



Problem

- Malnutrition today:
 - 10% in urban regions.
 - 30% in rural regions.¹
- In 1993, 48% of children were malnourished.² ۲

Causes

- Children are not receiving adequate nutrients or adequate ۲ breastfeeding.
- Breastfeeding is becoming less and less popular.
- There is a lack of access and knowledge of nutritious foods. \bullet
- Lack of maternal education is a contributing factor.³ \bullet

Consequences

- Stunting: 50% of Andean children experience stunting.⁴ \bullet
- Infant mortality: 2/3 of these deaths are attributed to malnutrition.⁵
- Vitamin deficiencies: anemia is the most common.
- Diarrheal diseases.⁶
- Poor performance in school and other activities.



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ttp://globalaid.ort.org/latin-america/peru/ http://www.progressio.org.uk/blog/empowered-blog/peru-soup-kitchens-show-community-spiri ttp://www.projects-abroad.org/volunteer-projects/medicine-and-health Pan American Health Organization (2004). ProPAN: Process for the promotion of child feeding, 1http://www.csmonitor.com/World/Americas/2008/0729/p01s01-woam.html http://operationblessing.tumblr.com/post/28481636303/peru-children-in-peru-take-part-in-a-program-at

http://ecologyoffood.blogspot.com/

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Programs

Complementary Feeding Programs

•There is a lack of proper nutrients with complementary feeding during breastfeeding.

•ProPAN is a research program that identifies nutritional and dietary problems and suggests combinations of foods that would satisfy nutritic requirements using local foods.⁷

• Optifood is a computer based program that collects data on what foods are being fed to children, gives recommended nutrient intakes, and identifies the lowest cost but nutritionally best diet.⁸

Child Nutrition Education Program

•The Integrated Management of Childhood Illness (IMCI) has identified nutrition education as a way to achieve the goal of improved breastfeedi and complementary feeding practices. They implemented an interventio in Trujillo, Peru.

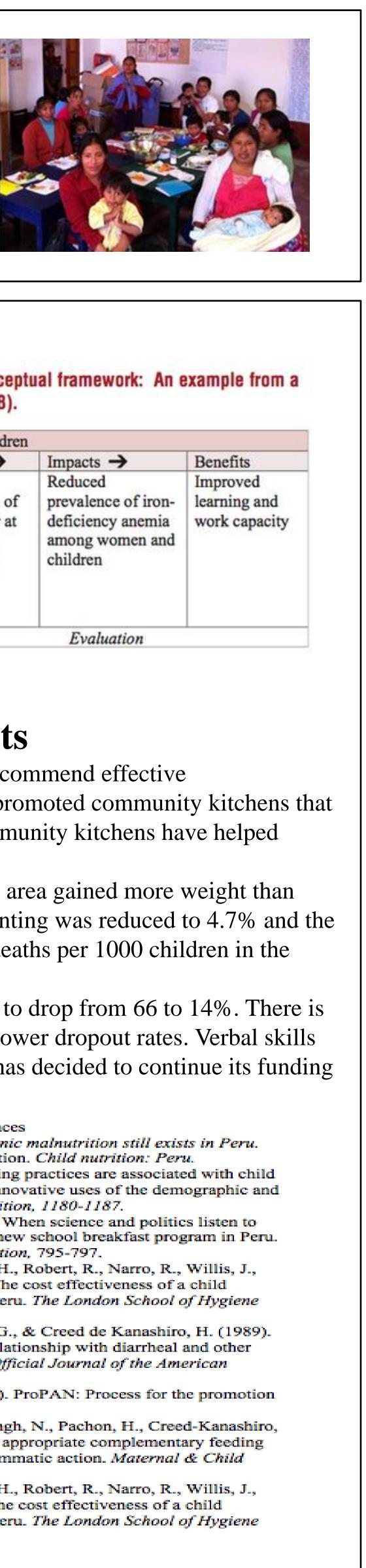
•The intervention promoted nutrition messages, counseling, and demonstrations of preparing nutritious complementary foods.⁹

School Breakfast Programs

•FONCODES, the National Compensation and Social Development Fur provides a daily breakfast with the majority of daily nutrients to 500,000 children throughout Peru.²

•In 1993, the Instituto de Investigacion Nutricional in Lima provided a ready to eat breakfast that would satisfy a child's daily vitamin and mine requirements.⁴





	Inputs ->		Goals: Reduction of anemia among women and children				
		Outputs ->	Outcomes ->	Impacts ->	Benefit		
	Training of "community kitchen" cooks Adequate	Chicken livers provided three times weekly to women and children	Increased consumption of chicken liver at "community kitchens" by	Reduced prevalence of iron- deficiency anemia among women and children	Improve learning work ca		
	supplies of chicken livers	attending "community kitchens"	women and children				
	Mon	uitoring		Evaluation			
	 Results The use of ProPAN and Optifood to recommend effective complementary feeding practices has promoted community kitc 						
	prepare recom reduce anemia	mended foods a. ⁷	s. The commu	nity kitchens ha	ve hel		
onal		n-intervention	areas. Stuntir	ng was reduced	to 4.7%		
ds	infant mortality rate decreased to 7.3 deaths per 100 intervention area. ⁹						
	 School breakfasts have caused anemia to drop from 66 to 14%. an increase in school attendance with lower dropout rates. Verbal 						
	for these break			decided to conti	inue its		
ed ding ion	² IAEA. De ³ Ruel, M., nut hea	References ¹ Kieltyka, M. (2012, Aug). UNICEF: Chronic malnutrition still exists in Per- ² IAEA. Department of Technical Co-operation. Child nutrition: Peru. ³ Ruel, M., & Menon, P. (2002). Child feeding practices are associated with c nutrition status in Latin America: Innovative uses of the demographic health surveys. The Journal of Nutrition, 1180-1187.					
	⁴ Jacoby, E., Cueto, S., & Pollitt, E. (1998). When science and politics listen t each other: Good prospects from a new school breakfast program in I <i>American Society for Clinical Nutrition</i> , 795-797. ⁵ Waters, H., Penny, M., Creed-Kanashiro, H., Robert, R., Narro, R., Willis, J						
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