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USAID/India's Activities Towards Strengthening Family Health

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Strengthening the Family Health Work of USAID/India

To advance the maternal and child health (MCH) program in India, USAID/India is working across 20 states to improve the quality of maternal and child care (MCH), family planning (FP), reproductive health (RH), and adolescent health (AH) services. USAID/India in its 31 years of partnership with the Government of India (GoI) has aligned with the GoI's Ministry of Health and Family Welfare's (MoHFW's) 'Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A)' strategy and scaled up high-impact interventions with the goals of preventing child and maternal deaths and improving the quality of FP services. This newsletter highlights the activities of USAID/India's implementing partners in strengthening family health.

Streamlining the FP Supply Chain to Prevent Stock-outs

USAID/India-supported MOMENTUM Country and Global Leadership: India-Yash (MCGL- India Yash) is providing technical support to 10 states to strengthen the capacities of health care providers, including frontline workers, to streamline the FP logistics and supply chain through the Family Planning Logistics Management and Information System (FP-LMIS) application. The application helps reduce the stock-out and over-stocking of contraceptives and FP commodities at the facility level. FP-LMIS is a unified software that reaches till the level of ASHA and ensures demand based supply (Pull System). MCGL- India Yash is supporting facility mapping and training service providers on the use of the FP-LMIS application to better manage the supply chain of FP commodities. As of September 2022, over 242,816 new users were mapped and 115,126 users started indenting through the FP-LMIS application. MCGL-Yash also conducted FP-LMIS application review-cum-refresher training for District Drug Store Managers, District Family Planning Coordinators, Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs). Further, the team is streamlining the transportation of FP commodities, which includes preparing a robust distribution and route plan as per the indent received. For ensuring last-mile access to FP commodities, Community Health Officers (CHOs) are being engaged in monitoring and implementing FP-LMIS. Additionally, the engagement is beneficial for ASHAs, for they get increased support and can access resources on the usage of the portal. Till September 2022, 474 CHOs have been sensitized on FP-LMIS across 21 batches.



MCGL supports a network of 0.2 million ASHAs through the FP-LMIS program, reaching beneficiaries across 10 states and meeting the unmet needs of women around FP and RH. Photo credit: MCGL-Yash/Jhpiego

Improving Access to Modern Contraceptives by Expanding the Contraceptive Basket of Choices

Under its FP 2030 commitments, India has committed to expanding the contraceptive basket with the inclusion of subdermal single-rod implants and SubQ. Subcutaneous injections, commonly referred to as SQ/ SubQ, are given in the fatty tissue, lying between the skin and the muscle underneath. Under MCGL India - Yash, the expansion of the contraceptive basket is supported by Information Education Communication (IEC) and community engagement strategies for the rollout of new contraceptives and FP devices.

Hand Holding new contraceptive introduction in public sector:

With a view to expanding the basket of choice under the Family Planning programme, and to fulfill FP 2030 commitments, Implants and SubQ are being introduced as a spacing option to improve access and uptake of contraceptives under National Family Planning Program of India. The initial 36 months of introduction will be carried out in 10 states of India.

USAID is one of the key partners under FP 2030 commitments and is entrusted with the task of supporting the new contraceptive introduction in Gujarat and Tamil Nadu. While the country is moving ahead with the humongous task of bringing in two new spacing options in the contraceptive basket, USAID supported MCGL is generating new lessons by the introduction of contraceptive implants in tea garden areas of Assam. Assam has the highest maternal mortalities in the country. The tea garden areas, specifically, are challenged in terms of all SRH services and offering an effective contraceptive choice, expanding post-pregnancy contraceptive options and creating awareness in healthy reproductive and contraceptive practices is a potent solution to ensure maternal health. The first phase covers 5 tea gardens from Dibrugarh and the second phase will cover 16 tea gardens from 6 other districts.

MCGL is also supporting Gol in development of technical resource material for ASHA and Community health Organizers (CHO) and demand generation packages for the contraceptive implant introduction.

