

## Rotarian Vocational Service in Action -an evidence-based, high impact, partnership strategy accelerating towards eliminating preventable maternal & New-born deaths

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

### 1.Executive Summary –

**1a.** CALMED is an innovative high impact Rotarian led maternal & new-born mortality reduction initiative in low resource settings, **centred on countering medical, social and public health issues responsible for maternal and child deaths linked with the “three delay model”, and eliminating unmet need of contraception.** It is a woman centred strategic approach enhancing resuscitation and fast track transfer of pregnant woman and babies requiring emergency care from the community to the hospital/institution.- reducing the impact of “three delays”.

**1b.** It works by creating /empowering a cohort of local master trainers, who rely on a strategic training the trainer model to increase the number of skilled professionals, enhancing awareness of childbirth related issues in the communities ,(thus improving the supply side and enhancing care seeking behaviour in the community) and identifying/ bridging gaps in care including unmet need of contraception .

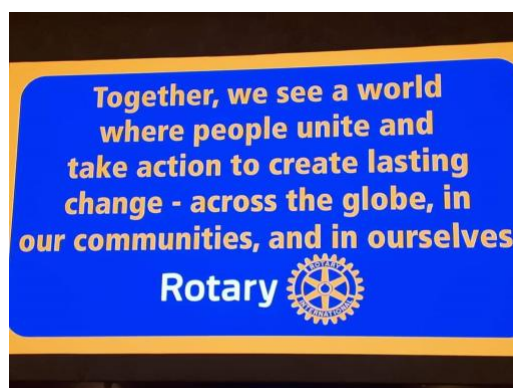
**1c.** Pilot programmes based on Rotarian led vocational structured training, return visits, advocacy and funded by Rotary Foundation Global Grants, had produced validated successful outcomes (road maps to eliminating preventable maternal & perinatal deaths) in target areas in India- Sikkim and Gujarat, (Rotary Districts 3051 , 3054 and 3240 ).

**1d.** As legacies, details of planning, training packages and monitoring/evaluation matrices are available to those seeking these for supporting future Master Trainers structured training and scaling up programmes.

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

**1f.** Rotarians (Clubs or Districts), Rotaractors ,non-Rotarians, Governments and NGOs can support and participate by donating time as volunteer experts (VTT Faculty), by donating money(DDF or cash), supporting advocacy initiatives or by joining the strategic team for programme development and scaling up (Maternity Alliance for Strategic Training M.S.A.S.T.)- please visit [www.calmedrotary.org](http://www.calmedrotary.org).

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



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

**3.1** Programme strategy and components are evidence-based multi-sectoral actions, to reduce maternal, new born mortalities/morbidities and enable communities to satisfy unmet needs of contraception, in alignment with **SDG 3 goals ,reducing inequity in healthcare in some target areas.**

**3.2 It has 6 possible components built on vocational service/structured training, and partnership– all or some can be implemented based on local needs, priorities and ability. The components are**

**a. needs and priorities assessment** – by communities, Healthcare Professionals ,Rotary, Government, NGOs.

**b. structured training -top down (training the trainer model), using modern simulation techniques, enhanced WHO Basic Emergency Obstetric New Born Care (BEmONC) and family spacing** for updating practical skills of relevant professionals (doctors, nurses, and others) through a strategic training the trainer model. Two return visits (18 and 36 months later) ,mentoring, retraining by local “master trainers” ensure long term benefits.

**c. bottom up (enhanced community awareness of pregnancy, family spacing and child birth related matters) and improving health seeking behaviour** approach, working in partnership with the Government, and communities.

**d. Maternity Emergency Response Network (M.E.R.N.)** for urgent resuscitation at the community level and fast track transfer of sick women and babies to the best available care. **See Para 10.7**

**e. MPDSR (Maternal and Perinatal Death Surveillance and Response) - quality assurance for improved infrastructure and governance, resulting from review of all maternal & child deaths.** We work on WHO guidelines, with Governments for implementation of achievable realistic corrective actions covering human resources, infrastructure and governance, especially in support of Universal Health Coverage (UHC). **A local Rotary WHO partnership (Quality of Care Network)** supports Government and Health care providers, for Obstetric Quality Assurance (OQA) ensuring governance and long-term benefit to the communities, using Kaizen principle.

**f. Reducing unmet need of contraception** -specially using Long Acting Reversible Contraception (L.A.R.C.) and methods acceptable to the communities.

**4. Who are we?** – we are a group (Maternity Alliance for Structured Training ,M.A.S.T.Saving Mothers and Babies) of Rotarians, Rotaractors ,academics, professionals, administrators and activists, all with a common interest in achieving measurable progressive reduction of preventable maternal and child deaths.

