Report of TRF Global Grant VTT visits to India for Calmed maternal mortality reduction programmes - past, present and future - October/November 2014

Global Grant – GG 1326259

Global Grant – GG 1413592

RI Districts 1120, 3240, 3051

Stop Mothers Dying!
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Report of TRF Global Grant VTT visits to India for Calmed maternal mortality reduction programmes - past, present and future - October/November 2014

“The healthy future of Society depends on the health of.......mothers” (WHO, 2005)

‘Calmed’ – Protecting Mothers ‘and Babies’ Health

A. Introduction – Calmed maternal and new born mortality reduction programme has been introduced in Sikkim in April,2013, supported by a Rotary Foundation Global Grant. A second programme has been introduced in Gujarat in November 2014. A third programme is being planned for introduction in Madhya Pradesh in 2015. A visit by members of a Calmed team to all three sites took place in October/November 2014. A detailed report of the site visits is presented here, in the expectation that lessons learnt can be applied for future programmes.

The Report is rather long. But the Calmed programme is comprehensive, based on improvements in medical, public health and societal/cultural issues. The components are evidence based and the programme is centred on collaborative efforts by Rotary, government, professionals and the communities. We cover aspects of its past, present and future. The report covers outcome of visits spread over a month, with interaction with many individuals and organisations. We believe that these are stories of “ordinary Rotarians doing extraordinary things” - these need to be told and shared.

A glimpse at the Executive Summary (Section B) and Way Forward (Section P) may give you an introduction to the pages in between. Sharing details of our recent visit to all three sites will, we believe, be helpful in learning about the full picture and in supporting ongoing and future Calmed programmes.

B. Executive Summary

1. Calmed ( Collaborative Action in Lowering of Maternity Encountered Deaths ) is a Rotary Programme . It originated from the perceived failure to achieve MDG 5 (a 75% reduction of the Maternal Mortality Ratio between 1990 and 2015) amidst the realisation that maternal mortality is not only a medical issue, but also a public health, and societal cultural issue, especially in low resourced settings.

It has a ‘top down’ and ‘bottom up’ approach. It consists of:
   a. A Vocational Training Team visit of obstetricians travelling to an area in need (high maternal and child mortality)- training by the team of local professionals as ‘Master Trainers’, using modern methods of knowledge and skills transfer.
   b. Other professionals involved in child birth are then trained successively by the local Master Trainers, on emergency care of pregnant women and babies- thus producing a cascading effect.
   c. Awareness of relevant childbirth related issues are cascaded through ASHAs (Accredited Social Health Activists) and Rotarians engage in an advocacy role with the Government, to ensure sustainable action.
   d. Monitoring and evaluation are essential components of the programme.

2. The first Calmed programme was introduced in Sikkim, India in 2013 supported by a Global Grant (GG 1326259) VTT visit by a 7 member Team (six were obstetricians & gynaecologists). Early results are encouraging. Within 14 months, the maternal mortality ratio was reduced by half, training of local professionals by Master Trainers produced over 150 Professionals trained in BEmONC (Basic Emergency Obstetric and New Born Care). Quality issues of the new programme are being highlighted by feedback from local Master Trainers.
3. The preliminary visit for a second Calmed programme - as part of a scaling up operation, a reconnaissance visit to Rotary District 3051 (Gujarat, India) by a team of Rotarians from Rotary District 1120, in August 2014, provided a strong basis for sending a second Vocational Training Team (VTT) in support of Government initiatives for maternal and child mortality reduction in selected areas of Gujarat in India.

4. A second Calmed programme - this was supported by a Rotary Foundation Global Grant GG 1413592. Team Members were selected (the team leader and other five team members were all obstetricians and gynaecologists). Extensive preparatory work was undertaken in both Districts (Dist. 1120 and 3051) and by the VTT members. The curriculum was modified to include additional training modules on anaemia, postpartum IUD (PPIUD), Misoprostol and Non-Pneumatic Anti-shock Garment (NASG).

5. Collaborators - as with the first Calmed grant, strong support from collaborators assisted team preparation and the programme – in particular, support from FIGO, GLOWM, LAERDAL, MAF, and AYZH continued to prove very important.

6. The second Calmed VTT - planned team visit for the second Calmed programme for two weeks took place in November 2014. The Team consisting of two Rotarians and five obstetricians & gynaecologists trained 26 local Professionals (from 5 areas of Gujarat) as Master Trainers. They then trained 26 other local professionals and trained 30 ASHA trainers in the awareness programme with GLOWM flip charts and videos. The trainees and trainers were identified by the Government of Gujarat Ministry of Health and Family Welfare (MoFHW).

7. A repeat visit to Sikkim - this was following the successful introduction of the Calmed programme in Sikkim, India, in 2013. (GG 1326259) A repeat visit for further training by local Master Trainers (trained in 2013 visit) took place, under the supervision of a Rotary visiting team of obstetricians and gynaecologists; (Dr. Himansu Basu, Dr. Makarand Oak, and Dr. Niranjan Bhattacharya). This was in Gangtok in November 2014, immediately following on the Gujarat VTT visit. Nine Master Trainers trained 34 doctors and nurses in the BEmONC training. The training curricula included added chapters on anaemia, PPIUD, Misoprostol and anti-shock garment –NASG. Appropriate training aids and simulators had been purchased for this second training period.

8. Women’s groups - the Visiting team to Sikkim interacted with Inner Wheel, Rotary, ASHAs (20) and representatives from women’s groups, and learnt about success of their CHETNA (providing resources including transport and manpower) initiative in assisting Calmed programme specially at the village community level, in rural communities in Sikkim.

9. A template for future Vocational Training Teams (VTT) - this, the first successful implementation of the Calmed model has highlighted the importance of funding, advocacy and vocational service in the area of maternal and child health. It has, we believe, established Calmed as a template for a strong VTT, in MCH area of focus.

10. RI support during Calmed visits in November 2014 - we are fortunate to have PRIP Raja Saboo for his guidance and facilitating discussion and collaboration with the Government of India. We were privileged to have PRIP Kalyan Banerjee supporting the Calmed programme in Bhuj through his guidance and advice. We are delighted to have two senior staff members from Rotary International and Rotary Foundation; (John Wahlund – Area of Focus Manager on MCH and Abby McNear – Manager Rotary Grants, TRF) join us during the Bhuj VTT training. Many other Senior Rotary Leaders continue to support the Calmed programme.

11. Collaboration – The success of Calmed has also created new opportunities for working with our existing collaborators (FIGO, GLOWM, LAERDAL, MAF, AYZH), Government of India (MoHFW, NRHM), IFRD, RIFPD, Inner Wheel and others.

12. A third Calmed programme - discussion with and support from Government Department of Health and Family Welfare and Rotary in Madhya Pradesh (Dist. 3040), and Government in Delhi during visits in October 2014.
by HB, PDG Suresh Kasliwal and PRIP Raja Saboo, has paved the way for a third Calmed programme in Madhya Pradesh in 2015.