Therefore the USAID funding is fostering Gol initiatives by serving as an **aggregator and technical expert**, forging an **effective partnership** between the stakeholders and increasing the availability and accessibility to family planning services and commodities while contributing towards meeting India's commitment for FP2030 goals.

Encouraging private sector engagement:

To improve and expand the provider base, MCGL India - Yash is also building the largest network of private providers, including obstetricians and gynecologists, general physicians, and pharmacists. This should increase the usage of FP products and services by young people. As of September 2022, over 6,000 providers have been engaged across 3 cities to provide SRH services and improve method choices for young people. The new method choices will strengthen the availability and increase the uptake of FP products and services.

Health Care Providers Trained on Management of Postpartum Haemorrhage (PPH) to Avert Maternal Deaths

PPH is the leading cause of maternal deaths worldwide. Over 90 percent of deaths from PPH occur in low- and lower-middle-income countries. To avert PPH and its consequences for mothers in India, USAID/India funded SAMVEG is addressing PPH across the continuum of care. SAMVEG is working on an implementation model to derive learnings to strengthen PPH management with a focus on the use of the Uterine Balloon Tamponade (UBT) across all levels of identified public health facilities in two states, Uttarakhand and Jharkhand. UBT is a non-surgical method of treating refractory PPH. The project is introducing a standard pre-assembled UBT in identified facilities of the states to strengthen PPH management. The UBT intervention was successfully rolled out in Haridwar, Uttarakhand, where over 33 health care providers — gynecologists, medical officers, and staff nurses — from selected intervention sites were trained on the use of 'Every Second Matters' for Mothers and Babies (ESM) UBT, the ultra-low-cost device for managing PPH. A similar training was conducted in April 2022 for over 40 labor room staff from four health facilities in Ranchi, Jharkhand.



SAMVEG conducts a Training-of-Trainers on Strengthening Management of PPH. Photo credit: IPE Global

Strengthening the Gol's Aspirational District Support Program

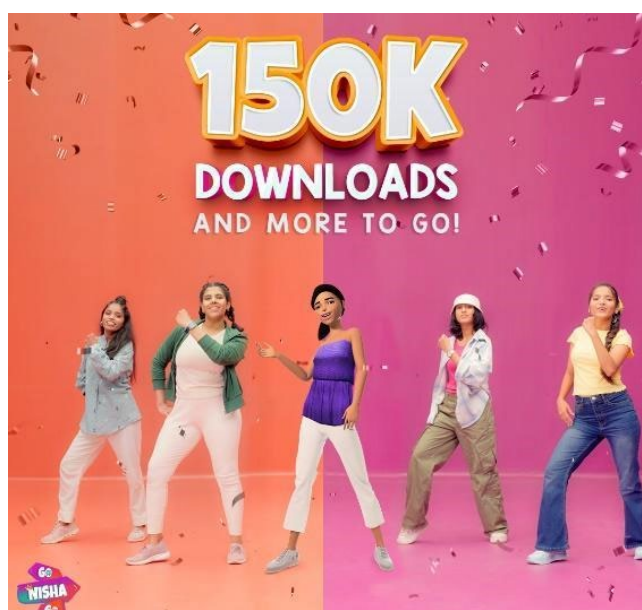
USAID-supported SAMVEG is developing Key Performance Indicators for two poorly performing Aspirational Districts – Nuh in Haryana and Sahibganj in Jharkhand. In addition, SAMVEG is highlighting the major areas for improvement and intervention to support the Gol's 25 Aspirational Districts across five states for developing a District Health Action Plan deploying the RMNCH+A Action Agenda Using the Strategic Approach (RAASTA) tool. RAASTA is a six-step program review tool based on the World Health Organization's program review for child health for planning, identifying problems, developing effective sustainable solutions, and integrating these solutions into the implementation system.



