

Loan and Grant Agreement
 FM/LMP (if Loan)
 FM/PAFD
 FM/CAD
 GC/ANE
 AM/Desk
 AM/TR Officer
 AM/PPD Officer & File
 AM/CDIE/DIV

PD-ABB-933

MODIFICATION OF GRANT

1. Modification. One (1)	2. Effective Date August 30, 1990	3. Grant No. 879-0356-G-SS- 8059-00	4. Effective Date September 15, 1988
5. Grantee (Name and Address): Mrs Elizabeth Silverstein President Foundation for the Peoples of the South Pacific P.O.Box 85710 San Diego, California 92186		6. Administered by: USAID/RDO/SP American Embassy P.O.Box 218 Suva, fiji	
7. Fiscal Data: Project No.: 3980356.79 Appropriation No: 72-1101021 BPC Code: QDNA9027879KG12 Obligation No.: S990387 Amount: \$200,000.00		8. Remarks, Reference Documents	

INPUT NUMBER	DATE	BY
1100	08/23	[Signature]
1101	REV	[Signature]
1102	OBLIG	[Signature]
1103	earmark	[Signature]
1104	COMMIT	[Signature]

9. The above numbered Grant is hereby modified as follows:
 Extend the grant completion date from "September 30, 1990" to "September 30, 1993"; amend the program description; and amend estimated budget, adding an additional U.S. Dols 200,000 to grant, bringing project grant total to U.S.Dols 300,000.

Specific changes follow:

10. This amendment is entered into pursuant to the authority of the foreign Assistance Act of 1961, as amended. Except as herein provided, all terms and conditions of the grant referenced in Block #3 remain unchanged and in full force and effect.
 11. Grantee is required to sign this document and return 6 copies to issuing office.

12. GRANTEE	UNITED STATES OF AMERICA AGENCY FOR INTERNATIONAL DEVELOPMENT
By: _____ David Wyler (Name typed or printed)	By: _____ John B. Woods
Title: Regional Director (FSP)	Title: Regional Director
Date: _____	Date: _____
Clearance: PDA/RSingleton (drft) HPNO/DCalder	Cont/JPeterson PROG/KMDahlgren
Drafted by: HPN:PC [Signature] 8/22/90	

A deficiency prevention activities. It is understood that although no commitment is heretofore made by A.I.D. to support extension of successful elements of the implementation phase, if further Vitamin A funds are available from A.I.D./Washington, application for extension and additional fundings for successful elements will be considered."

IV. Delete paragraph 2, page 2 and replace with "USAID/RDC/SP will fund technical assistance activities and limited commodities in conjunction with the Ministry of Health and Family Planning to determine the extent and severity of Vitamin A deficiency and to implement Vitamin A deficiency prevention activities in Kiribati. It is understood that the project will be done in close cooperation with UNICEF under the coordination of the Ministry of Health and Family Planning, as defined in joint meetings in August, 1990 between the Ministry of Health and Family Planning, FSP and UNICEF. The guiding document for project implementation and coordination will be the GOK, Ministry of Health and Family Planning document, now in preparation, which will clearly define the roles and areas of interest and assistance for FSP, UNICEF and the Ministry."

2.2 Section B. PERIOD OF GRANT.

Delete "September 30, 1990" and replace with "September 30, 1993".

2.3 Section C. AMOUNT OF GRANT AND PAYMENT

I. In section C1, delete "\$100,000" and replace with "\$300,000 (U.S.Dols three hundred thousand)", reflecting an additional grant of \$200,000 (U.S.Dols two hundred thousand) to the project.

2.4 Section D. FISCAL PLAN

I. In Section D1, delete "\$100,000" and replace with "\$300,000 (U.S. Dols three hundred thousand)".

II. In Section D2, delete "\$100,000" and replace with "\$300,000 (U.S. Dols three hundred thousand)". Delete "every three months" and replace with "every six months".

