



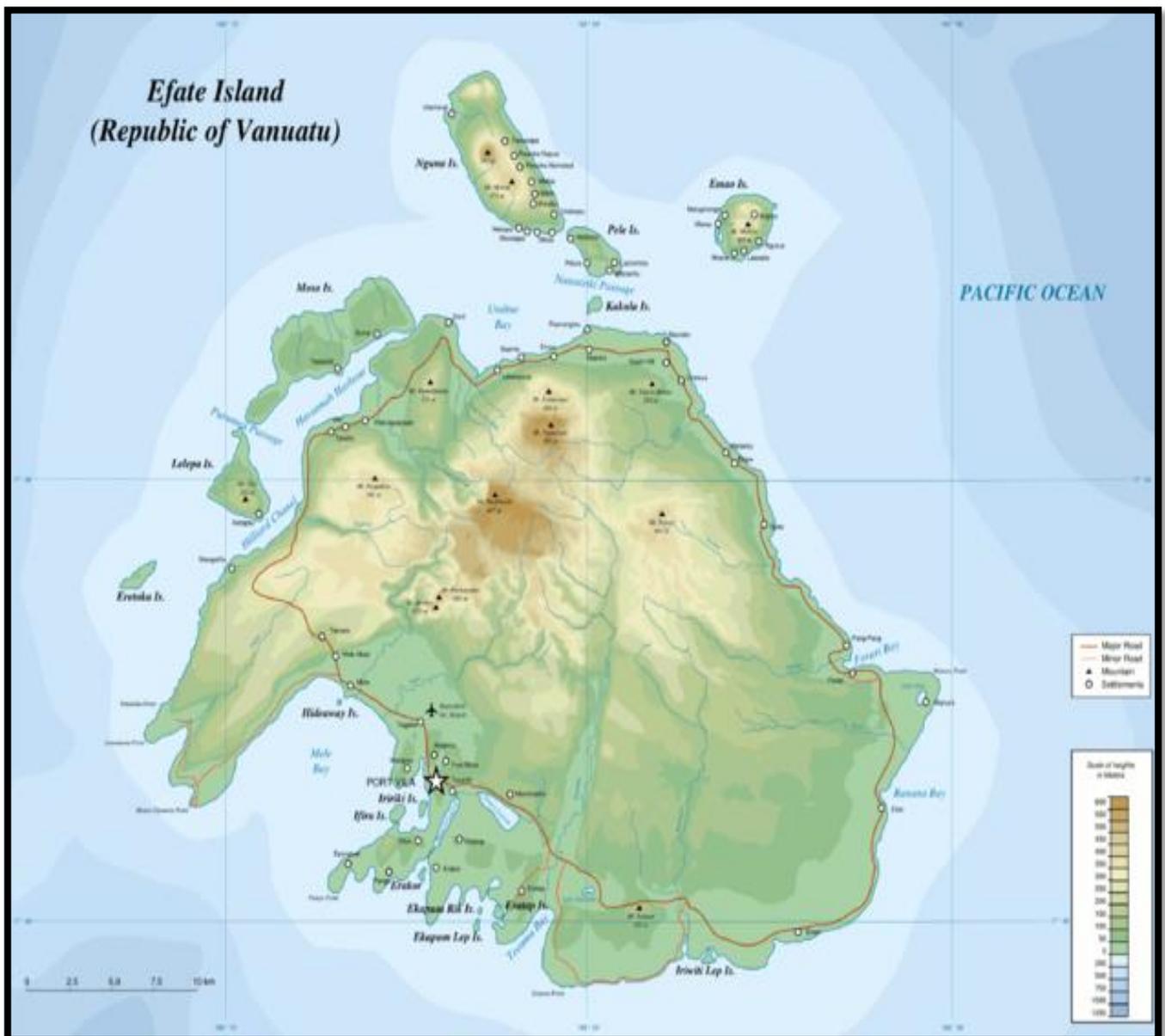
International Federation
Of Red Cross and Red Crescent Societies

TC PAM RECOVERY ASSESSMENT REPORT

Appendix C - VRCS's One Recovery plan

Informal Settlements: Efate

- Assessments undertaken: 20th December 2015 – 12th January 2016
- Report completed: 26th January 2016



1. TC Pam Overview

Over the 13th and 14th of March 2015, Tropical Cyclone Pam (TC Pam) devastated many of the islands of Vanuatu. The category 5 storm brought winds of 250km/hr with gusts up to 320 km/hr. Winds and flooding caused extensive destruction and damage to homes, livelihoods and infrastructure, which has led to a drastic reduction in living conditions, income, and access to basic services.

Eleven people were killed and approximately 66,000 lost their homes. In total, 188,000 people were affected by Cyclone Pam - approximately 70% of the total population of Vanuatu.

Despite Vanuatu experiencing one of the worst cyclones in history, in consideration of the force of the cyclone, the numbers of fatalities and injuries were low. This is believed to be because of strong family and community connections and interdependencies, community warning systems, as well as traditional methods for building. Since TC Pam hit, the majority of people have begun to restore their own lives, although their capacity to recover has been severely limited by high levels of poverty in some of the most affected areas.

TC PAM operation context

Red Cross was the first organisation to carry out official relief operations, distributing essential supplies to affected people in the first month following the cyclone. Red Cross has provided assistance to an estimated 39,915 people affected by TC Pam.

Since TC Pam struck, the Vanuatu Red Cross Society (VRCS) has had the direct support of International Federation of Red Cross and Red Crescent Societies (IFRC), Australian Red Cross (ARC), French Red Cross (FRC), and New Zealand Red Cross (NZRC) as well as financial assistance, personnel and goods provided from many other partner national societies (PNS) and donors. The IFRC initially launched an Appeal which was quickly followed by the ARC Tropical Cyclone Pam Appeal. It is the ARC Appeal funds which will be supporting this bilateral work with VRCS within informal settlements in Efate.

Following the relief activities, the recovery priorities for Red Cross in Vanuatu have been to provide the means for cyclone-affected households to rebuild their damaged houses, have safe places for refuge and improve access to safe water, especially considering the increased likelihood of extended drought caused by El Nino. Recovery programs are currently being conducted and further planned for work in shelter, health, livelihoods, disaster risk reduction, and water, sanitation and hygiene (WASH).

Efate Island

Efate is amongst the Shepherd Islands within Shefa Province, which were all heavily impacted by the category 5 TC Pam on the night of 13th March 2015.

Efate is governed by both the Port Vila Municipality (whose governance is the town limits of Port Vila only) and the Shefa Provincial Council (governance of rural Efate and the outer Efate islands). Efate is the most populous island in Vanuatu, with a population of approximately 66,000 people. Efate's land area of 899.5 square kilometres (347.3 sq. miles) makes it Vanuatu's third largest island. Many people from other islands across Vanuatu moved to Port Vila to obtain employment and often had no land rights to build a home. Many of the informal settlements are communities made up of these people.

The VRCS along with the IFRC, ARC, FRC and other PNS provided immediate relief as part of the initial response phase in many areas including to people from within the informal settlements.

2. Assessment processes and community selection

Methodology

A multisector team consisting of VRCS programme coordinators, VRCS volunteers, as well as international delegates from ARC and IFRC, worked collaboratively to undertake a range of community assessments, the informal settlements being one of the key locations identified. These integrated assessments were to gain information, analyse the findings, and plan the recovery model to address these communities' needs. VRCS had the additional support of a volunteer who supported the team with analysing the data collected and submitting the results.

The key tasks of the assessment team were to:

- Agree on the objectives of the joint multi-sectoral assessment.
- Agree on key information required to be obtained.
- Coordinate between sectors to construct the range of questions to be included in the multi-sectoral questionnaire.
- Identify the scope of the assessments, and agree upon the methodology.
- Prioritise by location the relevancy of each sector per locality being assessed and to modify questions accordingly.
- Utilise existing information and knowledge within previous assessments and reports.
- Design and test the RAMP survey forms.
- Identify and train staff and volunteer assessors on community survey skills and on the use of Magpi assessment forms.
- Procure assessment equipment (tablets, mobile phones and necessary kits for the field).
- Conduct assessments and support the analysis and reporting process.