A supportive supervision community visit at the Anganwadi Center in Dumka district, Jharkhand, to support the Gol's Aspirational Districts Program. Photo credit: IPE Global

“Go Nisha Go” Mobile Game Downloaded over 150,000 Times in Six Months

India has one of the highest rates of child marriage in the world, and girls often lack the power to make their own decisions around feminine hygiene products, contraception, or marriage. The USAID/India supported “Go Nisha Go” mobile game Game of Choice, Not Chance™ (GOC) platform, is a fun mobile games platform where young people experience the power of choice-making and how it shapes their lives. Go Nisha Go is the first in a suite of games designed with and for youth. Based on extensive formative, co- design research with adolescent girls, this story-driven game provides a private, entertaining space for girls



to discover, learn, and build agency through interactive role-play in a virtual world. Players navigate challenges, meet mentors, and gain instant access to vital information and resources. It is a simulation game where players can make choices for their avatar, Nisha, to help her achieve her hopes and dreams. Players can choose from a variety of options in this interactive, story-based game to unlock a world of new possibilities. Each episode focuses on a different aspect of sexual reproductive health (SRH)-negotiation, consent, menstrual health, and more! As young people become empowered choice-makers, they can confidently direct their futures and explore new worlds of possibility.

The game reaches to adolescents and teenagers on how to make informed decisions and improve their negotiation skills. Over 150,000 youth have learned about better decision-making and autonomy around critical issues impacting their lives through the use of the application.

USAID/India's Innovative Models Support The Journey of First 1,000 Days of Mother and Child since birth

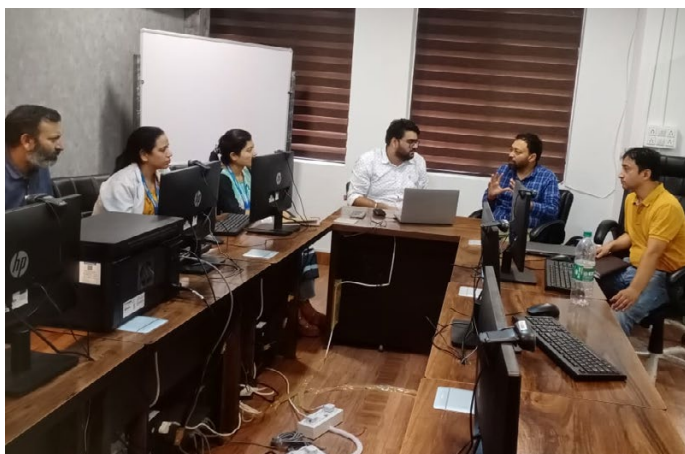
On August 17, 2022, the Union Minister of State for Health, Bharati Pravin Pawar, launched the 'Early Childhood Development (ECD) Conclave, Paalan 1000', a national campaign supported by a parenting mobile application to reduce the child mortality rate by ensuring the well-being of a child in the first 1,000 days after birth. USAID/India supports ECD by scaling up innovative models and initiatives. USAID/India supported SAMVEG presented three innovative interventions during the ECD Conclave and the launch of PAALAN 1000: (1) Strengthening Nurturing Care for Small and Sick Newborns through Family Participatory Care; (2) Home-based Young Child Care; and (3) QUICK Approach in Supported States.



USAID/India representatives attend the Gol's ECD Conclave in Mumbai, Maharashtra. Photo credit: IPE Global

Improving MCH Outcomes through Functional Helpline Call Centers

USAID/India-supported SAMVEG rolled out the 'Quality Upgrade for Improving Accountability and Community Knowledge' (QUICK) model in Haridwar district of Uttarakhand in February 2022. The model is designed for improving MCH outcomes in the first 1,000 days of life. Taking guidance from the GoI's Surakshit Matritva Aashwasan (Suman) initiative, aimed at zero preventable maternal and newborn deaths, the model utilizes the existing resources available with the functional call centers at the state level to reach out to eligible beneficiaries to collect their feedback on the MCH services being provided and simultaneously provides counseling on health-related topics. As of December 2022, over 14,000 calls were made, and more than 3,000 beneficiaries received counseling.



