



International Medical Corps' goal is to provide quality health care to those in need, bringing new hope to individuals and strengthening underserved communities worldwide.

Because 80 percent of those affected by war, conflict, and natural disaster are women and children, International Medical Corps places maternal newborn health at the center of its emergency responses as well as its development programs. During an emergency, the Minimum Initial Service Package for reproductive health (MISP) informs our approach to preventing excess maternal and newborn deaths. Once a crisis abates, we support national health systems at every level—from individual to community to health facilities—through pre-service and in-service training followed by supportive supervision, community outreach and mobilization, and social behavior change. Our goal is not simply to return a community to its pre-crisis status, but to help it reach new levels of health and well-being that will improve daily quality of life and the community's ability to weather future crises.



FROM EMERGENCY TO DEVELOPMENT

Approximately 287,000 maternal deaths, the vast majority of them preventable, occur every year.

For every maternal death, 20 other women suffer injury, disease or infection during or after their pregnancy. In all, this tragedy touches nearly 6 million women directly each year, 99% of them in the developing world. The situation is worst in countries in conflict or just emerging from conflict. Additionally, about 3 million babies die in their first 28 days of life.

International Medical Corps has been deeply committed to reducing maternal and newborn morbidity and mortality since our founding in 1984. We currently operate 25 maternal and newborn health programs in 17 countries around the world. These programs operate in a variety of acute, protracted crisis, and development contexts, serving refugees, internally displaced persons, and host communities. While our overall goal is always to protect the lives of women and newborns, specific activities are targeted to meet the greatest needs in a given context.

INTERNATIONAL MEDICAL CORPS' APPROACH TO MATERNAL AND NEWBORN HEALTH (MNH)

At the onset of an emergency, our efforts are focused on providing a high-impact package of services known as the Minimum Initial Service Package (MISP) to prevent maternal and newborn deaths. Delivery with a skilled birth attendant and preventing unintended pregnancies through family planning services are together able to substantially reduce maternal and neonatal death and disability. This package therefore includes ensuring clean and safe delivery through the provision of clean delivery kits, promoting delivery by a skilled birth attendant whenever possible, information on where to go for delivery, and referral to functioning services for emergency obstetric and newborn care. In addition, activities are focused on prevention and management of sexual violence and prevention of HIV transmission. Adolescents are a population of concern as they are at increased risk and traditionally have more difficulty in accessing existing services. As the community recovers, we transition to a comprehensive package of sexual and reproductive health (SRH) services.

Our SRH programs are frequently integrated with primary health care, nutrition, mental health/psychosocial services, gender-based violence prevention, treatment and response, and water and sanitation activities to promote overall well-being of individuals and communities. This approach minimizes missed opportunities, increases efficiency of programs, and responds to needs in a holistic way. Whenever possible, we work closely with national ministries of health throughout the crisis and recovery to support and strengthen health systems. Training and mentoring programs help health workers serve their communities more effectively and efficiently. Meanwhile, training, care groups, and social and behavior change communications strategies help community members seek and use health services in more timely and effective ways. Together, these efforts work towards reducing extensive human, social, and economic costs that accompany the death of mothers and newborns during pregnancy and delivery, which helps us build resilient communities.

OUR CORE MNH STRATEGIES INCLUDE:

- ▶ A community-based approach that engages local populations and involves them as active partners giving them a stake in their positive outcomes
- ▶ An awareness of gender and cultural sensitivities developed over the course of our work in nearly 70 countries and almost 30 years, which allows us to anticipate and reduce barriers to access and use of SRH services, and mobilize key decision makers in communities before, during, and after program implementation
- ▶ Capacity building of:
 - ➔ Health care workers to provide quality family planning, delivery, and emergency obstetric and newborn care services
 - ➔ Community outreach workers, including traditional birth attendants, to increase awareness and support referrals
 - ➔ Management committees at the community, health facility, and district level to promote sustainable systems for holding themselves, health service providers, community outreach workers, and government partners accountable to the communities they serve
- ▶ Support to health systems through: providing equipment and medical supplies, supporting supply chain management systems, strengthening service delivery, strengthening health workforce, and fostering leadership
- ▶ Integration with nutrition and primary health care services to improve quality of care
- ▶ Partnerships with civil society, government ministries, private sector and other international organizations

¹The MISP is a coordinated standard package of activities aimed at decreasing mortality, morbidity, and disability in crisis-affected populations (refugees/IDPs or populations hosting them) through ensuring there is an agency to lead implementation of the MISP, implementing activities to prevent sexual violence and assist survivors, reduce transmission of HIV, prevent excess maternal and newborn morbidity and mortality, and plan for comprehensive RH services integrated into primary health care.

INTERNATIONAL MEDICAL CORPS IS CURRENTLY IMPLEMENTING 25 PROJECTS WITH AN MNH COMPONENT.