The questionnaires in the survey were presented as either “one to one” interviews or as “focus group discussions” to elicit the information required. The main goal was to obtain a sample of at least 30% of the affected residents and this target was exceeded.

The IFRC headquarters in Geneva's Health Department supported the process by providing access to the Rapid Mobile Phone-based survey (RAMP) aspect of the assessments which were then performed using the RAMP system based integrated with the MAGPI mobile forms software.

Assessment purpose

The purpose of this assessment was to gather household and community data to support and accurately design recovery activities, utilising the ARC Appeal funds. This work will be undertaken bilaterally between VRCS and ARC within informal settlements in Efate, to address the identified communities' recovery needs.

Consultations undertaken prior to and during assessments

- *Community chiefs*

The Vanuatu communities have a communal structure which results in the chiefs being responsible for any matters relating to their community and the VRCS is well aware of, and respects that structure. Before implementing any community programmes, the VRCS consulted with the chiefs, stating the intentions of the VRCS and the objectives regarding the programmes.

The community chiefs were very supportive in arranging for their community members to set aside their daily activities to be assessed by the VRCS volunteers. Chiefs are key focal points in the negotiation of development

programmes in the informal settlements in Efate municipality as they possess sound knowledge and background information of the residents, resources, capacity and the context of the location.

- *Vanuatu Government*

Appropriate Government Departments and line ministries were consulted concerning the bilateral recovery assessment programme that took place within the identified informal settlements. The Port Vila Municipality was approached regarding the assessment analysis.

- *With other implementing agencies.*

Additional external data on the informal settlements was obtained from Government and Non-Government partners, sourced through the national statistics office, through the active clusters (WASH, shelter and health) as well as direct information sought from NGOs which are active in other informal settlements.

Selection of informal settlements to assess

The informal settlements with un-safe living environments were severely affected by TC Pam. Recovery in the informal settlements is an important area of potential vulnerability in Vanuatu and requires further consideration within the recovery phase, although not without significant potential problems.

The informal settlements communities that were selected are based on the following criteria:

- Community affected by TC Pam.
- Community agreement to work with VRCS.
- Have limited land rights where they are living.
- Within Port Vila and surrounding areas.
- No other agencies/limited other agencies working in the community across alternative sectors.
- Live in high risk hazard area.
- Agreement of provincial government to work in the community.
- Final sign off by VRCS CEO based on beneficiaries selection criteria.

Following the range of consultations explained, and application of the above criteria the assessment team choose 3 communities to focus upon for the VRCS/ ARC bilateral recovery program:

Name	Population (people)	Reasons for selection	Key contacts (Chiefs)
Nambatri Aveck (Nabanga)	Approx. 100	Met selection criteria Recommended by Municipal Council Visited by VRCS Assessment conducted – data analysed.	Erick Mesau (Chief) 5447198
Ohlen Mataso	560 (2009 census)	Met selection criteria Advised that there are a lot of politics/disputes in this area – may be difficult to work here. RC have a CDC and existing relationship with community. Visited by VRCS Assessment conducted – data analysed.	Elder Joel (Pastor and Chief) 7712 303
2nd Lagoon Ground-Force	100	Met selection criteria Visited by VRCS Assessment conducted – data analysed.	Moise Bulemis (Chief) 7111 471

In December 2015, local volunteers and community representatives along with key staff members undertook assessments in the initial two selected informal settlements in the Port Vila municipality which took two days at “Ground-Force 2nd lagoon” and “Namba 3 Aveck” (Nabanga). In early January 2016, a small team of volunteers undertook the last assessments at the third selected informal settlement in the “Ohlen Mataso” area. Throughout the assessment, the group consulted with 30% of each of the communities that the VRCS is targeting via the recovery programme, and reached 321 people in 45 households.

The following supporting information is taken from “Port Vila Informal Settlements Upgrading Project - Basic Data on Port Vila Informal Settlements,” National Housing Corporation, June 2012. Note that information is provided for Nambatri and Ohlen Mataso only - no similar information was available for 2nd Lagoon Ground-Force.

Settlement Name:	Nambatri
Year Established:	1970’s (estimated)
Size (Hectares):	0.6
No. of Plots:	1

Population: 90 (2012 calculation)
No. of Households: 16 (estimation from aerial photograph)
Persons/Household: 5.5 (assumed)

Location:

- Settlement is located wholly within the Port Vila municipal area.
- Settlement is accessible via a dirt road that leads from Lini Highway to private lagoon front residences, but the settlement does not abut the lagoon.

Notable Site Features:

- Nil

History and Tenure Type:

- Residents are from Paama, Ambrym, Malakula and Ambae.
- Long established and densely populated pocket of informal settlement set among formal subdivision.
- Squatting on privately owned land. No rent or sub-lease is paid by the community.
- Land is leased by one man. The lessee has been trying to evict the residents over a long period.
- There are large legal fees owing by the community in defending the eviction court cases.
- No property tax has been paid by the lessee consequently there is a large property tax debt on the land.

Settlement Name:	Ohlen Mataso
Year Established:	1990’s
Size (Hectares):	1.7
No. of Plots:	80 (informal)

Population: 560 (2012 calculation)
No. of Households: 80 (advised by Chairman of Council of Chief)
Persons/Household: 7 (based on advice from Chairman)

Location:

- Settlement is wholly within the Port Vila municipal area.

Notable Site Features:

- Localised low area.

History and Tenure Type:

- Community was relocated to this land by the Government in 1990 from the site of the new Parliament House.
- Dominated by people tracing decent to Mataso, a small island in the Shepherds group.
- The settlement is divided up into 80 plots, one for each family group.
- Residents have equal share in the land.
- The community pays an annual ground rental to the Government but the Government provides no services.

Social Structure:

- Most people are from Mataso by descent but many are long-term Vila residents.
- Social cohesion through village affiliation and structure.
- Village has a chief.

3. Key assessment findings

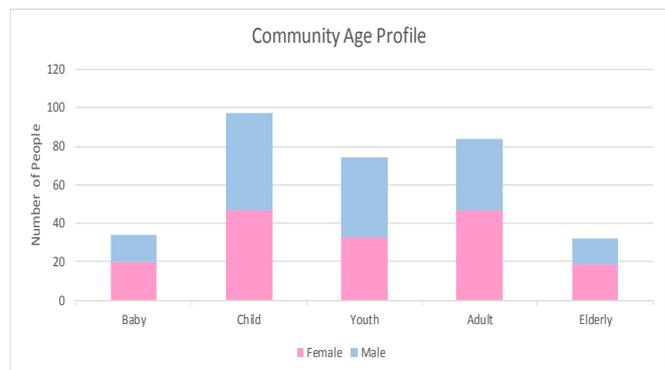
Analysis and reporting

Data analysis and knowledge gained is primarily to be used internally for the planning of the bilateral recovery programme of VRCS and ARC. ARC and the VRCS can mutually agree to share this data with other key partners for improved collaboration.

