

**International Medical Corps:
From Relief to Self-Reliance
(1984-2009)**

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Mianiase came to the Mugunga refugee camp just outside of Goma, Democratic Republic of Congo three and a half years ago after her village was attacked. The 35-year-old has been living here ever since with her six children, ages 1 to 13 years old. Her four-year-old son, Kikuru, shows the sure signs of malnutrition: stick-like limbs and a swollen belly. What's equally alarming is that his twin brother looks twice his size. Mianiase brought Kikuru to International Medical Corps' supplementary feeding center at the camp a few weeks ago. Three weeks have passed since he first started receiving treatment. "There has been a great improvement already," says Mianiase. "I am really happy with the work that International Medical Corps is doing."

It takes an average of 90 days for a moderately malnourished child to fully recover. That is after receiving medical and nutrition services including a corn-soy blend made with oil and sugar, as well as vitamin A, folic acid, and a de-worming medication called mebendazole. If there are medical complications, the child will be referred next door to International Medical Corps' primary health care center. It is only recently that the World Food Program (WFP) has had enough food. Back in April and May, the WFP had to cut rations because of constraints including shortages caused by the ongoing world food crisis. For people living in the camps – particularly children under age five, a decrease in food aid makes them all the more vulnerable to malnutrition.

Mianiase's other children are doing fine, in part because International Medical Corps is ensuring they have enough to eat and tracking their growth along with Kikuru's. With a 95 percent recovery rate, Kikuru is just one of the thousands of individuals whose lives International Medical Corps is saving in DRC and 25 more countries in Africa, Asia, and the Middle East, including Iraq, Darfur, Somalia, and Afghanistan.

INTRODUCTION

International Medical Corps is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Utilizing a uniquely holistic model, its mission is to improve the quality of life through health interventions and related activities that build local capacity in

underserved communities worldwide. By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, International Medical Corps rehabilitates devastated health care systems and helps bring them back to self-reliance.

HISTORICAL EVOLUTION

The establishment of International Medical Corps in 1984 was a development that had global significance, not because it added another name to the pool of international relief agencies, but because it proposed the emergence of a new kind of relief agency. By providing health care through training, International Medical Corps challenged the very definition of relief.

International Medical Corps was founded by Dr. Robert Simon, who, as a young emergency-room physician at UCLA Medical Center, was moved to take action after reading of the tragic plight of the Afghan people as a result of the 1979 Soviet invasion and subsequent occupation. All but 200 of the country's 1,500 doctors had been executed, imprisoned, or exiled, and all relief agencies had been ordered out of the country, leaving ill and injured civilians, pregnant women and children with essentially nowhere to turn for basic health care.

Simon began making trips to Afghanistan to provide medical assistance directly to civilians. But he also saw that the problem was much too big for one person to tackle and he spent much of the summer of 1984 contacting international humanitarian agencies about setting up operations in Afghanistan. To his dismay, each explained that their mandates did not allow them to work in the country. So in September 1984, he founded International Medical Corps, knowing that it would need to take a different approach to relief. "I saw right away that a few little clinics weren't going to amount to much," Simon recalls. "The real problem for the Afghans was how to reconstruct their entire medical system. Something more had to be done."

International Medical Corps quickly shifted its focus a few miles to the east, where, amid the relative stability of Pakistan's Northwest Frontier Province, it could set up a full-time Afghan medic training center. The U.S. Agency for International Development (USAID) liked this strategy and gave International Medical Corps its first grant for training. International Medical Corps recruited trainees from the most remote and underserved areas of Afghanistan who, at the end of their nine-month training, would travel back to their communities with a stock of essential equipment, supplies and medications to set up clinics to be resupplied every six months. At the end of one nine-month training period, the Afghan medics could diagnose and treat 75 to 80 percent of the injuries and illnesses they encountered in the field.

In 1986 Nancy A. Aossey joined International Medical Corps as President & CEO. "At that time, almost everyone in the relief community said training in a war zone couldn't be done," says Aossey. "The prevailing opinion was that you couldn't simultaneously provide relief and build local capacity in such an unstable environment. International

Medical Corps challenged that notion.” Under Aosse’s leadership, another USAID grant soon followed, and with this steady stream of support, International Medical Corps went on to produce significant results. By 1990, International Medical Corps had graduated more than 200 medics who helped established 57 clinics and 10 hospitals in 18 provinces throughout rural Afghanistan—serving more than 50,000 patients per month.

