

# Nutrition

**International Medical Corps is committed to alleviating malnutrition through quality nutrition programming in both emergency and development environments.**

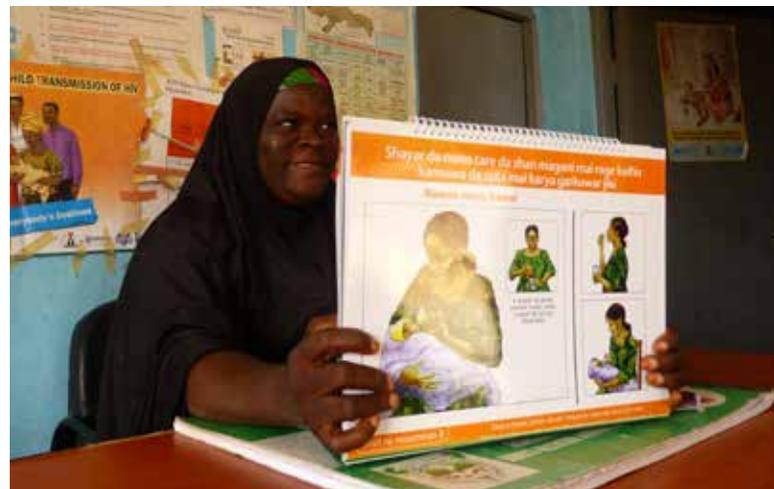
International Medical Corps currently addresses nutrition needs in 19 countries and territories on three continents: Afghanistan, Cameroon, the Central African Republic, Democratic Republic of the Congo, Ethiopia, Gaza, Iraq, Lebanon, Jordan, Mali, Nigeria, Puerto Rico, Somalia, South Sudan, Sudan, Syria, Turkey, Yemen and Zimbabwe.

Malnutrition, widely recognized as the greatest single threat to public health, is especially prevalent among children under 5 years of age, as well as pregnant and lactating women, due to their increased nutritional needs, susceptibility to illness and cultural factors that may negatively affect health and nutrition.

In line with global strategies, International Medical Corps targets the period from conception through the 23rd month of a child's life—the so-called “1,000-day window.” Poor nutrition during this window of opportunity deprives children from reaching their full potential, often resulting in impaired physical and cognitive development. Malnutrition can heighten morbidity and mortality rates, and increase the risk of developing non-communicable diseases later in life. It also can reduce intelligence quotient (IQ) and school performance. If widespread enough at a national level, these factors can reduce an entire nation's economic growth. Malnutrition during childhood can also affect future generations in cases where malnourished girls struggling with poor nutrition levels during pregnancy give birth to low-weight babies, who in turn can experience malnutrition during their own childhood. It is vital to break this intergenerational cycle of malnutrition with appropriate nutrition measures.

Our programs promote, protect and support optimal infant and young-child feeding (IYCF) practices in both emergency and development conditions. We support optimal practices such as early initiation of breastfeeding (within 1 hour after delivery), exclusive breastfeeding for the first six months and appropriate complementary feeding for children 6–23 months. We also support the treatment of acute malnutrition, including moderate acute malnutrition (MAM) and severe acute malnutrition (SAM), with and without medical complications. We provide capacity building, technical assistance and operational support to national health systems wanting to offer higher-level care for community-based management of acute malnutrition (CMAM).

We work to improve access to health services and strengthen health systems while building the capacity of underserved communities worldwide. Integral to this approach is enhancing the capacity of staff at national ministries of health while assisting local community health workers and community health volunteers as they help households adopt optimal maternal, infant and young-child caring and feeding practices. Our goal is then to pair these programs with initiatives already underway, to address a range of other household shortfalls, such as food insecurity, water shortages, poor water quality, and inadequate sanitation and healthcare services. To initiate these changes, we work to create the kind of social and behavior change we believe is essential if vulnerable communities are to have access to sufficient, safe and nutritious food that meets the dietary needs required for an active and healthy life.



