This report represents International Medical Corps's responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

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**Mission:**
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. Established in 1984 by volunteer doctors and nurses, International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization. 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.

The content of this Charting Impact Report is the sole product and responsibility of International Medical Corps. This report does not in any way represent an endorsement from Independent Sector, BBB Wise Giving Alliance, or GuideStar, nor does
it represent fulfillment of the BBB Wise Giving Alliance's *Standards for Charity Accountability*. For more information on Charting Impact, visit [www.guidestar.org/chartingimpact](http://www.guidestar.org/chartingimpact)
1. What are we aiming to accomplish?

International Medical Corps is a preeminent first-responder, able to deploy quickly – often within 24 hours, anywhere, under any conditions, in emergencies to support populations and carry out lifesaving interventions for those affected by natural disasters or conflict-related violence. Before, during and after a crisis, the organization focuses on the delivery of community-based primary health care, recognizing that the best first-response to an emergency is prevention. Giving communities the capacity, resources and tools to effectively absorb the shock of a disaster or emergency - and recover quickly - is the key to resiliency. International Medical Corps continues to address needs in the following areas: Building health capacity. The organization's focus on strengthening capacity not only fosters self-reliance, but also builds the kind of confidence, pride and self-esteem essential for successful development and community stability. Providing swift and effective lifesaving medical care with emergency preparedness and response. Because the period immediately following a natural disaster is critical for saving lives, International Medical Corps' goal is to be on the scene and operational within 48 hours, even in the toughest places. Ensuring women's and children's health and well-being. Women and children account for four of every five refugees in the world. Their well-being is an International Medical Corps priority and a key ingredient to promoting health, building stable, confident, self-reliant communities and eradicating global poverty. Implementing mental health programs in emergency settings. A leader in mental health care in emergency settings, the organization 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. Integrating clean water, sanitation and hygiene. International Medical Corps works to incorporate water, sanitation and hygiene (WASH) into its programs with a focus on strengthening health care service delivery at the facility level by establishing safe water supply and sanitation infrastructure and services. It also integrates hygiene promotion into all of its WASH projects in order to enable communities to better protect themselves from the threat of infectious diseases. International Medical Corps is also working to link nutrition, food safety and agriculture together in programs aimed at hunger prevention. Gender-based violence is another growing area being addressed within existing programs ranging from primary health care screening and counseling for survivors, to income-creation initiatives that boost the social status – and protection – of survivors.

2. What are our strategies for making this happen?

In 1984, a simple idea drove International Medical Corps' first relief mission — give local people the tools and knowledge to help themselves and the investment can sustain recovery and development beyond an existing crisis. Today, the 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. Self-reliance is only possible through lasting solutions anchored in local culture, affirmed by local decision-making and carried out by local residents trained with the necessary skills that then become community assets. Ninety-six percent of International Medical Corps' 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 programs have ended. The hallmarks of International Medical Corps' programs are: - Sustainability in programming through ensuring quality, value and excellence in all international and domestic work. - Care for the communities it supports enshrined in its commitment, responsibility and responsiveness to the needs and priorities of the communities it serves. - Engagement through improving awareness and access to information, seeking out bold and innovative approaches to difficult and pressing challenges and seizing opportunities for synergy through partnerships and collaboration. - Transparency as a result of its commitment to the communities it serves, through the establishment of productive working relationships and its pledge to operate openly and inclusively. - Accountability to the communities where International Medical Corps works, as well as with displaced persons, whether IDPs or refugees. - Global Lessons harnessed to inform and improve future interventions, applying context-appropriate approaches where applicable, and avoiding pitfalls through lessons learned in previous experiences. Throughout its global operations, International Medical Corps is committed to the following principles: - Humanity: addressing human suffering wherever it is found. - Neutrality: not taking sides in a conflict or engaging in controversies of a political, racial, religious or ideological nature. - Impartiality: actions
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are based on need and the most urgent cases of distress are prioritized, with no distinctions about need on the basis of nationality, race, gender, religious belief, class or political viewpoint. - Operational Independence: actions are entirely autonomous of any political, economic, military or other objectives of its donors or other actors with an interest in the areas where our work is implemented.

3. What are our organization's capabilities for doing this?

International Medical Corps has responded to emergencies in over 70 countries on five continents, earning the reputation as a fast, reliable first-responder. As needs shift on the ground, the organization is prepared and equipped to adjust its operations and programmatic focus based on the environment. International Medical Corps prioritizes capacity building through training to ensure that broken/damaged health systems are rebuilt and vulnerable communities are returned to self-reliance. International Medical Corps' Emergency Response Team (ERT) is permanently staffed with established emergency response protocols and plans that address the particular human resource, technical, logistics and financial requirements of a rapid response. These include first-responder rosters, standby and pre-positioned medical supplies, communications equipment, technical assessment toolkits, survival equipment and other supplies. The ERT draws from a network of pre-trained permanent staff members from across the organization who deploy immediately. Volunteer doctors, nurses, psychiatrists and specialists are drawn from partnerships with leading medical and public health institutions in the United States and United Kingdom, and an emergency response register of over thousands of humanitarian health professionals. International Medical Corps' harnesses local knowledge and innovation to address context-specific challenges, while simultaneously leveraging international best practices through deliberate and consistent cooperation with humanitarian actors around the world. International Medical Corps believes that the efficacy and impact of its work are enhanced through collaboration and partnerships with entities sharing similar goals. International Medical Corps places strong emphasis on collective learning and action and is a member of coalitions and networks critical to the humanitarian and development field, including InterAction, the International Council of Voluntary Agencies, the Global Health Council, the NGO Leaders Forum convened by the Hauser Center for Nonprofit Organizations at Harvard University, and the Society for International Development. It is an active leader within the Inter-Agency Standing Committee (IASC), including the Global Health, Nutrition, Water/Sanitation/Hygiene and Protection Clusters, the IASC Sub-Working Group on Gender, the IASC Task Force on the Prevention of Sexual Exploitation and Abuse and the IASC Reference Group on Mental Health and Psychosocial Support. International Medical Corps also partners with academic institutions – including Stanford, Columbia, Harvard, UCLA, Johns Hopkins, and others. The organization also works directly with and through grants from government agencies, including USAID, AusAID, ECHO and DFID, among others, to reach the hardest-hit communities worldwide with critical humanitarian services. International Medical Corps has also forged partnerships with numerous gift-in-kind partners.