13. **The way forward- 'Permanent Centres'** – Our discussions and negotiations have continued with Government (National Health Mission -NHM), Rotary and academic Institutions for establishment of skills development surveillance and response centres in suitable sites in India to act as resource for continued work by local Master Trainers. This will support a progressive evolution and adaptation of the Calmed programme, eventually removing the need to rely on travelling VTT team members from England.

It should foster partnerships with women’s groups and ASHAs; and will bring about lowered mortality in these areas, as is happening now in Sikkim. A commitment to the components of the Calmed model to ensure its continued efficacy, means that monitoring and evaluation must remain priorities. These will lead to successful measurable outcomes, less maternal mortality, and morbidity.

C. **What is Calmed?**

1. Calmed (Collaborative Action in Lowering of Maternity Encountered Deaths.... [pronounced *kaam’d*]) as a concept is based on the premise that maternal mortality in low resource settings is not only a medical issue – it is also a public health and societal/cultural issue. Lowering of maternal mortality requires a ‘top-down’ and ‘bottom-up’ approach aimed at reducing the impact of “three delays model” (delays in diagnosis at the village level, delays in transport, and delays even after arrival in a Hospital on the emergency care of pregnant women.

2. The concept originated from a meeting in New Delhi in September 2010, under the auspices of the Global India Foundation. The participants included representatives from a number of stakeholder organisations including the FIGO (International Federation of Obstetrics and Gynaecology), FOGSI (Federation of Obstetrical and Gynaecological Societies of India), Rotary International (RI), WHO, Indian Government Ministry of Maternal Health and Family Welfare, Royal College of Obstetricians and Gynaecologists (RCOG), Liverpool School of Tropical Medicine (LSTM), Global India Foundation (GIF), members of the Indian Parliament and interested NGOs.

3. A report of the proceedings of the Delhi meeting was prepared, by Rotarian Dr. Himansu Basu (HB). Follow on discussions with representatives from the participants of New Delhi meeting, many Rotarians, professionals, media personnel, women’s organisations and other interested parties resulted in development of the Calmed concept.
The name (Collaborative Action in Lowering of Maternity Encountered Deaths) was introduced by HB. Considerable support and guidance from many experts including Sir Sabaratnam Arulkumaran, President of FIGO, Professor Hamid Rushwan, Secretary General of FIGO and Mr David G.T. Bloomer, Founder Director of GLOWM - Global Library of Women’s Medicine, led to the evolution of the current programme.

Rotary District 1120 Foundation Chairman Rotarian Noel Tatt and District Governor Stewart Grainger contributed greatly to the initial development of an action plan in response to the needs identified in Indian Rotary Districts.

Our Collaborators - The major collaborators are as represented through their respective logos. They contribute hugely to the success of Calmed programme, by providing resources, advice and technical support. In particular, FIGO provides programme guidance, GLOWM and MAF help with training resources, LAERDAL supports with Simulators, AYZH provides Birthing Kits.

Logos of Calmed Programme Collaborators

Calmed programme has four components –

a. It comprises a Vocational Training Team (VTT) visit under a Rotary Foundation Global Grant. It employs Training the Trainer model (based on BEmONC model of WHO) in emergency care of pregnant women and new-born babies, for professional (Doctors, Midwives and Nurses) capacity building and sustainability at the country level. Modern methods of knowledge and skills transfer, including high fidelity simulators, role playing and training videos are used. Newer approaches such as treatment of anaemia, use of Anti Shock Garments (NASG), use of Misoprostol tablets, postpartum IUD use are being introduced.

b. Secondly, it raises awareness of childbirth related health issues, antenatal care, nutrition, child care, danger signs of pregnancy complications, early breast feeding, Kangaroo mother care, and family planning amongst community women’s groups by health activists ASHAs (Accredited Social Health Activists) who use pictorial charts, Posters and DVDs. Partnership with Inner Wheel is encouraged.

c. Thirdly, Rotarians, through their advocacy role, and in partnership with Government and health professional groups such as FOGSI, ensure provision of specific resources which are needed such as treatment of anaemia, postpartum IUD, ambulances, birthing bits, cell phones, supply of lifesaving medication, emergency funding for hospital care, and the improved quality of ‘Maternal Death Surveillance Reviews’ etc. This partnership will stimulate an ongoing agenda for the improvement of maternal and child health and ensure future sustainability throughout the target areas, in the monitoring and evaluation of maternal death and near misses in an acceptable time-frame and within the policy framework of Government Health Programmes.

These are important elements of the Calmed Global Grant programme.

Components of the Calmed programme are evidence based in lowering maternal and child mortality.
D. First Pilot Programme - introduction of Calmed in India - Sikkim (2012-13)

1. Initial communication between Rotarians in District 1120 (HB and others) in England with those in District 3240 (Northeast India) led to the concept of the Calmed programme being introduced in Sikkim, in the foothills of the Himalayas. Preparatory visits to Sikkim (in April 2012 with Rotarians Elaine Craven, Martin Pember and HB, and subsequently by HB in February 2013) on two occasions to ensure feasibility and assist introduction of the Calmed model was followed by the VTT Team visit in April, 2013.

2. A Team of Six Obstetricians along with a Rotarian Team Leader from District 1120 (Kent and East Sussex) started the VTT programme following arrival in Sikkim on the 18th April, 2013.

3. The Team did a TTT (Training the Trainer) course for the first 5 days (including a preparatory day) based on WHO BEmONC module (Basic Emergency Obstetric and Neonatal Care), adapted for local need, using many up-to-date simulators, action videos, Wall charts, Posters. They trained 13 Master Trainers (there were 11 doctors and two Nurse Trainers). There were knowledge and skills tests before and after the Course - all the trainees showed statistically significant improvement.

4. During the next three days, these 13 newly recognised master trainers trained 19 professionals employed at the grass roots level – mostly doctors and some nurses (GNM – General Nurse Midwives) from all four Districts of Sikkim. They used same training tools and used identical Pre- and Post-Training Tests of knowledge and skills. The measurable improvement in scores was equally remarkable.
5. As part of the third tranche of training, the team delivered a training and awareness course to a mixed group of 39 comprising of basic nurses (ANMs), lady health visitors and a few women volunteers. Training videos and breakout groups were used along with flip charts (these are of very high quality specially prepared by GLOWM for Calmed); some in Sikkimese and some in English. They informed pregnant women about danger signs during pregnancy, nutrition, antenatal care, family spacing etc.

6. For the final group interaction, VTT were joined by a group of 19 representing local stake holder women’s groups including Inner Wheel (8) and ASHA Trainers. The Women’s groups affirmed their recognition of the value of Calmed in attempted reduction of maternal and new born mortality and confirmed their collective support for on-going work on Calmed through village women’s groups in Sikkim.

