

GLOBAL ACADEMY IN MATERNAL AND NEW-BORN HEALTH

What is a Global Academy in MCH ? This offers longer term solutions to save mothers and babies through improved care by professionals, empowered through training, developmental work and research.

VISION - Zero preventable maternal deaths

MISSION - *Make women safe for labour,
Make labour safe for women,
Support women's request to avoid unplanned pregnancies*

CHANGING EMPHASIS IN MATERNITY CARE - ACADEMY PROVIDING GLOBAL SUPPORT

1. Our experience with CALMED has highlighted the importance of obstetric, paediatric, public health and societal /cultural issues contributing to maternal and new born deaths. Furthermore, general improvement in maternal mortality data through Government efforts in India during the last two decades, has brought into focus the need to act on improving health of women, children, and adolescents with emphasis on general, sexual and reproductive health – RMNCH+A programme.
2. Future initiatives must focus on improvement of general health (anaemia, malnutrition, deficiencies of vitamins, micronutrients), prevention and early diagnosis of breast and cervical cancers, diabetes, heart disease with emphasis on general medical, Obstetrics and Gynaecology, Paediatric, mental health, socioeconomic and public health aspects – ***an extended care concept***.
3. There is a continuing shortage of trained professionals needed to care for the pregnant women and babies. This change in emphasis should be reflected also in training of professionals from being involved solely for emergency care (EmONC), to a wider programme coverage (international women's and children's health modules), based on the above concept.
4. Our model of Rotary Vocational Training Team(VTT) relies on support from trained professionals from the UK or other developed part of the world, who travel for about 2 weeks and return at yearly intervals. The VTT members assist and train local healthcare professionals and community health workers



5. The critical strategy is the use of training the trainer concept – a cadre of motivated, trained and equipped Master Trainers will train and retrain all professional workers (doctors, nurses, and midwives) needed for the communities, to ensure sustainability, and linking the enhancement of

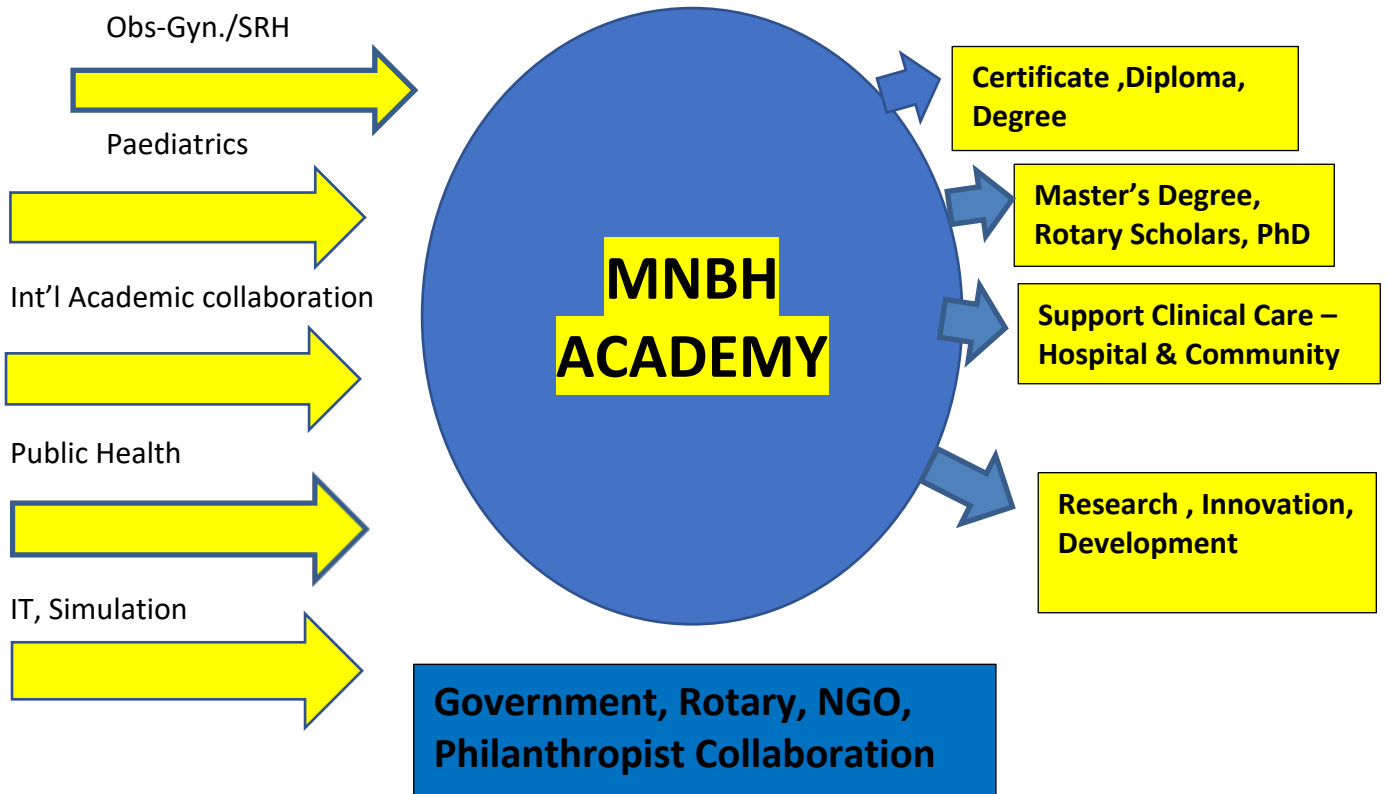
trained workforce with clinical facilities and improvement in practice at primary, secondary, and tertiary levels in the target communities. Training of nurses , midwives and community first responders (ambulance and primary care health workers) remains other important goals.