III. In section D, BUDGET, A.I.D. CONTRIBUTION, delete budget as shown and replace with following:

BUDGET -A.I.D. CONTRIBUTION

A. PHASES I -III: ASSESSMENT/POLICY DEVELOPMENT (FY 88-90)

<u>ITEM</u>	<u>COST IN U.S.DOLS</u>
1. <u>Preparatory Phase</u>	14,928
2. <u>Assessment Phase</u>	29,882
3. <u>Policy/Planning Phase</u>	13,959
4. <u>Administrative Costs</u>	22,000
5. <u>Indirect Costs</u>	19,231
<u>PHASE 1-3 GRAND TOTAL</u>	<u>\$ 100,000</u>

B. PHASE IV.: IMPLEMENTATION (FY 90 - 93)

<u>ITEM</u>	<u>COSTS IN U.S.DOLLARS</u>		
	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>TOTAL</u>
1. Nutritionist	36,000	37,423	73,423
2. Personnel: Gardens/Marketing	30,000	15,000	45,000
3. Travel	8,000	5,000	13,000
4. Supplies/Communications	4,000	2,000	6,000
5. Marketing Scheme	5,000		5,000
6. Equipment	16,000		16,000
7. Other	3,000	3,000	6,000
8. Indirect Costs			
FSP Overhead (23.97%)	20,614	14,963	35,577
<u>TOTAL - Part Two:</u>			<u>\$ 200,000</u>

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GRAND TOTAL

\$ 300,000

2.5 Section E. REPORTING AND EVALUATION

I. In section E1, delete "quarterly" and replace with "every 6 months".

2.6 Section G. CONDITIONS PRECEDENT

I. In section G, add a new paragraph following paragraph one as follows:

"As conditions precedent for disbursement of funds provided by this modification, FSP will furnish USAID/RDO/SP (a) a written agreement by KIR for the implementation part of the project; (b) a copy of the KIR planning document describing the project, implementation activities and roles of various donors (FSP, UNICEF, any others). If this document does not have an implementation plan, then (c) an implementation plan for FSP's part of the project is also required. It is clearly agreed that money remaining from the original grant of \$100,000 may be used for project development and technical assistance aspects of the project prior to disbursement of funds associated with this grant modification."

ATTACHMENT 3

GRANT No. 879-0356-G-SS-8059-00

MODIFICATION 1

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TREATMENT AND PREVENTION OF VITAMIN A DEFICIENCY
IN THE REPUBLIC OF KIRIBATI

THE FOUNDATION FOR THE PEOPLES OF THE SOUTH PACIFIC

ATTACHMENT 3

GRANT No. 879-0356-G-SS-8059-00

MODIFICATION 1

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Treatment and Prevention of Vitamin A Deficiency
in Kiribati

Project Summary

- Goal:** To reduce the prevalence of vitamin A deficiency in children in Kiribati.
- Target Population:** Children aged six months through six years and postpartum women.
- Implementation:** A coordinated effort between the Kiribati Ministry of Health and Family Planning, The Foundation for the Peoples of the South Pacific, UNICEF and The United States Agency for International Development.
- Additional Support:** Ministry of Natural Resources and Development, Ministry of Home Affairs, World Health Organization and VITAL.
- Duration:** Two years, beginning in January, 1991, with the understanding that at the completion of the initial project years, the project will be evaluated and additional funding sought if needs for new or revised strategies are identified.
- Components:**
1. Distribution of vitamin A capsules both for treatment of vitamin A deficiency and prophylactically to children between the ages of six months and six years and postpartum women.
 2. Nutrition and health education specifically on vitamin A for health care personnel, school children and organizations which have the ability to further educate the general population.
 3. Promotion of home gardens to provide vitamin A rich fruits and vegetables to households and encourage their consumption.
 4. Development of a fruit and vegetable marketing system to assist local growers in meeting the demand for fresh fruits and vegetables in areas where family food production is difficult or impossible.

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Background

In 1989 the Government of Kiribati Ministry of Health and Family Planning (MOH&FP) together with The Foundation for the Peoples of the South Pacific (FSP), Helen Keller International (HKI) and the Johns Hopkins International Center for Epidemiologic and Preventative Ophthalmology (ICEPO), with funding from USAID, conducted an assessment of vitamin A deficiency among young children in Kiribati. Several prior studies by The Australian South Pacific Eye Consultant Teams had documented vitamin A deficiency in Kiribati and anecdotal reports suggested that the prevalence of childhood blindness was high.

In September, a vitamin A deficiency survey was conducted on six islands in Kiribati, selected for their accessibility and population sizes. The sample was stratified by urban and rural populations, and 4,614 children between the ages of six months through six years were examined. Anthropometric and dietary assessments were carried out on a subsample of children, and families were interviewed on socioeconomic status, community resources and health facilities. HKI was responsible for the data analysis.

The results indicated that 14.7% of the surveyed population had one or more active signs of clinical xerophthalmia. 4.6% of surveyed children evidenced both night blindness and Bitot's spots. These figures by far surpass the levels recommended by WHO for considering vitamin A deficiency to be a public health problem. The reported figures are among the highest in the world.

