

Ecuador is the **second** country in Latin America and the Caribbean with the highest rates of **chronic child malnutrition** and **adolescent pregnancy**.

*Source: ENSANUT 2018





CrezcoNut

Salud plena es vida plena

About us?

We are a non-profit foundation, endorsed by the MIES with a **program focused on the treatment** of Chronic Child Malnutrition.

Work team

We have a diverse human group with a sense of social responsibility.

- Medical Directory
- Honorary Directory
- Volunteers
- Community



What does it mean to suffer from chronic malnutrition?

- A child with chronic malnutrition due to of anemia and prolonged underweight **is below standard height for his age.**
- Detection is difficult, being a silent problem which makes it more serious.

*Source: UNICEF





Current situation

1 in 4 children under the age of 5 suffers from ICD.

In Ecuador **580,000** children have it.

*Source: ENSANUT 2018

**When a malnourished child reaches the age of 5
there is no going back.**

ICD has irreversible consequences
that affect the future of children, that is why the
urgency of action is one of our pillars.



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THE TRIGGERS

What causes or aggravates chronic malnutrition child in Ecuador?

PREGNANCY
ADOLESCENT

POVERTY
EXTREME

ABSENCE OF
CONTINUITY IN
PROGRAMS AND
CONTROLS OF
HEALTH

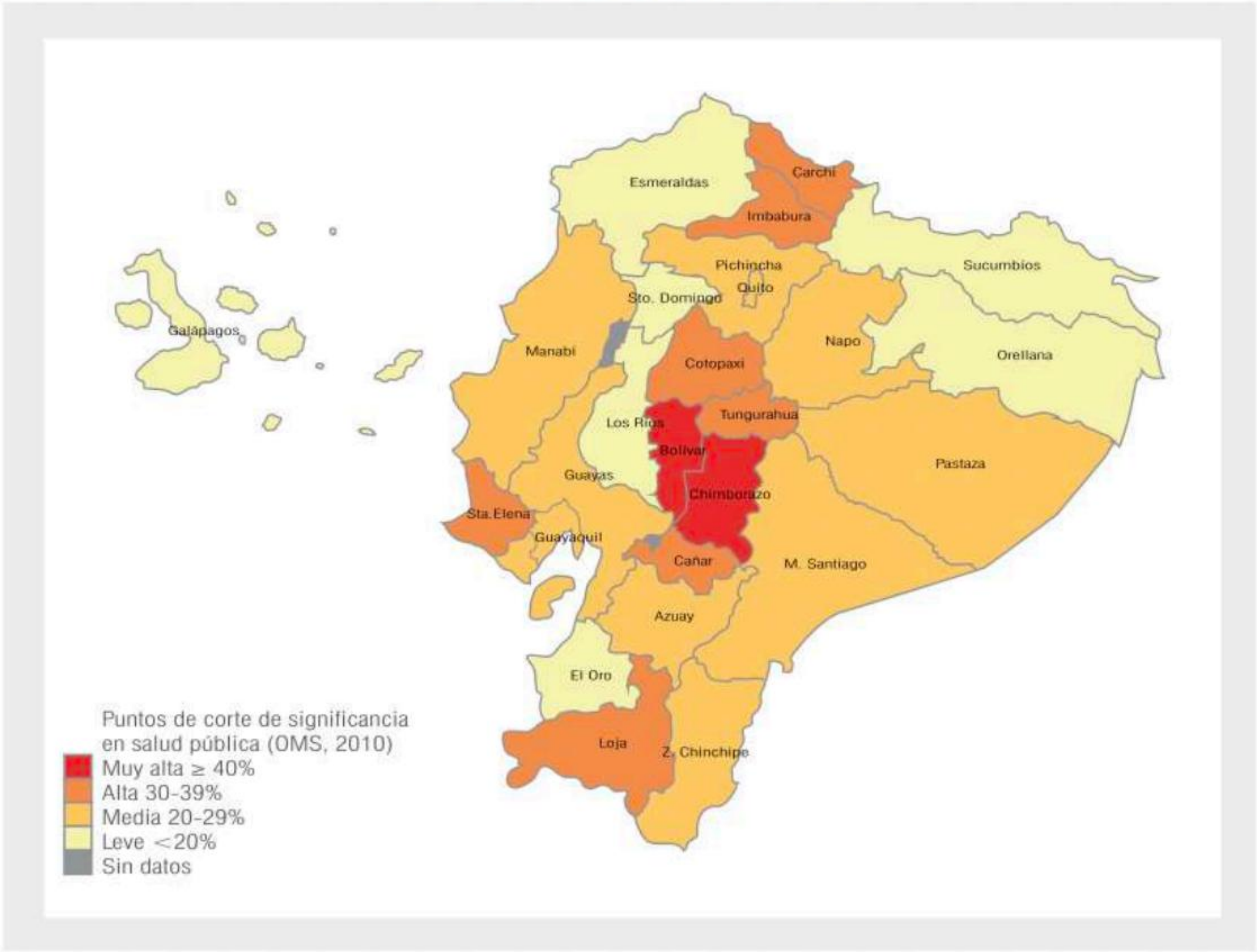


We are doubling and tripling the statistics for Latin America and the Caribbean.



Correlation between short stature and chronic child malnutrition.

Gráfico 16. Prevalencia de retardo en talla (T/E <-2DE) en la población de 0 a 60 meses, por provincias

