

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 20 countries and territories on three continents, including 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, Ukraine, Venezuela, Yemen and Zimbabwe.

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

THE GLOBAL NUTRITION CHALLENGE

One in every nine people in the world is hungry, and one in every three is overweight or obese. Almost a quarter of all children under 5 years of age are stunted. These findings from the 2020 Global Nutrition Report underscore a growing health challenge too many nations face today: the double burden of malnutrition, where undernutrition coexists with overweight, 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 resources at global and national levels.

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 prevents 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 can also reduce 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, often 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 one hour after delivery), exclusive breastfeeding for the first six months and appropriate complementary feeding for children 6 to 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 nutrition and 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 community health workers and community health volunteers at the local level as they help households adopt optimal nutrition practices. Our goal is to then pair these programs with initiatives already underway to address a range of other household shortfalls. These could include food insecurity, poor water and sanitation, and lack of access to healthcare services. To initiate these changes, we work to create the kind of social and behavior change (SBC) 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.

GLOBAL NUTRITION CLUSTER (GNC)

International Medical Corps is an active member of the GNC— part of the current strategic advisory group, as well as a previous 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.

GNC TECHNICAL ALLIANCE TECHNICAL SUPPORT TEAM

International Medical Corps initiated and remains a partner in the Technical Rapid Response Team, now known as the GNC Technical Alliance Technical Support Team (TST), which includes Action Against Hunger and Save the Children as implementing partners. TST's goals are to improve overall emergency nutrition response by quickly providing technical advisers for in-country or remote support during humanitarian crises anywhere in the world, and to build the capacity of all involved in emergency nutrition responses.



International Medical Corps' nutrition strategy for 2021–2022 contains four components to anchor our work that we call “strategic directions”: 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. We support an approach to our work that calls for 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 **Zimbabwe** through the USAID-funded Amalima Loko program to introduce male champions in Matabeleland North. Male champions are leading groups of male peers who promote priority behaviors that men should adopt to contribute to the improvement of maternal, infant and young-child nutrition (MIYCN). The male champion approach has created the platform for traditional leaders (mostly men) to actively engage in supporting MIYCN practices in their communities.

- **Evidence-based practices:** We focus on operational research and base our practices on evidence from the work of others and our own experience. Our partnership with the World Food Program 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. Through our IYCF and CMAM programs in the Syrian refugee camps in **Jordan**, we support SBC to improve MIYCN.

Another example of contributing to evidence generation is a research project we conducted in **South Sudan**, where we tested AutoAnthro, a mobile application to measure the nutrition status of children. In **Zimbabwe**, we conducted a nutrition causal analysis to determine the underlying causes of malnutrition in Matabeleland, and to build consensus of stakeholders around priority multisector actions to reduce malnutrition.

- **Global Knowledge Management and Transfer:** We contribute to global learning by documenting and disseminating the results of our work. We also participate in the global community of practice, including the Global Nutrition Cluster and various technical working groups. Within the organization we have an active nutrition community of practice that provides bimonthly online training and knowledge exchanges among country offices through presentations on specific interventions. In **South Sudan**, for example, we showcase our work and impact to the Ministry of Health, donors and other stakeholders.

- **Capacity building.** We strengthen both individual and organizational capacity through formal training, field exchange visits and learning exchanges, including those on digital platforms. We also work to strengthen the capacity of ministries of health, local partners and local level communities.

Strengthening the capacity of individuals, households and communities has been a core element of our nutrition program in **Puerto Rico**, even after unforeseen events forced changes. The project's original aim was to use nutrition classes and group physical activities based in the community to build the knowledge and skills to combat childhood obesity. However, after a severe earthquake 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 yet healthy meals that became instant hits in the community.





INNOVATION AND OPERATIONAL RESEARCH

International Medical Corps works to create and apply current best practices and innovative approaches wherever possible. For example, we recently conducted 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 John Hopkins University, International Medical Corps conducted this research in South Sudan and the Democratic Republic of the Congo, publishing three articles in peer-reviewed journals. Another example is a study that we are conducting in Sudan to assess the risk factors of relapse among children aged 6 to 59 months who have been discharged as cured from SAM treatment.



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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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