

The data presented here was collected from 410 households via the World Food Programme's mobile Vulnerability Analysis and Mapping (mVAM) survey. Data was collected through telephone interviews conducted across four regions in Kiribati using random-digit dialing, between October and November 2024.

SAVING LIVES CHANGING LIVES

HOUSEHOLD FOOD CONSUMPTION

The people of Kiribati are reliant upon a limited land base and coastal zone fisheries for food security, nutrition and livelihoods. Natural disasters, such as droughts, exacerbate an already high level of vulnerability to food security and nutrition of remote, climate vulnerable communities.

In **October 2024**, food consumption patterns of **89 percent** of Kiribati households interviewed were at **acceptable levels.** The remaining **11%** of households had **borderline** (5 percent) and **poor** (6 percent) frequency and diversity of the main food groups, based on a 7 day recall.

At household level in Kiribati consistently an acceptable level of food consumption is reported (primarily due to higher frequency and quantity of staples, protein and sugars). People are eating sufficient amounts, however the diversity and nutritional value of diets remain a challenge.

Fruits, vegetables and pulses were consumed less frequently - fewer than 1.5 days per week; other vital sources of protein less than 1 day and dietary fibre on average 2.5 days in a week

In 7 days, the average household in Kiribati, in October 2024, consumed:

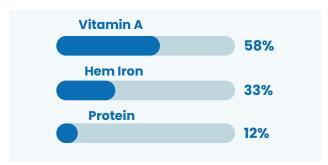
STAPLES	PROTEIN	SUGARS	FATS	
7.0 days no change	5.3 days down from 6.7	6.6 days down from 6.7	5.5 days up from 4.3	
	VEGETABLES		PULSES	
FRUITS	VEGETABLES	DAIRY	PULSES	

Limited options for on-land food production (only 12 percent of i-Kiribati produce and consume food from their own farms)* affect the diet composition in Kiribati.

Kiribati, in comparison to other Pacific countries where mVAM is being conducted, exhibits a low consumption of Vitamin-A rich foods and Hem iron. Animal meats, organs, dairy products, fruits, and vegetables (the main sources of Vitamin A) were not consumed regularly and in sufficient quantities by households in Kiribati.

The inadequate consumption of Vitamin A rich foods – at 58 percent, remains a great concern. Insufficient consumption of Vitamin A (consumed between 1-6 days in the past 7 days) was reported by 25 percent of interviewed households, while another 33 percent reported they had not consumed any Vit A rich foods in the past 7 days.

Percentage of interviewed households with low or no intake of nutrients rich food



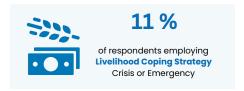
The proportion of households with no Vitamin A intake was higher among households with a **disabled member** - at 38%.

A significant decline was observed in consumption of **Hem Iron**: the proportion of households with low consumption of iron-rich foods doubled from 12 percent in Sept 2023 to **24 percent** in September 2024.

Nine out of ten Kiribati households consume sufficient **protein** rich-foods, such as fish and fish products, supplemented with imports of meat (with a higher fat content).

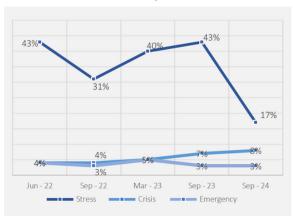
LIVELIHOOD-BASED COPING STRATEGIES (LCS)

LCS identifies negative coping strategies adopted by households to meet essential needs. It classifies households according to the most severe coping strategies adopted. This highlights how households' mid to long-term capacity to sustain livelihoods and meet their essential needs is negatively impacted.



Twenty eight percent of Kiribati households reported employing negative coping strategies to sustain their livelihoods and consumption patterns. Extreme forms of coping strategies (emergency and crisis) were adopted by about **11%** of interviewed households. This indicates a significant reduction from the past 2 rounds of data collection for March 2023 and September 2023.

Percentage of households resorting to coping strategies



Stress strategies, such as borrowing money or spending savings, were used by **17 percent** of the households, 23 percent lower in comparison with September 2023. Long term use of these strategies may reduce the ability of households to deal with future shocks given a current reduction in resources or an increase in debts.

Crisis strategies were employed by **8 percent** of the respondents, 1 percent more than in September 2023. Use of crisis strategies, such as selling productive assets or means of transport, reducing expenses on health (including medications), etc. may result in potential reduction of household's future productivity, including human capital.

Emergency strategies were used by fewer households in October 2024 - by 3 percent, indicating minimal change compared to September 2023. Emergency strategies are difficult to reverse, and they increase household's susceptibility to future shocks and food insecurity.

The top **three** negative coping strategies adopted by Kiribati households in September 2024 were reducing health expenses, use of personal savings and resorting to borrowing money or food.



These negative coping strategies have improved considerably from the same period last year, with households resorting to less severe negative strategies.

Coping behaviors applied by households to meet their essential needs can vary. Generally, use of negative coping strategies indicate the fragile mid to long-term capacity of a household to sustain livelihoods and meet essential needs - particularly during a shock, or a disaster.