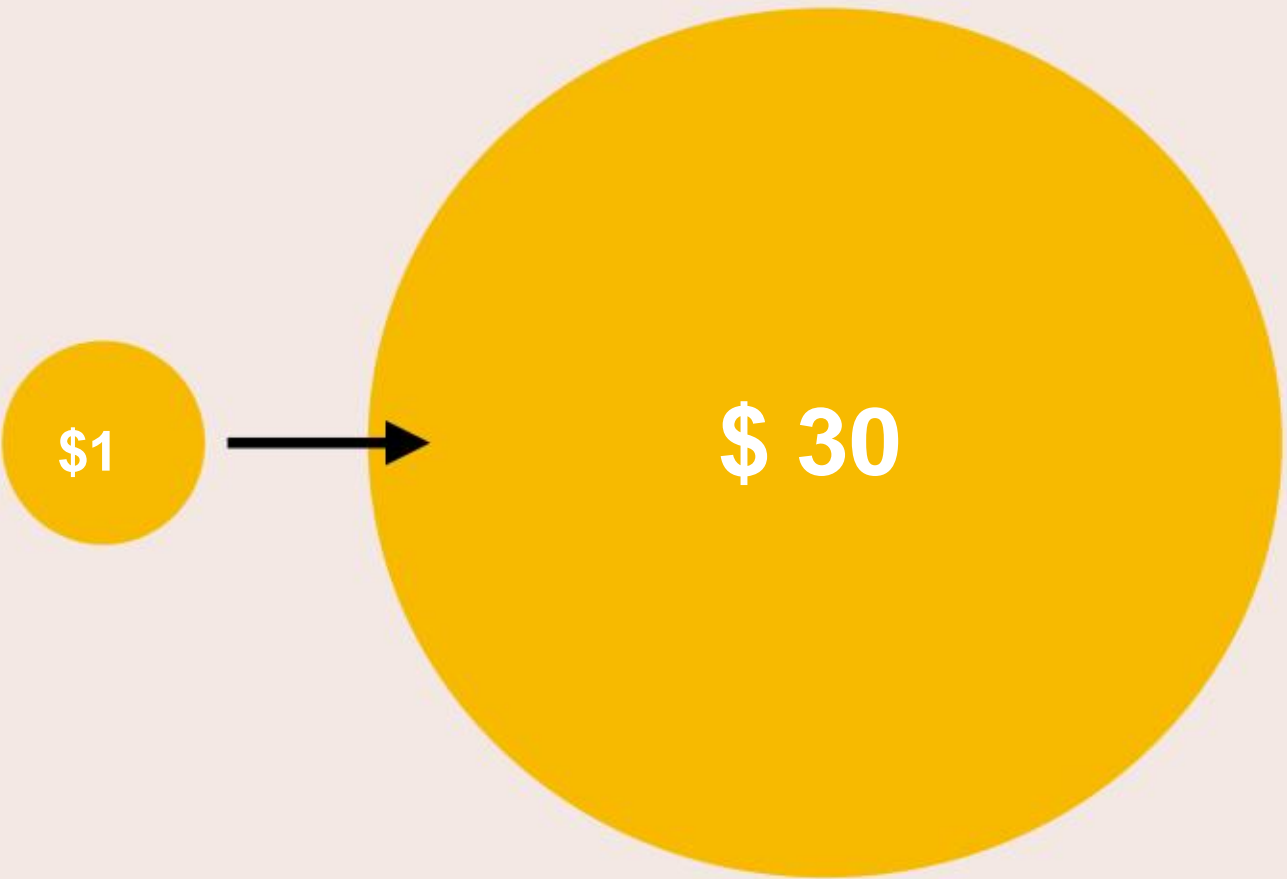


T/E Talla para la edad.
Fuente: Encuesta Nacional de Salud y Nutrición. 2011-2013. Ministerio de Salud Pública. Instituto Nacional de Estadística y Censos.
Elaboración: Freire et al.