6. There is also a component of community mobilisation – Nursing Tutors and others train ASHA (Accredited Social Health Activists) trainers improve knowledge and awareness of local community through women’s groups on childbirth and child care related issues. Flip charts and videos in local languages are used, to encourage education and self-sufficiency.
7. We use modern methods of knowledge and skills transfer, particularly using simulators, role plays, videos, and charts – these are left behind as legacies to be used for sustainable impact.
8. Sustainability of this training the trainer model, independent of VTTs coming from abroad, can be ensured further through a local academic establishment, for supporting and advancing maternal and child health strategies for the country and beyond.

ACADEMY – Maternal and New-born Health Academy, when fully operational, will be a single coordinating body overseeing action, strategy, quality assurance, and leading research & development with the aim of improving women’s and children’s health in India and beyond.

OUTPUT - The Academy could be a resource for the following:

1. Training and continued accreditation of senior trainers in enhanced Comprehensive Emergency Obstetrics and New Born Care (CEmONC) with further emphasis on paediatric, public health and social medicine aspects of maternal and child health in low resource settings – creation of a Cadre of Lead Trainers, as Technical Support Team.
2. Supporting training of undergraduates, nurses, and midwives – as appropriate.
3. Establishing accredited training courses in maternal and child health, reproductive and sexual health, linked to public health and social medicine, leading to award of certificates, diplomas, degrees and master’s degrees. The emphasis in lower certificate level will be on BEmONC training, with shifting emphasis on higher levels to wider aspects of maternal , child health, reproductive and sexual health (RMNCH+A), to an international standard. Nurse and Midwife training remains important.
4. Facilitating international academic exchange and collaboration at senior and intermediate levels.
5. Supporting clinical care of mothers and babies to a high international standard – clinical support, telemedicine ,trainee exchange programme .
6. Supporting maternal perinatal death surveillance and response (MPDSR) by the Government – assessment of preventable deaths, confidential enquiry and monitoring of responses/corrective actions, through partnership and advocacy with the Government .
7. Supporting Research and Development – curriculum development, use of modern training methods , application of translational research and implementational research, development of guidelines based on data from local population, are some of the examples.
8. Assisting introduction of evidence-based practice changes in partnership with the Government – Emergency Obstetric Flying Squad scheme, Anti Shock Garments (NASG), ambulance crew training in emergency care (EMRI 108), introduction of Golden Hour concept, Kangaroo Mother Care (KMC), cell phone-based care and other digital training programmes are some of the areas suitable for development.



9. Facilitating links between global collaborators, local NGOs, Professional groups (FOGSI) and civil societies.
10. Advocacy on behalf of the population, bringing together academics and government with priorities on collecting reliable data and ensuring action on it.

ROTARY SUPPORT – The Academy would be a resource for providing doctor /nurse volunteers willing to support Rotary Global Grant VTT programme like CALMED and Others . A training programme for Rotary Scholars in Maternal and Child Health, supported by Global Grants can be established, and will help produce training leaders worldwide.

ACADEMIC SUPPORT- We are fortunate to receive support and encouragement from several organisations and individuals – we thank them most sincerely.

Respectfully submitted by Dr. Himansu Basu, on behalf of participants, collaborators and supporters of CALMED programme.

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ABBREVIATIONS

ASHA -Accredited Social Health Activists

CALMED – Collaborative Action in Lowering of Maternity Encountered Deaths

FIGO – International Federation of Gynaecology and Obstetrics

FOGSI – Federation of Obstetrical and Gynaecological Societies of India

KMC – Kangaroo Mother Care

MAST – Maternity Alliance for Structured Training (saving mothers and babies)

MCH – Maternal and Child Health

MEDBOX – The Aid Library (Global Health Education Toolbox)

MERN – Maternity Emergency Response Network

MPDSR – Maternal Perinatal Deaths Surveillance and Response

NASG – Non- Pneumatic Anti Shock Garment

NGO – Non-Governmental Organisation

RI – Rotary International

SRH – Sexual and Reproductive Health

TRF – The Rotary Foundation

VTT – Vocational Training Team

WHO – World Health Organisation