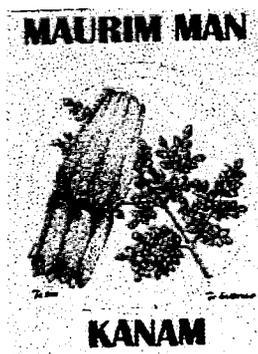


**NUTRITION POLICY
AND
PLAN OF ACTION**

of

KIRIBATI



A Commitment

to all

I-Kiribati

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EXECUTIVE SUMMARY

The Nutrition Policy and Plan of Action of Kiribati embodies the country's commitment to improve the nutritional well-being of all I-Kiribati and ameliorate the problem of malnutrition in the population. It spells out the policies that the government adopts as a manifestation of this commitment, together with the national plan of action to carry out these policies.

Recognizing that the country is faced with the double edged problem of undernutrition in children and overnutrition in adults, the Government will accord high priority to improve the country's food and nutrition situation to enable the population to contribute to the country's socio-economic development and improve their quality of life. Accordingly the Government will provide the necessary political and economic backing required to deal with the food and nutrition issues facing the nation. For its objective, the Plan calls for the reduction of undernutrition in children by the end of this decade, virtually eliminate clinical vitamin A deficiency and reduce the incidence of anaemia among children and pregnant women, decrease the incidence of non-communicable diseases among adults, increase self-sufficiency in food and improve environmental sanitation. To carry out the Plan, a multisectoral coordinated approach will be followed. In addition, the strategy of decreasing dependency on imported food and improving household food security, and promoting a healthy blend of traditional and modern practices will be adopted.

In order to fulfill these objectives, the Plan prescribes five impact programmes: 1) direct nutrition services to those suffering from malnutrition and of high nutritional risk, 2) nutrition education programme in schools and communities, 3) universal vitamin A supplementation in infants and young children, 4) family food production, and 5) potable water and environmental sanitation programme. To support these programmes, three support strategies will be carried out: 1) human resource capability building, 2) resource generation, and 3) nutrition surveys and research. Recognizing that the problem of malnutrition is not only multi-sectoral but multi-faceted, the Plan will fully utilize linkages with all sectors of government and private sector - from health to natural resources and education, from trade and commerce to public works, to employment and home affairs. The NGOs will also be conscripted into the programme.

To manage this national programme, a National Food and Nutrition Committee will be established to serve as the advisory body to the Government of Kiribati on all matters related to nutrition. The Committee will have the primary function of planning and coordinating all programmes and activities under the Plan, assisted by the National Nutrition Centre which will act as the Committee's Secretariat.

With the full collaboration of all sectors, the outlook for success appears bright, redounding to the benefit of all I-Kiribati.

NUTRITION POLICY AND PLAN OF ACTION OF KIRIBATI

Introduction

Food is man's most basic need. An adequate amount and kind of food is necessary not only for his survival but the fulfillment of his full God-given potential as a human being. Proper nutrition insures all the necessary ingredients for his physical and mental growth and development and maintenance of health. Good nutrition means optimum physical productivity and protection from illness. On the other hand, improper nutrition means poor growth and development of both mind and body, recurrent infections, poor performance and frequent absences in school, and low work productivity in the workplace, in the soil, and in the seas.

To a young and developing nation like Kiribati, the food and nutrition situation of its population has serious economic, social and health implications. A healthy and vigorous population is a necessary condition to the country's development. A properly nourished population insures their maximum contribution to the full economic, social and political life of the nation. On the other hand, a poorly nourished population is not able to optimally provide the ingredients for the country's development. Malnutrition saps the energy of the people to fully participate in nation building.

The problem of malnutrition is in fact a global one. While countries may differ in degrees and types of malnutrition that plague them, both the developed and developing world suffer from various forms of malnutrition. Thus in December 1992, leaders of more than a hundred and sixty countries around the world gathered in Rome for the International Conference in Nutrition. The Conference resulted in the World Declaration and Plan of Action on Nutrition which embodied the commitments of governments to substantially reduce if not eradicate hunger and malnutrition from the earth by the end of this decade.

Indeed the objective of eradicating hunger and malnutrition is within reach. Sufficient knowledge and technologies are now available to attain this objective. However, reaching the goal requires the political will of governments and the full commitment and concerted action of everyone - leaders of government, NGOs, and local communities, as well as the people themselves.

