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

Districts 1120,3040,3051,3240

Collaborative Action in Lowering of Maternity Encountered Deaths (Calmed)

Key Features

Version Apr 2016
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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) – a 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 are.

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 Governments Health and a number respected international organisations FIGO, FOGSI, with (National Mission) of and global including LAERDAL,
GLOWM in the Calmed programme, contributed to its high impact and sustainability. In particular, FIGO (www.figo.org) GLOWM (www.glowm.com) and Laerdal (www.laerdal.com) continue to provide professional advice and training resources, propelling the Calmed programme to further successful implementation. Our Global networking groups Rotarian Doctors Fellowship and Rotarian Action Group on Population Development have continued to provide professional and advisory support within the Rotary framework in all stages of the Calmed programme. We are ready to assist other Rotarians in undertaking similar programmes, through Rotary Foundation Grants.

Collaborators’ Framework adds strength to the Rotary Calmed model

<table>
<thead>
<tr>
<th>Collaborator</th>
<th>Nature of support</th>
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<tr>
<td>Government - NHM</td>
<td>Main provider of logistic support through staffing, training, funding and comprehensive evaluation of Calmed in target locations. Government collect data and support MDSR</td>
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<tr>
<td>GLOWM</td>
<td>Programme development, Training Materials at all levels (Charts, films, posters, books)</td>
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<tr>
<td>LAERDAL</td>
<td>Supply of Simulators, Charts</td>
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<tr>
<td>Medical Aid Films - MAF</td>
<td>Training and Health Education Films</td>
</tr>
<tr>
<td>FIGO</td>
<td>Programme development, Professional and Technical advice</td>
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<tr>
<td>AYZH</td>
<td>Provision of Birthing Kits</td>
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<td>RFPD</td>
<td>Technical and volunteering support for MCH area of Focus</td>
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<td>IFRD</td>
<td>Networking and volunteering support</td>
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d. **Rotary Calmed programme has four components** –

i. It comprises of a Vocational Training Team (VTT) consisting of a team of 6-7 trained professionals (usually Consultant Obstetricians) visiting a target area for about two weeks, supported by a Rotary Foundation Global Grant. It employs Training the
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Trainer model in emergency care of pregnant women and new born babies, for professional (Doctors, Midwives and Nurses) capacity building and sustainability at the target country level.

“The state of the art” high quality training incorporates modern knowledge and skills transfer methods including brief lectures, use of Simulators (Mama Natalie, Neo Natalie, and Mama U etc. from Laerdal ), Resusc. Anne, Episiotomy trainer, Skills and Awareness DVDs (MAF), pictorial charts, Role plays and Posters. These training aids including electronic materials (flash drives, phones) are left behind for repeat training programmes, and retraining exercises (“fire drills”) to continue in all target areas, ensuring maximum impact and sustainability.

The basic curriculum for training consists of WHO Basic Emergency Obstetric and New Born Care (BEmONC), modified considerably to include a number of added modules including modified WHO Check List, Anti Shock Garment (NASG) in the management of postpartum haemorrhage, postpartum IUD, Anaemia ,Kangaroo mother care (KMC) etc. Existing Trainers and Trainee Manuals are modified, to suit local needs, in consultation with the Government and local medical Professionals

Additionally, the concept of “Golden Hour” in dealing with emergency care of the pregnant women and babies, is highlighted among all groups and at all stages of care – at home, during transit and at Institutions , to counter the impact of the “three delay model”.

ii. Secondly, it raises awareness of childbirth related health issues, nutrition, child care, danger signs of pregnancy complications, early breast feeding, Kangaroo Mother Care, and family planning (post-partum Intrauterine contraception- a simple reversible method) amongst community women’s groups by health activists ASHAs(Accredited Social Health Activists) who use newer techniques including pictorial charts, Phone Apps, Posters and DVDs. Partnership with Inner Wheel is involved and encouraged, in promoting dialogue with women’s groups.

iii. Thirdly, Rotarians, through their advocacy role in the community, and in partnership with Government, Master Trainers and health professional groups such as FOGSI, ensure implementation of modified WHO Check list, provision of specific resources which are needed such as access to Ambulances, Birthing Kits, Cell phones, lifesaving medication and emergency funding for hospital care. This partnership propels an ongoing agenda for improvement of maternal and child health, including family spacing.

iv. Fourthly, monitoring and evaluation in an accepted time frame and within the framework of the Government Health Programme, are important elements of Rotary Calmed Global Grant programme. Multi-disciplinary maternal mortality surveillance and response (MDSR) is an important element of monitoring and evaluation,
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particularly assessing the impact of the three delay model. Interaction with the Government based on Measurable outcome remains a key goal to eliminate maternal deaths associated with the three delays.

