



Reaching the
Unreached:

International Rescue Committee
Health Programs

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Enabling health access in places affected by crisis



Ensuring that people living in communities affected by crisis have access to essential health services is fundamental for achieving the Sustainable Development Goals and universal health coverage. While significant progress has been made to reduce preventable deaths, progress in fragile states has not kept pace. Child mortality, for example, has decreased in both fragile and stable low-income contexts, but the reduction in fragile contexts has been far slower and smaller¹. On average, child mortality in fragile states rates remain staggeringly high with 66 deaths per 1,000 live births in 2018 – this accounts for more than two-thirds of the global under five deaths in 2018 and is 70 percent higher than the global average which is 39 deaths per 1,000 live births². Other health indicators paint a similar picture with more than one half of all maternal deaths occurring in fragile contexts³. These grim outcomes demonstrate the need for additional investment, political will, and global cooperation to ensure the health of people living in fragile and humanitarian contexts are not left behind.

Founded in 1933 in response to a call by Albert Einstein, the International Rescue Committee (IRC) helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future. Providing essential health services to those affected by crisis –including refugees, internally displaced people (IDPs), and people living in refugee-hosting communities-- is a central part of the IRC's mission.

The IRC's Health Impact in 2019

- IRC health programs served children, women, and men in 32 countries.
- Provided access to health services to more than 18 million people.

While the IRC responds to health emergencies – including outbreaks and public health threats resulting from conflict – the work extends beyond acute humanitarian response to help build long-term, resilient health systems across the humanitarian development nexus. The IRC therefore works closely with Ministries of Health and other stakeholders to build the capacity of the health workforce, support health facilities, and strengthen supply chains and wider health systems.

The IRC envisions a world where all people, including those affected by crisis, have access to the essential health services they need.

Delivering at the last mile: Primary health care



The IRC's primary health programs work to ensure people affected by crisis have access to a range of essential health services including the prevention and treatment of common childhood illnesses; training and building the capacity of the health workforce; and ensuring specialized care is available to those who have been displaced.

To address child health, the IRC delivers care for common childhood illnesses such as malaria, diarrhea, and pneumonia through an integrated approach. Treatments are made available in health facilities, and in many places, directly in the communities through Community Health Workers (CHWs) and mobile clinics. The IRC is also committed to bringing life-saving immunizations to children in hard-to-reach areas and has developed a mobile health platform (mReach) enabling health workers to register and track the immunization status of children.

The IRC is also providing care for crisis-affected clients living with non-communicable diseases (NCDs) – hypertension, cardiovascular disease, diabetes, and chronic obstructive pulmonary diseases (COPD) – by integrating NCD programming into recovery and development efforts to ensure clients receive uninterrupted treatment and avoid developing complications; to help people prevent NCDs; and to strengthen health systems to address this growing burden of disease.

Community Health Workers have also been trained in some contexts to effectively diagnose and manage common NCDs.

Recognizing the substantial unmet need for mental health care in humanitarian contexts, the IRC is committed to closing the mental health treatment gap by integrating mental health into IRC primary health care programs. This includes providing pharmacological and/ or non-pharmacological care for common and severe conditions ranging from depression and anxiety to psychosis and bipolar disorders.

In FY 2019, the IRC:

- Supported more than 13,000 community health workers and 6,000 health care workers.
- Provided 416,000 total treatments for pneumonia, diarrhea, and malaria.
- Provided 350,000 NCD consultations and 29,500 consultations for mental health conditions.

Heeding the call of women and girls in crisis: Comprehensive sexual and reproductive health care



Sexual and reproductive health needs are often overlooked in immediate humanitarian response efforts.

Providing these essential services are a core component of IRC's health programs. IRC's reproductive health programs address the major causes of maternal mortality and improve the physical, emotional and social well-being of women and adolescent girls. The core sexual and reproductive health package ensures care before, during and after pregnancy; access to clients' contraceptive of choice; treatment of sexually transmitted diseases; and post abortion care.

As one-third of all women and girls will experience physical or sexual violence in her lifetime, the IRC is also deeply committed to providing clinical care for survivors of sexual assault.

