



An Initiative by Mobius Foundation

# CONSOLIDATED REPORT 2018-2020



# AAKAR HIGHLIGHTS

“Community Sustainability Solutions Program”



## POPULATION STABILISATION FOOTPRINTS

**10392+**

FAMILIES SEEKED BETTER ALTERNATIVES  
OF CONTRACEPTIVE

**13282+**

MOBILE ENGAGEMENTS

**106510+**

INFORMATON MATERIAL DISTRIBUTED

**233+**

AASHAS ENGAGED

**200+**

VILLAGES COVERED

Uttar Pradesh  
March-December 2018-19

# PREFACE

This concise pilot report, we share our experiences of implementing a multi-pronged interventions to improve or to create awareness about family planning, promoting smaller families and reducing the burden of unplanned pregnancy and information of effective contraceptives.

Project Aakar shaping the reproductive behavior is committed to sustainability. Thus made family planning as its entry point and implemented it into high fertility districts- Barabanki & Bahraich. The intervention implemented involved reaching out to connect with population, generate advocacy and drive impact. The report covers the thought premise of the project, communication and detail of implementation on-ground.

## THE POPULATION SCENARIO

The world's largest demographic survey has found that while India strives for population stabilization, **five of the nine high focus states** — Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, and Rajasthan - still have fertility rate as high as above **three children per woman**, while the other two states, Assam and Chhattisgarh, have a fertility rate of 2.6 and 2.9, respectively. Government data declares, India's TFR decline from 2.6 in 2008 to 2.3 in 2013.

Worryingly, of the **284 districts surveyed, 164 have recorded a total fertility rate (TFR) of above 3.1.**

**Uttar Pradesh has 57 districts**, the maximum among states, with a total fertility rate of over 2.1, **while 11 of them have a rate of 4**, according to data released by the *Health Ministry*.



## THE FACTS

- There are multiple initiatives around population stabilization in the past 6 decades which have yielded some results .
- Population stabilization has seen a 3.9% decline in its decadal growth rate from 21.54% between 1991-2000 to 17.64% during 2001-2011.
- 24 states have already achieved a total fertility rate of around 2.1 level.
- The project piloted in **2 districts Bahraich (TFR4.9) and Barabanki (TFR 3.8) & was then rolled in 3 districts** with highest birth rate.



# National Family Health Survey 2015-16 (Latest)

## Barabanki

### Bara Banki, Uttar Pradesh - Key Indicators

Indicators	NFHS-4 (2015-16)	
	Rural	Total
<b>Population and Household Profile</b>		
1. Population (female) age 6 years and above who ever attended school (%)	58.5	58.8
2. Population below age 15 years (%)	35.9	34.8
3. Sex ratio of the total population (females per 1,000 males)	1,024	1,022
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,038	1,054
5. Children under age 5 years whose birth was registered (%)	69.1	68.7
6. Households with electricity (%)	43.1	49.7
7. Households with an improved drinking-water source <sup>1</sup> (%)	99.2	99.2
8. Households using improved sanitation facility <sup>2</sup> (%)	12.6	20.3
9. Households using clean fuel for cooking <sup>3</sup> (%)	19.6	27.9
10. Households using iodized salt (%)	96.4	96.9
11. Households with any usual member covered by a health scheme or health insurance (%)	3.9	3.6
<b>Characteristics of Adults (age 15-49)</b>		
12. Women who are literate (%)	52.5	54.3
13. Men who are literate (%)	63.0	61.7
14. Women with 10 or more years of schooling (%)	23.0	25.7
<b>Marriage and Fertility</b>		
15. Women age 20-24 years married before age 18 years (%)	23.7	21.5
16. Men age 25-29 years married before age 21 years (%)	*	*
17. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	4.4	4.1
<b>Current Use of Family Planning Methods (currently married women age 15-49 years)</b>		
18. Any method <sup>4</sup> (%)	37.9	37.9
19. Any modern method <sup>4</sup> (%)	20.0	21.8
20. Female sterilization (%)	10.0	8.8
21. Male sterilization (%)	0.0	0.0
22. IUD/PPIUD (%)	1.7	1.7
23. Pill (%)	0.8	0.7
24. Condom (%)	7.5	10.6
<b>Unmet Need for Family Planning (currently married women age 15-49 years)<sup>5</sup></b>		
25. Total unmet need (%)	20.3	19.1
26. Unmet need for spacing (%)	8.3	7.9
<b>Quality of Family Planning Services</b>		
27. Health worker ever talked to female non-users about family planning (%)	12.9	14.1
28. Current users ever told about side effects of current method <sup>6</sup> (%)	(40.0)	(42.8)

# National Family Health Survey 2015-16 (Latest)

## Bahraich

### Bahraich, Uttar Pradesh - Key Indicators

Indicators	NFHS-4 (2015-16)	
	Rural	Total
<b>Population and Household Profile</b>		
1. Population (female) age 6 years and above who ever attended school (%)	44.1	45.8
2. Population below age 15 years (%)	42.6	42.1
3. Sex ratio of the total population (females per 1,000 males)	990	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,016	989
5. Children under age 5 years whose birth was registered (%)	33.7	34.5
6. Households with electricity (%)	28.7	31.3
7. Households with an improved drinking-water source <sup>1</sup> (%)	99.2	99.1
8. Households using improved sanitation facility <sup>2</sup> (%)	10.1	12.9
9. Households using clean fuel for cooking <sup>3</sup> (%)	11.4	14.9
10. Households using iodized salt (%)	79.4	78.7
11. Households with any usual member covered by a health scheme or health insurance (%)	8.5	9.2
<b>Characteristics of Adults (age 15-49)</b>		
12. Women who are literate (%)	31.5	33.8
13. Men who are literate (%)	71.8	70.6
14. Women with 10 or more years of schooling (%)	14.4	16.2
<b>Marriage and Fertility</b>		
15. Women age 20-24 years married before age 18 years (%)	42.1	40.9
16. Men age 25-29 years married before age 21 years (%)	*	*
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**MOBIUS**  
FOUNDATION