Population

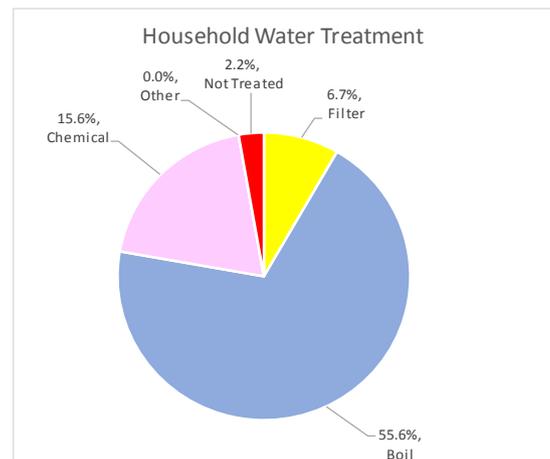
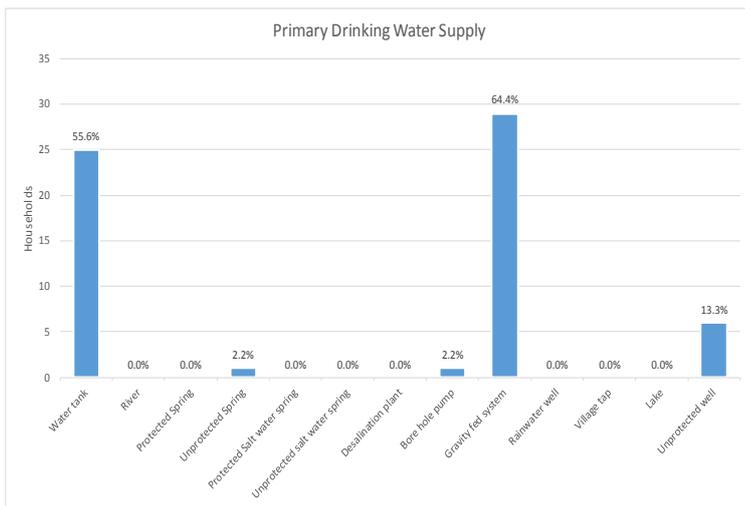
According to the 2009 census, 760 people live in the 3 targeted areas. The assessments covered 321 people within 45 households. The average number of people per house is 7.1 with females making up 51.7% of the population and males 48.3%.

A fraction of 2.5% of all people assessed indicate having a disability, the majority being females (1.9%). This figure is significantly lower than Vanuatu's average per population, and it is speculated as to whether people with a disability defined themselves as having a disability.



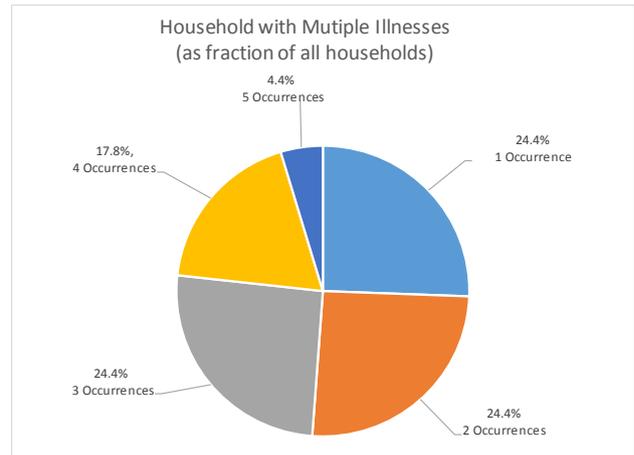
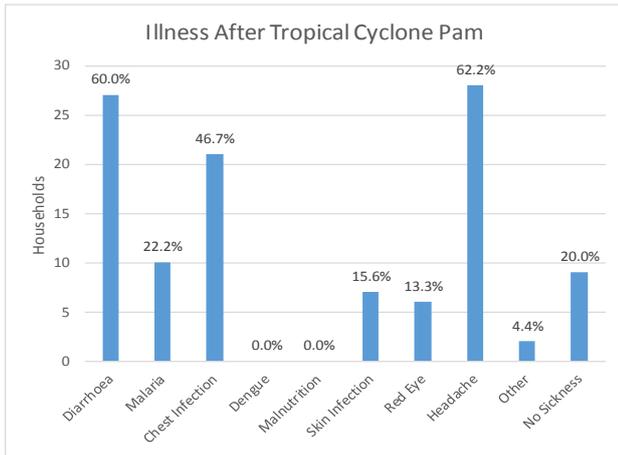
There is a high portion of single parents, being 10% of those assessed, or 27.6% of the adult population. More than half of the households surveyed (53.3%) had babies under 1 year old in the household.

Water issues

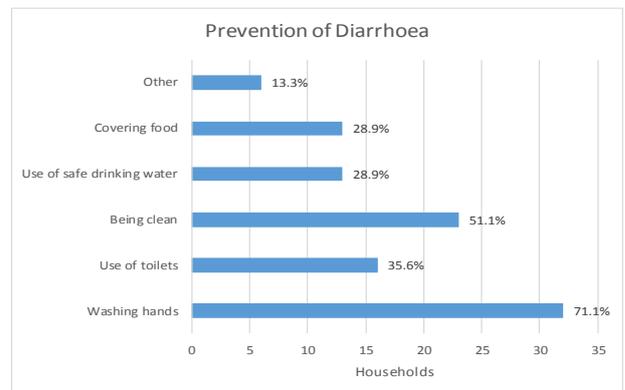
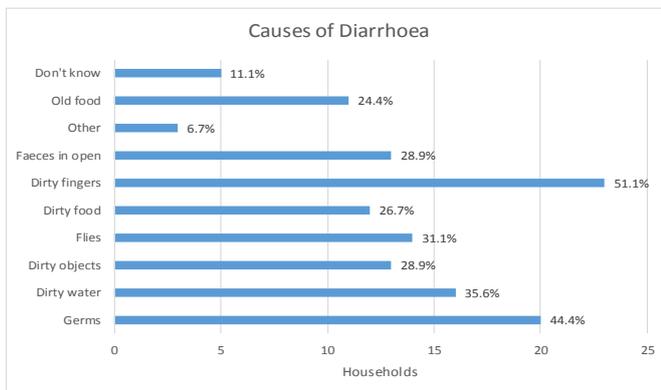


According to the survey, the two primary sources of drinking water are either from the gravity fed systems (64%) or from water tanks (55%), with 13% of assessed households obtaining water from un-protected wells. Although gravity fed systems are said to have been treated, some people in these communities still boil their water as a measure taken to treat their water, with a high fraction of 55.6% of assessed households indicating they boil their drinking water.

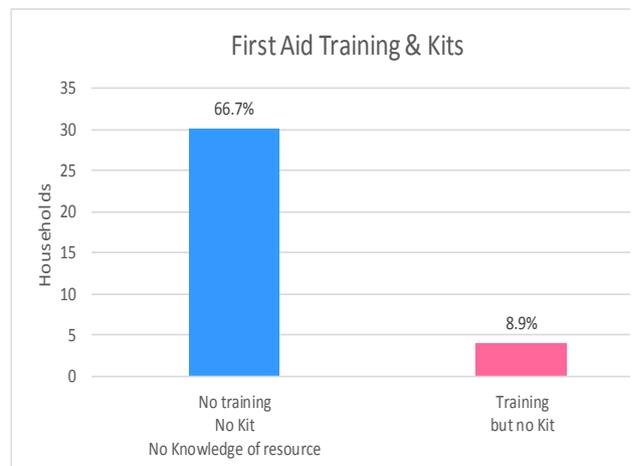
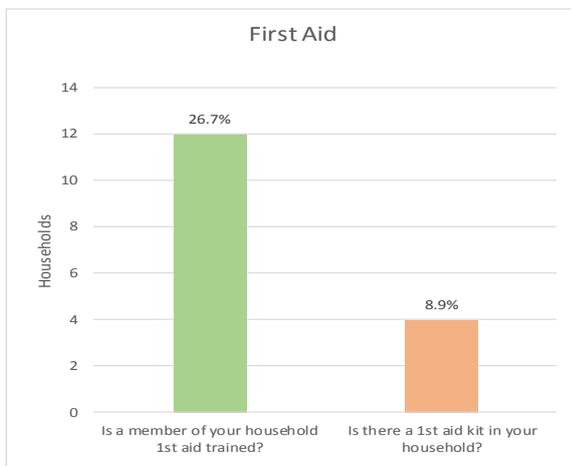
Health issues