This document embodies the commitment of the Government of Kiribati to improve the nutritional well-being of all I-Kiribati and ameliorate the problem of malnutrition in the population in response to the global call made in Rome. It spells out the policies

that the government adopts as a manifestation of this commitment, together with a national plan of action to carry out these policies. Moreover, the document describes the Kiribati National Plan of Action for Nutrition (KNPAN) for the period 1997 to 2001, including its goals, objectives, strategies and programmes, which will serve as the guide for all instrumentalities of government as well as the collaborating sectors in the national task of raising the nutritional status of all I-Kiribati.

Nutrition Situation in Kiribati

Nutrition Problems in Kiribati

1. General malnutrition in children

General malnutrition in children generally results from a poor diet lacking in dietary energy and protein. It is also often secondary to infections such as diarrhoea and respiratory ailments. The condition affects the child's physical, mental and intellectual development, and in turn predisposes to more infections. Thus the child who continually suffers from malnutrition grows to adulthood unable to fully contribute to the country's socio-economic development.

As early as the mid-70s, surveys have revealed a high prevalence of general malnutrition in children in Kiribati. An epidemiologic survey carried out in four locations from 1976 to 1978 revealed a high prevalence of underweight in children under five years (10.8% - 32.3%). The 1985 National Nutrition Survey covering 22% of households showed that 10% - 15% of children under 5 were underweight. While the growth pattern from birth to 6 months is comparable to Western standards; growth faltering occurs after this period probably because of improper diet during weaning, exacerbated by frequent infections. Again in the 1989 survey to assess vitamin deficiency in six islands in Kiribati, mild malnutrition was found in a large percentage of children with or without vitamin A deficiency. More recent data from the health reporting system of the MHFP showed that while the rate has abated somewhat, cases of malnutrition continue to be reported an average of 295 cases per year between 1992 and 1996.

2. Vitamin A Deficiency

Vitamin A deficiency is a major cause of preventable blindness in children. What is worse, vitamin A deficiency reduces resistance to infection, so that child mortality from common illnesses in communities with high prevalence of vitamin A deficiency is increased.

Studies from late sixties up to the present have made continuing reference to the serious problem of vitamin A deficiency in children in Kiribati. A study carried out by the Australian South Pacific Eye Team in 1989 among 300 children under 6 years estimated that 15% of the children were vitamin A deficient. The most definitive data came from the 1989 vitamin A deficiency assessment survey carried out by the MHFP with the assistance of the Foundation for the Peoples of South Pacific, Helen Keller International and Johns Hopkins University. The survey revealed a prevalence of 14.4% among children 6 months to 5 years in six islands studied. This rate is much higher than the WHO criteria as a public health problem. Apparently the problem has abated to some extent since the programme of universal vitamin A supplementation was started in 1991. Health statistics now reveal that while there were 3449 reported cases of clinical vitamin A deficiency in 1989, there were only an average of 740 cases per year between 1992 and 1996. This, however, shows that vitamin A deficiency is

still a public health problem, causing untold number of preventable blindness and lowered resistance to infections.

3. Anaemia in young children and women of child-bearing age

The third serious malnutrition problem in Kiribati is nutritional anaemia resulting primarily from iron deficiency in the diet aggravated by intestinal parasitism. Anaemia in pregnancy is often a cause of maternal mortality and labour complications; in both adults and children, it limits physical and intellectual performance, thus limiting school and work productivity.

In a study of infant weaning practices in 1983, anaemia was found to be common in Kiribati especially in islands with high rainfall. The 1985 National Nutrition Survey confirmed the high prevalence of anaemia in preschool children and in women of child-bearing age particularly pregnant women.

4. Obesity and Diet-Related Non-Communicable Diseases

As in other Pacific Island countries, the adult population of Kiribati is prone to obesity and the resultant non-communicable diseases such as diabetes mellitus, hypertension, heart disease and some forms of cancer.

In the Dietary and Cardiovascular Disease survey in Kiribati in 1981, diabetes mellitus even at that time has reached 9.1% in the urban area and 3.0% in the rural in both sexes. Hypertension was as high as 14.7% in the urban area and 10.5% in the rural. The 1985 National Nutrition Survey disclosed the mean weight of women 15-65 years at a high 66 kg. More recent statistics from the MHFP shows that hypertension and diabetes mellitus has apparently been increasing since 1992. For example, while 118 cases of diabetes were reported in 1992, there were 302 cases reported in 1996.