International Medical Corps has gone on to provide life-saving care in more than 45 countries worldwide. It deploys quickly in emergencies and then stays on to teach life-saving skills so that local people can become self-reliant. Its training assures continuity and a new level of care for those impacted by conflict, tragedy and extreme poverty.

Over the years, International Medical Corps has responded to the world’s most devastating man-made and natural disasters, including famine in Somalia, ethnic cleansing in Bosnia, the Rwandan genocide, and atrocities against children in Sierra Leone. More recently, International Medical Corps was one of the first responders after the 2004 Tsunami in southeast Asia, the 2005 earthquake in Pakistan, Hurricane Katrina in the US, and is among the dwindling number of humanitarian agencies still working in Darfur and Iraq.

PROGRAMS AND SERVICES

Twenty years ago, a simple idea provided the foundation for International Medical Corps’ first relief mission; namely, give local people the tools and knowledge to help themselves and the investment can sustain development beyond an existing crisis. A quarter of a century later, this idea of building the capacity of communities to tend to their own health care needs is accepted as a culturally appropriate, economically efficient, and politically stabilizing way to deliver assistance. It remains the signature component of every International Medical Corps program, even in the world’s toughest environments.

International Medical Corps focuses on the delivery of community-based primary health care. It emphasizes training and education, and prioritizes hiring local staff (96% of the field-based staff and health professionals are recruited from the local community). This helps to ensure that skills and knowledge are passed on and remain long after the programs have ended. Through the integration of specialties like emergency medicine, women’s health, nutrition services, water and sanitation, and mental health into the primary health care setting, programming ensures that those I.M.C serves receive holistic, comprehensive care.

Emergency Response

Over the past 25 years, International Medical Corps has responded to more than 50 countries on four continents, earning the reputation as a fast, reliable first responder. The emergency response teams have the ability to bring emergency health care, nutrition, water and sanitation, and other vital health services to those in urgent need. Because the period immediately following a natural disaster is critical for saving lives, I.M.C’s goal is to be on the scene and operational within 48 hours from when the decision is made to deploy. This is true even in the most challenging environments. Whether it’s reaching populations cut off from supply routes by natural disaster or assisting those displaced by

armed conflict, International Medical Corps brings life-saving medical care and relief swiftly and effectively wherever it is most-needed.

Capacity Building

Since its creation, one priority has set International Medical Corps apart from other relief groups; namely, its emphasis on capacity building. I.M.C's worldwide humanitarian efforts are defined by the commitment to give disaster-stricken communities the strength and skills to meet their own primary health care needs. Making education and training an integral part of the programming is essential for I.M.C, whether it is primary health care, HIV/AIDS and infectious disease, nutrition and agriculture, water and sanitation, or livelihoods and microfinance. I.M.C also works closely with host government agencies and partners with local non-government organizations to strengthen the health care infrastructure at all levels. In addition, I.M.C's expertise with sub-grants gives the local NGO's and other small, technically proficient groups the chance to gain experience on projects funded by major international organizations; using an integrated approach to development, including the creation of livelihoods programs backed by micro-credits to help populations move towards self-reliance. The focus on capacity building not only fosters self-reliance, but it also builds the kind of confidence, pride, and self-esteem essential for political stability and successful development.

Women and Children's Health and Well-being

Women and children suffer the most in emergencies. Of the millions affected by war, conflict, and natural disaster, 80 percent are women and children. Because of this, International Medical Corps prioritizes maternal and child health in its emergency responses so that the health of mothers – and their children – is addressed in the midst of a disaster. Once the crisis abates, the organization focuses on strengthening local capacity through formal training programs that empower the local community to provide maternal and child health services, even life-saving antenatal and postnatal care in areas where such tasks require high levels of cultural sensitivity. For children, I.M.C teaches new mothers feeding practices, provides immunizations, monitors growth, and prevents and treats the three big child-killers – acute respiratory infections, malaria, and diarrhea. By putting women and children at the core of its programs, I.M.C not only lift health levels but also helps to create stable and confident societies that are self-sufficient.