4. Humanitarian Programme

The impact of VTT is augmented by a humanitarian programme within the Global Grant to bridge identified gaps in local health facilities and infrastructure through funding, hands on efforts and advocacy. These may include supply of non-pneumatic anti- shock garments (NASG), postpartum intrauterine devices (PPIUD), adaptable transport such as E-ranger Ambulance (www.eranger.com) and others as dictated by local needs assessment. The programme lasts for 3 years in each location – the regular yearly retraining (fire drills) and return visits add to sustainability and regular updating of the programme components.

5. Evidence Based

Components of Calmed aim at improving health of pregnant women and new born babies and are based on evidence (please contact calmedrotary@gmail.com for details). Please also see Ni Bhuinneain GM, McCarthy FP – A systematic review of essential obstetric and new-born care capacity building in rural sub-Saharan Africa, BJOG 2015;12:174-182, Strategies toward ending preventable maternal mortality (EPM) – WHO,2015

6. First Programme in Sikkim -2013

A Rotary Calmed programme based on Vocational Training Team (‘Training The Trainer’ model) had been introduced in Sikkim, India, in April 2013, with the help of a Rotary District (DDF) Funded Global Grant (GG 26259) by

Hands on Training in Sikkim

Rotary International Districts 1120 and 3240. Two Rotarians and six Obstetricians Gynaecologists from England made the Team, delivering the programme over a 2 week period in Gangtok, Sikkim. Our VTT group in Sikkim of 6 Obstetricians trained 13
professionals who became Master Trainers, after appropriate tests. They trained, under supervision, 19 doctors and 39 nurses and midwives. Further training of medical officers, ANMs and GNMs had taken place in Sikkim – the numbers escalated to 212 at the beginning of 2016.

- Significant improvement in knowledge and skills: Monitoring and evaluation of initial results show statistically significant higher standards of knowledge and skills based on pre and post - test evaluation of all four Training courses by March, 2016. Individual appraisal of the newly trained master trainer’s ability to train others also showed satisfactory outcome in all 11 who completed the training and are continuing to train.

- One year follow up had shown the annual number of maternal deaths to come down from about 26-30 in previous 5 years to 11 in 2013. Maternal Mortality Ratio (MMR) was not used as the numbers are small in a population of 0.7 Million. The second year (2014) death was 13. The third year (2015) death was 6. Other Government initiatives are also operating – the Government of Sikkim has recognised the importance of ongoing support of Rotary Calmed initiative in further improvement of maternal and child health.

- Inner Wheel Clubs in Gangtok ,in partnership with local Rotary Clubs have contributed to the sustainability of the programme ,by taking the local master trainers and training materials to remote villages in Sikkim ( Chetna – awareness programme ).

- A return visit to Sikkim took place in November 2014. The training programme maintained the planned theme of multiple learning modalities, with use of modern simulators, role playing, interactive break-out sessions and videos. A total of 34 Trainees were trained by 9 Master Trainers, under the guidance of three visiting Faculties, during a four day period of training.

- A further visit took place in March 2016.
Three visiting Vocational Training Team members (all Consultant Obstetricians from England) joined 11 Master Trainers from the four Districts of Sikkim for a four day course in Gangtok. They trained 30 trainees (Medical officers, ANM and GNM) and 22 ASHA trainers, at the Sikkim Manipal Institute of Medical Sciences.

Pre and post test scores of knowledge and skills showed highly significant improvement. There was good feedback from the trainees about the training methods. We also had meetings with the Health Minister Mr. Arjun Kumar Ghatani and National Health Mission Director, Dr. Kumar Bhandari. They confirmed continued support for the Calmed programme, after completion of the Rotary Vocational Training Team visits.
7. Second Rotary Calmed programme in Gujarat -2014

- Preparatory visit to Gujarat early in 2014 included discussion with Government (MoHFW, NHM), Gujarat Adani Institute of Medical Sciences (GAIMS) and Rotary.
- The Team consisting of two Rotarians and five obstetricians & gynaecologists visited Bhuj in Gujarat for two weeks in November 2014. The training was in Gujarat Adani Institute of Medical Sciences (GAIMS).