USAID organized a training for State 104 helpline call centers on structured tool as part of the handholding for the QUICK model application, in Haridwar, Uttarakhand. Photo credit: IPE Global

Carbetocin Room Temperature Stable (RTS) Implementation Model Launched to Prevent Postpartum Haemorrhage (PPH)

USAID/India-supported SAMVEG in partnership with the state government of Madhya Pradesh and Ferring Pharmaceuticals launched the Carbetocin RTS implementation model in Dewas district in Madhya Pradesh on May 17, 2022. Carbetocin is a newer analogue of Oxytocin that has a greater biological effect and a longer shelf-life. It is more heat-stable than Oxytocin, which is of crucial importance in resource poor settings. The model uses Carbetocin as a newer modality of uterotonics for the prevention of PPH in the intervention site. Dr. M. P. Sharma, Chief Medical and Health Officer, and Dr. Sachin Gupta, Adviser, Maternal and Child Health, USAID/India, attended the launch event. A training-of-trainers session was also organized for public health care providers to pilot the model efficiently in the district, with a special focus on the 'Do No Harm' message. Over 13 health care providers were trained as master trainers on the 'Care Around Birth' platform, with a special focus on the active management of the third stage of labor.



USAID organized a training for State 104 helpline call centers on structured tool as part of the handholding for the QUICK model application, in Haridwar, Uttarakhand. Photo credit: IPE Global

Redesigning the ASHA Home Visit Model to Strengthen MCH Services

In order to include maternal counseling, birth preparedness, ECD, and risk stratification for high-risk pregnancies and low-birth-weight babies, USAID/India-supported SAMVEG has redesigned the ASHA home visit model into the 'Integrated ASHA Home Visitation – Counseling for Antenatal Care, Readiness for Birth, and Strengthening Essential Newborn and Child Health Care Practices' model. The model targets the 1,000-day continuum-of-care period with effective community touch points promoting health-seeking behavior for both mother and child. The model also focuses on the maternal components that are missed out during newborn visits to make home-based maternal and newborn care more comprehensive. The proposed model is set to be launched for implementation in two blocks of Jharkhand from February, 2023.

Bridging the Gap to Improve Access to Primary Health Care Services

To improve access to primary health care services, USAID-supported SAMAGRA reached out to over 210,756 vulnerable people through a community-based health insurance scheme in Mumbai, Maharashtra. SAMAGRA conducted a survey of 17,933 households, consisting of 73,831 slum dwellers, to collect vital information about their health needs. A medical mobile van unit, another of SAMAGRA's interventions, provided a bouquet of health services, including doctor consultation, surgery planning, medicines, referral for investigations, antenatal care (ANC), immunization services, COVID-19 vaccination, etc. A total of 446 cases were followed up by a 24x7 helpline for referral support. The team provided out-patient department (OPD) services such as blood pressure check-ups and blood sugar testing services through the medical mobile units. During the COVID-19 lockdown, the medical mobile units bridged the health gap for marginalized communities. Further, SAMAGRA through the community outreach intervention is supporting ASHA workers in strengthening community-based service delivery platforms such as Urban Health Nutrition Days and immunization sessions, focusing on ANC services, identification and line listing of high-risk pregnancies, and on-the-spot guidance support to pregnant women for the measurement of blood pressure, haemoglobin, urine, sugar, and albumin.



USAID/India-supported SAMAGRA conducts bidirectional screening of presumptive COVID-19 and tuberculosis cases, and publicizes the helpline number during home visits in Mumbai, Maharashtra. The project offers primary health care and referral services via mobile vans. Photo credit: SAMAGRA, PSI



USAID/India's mobile van OPDs help patients identify their underlying health issues, which often go unnoticed and unidentified because people are hesitant to visit a health facility due to social stigma and unstable financial situations. Photo credit: SAMAGRA, PSI

Improving the Quality of Care through LaQshya

To improve maternal and newborn mortality and morbidity rates, to enhance the quality of care during delivery and the postpartum period, and to provide respectful maternity care to all pregnant women attending public health facilities, USAID/India-supported SAKSHAM is providing technical support for the LaQshya accreditation of identified public health facilities in Assam and Odisha. SAKSHAM conducted a series of skill-based competency-building workshops, training 118 health care providers (staff nurses and medical officers)

19 identified LaQshya public health facilities in Dibrugarh and Rayagada districts of Assam and Odisha, respectively.