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

**5.1** CALMED had been implemented through Rotary Foundation Global Grants GG 1326259 & 1413592 (2013 to 2017) in two states of India, Sikkim (D 3240) and Gujarat(D 3051 , 3054) with six Vocational Training Team (VTT) visits- (Target Pop. 3.2 million) -[www.calmedrotary.org](http://www.calmedrotary.org)

**5.2 Supported by Rotary Foundation Grants** of \$ 100,000, resources from Collaborators including India Government, a training faculty of 11 senior doctors trained 39 expert trainers who passed Master Trainers’ standard (knowledge /skills/behaviour). They in turn, trained 175 health care professionals and over 300 community workers (ASHAs)-covering six visits of faculty and some smaller programmes organised by master trainers.

**5.3 Three years follow up** (direct observation and modelled estimate based on state government of India data) showed possible impact in saving lives of 250 mothers and 1250 babies.

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



Vocational Training Faculty and Master Trainers- Gujarat

**6. Why is CALMED important?** It sets new standards in high impact Rotary Foundation Programmes in maternal and child health area of focus through vocational engagement, empowerment of communities and partnership. The programme

**6.1** Strategy is multi-sectoral, in **alignment with RI strategic vision** incorporating not only funding, but also partnership, vocational expertise and vocational efforts of professionals (within and beyond Rotary)— all are valuable resources.

**6.2** Impact is enhanced by **collaboration, internal** -Clubs, Districts, Action Groups and Fellowships (RFPD, Rotarian Doctors Fellowship) **and external** (Government, NGOs, Academics) Rotary partnership.

**6.3** Components are **evidence based**.

**6.4** The Programme is driven by **the Kaizen principle** of team work, feedback and correction .

**6.5 Pilots in Sikkim and Gujarat had shown validated sustainable improvement** in maternal and child mortality rates, coupled with measurable skills enhancement, enhanced community awareness and important behavioural changes (capacity development)

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

**6.7** Had **generated legacies for continued impact through training** (training materials, partnership/collaboration, monitoring, evaluation, mentoring support) now freely available for future use— Para 5.4.

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

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

**7. Our Collaborators (logos are shown below)- Indian Government, Rotarian Action Group on Population Development , Rotarian Doctors Fellowship, Global NGOs (GLOWM, MAF, Laerdal)** continue to support our vocational efforts with resources, advocacy and guidance. The programme is validated by Rotarians through support from Geneva based **Rotary Representatives to the UN and Geneva Rotary Health Group- Para 9**. The programme received endorsement from WHO ,South East Asia Region.



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

**9. Geneva Rotary Health initiative** – Rotary Representative and Deputy Representative to the UN, and RC Geneva Internationale have established a consultative collaboration with WHO for high impact MCH programme implementation through Quality of Care Network(<http://qualityofcarenetwork.org/>) in partnership with Rotary in selected countries

**10. What can Rotarians, Clubs or Districts do? In alignment with Rotary International Strategic Vision ,2016, Rotarians and Rotaractors can unite to act through Maternity Alliance for Structured Training(M.A.S.T.) – an advocacy group for saving Mothers and Babies.**

Our aim is to act together to bridge gaps in existing structure, process and governance in MCH care in alignment with that vision. We seek your support for creating a road map of action through

**10.1 Promotion and Publicity** – the programme details and benefits can be shared in Rotary Institutes, Rotary Conferences, Training Programmes, Meetings, Magazines, Social media (Face Book) etc.

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

**10.3 Multi District /Country initiatives** -for initiatives covering larger population, it is even more important to join if possible, existing in- country Government or NGO initiatives supported by Maternity Alliance for Structured Training (M.A.S.T.) – Rotary Advocacy Group .The collaboration is based on the CALMED template for local adaptation and implementation.

**10.4 Joining our Joint Technical Team** (doctors, midwives, nurses, administrators and others) for taking leadership roles in Vocational Structured Training in Maternal and Child Health Area (MCH) of focus (VTT Faculty roles, vocational Training Team).

**10.5 Supporting our Strategic Partnership team** for programme development and quality improvement through M.A.S.T. Rotary Advocacy Group

**10.6 Joining our Implementation Team** for implementing appropriate in- country programmes.

**10.7 M.E.R.N.** - Rotarians’ support is important in creating a local M.E.R.N. structure for emergency resuscitation of sick mothers and babies and fast track transfer to the best available care - **Para 3.2.d**

**Stop Mothers Dying!**  
[www.calmedrotary.org](http://www.calmedrotary.org)

For further information and feedback, please contact us

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Rotary International Networking and Services Committee (2017-20)

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And all Vocational Team Members, Advisers and Supporters (Rotarian Vocational Alliance saving mothers and babies)