>GREENS: Any dark green leafy vegetables such as island cabbage, pumpkin leaves, wild ferns</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_GreenLeaves
324	<p>GRIN LIFS: Eni vejetebol we kala hemi dak grin olsem aelan kabis, top blong pamkin, wael kabis</p> <p>VITAMIN A VEGETABLES: Vitamin A-rich vegetables and tubers: Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_VitAVeg
325	<p>VEJETABOL BLONG VITAMIN A: Ol vejetebol we l fulap long vitamin A olsem, pamkin, karot, swit kumala we hemi yelo o orenj</p> <p>VITAMIN A FRUITS: Vitamin A-rich fruits: Ripe mangoes, ripe papayas, ripe passion fruit</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_VitAFruit

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
326	<p>FRUT BLONG VITAMIN A: Oi frut we hemi gat fulap vitamin A olsem: Raep mango, raep popo, raep pasen frut</p> <p>OTHER VEGETABLES: Any other vegetables (eggplant, green beans, corn, tomato)</p> <p>NARAFALA VEJETABOL: Eni narafala vejetebol olsem ekplan, grin bin, kon, tomato)</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_OtherVeg
327	<p>OTHER FRUITS: Any other fruits such as orange, pomplemouse, avocado, banana, lemon/lime, pineapple, watermelon, coconut flesh</p> <p>NARAFALA FRUT: Eni narafala frut olsem orenj, pamlemus, vaokado, raep banana, lemon/laem, paenapol, wotamelon, kakae blong grin kokonas</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_OtherFruit
328	<p>SNAILS OR INSECTS: Grubs, snails, or insects</p> <p>SNEL O INSEKT: Bebet blong wud, snel o insek</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_Grubs
329	<p>OILS AND FATS: Any oil, fats, coconut milk, or butter, or foods made with any of these</p> <p>OEL O GRIS: Eni oel, gris, melek blong kokonas, bata o kakae we oli mekem long ol kakae ya</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_OilsFats
330	<p>SNACKS: Snack foods: potato chips, crisps, doughnuts, fried plantain chips</p> <p>SNAKS: Kumala jips, manioc Jips, banana jips</p>	<p>00 No</p> <p>01 Yes</p>	Single Choice		PC_Snacks

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
331	SWEETS: Ice cream, chocolates, sweets, candies, pastries, biscuits SWITS: aeskrim, jokolet, loli, swit biskit	00 No 01 Yes	Single Choice		PC_Sweets
332	SUGAR SWEETENED BEVERAGES: Sodas, Tea or Coffee with sugar, juice, SUKA SWITEN BEVERAGE: : soda, ti, mix kofi, jus	00 No 01 Yes	Single Choice		PC_SweetDrinks
333	CONDIMENTS: such as tomato sauce, soy sauce, all spices, chili, dry seasoning packets, Soup flavor, Maggie seasoning KONDIMENT: Kakae olsem fleva: Sos tomato, soyo, jili, kari ol drae sisoning olsem fleva blong nudel, vetjin, sol etc	00 No 01 Yes	Single Choice		PC_Condiments
334	WATER AND NOTHER BEVERAGES: such as coconut water, coffee or tea without sugar, kava / alcohol WOTA MO NARAFALA BEVERAGE: Eni narafala beverej o wota: wota blong grin kokonas, kofi, ti we ino swit, kava, alkohol drink olsem bia, strong drink, waen	00 No 01 Yes	Single Choice		PC_OtherDrinks
Antenatal Care					
Antenatal kea					
335	Is respondent [CHILD NAME]'s mother? Intaviua hemi mama blong (Nem blong pikinini)?	00 No 01 Yes		If NO, skip to end of module	Not included in KOBO

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
336	When you were pregnant with [CHILD NAME], did you ever attend antenatal care at a health facility? Taem yu gat bel long (Nem blong pikinnini) yu bin go jekap long wan helt fasiliti?	00 No 01 Yes 99 Don't know Mi no save	Single Choice	If NO or DON'T KNOW, Skip to 341	ANC_Ever
337	How many months pregnant were you when you first attended antenatal care? Yu gat bel hamas manis, taem yu go long jekap long helt fasiliti long fes taem blong yu?	_____ 99 Don't know Mi no save	Number (1-9)		ANC_FirstVisit
338	How many times did you receive antenatal care during this pregnancy? Yu bin ko long jekap hamas taem, taem yu gat bel istap?	_____ 99 Don't know Mi no save	Number		ANC_NumberVisit
339	Did anyone ever accompany you to antenatal care? I bin gat eni wan I I folem yu blong go long helt fasiliti blong ko jekap?	00 No 01 Yes 99 No save	Single Choice	If NO or DON'T KNOW, Skip to 341	ANC_Accompany
340	Who accompanied you? Huia nao I bin folem yu?	01 Husband / Partner Haspen/Patna 02 Mother Mama 03 Mother-in-Law Anti 04 Sister Sista 05 Friend Fren Other (Specify) Narafala(spesifae)	Multiple Choice		ANC_Accompanier

Iron Folate Supplementation

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
341	During this pregnancy, were you given or did you buy any iron/iron folic acid tablets or iron syrup? Taem yu gat bel,yu bin tekem/pem /dring eni meresin blong blad?	00 No 01 Yes 99 Don't know No save	Single Choice	If NO or DON'T KNOW, Skip to 343	IFA_Ever
342	For how many months did you take the iron/iron folic acid tablets or iron syrup? Hamas manis yu bin stap tekem meresin blong blad?	_____ 99 Don't know No save	Number		IFA_Length
Work load during pregnancy					
Wok lod long taem woman I gat bel					
343	Did any family members help you with household chores during this pregnancy? I bin gat eni memba blong famli I bin helpem yu blong mekem eni wok long haos, taem we yu gat bel?	01 No 02 Yes 99 Don't know / can't remember	Single Choice	If NO or DON'T KNOW, Skip to 345	Pregnancy_Workload
344	What kind of household chores did they help with? Wanem kaen wok long haos nao, oli bin helpem yu wetem?	01 Cooking Kuk 02 Cleaning house Klinim haos 03 Help in garden Helpem mi long Karen? 04 Collect water Kasem wota 05 Collect firewood Katem/Karem faea wud 06 Looking after other children at home Lukaotem narafala pikinini long haos 07 Other (Specify) Narfala(Spesifae) 99 Don't know / can't remember	Multiple Choice		Pregnancy_Workload_Assistance
Contraception Prevalence					

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
Kontraseptiv privekens					
345	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? Yu o patna blong yu l stap yusum eni fasin blong famli planning?	00 No 01 Yes	Single Choice	If NO, Skip to end of module	Contraception
346	Which method are you using? Wanem kaen famli planning nao yu stap yusum?	01 Female Sterilization Tubalaekesen(TL) 02 Male Sterilization 03 IUD Lup 04 Injectables Depo 05 Implants Jadel 06 Pill Pil/tablet 07 Condom Kondom blong ol man 08 Female condom Kondom blong ol woman 09 Emergency contraception Emejensi pil 10 Standard days / Calendar method Kalenda 11 Lactational amenhorio Laktesional amenoria(Eklusiv bresfiding mo l gat dilei long sikmun) 12 Rhythm method Rithim metod(folemap gud saekol blong fetiliti mo saekol blong sikmun) 13 Withdrawal method witdrol metod 14 Other traditional method Narafala tradisen metod	Single Choice		Contraception_Method

