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

We are currently addressing acute nutrition needs in Afghanistan, Burundi, Cameroon, the Central African Republic, Chad, the Democratic Republic of Congo, Ethiopia, Gaza, Lebanon, Libya, Jordan, Mali, Nigeria, Pakistan, Somalia, South Sudan, Sudan, Syria, Turkey, Yemen and Zimbabwe. In addition, we recently responded to emergency needs in Puerto Rico.
In line with global strategies, International Medical Corps targets the period from conception until the 23rd month of a child’s life—or the so-called “1,000-day window.” Suboptimal nutrition during this window of opportunity deprives a child from reaching their full potential and could cause impaired physical and cognitive development. Malnutrition also can cause increased morbidity and mortality, increased risk of developing non-communicable diseases later in life, and decreased IQ and school performance, contributing to a lower national gross domestic product if the problem is widespread enough. In addition, malnutrition during childhood can have an effect on generations to come: malnourished girls might also have a sub-optimal nutrition status during pregnancy, leading to low-birthweight babies, who in turn often experience malnutrition during childhood. It is important to break this intergenerational cycle of malnutrition with appropriate nutrition interventions.

International Medical Corps actively implements nutrition programs designed to reduce both chronic and acute malnutrition caused by sub-optimal maternal and child caring practices, integrating these programs with programs in other sectors to address household food insecurity, poor availability and quality of water, sanitation and health services. Our nutrition education and counseling promotes optimal maternal nutrition to ensure healthy pregnancies and fetal development, as well as optimal infant and young child feeding practices that include exclusive breastfeeding and appropriate introduction of complementary food to ensure healthy growth in infancy and early childhood. We provide a combination of growth screening and monitoring; nutrition counseling and micronutrient supplementation, both through health facilities and as part of our antenatal and postnatal care, as well as infant checkups and outpatient visits.

International Medical Corps seeks to reduce barriers to health services and strengthen health systems while strengthening the capacity of underserved communities worldwide. We are addressing emerging and longstanding public health issues detailed in the Sustainable Development Goals, including the global nutrition crisis.

Integral to our approach is strengthening the capacity of Ministry of Health (MoH) staff, community health workers and community volunteers to support households in adopting optimal maternal, infant and young child-caring and feeding practices. Effective social and behavior change approaches are core tenets of our work. Overall, our programs work to ensure that vulnerable communities have physical, social and economic access to sufficient, safe and nutritious food that meets the dietary needs required for an active and healthy life.

All of our nutrition programming is informed by rigorous assessment. International Medical Corps takes a holistic approach to promoting social and behavior change (SBC), targeting influential factors that affect behaviors at all levels of society. We strive to base activities on formative research. Through SBC interventions, International Medical Corps addresses a full range of behaviors that affect nutritional status.
NUTRITION PROGRAMS

COMMUNITY-BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM)

Our CMAM programs strengthen local health systems through training on how to identify and treat acute malnutrition, and mentorship in how to manage all aspects of CMAM programs, to increase program coverage and strengthen overall program quality and impact. Stabilization centers (SCs) provide high-quality treatment of children with acute malnutrition and medical complications. Outpatient Therapeutic Programs (OTPs) and Targeted Supplementary Feeding Programs (TSFPs) provide treatment for those with severe and moderate acute malnutrition without medical complications. By supporting community mobilization, International Medical Corps ensures timely identification and referrals, as well as community acceptance and utilization of the services and information on good nutrition practices.

INFANT AND YOUNG CHILD FEEDING (IYCF)

Supporting and improving optimal IYCF practices is an integral part of International Medical Corps’ emergency, transitional and development programming. IYCF activities can be implemented at the health facility through individual and group counselling linked with CMAM. Such activities also can be implemented at the community level through the Care Group model, mother-to-mother groups (in which mothers are trained in optimal practices and how to provide support to one another in small group settings) and the Men as Partners approach. In camp settings, International Medical Corps often establishes baby tents or nutrition centers as a platform to promote optimal IYCF practices. We integrate assessment and individual counseling for breastfeeding difficulties into existing health services and also provide it through community health workers.

BLANKET SUPPLEMENTARY FEEDING (BFSP) AND MICRONUTRIENT SUPPLEMENTATION

In emergency contexts, International Medical Corps supports the implementation of BFSP or micronutrient supplementation for certain vulnerable populations, particularly children aged 6 through 23 months and pregnant and lactating women. Provision of a supplementary ration or micronutrient ensures adequate nutritional intake to sustain growth and development through a crisis period.