7. A meeting with Health Secretary Dr. K. Bhandari and NRHM Director Dr. P.M. Pradhan led to the expectation that good data collection on these topics were in place and that further monitoring and evaluation of Calmed would be done with assistance from the Sikkim Government.

8. A mission statement was issued – as follows:

This meeting endorses the impact and importance of the Calmed programme in protecting mothers’ and babies’ health. It urges all stake holders to join NRHM to take effective follow-on action through implementation of the components of Calmed throughout Sikkim, in order to reduce avoidable maternal mortality.

9. Finally, the VTT team compiled inventories, handed over all of the equipment including the Simulators. Also handed over were ten Foetal Heart Monitors (Sonicaid) for use by midwives in the districts – This was a gift from Rotary International.

10. Outcome – Follow-on reports on monitoring and evaluation from Sikkim indicate success of introduction
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of the Calmed model, especially in reduction of the maternal mortality ratio (350 in 2013 to 150 in 2014), the progressive rise in the number of trained professionals (from 19 in April, 2013 to 178 in September 2014) and an increase in confidence amongst professionals in tackling emergencies in child birth, (evidence acquired through direct interviews).

E. Scaling Up of the Calmed Programme in India - Preparatory Work for Introduction of the Calmed programme in Gujarat, Madhya Pradesh and revisit Sikkim.

1. Global Grant - following successes of Calmed programme in Sikkim, discussion and communication between Rotarian DG Dr Gyaneshwar Rao of Dist 3051 (Gujarat) and Rotarian PDG Dr. Himansu Basu (HB) of RI Dist. 1120 resulted in setting up of a second Global Grant VTT programme between the two Rotary Districts for ‘Maternal and New Born Mortality /Morbidity Reduction Programme’ based on Calmed. The Grant was approved on 27th June, 2014 (GG 1413592). Money was released on or about the 10th October - there was delay associated with procedural problems! Much of the preparatory work was done in anticipation.

2. Preparatory Work - HB and FH visited Ahmedabad and Bhuj in August 2014, met senior Rotarians, government officials in the Ministry of Health and Family Welfare (MoFHW), medical professionals and Public Health experts. There was full support for the Calmed programme being introduced in selected areas in Gujarat.

The visit helped to project the benefits of professional capacity development utilising the Training The Trainer (TTT) model – specially to Rotary leaders, Government and Professional Groups in Gujarat, who endorsed the value and the ability to support the model for sustainable development through Calmed, in the ‘Maternity and Child Health’ area of focus, in alignment with Government initiatives.

Gujarat Health Officials and Senior Rotary Leaders – HB explains training programmes in Android Phone to Mr. Taneja, Principal Secretary.
The visit also highlighted the need for preparatory work to receive the VTT and also targeted areas in which continuing preparatory work (curriculum development, establishing women’s group, introducing programme modifications) was required.

It included identification/procurement of other training materials including simulators, films, charts. Materials were printed or copied into flash drives.

Coordination between teams in India and England was by e-mail, telephone and regular Skype calls.

3. **Government Support** - Gujarat Ministry of Health and Family Welfare (MoHFW) along with National Rural Health Mission (NRHM), identified the target areas (Kutchh, Patan, Samarkantha, Banaskantha and Surendranagar), the nos. of Master Trainers, Trainees and ASHA Trainers in a coordinated cycle throughout the target areas.

4. **VTT** - members of the VTT were identified and selected by Skype interviews by Professionals and Rotarians from District 1120.

The Team consisted of

Rtn. PDG Dr. Himansu Basu – Programme Director, Team Leader, Obstetrician & Gynaecologist

Rtn. PP Francis Hodge – Team Communications and Administrative Support
Prof Hasib Ahmad – Consultant Obstetrician & Gynaecologist

(later replaced by Dr, Nutan Mishra, Consultant Obstetrician & Gynaecologist)

Mr. Sameer Umranikar – Consultant Obstetrician & Gynaecologist

Mr. Santanu Acharya – Consultant Obstetrician & Gynaecologist

Prof. Prabha Sinha – Consultant Obstetrician & Gynaecologist

Dr. Rachana Diwedi - Consultant Obstetrician & Gynaecologist

5. Curriculum Development - an intense preparatory programme for the Vocational Training Team (VTT) followed. The Curriculum based on WHO BEmONC curriculum was further developed, extended and adapted to meet local needs by all the members of the VTT – editing of Participant’s and Facilitator’s Manuals, was done by two VTT Members – Drs. Prabha Sinha and Rachana Dwivedi. Extra Chapters (Anaemia, Non-Pneumatic Anti-shock Garments – NASG, post partum IUD etc.) were added, all the chapters were modified with flow charts, pictures etc.,

6. Scaling up in Madhya Pradesh - ongoing liaison and further preparatory work was initiated for introduction of Calmed in Madhya Pradesh possibly in 2015. PRIP Raja Saboo and PDG Suresh Kasliwal led the initiative for this scaling up. This is continuing.

7. Scaling Up of the Calmed model in India and the return VTT to Sikkim – October/November 2014
It was decided to streamline the visits and combine VTT visit to Gujarat, return Visit to Sikkim and preliminary meetings for scaling up of Calmed in Madhya Pradesh. HB organised visits to participate in these activities linked within the same international travel package.

Travel for HB and VTT members were coordinated to provide seamless transition for visits from one site to the next.

F. Visit to Madhya Pradesh, RI District 3040 - October 26/28th, 2014

1. Travel for HB from London to Bhopal was via Mumbai. HB was received at the Bhopal Airport on the 27th October by DG Narendra Jain, and District Secretary Salil Chatterjee of Dist 3040. Overnight stay at the Jehan Numa Palace Hotel helped to overcome jet lag.

2. Government of Madhya Pradesh - following morning (28th October, 2014), PDG Suresh Kasliwal, DG Narendra Jain and HB met Principal Secretary of Madhya Pradesh Government Dept. of Health and Family Welfare, Shri Pravir Krishn. Mr. Krishn listened to the details of the calmed programme with interest and commented – “we would like to get Rotary involved wherever there is a suitable programme and partner with Rotary”.

Mr. Krishn highlighted three specific areas of cooperation with Rotary calmed programme:

i. raising community awareness and participation – social mobilisation
ii. creating (Master) Trainers on MCH care
iii. supporting Government action specially on Public Health initiatives

3. NRHM – the Rotary Team then met Shri F.A. Kidwai, Mission Director of NRHM. during the afternoon. Also present were Mrs. Archana Mishra, Deputy Director of Maternal Health, and Dr. Rajashri, Deputy Director, NRHM. This meeting was particularly helpful in identifying ways forward in introducing the Calmed programme in Madhya Pradesh, hopefully in 2015.