SECTION 4: Child Health and Nutrition**SEKSEN 4: Helt mo Nutrisen blong pikinini**

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
Say to the respondent: <i>Now, I would like to ask some questions about [CHILD NAME's] diet and health</i>					
<i>Talemaot long intaviua: Naoia, mi laekem blong askem samfala kwestian long saed blong kakae mo helt blong (Nem blong pikinini)?</i>					
Child Disability 2-5 years					
401	Is [child name] over two years old? (Nem blong pikinini) hemi ova long 2 yia finis?	00 No 01 Yes		If NO, Skip to 417	
402	Does [child name] wear glasses? Hemi werem wan klas blong lukluk gud long hem?	00 No 01 Yes	Single Choice	If NO, Skip to 404	Child_Glasses
403	When [child name] is wearing glasses, does [child name] have difficulty seeing? Taem(Nem blong pikinini) hemi werem klas, hemi faenem I had blong lukluk?	00 No difficult No gat problem 01 Some difficult Sam problem 02 A lot of difficulty Fulap problem 03 Can't see at all No save lukluk nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice	After answering, SKIP to 405	Child_Glasses_Problem
404	Does [child name] have difficulty seeing? Hemi faenem i had blong lukluk?	00 No difficult No gat problem 01 Some difficult Sam problem 02 A lot of difficulty Fulap problem 03 Can't see at all No save lukluk nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Vision_Problem
405	Does [child name] use a hearing aide?	00 No 01 Yes	Single Choice	If NO, Skip to 407	Child_HearingAide

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
406	(Nem blong pikinini) hemi yusum earing eid? When using his/her hearing aide, does [child name] have difficulty hearing sounds like people's voices or music? Taem (Nem blong pikinini) hemi yusum earing eid, I had blong hemi harem saon mo vois blong ol man?	00 No difficult No gat problem 01 Some difficult Sam problem 02 A lot of difficulty Fulap problem 03 Can't hear at all No save harem nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice	After answering, Skip to 408	Child_HearingAide_Problem
407	Does [child name] have difficulty hearing sounds like people's voices or music? (Nem blong pikinini) hemi faenem I had blong harem ol saon olsem music o vaes blong man?	00 No difficult No gat problem 01 Some difficult Sam problem 02 A lot of difficulty Fulap problem 03 Can't hear at all No save harem nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Hearing_Problem
408	Does [child name] use any equipment or receive assistance for walking? (Nem blong pikinini) hemi yusum eni ekipmen o eni samting blong helpem hem blong wokabaot?	00 No 01 Yes	Single Choice	If NO, Skip to 411	Child_Mobility_Assistance
409	Without his/her equipment or assistance, does [child name] have difficulty walking? (Nem blong pikinini) hemi faenem I had blong wokabaot taem hemi no yusum eni ekipmen o eni help blong helpem hem blong wokabaot?	01 No difficult No gat problem 02 Some difficult Sam problem 03 A lot of difficulty Fulap problem 04 Can't hear at all No save wokabout nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Mob_WithoutDevice
410	With his/her equipment or assistance, does [child name] have difficulty walking? (Nem blong pikinini) hemi faenem I had blong	00 No difficult No gat problem 01 Some difficult Sam problem 02 A lot of difficulty Fulap problem	Single Choice	After answering, Skip to 412	Child_Mob_WithDevice

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	wokabaot wetem ol ekipmen mo help we hemi gat blong wokabaot?	03 Can't walk at all No save wokabout nomo 99 Don't know / doesn't want to answer No save / No wantem ansa			
411	Compared with other children the same age, does [child name] have any difficulty walking? TAEM YUMI KOMPEREM WETEM ol pikinini we oli gat sem yia , [nem] i faenem i had blong wokbaot?	00 No difficult No gat problem 01 Some difficult Sam problem 02 A lot of difficulty Fulap problem 03 Can't walk at all No save wokabout nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Mobility
412	Compared with other children the same age, does [child name] have any difficulty picking up small objects with his/her hand? TAEM YUMI KOMPEREM WETEM ol pikinini we oli gat sem yia, [nem] i faenem i had blong holem o pikimap samting long han blong hem?	00 No difficulty No gat problem 01 Some difficulty Sam problem 02 A lot of difficulty Fulap problem 03 Can't pick things up at all No save pikimap sampting nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_MotorSkills
413	Does [child name] have difficulty understanding you? (Nem) hemi faenem I had blong andastanem gud yu?	00 No difficulty No gat problem 01 Some difficulty Sam problem 02 A lot of difficulty Fulap problem 03 Can't understand at all No save andastanem nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Understanding
414	When [child name] speaks, do you have difficulty understanding him/her? Taem (Nem blong pikinini) hemi toktok, hemi had blong yu save andastanem hem?	00 No difficulty No gat problem 01 Some difficulty Sam problem 02 A lot of difficulty Fulap problem 03 Can't understand him / her at all No save andastanem hem nomo	Single Choice		Child_Speaking

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
		99 Don't know / doesn't want to answer No save / No wantem ansa			
415	Compared with other children the same age, does [child name] have any difficulty learning things? TAEM YUMI KOMPEREM WETEM ol pikinini we oli gat sem yia , [nem] i faenem i had blong lanem samting?	00 No difficulty No gat problem 01 Some difficulty Sam problem 02 A lot of difficulty Fulap problem 03 Can't learn at all No save lanem samting nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Learning
416	Compared with other children the same age, does [child name] have any difficulty playing? TAEM YUMI KOMPEREM WETEM ol pikinini we oli gat sem yia , [nem] i faenem i had blong pleple?	00 No difficulty No gat problem 01 Some difficulty Sam problem 02 A lot of difficulty Fulap problem 03 Can't play at all No save pleple nomo 99 Don't know / doesn't want to answer No save / No wantem ansa	Single Choice		Child_Playing
417	Compared with other children the same age, how much does [child name] kick, bite, or hit other children or adults? TAEM YUMI KOMPEREM WETEM ol pikinini we oli gat sem yia, [nem] i save kikim, kakai, kilim narafala pikinini o bigfalaman?	00 Not at all No gat problem 01 The same or less Semak 02 More I Bitim 03 A lot more I bitim bigwan	Single Choice		Child_ActOut
Breastfeeding Practices					
Brestfiding praktis					
418	Has [child's name] ever been breastfed? (Nem) hemi bin titi?	00 No 01 Yes 99 No save	Single Choice	If NO, Skip to 420	Breastfed_Ever

