International Medical Corps places Reproductive, Maternal, Newborn and Child Health (RMNCH) at the center of its development and emergency response programs. These programs:

- 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
- Deploy clinical staff to secondary and tertiary level hospitals to perform life-saving procedures, ranging from Caesarean sections to supplying essential drugs and medical supplies for maternal, newborn and child health
INTERNATIONAL MEDICAL CORPS’ APPROACH AND WORK

The usual entry point for International Medical Corps in a country is during a humanitarian crisis. International Medical Corps is a first responder to humanitarian crises globally, providing the affected population 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.

International Medical Corps increases health awareness and service demand at the household and community levels through training and equipping community health workers (CHWs) and volunteers for community engagement, using strategies such as the Care Group model and integrated Community Case Management (iCCM).

International Medical Corps projects are funded by institutional donors, such as the State Department’s Bureau of Populations, Refugees and Migration (BPRM), the Centers for Disease Control and Prevention (CDC), the Canadian International Development Agency (CIDA), European Civil Protection and Humanitarian Aid Operations (ECHO), the European Union (EU), Britain’s Department for International Development (DFID), the U.S. Agency for International Development (USAID) and its Office of Foreign Disaster Assistance (OFDA), and agencies of the United Nations, including the UN Family Planning Association (UNFPA), the UN High Commissioner for Refugees (UNHCR), UNICEF and the World Food Program (WFP). We also support by private–sector donors and foundations, including the Bill & Melinda Gates Foundation, the Conrad N. Hilton Foundation, Eli Lilly, Kaiser Permanente, MetLife and Pfizer. We receive material resources and donated services from such corporate–sector entities as AmeriCares, DOW Corporation, Health Partners International Canada, Heart to Heart International, IBM Corporation and MAP International, among others.

INTERNATIONAL MEDICAL CORPS LOCATIONS

International Medical Corps has worked or is currently working in 13 countries where USAID has identified maternal and child health as a healthcare priority: Afghanistan, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Liberia, Mali, Myanmar, Nepal, Nigeria, Pakistan, South Sudan, and Yemen. With the exception of the countries listed in italics, where projects have been completed, International Medical Corps currently maintains offices and staffing in all the other countries.

A few selected countries are presented below to illustrate our work.

AFGHANISTAN

International Medical Corps supports the management of hospitals that provide maternal, newborn and child health services. We also provide Integrated Management of Childhood Illness (IMCI), vaccination and nutrition services, and undertake HIV prevention and referral activities. We operate a Community Midwifery Education program in the eastern province of Paktika.

Our trained workers increase community awareness about family planning methods through health education sessions at the community and hospital levels. International Medical Corps has trained more than 4,000 health professionals in the country, giving them the skills and knowledge required to provide healthcare at both the primary and secondary levels.

BURUNDI

International Medical Corps has worked on two RMNCH–related projects in Burundi—Preventing Malnutrition in Children under 2 (PM2A) and a Development Food Assistance Program (DFAP)—to build the capacity of community health workers (CHWs) to deliver high–quality health and nutrition services at community level. The projects focused on antenatal and postnatal care, IMCI, growth monitoring and promotion, and Community–based Management of Acute Malnutrition (CMAM). International Medical Corps has promoted household and community–level health, fostering strategies that prevent maternal and childhood deaths, reduce morbidity and promote nutrition among young children and pregnant and lactating women. The PM2A program reached 33,229 pregnant women with RMNCH behavior–change messages using the Care Group model.

CENTRAL AFRICAN REPUBLIC

Working closely with the country’s Ministry of Health (MOH) and community counterparts to design, implement and evaluate programs in remote and unstable settings, International Medical Corps provides 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 the MOH staff in treating pneumonia, malaria and diarrhea; in providing testing and counseling for HIV/AIDS; in providing psychosocial and clinical support to survivors of Gender–Based Violence (GBV); and offering nutrition services for treatment of malnutrition. The beneficiaries are mainly women, newborns and children under five years.
CHAD
Since 2004, International Medical Corps has provided emergency medical services in maternal and child health, nutrition and WASH, and has provided primary and secondary healthcare services. Through 23 health centers, two hospitals and five mobile medical units (MMUs), our services have reached an estimated 180,000 beneficiaries a year, including internally displaced local nationals, and Sudanese and Central African Republic refugees. We promote a broad variety of important healthcare measures, including antenatal and postnatal care visits, facility-based deliveries, HIV testing and counseling, prevention of mother-to-child transmission of HIV (PMTCT) and growth monitoring. We also train traditional birth attendants and CHWs.