Factors Affecting Nutritional Status in Kiribati

A multitude of factors is responsible for the above nutritional problems in Kiribati. Foremost of these is the economic condition of many households whose income is not enough for an adequate diet. Unemployment in the urban areas aggravates the problem. The scarce natural resources and infertile soil in the country is primarily accountable for the unavailability of enough food in the household and community, contributing to food insecurity at the household and national levels. Thus a high degree of food importation has to be resorted to. The lack of leafy greens in the diet of I-Kiribati could be attributed to these geographic limitations which have constrained a wider variety of food in the diet.

The high rate of infectious diseases especially diarrhoea in children has also contributed to malnutrition problem in Kiribati. The poor condition of environmental sanitation and lack of access to potable water supply, not to mention the inaccessibility of many areas to health services, have all affected the nutritional condition of the children.

The high rate of malnutrition in Kiribati may also be attributed to the demographic and social conditions now existing. The high rate of population growth of 2.4% and the large average family size of 7 limits the available food supply in the household and aggregate level. The persistence of erroneous food habits and practices fallacious cultural beliefs and taboos, coupled with ignorance, low literacy and lack of education, make the introduction of the concepts of good nutrition difficult.

On the other hand, the problem of overnutrition and dietary imbalance that is starting to raise concern about obesity and diet-related non-communicable diseases is presumably being brought about by the changing diet and lifestyle associated with urbanization and higher incomes. The shift from traditional foods to processed imported foods, the inordinate intake of high calorie foods, the increasing prestige value of non-nutritious foods, coupled with less physical, more stressful life style, all are part of the social transition that is now occurring in the country and are contributing to the problem of overnutrition.

Policy Thrusts

1. The Government will accord high priority to improve the country's food and nutrition situation and promote better health and nutritional well-being of the population especially the groups at risk.
2. The Government will provide the necessary political and economic backing required to deal with the food and nutrition issues facing the nation.
3. The Government further endorses the goals set out in this policy and plan document and urges governmental and non-governmental agencies to direct their effort and resources towards achieving these goals.
4. The Government also adopts and endorses the programmes and projects mentioned under this Plan of Action and directs concerned Ministries and other agencies to include them into their respective sectoral plans and programmes.
5. The Government will take necessary steps to formally establish the National Food and Nutrition Committee and empower it to advise, co-ordinate and evaluate the implementation of the food and nutrition policy and plan.

Goal and Objectives

Goal:

For the population of Kiribati to attain good nutritional status in order to contribute to the country's socio-economic development and improve their quality of life.

Objectives:

By the end of the Plan period:

1. Reduce the incidence of undernutrition among children by 50%;
2. Virtually eliminate clinical vitamin A deficiency;
3. Reduce the incidence of iron deficiency anaemia among pregnant women and children
4. Decrease the prevalence of obesity and the incidence of NCD among adults
5. Increase self-sufficiency in food and improve household food security; and
6. Improve environmental sanitation and increase access to safe water supply.

Strategies

- 1.** Promote a multisectoral coordinated approach in dealing with nutrition issues;
- 2.** Decrease dependency on imported food and improve self-sufficiency with respect to staple and traditional food;
- 3.** Improve household food security and insure adequate supply of leafy greens;
- 4.** Insure proper nutrition in infants, preschool and school children;
- 5.** Prevent and reduce micronutrient deficiencies particularly in vitamin A and iron among mothers and children;
- 6.** Prevent the increase in diet-related non-communicable diseases; and
- 7.** Promote a healthy blend of traditional and modern practices.

Programmes

1. Direct nutrition services to the nutritionally at risk

The objective of the programme of direct nutrition services to the nutritionally at risk is to render rehabilitative and supportive services to those suffering from primary or secondary malnutrition or those under emergency conditions rendering them nutritionally at risk. These consist of those seen in the clinics, dispensaries, hospitals or in their homes suffering from malnutrition arising from failure of breast-feeding, improper weaning or inadequate food intake due to ignorance of healthy food choices, practice of erroneous food habits, or arising from disasters or other emergencies. Frank malnutrition cases secondary to infectious disease such as diarrhoea and acute respiratory infection are also the targets of this programme.

