International Medical Corps

# Family and Community Health

**Healthcare is central to the well-being of the people who make up families and communities—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. Strong 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 lifesaving care for families and communities 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, health-extension workers, community outreach workers, 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 and linking women with necessary care;
- educating families on indicators of risk for pregnant women, newborns and children;
- providing essential medications, including antibiotics, iron, folic acid, 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) and ICCM Plus, which relies on trained CHWs who 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 reached more than 2.8 million people worldwide in 2025 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 behavioral change, interpersonal counseling, basic communication skills, and basic training in disease prevention, treatment, and maternal, newborn, child and adolescent health (MNCAH). We also focus on vaccine-preventable diseases, communicable diseases, non-communicable diseases (NCDs), injuries, 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, such as information, education and communication materials. We also provide visibility materials 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 here 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/undernutrition. Populations in these countries can also be affected by war-related injuries. Unlike in high-income countries, the leading causes of death for children under 5 in lower-income countries include infectious diseases—such as pneumonia, diarrhea and malaria—along with pre-term birth, birth asphyxia, trauma and congenital anomalies.

International Medical Corps helps communities by supporting disease surveillance and 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

### Mali

In 2025, we supported the efforts of about 870 CHWs, peer educators and community actors and leaders to raise community awareness about the use of MNCAH services, essential family practices, the prevention of violence against women and girls, and available resources for survivors of such violence. These frontline workers reached more than 65,000 adults and adolescents.

We also strengthened epidemiological surveillance by collecting and transporting weekly data from hard-to-reach and underserved areas to district health authorities. For example, we supported investigations of two major health alerts for suspected cases of acute flaccid paralysis (AFP) in Gossi and suspected cases of diphtheria in Tirgari by collecting stool samples and sending them to the National Institute of Public Health. The response also included medical case management, contact tracing and reinforcement of community-based epidemiological surveillance.

### 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 2025, we trained 210 CHWs on the community health curriculum while working alongside primary healthcare centers


(PHCs), strengthening the integration of community health activities into PHC service delivery. About 14,500 people graduated from community health club sessions covering a range of thematic areas, including general health messaging, non-communicable diseases, nutrition and more.

### Democratic Republic of Congo

In 2025, in response to the 16th Ebola virus outbreak in Kasai province, we strengthened community preparedness for Ebola through capacity-building initiatives, providing nearly 240 CHWs with training on community-based surveillance and risk communication and community engagement. Following the training, these CHWs reached nearly 37,000 people with community awareness activities.

In 2024, there were an estimated **95,000 deaths** from measles worldwide, mostly among unvaccinated and under-vaccinated children under the age of 5. More than 30 million children remain unprotected from the disease, with three-quarters of these living in fragile or conflict affected settings.

## Nigeria

As part of the Core Group Partners Project (CGPP), we provided technical support during the investigation of suspected cases of rabies in Kano and Borno, and conducted capacity-building training on priority zoonotic diseases for professionals such as community-based surveillance-area veterinary officers. Through house-to-house mobilization, we supported the state Ministry of Health in promoting diphtheria vaccine uptake and referring eligible people, and we collaborated with the Kano Center for Disease Control and Infections and the Borno Public Health Emergency Operations Center on a multi-hazard preparedness and response plan.

We also lead active-case finding and community-based surveillance for AFP, including educational meetings with traditional and religious leaders, to improve reporting and address noncompliance, missed children and vaccine refusal. Additionally, we monitored the AFP surveillance network performance across all government levels. In 2025, CGPP's robust grassroots surveillance network screened more than 1 million children under 15 for signs of AFP and other vaccine-preventable diseases, resulting in the identification and reporting of 113 suspected cases, 46 of which were confirmed.

## Central African Republic

In 2025, we implemented a multi-pronged approach to strengthen community health interventions, and fully integrated the Ministry of Health's newly developed national community engagement policy. We trained 287 CHWs, reaching more than 22,500 people on a range of essential topics, including the identification and referral of people with mental health conditions, community-based management of acute malnutrition, immunization practices, community-based disease surveillance and epidemic early-warning systems. Some of these CHWs were specifically recruited and trained to track and support patients on antiretroviral therapy for HIV who had been lost to follow-up, as well as patients with tuberculosis, ensuring continuity of care and improved treatment outcomes. In addition, we established

73 women's groups across the health districts of Bamingui-Bangoran, Haute-Kotto and Vakaga. These groups are actively involved in tracking children who have received no vaccines and referring them to the nearest health facility for catchup immunization services.

In 2025, we vaccinated **more than 238,000** children under 1 with three doses of pentavalent vaccine and **more than 208,000** children for measles.

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.

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