Prevalence of deficiency was higher among the rural populations and within the southern islands. Male children and children over one year of age evidenced a higher prevalence of xerophthalmia than female children and those under one year of age. Recent measles, and malnutrition (determined by measurements of mid upper arm circumference) were the risk factors associated with xerophthalmia.

The prevalence of vitamin A deficiency in Kiribati is believed to be related to dietary habits. Vitamin A rich foods are eaten infrequently. Only 2% of those families surveyed reported that they ate a least one vitamin A rich food each day of the week. Fish is commonly eaten, yet it is apparently not practice to feed the liver, rich in vitamin A, to children. Consumption of oils and fats are necessary for the proper absorption of vitamin A, yet the average number of days per week which oil was used for cooking by the surveyed population was only 1.7. Imported rice and tinned meats are believed to be the most commonly consumed foods. A 1984 dietary study by the South Pacific Commission reported that the prevalence of vitamin A deficiency is high due to the limited supply of fresh fruits and vegetables in Kiribati.

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The Government of Kiribati is committed to decreasing the prevalence of vitamin A deficiency. Towards this aim, in March, 1990, a two day workshop was held for the MOH&FP and concerned ministries and non-government agencies where FSP presented the results of the workshop. Recommendations were made by the workshop participants as to how the problem should be addressed.

Project Plan of Action

In response to requests from the Kiribati government, FSP and UNICEF will together assist the MOH&FP with the implementation of an initial two year project aimed at decreasing vitamin A deficiency among young children.

Dr. TaiTai the secretary of Health and Dr. Airam Metai, Chief Medical Officer for PHC, met in August with Parul Fernandez, the FSP/Kiribati Country Director, Julie McLaughlin from FSP/Headquarters and Judy Otto, Pacific Program Officer for UNICEF. A plan of action was developed and finalized during follow-up meetings held with Dr. Pat Lowery of the USAID mission in Suva, Fiji.

The project proposes four general areas of effort:

1) Capsule Distribution

A. Target Population

Children between the ages of 6 months and 1 year will receive a 100,000 IU dose of vitamin A orally once every four months.

All children between the ages of 1 and 6 years will receive a 200,000 IU dose of vitamin A orally three times per year.

If school age children are identified as having high levels of deficiency, they will also receive prophylactic capsules.

Postpartum women will receive one oral dose of 200,000 IU as soon as possible.

Children identified as vitamin A deficient will be treated according to an approved protocol.

Children reporting to a health facility with measles, chronic diarrhea, ALRI or severe protein-energy malnutrition will also receive full treatment if they have not recently been treated with vitamin A.

B. Logistics

Prophylactic capsule distribution will be coordinated with EPI and potentially, school-year schedules. The details of distribution will be developed with the MOH Technical Task Force.

Capsules will be stocked by rural health nurses for treatment of cases and distribution to postpartum women.

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Capsules will be supplied by UNICEF, and distribution coordinated by the MOH pharmacist.

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The existing MOH "Road to Health" Card will document dosage received by individual children.

The existing monthly reports submitted by district nurses will account for the number of capsules distributed to pre-school children, school children and postpartum mothers.

The MOH pharmacist will be responsible for maintaining records of distribution.

The nutritionist will be responsible for monitoring capsule distribution, and reviews of distribution records will be conducted during the scheduled MOH/UNICEF reviews.

C. Training

The assistance of VITAL will assist with the training of facilitators and the adaptation of global and Pacific training modules for use in the training of health care personnel.

Facilitators will train nurses in capsule distribution as well as vitamin A deficiency prevention and health communication techniques.

The facilitators will conduct training for all nurses and selected other health workers using a 4-5 round strategy (similar to a UNICEF sponsored 1989 multi-disciplinary training).

2) Nutrition Education

A. Personnel

Kiribati does not have a nutritionist. The MOH has requested that FSP supply a nutritionist to the project.

The MOH will provide an I-Kiribati counterpart who will work closely with the project nutritionist, and receive external short-term education in public health nutrition provided by VITAL.

The MOH has requested that UNICEF provide a health educator to assist their Health Education Group.

B. Messages and Materials

Increased consumption of specified locally available vitamin A rich foods will be promoted through all available channels.

Message development will be the responsibility of the Health Education Group working with the project nutritionist and aim at behavioral changes rather than theoretical information.