The interviewed households employing negative coping strategies report several factors as drivers. Fifty Seven percent of the respondents expressed the escalating cost of food, as the most notable.

The high food price was a primary concern of 24 percent and 33 percent of households in Kiribati in September 2023 and March 2023 respectively. This economic burden likely compels households to resort to negative coping strategies to make ends meet.

The concern of falling sick was close behind, expressed by 9 percent of the interviewed households. This was down from the past 3 rounds of data collection. In March 2023 and September 2022, one fifth of the households reported falling sick as a top concern.

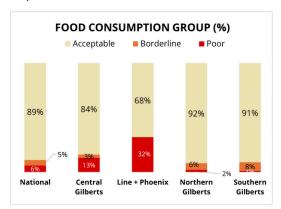
Additionally, 3 percent of households are troubled by the prospect of food shortages - maintaining the same trend from the previous rounds. This round, another 3 percent of households considered shortage of medicine as one of the top concerns as well.

Interviewed Households Top Three Concerns

1	INCREASE OF FOOD PRICES
2	GETTING SICK
3	FOOD SHORTAGE

SUB-NATIONAL ANALYSIS

I-Kiribati's access to a healthy diet is affected through production of small volumes of traditional staples and very few fruits and vegetables with high reliance on imported nutritious foods.



Although in October 2024, food consumption of over 89 percent of households in Kiribati was at acceptable levels, the consumption patterns were distributed unevenly across four provinces.

The **Central Gilbert** and **Line+Phoenix** had higher proportion of households with **borderline** and **poor** food intake – **15 percent** and **32 percent** respectively.

In October 2024, respondents' seven day recall indicates very **limited** consumption of food groups rich with essential **vitamins** such as fruits, vegetables, dairy and pulses - often consumed less than 2 days a week.

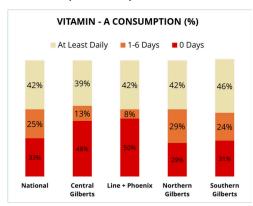
DIETARY DIVERSITY Round 10: Sep 24						
	Central Gilberts	Line + Phoenix	Northern Gilberts	Southern Gilberts		
STAPLES	7.0	7.0	7.0	6.9		
SUGARS	6.5	6.5	6.6	6.5		
FATS	5.3	6.3	5.4	5.3		
PROTEINS	4.5	4.2	5.5	5.2		
DAIRY	2.6	2.1	2.5	2.1		
VEGETABLES	0.9	1.2	1.5	1.7		
FRUITS	0.8	1.1	1.3	1.9		
PULSES	0.8	0.2	0.8	1.6		

Economically disadvantaged households may have also been overly-exposed to unhealthy diets because of greater economic constraints, limiting their affordability to healthy and nutritious foods.

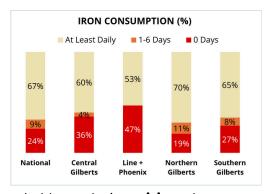
Protein consumption is generally at an **acceptable level** in Kiribati except for the **Northern** and **Southern** Gilberts regions with **18 percent** and **13 percent** of households respectively consuming low protein rich foods (consumed 1-6 days over the past 7 days).

In the Southern Gilberts an additional 2 percent of respondents reported not consuming protein-rich foods for the past 7 days.

The **Central Gilberts** region recorded the highest percentage – nearly **half of the households** in the region reported not consuming any **Vitamin A** rich foods for the past 7 days.



Line+Phoenix and **Central Gilberts** reported consuming the lowest quantity of **iron** in last **7 days**. Over **40 percent** of households in these two islands hadn't or had consumed insufficient iron-rich foods in a week.



Households employing **crisis** and **emergency** livelihood coping strategies **decreased** in frequency in all provinces compared to the previous round.

The **Northern Gilbert** and **Southern Gilbert** Islands recorded the largest percentages of households applying crisis and emergency negative coping strategies – **14 percent** and **12 percent** respectively.

Compared to previous rounds, a substantial increase in the use of stress coping mechanisms, such as borrowing money and



spending savings to purchase foods were reported in all four provinces.

The **high cost of food** emerged as the most significant concern of over **half** of all interviewed households with the highest proportion recorded in the Line+Phoenix - 74 percent. Getting sick was reported by 14 percent households in Southern Gilberts.

Methodology:

This mVAM Bulletin reflects data collected in October and November 2024 via remote data collection, facilitated through telephone calls in participants preferred language, either Ikiribati or English. The telephone numbers were generated using random-digit dialing, yielding 410 households. The questionnaire contained questions on households livelihoods, food consumption, nutritional quality, livelihood-based coping strategies, multi-dimensional deprivation index, remittances, and debt. A final open ended question gives respondents the chance to share any additional concerns regarding disruptions about food security in their community. The Information collected through mobile interviews may be biased towards gender and households subscribed to the phone provider.

Other Resources: <u>Kiribati mVAM Country Dashboard</u>

https://resources.vam.wfp.org

Bulletins & Dashboard





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