



Women's and Children's Health

INCLUDES MATERNAL, NEWBORN CHILD AND ADOLESCENT HEALTH

International Medical Corps places women and children at the center of our health programs, which include efforts to:

- ▶ increase access to antenatal care (ANC) and postnatal care (PNC);
- ▶ increase access to safe deliveries assisted by skilled birth attendants, and basic or comprehensive emergency obstetric and newborn care (B/CEmONC), to reduce preventable deaths during childbirth;
- ▶ 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 sexually transmitted infection (STI) and HIV prevention and treatment;
- ▶ connect survivors of violence against women and girls (VAWG) with timely and compassionate clinical care;
- ▶ promote social and behavior change activities for positive health practices, including maternal and child immunization, healthy timing and spacing of pregnancies, and care-seeking during pregnancy, childbirth and the postpartum period; and
- ▶ deploy clinical staff to primary health clinics and secondary- and tertiary-level hospitals to perform lifesaving procedures that range 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 maternal, newborn, child and adolescent health (MNCAH) outcomes across the humanitarian-to-development continuum.

Our approaches to MNCAH are anchored in our commitment to strengthening skills, knowledge, systems and infrastructure at every level of care. We ensure increased awareness of available services and healthy behaviors, and help meet service demand at the household and community levels by training and equipping volunteer community health workers (CHWs) for 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 MNCAH services.

Building clinical capacity through pre-service and in-service training is a key element of health resilience. International Medical Corps facilitates MNCAH technical training for ministry of health workers at the district and sub-district levels, using each ministry's own master trainers where possible. We also provide midwifery education, to increase the availability of registered midwives and nurses able to provide safer childbirth. 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. Some 750 midwives have graduated from these institutes, constituting the majority of midwives providing MNCH services across South Sudan today. In the Democratic Republic of the Congo (DRC), we constructed a maternal health complex at Chambucha Hospital in North Kivu and trained health professionals there in advanced obstetric and gynecological care.

International Medical Corps is currently implementing projects with an MNCAH component in more than 20 countries. In 2025, we conducted more than 153,000 skilled deliveries, with more than 238,000 women attending at least two ANC visits at supported facilities and 152,000 women and newborns receiving PNC within 72 hours of birth. By providing training, supportive supervision and provision of essential supplies, we also helped about 450 health facilities ensure that they are able to provide quality care during obstetric and newborn emergencies. International Medical Corps programs also vaccinated more than 208,000 children under 1 against measles, and treated about 738,000 cases of acute respiratory infections in children under 5. If left untreated, such infections are a leading cause of under-5 mortality.





Our Experience

Afghanistan

In 2025, we provided maternal and newborn health services—including ANC, delivery assistance and PNC—to 37,370 women, as well as tetanus vaccines for all women of childbearing age. We also conducted targeted social- and behavior-change activities—such as community sensitization on the importance of care seeking during pregnancy and birth, danger signs during pregnancy, and exclusive and early initiation of breastfeeding—in addition to promoting community dialogues about vaccination, nutrition and MNCAH.

Central African Republic

To support pre- and in-service training of healthcare workers, we worked with the Ministry of Health to open an auxiliary midwifery school in Bria in 2024. Eighteen auxiliary midwives already have graduated, and 49 additional students are due to graduate by the end of 2026, ensuring a sustainable pipeline of skilled birth attendants in one of the country's most underserved areas. In 2025, through a partnership with UNFPA, 28 women underwent life-changing fistula repair surgery, addressing one of the most severe but neglected maternal morbidities and restoring dignity and quality of life.

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 and PNC, skilled delivery and BEmONC, STI management, clinical care for survivors of VAWG, and infection-prevention protocols. We also fund referral of emergency obstetric cases to higher levels of care, and support these emergency cases at district hospitals for safe caesarean delivery.

Our projects improve community knowledge around MNCAH 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.

Ukraine

People living in the frontline areas of Ukraine face challenges safely accessing hospitals, as well as a lack of MNCAH specialists. We implement MNCAH services by providing advanced nursing programs in hard-to-reach frontline areas, strengthening referral networks between primary healthcare centers and hospitals, and equipping such hospitals to provide CEmONC. We have provided training to non-specialist healthcare workers on lifesaving MNCAH—including safe management of labor, breastfeeding in humanitarian contexts, providing adolescent-friendly health services and clinical care for survivors of VAWG—and are operating resilience sessions for social workers and community members.

We support a range of adolescent health activities through the design of school health programs and peer education. As of 2026, nearly 1,100 adolescents have attended integrated interactive sessions across frontline areas.

Ethiopia

In Ethiopia, we implement emergency and development programming and strengthen local capacity for MNCAH within community, primary and secondary health, to respond to the needs of internally displaced people, returnees and host community residents across regions. In 2025, we supported nearly 22,000 deliveries, and provided more than 28,000 mothers with two or more ANC visits and about 23,000 mother/newborn pairs with PNC. We also vaccinated almost 39,000 infants, provided curative care to more than 117,000 children, trained about 2,300 health workers, strengthened quality and availability of care at 20 BEmONC and 8 CEmONC facilities, and deployed 19 mobile health teams.

Pakistan

In 2025, we strengthened access to MNCAH services across Pakistan, including in flood-affected communities. Through mobile medical teams and community-based service delivery, we ensured continuity of care by providing ANC and PNC consultations, STI treatment and women's health counseling. We deployed portable ultrasound machines, enabling pregnant women in hard-to-reach areas to access timely obstetric assessments without the need for long-distance travel, enabling earlier identification of high-risk pregnancies and appropriate referrals. International Medical Corps also invested in strengthening local district health-system capacity by training 100 healthcare professionals on the Minimum Initial Service Package for Reproductive Health in Emergencies, enhancing preparedness and ensuring the delivery of quality, lifesaving MNCAH services during humanitarian crises.

South Sudan

With partners in the Safer Births in Crises consortium, we are actively introducing the newest clinical guidance on prevention, identification and treatment of postpartum hemorrhage (PPH)—one of the primary causes of maternal death. In partnership with the Ministry of Health, we are working through this initiative to train master trainers, introduce new pharmaceuticals and commodities to the supply chain, and update national PPH clinical protocols.



Yemen

We continue to strengthen MNCAH services across 45 primary health facilities and six hospitals in five governorates, improving access for more than 40,000 women and 24,000 children under 5. In 2025, we enhanced service quality by providing essential medicines, innovative medical commodities (including point-of-care ultrasound scans, CPAP machines for neonatal resuscitation and calibrated drapes for measuring postpartum blood loss), strengthened referral systems, on-the-job training and continuous supportive supervision. We trained more than 350 Ministry of Health health workers (including midwives from primary health facilities) on BEmONC and the integration of these innovative medical commodities, using the newest WHO guidance.



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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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