## THE GLOBAL NUTRITION CHALLENGE

According to the 2020 Global Nutrition Report, one in every nine people in the world is hungry, and one in every three is overweight or obese. Almost one-quarter of all children under 5 years of age are stunted. These findings underscore a growing health challenge that too many nations face today: the double burden of malnutrition, where undernutrition coexists with obesity and other diet-related non-communicable diseases (NCDs). Though the need for improved nutrition is included in the Sustainable Development Goals, progress is painfully slow. The same report notes that not one country is on course to meet all 10 of the 2025 global nutrition targets. The reason: insufficient financial support at global and national levels.

International Medical Corps recently developed its nutrition strategy for 2021–2022, which contains four components, or “strategic directions” to anchor our work: standards and approaches, evidence-based practices, global knowledge management and transfer, and capacity building.

- ▶ **Standards and approaches.** We prioritize strict adherence to minimum standards to assure high-quality programming. Our approach involves setting end goals to determine what conditions must change to reach those goals—a technique known as the theory of change. We used this approach in **Cameroon** to introduce “husband schools” in 2019 at the Minawao refugee camp. We created seven such schools as a way to gather together married men to create positive behavior change toward reproductive health, nutrition and gender-based violence. The impact has been visible in the community, with the men showing a greater understanding about the importance of nutrition, and supporting their wives’ efforts to build a new dietary diversity into family meals that helps prevent malnutrition.
- ▶ **Evidence-based practices.** We focus on operational research, and base our practices on evidence from the work of others as well as our own experience. Our partnership with the World Food Programme in **Nigeria** is an example where we relied on these techniques to test the effectiveness of a cash-and-voucher assistance (CVA) program to improve household nutrition, dietary diversity, purchasing power and food security. We also participated in nutrition-oriented social and behavior change (SBC) activities to build demand for priority health services.
- ▶ **Global knowledge management and transfer.** We contribute to global learning by documenting and disseminating the results of our work and programmatic learning through global communities of practice such as Emergency Nutrition Network and the Global Nutrition Cluster.



- ▶ **Capacity building.** We strengthen both individual and organizational capacity through formal training, learning exchanges (such as digital platforms) and field exchange visits. We also work to strengthen the capacity of ministries of health, local partners and local communities.

In **Puerto Rico**, strengthening the capacity of individuals, households and communities has been a core element of our nutrition program, even after events forced unforeseen changes. The project’s original aim was to use in-person nutrition classes and physical activities based in the community to build the knowledge and skills to combat childhood obesity. However, with a severe earthquake in the beginning of 2020 and the arrival of COVID-19, the team quickly switched to activities more suitable for online learning, such as cooking classes that stress simple, easy-to-prepare and healthy meals that became instant hits in the community.

## GLOBAL PROJECTS

International Medical Corps is involved in a number of global nutrition projects, including the examples below.

- ▶ **Technical Rapid Response Team (RRT):** Since 2015, International Medical Corps has lead the Technical Rapid Response Team, known as Tech RRT, which includes Action Against Hunger and Save the Children as implementing partners. The project goal is to improve overall emergency nutrition response by providing technical advisers quickly for in-country or remote support during humanitarian crises, and building the capacity of all involved in emergency nutrition responses. In 2021, the Tech RRT has now expanded to form the Technical Support Team arm of the GNC Technical Alliance. The Global Nutrition Cluster (GNC) Technical Alliance is a global initiative for the mutual benefit of the nutrition community, and affected populations, to improve the quality of nutrition in emergency preparedness, response and recovery.
- ▶ **Global Nutrition Cluster (GNC) RRT:** International Medical Corps is an active member of the GNC, as well as host to a roving Nutrition Cluster Coordinator and Information Management Officer on behalf of UNICEF, who deploy to emergencies as needed. We are also a co-lead of national nutrition clusters in Nigeria, South Sudan and Yemen.





## INNOVATION AND OPERATIONAL RESEARCH

International Medical Corps works to create and apply current best practices and innovative approaches wherever possible. One such example involves ongoing research to assess nutrition risk factors, such as anemia and acute malnutrition, and how they affect the progression and outcome of COVID-19. Together with Johns Hopkins University, International Medical Corps conducts this research in the Democratic Republic of the Congo and South Sudan.



[www.InternationalMedicalCorps.org](http://www.InternationalMedicalCorps.org)

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

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