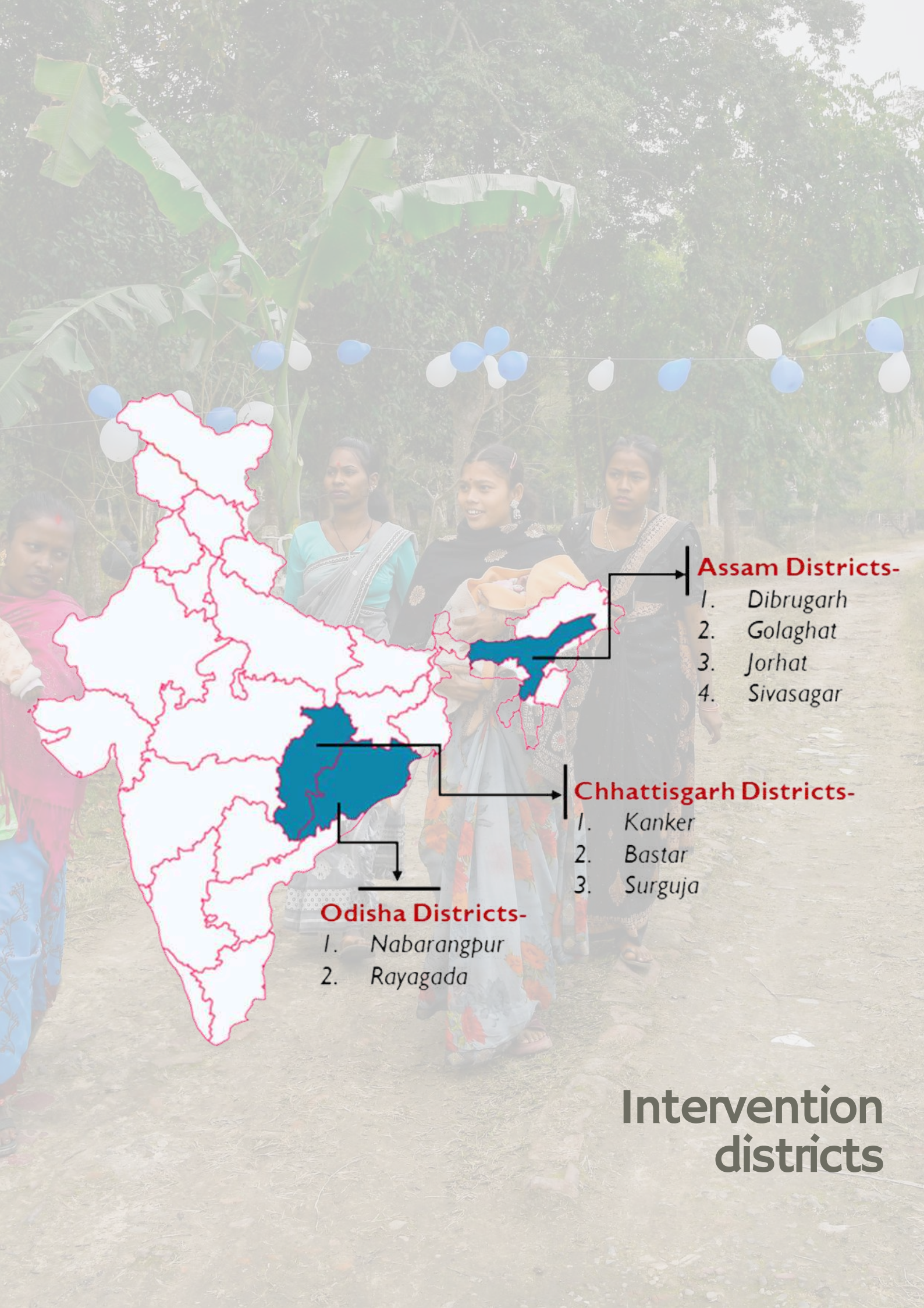
celebrating USAID SAKSHAM

Transformation stories from Assam, Chhattisgarh and Odisha



Intervention districts

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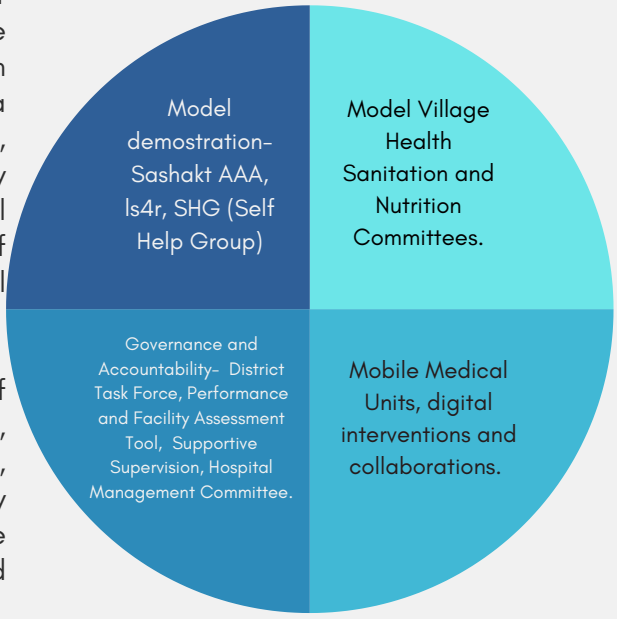
USAID Saksham is a four-year (2021-2025) project in three States of Assam, Chhattisgarh and Odisha driven by a consortium of PATH (Innovation), Piramal Swasthya (Community Engagement), Jhpiego (clinical training, capacity building of HCPs), and Deloitte (Digital transformation).

