

# 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 our development and emergency response programs. These programs include efforts to:**

- ▶ increase antenatal care (ANC) and postnatal care (PNC);
- ▶ increase deliveries assisted by skilled birth attendants;
- ▶ help prevent neonatal deaths—for example, from birth asphyxia and infection—as well as child mortality from malaria, diarrhea and pneumonia;
- ▶ improve breast and cervical cancer screening and STI/HIV prevention and treatment, to reduce complication risks during pregnancy;
- ▶ promote social and behavior change activities for positive health practices, including maternal and child immunization, as well as care-seeking during pregnancy, childbirth and the postpartum period, and healthy timing and spacing of pregnancies; and
- ▶ deploy clinical staff to primary health clinics and secondary- and tertiary-level hospitals to perform lifesaving procedures ranging from safe and normal deliveries, caesarean sections, newborn resuscitation and blood transfusions to supplying essential drugs and medical supplies for maternal, newborn and child health.





## OUR APPROACH

**We prioritize positive reproductive, maternal, newborn and child health (RMNCH) outcomes, including the delivery of comprehensive information and services across the humanitarian-to-development continuum.**

Our approaches to RMNCH are anchored in our commitment to strengthening skills, knowledge, systems and infrastructure at every level of care. We ensure increased awareness of topics regarding maternal, newborn and child health, and help meet service demand at the household and community levels by training and equipping volunteer community health workers (CHWs) for community engagement—utilizing strategies such as the care-group model and integrated community case management. To improve quality of care, we work with ministries of health and other partners to develop, update and disseminate clinical guidelines and standard operating procedures that improve quality standards for RMNCH services.

Building clinical capacity through pre-service and in-service training is a key element of health resilience. International Medical Corps facilitates RMNCH technical training for ministry of health workers at the district and sub-district levels, using each ministry's own master trainers where possible. For example, in South Sudan, we helped enable four midwifery and nursing schools to offer competency-based education with more than 30 months of practical and theoretical classroom components. The roughly 630 midwives who graduated from these institutes constitute the majority of midwives providing RMNCH services across South Sudan today. In Afghanistan, we implemented a community midwifery education program that has trained more than 4,000 health professionals. In the Democratic Republic of the Congo (DRC), we constructed a maternal health complex at Chambucha Hospital in North Kivu and trained health professionals in advanced obstetric and gynecological care.

International Medical Corps is currently implementing projects with an RMNCH component in more than 20 countries. These projects often focus on ensuring that women and their newborns have access to ANC and PNC, assisted deliveries, emergency obstetric care, prevention of mother-to-child transmission of HIV, healthy timing and spacing of pregnancies, and immunization. We also provide midwifery education to certify midwives and nurses for safer childbirth. In 2024, we conducted more than 175,000 skilled deliveries, with more than 320,000 women attending at least two ANC visits at supported facilities. We also helped about 450 health facilities provide basic emergency obstetric and newborn care (BEmONC) and 81 health facilities provide comprehensive emergency obstetric and newborn care (CEmONC), including safe caesarean sections. More than 165,000 women and their newborns received PNC within 72 hours of delivery. International Medical Corps programs also vaccinated more than 170,000 children under 1 year of age against measles and treated 925,000 cases of acute respiratory infections in children under 5—which, if untreated, is a leading cause of under-5 mortality.





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

We have prioritized and are implementing RMNCH programming across Afghanistan, Cameroon, DRC, Ethiopia, Jordan, Lebanon, Libya, Mali, Myanmar, Nigeria, Pakistan, Somalia, Sudan, South Sudan, Syria, Ukraine, Venezuela, Yemen and Zimbabwe. Selected countries presented below illustrate our work in greater detail.

### AFGHANISTAN

We provide primary, secondary and community healthcare that includes maternal, newborn and child health services. We also offer integrated management of childhood illnesses and vaccinations. In 2024, we provided at least two ANC visits to nearly 22,600 women, skilled delivery assistance to more than 1,400 women and PNC within three days of delivery to nearly 1,800 women and their newborns. We also conduct targeted social- and behavior-change activities, such as community dialogues and awareness sessions about vaccination, nutrition and RMNCH.

### CENTRAL AFRICAN REPUBLIC

Working closely with the 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 BEmONC. Additionally, we assist MoH staff in treating pneumonia, malaria and diarrhea; providing testing and counseling for HIV/AIDS; providing psychosocial and clinical support to survivors of violence against women and girls; and offering nutrition services for treatment of malnutrition. Those receiving services are mainly women, newborns and children under 5. In line with our approach of supporting pre- and in-service training of healthcare workers, we also worked with the MoH to create a school for auxiliary midwives in Bria, which opened in April 2024.

### DEMOCRATIC REPUBLIC OF THE CONGO

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, skilled delivery, BEmONC and infection prevention. We also fund referral of emergency obstetric cases to higher levels of care. At district hospitals, we provide support for these emergency cases, facilitating the clinical training of health workers and providing funding for surgery such as caesarean section.

Our projects also improve community knowledge around RMNCH 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, referral brigades and other community services.

### ETHIOPIA

In Ethiopia, we implement emergency and development programming and strengthen local capacity for RMNCH within community health programs and primary healthcare, focusing on skilled delivery and BEmONC, healthy timing and spacing of pregnancies, HIV prevention and clinical care for survivors of violence against women and girls. Our projects in Ethiopia have improved local capacity and services through community outreach as well as through direct clinical care. We also provide training, medicine, medical equipment and supplies. Our projects are tailored to respond to the RMNCH needs of internally displaced people, refugees and host community residents in different regions of the country.



## PAKISTAN

In Pakistan, we have worked closely with UNFPA and strengthened 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 support in healthy timing and spacing of pregnancies for optimal maternal and newborn outcomes.

## SOUTH SUDAN

As part of our support for four nursing and midwifery schools in the country, we train qualified health professionals to provide RMNCH services in government health facilities, augmenting 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 CEmONC—focusing on healthcare for mothers and children that includes emergency care, nutrition, HIV services, and water, sanitation and hygiene components.

## YEMEN

We support more than 50 public health facilities across Yemen, helping them to provide essential health services that include RMNCH. For safer childbirth, we train and equip midwives and facilitate improved access to safe delivery care at health facilities and the community level.

To reduce Yemen's maternal and child mortality and morbidity—which remain some of the highest in the region—we partnered with the Ministry of Public Health and Population to reach more than 48,200 people at the Sheikh Zayed Hospital in Sana'a with MNCH, general outpatient and pediatric services. In addition, International Medical Corps rapidly responded to a recent surge of children with acute watery diarrhea and suspected cholera by providing the hospital with medical supplies, laboratory reagents and pharmaceuticals, which contributed to reducing case fatality rates.



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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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