Our discussion included the following areas of common interest:

Principal Secretary Mr. Krishn
i. Coordination of MCH courses between government programmes and the Calmed programmes – these also include current ASHA Training Programmes with 3 modules.

ii. Training course contents are similar – but follow-on action and sustainable implementation are key goals. Rotary’s support with modern simulators and modern methods of skills transfer used in Calmed training, additional modules such as Anaemia, Postpartum IUD coupled with awareness training for ASHAs will reduce maternal mortality further.

iii. There is a lack of effective audio-visual guides to team training – voice over and translation of training materials into Hindi/local dialects will be priorities.

iv. There are six revenue Districts in Madhya Pradesh (Jhabua, Alirajpur, Barwani, Dhar, Khargone and Burhanpur); identified as high maternal mortality ratio (MMR) areas, where Rotary Government partnership for Calmed can be introduced.

v. Rotary Team Visits to identify preparatory work and resource needs will take place before training starts.

vi. Government of Madhya Pradesh will be interested in establishing 2 Skills Development Centres – details will be discussed later.

vii. Documentation, data collection and evaluation will be ongoing agenda in government partnership with Rotary.

DG Narendra Jain and Joint Secretary Shri F.A. Kidwai

Shri Kidwai was eager and helpful – he invited us to submit a MOU for consideration and adoption as part of our next Global Grant application for Calmed in Madhya Pradesh.

4. Skills Training Development Surveillance Response Centres – We believe we should separate Global Grant VTT activities from those associated with the Skills Development Centre. This longer term development will eliminate the need to rely on VTT members travelling from England. The locally trained and engaged ‘Master Trainers’ (trained to the requisite level), will be able to support a sustainable Training The Trainer programme for a long term impact on maternal and child mortality. We need to build a resource
incorporating support and incentives for high quality Master Trainers.

G. PRIP Raja Saboo met Government Officials in Delhi – October 30, 2014

1. Health Minister - Prior to our meeting, PRIP Raja Saboo had discussed the Calmed programme with Union Health Minister Mr. Harsh Vardhan, who showed interest in supporting the Rotary programme. As Mr Vardhan was away from Delhi during this planned visit, PRIP Raja kindly arranged a meeting with the Principal Secretary (Health and Family Welfare - MoHFW) Mr Lov Verma and Joint Secretary (National Rural Health Mission - NRHM) Dr. Rakesh Kumar, in the Delhi Secretariat. The purpose was to promote Calmed and identify a plan of action through collaboration with Government of India Health Department.

2. Rotarians meet Health Officials - DG Narendra Jain, PDG Suresh Kasliwal and HB joined PRIP Raja Saboo. On the 29th October, we first met Mr Verma; he was interested, highlighted the Government’s commitment to reduce maternal and new born mortality/morbidity and requested Dr. Kumar to look at the details of Calmed and suggest an action plan.

PRIP Raja Saboo, Principal Secretary Lov Verma, Joint Secretary Dr. Kumar, Rotarians Basu, Jain, Kasliwal

3. Meeting with NRHM Joint Secretary - We had a further meeting with Dr. Kumar, in his office. PRIP Raja emphasised Rotary’s commitment to Global Polio Eradication as well as improvement of maternal and child mortalities and morbidities, as our priorities and areas of focus. Dr. Kumar was briefed in detail about Calmed programme in India; he identified a number of common interest issues – these include training (in the emergency care of pregnant women and babies). He is very interested in the training of nurses and midwives, and the use of modern simulators in all stages of training. He welcomes the establishment of Skills Development Centres. He is particularly interested in Rotary’s commitment to achieving sustainability and capacity development in these areas.
4. Skills Development Centres - HB explained that the Skills Development Centres would be quite different from skills labs, in that these will incorporate ongoing development of training programme with regular updating, sustainability with regular “fire drills” to test retention of knowledge and skills (of health workers involved in care of pregnant women and babies). HB also discussed the need to have regular local input through collaboration with academic partnership, professional (FOGSI) support, translation of texts and language dubbing of training videos.

HB offered to send a proposal for a Skills Development Centre, to Dr. Kumar for his consideration.

5. FOGSI viewpoint - HB met Dr. Mala Arora, Obstetrician & Gynaecologist, and her husband Dr. Narinder Pal (a Senior Physician) in Delhi – Dr Arora is a senior member of FOGSI. They highlighted the ongoing partnership between FOGSI and Government of India (GOI) in supporting various ‘Training The Trainer’ initiatives. HB requested FOGSI support in two specific areas
   i. Identifying existing Master Trainers (trained through GOI training programmes or by the Making It Happen programme of Liverpool School of Tropical Medicine) who can then be invited to be local “VTT”, thus reducing cost and dependence on VTT brought in from the UK. This is subject to the local Master Trainers being briefed on the recent techniques of skills and knowledge transfer used in Calmed training.
   ii. Supporting setting up and ongoing work linked with Skills Development Centres.

6. PRID and TRF Trustee Sushil Gupta - Following day, on the 30th October, HB and Rtn. Subhash Kohli met Foundation Trustee and Past RI Director Sushil Gupta. He had been a strong supporter of Calmed programme from its inception in 2010. HB narrated the progression of Calmed – past, present and future. Sushilji made a number of important suggestions including the need to increase support for GOI training programme with modern training and skills transfer methods and emphasised the benefits of collaboration with FOGSI members in areas where Calmed is being introduced. HB agreed to keep in touch with Trustee Sushil Gupta, for ongoing support and guidance.
H. Bhuj VTT Programme-October 31 to November 14, 2014

1. Arrival of VTT - HB arrived at Bhuj on the 31st October. On site preparatory work commenced with the help of support staff from Gujarat Adani Institute of Medical Sciences (GAIMS) – special thanks are due to Rtn. PDG Dr. G Rao (he is also the Medical Director of GAIMS), Mrs Tarnistha Ray (TR), a public health specialist and Dr. Ishita Mishra, Assistant Prof. of Obs/Gyn. (IM). They did a great deal of the preparatory work in Bhuj. Much of the unpacking, testing of equipment and preparing of the rooms continued on the 1st and 2nd November, was thanks to them.

Five VTT team members left UK on the 1st November. DG Martin saw them off at the London Airport. Dr. Sameer Umranikar joined the team in Mumbai, having left the UK two days previously. They were greeted at the Bhuj airport by local Rotarians and HB on the 2nd November.

2. Prince Hotel, our home for two weeks - The Team stayed at the Prince Hotel, identified as suitable during the preparatory visit. Team members joined in “Faculty Briefings” at the Hotel every morning and evening. The journey to and from GAIMS took about 20 minutes.

3. Getting Ready - November 3 – Completion of Preparatory work including checking of office/communication/dining Facilities, equipment, rooms, training manuals, simulators, videos, charts, signage etc. FH, TR, Manisha, & Pooja prepared delegate packs, including badges; these were coded Red, Blue, Green according to the mentoring groups of the trainees (and future Master Trainers).

A photographer was in attendance to take videos and photos (a second photographer joined after the first week replacing the first).