In FY 2019, the IRC:

- Supported more than 150,000 clients in started use of contraception for the first time.
- Supported 149,010 births which took place at facilities attended by a skilled health professional.
- Supported access to short or long-acting contraceptives in 17 countries.

Expanding access: Nutrition



Malnutrition is a common problem in fragile contexts when populations are displaced, food systems interrupted, and access to health care is limited. As an organizational priority, the IRC's nutrition programs accelerate action against acute malnutrition by investing in cutting edge research to transform the way treatment is delivered and by providing an evidence-based package of support to protect the nutritional status of women and children in crisis-affected contexts.

Through pioneering research, the IRC has developed a new approach for treating children with acute malnutrition that offers the promise of dramatically expanded access to care for children who need it.

The IRC has also developed simplified tools to help low-literate providers diagnose and treat acute malnutrition in communities – a development listed by the media outlet MASHABLE as of the “top innovations making the world a better place” in 2018. Coupled with high-level advocacy and communication, the IRC is leading the way in acute malnutrition treatment reform.

In addition to treatment efforts, the IRC also focuses on high-impact preventive approaches targeting the time between the start of a woman's pregnancy and her child's second birthday. This is a crucial window of opportunity to support the health and survival of women and children at highest risk of malnutrition. IRC's support includes infant and young child feeding programs, lactation support for breast feeding women, cash vouchers, complementary feeding promotion, and micro-nutrient supplementation while also investing in nutrition integration across health, education, early childhood development and economic programming.

In FY 2019, the IRC:

- Treated 222,163 children under 5 for acute malnutrition.
- Supported 769 sites managing acute malnutrition.
- Conducted operational pilot studies on simplified treatment approaches in Mali and Chad.

Delivering the essentials: Environmental health

The IRC works with a wide range of government, civil society and private sector partners to address access to water and sanitation services in communities and at health facilities; to improve hygiene behaviors; and to ensure the integration of water, sanitation and hygiene (WASH) outcomes into other elements of emergency response and recovery. The IRC specializes in implementing complex environmental health programs, including the adoption of safe hygiene practices – including hand washing at appropriate times, proper excreta disposal, and safe methods for handling and storing water – based on an understanding of the risks of poor hygiene and sanitation practices that are consistent with good health. Sanitation is addressed by creating demand for improved facilities through approaches such as Community Led Total Sanitation.

In FY 2019, the IRC:

