

Family and Community Health

Families and communities are central to the well-being of the people 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 people living in fragile environments.

Through its programs, International Medical Corps provides care for communities and families in remote geographical and underserved areas.



COMMUNITY HEALTH

International Medical Corps relies on its extensive network of locally recruited and trained community health workers (CHWs), community health volunteers (CHVs), health-extension workers (HEWs), community outreach workers (COWs), and prominent community residents and community influencers (e.g., religious leaders, traditional healers, birth attendants, women's group leaders, schoolteachers and informal practitioners) to deliver community-led health programs.

Such programs offer a range of preventive, educational, promotional and curative services through various communication and community-engagement approaches. For example, we provide preventive and curative services for commonly occurring communicable and waterborne diseases, which reduces the risk of larger outbreaks. We also provide maternal, newborn and child health services such as identifying high-risk pregnancies; educating families on danger signs in pregnant women, newborns and children; providing essential medications, including antibiotics, iron, folic acid and multi-micronutrient supplementation and deworming tablets; conducting hygiene promotion activities; and providing long-lasting insecticide-treated nets, as well as water-, sanitation- and hygiene-related non-food items.

Our CHWs and volunteers work with local health authorities to roll out locally led initiatives, including vaccination-outreach activities, outbreak response and follow-up tracing for various diseases. In addition, we implement community case-management services, such as integrated community case management (ICCM), which relies on trained CHWs to provide early treatment for common childhood illnesses, including diarrhea, chest infections, malaria and malnutrition—preventing them from progressing to severe or life-threatening stages.

We implement ICCM in such countries as CAR, Cameroon and Mali. In Somalia, we use ICCM plus, which involves adapting ICCM activities to include nutritional screening and treatment for wasting (malnutrition) to prevent life-threatening complications.

We reached more than 3.7 million people worldwide in 2024 through these sustainable community-level activities, helping improve health outcomes among the most vulnerable communities.

BUILDING CAPACITY AT THE COMMUNITY LEVEL

To build the capacity of local communities and families, International Medical Corps implements initiatives for the community health workforce on a wide range of health topics and approaches. These include social and behavior change, interpersonal counseling, basic communication skills, basic training in disease prevention and treatment, and public health events on maternal, newborn, child and adolescent health. We also focus on vaccine-preventable diseases, communicable diseases, non-communicable diseases (NCDs), injuries and first aid, the health impacts of extreme weather and environmental stresses, hygiene promotion and awareness, referral pathways and links to social services.

We use numerous delivery methods, including formal and refresher training sessions, supportive supervision and on-the-job training. International Medical Corps provides CHWs with the tools they need to be productive, including training manuals, notebooks, flipbooks, data-collection tools and loudspeakers, as well as information, education and communication (IEC) materials. We also provide visibility materials such as bags, caps and jackets, to help CHWs be easily identified and recognized as trusted sources of accurate health information.

Through the community health workforce, International Medical Corps enhances the knowledge and awareness of the families and communities most in need of health services, encourages positive health-seeking behaviors and increases demand for the health services we provide in nearby health facilities. Depending upon the context, our health teams use the various community health approaches described to conduct community-based health resilience activities, including vulnerability capacity assessments and village-level preparedness activities. We also train community members and families on the key topics outlined above.

DISEASE CONTROL

People in poorer nations tend to experience a triple burden of disease: communicable disease, non-communicable disease and a high prevalence of malnutrition and undernutrition rates. Populations in these countries can also be affected by war-related injuries. Unlike high-income countries that experience a significant NCD burden, in lower-income countries, 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 5.

International Medical Corps helps communities by supporting disease surveillance and effective response preparation, such as prepositioning supplies and developing contingency plans. We collaborate closely with local communities to establish and enhance community-based disease surveillance systems; provide comprehensive training to CHWs on identifying and reporting disease outbreaks, and on how to ensure early detection and response of vaccine-preventable diseases; engage community leaders and members in awareness campaigns to educate them about the importance of disease surveillance and their role in it; and provide CHWs with the tools and supplies they need to collect health-event data in their communities and report them to relevant authorities.



OUR EXPERIENCE

LEBANON

Our community health program focuses on working with refugee volunteers we identify as community leaders and influencers. We then train these people 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.

In 2024, CHWs hosted about 2,400 age-based health clubs, reaching nearly 16,700 people on topics including maternal health, NCDs, the needs of pregnant and lactating women, and nutrition.

Our Lebanon team has also designed a training curriculum for CHWs and health clubs based on interactive learning approaches and IEC materials. We have educated 13 local and international NGOs in Lebanon using our high-quality community-health curriculum.

SUDAN

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 such common childhood diseases as acute respiratory 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 2024, our Sudan team has supported and trained 443 CHWs/CHVs. Through collaboration with three local partners, these health workers conducted more than 33,000 home visits and provided more than 16,400 health facility referrals for children under 5 suffering from malaria, diarrhea, ARIs, helminthiasis and more.

DEMOCRATIC REPUBLIC OF CONGO

We support the mpox epidemic response in North Kivu and South Kivu through case recognition, contact tracing and community engagement (CRCCE), and infection prevention and control (IPC) strategies. In 2024, we trained 440 CHWs and 72 healthcare workers, and distributed extensive CRCCE and IPC materials. As a result, we reached more than 424,000 people with mpox-awareness messages and escalated more than 1,500 alerts.



In 2023, there were an estimated 107,500 deaths from measles worldwide, mostly among unvaccinated and under-vaccinated children under the age of 5. That same year, the proportion of children receiving a first dose of measles vaccine was well below 2019 levels.

