

Women's and Children's Health

INCLUDES REPRODUCTIVE, MATERNAL,
NEWBORN AND CHILD HEALTH

International Medical Corps places women's and children's health at the center of its development and emergency response programs. These programs include priorities to:

- ▶ increase antenatal care (ANC) and postnatal care (PNC);
- ▶ increase deliveries assisted by skilled birth attendants in recognized health facilities;
- ▶ help prevent neonatal deaths from birth asphyxia and infection, as well as child mortality from malaria, diarrhea and pneumonia;
- ▶ promote maternal and child immunization, family planning, and social and behavior change for positive health practices; and
- ▶ deploy clinical staff to primary health clinics, and secondary and tertiary level hospitals to perform lifesaving procedures ranging from safe normal deliveries, Caesarean sections and newborn resuscitation and care, to supplying essential drugs and medical supplies for maternal, newborn and child health.



OUR APPROACH

Our usual entry point into a country is during a humanitarian crisis. As a first responder to humanitarian crises globally, we provide disaster-affected communities with healthcare, nutrition, water and sanitation, and psychological support, among other services. Once a crisis abates, we continue to support national health systems at local, regional and national levels by offering both pre-service and in-service training followed by supportive supervision, community outreach and mobilization. We increase health awareness and service demand at the household and community levels through training and by equipping community health workers (CHWs) and volunteers for community engagement, using strategies such as the Care Group model and integrated Community Case Management (iCCM).

WHERE WE CONDUCT WOMEN'S AND CHILDREN'S HEALTH PROGRAMMING

We have worked or are currently working in 17 countries where USAID has identified maternal and child health as a priority. These include Afghanistan, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Liberia, Libya, Mali, Myanmar, Nepal, Nigeria, Pakistan, Somalia, Sudan, South Sudan, Ukraine and Yemen. With the exception of the countries listed in italics, where projects have been completed, we currently maintain offices and staff in all the other countries listed. Selected countries presented below illustrate our work in greater detail.



AFGHANISTAN

We provide primary and community healthcare that include maternal, newborn and child health services. We also offer integrated management of childhood illnesses (IMCI) and vaccinations, and conduct HIV prevention and referral activities. In 2020 we provided reproductive health services to 2,378 women, including ANC, delivery assistance, PNC and family planning. We also conduct targeted social- and behavior-change activities, such as community dialogues and awareness sessions about mother and child health, gender-based violence, vaccination and sexual and reproductive human rights.

BURUNDI

We have worked on two women's and children's health-related projects in Burundi—Preventing Malnutrition in Children under2 (PM2A) and the Development Food Assistance Program (DFAP)—to build the capacity of community health workers (CHWs) to deliver high-quality health and nutrition services at



the community level. The projects focused on ANC and PNC using the care group model, where mothers of young children gather to share information about child feeding practices considered proper in Burundi.

CENTRAL AFRICAN REPUBLIC

Working closely with the national Ministry of Health (MoH) and its local counterparts to design, implement and evaluate programs in remote and unstable settings, we provide an integrated package of reproductive health services. We support the MoH in offering primary and secondary health services, including emergency obstetric and newborn care (EmONC). Additionally, we assist MoH staff in treating pneumonia, malaria and diarrhea; in testing and counseling for HIV/AIDS; in providing psychosocial and clinical support to survivors of gender-based violence (GBV); and in offering nutrition services for treatment of malnutrition. The beneficiaries are mainly women, newborns and children under 5.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

We provide integrated primary healthcare at the community and health facility levels, often in isolated, insecure areas of the country. We strengthen rural health centers through training in ANC, delivery, EmONC and infection prevention. Funding is provided for referral of emergency obstetric cases (EOCs). At district hospitals, we provide support for such measures as treating EOCs, facilitating the clinical training of health workers and providing funding for surgery such as C-sections.

Our projects improve knowledge while enabling behavior change and the adoption of positive health practices at the household level through our support of community health workers, traditional birth attendants (TBAs), referral brigades and other community services. We recently launched a research project to test for improved outcomes in maternal and newborn healthcare.

ETHIOPIA

In Ethiopia, we have implemented emergency and development programming, and strengthened local capacity that is focused on sexual and reproductive health (SRH), maternal and child healthcare, and primary healthcare. Our projects in Ethiopia have improved local capacity and provided services through community outreach as well as through direct clinical care by providing training, medicine, medical equipment and supplies. Our projects are tailored to respond to the SRH and maternal and child health needs of internally displaced persons (IDPs), refugees and host community residents in different regions of the country.

IRAQ

We operate mobile and static reproductive health clinics to provide services for IDPs. We support static basic emergency obstetric and newborn care (BEmONC) facilities, targeting women and adolescent girls of reproductive age. We provide an integrated package of services, promoting safe motherhood, focused ANC, identification and referrals for high-risk pregnancies, safe deliveries assisted by skilled birth attendants, targeted postnatal care and treatment of obstetric complications in pregnancy, with emergency referrals. We integrate into our programs the clinical management of rape for survivors, with referrals for psychosocial support services and follow up as needed.





PAKISTAN

In Pakistan, we have worked closely with the United Nations Family Planning Association (UNFPA), and strengthened SRH service delivery at government health facilities by providing maternal and child health consultations, ANC, PNC, treatment of sexually transmitted infections, safe and clean delivery in the presence of a skilled birth attendant, and family planning counselling and services. In the 18-month period from October 2019 to April 2021, we provided nearly 25,000 antenatal and postnatal consultations and conducted more than 11,500 deliveries.

SOUTH SUDAN

As part of our support for three nurse/midwifery schools in the country, we train qualified people to provide reproductive, maternal, newborn and child health services in government health facilities, adding strength to the healthcare workforce. Since 2011, graduates of these schools have played an important role in reducing the country's rate of maternal mortality, one of the world's highest. In addition, our projects support primary and secondary healthcare facilities, including comprehensive emergency obstetrics and newborn care (CEmONC), focusing on healthcare for mothers and children that includes nutrition, HIV, and water, sanitation and hygiene (WASH) components.



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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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