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VITAL will provide social marketing technical assistance to the Health Education Group.

Materials will be adapted and produced by the Health Education Group supported by UNICEF.

C. Education Channels

Nurses' encounters with children and their parents during capsule distribution is seen as a crucial opportunity for providing nutrition education. Consequently nurses will receive education in disseminating vitamin A messages during their training in capsule distribution.

A funding source will be identified for dissemination of messages through radio.

FSP will identify and tap opportunities to educate community groups on nutrition and vitamin A.

A simple module on vitamin A nutrition will be inserted into the existing school curriculum, while longer term efforts to develop a school curriculum on health, nutrition and gardening is worked on by the Nutrition Committee, project nutritionist and the Health Education Group. The Ministry of Education has expressed a willingness to incorporate the recommendations of the Nutrition Committee into the school curriculum.

3. Family Food Production

A. Direction

The existing home gardens programs of FSP and the Ministry of Home Affairs will be evaluated as part of a UNICEF eight Pacific countries evaluation of family food production.

FSP's current home gardens activities will incorporate new efforts centered on the growing of vitamin A rich foods.

B. Activities and Personnel

The project nutritionist will work with the home gardens component to identify appropriate fruits and vegetables and develop activities which will promote proper consumption of home raised vitamin A rich produce.

The FSP Country Director and FSP gardens staff will be responsible for coordinating the promotion of home gardens in the context of the vitamin A project, and identifying and tapping channels for promotion.

The project nutritionist will be responsible for overseeing the nutrition education component of home gardens promotion.

As a school curriculum on health and nutrition is developed, the nutritionist and the home gardens staff will work closely with the Ministry of Education to incorporate into the curriculum the importance of family food production to nutrition in Kiribati.

4. Fruit and Vegetable Marketing

A. Need

The Kiribati National Development Plan encourages privatization which leads to self-reliance.

Local growers have requested assistance from FSP to set up a system for marketing their produce, as currently fresh fruits and vegetables are imported into Kiribati only sporadically.

In South Tarawa, where the population density is great, individuals normally purchase what produce they do consume as the amount of land for home gardens is severely limited.

B. Purpose

Provide consumers with a constant flow of vitamin A rich fruits and vegetables, and decrease reliance on imported foods.

Establish an efficient marketing system which can absorb its own recurrent costs, and act as model for other locations.

C. Activities

This project component will initially be a one year effort with additional funding sought if the evaluation warrants its continuation and expansion.

The Department of Agriculture will assist FSP in identifying at least 10 growers to be trained in commercial farming.

Training will include technical advice on selection of crops, soil structure, garden planning and marketing, and will include follow-up workshops.

FSP will provide a temporary storage area for perishables, and work with the growers to establish a marketing and transport structure.

Growers will be able to utilize the FSP seed revolving fund, and will be provided with garden tools at subsidized rates.

D. Personnel

FSP will hire a local marketing project manager.

Administrative support will be provided by the FSP Country Director and office staff.

Monitoring and Evaluation

1. Monitoring of Project Activities

A. Capsule Distribution

Capsule distribution will be monitored as described above. It is the project nutritionist's responsibility to ensure that a monitoring system is in place before the distribution of the capsules commences, and that it is sustained.

B. Education

The Nutrition Education Group is trained in Focus Group Interview techniques, and will schedule periodic FGI sessions for feedback on the vitamin A messages.

C. Vitamin A Rich Food Supply Activities

Home gardening and food marketing activities will be monitored by the FSP Country Director. The FSP/Kiribati office has the computer capability and is experienced in project monitoring.

D. VITAL will provide technical assistance to the project in designing an appropriate monitoring system.

2. Evaluation

A. Midterm Review

A formal midterm review will be scheduled at the completion of year one with the participation of the MOH and other participating, UNICEF, FSP, USAID, VITAL and WHO.

B. Final Evaluation

A formal final evaluation will include:

1. A repeat prevalence survey to assess the overall program impact.
2. A KAP survey to evaluate the effectiveness of education, and accessibility and consumption levels of vitamin A rich foods.
3. Review of the capsule distribution system.
4. Recommendations for additional or revised activities targeted at reducing vitamin A deficiency.

C. Family Food Production

During project implementation, UNICEF will conduct an evaluation of the current family food production activities in Kiribati.

D. All involved parties will discuss possible strategies and program modifications to ensure maximum effect of the National Measles Immunization Program.