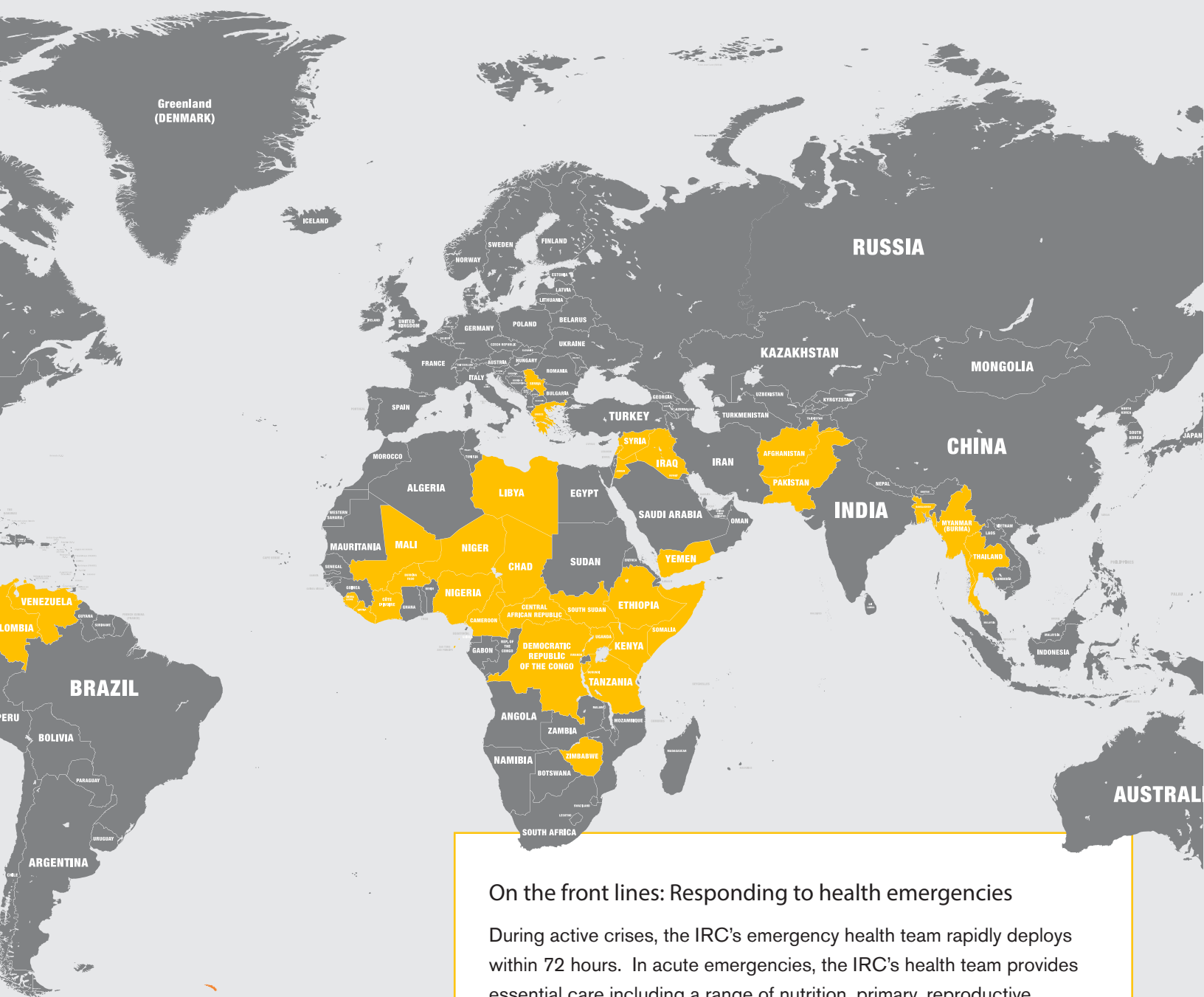
- Served 2.5 million people with newly built or rehabilitated water infrastructure.
- Reached 838,000 people with gaining access to sanitation facilities.
- Reached 3.3 million people with hygiene messages.

Building the evidence base for best-practice health programming in crisis settings

Delivering best-in-class health services to IRC's clients is made possible by a rigorous commitment to design and implement evidence-based programs and to conduct research and operational pilots where evidence gaps exist. In the health sector, the IRC's research has included testing a combined, simplified protocol for treatment of children with severe and moderate acute malnutrition⁴; studies on delivering treatment for acute malnutrition by community health workers⁵; an investigation into community health worker support for management of hypertension among Syrian refugees⁶; an examination of integrated community case management (iCCM) service delivery during an acute emergency⁷; piloting and testing a menstrual hygiene management toolkit for emergencies⁸; and assessing new approaches for providing adolescent girls access to SRH services⁹. The IRC has an organizational commitment to research and innovation for further testing of simplified approaches to address acute malnutrition and to identify and test new approaches to sexual and reproductive health care – including maternal and newborn health – in humanitarian and fragile settings.

Additional studies planned for 2020/2021 focus on further testing simplified approaches for treating acute malnutrition; examining effective models for delivering maternal and newborn health solutions in crisis-affected communities; and investigating the role of community health worker support in the management of hypertension among Syrian refugees, among other research priorities.

The IRC's deep commitment to research not only grounds programmatic decision-making, but is coupled with technical and policy advocacy efforts to transform humanitarian and health practice across the sector.



On the front lines: Responding to health emergencies

During active crises, the IRC's emergency health team rapidly deploys within 72 hours. In acute emergencies, the IRC's health team provides essential care including a range of nutrition, primary, reproductive, and environmental health services. In recent years, this has included responding to the crisis in Yemen, to the Rohingya refugee crisis in Bangladesh, to Venezuelan refugees who have poured into Colombia in 2018 and 2019, and in Burkina Faso. The IRC additionally responds to health emergencies – such as the COVID-19 pandemic and the Ebola outbreak in the conflict-affected eastern Democratic Republic of Congo – building on IRC's experiences responding to Ebola in Liberia and Sierra Leone in 2014.

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