

Preventable Childbirth Mortality Reduction through Private/Public Partnership, Translational Training Model – CALMED, TENA



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<https://www.calmedrotary.org>

[Rotary Action Group for Reproductive, Maternal and Child Health \(rotaryrmch.org\)](https://www.rotaryrmch.org)

Objectives



1. Establish public-private partnership

2. Reduce delays in accessing emergency healthcare in childbirth – Empowerment through training

Community based collaborative learning by participation - CLP

Upskilling, Capacity Development of Healthcare Professionals

Visiting Training Team Members trained local healthcare professionals using a Training the Trainer model (lectures, role-playing, high-fidelity simulators, films, charts)



Training of local village health activists (ASHAs) to raise community awareness in pregnancy and postnatal care, using pictorial flip charts (in local languages)



Methodology

Collaborative Actions in Lowering of Maternity Encountered Deaths

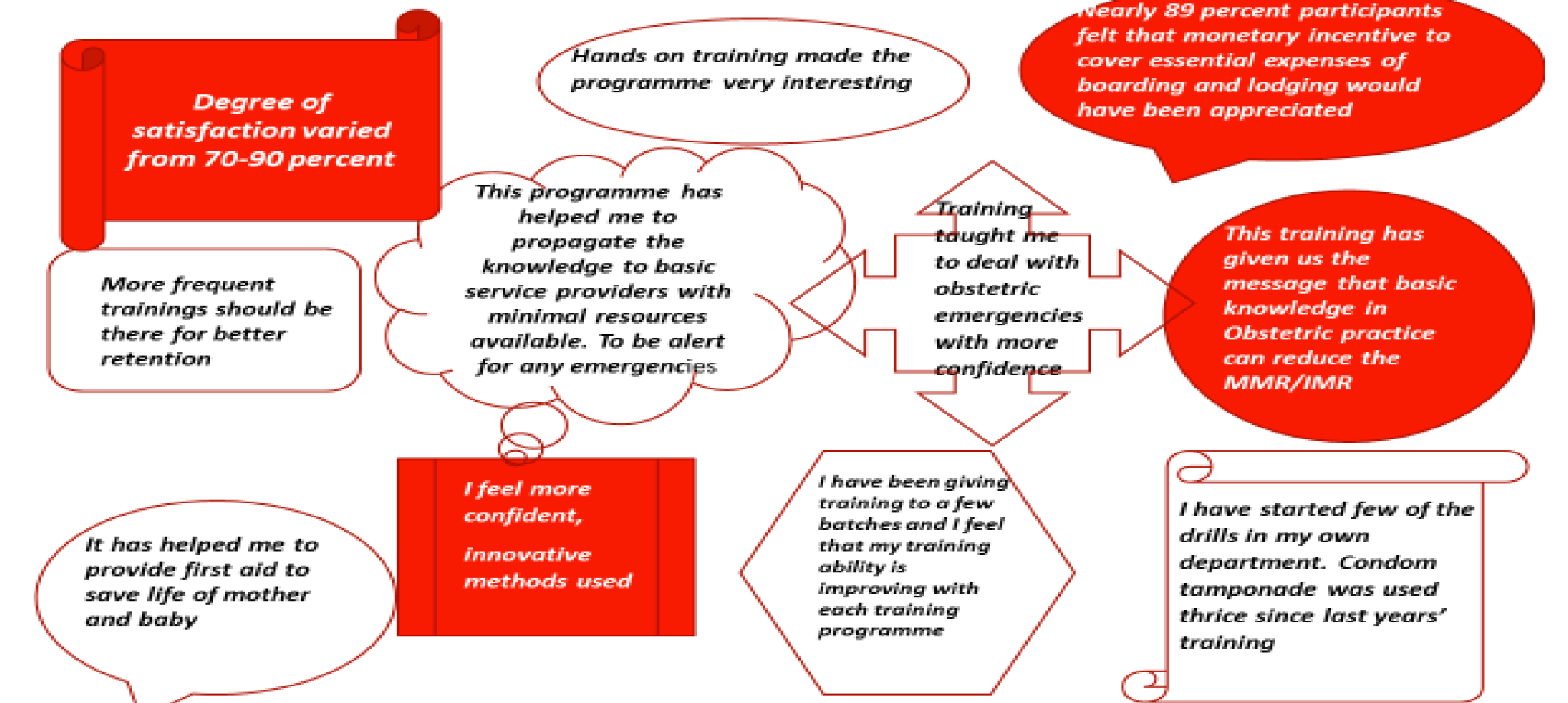


The certified master trainers then trained less experienced health workers, under supervision

Qualitative Results

There was high level of participant appreciation, increased confidence and application of the new knowledge/ skills in the participants' clinical practice.

Exit interviews of Master trainers on return visit: Attitude and Behavioral changes



Way forward- TENA (Technical Expert Networking Alliances) providing future opportunities through partnerships at:

Strategic level (global partnerships)

Tactical level for training resources

National level for programme implementation (coalescing with national/regional programmes)

Conclusions

CALMED programme in India has achieved its objectives of upskilling and capacity development. It has created partnerships, resources (TENA) at no or low cost. TENA alliances can leverage support for ending preventable childbirth mortalities or in other areas of women's health – Rotarian led collaboration and RCOG Diaspora Liaison Group's central role could be important in leveraging the power of TENA, in support of women's health and policies.