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
419	Was [child's name] breastfed yesterday during the day or at night? (Nem) hemi bin titi yestede long dei o long naet?	00 No 01 Yes	Single Choice		Breastfed_Current
420	Next I would like to ask you about some liquids that [child's name] may have had yesterday during the day or at night. Mi wantem askem sam kwestien long saed blong drings we (Nem) I bin drink long yestede moning o naet?				
	Did [child's name] have any [item from list] : (Nem)hemi bin dring eni samting we istap long list ya:				
421	Plain water? Wota nating	00 No 01 Yes	Single Choice		Child_Drink_Water
422	Infant formula such as SMA Milk blong bebi we yu pem long stoa olsem SMA	00 No 01 Yes	Single Choice	If NO, Skip to 424	Child_Drink_Formula
423	How many times yesterday during the day or at night did [child's name] ? consume any formula? Hamas taem yestede long dei o long naet we (Nem) hemi drink milk blong bebi we yu pem long stoa ya?	_____ _____ 99 Don't know No save	Number	Insert number of times	Child_Formula_Freq
424	Did [child's name] have any milk such as fresh animal milk, tinned milk or powdered milk (like Sunshine) (Nem) hemi dring eni fres milk blong animol, paoda milk olsem sunshine o anchor milk?	00 No 01 Yes	Single Choice	If NO, Skip to 426	Child_Drink_Milk
425	How many times yesterday during the day or at night did [child's name] consume any milk? Hamas taem (Nem) hemi dring milk yestede long dei mo long naet?	_____ _____ 99 Don't know No save	Number	Insert number of times	Child_Milk_Freq

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
426	Did [child's name] have any juice or juice drinks? (Nem) I dring eni jus long stoa o eni frut jus?	00 No 01 Yes	Single Choice		Child_Drink_Juice
427	Soup? Sup	00 No 01 Yes	Single Choice		Child_Drink_Soup
428	Yoghurt? Yogot	00 No 01 Yes	Single Choice	If NO, Skip to 430	Child_Drink_Yogurt
429	How many times yesterday during the day or at night did [child's name] consume any yogurt? (Nem) I kakai eni yogot yestede long dei o long naet?	_____	Number		Child_Yogurt-Freq
430	Any other liquids such as coconut water? Eni narafala wota olsem wota blong grin kokonas?	00 No 01 Yes	Single Choice		Child_Drink_Other
Child Dietary Diversity Daetri daeversiti blong pikinini					
431	Did [child's name] eat any solid, semi-solid, or soft foods yesterday during the day or at night? (Nem blong pikinini) hemi kakai eni strong kakae, o kakae we yu mashem hemi sopsop long yestede long dei o long naet?	00 No 01 Yes	Single Choice	If NO, Skip to 455	Child_Food
432	Please describe everything that [CHILD NAME] ate yesterday during the day or night, whether at home or outside the home. Plis diskraebem evri kakae we (Nem) hemi kakai long yestede long dei o long naet, weta long haos blong yu o samrafala ples aotsaed long hom blong yu. A) Think about when [CHILD NAME] first woke up yesterday. Did [CHILD NAME] eat anything at that time?				

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	<p><i>Tingabaot taem y(Nem) i wekap long yestede moning, hemi bin kakai eni kakae long taem ya?</i></p> <ul style="list-style-type: none"> • IF YES: Please tell me everything [CHILD NAME] ate at that time. Probe: Anything else? Until the respondent says, “nothing else” • SIPOS YES plis yu save talem long mi evri samting we (Nem) hemi kakae long taem ya? Traem blong askem moa kwestian blong faenem aot sipos (Nem) hemi kakai eni kakae bagegen kasem taem intaviua hemi talem long yu se”I no mo gat” • IF NO, Continue to Part B. • SIPOS NO, kontinu long pat B. <p>B) What did [CHILD NAME] do after that? Did [CHILD NAME] eat anything at that time? <i>Wanem nao(Nem) I mekem afta long taem yia? Hemi kakai eni kakae long taem ya?</i></p> <ul style="list-style-type: none"> • IF YES: Please tell me everything you ate at that time. Probe: Anything else? Until the respondent says, “nothing else” • SIPOS YES: Plis yu save talem long mi evri kakae we (Nem) hemi kakai long taem ya. Traem blong askem moa kwestian blong faenem aot sipos (Nem) hemi kakai eni kakae kasem taem intaviua hemi talem long yu se”I no mo gat” <p>Repeat Question B above until respondent says [CHILD NAME] went to sleep until the next day. <i>Ripitim kwestian B kasem(Nem blong pikinini) hemi ko silip kasem nekis dei</i></p> <p>If respondent mentions mixed dishes like porridge, sauce, or stew, probe: <i>What ingredients were in that [mixed dish]? Probe: Anything else? Until the respondent says, “nothing else.”</i> <i>Sipos intaviua hemi tokabaot eni miks kakae, supsup o kakae olsem Tanna sup, traem blong askem moa kwestian blong faenem aot evri ingrediens we I stap long kakae ya kasem taem hemi talem long yu se”I no mo gat”</i></p> <p>As the respondent recalls foods, underline the corresponding food and tick 01 in the column next to the food group. If the food is not listed in any of the food groups below, type the food in the field labeled “other foods”. If foods are used in small amounts for seasoning or as a condiment, include them under the Condiments food group. <i>Taem intaviua I stap tokabaot kakae we (Nem blong pikinini) hemi kakai, lukluk long ol kakae we I stap long list ya mo tik long 01 nekis kolom kolosap long ol grup blong kakae we istap. Sipos kakae I no stap long eni list ya, bae yu taepem nem blong kakae ya antanit long toktok ya”Narafala kakae”. Sipos hemi yusum kakae blong ademap fleva long kakae blong hem, bae yu ademap long grup blong ol fleva.</i></p>				
433	Food made from grains, such as bread, rice, noodles, breakfast cracker	00 No 01 Yes			Child_Grain

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
434	<p>Kakae we hemi kamaot long krein olsem bred,kato, nudel, brekfas kraka o strong biskit</p> <p>White potatoes, white yams, manioc, banana, sweet potato (white / pale yellow flesh) or any other foods made from roots</p> <p>Waet kumala, waet yam, manioc, banana, swit kumala(wate/skin hemi yelo smol) o eni kakae we l kamaot long rus</p>	<p>00 No</p> <p>01 Yes</p>			Child_Root
435	<p>Any foods made from beans, peas or lentils Eni kaen kakae we hemi kamaot long bins, pis o lentils</p>	<p>00 No</p> <p>01 Yes</p>			Child_Pulses
436	<p>Any foods made from nuts or seeds such as nakatambol, nangae, nadavao, navele, namabae</p> <p>Eni kakae we hemi kamaot long sids olsem nakatambol, nangae, nadavao, navele, namabae</p>	<p>00 No</p> <p>01 Yes</p>			Child_Nuts
437	<p>Cheese, yogurt, or other milk products</p> <p>Jis, yogot, o eni narafala milk prodakt</p>	<p>00 No</p> <p>01 Yes</p>			Child_Dairy
438	<p>Liver, kidney, heart, or other organ meats</p> <p>Liva, kidni, hat, o eni narafala pat blong ogan we hemi olsem mit</p>	<p>00 No</p> <p>01 Yes</p>			Child_Organ
439	<p>Any meat, such as beef, pork, goat, chicken, or duck</p> <p>Eni mit, olsem mit blong buluk, mit blong pig, mit blong nani, faol o taktak</p>	<p>00 No</p> <p>01 Yes</p>			Child_Meat