Technical Support to the Ministry of Health

1. The USAID Pacific Region Mission in Suva, Fiji has been involved with the project since its inception, and supported the Vitamin A deficiency assessment.
2. The Foundation for the Peoples of the South Pacific has been active in Kiribati since 1981 and in the South Pacific since 1965. FSP activities in Kiribati have focussed on work with the National Women's Organization, AMAK, and on small gardens promotion on four islands to contribute more nutritious food to the diets of the I-Kiribati.

The Vitamin A assessment was administered by FSP. The organization is committed to reducing the levels of vitamin A deficiency in children in Kiribati, and to overall improvement of child nutrition.

FSP has a Country Director, a Home Gardens Coordinator, two gardens assistants and administrative staff based in Tarawa. FSP has Child Survival experience in other areas of the South Pacific. FSP/Kiribati will be supported by the regional office in Fiji and by the FSP/Headquarters Child Survival staff.
3. UNICEF will provide primary support to the Vitamin A project, and has worked closely with the MOH, FSP and USAID in its design. UNICEF is currently involved in numerous Child Survival Activities in Kiribati. The project will have the support of the UNICEF Pacific Program Officer based in Suva, Fiji.
4. VITAL is a USAID supported Vitamin A Field Support Project with the objective to provide short-term technical assistance to Vitamin A activities. VITAL has proposed becoming involved in the Kiribati Vitamin A Treatment and Prevention Program through any of the following activities:
 - Program planning and design
 - Social marketing and nutrition education/communication planning and design, including identification of communication media, materials development and training of local staff.
 - Home and community garden promotion, including identification of appropriate foods, food preparation techniques and analysis of vitamin A content.
 - Development of information management and program evaluation and monitoring system.

- Investigation of commercial channels for increasing availability of vitamin A rich foods, including coordination with agricultural programs, importation of fortified foods.
- Investigation of possible fortification techniques.
- Testing of rapid assessment techniques.
- Adaptation of methodologies to island cultures and environments.

Sustainability

As it is recognized that capsule distribution is not a sustainable intervention, and one that does not address the true behavioral causes related to vitamin A deficiency, the Kiribati MOH has requested that the project design simultaneously address more long term solutions to the nutritional problems which have resulted in the vitamin A deficiency problem.

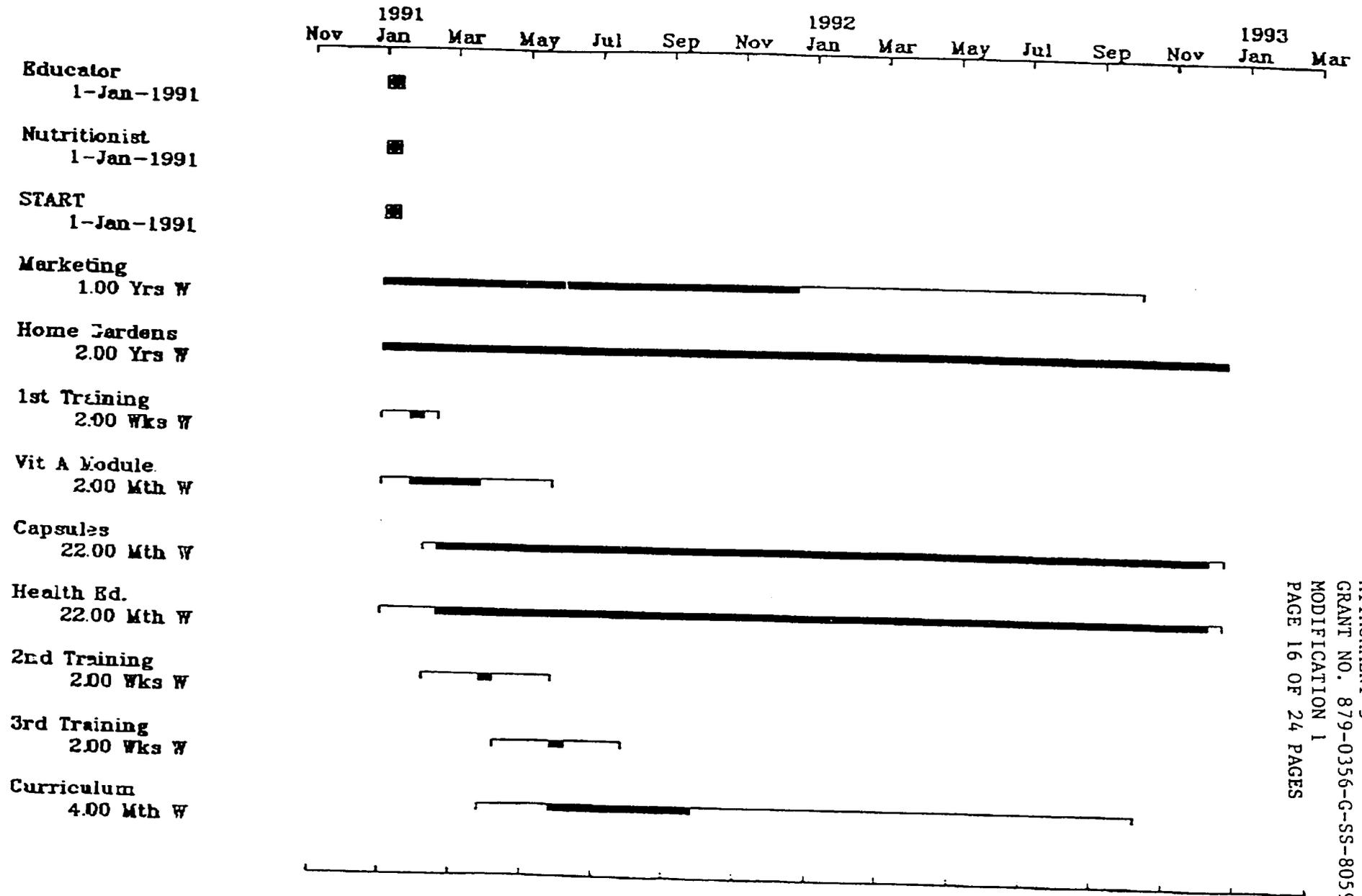
Long term solutions can only be provided through nutrition education and behavior modification, which is seen as a primary and integrated component of this project, and consistent availability of vitamin A rich foods. The marketing component of the project is aimed at creating a self-sustaining fresh fruit and vegetable market, while home garden promotion provides both inexpensive food sources at the household level and education on the importance of a balanced diet.