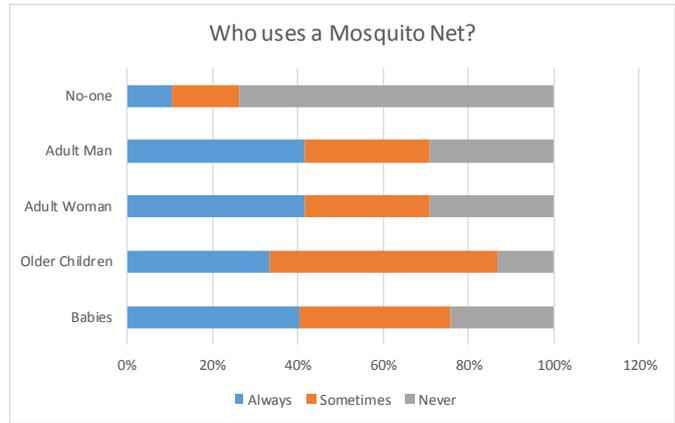
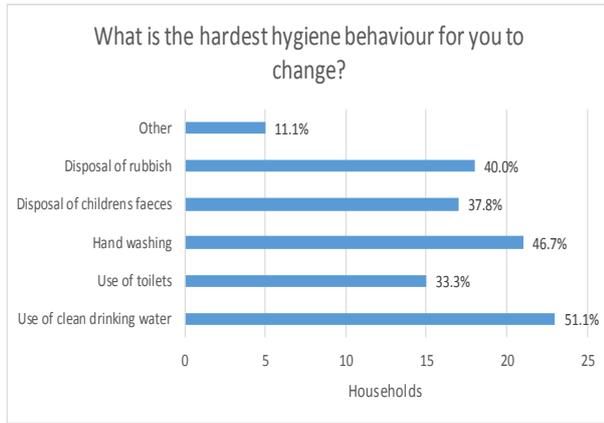
A large fraction of household respondents reported having suffered water related illnesses since TC Pam, diarrhoea being very prevalent (60% of assessed households), with 62.2% reporting headaches, and malaria occurrence were reported as affecting 22.2% of households assessed. There was also a very high rate in these communities of multiple illness, with 69% of the households indicating they suffered with two or more illnesses after TC Pam.



Large numbers of the households reported that they understand the causes and means of preventing diarrhoea, with 71% understanding the need to wash their hands regularly and 51% the need to be clean.



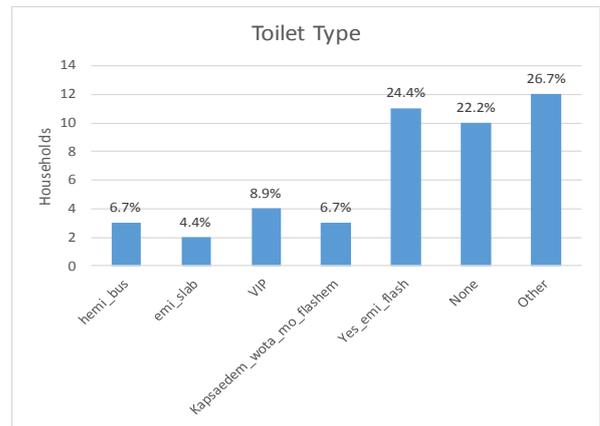
Regarding first aid precautions: 66.7% of the population do not possess a first aid kit; neither do they have any first aid training nor do they have knowledge of how to access these resources. However 26.7% of the households have at least one member trained and skilled with first aid.



The hardest hygiene behaviours to change were seen as the use of clean drinking water (51.1% of households) and hand washing practices (46.7% of households). The use of mosquito nets appears effective, with adult male, female and babies always using them in more than 40% of assessed households.

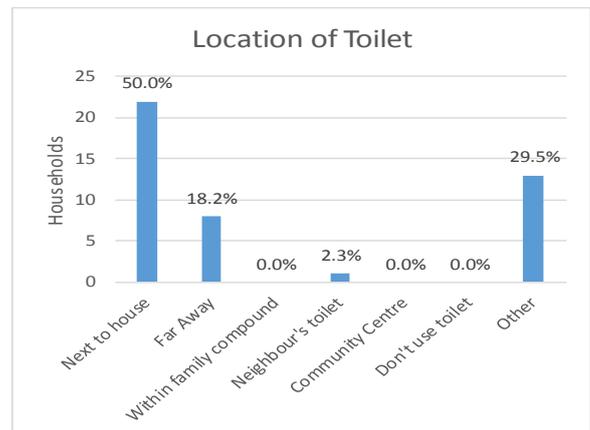
Sanitation issues

The toilets used after the cyclone were of temporary structure, therefore the conditions are not hygienic nor in sound condition. Damage to pre-existing latrines from TC Pam is still visible and it appears repairs have not been undertaken. It is noted that a significant fraction of the households have reported having no toilet (22.2%).



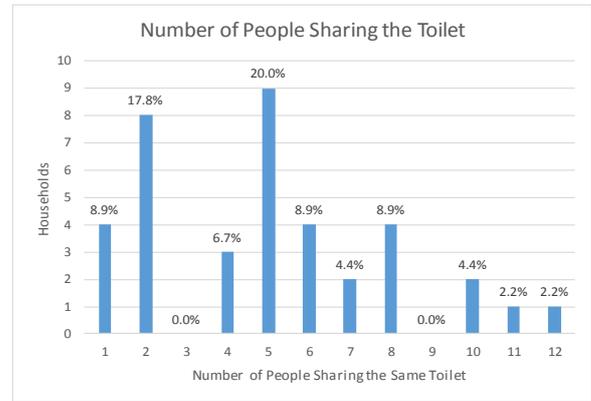
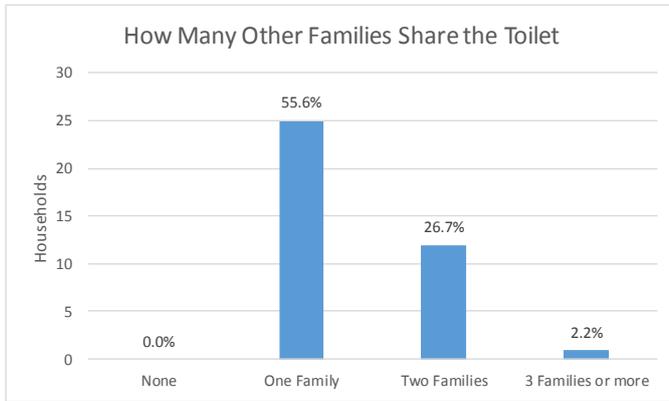
The most common type of toilet used by 24.4% of the households are flush toilets, with 8.9% using VIP toilets and 4.4% using slab toilets and others still using bush toilets (6.7%).

Though 50% of households have toilets next to their houses, 26.7% shows that 2 families are having to share the same toilet. One household from the 45 households indicated having 3 or more families using the same toilet.