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
440	Fish (fresh or canned), shellfish, or seafood Fis (fres o tin), selfis o eni narafala mit blong solwota	00 No 01 Yes			Child_Fish
441	Eggs Ek	00 No 01 Yes			Child_Egg
442	Any dark green leafy vegetables such as island cabbage, pumpkin leaves, wild ferns Eni vejetebol we kala hemi dak grin olsem aelan kabis, top blong pamkin, wael kabis	00 No 01 Yes			Child_LeafyGreens
443	Vitamin A-rich vegetables and tubers: Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside Ol vejetebol we l fulap long vitamin A olsem, pamkin, karot, swit kumala we hemi yelo o orenj	00 No 01 Yes			Child_VitAVeg
444	Vitamin A-rich fruits: Ripe mangoes, ripe papayas, ripe passion fruit Ol frut we hemi gat fulap vitamin A olsem: Raep mango, raep popo, raep pasen frut	00 No 01 Yes			Child_VitAFruit
445	Any other vegetables (eggplant, green beans, corn, tomato) Eni narafala vejetebol olsem ekplan, grin bin, kon, tomato)	00 No 01 Yes			Child_OtherVeg
446	Any other fruits such as orange, pomplemouse, avocado, banana, lemon/lime, pineapple, watermelon, coconut flesh Eni narafala frut olsem orenj, pamlemus, vaokado, raep banana,	00 No 01 Yes			Child_OtherFruit

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
447	lemon/laem, paenapol, wotamelon, kakaе blong grin kokonas Grubs, snails, or insects Bebet blong wud, snel o insekt	00 No 01 Yes			Child_Grubs
448	Any oil, fats, coconut milk, or butter, or foods made with any of these Eni oel, gris, melek blong kokonas, bata o kakaе we oli kukum wetem ol kakaе ya	00 No 01 Yes			Child_OilsFats
449	Snack foods: potato chips, crisps, doughnuts, fried plantain chips Snaks: Kumala jips, manioc Jips,banana jips	00 No 01 Yes			Child_Snacks
450	Sweets: Ice cream, chocolates, sweets, candies, pastries, biscuits Swits: aeskrim, jokolet, loli, swit biskit	00 No 01 Yes			Child_Sweets
451	Sugar-sweetened beverages: Sodas, Tea or Coffee with sugar, juice, Beverej suka switen beverej: soda, ti, mix kofi, orenj jus	00 No 01 Yes			Child_SweetDrinks
452	Condiments for flavor, such as tomato sauce, soy sauce, all spices, chili, dry seasoning packets, Soup flavor, Maggie seasoning Kakaе olsem fleva: Sos tomato, soyo, jili, kari ol drae sisoning olsem fleva blong nudel,vetjin,sol etc	00 No 01 Yes			Child_Condiments
453	Other beverages and foods such as coconut water, coffee or tea without sugar, kava / alcohol,	00 No 01 Yes			

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	Eni narafala beverej o wota olsem wota blong grin kokonas, kofi o ti we ino swit, kava, alcohol drink olsem bia, strong drink, waen				
Meal Frequency Mil frekwensi					
454	How many times did [child's name] eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? (Nem blong pikinini) hemi kakai strong kakae o sofsof kakae hamas taem yestede long dei o long naet?	_____ 99 Don't know No save		Record number of times	
Prevalence of Diarrhea and Sick Child Feeding Practices Privelens blong sitsit wota mo fiding praktis blong wan sik pikinini					
455	Has [child's name] had diarrhea in the last 2 weeks? (I) (Nem blong pikinini) hemi bin kasem sitsit wota long las 2 wiks?	00 No 01 Yes		If NO, Skip to 460	Diarrhea_Prev
DIARRHEA IS DEFINED AS 3 OR MORE WATERY STOOLS SITSIT WOTA HEMI OLSEM 3 O MOA SITSIT WE HEMI OLSEM WOTA NOMO					
456	Now I would like to know how much [child's name] was given to drink during the diarrhea (including breastmilk).	01 Less than usual Smol nomo 02 About the same semak 03 More than usual fulap bitim nomoll			SickChild_Liquids

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	<p>Naoia mi wantem save se yu bin givim hamas wota we hemi inkludim titi blong mama long(Nem blong piknini) blong hemi dring long taem we hemi stap sitsit wota.</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>Yu bin givim long hem smol wota nomo o semak nomo olsem oltaem o I bigwanbitim oltaem blong hemi dring?</p>				
457	<p>Now I would like to know how much [child's name] was given to eat during the diarrhea.</p> <p>Naoia mi save hamas kakae nao yu bin givim long (Nem blong piknini) blong hemi kakai long taem we hemi stap sitsit wota.</p>	<p>01 Less than usual Smol nomo</p> <p>02 About the same semak</p> <p>03 More than usual fulap bitim nomoll</p>			
	<p>Was he/she given less than usual to eat, about the same amount, or more than usual to eat?</p> <p>Yu bin givim smol kakae nomo o semak nomo olsem oltaem o I bigwanbitim oltaem blong hemi kakai?</p>				
458	<p>Was he/she given any of the following to drink at any time since he/she started having the diarrhea:</p> <p>a) A fluid made from a special packet called ORS</p>	<p>00 No</p> <p>01 Yes</p> <p>99 Don't know Mi no save</p>			

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	b) A government-recommended homemade fluid (Sugar/Salt mix or Coconut Juice) Yu givim eni long ol drink ya blong pikinini hemi drink, taem hemi kasem sitsit wota? a)ORS (sol mo suga paoda we istp long wan paket mo yu mas miksim wetem wota) b) Miksim sol,suga mo wota, wota blong grin kokonas)				
Immunization Status Stetas blong Stik meresin					
459	Is the child older than 12 months Pikinini blong yu hemi gat moa long 12 manis?	00 No 01 Yes		If NO, Skip to 473	Not in KOBO
460	Do you have a card where (NAME'S) vaccinations are written down?	00 No card 01 Yes	No card lno gat kad		
	If yes, may I see it please? Yu gat wan kad o pikinini helt buk we nes hemi stap rikodem ol stik meresin blong (Nem blong pikinini) long hem? Sipos yes, Mi save luk kad ya?				
461	If an immunization card (Pikinini Helt Buk) is available, answer questions 462-471 according to				