Design



Stage 1- Strengthen partnership of stakeholders; Identify motivated volunteer trainers - Creating a translational training strategy

Stage 2- Three training team visits (6-8) at 18 months intervals. Additional community health awareness training of community health workers

Stage 3- Evaluation and adaptation- Programme & Assets generated (Trainers / Toolkits)

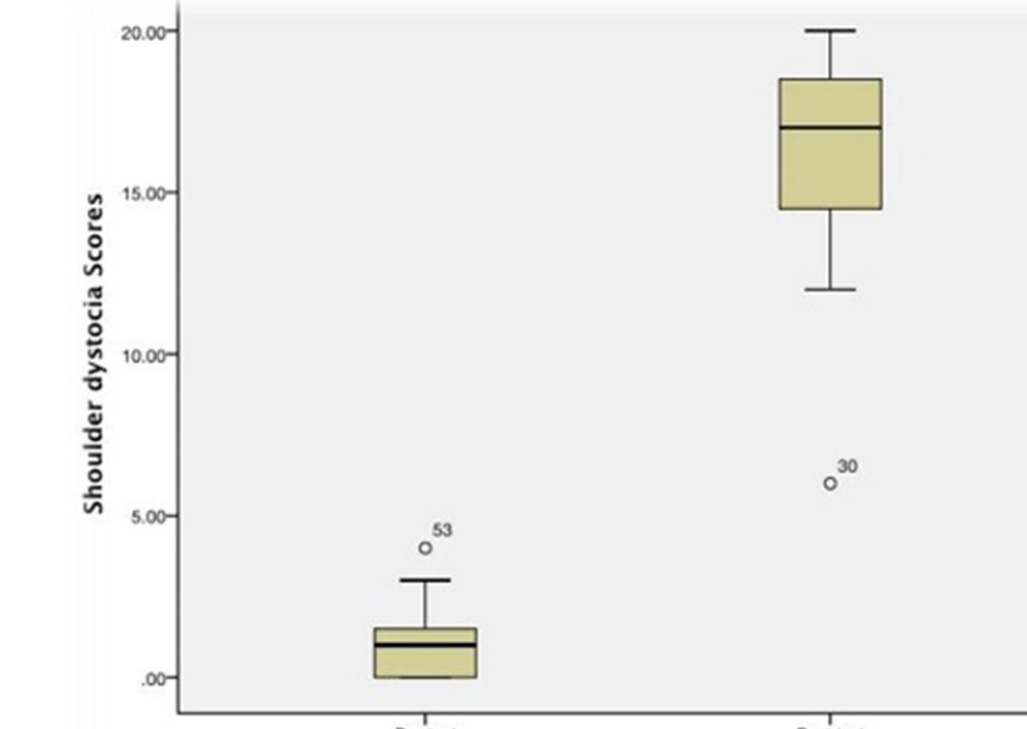
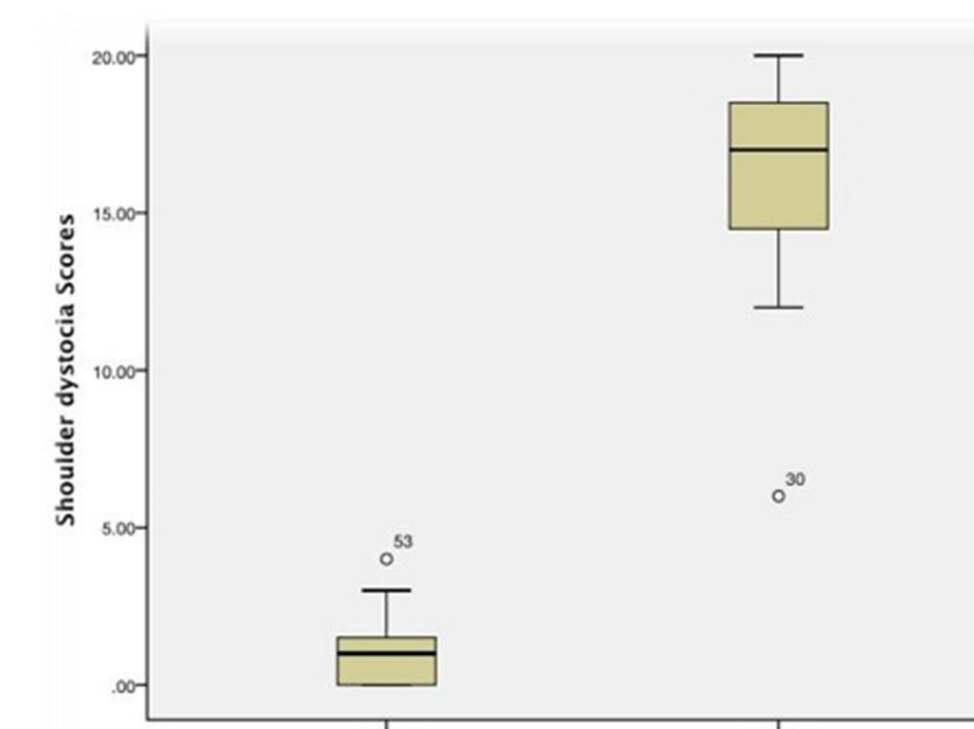
Pilot 1- Sikkim (2013-16)

US \$ 50,000 - 3 visits resulted in training of 13 Master Trainers, 91 Health Workers , 64 Community Health Workers

Improvement of knowledge and skills.

Quantitative Results

Scaling up phase 1- Bhuj (2014-17) US \$ 60,000 - 3 visits created 26 Master Trainers, 83 Health Workers , 118 ASHAs



Scaling up phase 2- Meghalaya (2020-present)

COVID restrictions created programme adaptation - distance training. Visit will take place soon.