

International Medical Corps

Advancing International Medical Corps' Comprehensive Climate Response: The Year in Review

October 2024

Cover image: Somalia

SECTION 1

Our Approach

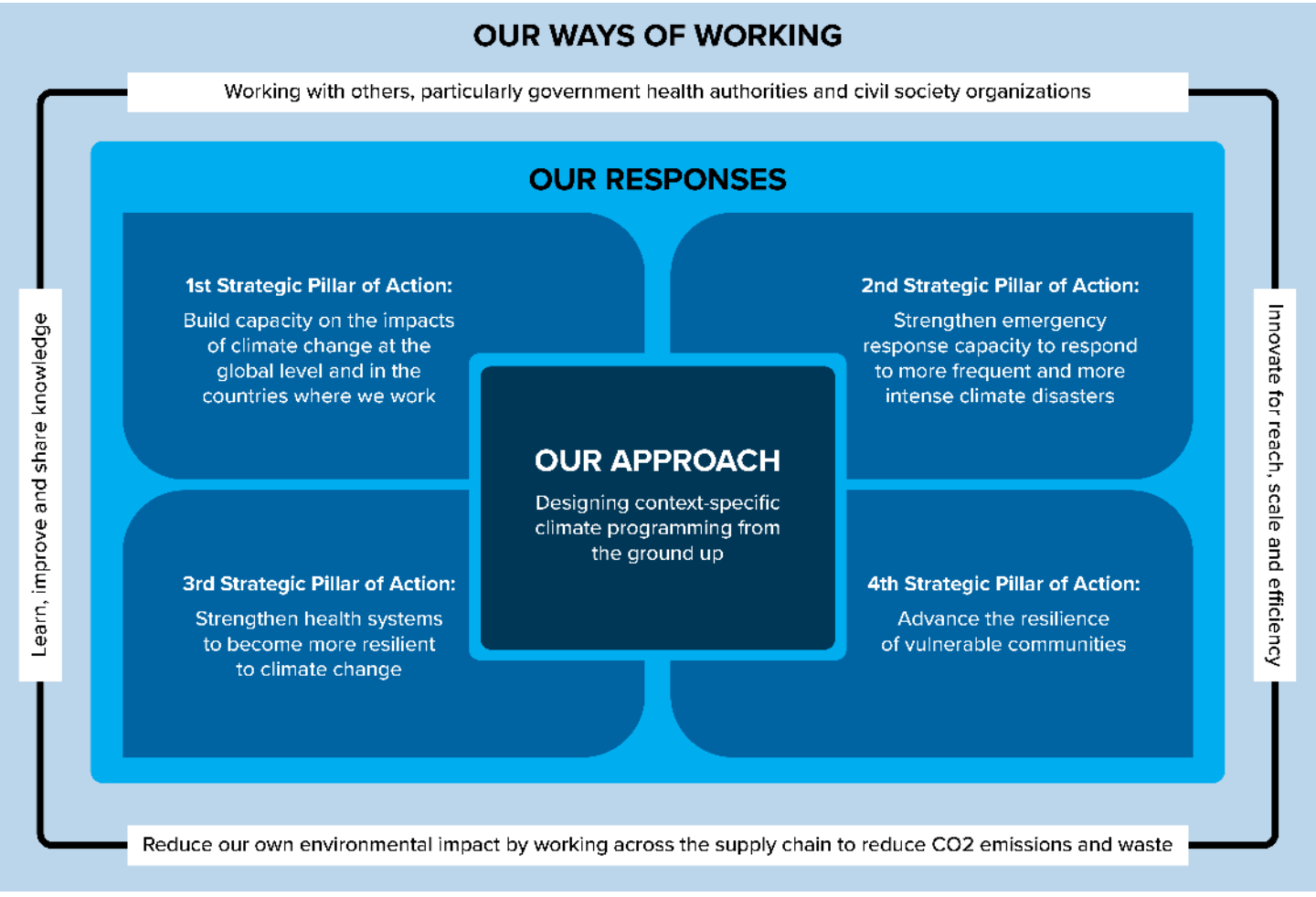
In 2023, International Medical Corps committed to addressing the impacts of climate change and helping communities adapt to a hotter, more disaster-prone and dangerous world. Over the last year we have rapidly expanded our response to the climate crisis, with a focus on evolving strategies that are context-specific and developed from the ground up.

Our dual approach combines our work to "climate proof" existing humanitarian projects with the design of new, scalable interventions that respond to the increased adverse impacts of climate change on people's health and well being.