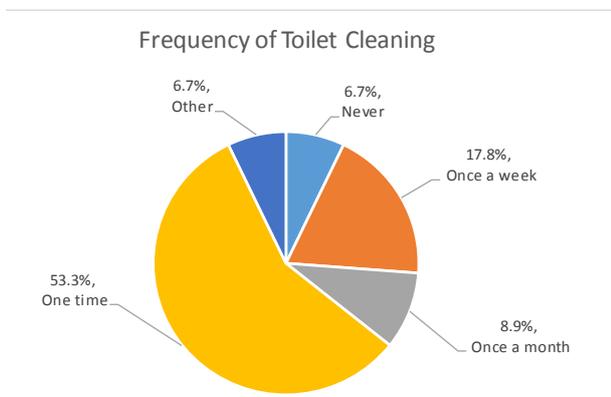
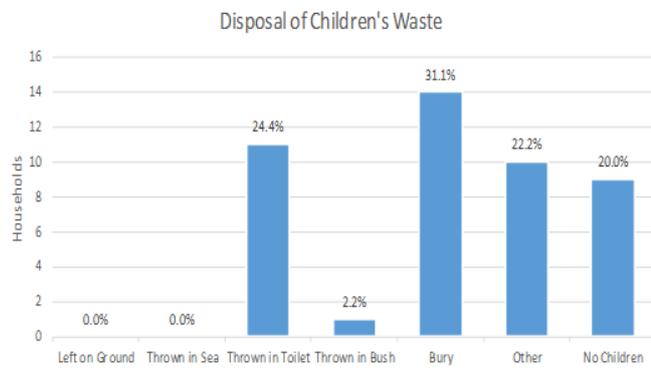
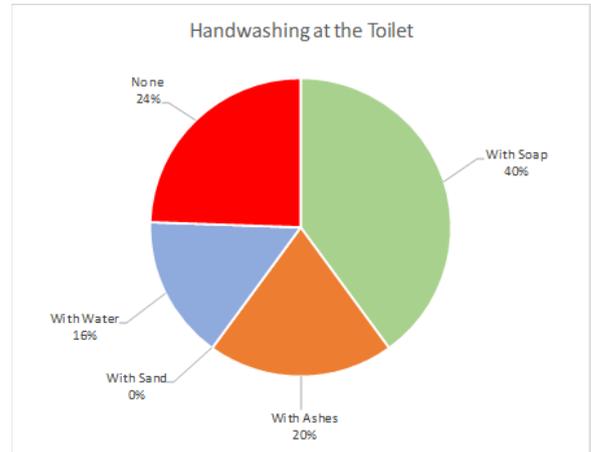
The average number sharing the one toilet is 6.5 people.

Four households reported having a toilet which was suitable for use by disabled people.

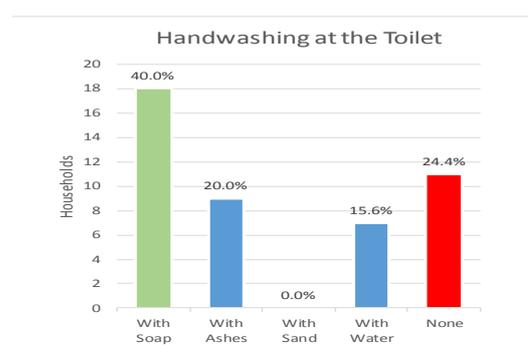
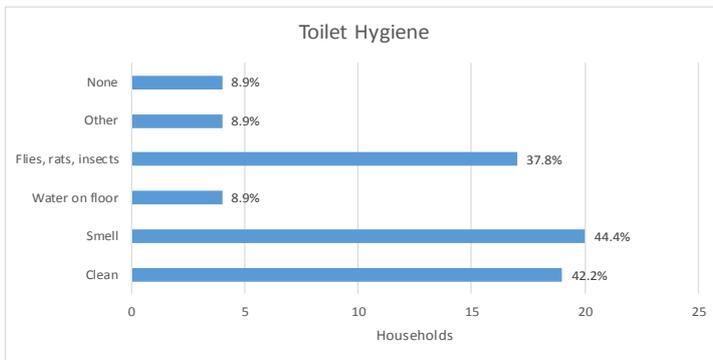


There appears effective practices in the disposal of children’s waste with only 2.2% of the assessed households reporting disposing of children’s waste by throwing it in the bush.

In regards to hand washing, 24.4% of the households surveyed have no means of hand washing nearby their toilets.



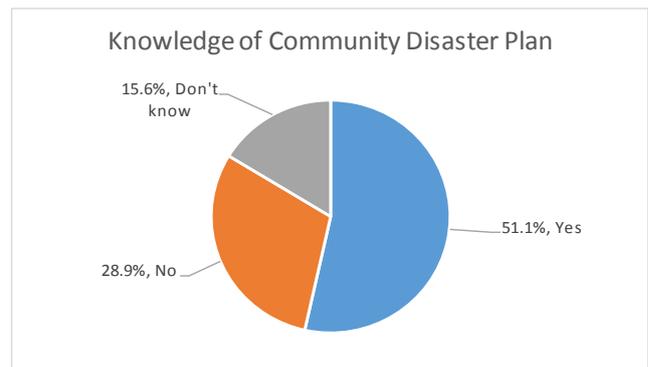
There appear some practises of cleaning toilets, but the assessments showed that only 17.8% of the households clean their toilets once a week. More than half (53.3%) of households reported that they clean their toilets once (a year) which could be related to the high proportion of people suffering from multiple illnesses.



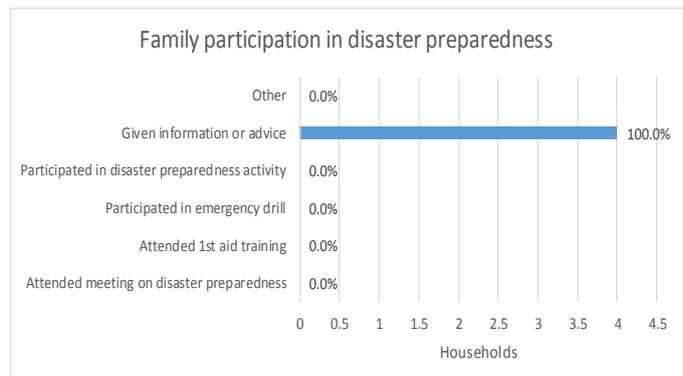
Toilets structures were seen to be very inadequate structures with weak hygiene conditions in terms of having significant odour, not being washed regularly, and which are exposed to having rats, flies and other insects in the toilets. 40% of the population wash their hands with soap after returning from the toilets.

Disaster preparedness issues

Whilst 51 % of the population report having a knowledge of a community disaster plan, the only engagement all households (100 %) have had, has been the provision of information.

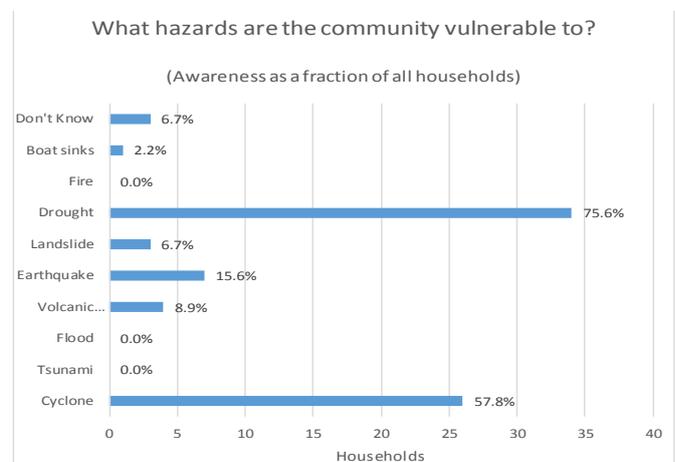


None of the surveyed households indicated they had been involved in any disaster simulations or planning processes etc.

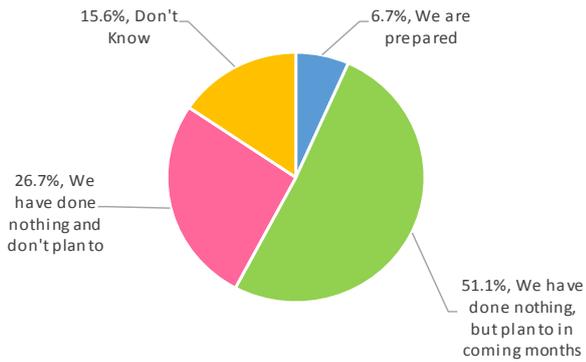


Within the context of small to significant disasters it is notable that none (0%) of the assessed households reported having had any participation or training in first aid in the past year.