Cases suffering from moderate and severe protein-energy malnutrition may be rehabilitated with supplementary food assistance or may be admitted in the hospital where they can be given adequate diet.

Cases of frank vitamin A deficiency, i.e., those exhibiting active eye signs of vitamin A deficiency, will be given therapeutic doses of vitamin A in the form of retinol palmitate capsules. If resources are available, children suffering from measles or prolonged diarrhoea will be given preventive doses of vitamin A capsules.

Mothers and children suffering from moderate or severe anaemia will be given iron supplements. If necessary anaemic children harboring intestinal parasites may be dewormed.

Cases of obesity and diet-related non-communicable diseases such as diabetes mellitus, hypertension and heart disease will be given dietary advice and if necessary medical treatment.

The programme will be led by the Ministry of Health and Family Planning and undertaken by the hospitals, as well as health centers and dispensaries spread throughout the islands. Supportive measures such as surveillance and reporting of such cases in the communities may also be done by the Division of Social Development of the Department of Environment and Social Development and the local governments under the Ministry of Home Affairs.

2. Nutrition Education Programme in Schools and Communities

The programme of nutrition education in schools and communities will have the objective of delivering nutrition messages to the targets, namely, school children, mothers and women of child-bearing age in the communities, community leaders, members of women's clubs, and others. Adult members of the community who are at risk of obesity and diet-related non-communicable diseases will constitute the targets for nutrition messages regarding moderation in food intake.

The Ministry of Education, Training and Technology will be the lead agency for the nutrition education programme in schools. More specifically, the Ministry will see to the integration of nutrition in the elementary and secondary school curriculum as well as the integration of nutrition and agriculture in the education curriculum. School teachers will be primarily responsible for incorporating nutrition in their curricular and extra-curricular activities.

The programme of nutrition education in communities will be led by the Ministry of Health and Family Planning. This programme will pay particular emphasis on the promotion of breast feeding and harmfulness of bottle feeding, and proper weaning practice (e.g., the proper time to start weaning, the proper weaning foods for the growing infant, etc.). The promotion of leafy green and yellow vegetables and fruits as well as other nutritious traditional foods will be emphasized in nutrition campaigns and educational activities. In populations who are prone to overnutrition and diet-related non-communicable diseases, nutrition education messages will emphasize moderation in food intake particularly calorie-dense foods, limitation in the consumption of oils, saturated fats and cholesterol-rich foods, and liberal intake of vegetables and fruits. In general, a healthy blend of traditional and modern practices will be promoted.

The development of nutrition information materials such as leaflets and posters will be initiated by the National Nutrition Center. The production, printing and dissemination of these materials will be the responsibility of the Health Education Division of the MHFP. Mass media including radio and newspaper will be utilized as much as possible. Other communication strategies such as awareness campaigns, community theatre such as the Teitibwerere, may also be used.

Aside from the Ministry of Education, Training and Technology and the Ministry of Health and Family Planning, other agencies of the government such as the Ministry of Natural Resources, Ministry of Environment and Social Development, and Ministry of Home Affairs, will also contribute to nutrition promotion through their respective units. The NGOs such as the FSP and women's groups will integrate nutrition messages into their training and outreach activities.

3. Vitamin A Supplementation Programme

While the programme of vitamin A supplementation is a short term measure against active vitamin A deficiency known as *xerophthalmia*, the prevalence of this deficiency in Kiribati is so high that strong preventive measures have to be taken if the objective of virtually eliminating frank vitamin A deficiency is to be achieved by the end of this decade. Thus the programme of vitamin A supplementation among all children 6 months to 6 years will be continued for another three to five years.

The programme consists of administering high-dose vitamin A capsules (100,000 IU for infants and 200,000 IU of retinol palmitate in oil for older children) to all children in the community every four to six months. The lead agency for the programme will be the Department of Public Health, MHFP.

4. Family Food Production Programme

The objective of the programme of Family Food Production is to ensure household food security. More specifically, the programme is meant to contribute to the household supply of vegetables (especially green leafy and yellow vegetables), fruits and small livestock for family consumption. It may also contribute to the income of the household if the produce is beyond household food needs.

