International Medical Corps

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 22 countries and territories, including Afghanistan, Cameroon, the Central African Republic, Chad, the Democratic Republic of the Congo, Ethiopia, Gaza, Libya, Lebanon, Jordan, Mali, Nigeria, Pakistan, Philippines, Puerto Rico, Somalia, South Sudan, Sudan, Syria, Venezuela and Yemen.

Malnutrition 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. It is especially prevalent among children under 5 and among pregnant and breastfeeding women and girls due to their increased nutritional needs, susceptibility to illness and cultural factors that may negatively affect health and nutrition.

Global Technical Engagement

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, the Nutrition Working Group of the Core Group. At the country level, we co-lead a number of national and regional nutrition clusters and working groups.

International Medical Corps is Technical Lead Agency for the GNC Operations Team, hosting a full-time program advisor who provides remote support and/or in-country deployments 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 2025 Joint Malnutrition Estimates, 150.2 million children under the age of 5 globally are chronically malnourished, while another 42.8 million are acutely malnourished. 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. According to the Global Nutrition Report, only 28% of countries are on track to halve the number of stunted children, and only 37% 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 affect 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.

Our programs promote 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. We also support nutritionally at-risk infants and their caregivers, providing early identification, monitoring, counseling 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 communities 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. Our aim is to create the kind of social and behavior change 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, reduce the occurrence of malnutrition, and increase opportunities to offer holistic services, respond to multiple needs and use resources efficiently.

In 2025 we piloted the 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 in Nigeria and Ethiopia. The results indicate that integrated services increased access for nutrition and services addressing violence against women and girls (VAWG) by reducing stigma and broadening the perceived purpose of sites. Establishing a counter-referral system has strengthened follow-up processes, enabling teams to confirm that VAWG and nutrition beneficiaries receive the services.

International Medical Corps' nutrition strategy for 2021–2026 has four "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 standards. Our approach calls for setting desired outcomes to determine what activities must happen to reach those outcomes.

  In Gaza, International Medical Corps provides nutrition services to support recovery and wellness, including comprehensive clinical nutrition services delivered by qualified clinical nutritionists working within multidisciplinary care teams; systematic nutritional screening and risk assessment; medical nutrition therapy for acute and chronic conditions; therapeutic diet prescription; and menu management. We manage diet-related non-communicable diseases including diabetes, hypertension and cardiovascular disease, alongside prevention and treatment of undernutrition and micronutrient deficiencies.

- **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.

  In Tigray, Ethiopia, we evaluated the use of a locally produced flour (Bah'gina) alongside standard ready-to-use supplemental food (RUSF) and ready-to-use therapeutic food (RUTF) for managing high-risk moderate acute malnutrition during supply disruptions. We found that while Bah'gina was more acceptable and palatable to caregivers and children, recovery rates were lower and default rates higher compared to RUTF, likely due to its poorer micronutrient profile and inconsistent ration use. Overall, the findings suggest that locally produced foods like Bah'gina may serve as a temporary fallback when supply chains fail, but they are not yet adequate substitutes for RUSF.

  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, on-job coaching, country exchange visits and learning exchanges. We also work to strengthen the capacity of ministries of health, local partners and local communities.

  Nine local organizations in Tanzania and Uganda received targeted capacity-strengthening support through the International Medical Corps advisor who is seconded to the GNC. In-depth organizational capacity assessments identified both technical and broader institutional gaps. Consensus-building workshops prioritized key capacity-development areas based on assessment findings. Our advisor developed and delivered tailored training packages, focusing on nutrition budget advocacy and anticipatory action.

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 have finalized a research study in Afghanistan to investigate the overall and relative effectiveness of reduced fixed dosage of 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. We also assessed the accuracy of weight-for-height measurements and determining the correct nutrition status and corresponding treatment of community health workers. The results of our studies contribute to the global evidence base and could inform national and global policies, guidelines and strategies. We also lead a task force that aims to generate evidence-based estimates of the impact of losing access to severe wasting treatment services on mortality that can directly inform advocacy, resource mobilization, and financing decisions.

International Medical Corps

www.InternationalMedicalCorps.org

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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