

Yemen's prolonged war has produced the world's worst humanitarian crisis, with more than 80% of the country's 30.5 million people in need of some form of humanitarian assistance, including medical intervention to combat malnutrition. International Medical Corps first came to Yemen in 2012, focusing on healthcare, nutrition, and food security and livelihoods (FSL), as well as water, sanitation and hygiene (WASH). We now also promote protection mainstreaming across all programs.

International Medical Corps currently maintains a staff of more than 150 in the country, managing our response from a main office in the capital of Sana'a, with sub offices in lbb, Aden and Al Mukha. From these four offices, we serve communities directly affected by the war in seven of Yemen's 23 governorates: Sana'a, Amanat Al Asimah, lbb, Taizz, Aden, Lahj and Al Dhalea. We also work to strengthen existing institutions, providing them with qualified health workers, supplies and training that enable them to continue functioning in the midst of a debilitating crisis affecting delivery of basic services.

The impact of ongoing war on the struggle for survival in Yemen, including the decline—and, in some cases, the complete disappearance—of basic of public services has heightened the risk of frequent disease outbreaks. It has also increased the need for humanitarian support to address basic needs of both individuals and communities.



NUTRITION

In a country where food security has been a challenge even in the best of times, International Medical Corps is implementing emergency nutrition and food security programs to address growing needs in an environment of continued conflict. Years of war have left one in every five Yemenis acutely malnourished; in parts of Yemen, acute malnutrition among children under five is at the highest levels ever recorded.

International Medical Corps provides nutrition services through static health facilities and through mobile teams in hard-to-reach areas, including IDP camps in AI Dhalee, Taiz, Ibb, Lahj and Sana'a governorates. We support the treatment of severe acute malnutrition (SAM) and moderate acute malnutrition for children ages 6 to 59 months, and acute malnutrition in pregnant and lactating women through outpatient therapeutic programs and targeted supplementary feeding programs. Children with SAM requiring further treatment due to medical complications are referred to stabilization centers run by the World Health Organization and UNICEF.

Furthermore, our team has promoted infant and youngchild feeding in emergencies (IYCF-E), as well as improved hygiene practices among women and caregivers, as strategies to prevent malnutrition. During the COVID-19 pandemic, we have shared key messages related to continued exclusive breastfeeding with mothers and caregivers, in line with Nutrition Cluster recommendations.

HEALTHCARE

Since 2012, International Medical Corps has helped primary and secondary healthcare facilities remain functional and provide a wide range of services, including maternal and child medical care, sexual and reproductive health services, and prevention and control of communicable and non-communicable diseases, while helping to provide essential medical commodities and proper waste management. Our use of mobile medical units gives us the flexibility to help internally displaced persons (IDPs) and those who reside in remote locations who are unable to reach static services.

Since the onset of COVID-19, International Medical Corps has provided knowledge and equipment to help frontline workers mitigate risks and protect themselves and others. We have trained healthcare workers and support staff in the control and prevention of infectious diseases and in the administration of psychological first aid for those in acute distress.





WATER, SANITATION AND HYGIENE

To combat the increased risk of disease caused by reduced access to clean water, basic sanitation and hygiene, we provide safe water, promote healthy hygiene practices, support latrine and water system construction and rehabilitation, and support responsible solid and medical waste management. Since we began WASH programming in Yemen in 2012, we have reached more than 2.5 million people, providing critical access to water, sanitation and hygiene during major cholera outbreaks over the past three years.

In health facilities, we support the rehabilitation of WASH infrastructure, increase water storage capacity and monitor water quality and treatment. We train staff, local authorities and community volunteers to provide WASH activities that improve health outcomes. Our teams keep an emergency stock of WASH materials on hand in all supported health facilities. We train our community health volunteers (CHVs) to provide key hygiene messages, as well as additional messaging on breastfeeding, food hygiene, COVID-19 prevention and mitigation measures, diarrhea management and malaria prevention.

FOOD SECURITY AND LIVELIHOODS

Food security and livelihoods (FSL) is a core component of International Medical Corps' program strategy in Yemen. In addition to providing conventional food assistance linked with providing training on sustainable livelihoods, we have a comprehensive program that distributes small livestock to families with registered cases of severe or acute malnutrition or with pregnant or lactating women. This helps increase household income, achieve adequate nutrition levels and increase the family's share of livestock-based assets. Since

the beginning of the program, we have supported more than 2,500 households in three governorates.

By supporting the local community-based animal health services networks managed by the Ministry of Agriculture and Irrigation, International Medical Corps instills a sense of community ownership of distributed productive assets, and increases the ability of communities to mitigate future shocks. To further support sustainable livelihoods, we also provide technical training in business and financial management.



PROTECTION MAINSTREAMING

International Medical Corps places the protection of its beneficiaries from gender-based violence (GBV) at the center of its humanitarian response. Throughout our health, nutrition, FSL and WASH activities, we prioritize safety and dignity, promote meaningful access, ensure the participation of targeted groups and protect the human rights of beneficiaries without causing harm. To promote protection and GBV mainstreaming across all sectors, International Medical Corps employs staff devoted to the proper application of protection and GBV mainstreaming, in accordance with international GBV and protection guidelines. Protection mainstreaming efforts within our Yemen mission are conducted in close coordination and communication with the Yemen Protection Cluster and GBV Sub-Cluster.

International Medical Corps trains all program staff, as well as monitoring, evaluation, accountability and learning (MEAL) staff, on how to include protection in planned activities and ensure the prevention of GBV. International Medical Corps' monitoring tools are designed to capture the key elements of beneficiary protection, as set out in approved guidelines. Our Safeguarding Implementation Guide and Safeguarding Policy Implementation Toolkit support efforts to create and maintain safe environments in the communities where we operate.

CAPACITY BUILDING

Regular training on health, nutrition, WASH, food security and protection issues is a central component of International Medical Corps' programming in Yemen to ensure delivery of quality services in line with recognized standards and protocols. Due to the country's current humanitarian emergency and severely weakened healthcare system, we focus on improving healthcare staff members' knowledge and skills surrounding the services offered at the health facilities we support.

Training on health issues includes integrated management of childhood illnesses, expanded immunization programs, the minimum initial service package, reproductive health, emergency obstetrics and newborn care, and infection prevention and control. Nutrition training focuses on all components of community-based management of acute malnutrition and IYCF-E. International Medical Corps also



trains community-based health and nutrition staff to deliver WASH messages, along with health and nutrition services, to vulnerable Yemeni communities.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

International Medical Corps has a MEAL team in Yemen that systematically tracks the outputs and outcomes of our programs and gathers beneficiary feedback to enable continuous improvement. To this end, we have deployed the District Health Information System 2 (DHIS2), an open-source data collection, aggregation and reporting software package that enables International Medical Corps to access timely data, minimize errors and make evidence-based decisions related to our programs. Whenever possible, the system captures data or information on interventions, disaggregated by sex, age and most vulnerable groups, including the disabled.

We also use other technical systems, including the AAP (accountability to affected population), the CBFRM (community-based feedback and response mechanism) and a toll-free hotline number, based on the global International Medical Corps CBFRM framework. Given COVID-19 mitigation measures in place, we have carried out information sharing through trusted and community-preferred sources. International Medical Corps continues to ensure that informational materials and posters on feedback and response are easily accessible and is working with trained CHVs to ensure that feedback is shared with community members via household visits.



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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.

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