

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 19 countries and territories on three continents, including Afghanistan, Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Ethiopia, Gaza, Lebanon, Jordan, Mali, Nigeria, Puerto Rico, Somalia, South Sudan, Sudan, Syria, Venezuela, Yemen and Zimbabwe.

Malnutrition, in all its forms, remains a serious public health threat, contributing to nearly half of deaths among children under the age of 5. Severe acute malnutrition is the most lethal form of malnutrition and is responsible for up to 20% of deaths of these children. Malnutrition increases healthcare costs for families, reduces productivity of communities and slows economic growth of nations. It is especially prevalent among children under 5 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.



GLOBAL NUTRITION CLUSTER

International Medical Corps is an active member of the Global Nutrition Cluster (GNC), member 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 a number of other working and sub-working groups. We are active in the Infant Feeding in Emergencies Core Group. At the country level, we co-lead of a number of national and regional nutrition clusters and working groups. In addition, we lead the Nutrition in Emergency Response Team in Zimbabwe when responses are activated.

International Medical Corps is Technical Lead Agency for the GNC Operations Team, hosting a full-time program advisor who provides virtual or remote support to nutrition practitioners and frontline responders in acute and protracted emergencies, in addition to conducting preparedness work.

THE GLOBAL NUTRITION CHALLENGE

According to the World Health Organization's 2024 Joint Malnutrition Estimates, 150.2 million children under the age of 5 globally are chronically malnourished, while another 42.8 million are acutely malnourished. In addition, 35.5 million children are overweight. Though progress has been made toward the 2030 Sustainable Development Goal of ending all forms of malnutrition, few countries are on track to meet the targets. And according to the Global Nutrition Report, only 53 countries are on track to halve the number of stunted children, and only 57 are on track to reduce the proportion of children suffering from wasting to less than 3%.

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 prevents children from reaching their full potential, often resulting in impaired physical and cognitive development. Malnutrition during childhood can also affects future generations—for example, in cases where malnourished girls struggling with poor nutrition status 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 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 management of wasting and nutritional edema. We provide capacity building, technical assistance and operational support at primary and secondary health facilities, as well as to community health services and national health systems offering community-based management of acute malnutrition (CMAM). We also support nutritionally at-risk infants and their caregivers, providing early identification, monitoring, counselling and skilled support to ensure positive outcomes.

We work to improve access to nutrition and health services, to strengthen health systems while building the capacity of underserved communities worldwide and to enhance the capacity of staff at national ministries of health while assisting community health workers and volunteers at the local level as they help households adopt optimal nutrition practices. 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.

By integrating our nutrition activities into other sectors—including health and mental health, food security and livelihoods, and water, sanitation and hygiene—we address underlying causes and reduce the occurrence of malnutrition. Through this integration, we increase opportunities to offer holistic services, effectively respond to multiple needs and use resources efficiently.

In 2024, we developed an Integration Guidance Note and a Program Model Package focusing on nutrition services and programs for women and girls who have survived or are at risk of violence; we will pilot these approaches in two countries in 2025. As there is overlap between those who need nutrition programs and those who need services related to violence against women and girls, we will strengthen the capacity of staff to provide integrated services, increase access to and uptake of these services, and improve outcomes.



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 certain 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 Amalima Loko program, which introduced male champions in Matabeleland North. Nutrition 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.

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, country 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 for local and national organizations on in-patient management of SAM with complications in stabilization centers. We have trained 46 national and local organizations and provided supportive supervision—including on-the-job training, coaching, and action plan follow-up and updating—throughout the ensuing year.





INNOVATION AND OPERATIONAL RESEARCH

International Medical Corps' nutrition research expands the global knowledge base on what works to improve nutrition programming across humanitarian and development settings. Our body of research includes barrier-analysis studies; detection of malnutrition, including 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. For example, we are finalizing a research study

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. Another example is a study in Somalia that assessed the effectiveness of treatment outcomes for children with severe wasting, using two approaches: facility-based treatment versus community-level care through integrated community case management. The results of our studies contribute to the global evidence base and could inform national and global policies, guidelines and strategies.



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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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