Families and communities remain central to the well-being of all who are part of them—from the very young to the very old.

The strength and health of these fundamental social building blocks lie at the core of achieving the United Nations’ Sustainable Development Goals for ending poverty and advancing social development and better health for all by 2030. Family and community health programs are crucial to meeting public health needs, especially for those living in fragile environments.

In a world where an estimated 400 million people lack access to even the most basic health-related services, International Medical Corps provides this care for those in remote, underserved areas as well as for residents of urban communities hit by conflict, disease or natural disaster.
We work with community residents and their leaders to improve access to these basic services. We train and equip existing local healthcare workers and volunteers so they can better contribute to the health and well-being of their own communities by offering a range of preventive, promotional and curative services.

**COMMUNITY HEALTH**

International Medical Corps engages community health workers (CHWs), volunteers and prominent community residents, including religious leaders, traditional healers and birth attendants, women group leaders, and informal and unlicensed medicine sellers.

**Building Capacity at the Community Level.**

We train CHWs, volunteers, community representatives and other local partners on issues ranging from communication and community mobilization skills, to health education and hygiene promotion messaging. We then provide them with the tools they need to be productive, such as training manuals (to use as reference), bicycles, loudspeakers and data-collection forms. During COVID-19, we provided them with appropriate personal protection equipment (PPE) to reduce the risk of transmission among community residents. We link communities with health facilities through our health workers and volunteers, who can make referrals to clinics when higher levels of healthcare are needed. Our CHWs and volunteers support broad health initiatives, such as vaccination campaigns, help with follow-up tracing to find those who failed to attend services on planned visits, help with local health services and support integrated community case management (iCCM) initiatives, an approach that relies on local residents—including CHWs—to treat common childhood illnesses such as diarrhea, chest infections, malaria and malnutrition.

During the COVID-19 pandemic, the community health component of our work has been critical in conveying accurate health information to local residents, helping to mitigate the risk of rumors and myths. With extensive experience in past immunization drives, our community health teams are well placed to support future COVID-19 vaccination campaigns.

**LEBANON**

Our Community Health program focuses on refugee volunteers whom we identify as community leaders and influencers. We train them on health and communication issues so they can raise awareness about health and nutrition through health clubs established to address the needs specific to different age groups. If required, these community volunteers also refer patients to receive appropriate care at the nearest International Medical Corps-supported primary health clinic. Annually, the program sends nearly 25,000 individuals for health-related referrals and reaches roughly twice that number through awareness-raising activities.

**SUDAN (DARFUR)**

Because so many who live in Sudan’s sparsely populated Darfur region must walk miles to reach one of the few available health facilities, they often arrive too late, especially when a child is involved. As a result, the mortality rate for children under 5 remains high, especially for common childhood diseases like acute respiratory infections (ARIs), diarrheal diseases and malaria. With early detection and treatment of these illnesses crucial, community-level care can help reduce poor health and deaths among children. In the year that included the final quarter of 2019 and the first three quarters of 2020, our community health workers provided in-home treatment for 20,620 children under 5 diagnosed with malaria, ARIs and diarrhoea, and referred 25,126 more serious cases to the nearest health facilities.
DISEASE CONTROL

In the past three decades, poorer nations have seen significant improvement in some key health indicators and well-being. However, the world today needs to address the double burden of disease from communicable and non-communicable diseases, plus war-related injuries. World Health Organization estimates show that non-communicable diseases account for seven of the top 10 causes of death worldwide, pointing to an increased need to focus on preventing and treating cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, as well as tackling wounds and other injuries in all regions of the world.

However, people in low-income countries are still far more likely to get sick and die of a communicable disease. Lower respiratory infection was the leading cause of death among newborns and young children in 2019, followed by diarrheal diseases, malaria, TB and HIV/AIDS. Recent years have underscored the ever-present risks of epidemics such as cholera, measles, Ebola, SARS and COVID-19.

We confront the threat of communicable disease through several means, including disease surveillance and effective preparation of responses, including prepositioning supplies and developing contingency plans. We educate community members on effective steps to prevent and control infection, and provide technical support and training for disease control.

We do this work mostly in places where community-based healthcare services are either weak or nonexistent. In addition to routine care, our healthcare programs include treatment for those in need of mental health and psychosocial support, for survivors of gender-based violence and for those suffering from severe malnutrition.

BURUNDI

Burundi has been affected by a protracted malaria outbreak that affected 75% of its 12 million people in 2018–2019. We supported the government’s Malaria Response Plan in three northern provinces and helped the Burundian Ministry of Health (MoH) develop training tools, including an iCCM handbook for community health workers. We also conducted training-of-trainers sessions for national and district levels trainers, and schooled close to 1,000 community health workers on iCCM.

YEMEN

In 2016, our Yemen team responded to what would become the world’s largest cholera outbreak on record, supporting cholera treatment centers and oral rehydration points, and providing communities with health education, hygiene promotion and information about other available services. Although greatly reduced by 2018, cholera still persists today, exacerbated by the country’s weak health system and by armed conflict. In addition to responding to communicable disease outbreaks such as cholera and dengue fever, our Yemen staff has also responded to the COVID-19 pandemic by supporting health facilities with PPE and by training community health volunteers to communicate accurate information and mitigate the effect of myths and rumor.
A pre-eminent first responder for more than 35 years, International Medical Corps provides emergency relief to those struck by disaster, no matter where they are, no matter what the conditions, working with them to recover, rebuild and, through training, gain the skills and tools required to achieve self-reliance.

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International Medical Corps is headquartered in Los Angeles, CA, and has offices in Washington, DC; London, UK; and Split, Croatia. For contact information, visit InternationalMedicalCorps.org/contact.