*USAID with support from National Health Mission conducted LaQshya workshops for staff nurses and medical officers from facilities Sivasagar and Dibrugarh, Assam.
Photo credit: SAKSHAM , PATH*

Strengthening Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Services

To improve the capacity of health care workers to deliver BEmONC and CEmONC services, USAID-supported SAKSHAM conducted ANC capsular training for over 430 health service providers, which included ANMs, CHOs, and District Program Managers (DPMs), in Assam, Chhattisgarh, and Odisha. Additionally, a skill-based competency-building workshop on laboratory skills was conducted at the Assam Medical College and Hospital (AMCH), Dibrugarh, Assam on June 23, 2022. The training was attended by over 64 participants, which included 59 women health visitor students from 34 districts and five postgraduate students from the Department of Community Medicine of AMCH, Dibrugarh, Assam. In addition, over 12 ANMs received ANC capsular training at KB Ali Block, Golaghat district, Assam, under the 'Thinking Beyond Training' model.



*USAID conducted ANC capsular trainings in Golaghat, Assam, training over 12 ANMs. Over 430 healthcare providers were trained to deliver basic and comprehensive obstetric newborn care services.
Photo credit: SAKSHAM, PATH*

Empowering Women to Tap Better Livelihood and Income-Generation Options

Through the project 'Building Resilience of Women Entrepreneurs -Udyami', USAID/India works with SEWA Bharat to help women microentrepreneurs and women-led collective social enterprises thrive and sustain themselves in a post-COVID-19 economy. The activity links vulnerable women to networks, resources, social support programs, health information and childcare services, enabling them to participate in market-based activities. By fostering the self-reliance of low-income women, the activity supports women's economic freedom and contributes to better economic and health outcomes for women and their families. The program conducted a two-day session with the Aagewans of Almora, Bageshwar, and Pithoragarh districts in Uttarakhand on "understanding how climate change affects women's livelihoods." Aagewans are SEWA Bharat members who take on a leadership role in their community and support advocacy efforts. The session also discussed employment opportunities under the Mahatma Gandhi National Rural Employment Guarantee Act and other schemes that can aid in the prevention or mitigation of climate change. Additionally, the Udyami Initiative's SEWA Anubandh (an e-commerce platform) helps poor women entrepreneurs to access and use digital mediums for selling their products. SEWA Bharat is also exploring a new business model: an e-commerce service provider for women microentrepreneurs and women-owned collective enterprises in the informal economy, enabling them to expand their market and increase their income through selling on various digital platforms.



SEWA Bharat is a movement of over 1.9 million informal women workers. It is active across 18 states in India. Photo credit: SEWA Bharat

USAID/India Spreads Awareness of Gender-based Violence (GBV) through Safe Spaces

The experience of GBV is a lived reality for many informal women workers in India. These workers are already in vulnerable and precarious working arrangements and are often subjected to threats and violence by their employers. USAID/India-supported SEWA Bharat functions in a decentralized manner through SEWA Shakti Kendras. These serve as a critical means for the last-mile delivery of social security benefits for marginalized women. These spaces are being used in seven states (Delhi, Uttarakhand, Bihar, Rajasthan, Jharkhand, Nagaland, West Bengal, Madhya Pradesh, Gujarat and Punjab) to host awareness-raising sessions on GBV and have reached out to thousands of women, who can then connect themselves or their friends and relatives to government-led assistance programs and services for women impacted by GBV. These awareness-raising sessions also provide safe and inclusive platforms for women across trade groups to share their experiences of facing gender-based discrimination at workplaces and within domestic spaces. During these workshops, more emphasis is laid on working to achieve gender equality, which, in turn, can help curb GBV.

USAID/India's Maternal, Newborn, and Child Health (MNCH) Accelerator SAKSHAM Launches the Aavishkar Innovation Platform

SAKSHAM is USAID/India's MNCH accelerator initiative that aims to support the GoI through new approaches, including harnessing innovations to boost the implementation of high-impact interventions for improving MNCH through a continuum-of-care approach. Through the SAKSHAM MNCH Innovation Aavishkar Challenge, USAID/India will leverage the capabilities of the partner consortium to bring together technology manufacturers and relevant stakeholders, including government bodies, health agencies, and providers, for the introduction of transformative solutions in the MNCH setting. This technical challenge will showcase the compendium of selected innovations to key stakeholders at the national and state levels and within the network of the consortium, thereby providing greater visibility to the innovations globally.