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
	what is on the card. Sipos I gat wan pikinini helt buk/blu kad, plis ansa kwestian 462-471 akoding long wanem I stap long kad				
	If there is no card available or if the card is blank, ask the mother questions 462-471 verbally.				
	Sipo I no gat kad o nes ino bin raetem eni samting long pikinini helt buk ya, askem long mama kwestian 462-471				
462	Hepatitis B	00 No 01 Yes			HepB
	Hepataetis B				
463	BCG	00 No 01 Yes			BCG
464	Polio 1	00 No 01 Yes			Polio1
465	Polio 2	00 No 01 Yes			Polio2
466	Polio 3	00 No 01 Yes			Polio3
467	IPV	00 No 01 Yes			IPV
468	Pentavalent 1	00 No 01 Yes			Penta1
469	Pentavalent 2	00 No 01 Yes			Penta2
470	Pentavalent 3	00 No 01 Yes			Penta3

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
471	Measles / Rubella Misel/Rubela	00 No 01 Yes			MMR
Underweight Andaweit					
Say to the respondent: <i>Now I am going do a short physical assessment of the child.</i> Talemaot long intaviua: Naoia bae mi mekem wan smol asesem long pikinini blong yu					
472	Does the child have oedema? Pikinini hemi gat oedema?	00 No 01 Yes			Oedema
473	Child's weight in kilos Weit blong pikinini long kilo	_____. ____		Record weight in kilos to nearest decimal Rikodem weit long kilo iko long niares desimal	Weight
474	Child's MUAC MUAC blong pikinini	01 Green Grin 02 Yellow Yelo 03 Red Red		If child has red MUAC, make referral to nearest health facility Sipos MUAC blong pikinini hemi red, yu mas totok wetem supavaesa blong yu	MUAC

No.	Question	Response Code	Type of Question	Skip Logic	Variable Name
475	Child's height in centimeters Hait/Longfala blong wan pikinini long sentimita	____. ____		SKIP if Child is <6 months Record height in cm to nearest decimal Rikodem hait/Longfala long CM iko long niare desimal	Height

Section 5: Women's Decision Making, Knowledge of Health and Nutrition Practices, and Sources of Information

Seksen 5: Disisen making, nolej blong helt mo nutrisen praktis mo sos blong infomesen blong ol woman

No.	Question	Response Code	Notes
	Kwestien	Respons kod	Nots
	Say to the respondent: <i>Now I would like to understand what you know about health and nutrition practices and how you make decisions about these issues in your household</i>		
	Talemaot long intaviua: Naoia mi laekem blong andastanem wanem yu save long saed blong helt mo nutrisen praktis mo hao nao yu save mekem ol disisen long ol isu ya long haoshol blong yu.		

Women's Health and Nutrition Knowledge

Womens helt mo nutrisen nolej

No.	Question	Response Code	Notes	
	Kwestien	Respons kod	Nots	
500	What are the most important times to wash your hands? Wanem stret taem we hemi impoten blong yu mas wasem han blong yu?	01 After using the toilet / latrine Afta yusum toilet/latrin 02 After attending to a child who has defecated Afta yu karemaot sitsit blong wan pikinini 03 Before preparing food Bifo yu priperem kakae 04 Before feeding / breastfeeding a child Bifo yu fidim/kivim titi long bebi 05 Before eating Bifo kakai 06 Other (Specify) Narafala(spesifae) 99 Don't know No save	Tick all mentioned by respondent Tik long evri ansa blong intaviua	WomenKnow_Handwash
501	How many times should a pregnant woman go for antenatal check-ups during the pregnancy? Hamas taem yu tingse wan woman we hemi gat bel hemi sapos blong go long wan jekap long helt fasiliti?	_____ 99 Don't know No save	Write down number of times mentioned by respondent Raetem daon evri taem we intaviua hemi talem	WomenKnow_ANC
502	What do you think are the best foods for woman to eat during pregnancy? Yu tingse wan woman we I gat bel hemi sapos blong kakai wanem kaen kakae?	01 3 Kaen Kakae 02 Foods rich in iron and / or protein (dark leafy greens, meat, fish) Kakae we hemi gat fulsp aean/protin(dak grin lifs, mit, fis)	Tick all mentioned by respondent Tik long evri ansa blong intaviua	WomenKnow_Diet

No.	Question	Response Code	Notes
	Kwestien	Respons kod	Nots
		03 Fresh fruits and vegetables Fres fruts mo vejetebols	
		04 Other (Specify) Narafala(spesifae)	
		99 Don't know No save	
503	How long after birth should a mother first put her baby to the breast? Yu tingse bebi we hemi jes bon nomo hemi sapos blong stat titi long wanem taem stret?	01 Immediately stret afta bebi I bon 02 Less than 1 hour after delivery les long I haoa afta bebi I bon 03 Some hours later but less than 24 hours sam haoa I pas be ino bitim 24 haoa yet 04 1 day later Nekis dei 05 More than 1 day later sam dei afta 06 Do not think baby should be breastfeed Tingse bebi hemi no sapos blong titi 99 Don't know No save	WomenKnow_ImmediateBF
504	At what age should a breast-fed child be introduced to semi-solid or solid foods? Yu tingse bebi hemi sapos blong stat kakai sofsof kakae taem hemi gat hamas manis?	_____ _____ 99 Don't know Mi no save	Write down age in months Raetem daon eij long manis WomenKnow_CompFeed

Health Contacts and Sources of Information

No.	Question	Response Code	Notes	
	Kwestien	Respons kod	Nots	
Helt kontak mo sos blong infomesen				
505	In the last 1 month, how often have you come in contact with each of the following: Long las manis, hamas taem yu bin gat kontak wetem o go luk:			Not in KOBO
506	Nurse / Nurse Aid Nes/Nes aid	01 Never Neva 02 Sometimes (1-3 times) I-3 taem 03 Frequently (> 4 times) moa long 4 taem		Women_HealthContact_Nurse
507	Village Health Worker Vilej Helt Woka	01 Frequently (> 4 times) 02 Sometimes (1-3 times) 03 Never		Women_HealthContact_VHW
508	Is there someone with whom you usually discuss your or [CHILD NAME]'s health and nutrition? I gat eni wan we yu stap tokabaot proplem blong helt mo nutrisen blong (Nem blong pikinini) wetem oltaem?	00 No 01 Yes	If NO, skip to 510 Sipos No, skip iko long 510	Women_HealthAdvice
509	With whom do you usually discuss this? Huia nao we yu stap toktok oltaem wetem olgeta?	01 Spouse / Partner Haspen/patna 02 Mother Mama 03 Mother-in-Law Mama long loa 04 Sister Sista 05 Aunt Anti 06 Friend / Neighbor Fren/Neiba	Tick all mentioned by respondent Tik long evri ansa blong intaviua	Women_HealthAdvice_Who