Mental Health

The drag of mental illness on many of the world's weakest nations, coupled with an alarming shortfall in treatment, led International Medical Corps to make sustainable, accessible mental health care a cornerstone of its relief and development programming. Today, International Medical Corps is one of the few international emergency response organizations with the capacity to address both the immediate psychosocial needs of communities struck by disaster and help those with pre-existing mental health disorders.

In emergencies, the problem is even greater, as the number of people suffering from severe mental disorders increases and those with pre-existing mental illnesses are exposed to new levels of stress. Given the devastating effect that mental illness has on the world's poorest nations, International Medical Corps incorporates mental health and well-being

into its programs to address the psychosocial needs of disaster survivors and help those with pre-existing mental disorders.

The social stigma of mental illness, together with the pressure of more visible, urgent public health care needs means I.M.C invariably begins their work in an environment with little — if any — existing capacity. To succeed in such conditions, International Medical Corps relies on a two-fold strategy for the delivery of mental health care: 1) maximize the use of existing government health care infrastructure, while also building positive relationships with community leaders and traditional healers who can be valuable allies as well as important guides through the local culture, and 2) strengthen host-nation capacity through training and mentoring professional staff and by promoting the creation of facilities that support care of the mentally ill, all with the ultimate goal of creating self-sustaining care. Aside from being cost-effective, offering services through existing primary health care centers at the community level is an accessible, non-stigmatizing way to offer local populations assistance for mental disorders without overtly singling out those who require subsequent treatment. A key aspect of the strategy is to train local paraprofessionals to recognize and treat the signs of mental disorders as part of mainstream, community level primary health care and to work at the grass roots level to change attitudes towards the mentally ill.

Clean Water, Sanitation and Hygiene

More than one billion people – 20 percent of the world’s population – live without clean water and nearly three billion live without adequate sanitation services. As a result, more than five million people die from waterborne diseases like diarrhea, cholera, and typhoid each year. Children are the most vulnerable – 4,500 die every day because they do not have clean, safe drinking water. Without clean water and sanitation, public health cannot be achieved. As a result, I.M.C incorporates water and sanitation into its community-based programs so that public health is not only possible, but also sustainable. The organization builds wells, latrines, and large-scale water treatment and waste management systems so that communities, even in the world’s most water-stressed areas, are no longer threatened by waterborne illness.

GOVERNANCE

International Medical Corps Worldwide is a global humanitarian alliance that comprises the resources and capabilities of two independent affiliate organizations, International Medical Corps and International Medical Corps UK. With headquarters in the United States and the United Kingdom, the two affiliates collaborate to maximize resource for the delivery of appropriate relief and development activities. International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization. Dr. Robert Simon and a team of volunteers intentionally developed the program to target humanitarian efforts directly.

Since it was founded as a direct response to a specific regional crisis, International Medical Corps’ increasingly complex structure has experienced rapid growth as its programming has expanded to over fifty countries worldwide. When President and CEO Nancy Aossey joined the organization in 1986, she utilized her experience as the

Chairman of the Board of InterAction, America's largest coalition of international relief and development organizations, to formalize the governing board and streamline administrative costs.

International Medical Corp's governing body consists of sixteen members. The executive body includes the founder, associate founder, treasurer, and secretary. The additional eleven U.S.-based board members are prominent leaders in the fields of health care, business and politics. There are four additional members of the Board of Trustees that are from the U.K. These board members, in addition to the regional directors, are responsible for fundraising and developing the mission to accommodate current international need.

Nancy Aossey, President and CEO of I.M.C, has earned wide acclaim for her leadership, and was named Non-Profit CEO of the Year in 2008 by the Los Angeles Business Journal. Dr. Robert Simon, who founded International Medical Corps in 1984 continues to participate in the organization and serves as Chairman of the Board.

FINANCES

The resources of International Medical Corps worldwide global operations consists of government and UN grants, private funds, and donated products and services. During 2008's fiscal year, these resources totaled more than \$120 million dollars. Approximately 92% of these resources went directly to program activities where every dollar in private contributions helped generate \$23 in additional cash and in-kind resources.

Over the last 25 years, I.M.C has been the recipient of numerous grants and partnerships. In 2008, about 56% of I.M.C's total public support and revenue consisted of contract and grant support. An additional 40% was comprised of donated medical supplies and services. About 3.5% came from contributions, and about .2% was earned through interest and dividend income.