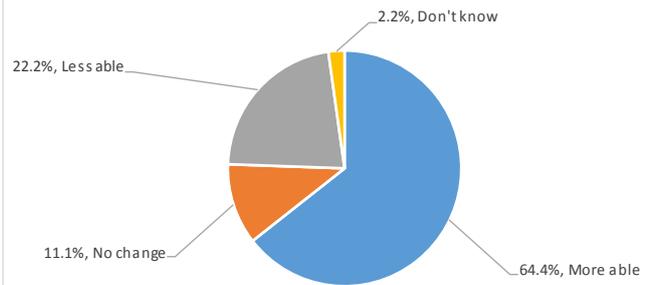
The assessed households identified drought and cyclones (76% and 58% respectively) as the hazards the community is most vulnerable to. Interestingly the informal settlements are often within poorly drained and/or low lying locations, but there were no concerns expressed about potential floods. It is assumed those who responded to volcanoes, come from islands where they and their families may return to, and know the risks in that location. No active volcanoes are present near the informal settlements.



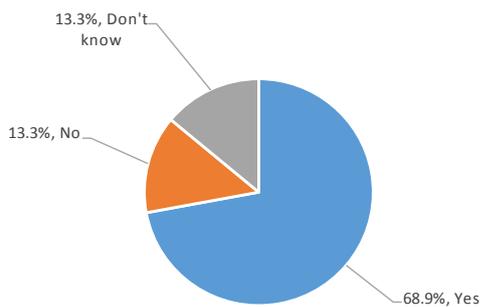
State of family disaster preparedness?



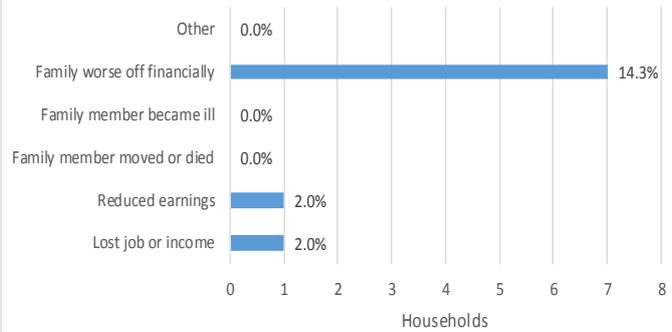
Is your family more or less able to handle a disaster?



Knowledge of where to go if there is an evacuation warning



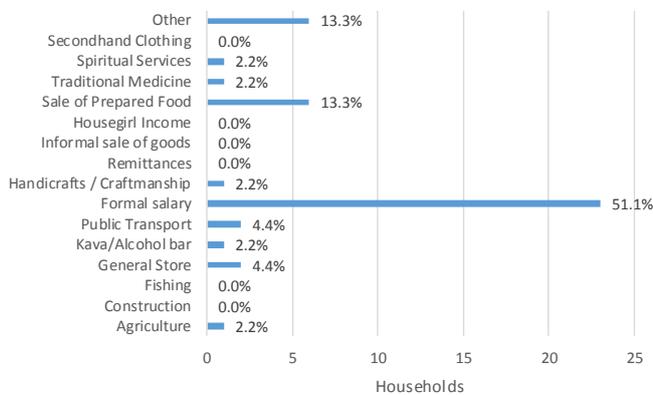
Why is your family less able to deal with a disaster?



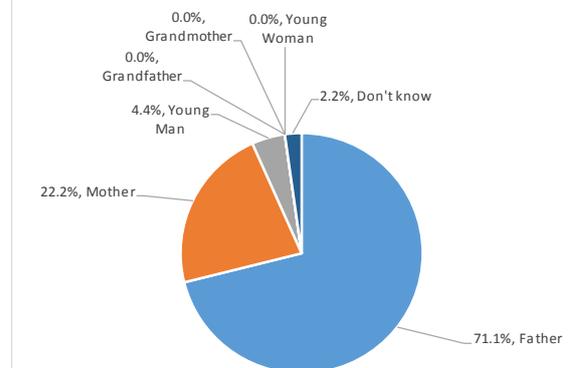
Half (51%) of the assessed households stated they have not done anything as a family to prepare for disasters. But correspondingly 64% of households reported they believe they are now more able to deal with a disaster. Most (69%) believe they have knowledge of where they should go in the case of an evacuation warning.

Livelihoods issues

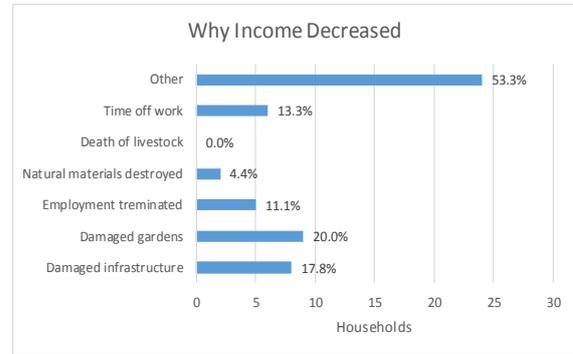
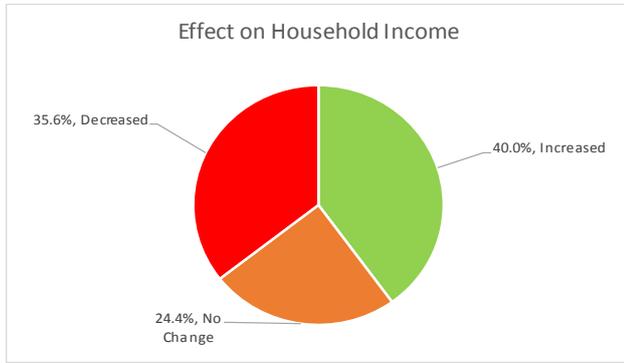
Main Household Income



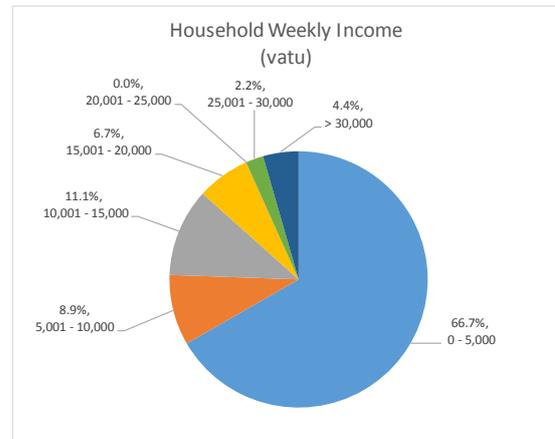
Main Income Earner



The number of people with employment in the assessed households was 73, or 38.4% of all adults (not including babies & children).



The assessment data shows income levels in these three informal settlements to be significantly lower than the national average. 66.7% of households surveyed reported a weekly income of less than 5000vt, equating to a monthly income of around 20,000vt (\$250 AUD). This figure falls far short of the average monthly household income of 83,800vt (\$1,050 AUD)¹. With a mean of 7.1 people per household, this also suggests that many of the people residing in informal settlements are living below the basic needs poverty line (2,866vt/person/week or \$36 AUD/person/week)¹.



Half (51%) of the households derive their main income from formal salaries or wages, however only 38.4% of adults are employed. This suggests that many households are relying mostly on the income of only one family member to support the entire family. The data does show that in most households, more than one family member contributes income, however given the generally low level of overall income, these secondary contributions do not appear to be significant. In 71.1% of assessed households, the main income earner was the father or male head of household.

Of the households surveyed, 35% reported a decrease in their income following TC Pam. The main reasons cited were damage to infrastructure and agriculture plots.

4. VRCS/ ARC recovery interventions proposed

VRCS One Recovery Plan

Programs which address these identified issues of disaster preparedness, health/sanitation and livelihoods have been developed for the VRCS/ARC bilateral recovery program within these informal settlements.

These programs within affected informal settlements will be undertaken in coordination with government and non-government partners and are described within the VRCS One Recovery plan.