The platform will support the scale-up of low-cost, high-impact technology-based innovations to accelerate reduction in MNCH mortality through the expansion of high-quality services, increased health worker capacity, and improved operational processes.



SAKSHAM and its consortium partners launched the SAKSHAM MNCH Innovation Aavishkar Challenge to address MNCH challenges. Photo credit: SAKSHAM, PATH



*Sangita Patel, Director, Health Office, USAID/India at the launch of the Aavishkar Innovation Platform.
Photo credit: SAKSHAM, PATH*

USAID/India-supported MOMENTUM Country and Global Leadership: India-Yash (MCGL-Yash) Convenes Stakeholders Working on GBV in Assam

USAID's Momentum Country and Global Leadership (MGCL: India-Yash), led by Jhpiego envisions to transform public private partnerships and investments in the development sector that are more inclusive of adolescents' and young people's priorities and strengthen the youth ecosystem such that young people make informed decisions about their health and well-being. In collaboration with the Directorate of Social Welfare of Women and Child Development (WCD), government of Assam, MGCL: India Yash convened a roundtable discussion of stakeholders in the state to strengthen the response to GBV. The event was attended by state officials from the Department of Social Welfare, WCD (Secretary, Joint Secretary, Director, Additional Director), civil society organizations, as well as the state and district workforce of the WCD working on GBV. The event also saw participation from USAID/India partners and sub-partners working on GBV in the state, with representatives from Jhpiego, Engender Health, Tata Institute of Social Sciences, and Child in Need Institute in attendance.

The event provided an interface between the department of Social Welfare, WCD leadership and people on the ground on GBV issues. Based on the collective recommendations, a road map will be developed for addressing GBV issues in the state.



USAID/India-supported project MCGL-Yash, implemented by Jhpiego, organized a state-level stakeholders' roundtable conference on developing redressal mechanisms for survivors of GBV.

Photo credit: MCGL-Yash, Jhpiego

USAID/India Supports Youth Voices in Policy Making

In India, young people in the age group of 15–29 years make up more than 27.5 percent of the population and, according to the National Youth Policy [2014], contribute about 34 percent to India's gross national income. There is a need to improve young people's knowledge, attitude, practices, and service utilization by increasing their agency to demand and access health care solutions that enable them to make positive FP and RH choices.

USAID/India-supported MGCL-Yash India launched a successful campaign called 'Baatein Unlocked', a youth-led on-the-ground and online campaign to create safe spaces for young people to have conversations around FP and sexual and reproductive health and rights (SRHR). Baatein Unlocked is a youth-led movement and collective that opens a safe space for young people to talk, explore, express, and share about their need for sexual and reproductive health and rights (SRHR). This movement engages with youth from diverse communities, sexualities, and interest areas and has reached 7 million young people from June to September 2022 alone, enabling them to realize their full potential by making informed and responsible decisions for their health and wellbeing.

Dia Mirza, a well-known Indian actor and a UN Goodwill Ambassador for climate change, has come out in support of the campaign. She has engaged with the campaign through a series of poems written by young women on menstruation and SRHR. She recited a poem by a youth champion, Shalu Priya. The content has gone viral on all social media platforms, including Facebook, Instagram, and Twitter, garnering more than 200,000 video plays. Going forward, Dia Mirza's engagement can be leveraged to bring young people together around the issues of climate change and SRHR. This will help young people realize their potential by making informed and responsible decisions concerning their health and well-being.

IMPACT STORY

Shehnaz, a 25-year-old woman, is a resident of Chikoda village in Bhagwanpur block of Haridwar district, Uttarakhand. She and her husband, Wasim, have been married for four years. They lost their first-born as an infant. When they tried to plan their family for the second time, Shehnaz suffered a miscarriage at four months. These have been emotional and painful experiences for the couple.