Our approach, and the related design and delivery of climate programming, is:

- **Focused on climate.** The objective and focus of interventions are in line with the specific climate-related threats that are forecast to affect particular communities.
- **Focused on impact to populations.** Our interventions demonstrate visible benefits for crisis-affected people.
- **Novel and engaging.** Because we test new approaches, we are able to demonstrate our wide-range of capabilities regarding climate adaptive programming through our interventions.
- **Cost effective.** Our interventions demonstrate a high level of cost-effectiveness.
- **Co-created with local community and stakeholders.** At each stage in the intervention process, our team engages with local stakeholders from government, academic institutions and civil society organizations to ensure that our solutions are culturally relevant and sustainable, and effectively address needs.
- **Driven by robust learning.** Our team designs a learning approach to capture the intervention process and to understand how we achieved climate adaptive outcomes—part of a continuous learning agenda.

FIGURE 1: Overview of International Medical Corps' approach to climate programming





Ethiopia

SECTION 2

Our Responses

Over the past 12 months, we have focused on programmatic interventions that tackle a variety of issues, including health, nutrition, food security and livelihoods (FSL), and water, sanitation and hygiene (WASH). Starting with pilot initiatives in four countries, International Medical Corps is now at various stages of assessing, designing and implementing climate adaptive programming across a range of countries, including Afghanistan, Cameroon, Democratic Republic of the Congo, Ethiopia, Gaza, Jordan, Lebanon, Mali, Nigeria, Pakistan, Somalia, South Sudan and Zimbabwe.

In 2023, we said we would work on four strategic pillars of action. One year on, we are making significant progress in all four areas.

Pillar One

Build capacity on the impacts of climate change at the global level and in the countries where we work. We have:

- produced country briefs on the impacts of climate change on health, nutrition, water security and FSL in countries where we work;
- developed the capacity of country teams and technical advisors to better design climate-adaptive programs with a set of training sessions tailored to each country;
- included climate threats into multisectoral needs-assessments, and started development of an adapted AI-based proprietary application to drive rapid programmatic decisionmaking based on data collected;
- developed and facilitated training to assess, implement and monitor climate interventions, and facilitated experience sharing for local and national NGOs on climate change and programmatic responses; and
- actively led and participated in external platforms and working groups within the humanitarian and global health systems to better understand the effects of climate change in the sectors in which we work.



Democratic Republic of the Congo

In 2023 and 2024, International Medical Corps collaborated with the International Council of Voluntary Agencies (ICVA) to develop and facilitate "Strengthening Local Humanitarian Action to Respond to Climate-induced emergencies," a program that helped six local and national NGOs from Ethiopia, Kenya and Somalia conduct capacity self-assessments for climate change programming, and develop and share knowledge and skills to design, fund and manage these programs. International Medical Corps has also included climate change topics across its training offerings, including Building a Better Response and the National NGO Program on Humanitarian Leadership, which we run in collaboration with Concern Worldwide and the Harvard Humanitarian Initiative. So far in 2024, 233 participants from 30 countries have participated in the climate elements of these training programs.

Pillar Two

Strengthen emergency response capacity to respond to more frequent and more intense climate disasters. We have:

- worked with ministries of health to conduct emergency preparedness activities for climate shocks, including developing plans, providing additional training, procuring emergency supplies and prepositioning buffer stocks;
- conducted regular data collection, analysis and reporting on climate-sensitive diseases to inform decisionmaking and trigger early response actions;
- incorporated climate related emergencies into our Emergency Preparedness and Response Plan Tool; and
- developed contingency plans at the country-office level to respond to these emergencies.



In **Mali**, we are collaborating with regional health authorities to develop district-level preparedness and response plans for climate change health impacts in Timbuktu.

Pillar Three

Strengthen health systems to become more resilient to climate change. We have:

- developed training materials and trained health professionals at the community, primary healthcare and secondary healthcare levels about the impacts of climate change on health (including organ systems and related first response actions/case management), WASH and nutrition;
- held community health education sessions focused on the health impacts of climate change;
- developed interventions to address health conditions—specifically, impacts by climate change, such as a rise in non-communicable diseases;
- installed solar-energy systems in health facilities to ensure reliable power supply for continuous healthcare services, and to reduce carbon emissions and energy costs;
- adapted the design of health facilities, and women's and girls' safe spaces, by improving ventilation to mitigate the impacts of extreme heatwaves;
- rehabilitated and restored water and sanitation systems in health facilities and communities to decrease their vulnerability to flooding, improve access to safe water, and reduce carbon emissions by implementing flood-resilient latrine structures, solarizing boreholes and upgrading shallow wells to hybrid solar systems with a generator backup; and
- improved temperature control in warehouses and storage to ensure that medications and nutrition commodities are kept at optimum temperatures.



In **Mali**, we trained 85 community health workers (CHWs) on climate and health messaging. Between CHWs and a media campaign, these messages reached more than 51,000 people—32.7% of the program region's population.

In **Zimbabwe**, we trained 56 climate-change champions, who facilitate climate adaptation dialogues in their communities.

In **Somalia**, thanks to a new solar-power system, skilled birth attendants at the Baidoa Maternity Center can now provide basic emergency obstetric and newborn care 24/7. Energy costs have fallen by more than 50% at solarized health facilities.