Eighty percent of these projects provide delivery related care including emergency obstetric and newborn care (EmONC). To help women reach these services, 68% of our MNH programs provide women in labor or with complications support with transportation or referral. Additionally, 96% of our MNH programs provide antepartum care, including education, screening, counseling, routine immunizations, HIV/AIDS prevention and management, and routine care; and 80% provide postpartum care, including nutrition, family planning counseling, and treatment of infections. Overall, 62% of our SRH programs include birth spacing/family planning. Prevention of mother to child treatment for HIV is provided in eight projects in five countries. A total of 34% of our projects specifically target adolescents by making facilities adolescent friendly, involving parents, and specific outreach to youth.



SOUTH SUDAN: MEETING NEEDS AT EVERY LEVEL

In South Sudan, which has some of the highest maternal and newborn mortality rates in the world, International Medical Corps has been providing maternal and child health services in remote Tambura County since 2009. Our sustained presence in Tambura has led to considerable achievements in the area of reproductive health, including an increase in women having at least four antenatal care visits and an increase in women who deliver with a skilled birth attendant. A great deal of this increase is our practice of learning from staff who excel at caring for patients and have gained respect in their communities, and helping them to teach other staff to do the same.

With just 19 registered, 36 certified, and 96 community midwives in South Sudan, the country is vastly understaffed in skilled birth attendants who can most improve outcomes for mothers and babies. Thus, International Medical Corps is also working to increase the number of midwives working in South Sudan through our support to midwifery schools and by contributing to the standardization of midwifery training curriculum in the country. This program is formally educating 150 certified midwifery students and providing additional education to 80 community midwives to upgrade them to be certified midwives at the National Health Training Institute in Kajo Keji and the National Midwifery School in Wau. International Medical Corps works closely with the Ministry of Health and UNFPA with the aim of transitioning management to the Ministry of Health.

LIBYA: SUPPORT FOR NURSING EDUCATION

In response to severe shortages of nursing staff after the war in Libya, International Medical Corps provided surge support and in-service training to nurses in order to provide primary health care including critical maternal newborn health services. As the situation in Libya has calmed, International Medical Corps is partnering with Johns Hopkins University School of Nursing in a project to strengthen the nursing sector in Libya. Other partners include the Ministry of Health, Ministry of Higher Education, Ministry of Labor, and nursing institutions. The goal of this project is to collectively develop standards for nurses as a next step to professionalization of nursing in Libya.

PAKISTAN: BIRTH PLANNING IN A REFUGEE SETTING

In Pakistan, International Medical Corps has been implementing SRH services for 115,532 Afghan refugees residing in refugee camps along the Afghan border since 1999. In order to address the challenges associated with low rates of birth in facilities with skilled birth attendants, birth planning - planning for how to get to health facilities, arranging emergency transportation in advance, and care for children remaining at home - is an essential component of antenatal care. Acknowledging the central role they play in decision making, mothers-in-law are actively welcomed into the birth planning process.



ETHIOPIA: QUICK AND TARGETED RESPONSE TO NATURAL DISASTER

Although International Medical Corps has been active in Ethiopia since 2003, the 2011 Horn of Africa famine presented new needs. Malnutrition, stress, and family traumas placed girls and women at heightened risk for health problems, exacerbating existing low awareness and use of available poor-quality services. In response, we integrated the MISP package into our large scale nutrition and water, sanitation, and hygiene response, with a focus on improving quality and uptake of existing maternal health services. This was achieved by stocking 48 government health facilities with medicines, supplies, and equipment; training health care workers at these facilities in maternal health with a focus on MISP implementation; conducting maternal health education campaigns in these communities; enhancing the capacity of community volunteers to provide health information to women and girls; and providing stretchers to community volunteers to facilitate transport of mothers with complications from the community to health facilities. A total of 11,283 pregnant women were also provided with clean delivery kits. Recognizing the extremely high rates of very young adolescents (VYAs) seeking health care at these facilities, International Medical Corps made all health facilities adolescent friendly. We have also partnered with the Women's Refugee Committee to conduct operational research on the unique SRH needs of VYAs in select humanitarian contexts.

KENYA: PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

International Medical Corps in close collaboration with the Ministry of Health and AIDS Control Unit supports the Kenya Prison Services at the national level to ensure prevention and treatment, including the prevention of mother-to-child transmission of HIV during childbirth for staff, inmates, their families and communities. In addition, International Medical Corps works with most-at-risk people, providing lifesaving HIV/AIDS services to fishing communities on the shores of Lake Victoria. We work closely with government and local partners to promote positive behavior change in HIV prevention; expand access to HIV testing and counseling; provide family planning counseling and services; provide post-exposure prophylaxis; distribute condoms; and provide education and training for both health workers and beneficiaries, many of whom are women of childbearing age.