¹ Household Income & Expenditure Survey, 2010, Vanuatu National Statistics Office

Appendix 1 – Assessment Survey Questions

Form: Port_Vila_informal_dec_2015

76 Questions

- =====
1. Man we i askem ol kwesten (Enumerator ID)
 2. Deit (Date)
 3. Location
 4. Nakamal
 5. Nem (Name)
 6. Posisen (Position)
 7. Kontak namba (Contact number). The answer must be > 2222222 and < 8888888
 8. Hamas bebi girl bitwin 0-2years i slip lo haos? (How many female babies between ages 0-2 years sleep in the house?)
 9. Hamas bebi boy bitwin 0-2years i slip lo haos? (How many male babies between ages 0-2 years sleep in the house?)
 10. Hamas pikinini girl bitwin 3-17years i slip lo haos? (How many female children between ages 3-17 years sleep in the house?)
 11. Hamas pikinini boy bitwin 3-17years i slip lo haos? (How many male children between ages 3-17 years sleep in the house?)
 12. Hamas youth woman-no mared bitwin 18-30years i slip lo haos? How many female unmarried youth between ages 18-30 years sleep in the house?
 13. Hamas youth man-no mared bitwin 18-30years i slip lo haos? (How many male unmarried youth between ages 18-30 years sleep in the house?)
 14. Hamas mama bitwin 30-55years i slip lo haos? (How many adult female between ages 30-55 years sleep in the house?)
 15. Hamas papa bitwin 30-55years i slip lo haos? (How many adult male adults between ages 30-55 years sleep in the house?)
 16. Hamas WOMAN abu antap 55years i slip lo haos? (How many elderly female over 55 years sleep in the house?)
 17. Hamas MAN abu antap 55years i slip lo haos? (How many elderly male over 55 years sleep in the house?)
 18. In this section you are required to ask questions regarding disabled people and pregnant women that are also living in the same household.
 19. Hamas woman gat bel i slip lo haous? (How many pregnant women sleep in the house?)
 20. Yu gat eni woman o gel wetem disability lo haos? Is there a disabled woman or girl in the household?
Choose all that apply
 - No save wokabaot gud
 - No save lukluk
 - Hed i lus
 - Sora ifas
 - No save toktok
 - Olgeta we oli katem leg
 - Narawan
 - No gat
 21. Yu gat eni man o boi wetem disability lo haos? Is there a disabled man or boy in the household?
Choose all that apply
 - No save wokabaot gud
 - No save lukluk
 - Hed i lus
 - Sora ifas
 - No save toktok
 - Olgeta we oli katem leg
 - Narawan
 - No gat
 22. Hamas WOMAN single perent? (How many females are a single parent?)
 23. Hamas MAN single perent? (How many males are a single parent?)
 24. Hamas man long haos i wok blong winim mani? (How many people in the house work for money?)
 25. In this section you are required to ask questions regarding the water situation in the household.
 26. Mein ples blong dring wota? (Main drinking water source?)
Choose all that apply
 - Ren wota tank
 - Riva
 - Spring wetem wol aroun
 - Spring we i no gat wol
 - Solwota spring wetem wol aroun
 - Solwota spring we i no gat wol
 - (Bore hole) han pamp
 - Wel blo siment
 - Vilij paep/UNELCO
 - Wota wei fulap be i no ron out
 - Graon wel we i no gat wol
 - Graon wel we i gat wol
 - Narafala

27. Hao nao yu tritim wota blong yu? (How do you treat your water?)
Choose all that apply
- Yes mi filterem
 - Yes mi boilem
 - mi boilem sometimes
 - Yes mi putem cemikel insaed (klorin)
 - Narafala
 - No makem
28. I bin gat fulap narakain sik afta lo TC Pam? Yu save namem ol sik? Any increase of illnesses after TC Pam? If yes, which illnesses?
Choose all that apply
- Diarrhoea
 - Malaria
 - Chest infection
 - Dengue
 - Sik bunbun
 - Sik ras
 - Red eye
 - hed i sor
 - Narafala
 - No gat
29. This section is concerning the sanitation situation of the household being interviewed.
30. Yu gat wan smol haos? Smol haos hemi? (Do you have a toilet?) (Type of toilet?)
Choose one response
- Yes emi bus
 - Yes emi slab
 - Yes emi VIP
 - Yes emi kapsaedem wota mo flashem
 - Yes emi flash
 - No
 - Narafala
31. Smol haos i stap wea? (Where is your toilet?)
Choose one response
- Klosap long haos blong mi
 - long way long haos blong mi
 - Long yad blong famli (serem smol haos)
 - Smol haos blong man we i stap klosap (serem smol haos)
 - - Komuniti senta/skul/ helt klinik If this response, jump to 32
 - No usem toilet
 - Narafala
32. Hamas haoshol i sherem semak smol haos? (How many Households share the same toilet?)
33. Hamas pipol i sherem semak smol haos? (How many People share the same toilet?)
34. Sipos wan man long famli i gat wan disbabiliti, igat wan smol haos blong ol man wetem disability nomo? (If someone in the household has a disability, is there a toilet for disabled household use only?)
Choose one response
- Yes
 - No
35. Wanem i hapen long ol sitsit blong ol pikinini? (What happens to the shitshit of young children?)
Choose one response
- Leko istap long graon-If this response, jump to 36
 - Sakem long solwota- If this response, jump to 36
 - Sakem long smol haos-If this response, jump to 36
 - Sakem long bus - If this response, jump to 36
 - Buriyem nomo
 - Narafala
 - No gat pikinini
36. Olgeta everiwan yusum smol haos? Is the toilet used by everyone?
Choose one response
- Evritaem
 - Plante taem
 - Samtaem nomo
 - No lo naet
 - No gat
37. Igat akses long wan ples blong wasem han we istap long smol haos o klosap long smol haos? (Access to hand washing facility at or near toilets?)
Choose one response
- Yes wetem sop
 - Yes wetem asis
 - Yes wetem sanbij
 - Yes wetem wota nomo
 - No gat
38. Ol pat blong smol haos. Obseveisen kwesten.
Choose all that apply
- Doa
 - Lok blong Doa
 - Ruf
 - Kaliko/ tapolen/ wan bag we oli hangem olsem doa
 - VIP vent pipe
 - Flae scrin antap lo pipe
 - Siment slab
 - Wud slab
 - Slab we i brok
 - Lid long toalet
 - 2 smol haos
 - Narafala

39. Pat blong Haejin (Hygiene features)
Choose all that apply
- Klin
 - Smel nogud
 - Wota long flo
 - Flae/rat/insek
 - Narafala
 - No gat
40. How often do you clean your toilet?
Choose one response
- Never
 - Once a week
 - Once a month
 - Wan wan taim
 - Narafala
41. How do you clean your toilet?
Choose all that apply
- Water
 - Water and soap
 - Brush
 - Ashes
 - Water from washing
 - Narafala
42. This section is concerning health situation of the household being interviewed.
43. U gat wan moskito net?
Choose all that apply
- Yes niu wan
 - Yes emi treated
 - Yes emi gat hol
 - No If this response, jump to 48
44. Hu i slip andanit long ol net evritaem? Who always sleeps under the nets?
Choose all that apply
- Pikinini mo bebe
 - Bigfala pikinini
 - Bigfala woman
 - Bigfala man
 - No gat
 - Usum coil nomo
45. Hu samtaem i slip andanit long ol net? Who sometimes sleeps under the nets?
Choose all that apply
- Pikinini mo bebe
 - Bigfala pikinini
 - Bigfala woman
 - Bigfala man
 - No gat
46. Hu neva i slip andanit long ol net? Who never sleeps under the nets?
Choose all that apply
- Pikinini mo bebe
 - Bigfala pikinini
 - Bigfala woman
 - Bigfala man
 - No gat
47. Wanem narafala samting we yu yusum moskito net long hem? (What other things do you use your mosquito nets for?)
Choose all that apply
- Karen
 - Kasem fis
 - Fens
 - Rop blong bild
 - Other
 - No usum olsem
48. Wanem taem nao yu wasem han blong yu? (When do you wash your hands?)
Choose all that apply
- Bifo kakae
 - Bifo kukum kakae
 - Afta yusum smol haos
 - Afta waipem as blong pikinini
 - Afta mekem karen
 - Afta pleple wetem ol animol
 - Narafala
49. From wanem yu wasem han blong yu? (Why do you wash your hands?)
Choose all that apply
- Kipim yu wan long ol jem/bebet
 - Kipim yu klin
 - No save
 - Wan nara man i talem blong mi mas mekem
 - Narafala