The programme will be led by the Ministry of Natural Resources and Development. Demonstration gardens may need to be set up in strategic places such as schools, church yards, and public lands. Inputs such as seeds, seedlings and cuttings, as well as training of household members and communities on backyard gardening and livestock raising will be provided. To fully utilize the produce from the garden, the programme will be accompanied by a strong nutrition education component to teach households on the nutritional value of their produce, together with the manner of preparation, recipes, etc.

The other instrumentalities of the government such as the schools and local government will play an important role in promoting home gardening in communities, schools and homes. The NGOs will also contribute to the promotion of this programme.

In support of the programme, the Department of Agriculture will continue to conduct research on new varieties of nutritious vegetables and fruits that can be grown in home gardens.

5. Potable Water and Environmental Sanitation Programme

The programme of Potable Water and Environmental Sanitation is intended to reduce the problem of diarrhoea and other infectious diseases which are major causes of malnutrition in children.

While the necessary infrastructure in the form of solar pumps and hand pumps will be the responsibility of the Water Engineering Unit of the Ministry of Works and Energy along with the PUB Water and Sewerage Engineering Unit, a strong educational campaign will have to be waged to change habits in personal hygiene and waste disposal. Thus the Department of Public Health particularly the Environmental Health Inspectors in the field together with the Ministry of Environment and Social Development as well as the Ministry of Home Affairs will have major roles. Monitoring the safety of water and food supply will be vigorously pursued by the Department of Public Health.

Support Strategies

1. Human Resource Capability Building for Nutrition

In order to fully support this Plan of Action for Nutrition of Kiribati, the human resource for such a national undertaking will have to be developed. Thus the strategy of Human Resource Capability Building for Nutrition is meant to build the human infrastructure capable of delivering nutrition services and messages to the targets and carrying out the projects and activities under the Plan. The main responsibility for carrying out and coordinating this strategy will rest on the National Nutrition Center of the MHFP, with the collaboration of other Ministries and the NGOs which have responsibilities related to nutrition.

Targets for nutrition training and orientation are all national and field personnel carrying out nutrition projects and activities. School teachers will especially be targeted. If necessary an echo-type training strategy will be employed. Orientation of decision makers, middle level managers, community leaders, women's clubs and similar groups will be carried out to generate maximum support for the programme. The staff and volunteers of NGOs concerned with nutrition activities will also be the subject of training and orientation.

2. Resource Generation

Resource generation will be the responsibility of all agencies implementing the nutrition programme. This strategy, however, will be led by the National Food and Nutrition Committee with the support of the Ministry of Finance and Economic Planning. Additional sources of funds will need to be raised from NGOs and bilateral and international agencies.

3. Nutrition Surveys, Statistics and Research

Large scale nutrition surveys to determine the nutritional status of the population have been carried out at least 8 years ago. The National Nutrition Survey covering 22% of households was done in 1985, while the Vitamin A Survey was conducted in 1989 in six islands of Kiribati. In fact the Dietary and Cardiovascular Disease Survey was done in 1981. Without more recent data, it will be difficult to do efficient planning not to mention evaluation of programme impact. Thus it will be highly desirable if a national nutrition survey can be carried out in 1997 or early 1998. Support for such an activity should be sought from NGOs such as FSP or bilateral and international agencies. Such a survey should be led by the National Nutrition Centre. This will, however, require out-of-country training of the Centre's staff to lead the survey.

In addition to the conduct of nutrition surveys, the various Ministries concerned with food and nutrition will endeavor to gather as much relevant statistics as possible from their own reporting systems. Thus health statistics on morbidity and mortality as well as on health services will come from the MHFP; agriculture statistics on food

production and supply will come from the Ministry of Natural Resources; economic statistics including Food Balance Sheets will come from the Ministry of Finance and Economic Planning; employment statistics from the Ministry of Labour, Employment and Co-operatives, etc.

The gathering of scientific research information related to food and nutrition will be the responsibility of the National Nutrition Centre in collaboration with relevant agencies locally and abroad. Information on composition of local foods, food consumption, food habits and practices, available local foods, and similar data are indispensable in nutrition information and education programmes.

Linkages with Other Sectors

Ministry of Environment and Social Development

Social, cultural and environmental factors have considerable influences in the health and nutrition situation of a society. The Ministry of Environment and Social Development will have the task of identifying the social, cultural as well as environmental problems related to nutrition.