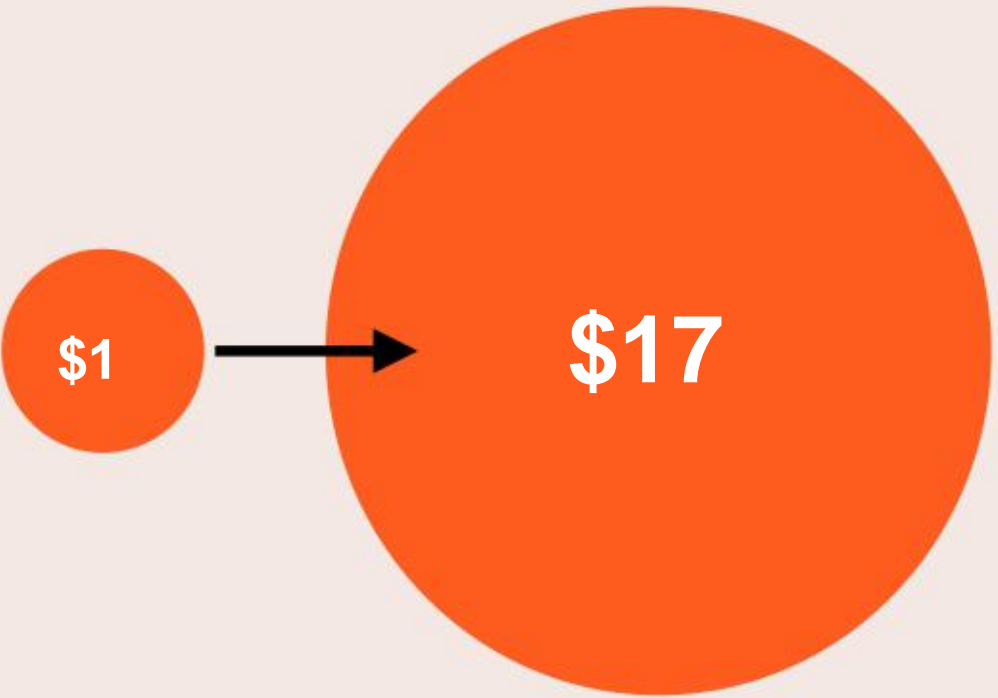


Economic impact of malnutrition

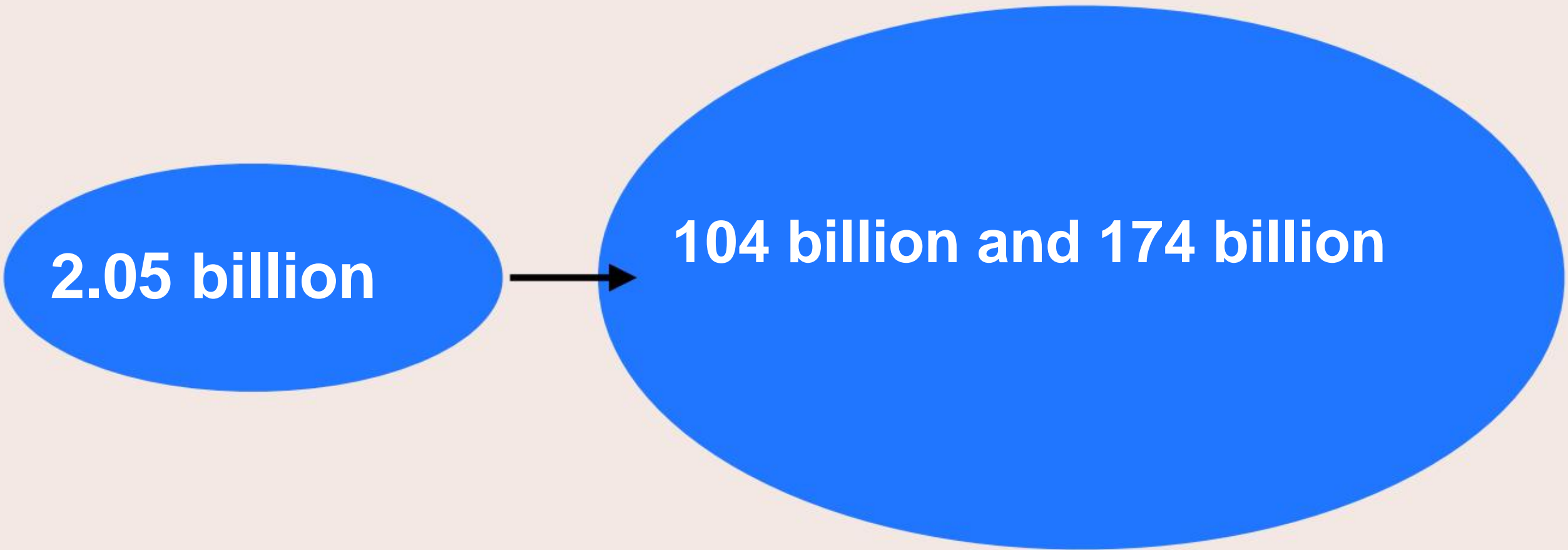
Copenhagen Consensus



James Heckman, Nobel de
Economy



World Food Program



Our plan

We offer a community-based therapeutic program with measurable results **focused** on children under 5 years of age and pregnant or lactating mothers.



Phases of program:

1. Screening

- Maximum coverage and access
- Urgency for Action

2. Treatment

- Care
Appropriate

3. Monitoring and Follow-up

- Tracking
extended



1. Screening

- Population evaluation and census
- Recruitment
- Medical Record
- Specific Diagnosis
- Laboratory tests



Measure of the Upper Arm Circumference (MUAC)

2. Treatment

- Easy administration and consumption
- Short duration of treatment
- Storage: 24 months without refrigeration
- Therapeutic and supplemental
- Used in more than 70 countries
- 5 times cheaper than conventional treatments for ICD