No.	Question	Response Code	Notes
	Kwestien	Respons kod	Nots
		07 Village Elder Elda long velej	
		08 Church Leader Lida blong jios	
		09 Fortune Teller Fotun tela	
		10 Village Health Worker Vilej Helt woka	
		11 Nurse (at Dispensary or Health Centre) Nes(helt senta/dispensary)	
		12 Other (Specify) Narafala(Spesifae)	
510	In the past month, have you received any health messages from the following? Long las manis, yu bin hareem o lukim eni helt mesej tru long olgeta weis ya?:		
511	Radio Redio	00 No 01 Yes	Women_Radio
512	Newspaper Niuspepa	00 No 01 Yes	Women_Newspaper
513	Television Televisen	00 No 01 Yes	Women_TV
514	Village Health Worker Vilej Helt Woka	00 No 01 Yes	Women_VHW
515	Community meeting Komuniti miting	00 No 01 Yes	Women_CommunityMeeting
516	Church Leader / Church Meeting Jios lida/Jios miting	00 No 01 Yes	Women_Church
517	Internet / Facebook Intanet/Fesbuk	00 No	Women_Internet

No.	Question	Response Code	Notes	
	Kwestien	Respons kod	Nots	
		01 Yes		
Women's Decision Making				
Disisen making blong woman				
518	Who usually makes decisions about your nutrition and health including when to seek health care? Huia nao I stap mekem disisen long saed blong nutrisen mo helt blong yu mo taem yu mas ko long helt fasiliti taem yu nidim?	01 Myself Mi wan nomo 02 Spouse / Partner Haspen/Patna blong mi 03 Myself and Spouse / Partner jointly Mi tufala tugeta wetem haspen/patna blong mi 04 Myself and Other (Specify) jointly Mi wan mo sam narafala memba blong famli (spesifae) 05 Other (Specify) Narafala (spesifae)		Women_OwnHealth_Decision
519	Who usually makes decisions about [NAME CHILD] 's nutrition and health including when to seek health care? Huia nao I stap mekem ol disisen long saed blong kakae mo wanem taem blong tekem(Nem blong pikinini) iko long wan helt fasiliti.	01 Myself Mi wan nomo 02 Spouse / Partner Haspen/Patna blong mi 03 Myself and Spouse / Partner jointly Mi tufala tugeta wetem haspen/patna blong mi 04 Myself and Other (Specify) jointly Mi wan mo sam narafala memba blong famli (spesifae) 05 Other (Specify) Narafala (spesifae)	Read all responses and ask respondent to select one Ridim aot ol respons mo askem intaviua blong selektem wan long olgeta	Women_ChildHealth_Decision
520	Who usually makes decisions about making major household purchases?	01 Myself Mi wan nomo 02 Spouse / Partner Haspen/Patna blong mi	Read all responses and	Women_HHPurchases_Decision

No.	Question	Response Code	Notes
	Kwestien	Respons kod	Nots
	Huia nao hemi stap tekem disisen long ol bigfala mani we yu stap spendem long ol samting blong haos oltaem?	03 Myself and Spouse / Partner jointly Mi tufala tugeta wetem haspen/patna blong mi 04 Myself and Other (Specify) jointly Mi wan mo sam narafala memba blong famli (spesifae) 05 Other (Specify) Narafala(Spesifae)	ask respondent to select one Ridim aot ol respons mo askem intaviua blong selektem wan long olgeta
521	Who usually makes decisions about what food is purchased for household consumption? Huia nao I stap mekem ol disisen long ol kakae we yufala I mas pem blong famle I kakai oltaem?	01 Myself Mi wan nomo 02 Spouse / Partner Haspen/Patna blong mi 03 Myself and Spouse / Partner jointly Mi tufala tugeta wetem haspen/patna blong mi 04 Myself and Other (Specify) jointly Mi wan mo sam narafala memba blong famli (spesifae) 05 Other (Specify) Narafala(Spesifae)	Read all responses and ask respondent to select one Ridim aot ol respons mo askem intaviua blong selektem wan long olgeta

Women_FoodPurchase_Decision

Section 6: Men's Decision Making, Knowledge of Health and Nutrition Practices, and Sources of Information

Seksen 6: Disisen making, nolej blong helt mo nutrisen praktis, mo sos blong infomesen blong olgeta man

No.	Question	Response Code	Notes
	Kwestien	Respons kod	Nots

Say to the respondent: *Now I would like to speak with your Spouse / Partner. Is he at home?*

Talemaot long intaviua: *Naoia mi wantem storian smol wetem haspen o patna blong yu*

If respondent's spouse / partner is not home, skip this Section.

Sipos haspen /patna blong intaviua I no stap long haos, yu skipim seksen ya.

If Spouse is available, explain to him the purpose of the interview and that his participation is voluntary. Obtain oral consent before proceeding.

Sipos haspen/patna hemi stap, yu ekspensem risen blong sovei ya mo yu mas tekem agrimen blong blong hem bifo yu stat.

Explain to the Spouse: I would like to understand what you know about health and nutrition practices and how you make decisions about these issues in your household

Talemaot long happen/Patna: Naoia mi laekem blong andastanem wanem yu save long saed blong helt mo nutrisen praktis mo hao nao yu save mekem ol disisen long ol isu ya long haoshol blong yu.

Men's Health and Nutrition Knowledge

Mens helt mo nutrisen nolej

6000	Is the husband available?	00 No		Husband_Available
		01 Yes		
600	What are the most important times to wash your hands?	02 After using the toilet / latrine <i>Afta yusum toilet/latrin</i>	Tick all mentioned by respondent <i>Tik long evri ansa blong intaviua</i>	MenKnow_Handwash
		03 After attending to a child who has defecated <i>Afta yu karemaot sitsit blong wan pikinini</i>		

	Wanem stret taem we hemi impoten blong yu mas wasem han blong yu?	04 Before preparing food Bifo yu priperem kakae 05 Before feeding / breastfeeding a child Bifo yu fidim/kivim titi long bebi 06 Before eating Bifo kakai 07 Other (Specify) Narafala(spesifae) 99 Don't know No save		
601	How many times should a pregnant woman go for antenatal check-ups during the pregnancy? _____ Hamas taem yu tingse wan woman we hemi gat bel hemi sapos blong go long wan jekap long helt fasiliti?	99 Don't know No save	Write down number of times mentioned by respondent Raetem daon evri taem we intaviua hemi talem	MenKnow_ANC
602	What do you think are the best foods for woman to eat during pregnancy? Yu tingse wan woman we I gat bel hemi sapos blong kakai wanem kaen kakae?	05 3 Kaen Kakae 06 Foods rich in iron and / or protein (dark leafy greens, meat, fish) Kakae we hemi gat fulsp aean/protin(dak grin lifs, mit, fis) 07 Fresh fruits and vegetables Fres fruts mo vejetebols 08 Other (Specify) Narafala(spesifae) 99 Don't know No save	Tick all mentioned by respondent Tik long evri ansa blong intaviua	MenKnow_Diet

