International Medical Corps was established in 1984 by volunteer doctors and nurses to address the critical need for medical care in war-torn Afghanistan during the Soviet occupation.

More than 35 years later we are still there, delivering services that improve the health, livelihood and social standing of nearly 6 million people.

International Medical Corps operates a broad range of assistance programs for Afghanistan’s most vulnerable groups, including the internally displaced, refugees, returnees, host communities, women and children. Our main activities in Afghanistan include providing primary and secondary healthcare, training, education, emergency response, disaster resilience, mental health and psychosocial support (MHPSS), gender-based violence (GBV) services, water, sanitation and hygiene (WASH) and community empowerment.
Decades of uninterrupted civil war and the lack of education and employment opportunities for women have taken their toll on Afghanistan’s population and health infrastructure.

Continued armed conflict makes security tenuous for civilians, who often find it difficult to obtain basic services when much of the country is inaccessible due to rugged terrain, poor infrastructure and unstable security conditions.

Despite the security challenges, International Medical Corps continues to support Afghanistan’s healthcare needs.

Current programs across Afghanistan include primary healthcare, WASH, MHPSS, GBV prevention and treatment services, and emergency response, including non-food items, tents, winterization kits, cash assistance, steps to achieve disaster risk reduction and COVID-19 pandemic response. We are also well-positioned to support the nascent peace process in Afghanistan by providing assistance to areas formerly controlled by armed opposition groups.

In 2020, International Medical Corps programs in Afghanistan improved the health of approximately 76,000 children under the age of five.
EMERGENCY RESPONSE AND DISASTER RISK REDUCTION

International Medical Corps is implementing a relief program for internally displaced persons (IDPs) in the four eastern provinces of Nuristan, Kunar, Laghman and Nangarhar.

The program includes:

- working with other humanitarian actors to conduct needs assessments of conflict-affected IDPs;
- responding to critical winter-related needs of eligible IDPs by providing cold-weather clothing and blankets, cash for winterization assistance and prepositioned non-food items;
- supporting IDPs and host communities by mainstreaming protection and awareness activities, conducting post-distribution monitoring activities, and tracking the distribution and reserve supplies of key items; and
- collaborating with Afghan government departments, UN agencies and other stakeholders.

INTEGRATED HEALTH CARE AND NUTRITION

International Medical Corps uses mobile health units, fixed centers and first-aid trauma posts (FATPs) to provide primary and community health and lifesaving medical services in Kunar, Nuristan and Paktika provinces. In 2020, we provided 39,793 health consultations and emergency medical services to 5,873 people affected by conflict. We also provided reproductive health services to 2,378 women, including antenatal care, delivery assistance, postnatal care and family planning.

Our work in these areas has helped reduce suffering and improved the capacity of health facilities to respond effectively during disasters.

GENDER-BASED VIOLENCE (GBV)

International Medical Corps works to discourage attitudes and behavior that contribute to GBV incidents in Afghanistan. We also use targeted social- and behavior-change activities, such as community dialogues and awareness sessions about GBV and other issues—including mother and child health, vaccination and human rights—to achieve this goal and reduce the stigma of survivors.

The current government program to address GBV issues serves nine provinces—Baglan, Balkh, Bamyan, Dikundi, Fryab, Jawzjan, Kabul, Kuduz and Samangan—ensuring that both medical and psychosocial support are available to GBV survivors through family protection centers and community-based support mechanisms. In partnership with the Ministry of Public Health, we have established a capacity-building plan to continue key GBV activities in targeted communities: in 2020, we trained 979 health workers and other key actors on GBV-related issues, and provided psychosocial and case management services to 11,518 GBV survivors and vulnerable individuals.

Our 22 mobile teams operate in four provinces. Each team includes two or three psychosocial counselors (one or two GBV counselors, depending on their caseload, and one MHPSS counselor), a midwife and two community mobilizers (one male and one female). Mobile teams make it possible to reach remote areas where many of the returnees and IDPs are scattered. The teams engage in prevention and response work in these communities, conducting awareness-raising activities and providing services to men, women and girls.

Our community mobilizers work to increase general knowledge of GBV issues and the services available to address them. We engage with influential groups—including elders, school principals and religious leaders—to organize community dialogues. The team also works closely with key actors, including local health facility staff, community focal points, our mobile psychosocial support and counseling teams and family protection centers in each province to protect anonymity and arrange discrete referrals. We identify one male and one female in each community who become focal points and facilitate referrals for our services.

Because we recognize case management as a key component of our response to GBV, our mobile teams provide non-medical case management to GBV survivors, following Inter-Agency Steering Committee guidelines.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

We provide MHPSS services to help individuals and communities rebuild social structures after an emergency or critical event. We train MHPSS counselors to detect mental health needs and provide support as part of an integrated mobile team; training includes mental health case management, psychological first aid, and WHO’s Problem Management Plus (PM+) and Self-Help Plus (SH+). Counselors provide both group and individual counseling to people who have been exposed to distressing life experiences, such as conflict, natural disaster and displacement, and refer people with severe mental health conditions to appropriate health facilities.
WATER, SANITATION AND HYGIENE (WASH)

International Medical Corps provides WASH services to Afghan IDPs, returnees, host communities and refugees crossing from Pakistan into the Torkham, Achin and Batikot districts of Nangarhar province, and the Barmal district of Paktika province. In 2020, we provided more than 222,141 people with hygiene-awareness instructions, built 20 boreholes and two water supply networks, and trained 100 WASH committee members on infection prevention and control (IPC) measures.

We integrated COVID-19 awareness into our programming, reaching 676,750 people with awareness messaging and training 364 community health workers and 160 community hygiene promoters. In addition, International Medical Corps provided 12,571 families with hygiene kits. Through our telehealth hotline at the 50-bed COVID-19 hospital in Nangarhar province, we provided COVID-related information to 2,373 people. Hotline staff members work in eight-hour shifts to provide 24/7 service to the community.

Research for Health in Humanitarian Crises (R2HC)

This research, carried out in South Sudan and Afghanistan through a partnership between International Medical Corps and Columbia University, will contribute to the evidence base and existing guidelines for post-abortion care (PAC) in humanitarian crises. Together with other ongoing research, it will help us better understand overall trends regarding access to—and use of—PAC services in these settings.

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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