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PLANES NUTRITIONAL

Children with Malnutrition Child Chronicle

Stabilization phase

6 to 8 weeks

3 times a day

Treatment
supplemental to
prevent relapse in a child
con DCI

Supplementation phase

8 to 10 weeks

Once a day

**Pregnant and nursing
women
lactation**

Stabilization and

Supplementation

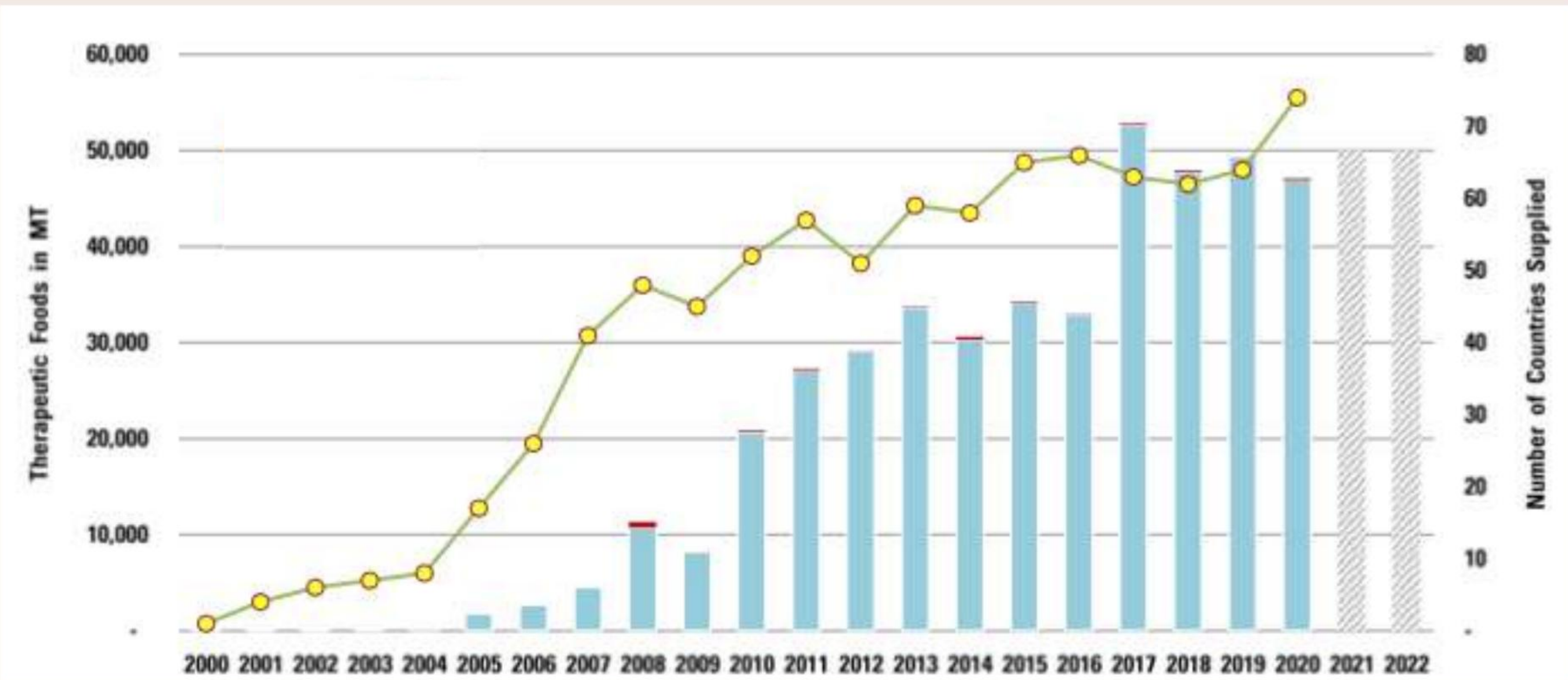
12 to 15 months

Once a day



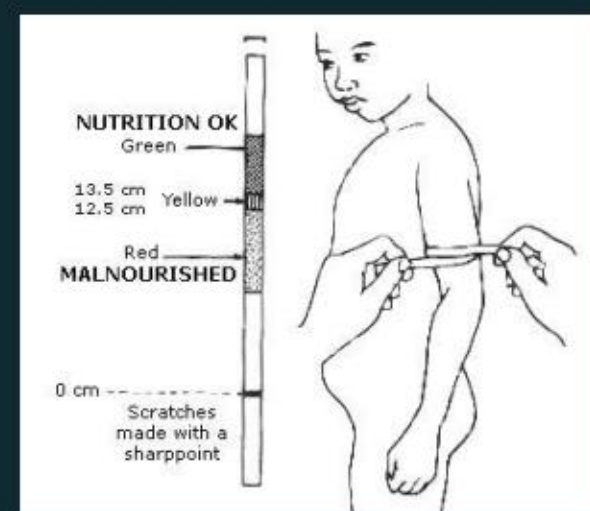
Global Production

Use of specialized treatment worldwide in recent years



3. Evaluation and Monitoring

- Avoid relapse to ICD
- Weekly monitoring
- Progress reported with data
- Articulation with other NGOs for patient follow-up • Create community awareness



Recruitment of patients, assessment and timely diagnosis.

Patients receive therapeutic or supplementary treatment



Preventive treatment for pregnant or lactating women in conditions of vulnerability

Regular monitoring and check-ups by medical staff and trained volunteers

discharge criteria program and community awareness.