603	How long after birth should a mother first put her baby to the breast? Yu tingse bebi we hemi jes bon nomo hemi sapos blong stat titi long wanem taem stret?	07 Immediately stret afta bebi I bon 08 Less than 1 hour after delivery les long I haoa afta bebi I bon 09 Some hours later but less than 24 hours sam haoa I pas be ino bitim 24 haoa yet 10 1 day later Nekis dei 11 More than 1 day later sam dei afta 12 Do not think baby should be breastfeed Tingse bebi hemi no sapos blong titi 99 Don't know No save	MenKnow_ImmediateBF
604	At what age should a breast-fed child be introduced to semi-solid or solid foods? Yu tingse bebi hemi sapos blong stat kakai sofosof kakae taem hemi gat hamas manis?	_____ _____ 99 Don't know Mi no save	Write down age in months MenKnow_CompFeed Raetem daon eij long manis

Health Contacts and Sources of Information

Helt kontak mo sos blong infomesen

605	In the last 1 month, how often have you come in contact with each of the following: Long las manis, hamas taem yu bin gat kontak wetem o go luk:		
606	Nurse / Nurse Aid Nes/Nes aid	01 Frequently (> 4 times) moa long 4 taem 02 Sometimes (1-3 times) 1-3 taem	Men_HealthContact_Nurse

607	Village Health Worker Vilej Helt Woka	03 Never Neva		
		01 Frequently (> 4 times)		Men_HealthContact_VHW
		02 Sometimes (1-3 times)		
		03 Never		
608	Is there someone with whom you usually discuss [CHILD NAME]'s health and nutrition? I gat eni wan we yu stap tokabaot proplem blong helt mo nutrisen blong (Nem blong pikinini) wetem oltaem?	02 No 03 Yes	If NO, skip to 610 Sipos No, skip iko long 610	Men_HealthAdvice
609	With whom do you usually discuss this? Huia nao we yu stap toktok oltaem wetem olgeta?	01 Spouse / Partner Haspen/patna 02 Mother Mama 03 Mother-in-Law Mama long loa 04 Sister Sista 05 Aunt Anti 06 Friend / Neighbor Fren/Neiba 07 Village Elder Elda long velej 08 Church Leader Lida blong jios 09 Fortune Teller Fotun tela 10 Village Health Worker Vilej Helt woka 11 Nurse (at Dispensary or Health Centre) Nes(helt senta/dispensary) 12 Other (Specify) Narafala(Spesifae)	Multiple responses possible; tick all mentioned Givim tik long evri ansa we intaviua I talem	Men_HealthAdvice_Who
610	In the past month, have you received any health			

messages from the following?

Long las manis, yu bin harem o lukim eni helt mesej tru long olgeta weis ya?:

611	Radio	00	No
	Redio	01	Yes
612	Newspaper	00	No
	Niuspepa	01	Yes
613	Television	00	No
	Televisen	01	Yes
614	Village Health Worker	00	No
	Vilej Helt Woka	01	Yes
615	Community meeting	00	No
	Komuniti miting	01	Yes
616	Church Leader / Church Meeting	00	No
	Jios lida/Jios miting	01	Yes
617	Internet / Facebook	00	No
	Intanet/Fesbuk	01	Yes

Household Decision Making

Haoshol disisen meking

618	Who usually makes decisions about [NAME CHILD]'s nutrition and health including when to seek health care?	01	Myself	Mi wan nomo	Read all
		02	Spouse / Partner		responses and
				Waef/Patna blong mi	ask respondent
		03	Myself and Spouse / Partner jointly	Mi tufala tugeta wetem Waef/patna blong mi	to select one
	Huia nao I stap mekem ol disisen long saed blong kakae mo wanem taem blong tekem(Nem blong pikinini) iko long wan helt fasiliti.	04	Myself and Other (Specify) jointly	Mi wan mo sam narafala memba blong famli (spesifae)	Ridim aot ol respons mo askem intaviua blong selektem wan long olgeta
		05	Other (Specify)	Narafala(Spesifae)	

619	Who usually makes decisions about making major household purchases? Huia nao hemi stap tekem disisen long ol bigfala mani we yu stap spendem long ol samting blong haos oltaem?	01	Myself Mi wan nomo	Read all responses and ask respondent to select one Ridim aot ol respons mo askem intaviua blong selektem wan long olgeta
		02	Spouse / Partner Waef / Patna blong mi	
		03	Myself and Spouse / Partner jointly Mi tufala tugeta wetem Waef/patna blong mi	
		04	Myself and Other (Specify) jointly Mi wan mo sam narafala memba blong famli (spesifae)	
		05	Other (Specify) Narafala (Spesifae)	
620	Who usually makes decisions about what food is purchased for household consumption? Huia nao I stap mekem ol disisen long ol kakae we yufala I mas pem blong famle I kakai oltaem?	01	Myself Mi wan nomo	Read all responses and ask respondent to select one Ridim aot ol respons mo askem intaviua blong selektem wan long olgeta
		02	Spouse / Partner Waef / Patna blong mi	
		03	Myself and Spouse / Partner jointly Mi tufala tugeta wetem Waef/patna blong mi	
		04	Myself and Other (Specify) jointly Mi wan mo sam narafala memba blong famli (spesifae)	
		05	Other (Specify) Narafala (Spesifae)	

Annexe 3: Informed Consent Form

Informed Consent and Introduction

Konsent fom mo introdaksen

Hello. My name is _____, and I am working with Save the Children. We are conducting a survey on the health and nutrition status of women and young children and would appreciate your participation.

Halo. Nem blong mi hemi-----,mi stap wok long Save the Children. Mi stap kondaktem sovei ya blong faenem aot stetas o situesen blong helt mo nutrisen blong ol woman mo ol pikinini. Bambae mi hapi tumas sipos yu tekem pat long sovei ya.

We are interested in speaking to caregivers of children under the age of five.

Mifala I gat interes blong toktok wetem olgeta we oli stap lukaotem ol pikinini anda long eij blong 5 yia we I stap long haos ya.

- Are there any children under the age of five living in this household? (If NO, proceed to next household)
- I gat eni pikinini we hemi stap anda long eij blong 5 yia , we hemi stap liv wetem yu long haos?(Sipos I gat, yu ko long narafala haos)
- Are you the mother of the child?
- Yu stret mama blong pikinini ya?
 - If NO, is the mother of the child at home or nearby?
 - Sipos NO, mama blong pikinini I stap long haos o samples kolosap long haos?
 - If YES, wait until the mother of the child arrives and re-explain purpose of survey. If mother is not around within a reasonable amount of time, proceed to next household
 - Sipos YES, weit kasem taem mama blong pikinini hemi kam mo yu eksplenem o tokabaot long hem risen blong sovei ya, Sipos mama blong pikinini hemi no stap, yu save ko long wan narafala haos sipos yu wait long taem inaf long hem finis.
- If the mother of the child does not live in the household, ask to speak with the primary caregiver of the child. (*The primary caregiver is the person who has primary responsibility for looking after the child in the absence of the mother.*)
- Sipos mama blong pikinini hemi no stap liv long haoshol ya, bae yu save askem blong toktok long wan long ol famili

I would like to ask you about your health and the health of your youngest child under the age of five. If you agree, we will also take some measurements of your youngest child's height and weight and around their arm to assess nutrition status. This information will help Save the Children to plan our programs and activities and assess whether it is meeting its goals to improve children's health. The survey will take about 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Mi wantem yumitu storian long helt blong smol pikinini aot long evri pikinini blong yu we eij blong hemi stap anda long 5 yia. Bambae mi tekem tu mesamen blong hait mo mesarem han mo weit blong pikinini blong faenemaot stetas blong nutrisen blong hem sipos ioraet wetem yu. Infomesen yai bae hemi helpem Save the Children blong hemi save planem gud ol prokram blong helt we hemi stap wantem implimentem mo luk sipos hemi mitim stampa tingting blong prokram ya we hemi blong impruvum helt blong ol pikinini. Sovei ya hemi

tekem kolosap 45 minit blong I finis mo storian blong yumi tu bae hemi konfidensial o bae hemi stap bitwin yumi tu nomo mo bae mi no save soemaot o talemaot ol tingting blong yu long narafala man.

