



## How Calcutta Rescue (NGO) builds climate change resilience into its development programmes.

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# AGENDA

## CHAPTER 1

Mrs Sadar's story of Climate Change.

## CHAPTER 2

Survival depends on Mitigation and Adaptation.

## CHAPTER 3

Building Climate Change Resilience with help from WHO.

## **CHAPTER 1**

Mrs Sadar's story of two cyclones, two destroyed homes, loss of livelihood and enforced urban migration due to climate change.

## CHAPTER 2

**CR's transition to building Climate Change resilience.**

*This chapter begins on the streets of Kolkata 50 years ago.*

*Then the story moves to Switzerland and to June 2022.*

*And now back to Kolkata.*

## **General measures to improve community health resilience.**

Adult training,

Cash handouts,

Health education and afterschool education,

Sanitation (building toilets) and ensuring clean water (arsenic extraction),

Gender equality,

Food dispensing.

## **General measures to improve CR's organisational resilience.**

Build capacity,

Increasing health outreach and food distribution,

Expanding local/national fundraising,

Improving data on health status of vulnerable communities,

Supporting research on weather crises, environmental harms and social  
disruption.

disruption.

## **CHAPTER 3**

The Journey to building climate change resilience with a little help from WHO.

# Modified themes from the 'WHO Operational Framework for building climate resilient health systems 2015'.

1. Leadership,
2. Workforce,
3. Health Information,
4. Health Technologies  
(medication, vaccines, health equipment, PPE),
5. Service Delivery,
6. Health Finance.

# **1.** Leadership

**Working group to integrate climate change into policy decisions.**

**Advocacy and cross-sectoral collaboration with city departments.**

**Community engagement and gender equality.**

## **2.** Workforce

**To provide community outreach.**

**To plan for disaster relief and food distribution.**

**To develop skills for emergency health events.**

## **3. Health Information**

**Information to assess community and organisational vulnerability.**

**Information to provide early warning systems.**

**Information to support health and climate change research.**

## **4. Health technologies** (medicine, vaccines, surgical equipment, PPE)

**Reduce carbon footprint of medicines.**

**Reduce waste & aerosol inhalers.**

**Social prescribing.**

**Re-usable instruments (?)**

# Carbon Footprint in UK General Practice

(Primary care)

**75%** Pharmaceutical Prescribing.

**13%** Patient and Staff travel.

**6%** Energy use.

**6%** Other Services (electrical equipment, paper towels, printing, water and medical supplies)

<https://www.bma.org.uk/media/2570/bma-sustainable-and-environmentally-friendly-general-practice-report-june-2020.pdf>

## **5. Service Delivery**

**Develop emergency disaster plans (food, shelter)  
Emergency health service preparedness  
(heatwaves, pandemics & vector, water and food borne disease).**

**Reduce face to face consultations where appropriate to reduce carbon footprint of travel.**

**Ensure clinic infrastructure is adapted for weather extremes.**

## **6.** Health Financing

**CR recognises that it now needs to budget for additional climate change costs.**

**CR has attracted new money from national (CSR) sources.**

## Conclusions

### **3 take home points.**

- 1. We need leadership to encourage changes of behaviour and thinking.**
- 2. We NGO's must act as torch bearers and lead by example.**
- 3. The tool kits and frameworks of how we mitigate and adapt this already exist.**

**Post-script to  
Mrs Sadar's  
story.**