50. Wanem i kosem sitsit wota? (What causes diarrhoea?) askem nomo. Just ask, don't read out answers
Choose all that apply
- Ol jem
 - Toti wota
 - Ol samting we i toti
 - Ol flae
 - Kakae we i toti
 - Ol finga we i toti
 - Sitsit long open ples
 - Narafala
 - Kakae we i no gud
 - No save
51. Wanem stret wei blong mekem se yu no kasem sitsit wota? (What is the best way to prevent diarrhoea?) askem nomo. Just ask, don't read out answers
Choose all that apply
- Wasem han
 - Yusum smol haos
 - Stap klin oltaem
 - Yusum seif wota blong dring
 - Koverem up Kakai
 - Narafala
52. Wanem kaen haejin fasin nao i had tumas blong yu save jenjem? (What is the hardest hygiene behaviour for you to change?)
Choose all that apply
- Yusum klin wota blong dring - If this response, jump to 54
 - Yusum smol haos - If this response, jump to 54
 - Wasem han - If this response, jump to 54
 - Sakem sitsit blong pikinini long stret ples - If this response, jump to 54
 - Sakem toti long stret ples - If this response, jump to 54
 - Narafala
53. Sipos yu ansarem narawan. Hemi wanem haejin fasin?
54. Yu usem sop blong mekem wanem? (What do you use soap for?)
Choose all that apply:
- Yes blo wasem klos
 - Yes blo wasem ol plaet
 - Yes blo swim
 - No
55. Lo haos blo yu, i gat wan man wea hemi bin tekem wan first aid o fest elp training long 5 yia wea i bin pas finis? (has any member of your household undertaken first aid training in past 5 years?)
Choose one response
- Yes
 - No
56. Lo haos blo yu, i gat wan first aid kit o fest elp kit? (Does your household have a first aid kit?)
Choose one response
- Yes
 - No
57. Yu save ples wea yu karem wan first help kit mo first help training? (Do you know where to get a first aid kit or training?)
Choose one response
- Yes
 - No
58. Stand outside and take the GPS location of the house..
59. This section is about disaster risk reduction.
60. Yu save talemaot ol difren kaen hazad/disasta we yu ting se komuniti blong yu i maet faesem? (Can you list the type of hazards that you think your community is vulnerable to?)
Choose all that apply
- Saeklon
 - Sunami
 - Flad
 - Volkano
 - Etkwek
 - Lanslaed
 - Drae Taem
 - Faea
 - Sip i draon
 - No save
61. Komuniti blong yu i gat wan disasta plan blong hem? (Do you know if your community has a disaster plan?)
Choose one response
- Yes
 - No
 - No save
62. Yu save stret ples blo go taemwe i gat wan woning blong muv i go long wan sef ples long taem blong disasta? (Do you know where to go when there is an evacuation warning?)
Choose one response
- Yes
 - No
 - No save

63. Wij wan long ol toktok ia i diskraebem gud famle blong yu? (Which of the following statements best describes your family?)
Choose one response
- Mifala i no bin mekem eni samting blong pripea long wan disasta mo mifala i no gat plan blong mekem
 - Mifala i no bin mekem eni samting blong pripea long wan disasta be bae mifala i mekem yet long ol manis we i stap kam
 - Mifala i jas stat blong pripea long wan disasta
 - Mifala i bin pripea finis long wan disasta
64. Sipos yu tingbaot last yia, yu ting se noaia, save blong famili blong yu long saed blong hao blong gotru long wan disasta i go antap, i semak nomo o i go daon? (Compared to a year ago, is your family more or less able to handle a disaster or emergency?)
Choose one response
- Go antap - If this response, jump to 66
 - Semak nomo - If this response, jump to 66
 - Go daon
 - No save - If this response, jump to 66
65. (Sipos i go daon) From wanem famili blong yu save blong ol igo daon blong fesem wan disasta? (if less able) why is your family less able to handle a disaster or emergency?
Choose one response
- Lusem wok o inkam blong yu
 - Hamas watu we yu winim lo wok i go daon
 - Wan famle i ded o i muv aot long haos
 - Wan famle i kasem sik, wan disabiliti, o hemi no save wok from helt blong hem i no gud
 - Mane blong famle i go daon from se ol samting i moa sas
 - Narafala
66. Long yia we i pas, yu o famle blong yu i bin tek pat long ol aktiviti olsem? (In the past year, have you or your family members done any of the following activities?)
Choose one response
- Go long wan miting long saed blong hao blong pripea long wan disasta
 - Go long wan fes aid trening
 - Patisipeit long wan emegensi o evakuasen praktis
 - Patisipeit long wan activity long komuniti long saed blong hao blong pripea from disasta
 - Karem wan infomesen long saed blong disasta o wan man i bin kam long haos blong yu blong kivimaot infomesen
 - No gat
67. Ol nekis kwestion i tokbaot inkam blong haoshol. (This section is about household income)
68. Hamas man o boi we i stap long haos blong yu i mekem wan samting blong winim mane? (How many men within the household generate income?)
69. Hamas woman o gel we i stap long haos blong yu i mekem wan samting blong winim mane? (How many women in the household generate income?)
70. Hu aot long famle i winim moa mane? (Who in the family contributes to most to household income?)
Choose one response
- Papa
 - Mama
 - Yangfala man
 - Yangfala woman
 - Apu man
 - Apu woman
 - No save
 - Narafala
71. Wanem nao hemi maen wei we famle blong yu i stap winim mane? (What is the main source of income for the household?)
Choose one response
- Akrikalja
 - Bildim haos
 - Salem fis
 - Stoa
 - Kava/Alkohol bar
 - Pablik Transpot
 - Wok we i gat salari
 - Lokol Handikraft/Karving
 - Famle we i wok ovasi i sendem mane
 - Salem rifil/sikaret etc.
 - Wok blong haosgel
 - Salem tan kakae
 - Masaj/kastom medsin
 - Wok long jioj o praea
 - Salem sekenhan
 - Narafala

72. Wanem nao ol narafala kaen wei we famle blong yu i stap winim mane? (What are the secondary sources of income for the family?)

Choose all that apply

- Akrikalja
- Bildim haos
- Salem fis
- Stoa
- Kava/Alkohol bar
- Pablik Transpot
- Wok we i gat salari
- Lokol Handikraft/Karving
-
- Famle we i wok ovasi i sendem mane
- Salem rifil/sikaret etc.
- Wok blong haosgel
- Salem tan kakae
- Masaj/kastom medsin
- Wok long jioj o praea
- Salem sekenhan
- Narafala

73. Famle blong yu i winim hamas mane long wan wik? (What is the average weekly income for the household?)

74. Afta long saeklon Pam, inkam blong famle blong yu i go antap, i semak o i go daon? (Has your household income increased, decreased or stayed the same after TC Pam?)

Choose one response

- Go antap
- Semak nomo
- Go daon

75. Sipos inkam i bin go daon, from wanem? (If income has decreased, why?)

Choose all that apply

- Haos/kijen/stoa/narafala bilding i kasem damej o i foldaon
- Karen i kasem damej
- Wan famle i lusum wok blong hem
- No save karem najurel risos blong mekem ol samting blong salem
- Animol i ded
- Mas spel long wok
- Narafal

76. Tankyu tumas for kompletem Red Kross Survey Nowia. Swipe bak agen blo savem survey