



# Nutrition and Food Security




**International Medical Corps is committed to alleviating malnutrition through the implementation of quality nutrition programming in food insecure countries and emergency contexts globally.**

We address the nutrition needs of internally displaced populations and host communities in Afghanistan, Burundi, Cameroon, the Central African Republic, Chad, Ethiopia, Kenya, Pakistan, Somalia, South Sudan, Sudan and Yemen. In addition, International Medical Corps responds to complex emergencies—such as drought and chronic poverty—in Burundi, Cameroon, the Central African Republic, Kenya, Haiti and Sierra Leone.

## TREATMENT OF MALNUTRITION


International Medical Corps addresses malnutrition through a variety of interventions. Through outpatient therapy and supplementary feeding programs, International Medical Corps relies on community-based management of acute malnutrition (CMAM) to

treat malnutrition, to reduce stress on health systems, to increase program coverage to reach a greater number of beneficiaries and to strengthen overall program impact.



### CMAM in Afghanistan

Rates of malnutrition in rural Afghanistan are high. A majority of Afghans face some degree of food insecurity, which greatly affects the nutritional status of families—particularly among pregnant women, breastfeeding mothers and children under five. International Medical Corps, working in 16 health facilities in Nuristan province, is implementing a CMAM program to address high levels of acute malnutrition and prevent malnutrition in the future. Working with the World Food Program and UNICEF, International Medical Corps established three Stabilization Centers, through which we provide nutrition services that include ready-to-use-therapeutic foods, micronutrients, training of community health workers (CHW), Infant and Young Child Feeding (IYCF) practices and nutrition education for approximately 140,000 beneficiaries.



Along with CMAM, International Medical Corps utilizes the Positive Deviance (PD)/Hearth model to promote improved nutrition practices and recuperate underweight children under five. In situations of chronic poverty, some caregivers are still able to keep their children healthy despite exposure to the same conditions that cause other children's growth to falter. These caregivers are called positive deviants. Positive deviants or other volunteers are asked to lead small peer groups called hearths to pass on these behaviors to other caregivers in their community, which includes demonstrating food preparation and cooking methods. PD/Hearth has shown significant results in improved nutritional status among underweight children in many countries. In Burundi, International Medical Corps is a lead implementer of this approach, and is currently working to strengthen the Ministry of Health's capacity to manage similar programs.

## PREVENTION OF MALNUTRITION

In line with global policy strategies, International Medical Corps is targeting the period from conception until the 23rd month of a child's life—or the so-called "1000-day window"—as a critical opportunity for preventing stunting, and physical and mental disabilities associated with malnutrition. We provide a combination of growth screening and monitoring, nutrition counseling and micronutrient supplementation through health facilities and as part of our ante- and postnatal care, infant checkups and outpatient visits. Our nutrition education and counseling promotes healthy pregnancies and practices that include exclusive breastfeeding and appropriate introduction of complementary food to ensure healthy growth at the fetal stage, infancy and early childhood.

## PROMOTION OF INFANT AND YOUNG CHILD FEEDING

Promoting optimal IYCF practices is an integral part of International Medical Corps' emergency, transitional and development programming. In camp settings, International Medical Corps often establishes baby tents or nutrition centers as a platform to promote optimal IYCF. In the Dolo Ado refugee camps in Ethiopia, for example, International Medical Corps was the first organization to decentralize its nutrition program and integrate baby-friendly spaces into nutrition centers. IYCF is also the cornerstone of the nutrition in emergencies training conducted in Jordan and Lebanon. In Kenya, International Medical Corps has been improving IYCF practices through Mother-to-Mother Support Groups in Tana River. A comparison of survey results from December 2010 and February 2012 in Tana River demonstrates that the rate of exclusive breastfeeding increased from 36.3% to 67.1%, while timely complementary feeding increased from 5.5% to 95.7%.



## INFANT AND YOUNG CHILD FEEDING IN PAKISTAN

In July 2010, Pakistan was ravaged by heavy monsoon flooding that affected nearly 20 million people and displaced populations in Sindh and Punjab provinces. Damages to Pakistan's infrastructure were enormous; 1.7 million homes sustained significant damage, while government health facilities, schools and roads were destroyed. Damage to crops and livestock caused malnutrition rates, alarmingly high prior to the disaster, to rise dramatically. In the aftermath of the emergency, International Medical Corps provided a comprehensive package of CMAM and nutrition services, including IYCF, for approximately 300,000 children under the age of five. Our program staff trained local community volunteers and over 1,000 female health workers on IYCF in 47 field locations. As a result, approximately 250,000 women of reproductive age were provided information on IYCF and CMAM by International Medical Corps' health educators at the facility and community levels.



## SOCIAL AND BEHAVIOR CHANGE COMMUNICATIONS

Social and behavior change communications (SBCC) are fundamental to improving the nutrition status of women and children. International Medical Corps uses SBCC extensively in nutrition programs both in emergency and development settings to measurably affect changes in nutrition-related behaviors among beneficiary populations. Our most successful SBCC strategies include Care Groups, PD/hearth, and high impact nutrition interventions that include cross-cutting interventions in health education.

International Medical Corps employs the Care Group model in Burundi, Chad, Ethiopia, Kenya, Sierra Leone and South Sudan. Care Groups have been shown to prevent malnutrition by disseminating nutrition, health, family planning and hygiene information; improving IYCF and mother-child interaction through infant stimulation; and empowering mothers, fathers and communities to take responsibility for the growth and development of their children.

## FOOD SECURITY

International Medical Corps' food security programs focus on empowering communities—and women in particular—to provide nutritious food for their families. This includes providing support for home gardens to increase diversity and micronutrient content of available foods for families; designing and piloting household food storage systems so that harvested food is properly stored; decreasing food losses and ensuring that families have lasting food supplies; distributing seeds and tools to help families produce their own food; implementing water projects that assist families in irrigating their gardens; and distributing emergency food supplies to poor families so they do not have to sell assets to purchase food.



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

Since its inception 30 years ago, International Medical Corps' mission has been consistent: relieve the suffering of those impacted by war, natural disaster and disease, by delivering vital health care services that focus on training. This approach of helping people help themselves is critical to returning devastated populations to self-reliance.

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