

Family and Community Health



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 affected 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, birth attendants, women's group leaders, and informal and unlicensed medicine sellers.

International Medical Corps relies on its extensive network of locally recruited and trained CHWs and volunteers to deliver community-led health programs—such as integrated community case management (iCCM)—as well as to strengthen community surveillance, practice preventive measures for commonly occurring communicable diseases, promote behavior change and increase service demand at household and community levels through prevention and promotion models.

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, including training manuals and information, education and communication (IEC) materials to use for reference, bicycles, loudspeakers and data-collection forms. During the COVID-19 pandemic, 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 planned

visits), help with local health services and support of 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 was 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 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 that address the specific needs of different age groups. Community health clubs include people who are visually impaired, through use of informational materials in braille.

If required, community volunteers can refer patients to receive appropriate care at the nearest International Medical Corps-supported primary health clinic. The program sends nearly 25,000 individuals for health-related referrals each year, 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 respiration infections (ARIs), diarrheal diseases and malaria. With early detection and treatment of these illnesses, community-level care can help improve poor health and reduce deaths among children. In 2022, our CHWs screened more than 93,478 children; provided in-home treatment for 79,161 children under 5 diagnosed with malaria, ARIs and diarrhea; and referred more than 21,181 cases to the nearest health facilities for vaccination and nutrition services.



Each year, measles claims about 134,000 lives. Because of the COVID-19 pandemic, which led to many countries postponing measles vaccination campaigns, nearly 40 million children are now at risk of contracting the illness.

DISEASE CONTROL

In the past three decades, poorer nations have seen significant improvement in some key health indicators and overall well-being. However, many of these countries experience a double burden of diseases—both communicable and non-communicable—plus war-related injuries. WHO 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. However, people in low-income countries are still far more likely to get sick and die of a communicable disease. Infectious diseases—including pneumonia, diarrhea and malaria, along with pre-term birth, birth asphyxia, trauma and congenital anomalies—remain the leading causes of death for children under five. Recent years have underscored the ever-present risks of epidemics such as cholera, measles, Ebola, SARS and COVID-19.

International Medical Corps confronts the threat of communicable diseases through a variety of means, including disease surveillance and effective response preparation, such as 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 early identification and referral.

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.

ETHIOPIA

We have responded to various emergencies in Ethiopia, including COVID-19 in the Oromia region; flooding and cholera outbreak in Gedeo, Hararge and Sidama; and to the crisis in Tigray. Our interventions strengthened the capacity of the local health system, providing health extension workers, rapid response teams and members of public health surveillance teams with basic training on sample collection, transportation, and outbreak investigation and response, as well as comprehensive training for health workers about public health emergency management, helping to improve preparedness of woreda health offices, facilities and staff in case of disease outbreaks.



Vaccination is an important part of disease-control response that we carry out both in health facilities and in local communities, often as part of national or regional immunization campaigns.



In 2022, we vaccinated 192,489 children under 1 with three doses of pentavalent vaccine and 208,468 children for measles in various counties.



Since the start of the COVID-19 vaccine rollout, we vaccinated around 1.5 million people at International Medical Corps-supported health facilities and through outreach in the communities.



SOUTH SUDAN

During the pandemic, CHWs disseminated COVID-19 prevention messages in their communities, and identified and referred suspected COVID-19 patients from the community to health facilities using specific tools developed by International Medical Corps. CHWs also helped follow up with COVID patients receiving home-based care.





**International
Medical Corps**

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.

April 2023

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