



Rotary

Districts

1120,3040,3051,3240

Collaborative Action in Lowering of Maternity Encountered Deaths (Calmed)

Key Features Summary

Version Apr 2016

Rotary Calmed VTT Global Grant Model In MCH Area of Focus
Rotary GGs 1326259, 1413592, 1528483

Rotary Calmed Programme Partnership (Government, Professionals and the Communities) for Saving Mothers' and Babies' Lives, through Rotary Foundation grants, volunteering and advocacy

"Women are not dying because of diseases we cannot treat. They are dying, because the Societies have yet to make the decisions that their lives are worth saving" – Prof Mahmoud Fathalla, Past President of FIGO.

1. Executive Summary

- a. **Calmed (Collaborative Action in Lowering of Maternity Encountered Deaths)** - comprehensive and strategic programme had been introduced in key areas of high maternal mortality in Sikkim in 2013 and Gujarat in 2014, India, as a Rotary Foundation Global Grant VTT programme, for reduction of Maternal and Child mortality and morbidity. A third programme is planned for Madhya Pradesh in 2016 – preparations are in place.
- b. Each Global Grant (\$ 50 – 60,000) is funded by DDF and lasts for 3 years. An initial Vocational Training Team (VTT) visit of 6-7 Obstetricians, utilising a "state of the art training the trainer programme" and a Community awareness trainer programme was followed by two further training visits during a three year period. Further Community awareness programme and retraining takes place during the three year period.

- c. This innovative programme breaks new grounds, on account of a number of important features:
- It is a comprehensive strategic approach to resolution of Medical, Public Health and Societal / Cultural issues surrounding maternal and new born deaths in low resource settings.
 - The programme incorporates measures countering delays in accessing emergency care of pregnant women at the community, during transport to and even after arrival at hospitals – the “three delay model”- it emphasises the introduction of the “Golden Hour “ concept in starting emergency resuscitation and saving lives through fast track transfer.
 - Components of the Programme are based on evidence- these include training in Basic Emergency Obstetric and New-born care(BEmONC) by a Vocational Training Team (VTT) of Obstetricians with a cascading effect through “training the trainer” concept thus increasing the availability of doctors and nurses with competence in the emergency care of pregnant women and babies, community mobilisation raising awareness through village women’s groups ,improving transport and access, fulfilling unmet needs of contraception and the programme made sustainable through an ongoing partnership with the Government, professionals and the communities.
 - The programme empowers Medical Professionals, Community Women’s groups and Community stake holders including Rotary at the grass roots level, who along with the Government are at the centre of this initiative.
 - Training Curriculum consists of basic emergency obstetric and new born care (BEmONC) with updating and modification based on local needs related to maternal and child health. There are additional training modules related to post -partum contraception (PPIUD), Anaemia, Anti Shock Garments (NASG), Kangaroo mother care (KMC) ,WHO Check List and hands on training on basic obstetric skills for doctors, midwives and nurses.
 - The aim is to create a larger workforce of professionals trained in emergency care of pregnant women and new born, through the principle of task shifting, supported by modern methods of training including extensive use of modern simulators. Videos, role plays etc.
 - Retraining and simulated exercise (“fire drills”) are important components of the programme which ensure sustainability of the impact.
 - Our well known collaborators add strength and expertise to our programme – these include Professional Groups (FIGO), Government of India (MoHFW, NHM), NGOs with valuable resources (GLOWM,MAF), and Rotary Networking Groups (IFRD and RFPD).
 - The programme has other important benefits on Population issues (meeting unmet needs of contraception), adolescent health and related women’s health concerns.
 - Impact of training programmes is evaluated by pre - and post - test assessment scores covering knowledge and skills, and ability to train others (Master Trainers only).
 - The programme incorporates reliable data collection including Maternal Death Surveillance Response (MDSR) and Verbal Autopsy, where appropriate, in multidisciplinary partnership with Government. This is important for sustainability of the programme.
 - Within a year of introduction, the programme has contributed to the substantial reduction of the maternal mortality ratio (MMR) - no. of women dying at childbirth per 100,000 live births - and increased the infrastructure of trained professionals in Sikkim. The second and third year data from Sikkim shows sustained improvement .In three years, forty-five mothers and an estimated 300 babies were saved ,in a population of 0.7 Million. Over two hundred extra professionals were trained in emergency care of pregnant women. Further data are awaited in Bhuj, We expect saving 65 mothers and 400 babies per year in the target population of 2.5 million. The numbers of extra professionals trained is estimated to be 300 per year. Pre and Post training evaluation show consistent evidence of measurable benefit from the training component of the Rotary Calmed model.