In line with their function, the Ministry will undertake nutrition improvement programmes through community organizations particularly women's groups and NGOs, integrate nutrition into their training activities, and collaborate in the monitoring of nutrition programme in the community. The Ministry will pay particular concern with food-related behaviour, taboos and other cultural beliefs and practices.

Ministry of Education, Training and Technology

Since the population structure of Kiribati is young and expansive, a large proportion of the population is in school. Thus the educational system is an excellent channel for health and nutrition improvement.

Besides leading the programme of nutrition education in schools particularly in the inclusion of nutrition into the school curriculum, the Ministry of Education, Training and Technology will have the task of identifying knowledge gaps in nutrition among I-Kiribati. Moreover, the Ministry will integrate nutrition into the school health programmes and implement nutrition-related activities such as school gardening and livestock raising, school feeding and quality control of foods sold in schools. The Ministry will assist in training activities and collaborate in the evaluation of progress of nutrition-related activities in the Ministry's area of responsibility.

Ministry of Natural Resources and Development

The majority of I-Kiribati live on the outer islands and in a subsistence based economy. It is therefore imperative that natural resources especially agriculture and fisheries should be optimally developed as sources of food.

The Ministry of Natural Resources and Development will continue to identify appropriate varieties of local crops that can be grown in Kiribati, determine nutritional values of local foods, and look for ways of improving agricultural and fisheries production and marketing. The Ministry will continue educating the community in the production of appropriate crops for local consumption and marketing. It will also concern itself with livestock breeding as well as fishing technologies, including handling, preservation and marketing. Furthermore, the Ministry will support nutrition training programmes of other Ministries.

Ministry of Information, Transport and Communication

Efficient transportation and communication is still a problem in Kiribati with its widely scattered islands. The Ministry of Information, Transport and Communication has the task of identifying problems in these areas to help improve the transport, storage and marketing of foods. Accordingly the Ministry will be mainly concerned with efficient passage of food, goods and services, ensuring regular shipping schedules. It will also assist in the development of information resources such as brochures, pamphlets, etc., needed in the nutrition information campaign.

Ministry of Labour, Employment and Co-operatives

It is estimated that out of the total working-age population of 37,000 in Kiribati, only 8 thousand are employed in gainful and productive occupations. The task of the Ministry is not only to assess the rate of employment in productive occupations more accurately, but to identify occupational opportunities locally and abroad. The Ministry promotes skills training such as the training of marines for merchant ships and fishing vessels. Foreign employment of a significant number of the labour force in these areas are in fact helping significantly in the economy not only of their families but of the country as a whole. Moreover, the Ministry is promoting resettlement to the outer islands and instituting replanting schemes.

Ministry of Commerce, Industry and Tourism

The trade activity in Kiribati is dominated by imports. According to the 1995 trade report, trade import bill is 150% the value of all locally produced exports. The consumers are faced with high prices of essential commodities sold in shops, not to mention the health problems caused by unhealthy imported goods. Prices of local products are high because of their scarcity in the local market, yet they are exported to nearby countries.

In line with its function, the Ministry of Commerce, Industry and Tourism therefore concerns itself with controlling prices of essential commodities through price listing. It is also involved in the identification and screening of short shelf-life imported foods in order to protect the consumers. To further ensure the protection of consumers, the Ministry will draft legislation in this area and establish the Consumer Council of Kiribati. Furthermore, the Ministry will encourage internal trade, disseminate trade information to other countries, promote local enterprises in food manufacturing and marketing, and encourage the consumption of local foods.

Ministry of Home Affairs and Rural Development

Considering that more than a third of the population of Kiribati live in the outer islands, the Ministry of Home Affairs and Rural Development will be able to substantially contribute to the nutrition improvement effort through its urban and rural development programmes. By identifying rural problems in nutrition, the Ministry will incorporate nutrition improvement programmes into its Outer Island Development Plan for each island. Moreover, the Ministry coordinates community development programmes involving agriculture and fisheries, health and sanitation, women and

youth, and transport and equipment. It will also contribute to the training of local leaders in community development where nutrition activities could be incorporated.

