

From Relief to Self-Reliance



Maternal and Child Health in Emergencies

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AIDF Global Disaster Relief Summit – September 8, 2016

Where We Work



Presentation Title

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Maternal and child health challenges in emergencies

- 1991: Kurdish refugees – 63% of all deaths were of children younger than 5 years
- 1992: Somalia famine – 74% of children in camps died
- 1996: Rwandan and Burundian refugees – 54% of all deaths were among children under 5
- 2002: Afghan refugees – 60% newborns were stillbirths or died right after birth

Maternal and child health challenges in emergencies [contd]

- Syrian Observatory for Human Rights on Syrian war:
 - 14,711 children killed
 - 9,520 women killed } By early August 2016
- Kathmandu Post on Nepal earthquake:
 - 55% casualties were women and children
 - 25% of all deaths were children under 10 years

Evidence based interventions to improve maternal and child health

- Distribution of safe delivery kits to pregnant refugees during registration at borders/camps
- **Alternative transports for emergency obstetric cases – specially fitted boats, Myanmar, 2008**
- Soap distribution in Malawi refugee camps reduced incidence of diarrhea by 27%
- **Adding simple cover and spout to water containers reduced diarrhea by 31%**
- Using insecticide treated tarpaulins and tents for reducing malaria incidence in Afghan camps

Suggested approach for improving MNCH in emergencies

- Integrated Management of Childhood Illness (IMCI)
- Emergency Triage Assessment and Treatment (ETAT)
- Integrated Community Case Management (iCCM)

Apply in emergencies

Adopt best practices

Disseminate packaged guidelines