GLOBAL PROJECTS

International Medical Corps is involved in several global nutrition projects:

► Technical Rapid Response Team (RRT): International Medical Corps leads the Tech RRT, a consortium with ACF and Save the Children, which aims to improve overall emergency nutrition response by deploying technical surge advisers in major and complex humanitarian crises, and by providing remote support and building the capacity of stakeholders involved in humanitarian responses.

► Global Nutrition Cluster (GNC): International Medical Corps is an active member of the GNC, as well as host to a roving Nutrition Cluster Coordinator on behalf of UNICEF, who is able to deploy to emergencies as needed.

INNOVATION AND OPERATIONAL RESEARCH APPROACHES

International Medical Corps strives to utilize current best practices and innovative approaches wherever possible. Some examples include:

► Family MUAC approach: International Medical Corps is promoting and supporting caretakers of young children to conduct measurement of the mid-upper-arm circumference (MUAC) of their own children to identify acute malnutrition, as research is showing that caretakers’ measurements are as accurate as those of community health workers, and facilitate more timely referrals. International Medical Corps has rolled out this approach in nearly all the implementing countries.

► Rapid IYCF assessment: International Medical Corps has worked with experts from Valid International to adapt a rapid assessment methodology to replace IYCF surveys and to determine prevalence of age-appropriate feeding practices in Chad, and is about to undertake this assessment among Syrian refugees residing in Turkey.

► Link Nutrition Causal Analysis (NCA) International Medical Corps has partnered with ACF France in Chad to pilot a Link NCA, a participatory and response-oriented method for analyzing the risk factors and pathways to malnutrition that are most important in a given local context. The Link NCA brought together multiple actors— including local communities, government Ministries, United Nations agencies, and international and national NGOs—to gain consensus on causes and solutions.

► Barrier Analysis (BA) in Emergencies: International Medical Corps and partners have been involved in the Syrian refugee response since the onset of the crisis, promoting maternal and child health and nutrition programming. We led BA training for partners, and conducted assessments among the displaced Syrian population in five regions of Lebanon, Jordan’s Azraq refugee camp, and northern and southern Turkey (Istanbul and Gaziantep) to gather evidence that would inform program-activity design and advocacy. We also have conducted BA training in Sierra Leone, in the heavily Ebola-affected districts, and in multiple other emergency-affected settings.
COUNTRY HIGHLIGHTS

In South Sudan, the civil war has created a wide-reaching nutrition crisis in which millions of people are at risk of starvation. In February 2017, a famine was officially declared in two counties of South Sudan. Though famine conditions in those areas have eased, more people in South Sudan than ever do not know where they will find their next meal. International Medical Corps is working on the frontlines of South Sudan’s food crisis, providing inpatient and outpatient treatment services for acute malnutrition in four states. This includes using canoes or whatever means necessary to reach malnourished children who fled fighting and famine in Unity State, as well as running stabilization centers in Akobo and Juba that provide 24–7 care to children with severe acute malnutrition and medical complications. To date, we have treated more than 16,000 malnourished children and more than 7,000 pregnant and lactating women through the two sites. In addition, International Medical Corps is supporting more than 400 mother- support groups in South Sudan, and has established a nutrition surveillance team, which undertakes nutrition assessments across the country and builds capacity in the Ministry of Health and other partners in nutrition assessment.

In Zimbabwe, International Medical Corps has partnered with Cultivating New Frontiers in Agriculture and local partners to implement Amalima, a five-year Development Food Assistance Program to sustainably improve access to and availability of food, community resilience to shocks, and nutrition and health among more than 34,000 mothers and children. In an effort to attract young mothers, International Medical Corps introduced competitions into the Care Group meetings, such as competitive cooking demonstrations and netball matches. In addition, Amalima strives to promote male engagement in maternal and child health and nutrition through the Male Champions campaign. In addition, International Medical Corps responds to droughts and outbreaks by implementing emergency nutrition programs.

In Syria, International Medical Corps is also providing emergency nutrition programs to help those affected by the crisis in Syria, including for Syrian refugees in Jordan and Turkey as well as in Damascus. Prior to the conflict, infant-feeding practices in Syria were already poor, with many mothers choosing bottle-feeding over exclusive breastfeeding. With the destruction of infrastructure and displacement from the war, these practices have worsened, leaving infants at high risk of morbidity and mortality. International Medical Corps supports infants and their mothers by providing intensive breastfeeding assistance, community education programs to encourage adoption of healthy practices and training for health providers to identify and treat children with acute malnutrition.

www.InternationalMedicalCorps.org

A pre-eminent first responder for more than 35 years, International Medical Corps provides emergency relief to those struck by disaster, no matter where they are, no matter what the conditions, working with them to recover, rebuild and, through training, gain the skills and tools required to achieve self-reliance.

October 2020