Participation in this survey is voluntary and will not affect your participation in the program. If you agree to take part, your answers will be recorded on this tablet and analyzed together with the rest of the survey respondents. Your answers are therefore completely anonymous and confidential. Your name is not collected and will never be linked to the answers you give us. You can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Patisipesen blong yu long sovei ya hemi olsem wan voluntia wok nomo mo sipos yu no tek pat bae hemi no save afektem program ya. Sipos yu agri blong tekem pat, ansa blong yu bae hemi stap long rikod long tablet ya mo bae mifala wok long hem tugeta wetem ol narafa intaviua we mifala I stap intaviuim olgeta long sovei ya. So hemi minim se storian blong yumi tu hemi stap sikret nomo. Ino gat nem blong yu long sovei ya mo ol ansa we yu givim hemi no save link wetem nem blong eniwan. Yu save jus blong no ansarem sam kwestian o evri kwestian, be bambae mifala I glad tumas sipos yu tekem pat long sovei ya from tingting blong yu hemi impoten tumas long saed blong prokram ya.

Save the Children will disseminate the results of this survey to your community in the coming months as we commence implementing the program. If you have any inquiries or complaints about the survey or data collection process you may contact Georgia Tacey, Save the Children Country Director, at: 22794.

Bambae Save the Children hemi kam bak long komuniti blong givim ol risal blong sovei ya long ol Manis we I stap kam beifo taem bae mifala I stat blong implementem aktiviti blong prokram. Sipos yu gat eni kwestian o komplek we yu wantem talem konsenem sovei o proses blong data we mifala I knodaketem, yu fil fri blong kondaktem, daereka blong savethe children, Georgia Tacey long telephone: 22794

At this time, do you want to ask me anything about the survey?

Yu gat eni kwestian blong askem abaot sovei ya bifo yumi tu statem storian?

May I start the interview now?

Yumi tu save statem storian?

☐ YES, respondent agrees to be interviewed → *Proceed to Section I to begin the interview*

Yes, intaviua hemi agri blong tekem pat long intaviu → ko long seksen I mo statem intaviu

☐ NO, respondent does not give permission → *Inform your supervisor and proceed to the next household*

NO, intaviua hemi no agri blong tekem pat long intaviu talem ko long supavaesa blong yu mo ko long nekis haos

Annexe 4: Comparison of Key Indicators with 2013 Vanuatu Demographic and Health Data

This table presents a summary of key indicators measured, as well as their comparability with the 2013 DHS results where available (noting that difference methodologies prohibits direct statistical comparison).

Indicator	Definition	Num.	Denom	Result	Confidence Interval (95%)	DHS (2013)	
Stunting	% of children 0 - 59 months of age that are stunted (height-for-age < -2 z-scores)	53	255	20.8%	15.8% – 25.8%	28.9%	Lower than DHS 2013
Infant and Young Child Feeding							
Exclusive breastfeeding	% of infants 0–5 months of age who are fed exclusively with breast milk	20	29	69.0%	52.1% – 85.8%	85.4%	Comparable to DHS
Continued breastfeeding	% of children 12–17 months of age who are fed breast milk	33	45	73.3%	60.4% - 86.2%	63.0%	Comparable to DHS
Minimum dietary diversity - children	% of children 6–23 months of age who receive foods from four or more of seven food groups	68	134	50.7%	42.3% - 59.2%	71.2%	Lower than DHS
Minimum meal frequency	% of breastfed and non-breastfed children 6–23 months of age who receive solid, semi-solid, or soft foods the minimum number of times or more	76	134	56.7%	48.3% - 65.1%	40.6%	Higher than DHS
Minimum acceptable diet	% of children 6–23 months of age who receive a minimum acceptable diet	47	134	35.1%	27.0% - 43.2%	29.3%	Comparable to DHS
Increased fluids during diarrhoea	% of sick children 0–59 months of age who received increased fluids and continued feeding during diarrhoea in the two weeks prior to the survey	25	64	39.1%	27.1% - 50.0%	18.4%	Higher than DHS

Indicator	Definition	Num.	Denom	Result	Confidence Interval (95%)	DHS (2013)	
Sick child feeding	% of children 0–59 months of age with diarrhoea in the last two weeks who were offered the same amount or more food during the illness	21	64	32.8%	21.3% - 44.3%	44.9%	Lower than DHS
Child Health							
Prevalence of diarrhoea	% of children 0–59 months of age with diarrhoea in last 2 weeks	64	272	23.5%	18.5% - 28.5%	11.8%	Higher than DHS
ORS	% of children 0–23 months of age with diarrhoea in last 2 weeks who received oral rehydration solution and/or recommended home fluids	34	64	53.1%	40.9% - 65.4%	61.8%	Comparable to DHS
Immunization	% of children 12–23 months of age fully immunized by 12 months according to country guidelines	157	187	84.0%	78.7% - 89.2%	6.9%	Higher than DHS
Maternal Health and Nutrition							
ANC4	% of mothers of children 0-59 months who attended antenatal care at least 4 times during their most recent pregnancy	195	228	85.8%	81.0% - 90.1%	51.8%	Higher than DHS
IFA supplementation	% of mothers of children 0-59 months who took iron tablets/syrup for 90 or more days during pregnancy for most recent birth	206	233	88.4%	84.3% - 92.5%	55.1%	Higher than DHS
Modern contraception	% of mothers of children 0-59 months who are currently using a	103	252	40.9%	34.8% - 46.9%	37.1%	Comparable to DHS

Indicator	Definition	Num.	Denom	Result	Confidence Interval (95%)	DHS (2013)	
	modern method of contraception						
Minimum dietary diversity – women	% of women of reproductive age in the project area who are consuming minimum dietary diversity (5 of 10 food groups)	61	272	22.4%	17.5% - 27.4%	N/A	N/A
WASH							
Soap in place for handwashing	% of households with a child 0-59 months with soap at the location for handwashing	69	272	24.3%	19.2% - 29.4%	56.5%	Lower than DHS
Appropriate stool disposal	% of households with a child 0-59 months that disposed of their child's stool appropriately the last time the child defecated	117	272	46.7%	40.8% - 52.6%	62.7%	Lower than DHS