

Rotary Vocational Service in Action -an evidence-based, high impact , partnership strategy accelerating towards eliminating preventable maternal and child deaths

“We need to grow Rotary. We need more hands doing service, more brains coming up with ideas. We need more partnerships, more connections. ...I want to focus on Rotary's relationship with the United Nations.”.... Mark Maloney (The Rotarian, March 2019, P 45)

1.Executive Summary – **REDUCING DELAYS IN ACCESSING EMERGENCY CARE SAVES LIVES.**

THE PROGRAMME AIMS TO ACHIEVE THIS BY STRUCTURED TRAINING ..

- **RAISING COMMUNITY AWARENESS AND HEALTH SEEKING BEHAVIOUR**
- **UPSKILLING & CAPACITY BUILDING OF HEALTH PROFESSIONALS**
- **RESPONSIVE RESPECTFUL FASTTRACK TRANSFER OF SICK MOTHER /CHILD TO BEST AVAILABLE HEALTHCARE**

1a. Reducing delays to save lives - CALMED is an innovative high impact Rotary maternal & new-born mortality reduction initiative in low resource settings, **centred on countering medical, social and public health issues responsible for maternal and child deaths linked with the “three delay model”, and eliminating unmet need of contraception.**

1b. It is a woman centred strategic approach ,supported by M.E.R.N. enhancing resuscitation at community level, fast track transfer of pregnant woman and the new-born requiring emergency care from the community to the safety of expert care at the hospital/institution.

1c. Upskilling and capacity development - It works by creating /empowering a cohort of local master trainers, who rely on a “training the trainer” and “peer to peer training” model to increase the number of skilled professionals, enhancing community awareness of childbirth related issues in support of care providers and important behavioural changes –identifying /bridging gaps in care including unmet need of contraception- a truly high impact sustainable programme.

1d. Digital technology enhancement (Cell phone Apps, E-learning and Tele Medicine) coupled with Mentoring support is playing an increasing role .

1e. Pilot programmes based on Rotarian led vocational training (VTT), return visits, advocacy and funded by Rotary Foundation Global Grants, had produced validated successful outcomes (road maps to eliminating preventable maternal & perinatal deaths) in target areas in India (Rotary Districts 3054 ,3240).

1f. legacies, details of planning, implementation and monitoring/evaluation matrices for structured training (EmONC WHO based training) are available to those seeking these for supporting future Master Trainer training and scaling up programmes.

1g. Vocational Training Team members provided mentoring and advocacy support to the professionals they trained. This has been described as a “life changing experience” by Rotarian and non-Rotarian participants of CALMED vocational training programmes (*potential for membership growth*). Some had joined RMCH Rotary Action Group.

1h – What can you do ? Rotarians (Clubs or Districts), non-Rotarians, Professionals can support and participate by donating time as volunteer experts (VTT members), by donating DDF or cash, advocacy initiatives or by joining a strategic team for programme development ,networking and scaling up (Maternity Alliance for Structured Training -MAST) please visit <https://www.calmedrotary.org>.

1i. Developing resilience to COVID damage to Women's and Children's health system - Distance e-learning ,mentoring ,self-learning methods are being used to adapt the programme in COVID affected countries, towards strengthening gaps in health care and building resilience .

2. Background - Global Polio Eradication (GPEI) remains every Rotarian's top priority. However, every day over 800 women and 8,000 babies die at childbirth – majority are preventable. We can act. CALMED Pilot had been built on Post-Polio Legacy framework of partnership and community outreach, in alignment with Rotary's Strategic Vision.



3. What is Calmed? –stands for **Collaborative Action in Lowering of Maternity Encountered Deaths.**

3.1 Programme strategy and components are evidence-based multi-sectoral actions, to reduce maternal, new-born mortalities/morbidities and enable communities to satisfy unmet needs of contraception, in alignment with **SDG 3 goals including Universal Health Coverage (UHC)**

3.2 Low cost sustainable programme for empowerment through upskilling of healthcare professionals ,advocacy initiatives raising community awareness in bridging gaps in accessing appropriate health care in emergencies affecting mothers and babies.

3.3 The programme has seven possible components built on professional knowledge, skills /training, structured to the needs , priorities and abilities of the communities . The programme is a bespoke template of action - all or some can be implemented ,if invited to bridge the gaps in emergency care.

The components are

a. situation analysis -needs and priorities assessment – by communities, health care professionals ,Rotary, Government, WHO,NGOs.

b. top down (training the trainer model and peer to peer training) , using modern simulation techniques, enhanced WHO Emergency Obstetric New Born Care (EmONC) for updating practical skill of relevant professionals (doctors, nurses, and others) and important behavioural changes through a “training the trainer” and “peer to peer” training model. Two further visits (18 and 36 months later) and repeated retraining by local “master trainers” ensure long term impact on upskilling.. Training modules complement Government training structure -bespoke model suited to local needs.

c. bottom up (enhanced community awareness of pregnancy, family spacing and child birth related matters) approach, working in partnership with the Government, and communities. Use of pictorial flip charts ,is being replaced through digital technology (cell phone-based App) – supported by our programme partner (**www.GLOWM.com**)

d. Maternity Emergency Response Network (M.E.R.N.) for urgent resuscitation at the community and fast track transfer of sick women and babies to best available care- training of ambulance workers and (optional)low cost E- Ranger bike Ambulance, if enough ambulance vehicles are not available.