Ministry of Finance and Economic Planning

The Ministry of Finance and Economic Planning and in particular the Planning Office will be responsible for determining the country's socio-economic situation and incorporating nutrition considerations into the National Development Strategy (NDS). The Ministry will also assist in securing funds for appropriate projects related to nutrition from external and internal sources. To support the above activities, the Planning Office will undertake research on socio-economic strategies, in addition to screening all matters, activities, studies and programmes and aid documents related to nutrition issues.

Ministry of Works and Energy

The Ministry of Works and Energy has a great contribution to good nutrition through the provision of safe water and good sanitation system. The Ministry will continue to install solar and hand pumps in the outer islands including primary and secondary schools. It is expected that the coverage of the outer islands will be complete by 1997. A proposal had been put for an ADB loan to improve the water and sewerage system in South Tarawa through the PUB. Moreover, the Ministry will conduct research and development on toilet facilities as well as low cost cooking systems, equipment and facilities

Non-Governmental Organizations

NGOs such as the Foundation for the Peoples of South Pacific (FSP) and others operating or may operate in Kiribati, are in a unique position to bring an integrated approach to nutrition activities. Integrating nutrition projects into their community development activities will be a very useful contribution to the government's nutrition effort. Thus the NGOs can undertake skills training involving small scale agriculture, backyard gardening and composting including the provision of cuttings and seeds at low cost. The NGOs can assist in educating the community on proper nutrition, cooking new recipes, and health practices particularly in diarrhoea. Moreover the NGOs can also assist in seeking funds for surveys in nutrition, and in providing audiovisual materials for nutrition education and training. To support these activities, the NGOs will work together with the Ministry of Health and Family Planning, the Division of Agriculture, PRAP, and other government agencies, as well as community groups such as mothers' clubs, youth groups, etc.

Monitoring and Evaluation

Continuous monitoring of all nutrition activities in Kiribati will be carried out by the National Nutrition Centre. A system of regular and periodic submission of reports from the various Ministries and NGOs engaged in nutrition activities will be established. Collation and analysis of the reports will be done to assess programme progress and evaluate impact. Weaknesses, problems and constraints will be identified and solutions proposed. Feedback to the agencies will be done through the National Food and Nutrition Committee and solutions threshed out.

Impact evaluation will be done every year as a basis of next year's programme planning. After each evaluation, a review of the NPAN will be conducted by the NFNC and appropriate adjustments to the plan made.

Organization and Management

The National Plan of Action for Nutrition of Kiribati will be managed centrally by the National Food and Nutrition Committee (NFNC) which will serve as the advisory body to the Government of Kiribati on all matters relation to nutrition.

The NFNC shall have the following functions:

1. Coordination and planning of all nutrition activities of the government and private sector for the improvement of the nutritional status of all I-Kiribati. through inter-sectoral collaboration;
2. Identification of nutrition problems and their solution;
3. Formulation of integrated policy proposals to government related to food supply, food storage and transport, food demand and biological vulnerability;
4. Institute educational and promotional activities for the people of Kiribati to spread the principles of proper nutrition and improve dietary practices;
5. Organize workshops, orientation and training involving decision makers, middle level supervisors, and the implementors of nutrition in the concerned sectors;
6. Screen all matters, activities, studies, aid programmes and documents related to nutrition internally and externally and provide clearance for government;
7. Conduct long-term nutrition and food research for future developmental improvements; and
8. Monitor and evaluate progress of all nutrition activities.

The composition of the Committee shall consist of (but not limited to) the following:

Chairman: Director of Public Health Services, MHFP

Secretary: Nutritionist, National Nutrition Centre, MHFP

Members: Representatives of:

Health Education Unit, MHFP

Environment and Sanitation Unit, MHFP

District Principal Nursing Office, MHFP

Ministry of Commerce, Industry and Tourism

Ministry of Education, Training and Technology

Ministry of Labour, Employment and Co-operatives

Ministry of Information, Communication and Transport

Ministry of Home Affairs and Rural Development

Ministry of Finance and Economic Planning

Ministry of Environment and Social Development
Department of Agriculture, MNRD
Department of Fisheries, MNRD
Energy and Water Unit, MWE
Atoll Research Programme, USP
Pacific Regional Agriculture Project
Foundation of the Peoples of South Pacific
K.M.K.

The Committee shall meet at least once every quarter.

The Committee shall be served by the National Nutrition Centre acting as its Secretariat.

Budgetary Requirement (1997-2001)

- Government of Kiribati -
- Other sources -