![Android Phone training materials were explained to Gujarat Health Dept. Officials](image)

- They trained 26 local Professionals (from 5 areas of Gujarat) as Master Trainers. The Master Trainers then trained 26 other local professionals and 30 ASHA trainers in the awareness programme, with GLOWM flip charts and videos. The trainees and trainers were identified mainly by the Government of Gujarat Ministry of Health and Family Welfare (MoHFW).
- Pre- and Post - training evaluation scores showed highly significant improvement in knowledge and skills in both groups. Individual appraisal of Master Trainers by the VTT confirmed their ability as future trainers.
- A second visit by three Obstetrician Vocational Training Team members (one from England and two Indian Master trainers from 2014 batch) took place in March 2016, at the GAIMS. They assisted training by 11 Master Trainers of a group of trainees from all five target Districts of Gujarat (28 medical officers, GNM, ANM) and 10 Nurse Tutors from the ADANI Institute. Once again the outcome was very positive as in previous visits.
Faculty and Master Trainers in Bhuj -2014

The Vocational Training Team in Bhuj with training materials to be handed over!

Return Visit in March 2016
8. Rotary Support

We are fortunate to have support from many Rotary Clubs in Districts 1120, 3051, 3040 and 3240. Past Rotary International Presidents John Kenny, Raja Saboo and Kalyan Banerjee, many RI Directors, past and present Trustees, Rotarian Doctors Fellowship, Rotarian Action Group on Population Development and Staff members from Rotary International and Rotary Foundation have been supportive. We are most grateful.
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RI Past President Raja Saboo, led a team from Rotary and met Principal Secretary, MoHFW Mr. Lov Verma and Joint Secretary, Dr. Rakesh Kumar – discussions on introduction of Calmed programme in partnership with Government of India, were fruitful.

9. Scaling up in Madhya Pradesh, Third Calmed programme – 2015/16

a. Discussions had taken place in 2014 between Senior Rotarians and Health Secretaries in Madhya Pradesh Principal Secretary of Madhya Pradesh Government Dept. of Health and Family Welfare, Shri Praveer Krishn. Mr Krishn listened to the details of the Rotary 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 a Cadre of (Master) Trainers on MCH care

iii. Supporting Government action specially on Public Health initiatives

Principal Secretary of Madhya Pradesh Mr. Krishn

b. The Rotary Team subsequently met Shri F.A.Kidwai, Mission Director of NHM. Also present were Mrs Archana Mishra, Deputy Director of Maternal Health, and Dr. Rajashri, Deputy Director, NHM. This meeting was particularly helpful in identifying ways forward in introducing the third Rotary Calmed programme in Madhya Pradesh, hopefully in 2016. We are fortunate to receive continued support from current Principal Secretary, Mrs Gouri Singh – we are grateful.

Our discussion included the following areas of common interest:

i. Coordination of MCH courses between government BEmONC programmes and the Rotary Calmed programmes – these also include current ASHA Training Programmes with 16 + modules.

ii. Training course contents are similar, but methods of training and retraining are different. Follow-on action, sustainable implementation and data collection are key goals. Rotary’s support with modern simulators and modern methods of skills transfer including role plays, animation, Videos used in Rotary Calmed training, additional modules such as Anaemia, WHO Check List
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, Postpartum IUD, NASG Anti-Shock Garments , coupled with awareness training for ASHAs are additional components of Calmed training. These are being introduced in partnership with the Government

iii. There is a shortage of audio-visual guides to team training in local languages – 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 /FOGSI partnership for Calmed can be introduced.

v. Subsequently the target areas for Calmed training were amended to include Barwani, Alirajpur, Jhabua, Satna, Umaria, Annupur and Sidhi.

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

vii. Government of Madhya Pradesh will be requested in Programme partnership arrangements for establishing a Maternal and Child Health Development Academy, based on Government Skills Lab initiative - please see Para 14.