In **Pakistan**, we installed 75 climate-resilient communal hand pumps, reaching more than 7,500 people.

Pillar Four

Advance the resilience of vulnerable communities in the face of climate change. We have:

- developed guidance notes that can be easily adapted to country contexts and used to create public awareness messaging around climate change, and the health, sexual and reproductive health, WASH, FSL, mental health and nutritional impacts of climate change;
- trained communities on how to pursue resilient, low water gardening to grow nutrient-rich foods;
- trained women and girls in climate change-affected areas in alternative livelihoods, enabling diversification and increased climate resilience;
- trained WASH Management Committees on climate resilience, including managing and operating WASH systems and cost-recovery mechanisms for sustainability; and
- implemented community-level rainwater harvesting to supply clean water, contributing to groundwater recharge and reduced stress on scarce groundwater resources.



In **Zimbabwe**, we've implemented two one-hectare community nutrition gardens at high-yielding perennial solarized water points, benefiting 100 caregivers of children 6–59 months, as well as all children identified to be at-risk of malnutrition.

In **Pakistan**, we've trained 100 water management committee members.

SECTION 3

Our Ways of Working

In all this work, we said we would do the following things.

Work with others, particularly with government health authorities and civil society organizations. And we have:

- worked closely with government ministries—particularly ministries of health at both the national and sub-national levels—on preparedness planning, capacity building and project design;
- supported the attendance of government ministers at COP28;
- worked with international partners from the UN and international NGO communities in the design and delivery of activities; and
- played an active part in humanitarian and international health platforms raising awareness and sharing knowledge on climate change-related programming, including IASC, global and country clusters and the ATACH alliance.

Innovate for reach, scale and efficiency. And we have:

- often been the first actor addressing the health and nutrition consequences of climate change in the areas where we work;
- identified and tested approaches for smaller investments that enable communities to be self-reliant in times of drought and food scarcity, including nutrition gardens and novel irrigation systems in Zimbabwe; and
- focused on including climate-related activities in existing work, to build on our existing skills, materials and relationships, which decreases set-up and running costs.

Learn, improve and share knowledge. And we have:

- developed a specific learning process to capture learning and results from our climate-related work;
- engaged in knowledge sharing networks, such as the Academic Network for Sexual and Reproductive Health and Rights (SRHR) Policy's Climate Change Working Group, the SRHR and Climate Justice Coalition, and the WASH Cluster Technical Working Group; and
- shared our initial learning in fora including the Global Health Cluster, Humanitarian Networks and Partnerships Week, and the Forecasting Health Futures Global Summit.



Mali

Reduce our own environmental impact by working across the supply chain to reduce CO2 emissions and waste. And we have:

- reduced our air shipments from representing 30% of our international shipments in 2022 to 18% in 2023, and prioritized ocean transport;
- investigated, and are transitioning to, lightweight deployable items;
- purchased supplies locally first, explored partnerships with sustainable suppliers and encouraged the use of eco-friendly materials in procurement;
- established a second warehouse in Dubai to create a more field-centric approach and complement our existing US warehouse;
- entered into a joint procurement initiative in the Central African Republic, led by HULO;
- developed solarization guidance (including methodology for implementation, case studies and return on investment);
- developed a standard operating procedure to promote and support fleet optimization;
- developed and disseminated an eLearning curriculum on eco driving; and
- promoted digital tools to reduce paper use.

Implementing alternative energy and green initiatives for International Medical Corps-supported solar-powered communal water systems facilitated sustained access to water for 432,626 community members in 2023, avoiding the use of more than 1,650,384 liters of fossil fuel.



Somalia

SECTION 4

Our Continued Calls to Action

As we move into 2025, we will expand our activities. In doing so, we uphold our same calls to the international community that we made in 2023.

1. Recognize that people living in fragile and conflict-affected states are disproportionately vulnerable to the negative impacts of climate change on their health and well-being, and that it is particularly difficult for the health systems of these states to build resilience to climate change.
2. Recognize the importance of healthcare and nutrition as key pathways to community resilience to climate change, and integrate healthcare, nutrition, WASH and psychosocial support activities into existing humanitarian "resilience building" activities and into climate-change adaptation activities.
3. Respond to the very real threat that climate change poses to existing humanitarian programs, and take action to decrease risk to vulnerable populations currently receiving humanitarian assistance.
4. Prepare for the increased scale, frequency and complexity of imminent climate-related disasters, restructuring the existing international humanitarian architecture to be more flexible and adaptive.
5. Recast the relationship between humanitarian and developmental assistance, to enable communities to be better prepared and more resilient to disasters.
6. Develop and share programmatic approaches for supporting health system resilience, as well as other areas of "climate-aware" programming, moving beyond policy pronouncements to create concrete, operational practices in resource-poor contexts, particularly in fragile and conflict-affected states.

FOR MORE INFORMATION, CONTACT

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