HB spoke about the Calmed programme to Doctors, Medical Students and Faculty Staff. Opening ceremony was attended by Academics, Rotarians, Professionals and VTT members - it included customary greetings and lighting a lamp by VTT, senior members of Adani staff on the platform and in the audience.
4. **November 4 – 7, VTT Training of Master Trainers** – Twenty nine Master Trainers, identified by the NRHM, Gujarat were trained by the VTT on Calmed programme. Pre and post training tests of knowledge and skills showed significant improvement of scores post-test. Twenty six ‘Master Trainers’ were judges as they had now been trained. On the last day the newly recognised Master Trainers worked with the VTT, to prepare for the next tranche of training.

Preparatory work by VTT members paid off – the quality of training using modern methods was superb, thanks to the contribution, personal involvement and editing of training curriculum and materials by individual VTT members. Their enthusiasm and ownership of Calmed training was visible. Two of the Master Trainers were appointed as Course Directors (Dr. Ishita Mishra) and Deputy Course Director (Dr. Parul Patel) for the next tranche of training. A number of senior members also participated in the ‘Master Trainers’ group – it is a pleasure to acknowledge their contribution to the success of the training programme. The contribution by Dr. Upendra Vasavda deserves my special thanks. HB highlighted the importance of timing in emergency care of pregnant women and babies – “golden hour” concept.

5. **Workshop on November 8** – A proposed workshop with local Obstetricians (FOGSI) and Academics from GAIMS turned out to be poorly attended probably because of lack of prior notification. In the afternoon, VTT enjoyed a sightseeing tour of the desert area, this was courtesy of local Rotarians specially PDG Mohan Shah.

6. **November 9 to 11 – Training by the Master Trainers** – During these three days of BEmONC (Basic Emergency Obstetric and New Born Care) training, the VTT members who had effected the initial training, remained as guide and mentors. The fact that it was the local Master Trainers who were in charge meant they were able to instruct in the local language, and to pass on the expertise they had received themselves in the first week.

All the training methods, equipment used were identical to the initial tranche of training of Master Trainers – VTT members fully endorsed the high quality of this Training.
Trainee model. Pre and Post Training tests also showed significant improvement of knowledge and skills scores in this group of 26 Trainers.

Practical Hands on Training

VTT members expressed the view that some of the Master Trainers excelled in their role as Trainers.
John Wahlund, Rotary International - Area of Focus Manager on maternal and child health and Abby McNear, Grants Manager of the Rotary Foundation, joined us for 2 Days (November 11 and 12). They praised the VTT and the way the training was conducted.

VTT Members were very appreciative of the trouble these two senior staff members took to join us. They commented positively specially on the hands on and practical aspects of the training and the benefit achieved by adopting the Training the Trainer model.

VTT Members with RI Managers John Wahlund and Abby McNear

7. November 12 – Training of ASHA Trainers - on awareness (18 modules) on pregnancy and childbirth issues. PRIP Kalyan Banerjee joined us.

PRIP Kalyan Banerjee, Mrs. Binota Banerjee and DG Jagdish Patel marvel at the Training
i. The training and awareness for ASHA Trainers was conducted in three groups (about 30 in all). In parallel, there was continued hands on skills training by Master Trainers and VTT. It was a busy day.

ii. We had the good fortune to be joined by Past Rotary International President Kalyan Banerjee and his wife Binota. District Governor Jagdish Patel and many Rotarians also supported the training sessions. They looked at all components of training taking place on the day including a skills workshop. They were impressed, made many positive comments and wished the programme a success.

iii. Press Conference – about fifteen press representatives were present, mainly from the Katchchh press, and seven reporters for local t.v., thus our programme acquired good coverage in the local area. We were fortunate that Past RI President Kalyan Banerjee is from Gujarat himself and was therefore able to converse with the press in fluent Gujarati. Of course subsequent reporting was mostly in Gujarati. We gave a mission statement to the Press, confirming Rotary partnership with the Government in promoting Calmed programme in
deprived areas of Gujarat with high maternal and neonatal mortality. It was reported in the Press (Gujarati) the following day.

iv. This was followed by the Closing Ceremony – Certificates were given to all the Trainees of different grades. As is the local custom, each individual trainee was recognised with an inscribed scarf.

Closing Ceremony – PRIP Kalyan Banerjee hands over Certificates
Speakers included PRIP Kalyan Banerjee, PDG Dr. G Rao, HB and the Dean of GAIMS, Dr. P. Kumar. PRIP Kalyan congratulated the Trainees and thanked the VTT members for their commitment. He expressed strong support for the Training The Trainer model and emphasised the value of such programmes in reducing maternal and child mortality and morbidity in India.
v. Total Pledge of support – the whole audience of Professionals, Rotarians, Students and Staff present at the closing ceremony stated their personal support for Calmed programme in Gujarat.


i. Logistics of Calmed implementation and partnership with the Gujarat Government was discussed. He agreed with potential benefit from private-public partnership. He mentioned the importance of Rotary communicating regularly with the Government – in particular with Mr J P Gupta who has replaced Mr. Taneja as Principal Secretary in Gandhinagar. Of course, NRHM Director Dr. N B Dholakia is in post and would be interested to continue dialogue with Rotary.

ii. HB brought the question of quality in Maternity care and in Maternal Death Surveillance and Response (MDSR). Governments leadership in this is essential.

iii. The Government would particularly be interested in training of ANMs and ASHAs. There is a skills shortage particularly in these areas.

iv. Mr. Dave is happy with GLOWM Flip Chart modules and total contents for ASHA Training.

v. He queried the ownership of the training equipment including Simulators. HB explained that under the terms of Global Grant, the equipment is donated by Rotary to local Training Facility which appears to be GAIMS. There is scope for negotiation in favour of the venue where these will be
vi. HB also discussed the possibility of local Rotarian doctors and/or GOI trained Master Trainers to take on responsibility of training - in that case partnership with the Institute (GAIMS) and possibly local FOGSI will be essential. HB emphasised that commitment from trainers and incentives to Master Trainers are both necessary to maintain a sustainable model of training.

vii. It was agreed that Rotary would maintain an ongoing dialogue with government to take forward the issue of sustainability and capacity development in maintaining a workforce of trained workers involved in the care of pregnant women and new born babies, at all levels.

viii. A ‘Skills Training Development Surveillance Response Centre’ in Gujarat would be ideal for this purpose. It should offer a long term solution.

9. November 14 and 15 – Feed-back, meeting with academics, and equipment hand-over
   i. Feed-back questionnaire collected from all trainers were discussed by the Group. There was positive feed-back all round.

   ii. Hand Over - All equipment were checked – hand over to Dr. Rao was made by HB representing the VTT. Photos and videos were collected (an additional hard drive was purchased).

   iii. Meeting with the dean and professors - HB had meetings with the Dean Dr. Pramod Kumar, Head of Obstetrics and Gynaecology Dept. Dr. Nimesh Pandya, and Head of the Dept. of Paediatrics Dr. Chowhan. They are fully supportive of Calmed model. Our major point of discussion was Sustainability of training and any possible support from GAIMS. Dr. Kumar suggested an ongoing committee structure in GAIMS with the Heads of Department, Dr. G. Rao (Medical Director) and possibly some additional academic members to have a regular forum overseeing Calmed programme. Academic input in terms of emphasis on maternal and child mortality and morbidity in undergraduate and postgraduate curricula can also be facilitated, without waiting for formal approval from the Medical Council of India.