There will be a hub and spoke distribution of villages (spoke) linked with hospitals (hubs) ,so that no one is left behind ,in accessing urgent care in childbirth emergencies. – hub and spoke distribution.

See Para 10

e. MPDSR (Maternal and Perinatal Death Surveillance and Response) *Optional* - quality assurance for improved infrastructure and governance, resulting from review of all maternal & child deaths.

We rely on WHO guidelines, with Governments (if invited) for implementation of achievable realistic corrective actions covering human resources, infrastructure and governance, especially in support of Universal Health Coverage (UHC). Training in MPDSR is given ,in support of Government action.

f. A local Rotary WHO partnership (Quality of Care Network) and Joint Working Team can also support Government and Health care providers, for Obstetric Quality Assurance (OQA) ensuring governance and long-term benefit to the communities, subject to invitation from Government and WHO QoC network.

g. Reducing unmet need of contraception – Post partum IUD or other methods using L.A.R.C. acceptable to the communities' cultural and social needs .

4. Who are we? – we are an international networking group (Maternity Alliance for Structured Training) of Rotarians, academics, professionals, administrators and activists, all with a common interest in achieving measurable sustainable reduction of preventable maternal and child deaths, through support of structured training and related advocacy initiatives, with emphasis in Sub Saharan Africa and South Asia.

5. What has happened so far? – successful outcome of Pilots in India

5.1 CALMED had been implemented through Rotary Foundation Global Grants GG 1326259 & 1413592 (2013 to 2017) in two states of India, Sikkim (D 3240) and Gujarat(D 3054)- (Target Pop. 3.2 million) -

www.calmedrotary.org



Vocational Training Faculty and Master Trainers- Gujarat

5.2 Supported by Rotary Foundation Grants of \$ 100,000, resources from Collaborators including India Government, a training faculty of 11 senior doctors trained 39 expert trainers who passed Master Trainers' standard (knowledge /skills). They in turn, trained 240 health care professionals and over 300 community workers (ASHAs)-covering six visits of faculty and some smaller programmes by master trainers.

5.3 Three years follow up (direct observation and modelled estimate based on state government of India data) showed probable indirect contribution to saving lives of 123 mothers and 750+ babies.

5.4 Legacies left behind after the programme included resources for monitoring, evaluation, training, simulators, videos, digital media (stored in tablets, phones and computers) and a cadre of trained motivated professionals supported by a mentoring network ,working in teams. These resources are being updated in collaboration with University Hospital of Geneva (HUG) and Geneva Rotary Health Initiative.

5.5 Current Programme- Meghalaya Global Grant GG 1988385 – A Rotary Foundation Global Grant VTT supported by Rotarians from the UK, India and Japan (RI Districts 1120,1145,3240 and 2760) is being implemented, in Meghalaya ,supported by NEIGRIHMS ,a renowned medical college and research institute –

Meghalaya is a state in Northeast India, with high burden of preventable maternal and child deaths. Because of COVID induced travel restrictions, our Vocational Training Team members are developing a distance training e-learning portal, for initial components of distance training and training. The traditional training is expected to continue with visits after the pandemic, when the travel restrictions are lifted possibly in 2021.

6. Why is CALMED important? It sets new standards in high impact Rotary Foundation Programmes in maternal and child health area of focus through professional knowledge and skills empowerment and partnership.

The programme

6.1 Strategy is multi-sectoral, in **alignment with RI strategic vision** incorporating not only funding, but also partnership, vocational expertise and vocational efforts of professionals – all are valuable resources with significant Replacement Cost Values(RCV)

6.2 Impact is enhanced by **collaboration, internal** -Clubs, Districts, Action Groups and Fellowships (RMCH Rotary Action Group, Rotarian Health Professionals Fellowship) **and external** (Government, NGOs, Academic/Professional Bodies) Rotary partnership.

6.3 Components are evidence validated

6.4 Pilot had shown validated sustainable improvement in maternal and child mortality rates, coupled with measurable skills enhancement, enhanced community awareness and important behavioural changes.

6.5 Had generated life changing experiences for VTT, master trainers and trainees through return visits and mentoring - **created potential for Rotary leadership and new membership.**

6.6 Had **generated legacies for future projects** (training materials, partnership/collaboration, monitoring, evaluation, mentoring support) now freely available for future use– Para 5.4.

6.7 Is **capable of adaptation and merging** (dove-tailing) with contemporary in-country initiatives- we have experience of successful collaboration with existing Government programmes.

6.8 Had **received recognition** - Rotary GBI Champion of Change award (2016) and London Times - Sternberg award (2016). Eight faculty members received individual PHF recognition from Rotary Clubs.