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

Madhya Pradesh NHM Directors, Rotary District 3040 Governor in Bhopal
Shri Kidwai was eager and helpful – he invited us to submit a MOU for consideration and adoption for Calmed in Madhya Pradesh, in 2015/16.
Meeting with NHM, MP – Shri Kidwai, Dr. Mishra, Dr. Basu, Rotary District 3040 Officers, pledging support for ongoing Calmed programme in Madhya Pradesh. We are hoping to initiate a team visit to Indore, Madhya Pradesh in September, 2016.

10. Media Support and Professional Presentations

i. Rotary Calmed programme received local publicity at the time of VTT (April, 2013) in News Papers (Sikkim Express, Sikkim Now), Radio (All India Radio – Durdarshan) and a Cable TV (Nayuma Cable TV). An article appeared in Kent Messenger on the 13th February, 2015, Kutch Mitra (Gujarati daily) on the 4th March, 2016 and Sikkim Express on the 9th March, 2016.

ii. Subsequently, at the Rotary Conventions in Lisbon (June 2013), Sydney (2014) and Sao Paulo (2015), this was the topic in two workshops on VTT, two other presentations on Maternal and Child Health, in Rotary Booths (Rotary Districts 1120 and 3240), and a Project Fair at the House of Friendship. The topic was promoted in RI Vocational News Letter (July 2013), Rotary Radio (August 2013) and Royal College of Obstetricians and Gynaecologists (RCOG) Newsletter (October 2013 edition), RCOG International News (March 2014 edition), and the prestigious FIGO Journal (July 2013 edition).

iii. Presentations on Rotary Calmed were made at the Rotary International Institute (Zones 17 and 18a) in England in 2013, RI Convention in Sydney in 2014 (Workshops and Project Fair), Poster presentation at RCOG meeting in Hyderabad, 2014 and the All India Congress in Obstetrics and Gynaecology in 2014 (Key Note Speaker). Presentations were made in Rotary Institute in Milton Keynes in November 2015 and All India Congress of Obstetrics and Gynaecology in Agra, January 2016 (Key Note Speaker and Government of India panel member).

iv. There was an hour long broadcast in the BBC Asian Network, London, on the 24th October, 2014.

11. Recognition and Awards

The Calmed programme has been recognised through the U. K. Times Sternberg award for 2015 for “initiating and implementing programmes to help save mothers and babies in India dying unnecessarily at childbirth and which will serve as an inspiration to others……”

Another award – Champions of change award 2015-16 of Rotary International in GBI has been announced for this programme, for “outstanding volunteer work primarily focused on addressing international humanitarian challenges outside Great Britain and Ireland”.

12. Further Links:

Calmed Video Link on U Tube
http://www.youtube.com/watch?v=dRtd1vWgiD4

Rotary Calmed Web site
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www.calmedrotary.com

Calmed in IFRD Web site
http://www.rotariandocctors.org/category/news-articles-announcements/


https://rotaryservice.wordpress.com/tag/doctors/

13. Future Trends

There are a number of avenues to improve strategies and promote Rotary Calmed programme in other needy areas:

a. Continued partnership with and support from the Government (NHM) and professional groups (FIGO, FOGSI) remain important, in promoting Calmed in other areas. We have liaised with the Government in Madhya Pradesh to introduce another Calmed Rotary programme in partnership with the Government.

b. We are looking for VTT members to be recruited from Indian doctors who are master trainers - please contact drhbasum@gmail.com. They will lead the programme to successful measurable outcomes, lessen maternal mortality, and morbidity without the need for training teams having to travel from the UK, with considerable cost savings associated with this programme. This will also ensure sustainability.

c. Our collaborators specially GLOWM, LAERDAL and MAF add strength to our programme and have much to offer, specially providing training materials adapted to the local needs.

d. Training of baseline health workers (ASHAs, ANM, GNM and Midwives) in fast track skills transfer methods remains a priority. Particular emphasis will be given to using materials translated in local languages and to have a flexible approach with a view to correcting local deficiencies.

14. Rotary Maternal Child Health Development Academy

• Partnership with the Government, Professionals and Academic Bodies will enable establishment of one or more Maternal and Child Health Development Academy in Sikkim, Gujarat, Madhya Pradesh and elsewhere, in which Master Trainers equipped with all the training resources including modern simulators will cascade training of health professionals involved in the care of pregnant women and babies.