It offers a unique blend of expertise in capacity building, private-providers engagement, industry leverage and community participation to enhance Maternal Newborn and Child Health (MNCH) outcomes.



Interventions

Impact 1: Access to and use of evidence based, high-quality MNCH information, services/care, and interventions scaled up and sustained.

Impact 2: Institutional Capacity of health systems to deliver services improved, institutionalized, measured, documented, and responsive to population needs.

Impact 3: Cross-sectoral collaboration and innovative partnerships between MNCH and non-MNCH organizations increased (tea garden hospitals in Assam).

Bhani Guria, a temporary worker at Jutlibari Tea Garden, recently opened her bank account during the MAAdol drive, a transformative initiative for women's financial inclusion in the region.

Previously, Bhani felt frustrated and excluded during her last pregnancy because she couldn't access the wage compensation scheme (WCS) without a bank account. Learning about the MAAdol drive from her ASHA (Accredited Social Health Activist), she is now grateful to have an account that allows her to receive the WCS benefits she deserves. It has also enabled her to join the state's Direct Benefit Transfer scheme.

Her story showcases the positive impact of the initiative, empowering women and enhancing their access to essential financial resources.

Community Involvement enhances maternal health

Saksham launched an engaging orientation program for selected Village Health Sanitation and Nutrition Committees (VHSNCs), focusing on birth preparedness and complication readiness (BPCR) for pregnant women and families in the tea gardens.

The initiative educated the community and inspired VHSNC members to create a mentorship program. They developed personalized health charts for each pregnant woman, provided reminders for supplements, offered rest recommendations, and shared essential contacts for ambulance drivers, ASHA workers, and blood donors.

Rupa Mahali, a program beneficiary, shares her experience:

> "Thanks to this initiative, I'm now the mother of a healthy six-month-old baby boy. The VHSNC members visited me four times, monitored my health, and provided invaluable guidance."

The TB Centre at Jutlibari Tea Garden was established by Saksham to improve healthcare access for the local community.

Soma Sorey, a permanent tea garden worker living in Dibrugarh, was diagnosed with TB at age 50. Before the TB Centre opened, residents had to travel 20-25 kilometers to the nearest health facility for testing. Now, Soma is grateful for the new centre, just five minutes from his home. Thanks to early detection and timely treatment, he is now healthy and TB-free.

He expresses his gratitude:

"This initiative has improved health outcomes for residents and fostered trust in local healthcare services. They address immediate health concerns while promoting awareness and education about tuberculosis."

Addressing High Risk Pregnancies in Chattisgarh

In Chattisgarh, our goal is to reduce morbidities, improve MNCH outcomes and strengthen accountability mechanisms especially in marginalized and tribal populations.

We have reconstituted the Village, Health, Sanitation and Nutrition Committees, leveraged District level forums for prioritizing MNCH issues and conducted performing mentorship and support visits.

Rupeshwari Sahu from Kurna village expresses her gratitude:

“I had a complex medical history with 2 abortions and a stillbirth. This was my fifth pregnancy and I was helped immensely by Lekhani Sen(ASHA) and Yamuna(ANM). The VHSNC (Village, Health, Sanitation and Nutrition Committee) members also supported my journey”

We impart training and orientation to FLWs (comprising Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives) so they can address maternal health crises in real-time and promote good health practices within the community.

This is particularly significant in districts like Raygada where deep-rooted traditions, mistrust in healthcare system, and cultural identities create reluctance towards institutional public health systems.

Kada Majhi shares her appreciation:

"They counselled us about the advantages of safe institutional deliveries, and even promised to take full responsibility in the event of any complications. They also told us how to recognize danger signs and arrange transportation during labour and emergencies. Their relentless encouragement convinced us, and I had a healthy baby girl at the hospital!"

From the Field

From the Field

Key Learnings

Key learnings from our work reveal that early identification of high-risk pregnancies (HRPs) leads to improved management and better birth outcomes. For tribal communities, joint home visits using counseling tools have proven effective in persuading pregnant women and their families to opt for institutional deliveries.

Additionally, the establishment of a multistakeholder forum—comprising representatives from various departments such as Health, Labour, and the Tea Garden Association, and led by the district collector—has emerged as a strong platform for enhancing governance and accountability.

Way forward

The way forward involves scaling up the successful USAID Saksham models across the three project states to expand their reach and effectiveness.

We also aim to take the insights gained from these initiatives to the national level, advocating for their broader adoption.

By standardizing best practices and encouraging collaboration among stakeholders, we hope to improve health outcomes on a larger scale and create a sustainable impact for a healthier future for all.

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