I. Rotary Support for Calmed in Gujarat
   Rotary at all levels continue to support implementation of Rotary Calmed model. Support came specially from:

   i. PRIP Kalyan Banerjee – As described above, We had the good fortune to be visited by Past RI President Kalyan Banerjee and his wife Binota. PRIP Kalyan expressed great support and encouragement throughout his two days with us at the programme. We are greatly honoured.

   ii. Senior Staff Members - Additionally, we were visited by John Wahlund from RI and Abby McNear from TRF, both senior Staff Members (Managers) from Chicago who interrupted their visit to Delhi to be with us. They showed great interest and praised Calmed programme representing a top end programme for maternal and child mortality reduction as well as being a superior VTT template. We are grateful.
iii. The four Rotary Clubs in Bhuj (Bhuj, Bhuj Wall City, Bhuj Fleming and Bhuj Capital) were supportive and hosted us in three separate occasions RC Bhuj Flamingo on the 6th November, RC Bhuj on the 7th November and RC Bhuj Wall City on the 11th November. We invited all our hosts including Rotary on the 11th November, to a reception and Dinner at the Prince Hotel. The Rotarians and clubs in Bhuj are committed to providing ongoing support for the Calmed programme – this relationship is an important one which we shall foster. We appreciated the Rotary hospitality and are grateful to everyone for making our visit such an enjoyable one.

iv. The Inner Wheel Club joined us on these occasions and expressed their support. We discussed the possibility of a joint Inner Wheel/Rotary approach towards village women’s groups and community mobilisation, with possible introduction of Rotary Inner Wheel Community Corps in support of Calmed. In view of perceived interest and support, this could be an ongoing agenda between Rotary and Inner Wheel. Our links could be fostered through Dr. Alka Rao and Mrs. Usha Thacker – both senior members of Inner Wheel in Bhuj.

J. Second Visit for calmed programme in Sikkim - November 15 and 16- Mumbai, Siliguri, Gangtok

i. Training Framework - HB travelled to Mumbai on the 15th November and was joined by Dr. Makarand Oak, Consultant Obstetrician from Glasgow who arrived in the morning. They had a meeting to discuss the programme of revisit in Sikkim and its contents.

The framework to be adopted was that the visiting team (Drs. Basu, Dr. Bhattacharya from Kolkata and Mr Oak) would introduce and discuss with Master Trainers, relevant new components (anaemia, Uterine Balloon Tamponade, Non-pneumatic Anti Shock Garment- [NASG], Kangaroo mother care) in the training curriculum adopted in 2013. The visiting team would act as facilitators and guide, with bulk of training being conducted by the local ‘Master Trainers’, who were trained in 2013, for maintaining the enthusiasm and commitment of local trainers. As in the previous year, the trainers will encourage ‘hands-on’ learning rather than the passivity of lecture-based teaching, although there will be short introductory lectures. Amended facilitator and trainee manuals were handed out.

ii. Travel to Sikkim - HB and Dr Oak left Mumbai for Sikkim on 16 November and were joined by Dr. Niranjan Bhattacharya, a Rotarian and Senior Consultant Obstetrician & Gynaecologist from Kolkata (RI District 3291) The visiting team was met at Bagdogra airport by PDG Dr. Salil and Mrs Bharati Datta from Siliguri, Rtn Umesh and Mrs Shiela Agarwal and PP Uday Sharma the last two from Rotary Clubs in Gangtok. After a working lunch at the airport, the visiting team left for Gangtok arrived in the evening. We were met by PDG Yogesh Verma and District Inner Wheel Chair, Mrs Renu Verma and Gangtok co-ordinating committee.
iii. **Briefing the Local Team** - HB revisited the initiatives that led to the first training the trainers programme in Gangtok in 2013 and briefed the team on the experience and progress of Bhuj programme of preceding two weeks. He also briefed the team on the progress of Rotary talks with State government officials from Gujarat and Madhya Pradesh and the Government of India’s Health ministry’s officials. He confirmed that there had been a welcome commitment from these bodies, ensuring further scaling up of the programme in 2015 and beyond. “Their eyes are on Sikkim” – he said.

K. **Meeting with Government Officials and Academics in Gangtok** - 17-18 November 2014 –

i. **Calmed VTT** – focus of the day was to describe, explain, continue to put the VTT programme firmly on maternity care map in Sikkim, seek Rotary/government partnership for sustainability, continued development and training with the aim of reducing avoidable maternity encountered deaths and improving maternal and neonatal health.

ii. **NRHM** - the day started with a formal meeting with Dr. P.M. Pradhan MD, the Mission Director, National Health Mission Government of Sikkim. Areas covered included continued training and data collection. Dr Pradhan informed that there is a good maternal mortality surveillance system in Sikkim. Dr Pradhan’s wish list is to increase and improve training and service delivery at sub and primary health centre level so that more women will deliver near their home and receive timely good quality intervention soon if needed.

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**Pledges of support for Calmed from Dr. Pradhan and Rotarians**

iii. **Updating on Calmed** - HB described further evolution of the VTT programme and suggested cascading training and knowledge and availability of clinical resource through mobile phone.
applications for emergency situations. He suggested introduction of NASGs in transporting pregnant women with obstetric haemorrhages.

iv – Meeting with State Governor - The group was extremely fortunate in being able to meet The Honourable Governor of Sikkim Mr S Patil, at the Raj Bhavan, thanks to the initiatives led by Mrs. Verma.

The Hon’ble Mr Patil (He is also the Chancellor of the Sikkim Manipal University) was aware of the issues related to Maternal and Child health in Sikkim and expressed keen interest in Calmed VTT programme. He offered to take forward through his offices newer proposals from VTT, for provision of anti-shock garment, Mama-u, post-delivery insertion of coil (PPIUD) and providing assistance with translating maternity health related applications for mobile android phones in Sikkimese. Governor Patil also suggested a formal proposal from the Group for his consideration and possible discussion with other State Governors at their meeting in Delhi in February 2015.

v. Health Minister - The Group’s meeting with the health minister Hon. A J Ghatani was equally promising and he pledged his commitment for the continuation of the programme. There was broad agreement between HB and the minister on all aspects of VTT programme and in addition both
concurred on the importance of ‘top-down’ and ‘bottom-up’ approach. Locally, ASHA (Accredited Social Health Activists) are actively involved in health education and VTT group will also be meeting ASHAs and other NGOs on 21 November 2014.

vi. Sikkim Manipal Institute of Medical Sciences – HB had useful discussions with Dean Dr.G.S. Joneja (an Obstetrician Gynaecologist) and Vice Chancellor Dr. S.N. Mishra. They both expressed interest in academic integration of Calmed at the Medical School and suggested procedures to be followed for evaluation and Committee approval. They agreed with the need for a working partnership with NRHM. This topic needs to be followed up.