4. How will we know if we're making progress?

International Medical Corps includes robust monitoring, evaluation and learning (M&EL) approaches as a key component of quality programming. These approaches are participatory and inclusive of community members and other stakeholders where programs take place. We systematically collect and record data to improve the delivery of services, and to measure the outcomes and impact of programs on the people's lives, with the goal of strengthening our technical approach to programs and to improve the well-being of, and accountability to, vulnerable populations. Internally, our M&EL team provides guidance on the development of quantitative and qualitative indicators to track key elements of project performance, and assess changes. Because of our commitment to quality programming, we ensure that our programs are evaluated externally when possible, as well as internally—typically by the local ministry of health, international health organizations, other NGOs or expert consultants. Internally, each country team's M&EL function is to ensure 1) the monitoring of performance and achievements; 2) the availability and use of quality data for decision making and quality improvement; 3) the measurement of deliverables, outcomes, and expected and unexpected results; and 4) the improvement of accountability to beneficiaries and to donors. We ensure that appropriate human resources, M&EL procedures and processes, reliable data and technologies are present and active components of all country-level M&EL systems. At the headquarters' level, our M&EL group's mission...
is to 1) contribute to improving and harmonizing M&EL systems across the individual countries and their teams; 2) build organizational and individual technical capacities for stronger programs; 3) promote the use of best practices and standards across the organization to ensure quality M&EL activities and deliverables; and 4) strengthen the use of data and organizational learning for evidence-based programming. Our Technical Unit plays a crucial role in ensuring quality control and continuous learning. It includes specialists in all of the organization's priority program areas, as well as cross-sectoral areas such as disaster risk reduction as well as M&EL. The Technical Unit ensures that we meet all international and national standards of delivery and guidelines, in particular those associated with Sphere, the WHO, international professional associations, and nationally approved guidelines and protocols. At the strategic level, we contribute actively to the UN global health, nutrition and WASH clusters and engage at the country level in technical working groups to inform and enhance program design and implementation. We invite peer review of the combined efforts of our technical and operations teams, and disseminate results at international and regional meetings and through publications.

5. What have and haven't we accomplished so far?

International Medical Corps responded to the needs of the growing number of communities globally unable to cope with disaster on their own, such as following the earthquakes in Nepal and Haiti or Typhoon Haiyan in the Philippines. Since 1990, natural disasters have affected about 217 million people every year. Recent trends tell us the number of vulnerable communities is likely to increase. Between 2000 and 2009 there were three times as many potentially devastating droughts, floods, fires and storms than between 1980 and 1989. As the vast majority of this growth has been attributed to climate change, these events are expected to become more frequent and severe in the future. In recent years, violence has forced more than 65 million people from their homes, raising the number of refugees and internally displaced people globally. As the war in Syria enters its sixth year, the movement of more than 11 million Syrians—6.6 million internally within the country and 4.6 million across borders, initially to neighboring countries and then to Europe—has generated enormous needs, from health and education to shelter and nutrition affecting women and children especially hard. Our teams are there, easing the suffering of those who have lost their homes and fled their communities for sanctuary in Turkey, Jordan, Lebanon, Iraq, Serbia and Greece, as well as within Syria itself. In August 2014, we responded swiftly to help the spread of the Ebola virus, which infected 28,639 people and led to the deaths of 11,316, mostly in West Africa, before being contained. While setting up five Ebola treatment facilities in Sierra Leone and Liberia, two of the three countries at the heart of the outbreak, we designed training curricula that helped prepare more than 5,200 responders from both the West Africa region and around world to work successfully in the dangerous environments created by the virus. By expanding the number of equipped, confident Ebola fighters during the crisis, we strengthened the region’s ability to mount swift nationally-led responses to new cases that have emerged—isolating the virus before it has a chance to spread further. International Medical Corps envisions a world where communities have the ability to respond effectively themselves to crises in their midst. Sadly, this vision is challenged by a growing shortage of health workers globally. In 2014, the World Health Organization (WHO), which stresses that there is “no health without a workforce,” found that 83 countries--nearly half of all nations--do not have the recommended minimum level of skilled health professionals. This is why training underpins all that we do. It is why we partner with local leaders, communities, universities, other NGOs, governments and donors to educate health workers, build capacity and invest in sustainable infrastructure improvements from the household to the national levels—so that communities can respond if and when disaster strikes again.