In the same year, the expenditures were 92.4% for programs and the remaining 7.6% for administrative costs.

Partnerships for Humanitarian Action

I.M.C utilizes a widespread partnership-based approach to implementing effective strategy around the world and some of the collaborations include the following:

World Health Organization

Based upon its history of collaborative work, International Medical Corps has been admitted into official relationship status with the World Health Organization (WHO) by the WHO Executive Board. This special status involves consultation and coordination in carrying out international health work by involvement in WHO committee and governing body meetings as well as collaboration at the country, regional, and global level. This relationship offers the opportunity to work together on joint activities to further the objective of fostering improved health worldwide.

Global Health Workforce Alliance

International Medical Corps has become a member of the Global Health Workforce Alliance (GHWA). The GHWA, which is housed within the World Health Organization, was created in 2006 as a common platform for action to address the crisis of the critical shortage of health workers as one of the most fundamental constraints to achieving progress on health and reaching health and development goals. The Alliance is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators, and professional associations dedicated to identifying, implementing, and advocating for solutions.

Clinton Global Initiative

An active participant in the Clinton Global Initiative (CGI) since its founding in 2005 by former President Clinton and the William J. Clinton Foundation, International Medical Corps continues to support CGI's overarching goal to help our world become an integrated global community of shared benefits, responsibilities, and values.

Global Humanitarian Platform

Established in 2006 as a forum to bring together the three main pillars within the humanitarian community (NGOs, the Red Cross and the Red Crescent Movement, and the United Nations) the Global Humanitarian Platform provides the opportunity for dialogue and collective thinking around key challenges in the humanitarian arena.

Inter-Agency Collaboration in Humanitarian Response

Through active participation in a variety of entities within the Inter-Agency Standing Committee (IASC)— a body representing UN agencies, NGOs and other humanitarian actors – International Medical Corps continues to recognize the importance of coordinated and collaborative response to humanitarian crises. As a standing member of the Global Health Cluster and Nutrition Cluster, International Medical Corps contributes to the development of common tools, policy guidance, and collective action at the global and country levels.

The Value of Collective NGO Action

International Medical Corps places a high value on its partnerships with NGOs and NGO networks, as demonstrated by its active participation and leadership within key NGO consortia. International Medical Corps is a member of coalitions such as InterAction, the largest alliance of US-based non-governmental, international development and humanitarian organizations; the International Council of Voluntary Agencies (ICVA), a global association of NGOs that works to promote human rights and advocate a humanitarian perspective in global debates and responses; and the Global Health Council, the world's largest membership alliance dedicated to saving lives by improving health throughout the world.

Women, Faith and Development Alliance

International Medical Corps participated in the launching of the Women, Faith, and Development Alliance, a partnership of internationally focused faith, development, and

women's organizations. The aim of this movement is to reduce poverty by increasing political will and action to increase investments in women and girls' empowerment around the world.

Strengthening the Ability to Deliver Medical Supplies

International Medical Corps forged partnerships to improve its ability to deliver essential medical equipment and supplies quickly to needy recipients in times of disaster. The continuing “humanitarian partnership” with Agility has expanded International Medical Corps’ relations with one of the leading commercial warehousing, transportation, and distribution companies in the world, while improving Agility’s ability to respond efficiently and effectively to humanitarian operations. International Medical Corps also strengthened its long-term relationship with International Relief Teams, Bridge Foundation, Medicines for Humanity, and Heart to Heart International in securing and delivering urgently needed medicines and supplies to war-torn and devastated populations. In addition, closer ties between International Medical Corps and AmeriCares improved International Medical Corps’ ability to deliver and dispense critically needed medicines and related goods and equipment in emergencies with a focus on the world’s poorest communities.

Health and Fragile States Network

Providing health services in fragile states and conflict-affected settings is a challenge, as these countries account for one-third of all maternal deaths and one-half of deaths of children under five years old, while more than one-third of their population is chronically malnourished. To help address this challenge, a Health and Fragile States Network was created in October 2007 by a group of agencies and donors interested in health issues and strengthening health systems in fragile states.

FUTURE CHALLENGES

Funding: Dependence on Grants, Government Aid, and Private Donors

The global economic crisis has resulted in decreased availability of resources, which greatly affects the organization’s funding base of public and private sources. Because a majority of I.M.C’s work relies on large organizations such as USAID, it will most likely need to appeal to additional funding sources in the upcoming years to maintain its budget. Alternatives to seeking other funding resources would result in cutting programming costs, or utilizing existing assets to compensate for funding deficits.