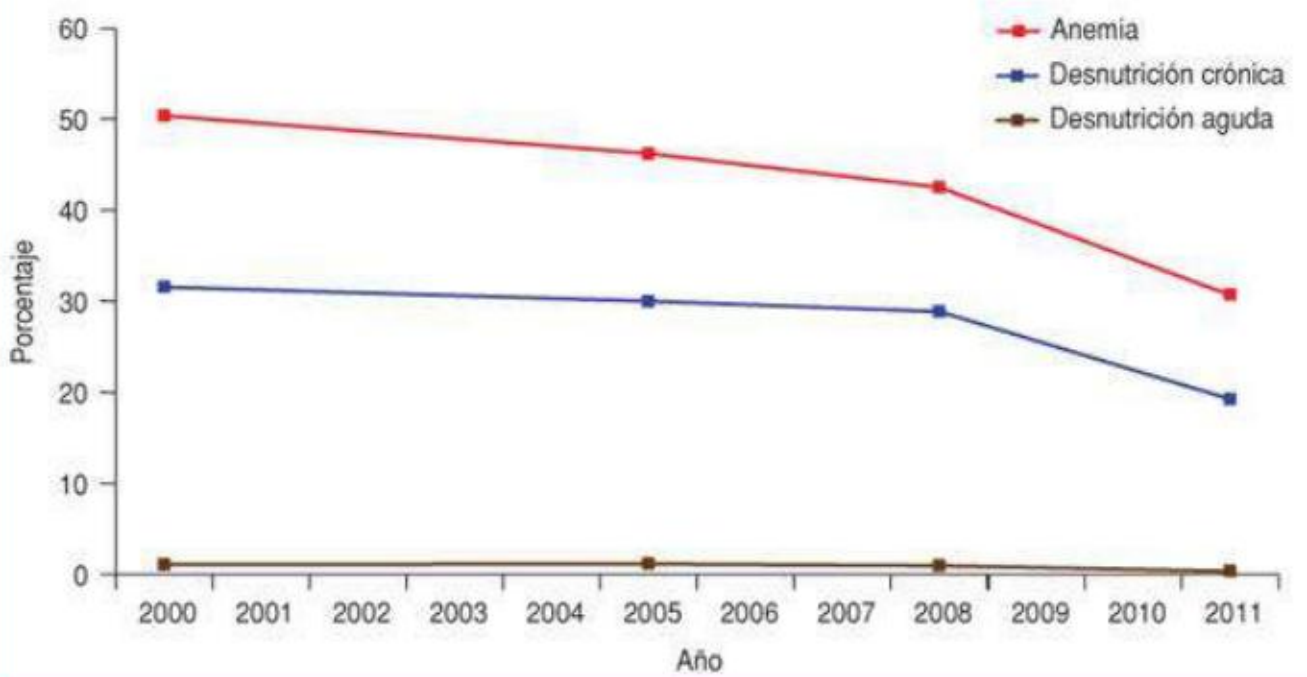
It includes

- Mobilization of CrezcoNut medical staff and volunteers to the localities • **Visits by CrezcoNut medical** staff periodically, **12 visits** in total • Program has the necessary volunteers for the determined population in both places
- Supplies and tools for the correct implementation of the plan and patient care • Mobilization of **SAPLI nutritional supplements** to the localities and their storage • Control of healthy children and **preparation of medical records** • **Control of progress** and