So when Shehnaz conceived for the third time, the couple was both elated and apprehensive that something might go terribly wrong. They hoped for a trouble-free pregnancy and a healthy child.

The USAID/India-supported SAMVEG project works to improve MCH outcomes connected with Shehnaz through the state's tele-counseling platform.

With the counseling provided by the QUICK 104 Call Center, Shehnaz received her first ANC check-up in April 2022 at the village Anganwadi Center. A routine ultrasound and the ANC check-up relieved Shehnaz of her worries about the growth and health of the baby. Subsequently, she was connected to the local ASHA worker to get further health information and to claim a nutrition kit from the Anganwadi Center.

The QUICK 104 Call Center regularly followed up with Shehnaz to assess the quality of the ANC services being provided and continued to counsel her on home care practices. "I find the calls very informative and helpful and am able to learn about and access the services offered by the government to pregnant women," she says.

SAMVEG rolled out the QUICK model in Haridwar district of Uttarakhand in February 2022. The model is designed to improve MCH outcomes, specifically in the first 1,000 days of life. It takes guidance from the Gol's Suman Program and utilizes the existing resources available with the functional call centers set up at the state level to reach out to eligible beneficiaries to seek their feedback on the MCH services being provided and simultaneously provide counseling on health-related topics.



Photo credit:
SAMVEG, IPE Global



FAMILY HEALTH ACTIVITIES IN PICTURES



USAID-supported NISHTHA training a CHO at the Wangkhem Health and Wellness Center, Manipur on ANC check-ups. The project has trained 20,462 CHOs across the intervention states during the 2021–2022 project cycle. Photo credit: NISHTHA, Jhpiego



USAID/India-supported SAMVEG partnered with the state government of Madhya Pradesh and Ferring Pharmaceuticals to launch the Carbetocin RTS implementation model in Dewas district of Madhya Pradesh on May 17, 2022. The Carbetocin drug is a newer modality of uterotonics for the prevention of PPH in the intervention site. Photo credit: SAMVEG, IPE Global



USAID/India-supported SAMVEG conducted training of health care providers on the active management of the third stage of labor during the launch of the implementation model of Carbetocin.
Photo credit: SAMVEG, IPE Global



USAID-supported SAMVEG conducted a training program on strengthening neonatal respiratory diseases management, with a special focus on bubble continuous positive airway pressure implementation in special newborn care units in the Aspirational Districts in Ranchi, Jharkhand. Over 20 participants from five facilities received training. Photo credit: IPE Global



To strengthen the quality of ANC services, USAID/India-supported SAKSHAM conducted ANC capsular training under the 'Thinking Beyond Training' model in the Udaipur block of Surguja district in Chhattisgarh. Over 40 participants participated in the training. Photo credit: SAKSHAM, PATH

The USAID/India-supported 'Building Resilient women Entrepreneurs' -Udyami project implemented by SEWABharatproject empowers women micro entrepreneurs like Mira Ben with knowledge and information about financial saving and helps them open their accounts with the SEWA Credit Cooperative. Through the Udyami Initiative, 2,950 women micro entrepreneurs received loans in the period from October 2021 to September 2022.

Learn more about how USAID/India empowers women micro entrepreneurs in the film 'Voices from the ground'. [Click here to watch!](#)





USAID/India-supported SAKSHAM launched quality acceleration initiatives and skills enhancement sessions through mentoring under obstetrics drill-based workshops, training over 76 health care workers in Rayagada and Nabarangpur districts in Odisha. Photo credit: SAKSHAM, PATH

“Family health and reproductive health issues cannot be addressed till there is a highly effective multi-stakeholder partnership that brings together diverse perspectives, interventions, and approaches. This is an issue that needs to be tackled in multiple ways, including by building the agency of girls, helping them stay in school, providing them vocational skills, empowering them to choose livelihood options, addressing issues of early marriage and gender-based violence, creating demand for contraception, working on the supply side, and ensuring the provision of quality services. This kind of comprehensive approach needs to have multiple stakeholders to come together.”

~Sangita Patel, Director, USAID/India Health Office, New Delhi



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