The two year project is seen as an initial plan of action. Further interventions and activities will be determined after evaluation of the initial project activities and the results of the repeat prevalence survey. The Government of Kiribati, UNICEF and FSP are committed to the continued support of project activities as needs are identified.

Gantt Chart

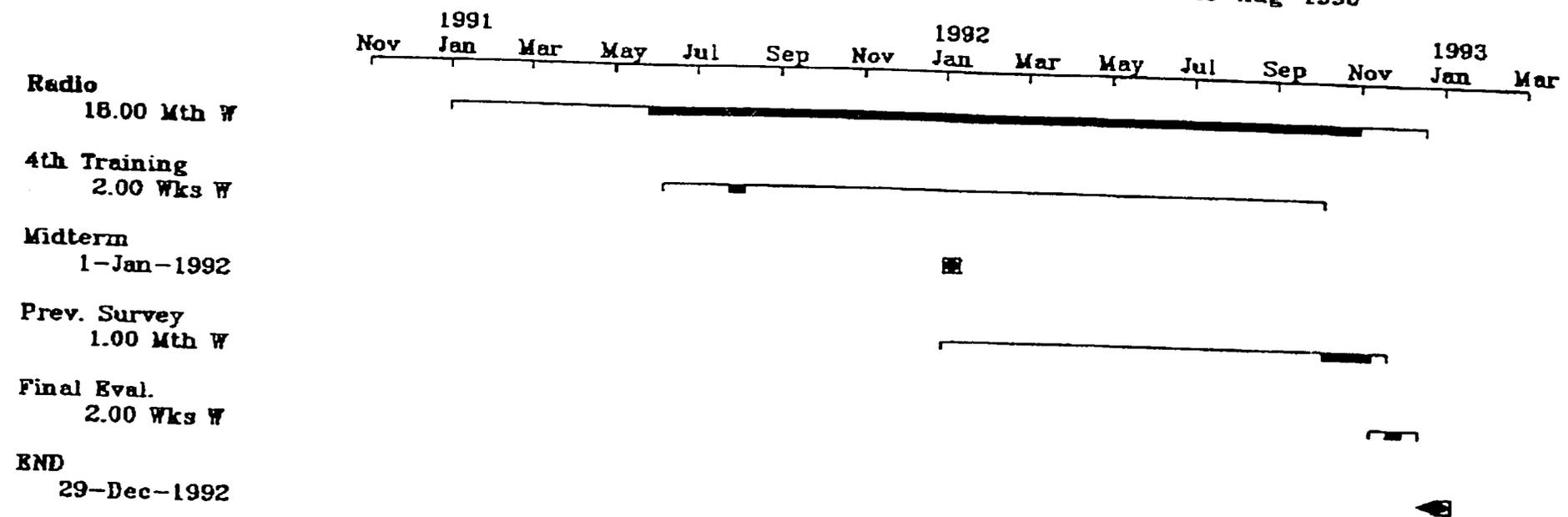
Tentative Timeline Vitamin A
Project: KIRIBATI