DEMOCRATIC REPUBLIC OF THE CONGO (DRC)
International Medical Corps provides integrated primary healthcare at the community and health facility levels in isolated, insecure areas of the country. In a variety of interventions, 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 the district hospitals, we provide support for the treatment of EOCs by facilitating clinical training of health workers, providing funding for surgery such as C-sections and providing other support, including medical supplies.

Our projects improve knowledge and enable behavior change and adoption of positive health practices at the household level through our support of CHWs, Traditional Birth Attendants (TBAs), referral brigades and community structures. We recently implemented a research project to test for improved outcomes in maternal and newborn healthcare. This project was implemented in collaboration with URC, CDC, UNFPA and the provincial ministry of health.

ETHIOPIA
International Medical Corps supports Ethiopia’s Ministry of Health by training healthcare workers on IMCI. We also implement vaccination initiatives for children and pregnant women. As part of our project activities we have reached more than 100,000 mothers and caregivers in three regions with messaging on PMTCT and community health education on HIV prevention.

Our projects have trained and mentored 499 health extension workers, 465 healthcare providers (doctors and nurses) and 400 TBAs. The training and equipping of these healthcare personnel has led to the improvement of ANC and PNC uptake, safe delivery at health facilities, family planning and treatment of sexually transmitted infections (STIs), including HIV and AIDS. We have also distributed Vitamin A and iron tablets, and provided 17,283 safe delivery kits.

Additionally, we have trained 147 health professionals from referral hospitals and camp-based clinics on the management of GBV and female genital mutilation. Moreover, 1,165 clan and religious elders, among others, have received special orientation on the basic concepts of GBV and referral pathways. To prevent water-borne diseases such as diarrhea, International Medical Corps has installed communal latrines, hand-washing units, water tanks and rainwater collection systems. Distribution of jerry cans for water storage in households, as well as water-purifying tablets, contributed to prevention of diarrhea and related diseases among children.

IRAQ
International Medical Corps operates mobile and static reproductive health clinics to provide services for internally displaced persons (IDPs), and supports static Basic Emergency Obstetric and Newborn care (BEmONC) facilities, targeting more than 38,000 women and adolescent girls of reproductive age. We provide an integrated package promoting safe motherhood, including focused antenatal care, 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.

International Medical Corps integrates into its’ programs clinical management of rape for survivors, with referrals for psychosocial support services and follow up as required. We also train service providers on family planning counselling and methods, and provide contraceptives.

NIGERIA
International Medical Corps is a proud partner of the polio eradication project in Borno and Kano States of northern Nigeria, which is led by the Core Group Polio Partnership (CGPP) project. Polio vaccination, surveillance, cross-border initiatives, reporting and micro planning are key areas where we provide support to the health services in these two states. We also support the country’s Ministry of Health in the areas of routine immunization, nutrition and WASH, all in an effort to improve the health of young children and women.
PHILIPPINES

Utilizing the Adolescent Sexual and Reproductive Health (ASRH) Toolkit for Humanitarian Settings, and by providing such services as training of trainers, regular follow up and community outreach, International Medical Corps has ensured that pregnant adolescent women receive quality antenatal care, BEmONC, and postnatal care in adolescent-friendly health facilities. By collaborating with the country’s Department of Health, International Medical Corps has supported community health teams, village health stations, rural health units and a district hospital. Additionally, we have implemented a UNICEF-funded Safe Motherhood program for pregnant adolescents under 19 to improve access to SRH information, including family-planning services, ANC and PNC, and immunization services.

SOUTH SUDAN

Supporting three nurse-midwifery schools, International Medical Corps trains a significant number of qualified individuals to provide RMNCH services in government health facilities, adding strength to the healthcare workforce. In addition, our projects support 87 primary and secondary healthcare facilities, focusing on maternal and child healthcare that includes nutrition, HIV and WASH components. Our fully integrated public health service package includes measures to improve ANC and PNC uptake, facility-based deliveries, vaccination of children and family planning, and to strengthen community awareness.

Since its inception more than 34 years ago, International Medical Corps’ mission has been consistent: ease the suffering of those affected by war, natural disaster and disease by delivering vital health care services and focusing on training that provides the skills and tools required to foster self-reliance. This approach of helping people to help themselves is critical to returning devastated populations to self-reliance.