- Against the background of successful implementation of the Rotary Calmed programme in Sikkim and Bhuj, preparations are in place for implementation of a third programme in 2016 in selected Districts in Madhya Pradesh, in Rotary partnership with the Government (MoHFW), with a projected population of 3.5 million.
- Looking to the future - the programme facilitates introduction of Rotary Maternal and Child Health Development Academies in India, in support of Government Skills Lab initiative to offer long term training for future generations of professionals, academic support and maintain a momentum to give local ownership and sustainability to the Calmed Rotary programme.
- Plans are being put in place for a Maternal and Child Health Academy at the Calcutta Medical College in West Bengal. This is being supported by the Government of West Bengal- building construction is now complete (2016).

2. The problem – Globally, Between 250,000 and 343,000 women are estimated to die

each year from administrative errors and complications associated with pregnancy and childbirth, Most of these occur in 20 countries of the world in Southeast Asia and Africa and most are preventable. India is the country with the highest number of these preventable deaths.

Every 5 minutes, 3 women and 20 children die at childbirth.

a. Ninety-nine per cent of these deaths occur in the developing world where most women's lives are restricted by illiteracy, deficient opportunities and poverty.

b. For every woman who dies in childbirth, around 20 more suffer injury, infection or disease – that's a total of some 7 million women each year.

c. Millennium Development Goal 5 (MDG 5) was not achieved in many countries in Africa and South Asia including India. This is measured by Maternal Mortality Ratio (MMR) – no. of women dying of childbirth per 100,000 live births - three quarters reduction between 1990 and 2015 is the aim of MDG 5. In India the MDG 5 figure was MMR of 109 (currently it is 137).

d. Sustainable Development Goal 3 (SDG 3) will continue the momentum in the post 2015 era up to 2030 –this aims at further two thirds reduction of maternal and child mortality in the next 15 years (2015 -2030), with MMR of less than 70. There will be emphasis on achieving equity in health care and merging of maternal, child health and adolescent care.

e. MMR does not measure the total burden of maternal death – this is better assessed by Life Time Risk (LTR) of dying at childbirth. LTR figures are published by the World Bank for each country – this is a reflection of the total load of maternal death, as it takes into account the fertility ratio of the population. So, effective birth control (satisfying the unmet needs of contraception) also reduces the total burden of maternity and maternal mortality.

f. In the UK, a woman's lifetime risk of dying during or following pregnancy is one in 6,900 but in Sub-Saharan Africa that risk is one in 31. In India, it is 1 in 250. More action on a strategic initiative is needed to improve the situation in low resource settings.

g. Spacing births two or more years apart also significantly reduces the risk of maternal and new-born death.

3. The Calmed solution – an innovative solution in low resource setting – value of collaboration and application of modern technology

a. **Collaborative Action in Lowering of Maternity Encountered Deaths (Calmed)** is a comprehensive template of action, with a top down (training) and bottom up (community awareness) approach involving Governments, NGOs, Professional Groups, Rotary, Inner Wheel, all working through the same model.

b. The programme is a demonstration of the value of Rotary’s funding, strength of hands on efforts of professionals and power of advocacy in partnership with Government, NGOs and professional bodies.



Prof Rushwan (FIGO General Secretary), Dr. Basu and Prof Sir Arul(FIGO President)

FIGO Officers

Our Collaborators

c. Collaboration with Governments (National Health Mission) and a number of respected international and global organisations including FIGO, FOGSI, LAERDAL,