7. Our Collaborators (logos are shown below)- Indian Government, RMCH Rotary Action Group, Rotarian Health Professionals Fellowship, Global NGOs (GLOWM, MAF, Laerdal) continue to support our vocational efforts with resources, advocacy and guidance. The programme is validated by Rotarians through support from Geneva based **Rotary Representatives to the UN, Geneva Rotary Health Group and WHO STAGE (Strategic and Technical Advisory Group of Experts)- Para 9**



8. Looking to the Future -Maternal and Child Health Academy – supported by Academics, Professionals, Governments and other stake holders, when established, will be a global resource for future vocational training of professionals to an international standard, supporting quality control, initiating research and offering a long-term solution, through empowerment of communities and professionals involved in care of mothers and babies. ***This could be a platform for training future Rotary Global Scholars (akin to Peace Scholars).***

9. Geneva Rotary Health initiative – Rotary Representative and Deputy Representative to the UN, RC Geneva Internationale and RI have established a consultative collaboration with WHO for high impact MCH programme implementation through Quality of Care Network(<http://qualityofcarenetwork.org/>). At A Rotary WHO Day in Geneva(Virtual) on 25th February 2021, joint support for improving maternal and child health was promised from WHO Director General Dr. Tedros Ghebreyesus and RI President Holger Knack. A number of Rotary MCH programmes including CALMED was presented.

10. **M.E.R.N.** (Maternity Emergency Response Network) Rotarians’ support and partnership with local Ambulance service is important in creating a local M.E.R.N. structure for emergency resuscitation of sick mothers and babies in the community and then a fast-track transfer to the most appropriate care. The action sequence is as follows (6 linked stages)

1. **Receive** Calls- activate App
2. **Respond** – Equipped Ambulance/Triage on site
3. **Resuscitate** -Paramedic
4. **Transfer** (to the most appropriate facility)
5. **Track**
6. **Treat** (equipped /staffed /mentored team)

Digital technology ,mentoring support ,Tele Medicine are all helpful- **Para 3.3.d**



11. **What can Rotarians, Clubs or Districts do?** In alignment with *Rotary International Strategic Vision ,2016*,Rotarians and Rotaractors can unite and cross boundaries to act through **Maternity Alliance for Structured Training (M.A.S.T.)** saving Mothers and Babies , specially to counteract COVID related damage to maternal and child health (please visit <https://www.calmedrotary.org>)

We must act together to bridge gaps in existing structure, process and governance in MCH care – we create a Road Map, in alignment with that vision, we seek your support for creating a strategy of action through

11.1 Promotion and Publicity – the programme details and benefits can be shared in Rotary Institutes, Rotary Conferences, Training Programmes, Meetings, Magazines, Social media etc.

11.2 Implementing Global Grant Programmes -in target population areas of 1 to 3 million, Rotary Foundation Global Grants based on our existing CALMED model can be implemented by Clubs/Districts. Our legacy (*Para 5.4*) resources, advocacy and partnership for implementation are freely available. **Rotarians can donate DDF and or cash for a Global Grant, and/or their time and expertise and hands on efforts ,for supporting vocational training in MCH.**

11.3 Multi District /Country initiatives -for initiatives covering larger population, it is even more important to join existing in- country Government or NGO initiatives, with Rotary Vocational Service collaboration based on the CALMED template for local adaptation and implementation, supported by the Maternity Structured Training Alliance /Country Forum. WHO, Government partnership in the form of Quality of Care(QoC) and Joint Working Team (JWT) are opportunities for united action.

11.4 Joining our international volunteer professional workforce (doctors, midwives, nurses, administrators and others) –for taking leadership roles in Vocational (Professional) Training in Maternal and Child Health Area (MCH) of focus (VTT Faculty roles, Vocational Training Team).

11.5 Supporting our strategic alliance leadership team for programme development and quality improvement or join us as our **Country Champions** for implementing in- country programmes ,through the Country Forum.

11.6 Join us and lend your support at Rotary Institutes ,Rotary Conventions and Rotary WHO Day (27th February,2021)

Stop Mothers Dying! Visit
<https://www.calmedrotary.org>

For further information and feedback, please contact us

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FEBRUARY.2021

CALMED Founder and Programme Director 2013 -

Member , Faculty of Medical Leadership and Management 2019-

Rotary International Networking and Services Committee (2017-20)

Rotary Foundation Cadre Technical Coordinator in Maternal and Child Health 2008-

Medical Director, Rotarian Action Group on Population Development (2010-)

Vocational Training Team (VTT) Leader (2013-)

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On behalf of all Vocational Team Members, Advisers and Supporters (Maternity Alliance for Structured Training saving mothers and babies)

ACRONYMS USED

ASHA – Accredited Social Health Activists

**CALMED – Collaborative Action in Lowering of
Maternity Encountered Deaths
(<https://www.calmedrotary.org>)**

GG – Rotary Foundation Global Grant

L.A.R.C. – Long Acting Reversible Contraception

MAST – Maternity Alliance for Structured Training

MCH – Maternal and Child Health (area of focus)

M.E.R.N. – Maternity Emergency Response Network

MPDSR -Maternal Perinatal Deaths Surveillance Response

TRF - The Rotary Foundation

VTT – Vocational Training Team