• Academy in West Bengal – The Government of West Bengal has allocated resources including space in a new building. An implementation team is working to monitor progress, under the guidance of the Government of West Bengal.
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Senior Academics, Government Minister and Staff members at the Calcutta Medical College, March 2016

- The Rotary MCH Development Academy will also be the focus of monitoring and providing resources, in partnership with the Government. Facilities available should include emergency obstetric flying squad including ambulance cover with crew training, provision of anti-shock garments (NASG), guaranteed bed scheme, all modified to suit local needs and regular reviews of the three delay issues.
- A starting point may well be an existing Government Skills Lab with structure and process to promote and develop Calmed programme templates adapted to the communities’ ongoing needs and priorities.
- Academic Departments of Obstetrics and Gynaecology and Nursing Colleges would be other foci for ongoing development work in this area.
- Strategies will be flexible and will evolve with changing needs of the communities.
- The Academy will adopt, develop and implement appropriate models of training, information and awareness cascade (community mobilisation) in quality care in continued partnership with Government and our collaborators including FIGO and FOGSI.
- It should foster partnerships with women’s groups and ASHAs; and will help to bring about lowered mortality in these areas, as is happening now in Sikkim.
- A commitment to the components of the Rotary Calmed model to ensure its continued efficacy means that monitoring and evaluation must remain priorities, best coordinated through the Academy with links established with Government, Rotary, Professions (FOGSI), Academic bodies such as an existing University and appropriate Public health organisations.

15. Calmed Taskforce in Government Rotary partnership
- **Calmed** is a multi-faceted innovative programme which requires collaboration and continued input from all concerned for optimum impact and sustainability.
- We suggest a joint taskforce between Rotary, FOGSI and State Government (NHM) to identify local needs, formulate a solution based on Rotary Calmed template, implement effective components, monitor progress and maintain advances gained.
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- Goals, structure, funding and governance of this can be a subject for discussion between Government, Rotary and other stake holders – it is a worthwhile venture to save mothers and babies dying needlessly at child birth.
- Links with the MCH Training and Development Academy will be developed and fostered.

Rtn. PDG Dr. Himansu Basu, PhD, FRCS, FRCOG

April, 2016

Calmed Programme Founder and Director
VTT Team Leader, RI District 1120
Rotary Foundation Cadre Technical Coordinator on Maternal & Child Health
Medical Director, Rotarian Action Group on Population Development
Founder Chairman, International Fellowship of Rotarian Doctors

Annex A (for information in Madhya Pradesh only)

Health Indicators of Madhya Pradesh

[Map of Madhya Pradesh with Calmed Target Districts marked]
Proposed target districts for introduction of Third Calmed Programme in Madhya Pradesh

The Total Fertility Rate of the State is 3.2. The Infant Mortality Rate is 59 and Maternal Mortality Ratio is 269 (SRS 2007 - 2009) which are higher than the National average. The Sex Ratio in the State is 930 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Madhya Pradesh State as compared to India figures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MP</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (In Crore) (Census 2011)</td>
<td>7.26</td>
<td>121.01</td>
</tr>
<tr>
<td>Decadal Growth (%) (Census 2011)</td>
<td>20.30</td>
<td>17.64</td>
</tr>
<tr>
<td>Crude Birth Rate (SRS 2013)</td>
<td>26.3</td>
<td>21.4</td>
</tr>
<tr>
<td>Crude Death Rate (SRS 2013)</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Natural Growth Rate (SRS 2013)</td>
<td>18.4</td>
<td>14.4</td>
</tr>
<tr>
<td>Infant Mortality Rate (SRS 2013)</td>
<td>54</td>
<td>40</td>
</tr>
<tr>
<td>Maternal Mortality Rate (SRS 2010-12)</td>
<td>230</td>
<td>178</td>
</tr>
<tr>
<td>Total Fertility Rate (SRS 2012)</td>
<td>2.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Sex Ratio (Census 2011)</td>
<td>930</td>
<td>940</td>
</tr>
<tr>
<td>Child Sex Ratio (Census 2011)</td>
<td>912</td>
<td>914</td>
</tr>
<tr>
<td>Schedule Caste population (in crore) (Census 2001)</td>
<td>0.91</td>
<td>16.6</td>
</tr>
<tr>
<td>Schedule Tribe population (in crore) (Census 2001)</td>
<td>1.22</td>
<td>8.43</td>
</tr>
<tr>
<td>Total Literacy Rate (%) (Census 2011)</td>
<td>70.63</td>
<td>74.04</td>
</tr>
<tr>
<td>Male Literacy Rate (%) (Census 2011)</td>
<td>80.53</td>
<td>82.14</td>
</tr>
</tbody>
</table>
## Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MP</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Literacy Rate (%) (Census 2011)</td>
<td>60.02</td>
<td>65.46</td>
</tr>
</tbody>
</table>