periodic appropriate follow-up • **Laboratory tests** to the population to be treated
- Distribution of therapeutic and supplementary products to patients and talks information to family members to learn how to use them
- **Talks to comprehensively educate the community** • Upon discharge, coordinate with different foundations to keep track of the child's treatments



Peru

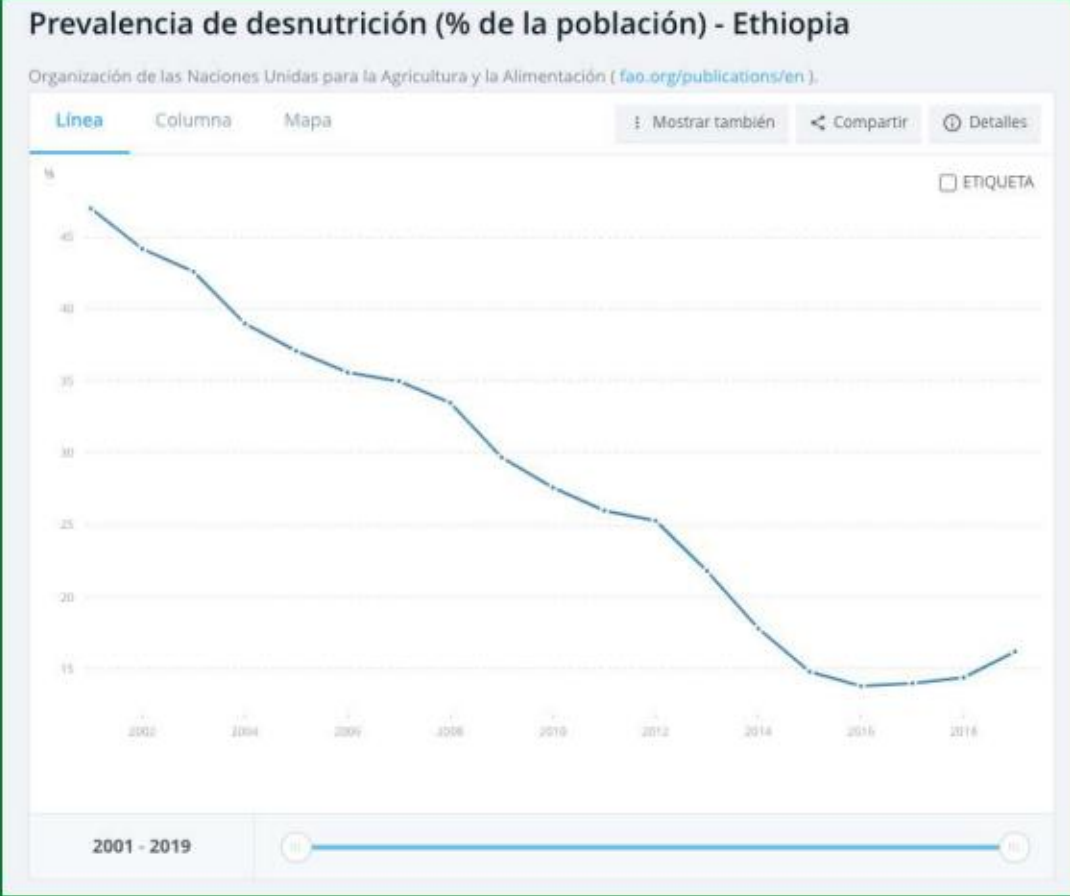
FIGURA 1. Evolución y tendencia de la desnutrición aguda, la desnutrición crónica y la anemia en menores de 5 años, Perú, 2000–2011



