

SCHOOL MILK AND FEEDING PROGRAM IN ECUADOR

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Hunger and malnutrition specifically must be addressed in order to combat poverty. The government would like to rid of malnutrition through the food school and feeding program for 1,400.000 students.

It is the most important responsibility of the government to protect and promote the nutritional health of the population, especially with people in vulnerable situations.

In Ecuador there are un millon of people suffereing from chronic hunger.

The government should create and finance school milk and feeding programs through the Minister of Education, School Program was founded in 1980.

Since 1983 the Ecuadorian Government's school programs have been helped by internacional organization like PMA and PNUD.

In 1993 With the Petroleum Boom, the government increases the coverage of the program to zones affected by high poverty.

In 1995 to 1999. The number of beneficiaries increases to 500.000 students in 3000 rural public schools.

From 1999 to 2004 School Milk and Feeding Program serves to 1'400.000 children in 15.650 schools located in the areas of greatest poverty in Ecuador.

The main factors for Malnutrition in Ecuador are: poverty, illiteracy, irregular consumption patterns, insufficient nutrients.

The poverty is the first fact that increases the rates of malnutrition.

Infant mortality is also associated with poverty in a direct relationship.

The food composition of School Milk and Feeding Program is:

Breakfast is: 200 ml milk enriched with vitamina B1,B2, Folic Acid, Vitamina E, Calcium and Iron plus a 30 gr. of enriched crackers.

Lunch has: milk, rice, lentils,sugar, meats, fruit, vegetables, soy, cereals, and regional foods.

NUTRITIONAL CONTRIBUTION

	CALORIES		PROTEIN	
	KILOCALORIES	%	GRAMS	%
BREAKFAST	199.0	10.0	6.5	22.0
LUNCH	663.9	33.2	20.8	70.6
TOTAL	862.9	43.2	27.3	92.6

Requerimientos per day, the daily requirements for a 9 year old are: 2000 kilocalories and 18.5 grams of protein.

The School Milk and Feeding Program provides 43 % of calories and 93% of protein in breakfast and lunch per Day.

The objetives of School Milk and Feeding Program in Ecuador are: Increase school performance, better school attendance, to aid growth and nutritional development.

The strategies of the School Milk and Feeding Program are: Form committees with parents and teachers to assist in the school meal program; promotion of comunity participation to support management of program.

Institutional agreements between the areas (Ecuadorian government through Solidary Fund which helps programs of nutrition and production.

Conclusions are: Decrease school desertion, better nutrition for students, specially the most vulnerable.

Promote the production and consumption of milk, decrease repetition rates, motivates active participation of parents, involves public and private social sectors, bettering the children's nutrition we will have productive adults and thus a more developed country and a better future too.

Mission: The program guarantees to help the nutritional needs of student to provide a healthier life.

Vision: Children with correct nutrition are more capable of learning.

General Objective: The program contributes to the quality and efficiency of basic education. This will be enacted through more complete meals especially in areas with the most poverty.

Specific Objectives.

- To immediately eliminate hunger through well balance meals.
- To contribute to learning capability of children through their attention, concentration and brain capacity.
- The program contributes to the nutritional health of every participating student.
- This program helps attendance in poverty stricken areas.
- This program lessens rates of repetition of grades and drop out rates of students in poverty stricken zones.

Malnutrición in Ecuador 1

Malnutrition is one of the principle health problems in Ecuador. It contributes to child mortality and inhibits the physical growth and intellectual development of children. An indirect way to measure malnutrition is through its effects on the growth of children; the height and weight of a child is compared with the norms of acceptable development for the determined population. Chronic malnutrition is the result of nutritional imbalances sustained over time and is reflected in the relationship between the height of the child and his or her age. Global malnutrition is the deficiency of weight in relation to age; it represents the result of past and recent nutritional imbalances.

In the last thirteen years there has been a slight reduction in the incidence of child malnutrition of children in Ecuador. In 1985, 34% of children under five years of age suffered retardation in their height (chronic malnutrition) and 17 % retardation of their weight (global malnutrition). In 1998, the incidence of the nutritional problem decreased slightly to 27 % and 15 % respectively.

This tendency was confirmed in 1999, the year in which rates of chronic and global malnutrition were 27% and 14 %. In 1999, close to a third of children under the age of 5 (30 %) suffered from some type of retardation in their physical development (height or weight); the majority of which presented signs of chronic malnutrition.

In 2000 chronic malnutrition rate was 26%, and the global malnutrition was 12%.

In 2004 the chronic malnutrition rate was 25%.

- Malnutrition according to geographic area and ethnic group: rural area 15%, urban areas 9%, indigenous 18%, non indigenous 11%, poverty stricken 17%, middle class 8%.
- The regional differences are also distinct in mountainous region: in 1999, 35% of children showed delay in their growth, while in the coastal region this condition affected 20 % of children. However, a similar proportion of children from both regions suffered from weight deficiencies.
- Malnutrition principally affects children who live in poverty. In 1998, more than a third (27%) of children who lived in homes with consumption under the poverty line suffered from chronic malnutrition. This is to say, the magnitude of the problem in impoverished children was comparable to the problem in the country during the last decade.
- In 2000, we have 25,8 % in chronic malnutrition.