### Table II: Health Infrastructure of Madhya Pradesh

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Required</th>
<th>In position</th>
<th>shortfall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-centre</td>
<td>12314</td>
<td>8869</td>
<td>3445</td>
</tr>
<tr>
<td>Primary Health Centre</td>
<td>1977</td>
<td>1156</td>
<td>821</td>
</tr>
<tr>
<td>Community Health Centre</td>
<td>494</td>
<td>333</td>
<td>161</td>
</tr>
<tr>
<td>Health worker (Female)/ANM at Sub Centres &amp; PHCs</td>
<td>10025</td>
<td>10204</td>
<td>*</td>
</tr>
<tr>
<td>Health Worker (Male) at Sub Centres</td>
<td>8869</td>
<td>3733</td>
<td>5136</td>
</tr>
<tr>
<td>Health Assistant (Female)/LHV at PHCs</td>
<td>1156</td>
<td>546</td>
<td>610</td>
</tr>
<tr>
<td>Health Assistant (Male) at PHCs</td>
<td>1156</td>
<td>293</td>
<td>863</td>
</tr>
<tr>
<td>Doctor at PHCs</td>
<td>1156</td>
<td>814</td>
<td>342</td>
</tr>
<tr>
<td>Obstetricians &amp; Gynecologists at CHCs</td>
<td>333</td>
<td>73</td>
<td>260</td>
</tr>
<tr>
<td>Pediatricians at CHCs</td>
<td>333</td>
<td>67</td>
<td>266</td>
</tr>
<tr>
<td>Total specialists at CHCs</td>
<td>1332</td>
<td>267</td>
<td>1065</td>
</tr>
<tr>
<td>Radiographers at CHCs</td>
<td>333</td>
<td>192</td>
<td>141</td>
</tr>
<tr>
<td>Pharmacist at PHCs &amp; CHCs</td>
<td>1489</td>
<td>678</td>
<td>811</td>
</tr>
<tr>
<td>Laboratory Technicians at PHCs &amp; CHCs</td>
<td>1489</td>
<td>609</td>
<td>880</td>
</tr>
<tr>
<td>Nursing Staff at PHCs &amp; CHCs</td>
<td>3487</td>
<td>2491</td>
<td>996</td>
</tr>
</tbody>
</table>

Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)
Glossary of Terms:

ANM  Auxiliary Nurse Midwife
ASHA  Accredited Social Health Activists
BEmONC  Basic Emergency Obstetric Neonatal Care
Calmed  Collaborative Action in Lowering of Maternity Encountered Deaths
CHC  Comprehensive Health Care facility
3 Delay model  - Delay in recognising emergency problems,
                 - Delay in reaching Institutions,
                 - Delay in receiving treatment at the Institutions
DDF  Rotary District Designated Fund
E - Ranger  Motorbike Ambulance suitable for off road use
FIGO  World Federation of Obstetricians and Gynaecologists
FOGSI  Federation of Obstetrical and Gynaecological Societies of India
GG  Rotary Foundation Global Grant
GLOWM  Global Library of Women’s Medicine
GNM  General (Register) Nurse Midwife
IFRD  International Fellowship of Rotarian Doctors
LHV  Lady Health Visitor
LTR  Life Time Risk of Maternal Death
MCH  Maternal & Child Health
MDG 5  Millennium Development Goal 5
MDSR  Maternal Death Surveillance Response
MMR  Maternal Mortality Ratio: no. of maternal deaths per 100,000 births
NASG  Non-pneumatic Anti Shock Garment
NHM  National Health Mission
Partograph  Graphic recording of labour events – (modern method)
MoHFW  Ministry of Health and Family Welfare
PDG  Past District Governor (Rotary)
PHC  Primary Health Care facility
RFPD  Rotarian Action Group on Population & Development
RI  Rotary International
SDG 3  Sustainable Development Goal 3
SRS  Sample Registration Survey
TRF  The Rotary Foundation
VTT  Vocational Training Team
WHO Check List  World Health Organisation Check list of actions in emergency care of pregnant women