

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, the 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 among 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

Almost one-third of the world's population is food-insecure, while 40% of adults and 20% of children are overweight or obese. Almost one-quarter of all children under 5 are stunted, and 7% are affected by wasting—translating to 45 million children worldwide. These findings, from the 2022 Global Nutrition Report and the 2023 Joint Child Malnutrition Estimates, underscore a growing nutrition challenge that too many nations face today: the “double burden” of malnutrition—situations where undernutrition coexists with overweight, obesity and other diet-related non-communicable diseases. Though the need for improved nutrition is included in the Sustainable Development Goals, progress has been painfully slow. The Global Nutrition report notes that not one country is on course to meet all 10 of the 2025 global nutrition targets. The reason is 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—for example, 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 and severe wasting, 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) that 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; co-chair of the Wasting Global Thematic Working Group, and the Adult Malnutrition and Anti-Racism and Localization Working Group; and an active participant in the Moderate Wasting Initiative, the Nutrition Information Systems Group, the Humanitarian-Development Nexus, the Gender-Based Violence Group, the Accountability to Affected Populations Working Group and the Infant Feeding in Emergencies Core Group. We are also a co-lead of the National Nutrition

Cluster in Gaza and the Nutrition Technical Working Group under the Health Cluster in Ukraine. In addition, we lead the Nutrition in Emergency Response Team in Zimbabwe when responses are activated.

International Medical Corps initiated and remains a partner in the Technical Rapid Response Team, now a part of the GNC Programme Support Team, hosting a full-time CMAM Advisor. GNC advisors provide support upon request in acute and protracted nutrition emergencies around the globe, in addition to supporting preparedness work.



International Medical Corps' nutrition strategy for 2021–2025 contains four components that we call “strategic directions” to anchor our work: standards and approaches, evidence-based practices, global knowledge management and transfer, and capacity building.

► **Standards and Approaches:** To ensure high-quality programming, we prioritize strict adherence to minimum standards. Our approach 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, which introduced male champions in Matabeleland North. Male champions lead groups of male peers who promote 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 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 our own experience, as well as the work of others. 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 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 leverage SBC methods to improve MIYCN.

Another example of our contribution to evidence generation is a research project we are conducting in **Somalia**, where we compare treatment of uncomplicated SAM in outpatient therapeutic programs (OTPs) in health facilities with treatment provided through integrated community case management (iCCM) by community health workers. 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 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 communities.

Strengthening the capacity of national partners has been a core element of our program in **Somalia**, where, in partnership with the GNC, we have provided capacity-building activities of local and national organizations on in-patient management of severe acute malnutrition with complications in stabilization centers. We have trained 46 national and local organizations and provided supportive supervision—including on-job training, coaching, action plan follow-up and updating—throughout the year following the training.





INNOVATION AND OPERATIONAL RESEARCH

International Medical Corps nutrition research aims to expand the global knowledge base on what works to improve nutrition programming across humanitarian and development settings. Our body of research includes, but is not limited to, barrier analysis studies; detection of malnutrition, such as testing of new technologies; treatment of malnutrition, including new approaches and investigating risk factors for relapse; understanding drivers of malnutrition and its effects; and evidence on the effects of malnutrition on other health outcomes, including severe disease and mortality from COVID-19. For example, we are currently conducting research in Afghanistan to investigate the overall and relative effectiveness of reduced

dosage of ready to use therapeutic food (RUTF) for the treatment of uncomplicated severe wasting. Specifically, we evaluate treatment outcomes—including recovery rate, length of stay and weight and MUAC gain—in relation to global standards and national trends observed in health facilities, using the standard protocol. The results inform decisions regarding the national scale-up of the simplified protocol in Afghanistan and contribute to the global evidence base on reduced RUTF dosage protocols. 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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