Increased Global Need

As global warming and the environmental and economic effects of globalization continue to affect the most vulnerable populations, the majority living in developing countries, the number of man-made and environmental crisis continues to multiply. In order to address this increased need, I.M.C must be able to increase its funded programming. Another approach is to become more selective in the distribution of resources and limit programmatic expansion based on a newly developed set of criteria.

Providing Culturally Competent Services

The mission to provide culturally competent services, training and resources to individuals in over fifty countries is a continuing challenge. Research reveals that services are more effective when presented in culturally sensitive delivery systems by individuals who speak the regional language and are familiar with cultural beliefs. Because International Medical Corp's mission is to be on the ground within 48 hours of a crisis, it is often difficult to employ learned cultural competency in emergency situations. I.M.C continues to address this issue by providing international staff and volunteers with cultural competency trainings, and by employing and training local staff when possible.

CONCLUSION

International Medical Corps' organizational model can be attributed to innovation in both structural and ideological approaches. At a time when the programmatic method of simultaneously providing capacity building and relief work, I.M.C sought to provide both immediate and long-term services to developing nations using a holistic model.

This organization's unique approach lies in its targeting of various levels of need from basic health care to advanced health worker training for local NGO's and community workers. Each component of programming is designed to achieve the ultimate goal of self-sufficiency for the individuals and communities served. I.M.C also works strategically with various international, state and local entities to target change and garner support at micro, mezzo and macro levels. In doing so, I.M.C has learned to maximize its resources, saving the greatest amount of lives possible and affecting the most widespread change.

I.M.C's programming reflects an understanding of mental, physical, communal, regional and local interdependencies. By addressing the "whole picture", I.M.C's approach acknowledges that unless drinking water is safe, basic healthcare protocol cannot be maintained, and that mental health services have the potential to affect an individual's life as powerfully as other services.

DISCUSSION QUESTIONS

1. Why was I.M.C's approach to providing post-disaster services different from other relief organizations of its time?
2. Explain the concept of "holistic" services and how it is reflected in I.M.C's programming?
3. What are the benefits and challenges of I.M.C's diversified funding base?
4. How have I.M.C's global partnerships served to further the organization's mission?
5. How does I.M.C. target services and training at multiple systems levels?

SOURCES

International Medical Corps website Retrieved from <http://www.imcworldwide.org>

International Medical Corps - 2008 Annual Report Retrieved from http://content.imcworldwide.org/pdfs/IMC_2008_Annual_Report.pdf

The Huffington Post, 12/02/09 “*True Angels in the City of Angels: The Top 5 Social Enterprises in LA*”. Retrieved from http://www.huffingtonpost.com/jonathan-greenblatt/true-angels-in-the-city-o_b_375786.html

CNN World, 12/05/09 “*Impact Your World*”. Retrieved from <http://www.cnn.com/SPECIALS/2007/impact/>

IMC Health Policy, September 2009 “*Severe Mental Disorders in Complex Emergencies*” Retrieved from <http://www.imcworldwide.org/Document.Doc?id=25>

NY Times, 6/2/09 Editorial, Nancy Aosseý “*Saving Women’s Lives*”. Retrieved from http://www.nytimes.com/2009/06/01/opinion/1web01birth.html?_r=2&ref=opinion

The Washington Post, 7/2/08 “*Africa’s Hungry Horn: Harsh Grip of Famine Threatens Millions in Ethiopia and Somali*” Retrieved from <http://www.washingtonpost.com/wp-dyn/content/article/2008/07/01/AR2008070102504.html>

Press Release – 11/2/09 “*International Medical Corps to Lead PREPARE Team As Part of USAID Pandemic Threats Effort; Project to Focus on Improving Coordinated Emergency Management*” <http://www.imcworldwide.org/Page.aspx?pid=882>

BBC Lifeline for International Medical Corps Retrieved from <http://www.imcworldwide.org/Page.aspx?pid=610>

Nancy Aosseý, IMC CEO on Wolf Blitzer, 10/31/09 Retrieved from <http://www.imcworldwide.org/Page.aspx?pid=840>