23-Aug-1990



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Gantt Chart Tentative Timeline Vitamin A Project: KIRIBATI 23-Aug-1990



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Kiribati Vitamin A Project PAGE 18 OF 24 PAGES

Expense	Responsible
Capsules Supply	UNICEF
Training of Facilitators	VITAL
Training of Nurses	UNICEF? WHO?
T.A. for Training Materials Development	VITAL
Training Materials Production	UNICEF
Vit. A Project Nutritionist	FSP
Nutritionist Equipment/Supplies	FSP
I-Kiribati Nutritionist	MOH
Training for I-Kiribati Nutritionist	VITAL
Health Educator	UNICEF
T.A. for Social Marketing/H.E.	VITAL
H.E. Materials Production	UNICEF?
Radio Spots	UNICEF
NGO Nutrition Education (Staff/Travel)	FSP
FSP Home Gardens Personnel	FSP
Travel for Home Gardens	FSP
Marketing Personnel	FSP
Training for Marketing	FSP
Marketing Supplies and Equipment	FSP
Travel for Marketing	FSP
Travel for Nutritionist	FSP
FSP office support Supplies/Space	FSP
Midterm Evaluation	FSP/UNICEF/ MOH/AID/ VITAL
Repeat Assessment Survey	VITAL/FSP
Final Evaluation	FSP/UNICEF/ MOH/AID/ VITAL

Note: Travel cost include the purchase of a new truck and a used motorcycle 1991.

Treatment and Prevention of Vitamin A Deficiency in Kiribati

Vitamin A Project Nutritionist

Duties and Responsibilities

On-site support to the Kiribati vitamin A project jointly conducted by the Kiribati Ministry of Health, The Foundation for the Peoples of the South Pacific (FSP), UNICEF and USAID aimed at decreasing the prevalence of vitamin A deficiency in children through distribution of vitamin A capsules, nutrition education and increasing the supplies of vitamin A rich foods.

The project nutritionist will be based within the Ministry of Health and work closely together with a Kiribati Ministry of Health counterpart. Although the project will be directed by the Ministry of Health, the responsibility for the coordination of the multiple components of the project will rely heavily upon the project nutritionist as the sole individual employed full-time in project activities.

Responsibilities include:

1. Provide technical support to the MOH Health Education Group, the Government Nutrition Committee and Vitamin A Project home gardens activities.
2. Support FSP Country Director to liaison with Ministry of Health officials, FSP, UNICEF, USAID, VITAL, WHO and other organizations involved in the implementation of project activities.
3. Work together closely with the MOH counterpart, and identify opportunities for the further training of this individual who will eventually assume responsibility for nutrition activities by the Kiribati Ministry of Health.
4. Development and management of an on-site information system to monitor project activities and report to multiple donors. Utilization of the system to identify sustainable activities which will effectively and efficiently meet project objectives.
5. Be aware of the resources available and request external technical assistance as areas of need are identified.
6. Coordinate Vitamin A Project training sessions.
7. Schedule and coordinate midterm and final evaluations.

Examples of Duties

- . Identify locally available vitamin A rich foods for promotion.
- . Collaborate with the Health Education Group in the development of nutrition messages, vitamin A training materials and social marketing.
- . Assist the Nutrition Committee, the Health Education Group in working with the Ministry of Education to develop school nutrition and home gardens curricula.
- . Make supervisory visits to the outer islands as deemed appropriate by the Secretary of Health and the FSP Country Director.
- . Assist the home gardens activities to develop and maintain a link between food production and nutrition.
- . Assist the MOH pharmacist with the monitoring of vitamin A capsule distribution.
- . Identify and secure technical assistance (local, regional and through FSP headquarters) as needed for project development and evaluation.
- . Develop and maintain an information system and, as required, train MOH and FSP staff in its operation and use.
- . Utilize the information system to document project activities, and to provide consistent feedback to the Ministry of Health, FSP, UNICEF and USAID.
- . Together with the FSP Country Director, produce quarterly reports for submission to FSP/HQ.
- . Coordinate project monitoring, surveys and periodic evaluation of indicators.
- . Assist the FSP Country Director in developing operational program grant proposals as needs for additional funding sources are identified.

