COVID 19 PANDEMIC –
PROTECTING
MOTHERS AND BABIES –DURING
THE PANDEMIC AND BEYOND

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RI Global Networking Committee
TRF CADRE Co-Ordinator ,Maternal and Child Health

On behalf of
Programme Participants, Collaborators and Supporters
of CALMED Programme
Presentation Outline

- Problem
- Context
- Solution – a. Strategy
  b. Action
- Field Testing
- Action Plan – Rotarian engagement in collaboration
- Key Messages
IMPACT OF COVID ON CHILDBIRTH DEATHS

a. DIRECT – SLIGHT TO MODERATE

b. INDIRECT  ECONOMIC & PHYSICAL /MENTAL HEALTH DAMAGE - SEVERE

COVID GENERATED EXTRA BURDEN (ESTIMATED 8.3-38.6 %) ON MATERNAL MORTALITY –REVERSAL OF PROGRESS MADE SO FAR (MDG ,1990-2015) ,AND SDG ( Roberton et al,2020)
COVID generated extra deaths (Stein et al, HP+, 2020)

Additional Indirect Deaths due to COVID-19 in India, Indonesia, Nigeria, and Pakistan over 12 Months

- Maternal Deaths: 31,980
- Neonatal Deaths: 1,160,440
- Stillbirths: 1,222,430

- Additional deaths from COVID-19 service use decrease
- Estimated deaths in 2020 with constant coverage
“COVID GENERATED EXTRA BURDEN” ON MCH-MITIGATION THROUGH HEALTH STRUCTURE IMPROVEMENT & STRUCTURED TRAINING

Bridge the Gap!

Distance Learning & Training

Training- Knowledge, Skills and Behavioural changes

Remove Obstruction

Enhance Health Awareness & Health Seeking Behaviour

STRUCTURED TRAINING IN MCH
COLLABORATORS – ADD STRENGTH AND VITALITY

TEMPLATE OF ACTION – ENHANCE GLOBAL GRANTS
TWO AWARD WINNING CALMED VOCATIONAL TRAINING PROGRAMMES PILOTED IN INDIA, 2013-19, LED TO CAPACITY DEVELOPMENT IN SIKKIM (D -3240) & GUJARAT ( D -3054)

6 VTT FACULTY 11 TOTAL 44 WEEKS

Master Trainers Trained – 39

Health care Professionals Trained 175

ASHAs Trained 200+ (Est.)

Mothers Saved -250 Babies Saved 1250 (Modelled Estimate)

TWO INTERNATIONAL AWARDS
ONGOING HIGH IMPACT PILOT PROGRAMME – Six New Initiatives, New Emphases

WE DEFINE & ROAD TEST A NEW CALMED MODEL ADAPTED ON NEEDS ANALYSIS..

GG 1988385 – Meghalaya, 20-23

➢ M.E.R.N.** E-Ranger Motor Bike Ambulance, Paramedic Training
➢ Communication from home to hospital
➢ Distance Learning – Tele Medicine
➢ Advanced Digital Technology
➢ In Situ Simulation based in Hospitals
➢ Mentoring & Evaluation Network

https://www.calmedrotary.org

**M.E.R.N.- Maternity Emergency Response Network
CALMED STRUCTURED TRAINING - 6 POINT ADAPTATION TO COVID CHALLENGES -

- DISTANCE LEARNING / TELE MEDICINE -

- DIGITAL TECHNOLOGY

- IN-SITU SIMULATION TRAINING
  - evidence based training delivered in Hub Hospitals
- MENTORING NETWORK

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

- COMMUNICATION, TRACKING, RESPECT, RESPONSE – TWO WAY RESPONSE UP/DOWN -
M.E.R.N. established on a Hub and Spoke Concept

Co-ordination at Central Hub site

- Hub Site Lead = Hub Lead Hospital
- Spoke Site = Community Hospital
CALMED PROGRAMME ADAPTATION TO MITIGATE COVID DAMAGE TO MCH
MATERNITY EMERGENCY RESPONSE NETWORK (M.E.R.N.) - NEW OPPORTUNITIES

Emergencies at home – Mother / Baby

Resuscitation
  Tracking
  Trained Staff

Transfer
  Trained Paramedics

Hospital – Prepared, Staff Trained, Equipped & Ready to treat the emergencies
CALMED PROGRAMME ADAPTATION TO MITIGATE COVID DAMAGE TO MCH
MATERNITY EMERGENCY RESPONSE NETWORK (M.E.R.N.) - NEW OPPORTUNITIES

Emergencies at home – Mother/Baby

Resuscitation
Tracking
Trained Staff

Transfer
Trained Paramedics

Hospital – Prepared, Staff Trained, Equipped & Ready to treat the emergencies

Digital Technology, Tracking, Distance Training/Learning, Tele Medicine, Mentoring, In-Situ Simulation Training

CALMED STRUCTURED TRAINING ADAPTATION TO COVID – NEW FOCUS
GG 1988385 – VTT to Meghalaya
Maternal & Child Health Services

Meghalaya

UNICEF
TREND OF MATERNAL DEATHS (Absolute Nos.)

Maternal Death during the year

(Maternal Death)

(Source: HMIS)
Maternal Death distribution in % among districts of Meghalaya in 2017-18 yrs

(Source: HMIS data)
Death Analysis (24hrs to 1 month)/ Year:
Based on causes & time period - Meghalaya

(Source: HMIS data)  (DNA: Data not available)
# Neonatal & newborn Death during 0 - 4 Weeks / Year

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(Source: HMIS data)
• TARGET AREA(S) - LOCAL TEAMS IN HILLS ...

• TEAMS - identify all levels of MASTER TRAINERS (HOSPITAL BASED) and would be trainees - numbers and availability/ability to join initially /later on – engagement of all trainers /trainees

MEGHALAYA TEAM WORK NOW – DISTANCE LEARNING, 20-23

• CURRICULA FOR DISTANCE LEARNING – E-LEARNING PLATFORM (knowledge, communication, responsibility, skills) talk, power point, films, videos, quizzes,

• EVALUATIONS - data analysis, adjustment

• COORDINATOR - at each Hub - NEIGRIHMS, HOSPITAL(S) - ................., PHC, Sub- Centre etc. etc – see M.E.R.N.S. – Hub and Spoke
TIMED FRAME WORK OF ACTION – IDENTIFY TEAM LEADERS

- OPPORTUNITIES AND CHALLENGES – Co-ordination – ongoing commitment

- TEAM WORK – Resources, Funding, Manpower

- TRAINERS/TRAINEES – engagements /incentives - Bespoke Training

- GRANT FUND ADJUSTMENT / ALLOCATION – purchase etc.

- SETTING UP DISTANCE LEARNING FRAMEWORK – multiple sites , Bespoke Training