HB and Dr. Niranjan Bhattacharya also had a separate meeting with Dr. B. Kanungo, HOD, Obstetrics & Gynaecology – all aspects were discussed – there was agreement that a full partnership with the Government leading to the establishment of a ‘Skills Development Surveillance Response Centre’ should be the ultimate objective.

Drs. Verma, Basu, Vice Chancellor and Dean at the Sikkim Manipal Institute of Medical Sciences

L. VTT Training Programme in Gangtok -18-20 November 2014

i. The Inaugural ceremony was conducted by Rtn. Mrs Sunita Kiran. Distinguished guests included Dr Pradhan Mission Director, National Health Mission Government of Sikkim, Inner Wheel President Mrs Amita Mundra, PDG Dr Yogesh Verma and members of the visiting team.

ii. ‘Master Trainers’ - Inner Wheel chair Mrs Amita Mundra, PDG Dr. Verma and PP. Dr Praveen Somani recognised and thanked Calmed Master Trainers (9 of the original 13 trained in 2013, were able to join in this time), for their enthusiasm and dedication in continuing the training that was started in 2013. He pledged the ongoing support of the Inner Wheel and Rotary Clubs of Gangtok.
HB extended his deep appreciation and gratitude to all in Sikkim and beyond who have, are and will continue to support the programme.

iii. **Dr. Pradhan** extended his welcome to the visiting team and acknowledged the contribution of the VTT programme. Dr Pradhan highlighted the progress towards achieving the goal of increasing deliveries in hospital based institutions (now over 90%), and the reduction in number of deaths; but stressed that this is the beginning and not the end of journey. He expressed confidence that with multi-agency partnership the goal will be achieved in the not-too-distant future. Dr Pradhan stated that the health services in Sikkim have highest spending and doctors per capita in India and stated that this pattern is unlikely to change. ‘Maternal Death Surveillance Response’ (MDSR) is given high priority – the Health Secretary chairs the State MDR Task Force Committee which meets every 6 months. There is a facility based MDSR at all levels, from the PHC to the District Hospitals.

iv. **PDG Dr Yogesh Verma** thanked the master trainers for going out to primary health centres and training the staff in these health centres. He extended his personal welcome to the visiting Faculty and extended his thanks for their continued support and wished the programme participants successful training days.
VTT and Master Trainers in Sikkim - 2014

V. Calmed training - The programme maintained the planned theme of multiple learning modalities, with use of simulators, role playing, interactive break-out sessions and videos. A total of 34 Trainees were trained by 9 Master Trainers, under the guidance of Drs. Basu, Mak and Bhattacharya, during the three day period.

vi. Assessment - There were Pre and Post Training assessments of knowledge and skills – these showed highly significant improvement (the mean scores were 5.5 and 15.5 out of 20 respectively), and these would suggest that the training modules are appropriate and effective.
All pledge support for promoting calmed programme in Sikkim!

vii. Progress Report on Monitoring and Evaluation — HB met Dr. N. Shenga, Joint Director, NRHM for a follow on discussion specially on the monitoring/evaluation process. Dr. Shenga explained the thoroughness of the programme at all levels. Other topics discussed included treatment of severe anaemia with intravenous Sucrose, training of ANM, GNM, use of simplified Partograph, the culture of timely referral – golden hour concept etc. There was agreement on all these topics suggested by HB.

M. Concluding ceremony of the BEmONC course - 20 November 2014 (Valedictory function)

i. This was attended by Rotarians and Inner Wheel presidents, VTT members and NRHM. Dr Pradhan spoke about the strength of the Government Rotary partnership and again emphasised the ongoing success of Calmed in Sikkim.

ii. HB stated that following the success of the programme in its birth place-Sikkim, this has been extended to Bhuj in Gujarat. He acknowledged enthusiasm and continued efforts of Master Trainers in Sikkim where it all started. He thanked the Inner Wheel and Rotary partnership for their contribution in the success of the programme.

iii. Dr Pradhan congratulated and thanked the VTT for delivering successful training programme for its continued support in Sikkim and updated on continued training by Master Trainers in the state.

iv. The ceremony concluded with award of certificates and a special lecture by Dr Niranjan Bhattacharya on, ‘Stem cell and regenerative medicine’.
N. Joint Meeting with ASHA (Accredited Social Health Activists) Trainers, Inner Wheel, Representatives from Women’s ASHI (Association of Social Health in India), Voluntary Health Association of Sikkim, Marwari Mahila Mandal (Women’s group), Sikh Women’s Council and ASHAs at the STNM Hospital on the 21 November 2014.

i. **Meeting Attendees** included twenty ASHAs, Coordinator Laurie, Members of Inner Wheel and Rotary Club of Gangtok, Dr. Lepcha and Dr. Shenga (both Jt. Directors of NRH), Dr. Yogesh Verma, many Rotarians, and visiting Team Members.

ii. **Activities of Women’s Groups** - in this session members of the above groups described their activities and initiatives in health education, providing support to pregnant in rural areas. Activities of members of these groups included:

1. **Supporting master trainers** in delivering BEmONC training and also awareness programme in communities outside Gangtok through the CHETNA programme, supported by the Inner Wheel.

   **Health education** in pregnancy and importance of infection containment through simple measures such as hand washing.

2. **Transport** - Providing assistance in transporting pregnant women to healthcare facility.

3. **Postnatal Care** - Providing postnatal care of women and babies.

4. **Follow-up of low birth weight babies** for two years after birth (ASHAs).

5. **Social Obstetrics** - Assisting pregnant women from rural areas to move near Primary Health Sub-Centre (PHSC) from 36 weeks of pregnancy till delivery and providing support.

iii. **ASHAs challenges** - in addition to well-known problems of access and resources, ASHAs face continued challenge and at times threats from the husbands. A support network has been suggested by NRHM and is being taken forward by all.

iv. **Calmed – second year of operation**. HB and Rtn./Inner Wheel Chair Dr. Renu Varma summed up introduction of Calmed principle and training in Sikkim. HB highlighted the concept of ‘The Golden hour’ in managing obstetrics emergencies and the contribution that trained nurses/midwives and doctors can make in saving mothers’ lives.

