



NUTRITION

at the International Rescue Committee

More than 80 years after Albert Einstein helped create the International Rescue Committee, the number and intensity of humanitarian crises across the globe warrant a dose of Einstein-inspired innovation.



A community health volunteer in Northern Bahr el Ghazal of South Sudan assessing a child and providing treatment at home. Photo by Yolanda Barbera /The IRC

WHO WE ARE

The mission of the International Rescue Committee (IRC) is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. Our vision is that the IRC will lead the humanitarian field by implementing high-impact, cost-effective programs for people affected by crisis, and we will shape global policy and practice by sharing our learning and experience with others.

All IRC programs are designed to achieve meaningful change in people's health, safety, education, economic wellbeing and ability to influence the decisions that affect their lives. As part of these efforts, we work to implement proven interventions that facilitate the greatest potential for healthy women and children.

In acute emergencies, the IRC quickly identifies areas with emergency levels of acute malnutrition. The IRC implements community-based management of acute malnutrition (CMAM) to ensure that children and pregnant lactating women get the treatment they need. In critical situations, the IRC distributes cash, vouchers or blanket feeding to those at greatest risk of malnutrition.

As countries evolve from emergencies to rebuilding, the IRC prioritizes the prevention and treatment of malnutrition. We focus on providing high-impact interventions at the critical time between the start of a woman's pregnancy and her child's second birthday. These 1,000 days are a crucial opportunity to support the health and survival of women and children at the highest risk of malnutrition.

The IRC addresses complex nutrition problems by improving access to primary health, reproductive health, water, sanitation, hygiene, early childhood development and economic programming. Our commitment to upholding optimal health includes a policy to only engage in partnerships that do not undermine breastfeeding or promote unhealthy food to children.

WHY OUR WORK MATTERS

Poor nutrition is often life-threatening but almost always avoidable. Treating malnutrition and promoting good nutrition for women and children are some of the most effective ways to advance well-being. But for millions in crisis-affected areas, access to critical services and resources remain out of reach—changing the course of a lifetime.

- **Acute malnutrition in children.** 50 million children are suffering from acute malnutrition, which is linked to nearly half of all deaths of children under the age of five. The vast majority of these children do not have access to treatment.
- **Micronutrient deficiencies.** In crisis settings, mothers and children lack access to nutrient-dense foods. For children, this can lead to night blindness, poor immunity to severe infections, and a restricted ability to grow and learn.
- **Suboptimal infant and young child feeding practices.** Optimal breastfeeding and complementary feeding can prevent nearly 20 percent of all child deaths. In crisis settings, breastfeeding is even more critical since children have limited access to food, water and protection from illness. Though breastfeeding is the most effective public health intervention to decrease child mortality, it receives the least donor attention.

THE IRC IMPACT IN 2015



743,000
children screened for
acute malnutrition



186,000
children treated for
acute malnutrition

WHAT WE DO

IRC practitioners provide technical assistance to more than 30 country programs. Technical advisors are charged with staying abreast of the best available research and practices in their respective fields and sharing these with the IRC's frontline teams. They also lead advocacy strategies to encourage partners and policy makers to adopt the interventions proven to be effective based on our research and experience.

> Assessing and improving access to treatment

50 million children under the age of five are suffering from acute malnutrition. Only 10 percent of these children have access to treatment. As a member of the Coverage Monitoring Network, the IRC is dedicated to measuring exactly where children are failing to be reached and why. The IRC has conducted 15 coverage assessments across five countries where acute malnutrition exceeds emergency levels. In each of these countries, the IRC has developed strategies to address barriers or bring services closer to children in need. We want to reach them all.

> Bringing treatment for malnutrition home

Child mortality is unacceptably high in many countries because health systems are weak and services are far away. In order to address these barriers, we need to bring the vital treatment for malnutrition directly to the children in need. We know it is possible. Through integrated community case management, the assessment and treatment of diarrhea, malaria and pneumonia have been simplified, allowing community health workers with little or no education to provide quality care. As a result, treatment for these leading killers of children is now available in some of the most hard-to-reach places.

Using this simple but revolutionary lesson, we want to transform access to treatment for malnutrition, which affects almost one in three children in areas of South Sudan. We are piloting a simplified protocol for the treatment of malnutrition. Using our tools, community health workers in South Sudan will be able to deliver treatment for malnutrition in some of the hardest-to-reach areas. We will research the effectiveness of the tools and measure the coverage and quality of treatment, as compared to facilities.

> Reimagining care on a continuum

The global approach to treating malnourished children requires a new way forward. Although acute malnutrition is a condition that changes along a continuum, children with severe and moderate acute malnutrition are treated separately with different protocols and therapeutic products managed by separate UN agencies. Due to resource and logistical constraints, the majority of programs only offer treatment for children with severe acute malnutrition. This eliminates



Women in Chad discuss barriers to treatment. Photo by Casie Tesfai/The IRC

access to treatment for many children with moderate acute malnutrition, even though the condition is associated with more absolute nutrition-related deaths than severe acute malnutrition. To address these gaps, the IRC is leading research to improve the treatment protocol for acute malnutrition so that all children—regardless of where they fall on the spectrum of malnutrition—are treated in one program. This will improve the impact, quality and continuity of care and allow us to reach more children.

> Addressing failures in infant and young child feeding

Breastfeeding is one of the most effective ways to reduce the death of children, yet only 39 percent of children under six months of age are exclusively breastfed in developing countries. Infant and young child feeding programs receive only 15 percent of nutrition funding. Many breastfeeding programs focus on educating mothers with generic messages, an approach that fails to address the true barriers to breastfeeding, such as a lack of skilled support. The most common challenges include suboptimal healthcare practices, cultural misbeliefs and inappropriate marketing practices that discourage breastfeeding. The IRC identifies core barriers and works to address them directly. Through income, we work to increase an individual's choice over food that can incorporate cultural preferences and improve nutrition for young children.

THE ROAD TO OPTIMAL NUTRITION for women and children in the humanitarian context



PREGNANCY

- Breastfeeding promotion
- Micronutrient supplementation
- Addressing undernutrition
- Nutritional care in emergencies



DELIVERY

- Delayed cord clamping
- Skin to skin
- Early breastfeeding in first hour
- Neonatal Vitamin A
- Kangaroo Mother care



FIRST 6 MONTHS

- Social campaigns
- Lactation counseling
- Mother-to-mother support groups



BEYOND 6 MONTHS

- RUSF/LNS in emergencies
- Cash/vouchers and complementary feeding promotion
- Micronutrient supplementation
- Early childhood development



Nutrition officer screening children for malnutrition in a health facility in Northern Bahr el Ghazal State in South Sudan. Photo by Yolanda Barbera /The IRC

The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 30 countries and 22 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

New York

International Rescue Committee
122 East 42nd Street
New York, NY 10168-1289
USA

Rescue.org

Photo Credit (front): Children in Mali are measured and weighed to identify cases of malnutrition. J. Zocherman/The IRC