

Health Services Support

IMPROVING LOCAL
HEALTH SERVICES

Efficient, well-organized and well-supported health services can be life-changing and life-saving for many of the more than 3 million children under 5 and more than 300,000 pregnant women die each year globally from preventable causes.

We focus our support for health services in three specific areas: health systems, health resilience and health information. In 2020, we supported more than 1,500 health facilities, including hospitals, primary care clinics and mobile clinics. We help local health authorities provide primary and secondary healthcare services and work with national governments and local community leaders to ensure that basic healthcare is available and affordable for all.

Training and education are central to the support we provide. We train health service providers and, if needed, recruit trained medical professionals to fill gaps in the healthcare service system.

HEALTH SYSTEMS

A strong health system delivers quality services when and where they are needed. Though the structure and function of health systems vary, all require well-maintained, accessible facilities, adequate medical supplies and efficient logistics. Such systems also need a well-trained, adequately compensated workforce, reliable information on which to base decisions and policies, and robust financial support.

Our goals for health systems at International Medical Corps include:

- ▶ improving the overall quality of health services delivered throughout the continuum of care, from community clinics to district hospitals and tertiary-level facilities;
- ▶ promoting accountability for healthcare delivery among consumers and providers alike;
- ▶ strengthening district-level health service management, including planning, monitoring and supervisory support for logistics, as well as such administrative issues as health information management, disease surveillance and pharmaceutical supply chains; and
- ▶ supporting ministries of health through such measures as gap analyses, developing national policies and protocols, or adapting international protocols.

OUR EXPERIENCE

We responded to the West African Ebola outbreak in 2014–2016, where we were one of the few international NGOs to treat patients afflicted with the virus at the source of the epidemic. We worked in all three high-transmission countries—**Liberia, Sierra Leone** and **Guinea**—as our community-based health program teams worked with influential traditional healers to help convince relatives to avoid touching the remains of a loved one during funeral rituals. We also drew on our knowledge of technical specialties to address mental health, nutrition, and water, sanitation and hygiene (WASH) issues. We have continued to respond to Ebola outbreaks elsewhere, including the **Democratic Republic of the Congo (DRC)**.

In **South Sudan**, we support international and national midwifery tutors employed at the country's three midwifery and nursing schools. Since 2008, we have guided 459 students through a rigorous two-year course to graduate as nurses and midwives.

In several countries, including **Nigeria, Cameroon** and the **DRC**, we are strengthening global polio eradication efforts. Our work contributed to the August 2020 declaration from the independent Africa Regional Certification Commission for Polio Eradication (ARCC) that the African continent was free of wild poliovirus.

In **Lebanon**, we are one of the Ministry of Health's largest health partners, supporting more than 50 of the country's network of primary health clinics. In the wake of the August 2020 Beirut Port explosion, our mobile medical units responded to treat survivors in severely damaged areas, providing more than 1,200 medical and 1,500 psychological first-aid consultations.



About 44% of WHO member states have less than 1 physician per 1,000 people; in Sub-Saharan Africa, the figure is 0.2 physician per 1,000 people.



During 2020, our healthcare teams conducted more than 5 million consultations, including 1.4 million that involved children under 5.



Globally, about four in 10 people over the age of 15 have no official record of their existence—either birth, death or present life.



In 2020, our medical teams treated 614,124 children under 5 for acute respiratory infections.





HEALTH RESILIENCE

Health resilience is the ability of a community to strengthen public health and healthcare systems to withstand adversity, adapt to its impact and recover quickly. Training and capacity-building through specialized schooling and in-service training are key elements of health resilience, and lie at the core of our work. We believe that strengthening health resilience requires us to:

- ▶ improve individual health habits *before* a crisis hits, enabling communities to better absorb sudden shocks, then remain resilient during and immediately after a crisis;
- ▶ foster social behavior change, along with infection prevention and control practices, to better shield communities from communicable diseases;
- ▶ invest and implement reforms that restore and improve health systems to levels equal to or beyond their pre-crisis status;
- ▶ ensure the availability of experts in key health and health-related area; and
- ▶ assess and fill gaps required to identify threats to resilience, and act to neutralize those threats at both local and national levels.

OUR EXPERIENCE

We have worked in some of the world's toughest environments to strengthen reproductive, maternal, newborn and child health.

In **Yemen**, we conducted refresher training for midwives on emergency obstetrics and newborn care (EmONC), in line with international theoretical and competency-based standards. We also are renovating a major hospital and eight other health facilities destroyed or badly damaged in fighting along Yemen's remote southwestern coast.

We have supported midwifery training programs in **Afghanistan's** remote and mountainous eastern areas bordering Pakistan.

In the **Central African Republic**, we provide lifesaving services through 56 health facilities, and through mobile medical units that can reach the country's most remote communities.



The nurses and midwives we have graduated in South Sudan since 2008 from the challenging two-year courses offered at the three midwifery and nursing schools we support have played a significant role in lowering the country's maternal and child mortality rates, which historically are among the world's highest. In mid-2021, more than 300 students were enrolled at the three schools.



In 2020, our programs worldwide supported 1,515 health facilities.





HEALTH INFORMATION

Reliable data on the health status of individuals and communities and on the quality of service are essential for evaluating healthcare programs. Accurate data are needed to assess individual and community public health, as well as the performance of health facilities.

Too often, good decisionmaking and reporting are hampered by poor data quality and gaps in health information systems. New information solutions today enable us to better maintain patient records, track outbreaks of disease and results of public health surveys, and assess population estimates and other trends. By the second half of 2021, nearly one-quarter of International Medical Corps country teams were using District Health Information System 2 (DHIS 2) software for some or all of their data management needs.

OUR EXPERIENCE

In northern **Ethiopia**, we conducted a research study to determine health, nutrition and social needs of urban

adolescents. The goals were to determine needs surrounding sexual and reproductive health (SRH), general health, well-being and nutrition, and income generation. The findings found six specific issues affecting the community's youth—including a lack of recreational space, which drove youth to engage in risky behavior in questionable locations, and an unwelcoming environment at local health centers.

In northern **Nigeria**, we helped train government staff to use smartphones to collect and transmit data on the progress of our polio eradication project there. In rural areas of **Ethiopia**, **Guinea** and **Sierra Leone**, we have improved data collection and analysis on disease surveillance at the community level.



Two-thirds of the 56 million deaths that occur annually are not registered, while nearly half the world's children go unregistered at birth.



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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.

CONTACT INFO: WEST AND CENTRAL AFRICA AND THE AMERICAS
Dayan Woldemichael, Senior Advisor, Global Health
dwoldemichael@InternationalMedicalCorps.org

EAST AFRICA, ASIA AND EUROPE
Bilaa Saleem, Senior Advisor, Global Health
bsaleem@InternationalMedicalCorps.org

THE MIDDLE EAST
Jill John-Kall, Senior Advisor, Global Health
jjohnkall@InternationalMedicalCorps.org

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.