Supervision

Reports to the Kiribati Secretary for Health and the FSP Country Director. Provides statistical, financial and narrative reports to FSP/HQ.

Qualifications

- . Graduate degree in public health nutrition.
- . Training in nutrition education/health education techniques. Some experience in formal and non-formal education techniques.
- . Experience working with public health activities in the Pacific Region.
- . Knowledgeable as to the causes of nutrition deficiencies in the South Pacific.
- . Training and experience in management and development of a computerized health information system in a developing country.
- . Ability to work with government officials in a collaborative project setting.
- . Experience in implementation of health programs where material resources are limited by reasons of 1) logistical problems in procurement, and 2) necessity for effective program development within an affordable cost.
- . Ability to interpret H.I.S. data and make recommendations to the implementing agencies about project strategies.
- . Ability to work and live in an area devoid of many of the standard Western working conditions.
- . Must understand that project activities are determined by needs recognized by the Ministry of Health, and that the nutritionist's role is to assist the MOH to implement these activities as efficiently and effectively as possible.
- . Must be flexible, mature and able to understand and function in his/her role as a "team member" and be cognizant of his/her role as a subordinate to RSP management (headquarters), and appreciate the broader issues than some of those narrowly focused at the project level can enter into decisions that affect the local program. Must be able to view the project in perspective of the entire organization and its problems and strategies as relates to finance, priorities and overall development.

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- . Must be able to courteously follow-up in a slow bureaucracy and not lose patience or confidence. Must be diplomatic but persistent.

- . Must be able to interface with counterparts and with patience and understanding of possibly widely varying personal and professional needs and provide appropriate support. Must have mature understanding of human relations and able to provide assistance where appropriate i.e., must be willing and able to perform as a supportive team member with counterparts and supervisors.

Kiribati Vitamin A Project Budget

Nutritionist	Year 1	Year 2	
Salary	\$27,000.00	\$28,500.00	
Benefits	\$7,200.00	\$7,200.00	
Relocation	\$2,500.00	\$2,500.00	
Subtotal Nutritionist	\$36,700.00	\$38,200.00	\$74,900.00
Personnel Gardens/Marketing			
Country Director 50%	\$14,000.00	\$14,700.00	
Gardens Coordinator 50%	\$2,800.00	\$2,140.00	
Marketing Project Manager	\$5,000.00	0	
Bookkeeper 50%	\$1,800.00	\$1,890.00	
Gardens/Marketing Assistants	\$1,050.00	\$525.00	
Secretary 50%	\$1,000.00	\$1,050.00	
Benefits Director	\$3,600.00	\$3,600.00	
Benefits Local Staff	\$1,500.00	\$1,500.00	
Subtotal Personnel	\$30,750.00	\$25,405.00	\$56,155.00
Travel			
Inter-Island	\$3,000.00	\$3,000.00	
Maintenance Car	\$4,800.00	\$4,800.00	
Car Insurance	\$1,000.00	\$1,000.00	
International Travel	\$3,000.00	\$3,000.00	
Subtotal Travel	\$11,800.00	\$11,800.00	\$23,600.00
Supplies			
Phone/Fax/Post/Office Supplies	\$4,000.00	\$4,000.00	\$8,000.00
Marketing Scheme			
Training	\$1,500.00	\$0.00	
Materials and Supplies	\$1,000.00	\$0.00	
Equipment	\$1,350.00	\$0.00	
Motorcycle Recurrent Cost	\$1,000.00	\$0.00	
Subtotal Marketing	\$4,850.00	\$0.00	\$4,850.00

Equipment			

Vehicle	\$16,000.00	\$0.00	
Motorcycle	\$3,000.00	\$0.00	
Computer	\$3,000.00	\$0.00	
Photocopier	\$3,000.00	\$0.00	
Equipment Subtotal	\$25,000.00	\$0.00	\$25,000.00
Other			

Space/Utilities	\$4,000.00	\$4,000.00	
Audit and Evaluation	\$3,000.00	\$3,000.00	
Other Subtotal	\$7,000.00	\$7,000.00	\$14,000.00
Indirect Costs			
FSP Overhead 23.97%			\$49,499.00
=====			
Total			\$256,004.00