CHETNA - Mrs Renu Varma spoke on CHETNA and the ongoing support by Inner Wheel of Calmed programme. Following the first visit in 2013 and training of Master Trainers, a total of five further training and awareness sessions had been held and 131 health doctors, nurses/midwives have been trained in Gangtok, East Sikkim and West Sikkim. The partnership between Inner Wheel and Rotary in Sikkim worked to arrange these training/awareness meetings and provided resources.
Meeting with ASHAs and Women’s Groups in Gangtok - 2014

vi. Proposed Joint Initiatives - Mrs.Verma and the Leaders of Women’s Groups suggested developing further joint initiatives with Rotary and Government:

1. **Promote family planning** and further encourage the use of post-partum intrauterine device (PPIUD) along with trainer Mama U.
2. Developing and using of **GLOWM pictorial charts in Sikkimese** for awareness/health education for pregnant women.
3. Continued Support of **master trainers in training healthcare professionals** in rural areas.
4. Developing a **central liaison station** for finding a bed for obstetrics emergencies.
5. Inner Wheel will be setting up a **financial support system** to transfer pregnant women from remote rural areas to nearest PHSC.
7. **Setting up a 24/7 phone/mobile phone link** for healthcare professionals and ASHAs.
8. **Developing mobile medical units** (3 for each district) consisting of a doctor, nurses/midwives and facilities for support in antenatal care.

O. Feed Back from Sikkim

i. **Professional feed back**- The visiting Team had a remit to receive feedback from professionals, especially the Master Trainers, and others about the logistics of implementation of Calmed in Sikkim, its strengths, weaknesses and suggestions for capacity building and sustainable improvement.
ii. External Assessment - Rotarian Dr. Niranjan Bhattacharya was given the task of acting as an independent external assessor (Rotary District 3291). He interviewed all 9 Master Trainers. He spoke also to a random selection of Trainees, ASHAs, Rotarians and government officials during the visit.

iii. Support for Calmed - The outcome, as it was in Bhuj, was entirely positive in that the programme was being implemented in more areas, more trainers are being trained. They are particularly encouraged by increased interest in maternal mortality reduction strategies, by NRHM and a fall in maternal mortality in the last 12 months.

iv. Advanced Extended Training - The ‘Master Trainers’ would like more opportunities for training other health workers, especially nurses and midwives. They commented on a welcome increase in their confidence in tackling emergency situations in obstetrics. They are also very keen to have new technology including NASGs being available in all health facilities throughout Sikkim.

v. Incentive - Dr. Bhattacharya also commented on the value of encouragement/incentives for Master Trainers in promoting sustainability and capacity development of a workforce of trainers in Sikkim.

P. Way Forward

During the four weeks of our VTT tour, we found evidence of Calmed programme being well established in Gantok and Bhuj. There is widespread appreciation of the strength of our programme – the course components are based on evidence, with a ‘top-down’ (training) and ‘bottom-up’ (community awareness) approach. Monitoring and statistical returns are already showing mortality reduction. We share the enthusiasm of professionals, government and NGOs to be a part of it, and contribute to improving maternal and child health.

However, we must progress further – we wish to modify our programme with lessons learnt and move forward with further VTT in other parts of India and beyond.

There is scope for strengthening and modifying Calmed programme in a number of key areas.

i. Collaboration with The Government of India – the Government of India has developed a strong training programme for Master Trainers. Number of Master Trainers is increasing with establishment of Skills Lab. However, Calmed incorporates training of professionals, awareness programme by ASHA trainers, community mobilisation, regular update of skills training, use of modern simulators and methods of skill transfer etc. – support from many Government officials we met was evident, throughout our visits in India. Other organisations we met and consulted were also positive. We do need commitment to positive action especially from the Government.

A Rotary and Government partnership in promoting Calmed will create a government workforce of Master Trainers who will lead a training cascade of BEmONC training, in skills and competence at all levels of Maternity care.

This should remain an ongoing agenda to undertake a scaling up of the programme in other parts of India. Incentives by the Governments for Master Trainers are also important. Our collaborators continue to add strength to the programme.

iv. A Rotary Partnership with Medical Schools and NRHM – Whilst a working relationship has evolved during implementation of Calmed, it is necessary to consider a more lasting mutually beneficial role
through the programme in reducing maternal and child mortality and morbidity. The Academic Staff in Sikkim and Bhuj are keen to be involved, and their contributions will be important.

iii. Skills Training Development Surveillance and Response Centres - These should evolve through government, professional and Rotary partnership, to enable locally based ‘Master Trainers’ and others to remain involved in training the trainer and many other aspects of Calmed programme. This would add quality to the Calmed programme and would be the framework for future sustainable action in lowering of maternal and infant deaths.

These centres could develop from existing Government Skills lab.

An action plan incorporating building space, staffing, equipment, funding and human resources should be in place. This development will remove the current dependence on VTT members from England or other countries.

Q. And finally.............

It has been a privilege to work with such a distinguished team. Before and during our month long travel, we met, spoke to and had support from many individuals within and outside of Rotary, including our collaborators. It would be impossible to name them all. This fact does not diminish our deep appreciation of their support.

We would like to mention here special guidance and support from many organisations and individuals:

**FIGO** - Prof Sir Arulkumaran and Prof Hamid Rushwan of FIGO

**GLOWM** - Mr David Bloomer


**Other Collaborators** – Tore, Ingrid and Jon LAERDAL, MAF, AYZH

**VTT Members** - Drs. Sameer Umranikar, Rachana Dwivedi, Prabha Sinha, Santanu Acharya, Vinita Nair, Sangeetha Devarajan, Radhika Viswanatha, Ippokratis Sarris, Haider Jan, Rtn. Denise Collins, Dr. Gyaneshwar Rao, Ms. Tarnistha Ray, Dr. Ishita Mishra, PDG Dr. Yogesh Verma, Mrs Renu Verma

**Government Officials** - Mr. Lov Verma, Dr. Rakesh Kumar, Shri Pravir Krishn, Shri A. Kidwai, His Excellency Governor S. Patil, Hon’ble Minister A.J. Ghatani, Chief Secretary Dr. K. Bhandari, Director Dr. P. M Pradhan, Jt. Director Dr. N. Shenga.

**Public Health Institutions** – Prof. Dileep Mavalankar.

**Rotarians** - Many Rotarians in Clubs in the target areas and Senior Leaders including PDGs, DG, DGE, DGN and DRFC in Districts 1120, 3051, 3040 and in 3240, IFRD (The International Fellowship of Rotarian Doctors), The Rotarian Action Group on Population Development (RIFPD). DG Martin Williams, DG Jagdish Patel, DRFC PDG Denis Spiller, DRFC PDG Bharat Dholakia.
Medical Institutes – GAIMS – Dean Dr. Pramod Kumar, Medical Director Dr. G. Rao, Professors , Dr. Nimish Pandya, Dr. Hasmukh Chowhan, Dr. K.N. Trivedi, Academic Staff; SMU –Dean Dr. G.S. Guneja, Vice Chancellor Dr. S.N. Mishra, Chancellor Hon’ble S. Patil ,HOD Dr. B. Kanungo.

Professionals and Groups - Master Trainers in both Districts, ASHA trainers , Inner Wheel members , ASHAs , Community Groups

We offer our thanks to all of them for their continued support.

We look forward to working together with them for further evolution of Calmed to protect health of Mothers and Children in the target areas and avoid preventable deaths and disabilities.

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