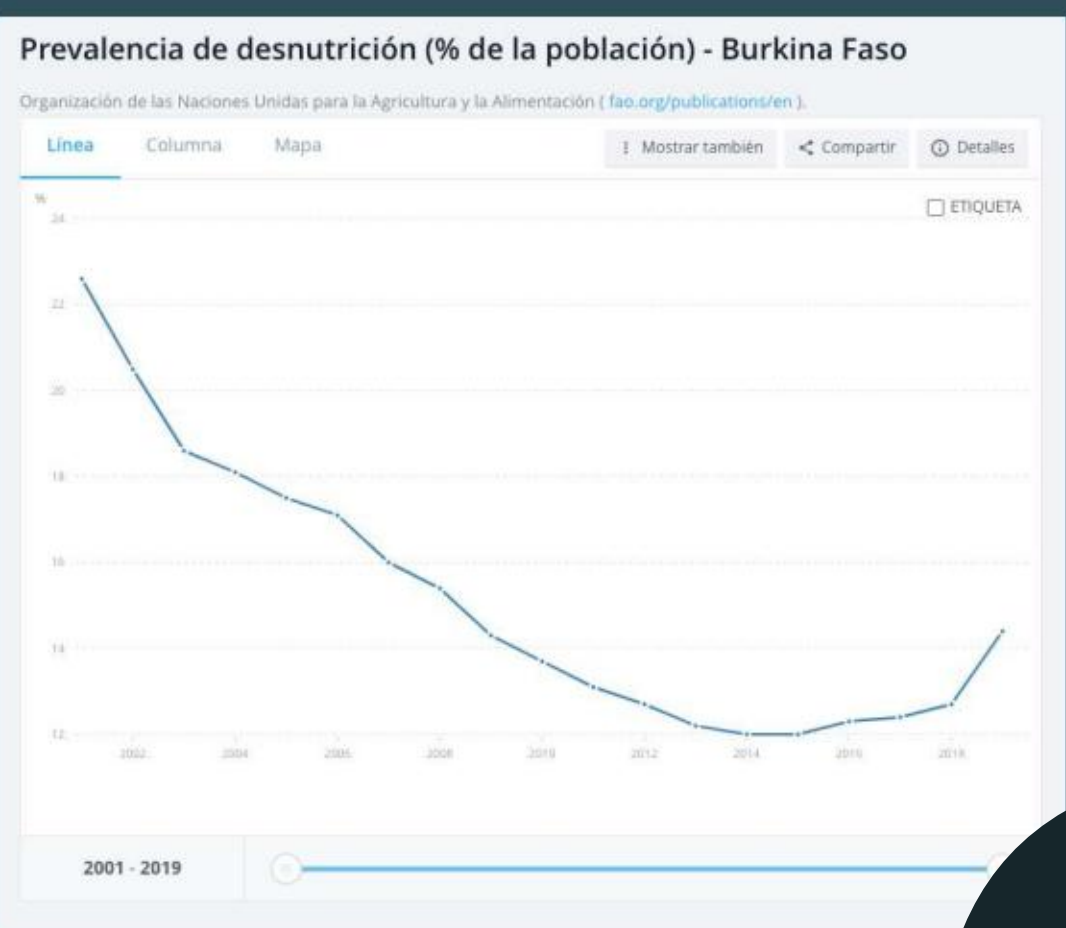
Haiti



Ethiopia



Burkina Faso



India



ECUADOR



ODS



**Ecuador must end chronic
malnutrition.**

**You can NOT wait another second,
minute or day.**

- UNICEF



www.crezconut.org