Mobius stands for sustainability and continuity. Mobius foundation is a non-profitable organization committed to support sustainability with developing empowering technologies, strengthening systems, and encouraging healthy behavior with focus on education directed towards achieving sustainability.

Mobius intends to create sustainable, culturally relevant solutions enabling communities to break longstanding practices that are detrimental to resources key for human existence on the planet. Mobius as foundation has been working in India for over 2 years, collaborating with a diverse range of civil society partners & NGO partners to contribute to achieve the sustainable India.



Committed to Sustainability **'Aakar'** was intended to catalyse improvements in reproductive behaviour, impacting family size resulting in effective community action in selected districts of Uttar Pradesh.

**Uttar Pradesh has 57 districts, the maximum among states, with a total fertility rate of over 2.1, while 11 of them have a rate of 3.9, according to data released by the Health Ministry.**

**It also prioritized the 11 districts that topped in total fertility rate those featured in the report of Health Ministry presented to parliament.**

Project Aakar is being implemented in Barabanki & Bahraich, the communication and IEC material development is handled by Impact Communications. Local NGO Kartavya Shila Mahila Aevam Bal Vikas Sansthan implements this program on ground.

Lucknow, 24 February 2018: Mobius Foundation, announced the launch of Project 'AAKAR', in line with the Government of India's commitment to promote population stabilization. On the occasion, Mr. Pradip Burman (Founder, Mobius Foundation) addressed the gathering along other dignitaries such as Ms. Priyanka Singh Rawat, Member of Parliament, Barabanki (BJP), Dr. Savita Chauhan DGM (IEC) SIFPSA and Mr. Narendra Agarwal, Chief Medical Officer, Lucknow.

Speaking on the occasion Mr. Pradip Burman, Founder, Mobius Foundation, said, "Through project Aakar, Mobius Foundation will engage with more than 200 million people across the state, and strengthen the government's efforts to encourage couples and community to adopt healthy family planning measures. Population stabilization is extremely crucial and we aim to achieve a sustainable future where everyone can enjoy quality life without compromising on basic needs."

Sharing views on this special project Ms. Priyanka Singh Rawat, Member of Parliament, Barabanki (BJP) said, "Family planning not only encourages sustainable population growth but also influences the economy, environment and regional development efforts. I am glad that Mobius Foundation has identified this alarming issue and has taken a step forward to educate people on usage of modern contraceptive methods."



## ENROLLING THE CAMPAIGN

Aakar was designed to complement and support the government of India's commitment to population stabilization. Special attention was given to Project Aakar, being synergistic with the guidelines of Ministry of Health & Family planning and state policies. It also supported Parivar Vikas Mission of Government of India.

Raising a family is a responsibility and of utmost importance for every married couple. The couple should be aware of their reproductive health rights and have access to quality family planning services and methods.



This is where *Dampatti No 1* came in that aimed to provide eligible couples with information and guidance on family planning methods and services available. We called them DAMPATTI NO 1 which was appealing and aspirational in the ecosystem.



### ENDORISING THE CAUSE:

Sakshi Tanwar, a famous and renowned household name in UP created an appropriate intrigue that created a dialogue between initiative and audience in focus. A mobile led campaign and extensive visibility drive rode on the endorsement by her. Her voice was a great connect with audiences.



# OUR 360-DEGREE APPROACH

To bring the change in practice & link it with progressive association, Mobius Foundation planned to roll out Aakar with a **“360 degree”** approach, which used communication Mix of traditional connect & Modern Technology to trigger conversation with target communities. **The approach combined mass media (TVC), Celebrity Endorsement (Sakshi Tanwar), Outdoor, Print, Mobile Technology and counselling & influencers led programs.**

We incorporated **technology as a medium** to build a long term connect and shared vital information related to reproductive health and family planning services through **mobile phones which** are considered as most used devices.

We realised that this was a **powerful way of sharing information** in privacy to the couples at their preferred day and time. Dialling the toll free number **(1800 843 9 843)** enabled **Target population to access the vital information on right reproductive choices & contraceptives.**

We also partnered with a local NGO to mobilise the community level counsellor. These counsellors visited the high potential group and equipped them with the information to access free services provided by Govt.

## COVERAGE

To mitigate the risk of coverage , we created a mix of mobility model to reach out tollas, the interiors of the focus territory.

## COMMUNITY MOBILIZATION

Keeping the challenge of Mobilizing community for engagement in mind, we had stake holders & other development, stakeholders who enjoyed following within community to build credibility & bring the subject in consideration set.

## INCLUSIVE ENGAGEMENT

Understanding the socio - cultural sensitivities, we devised engagements that were least questioning or provoking. Understanding progression is universal in aspiration we had made it collaborative with village level, with stake- holders.

# STEP BY STEP APPROACH

The Project began by connecting with grassroots organizations (NGO) with strong community mobilization capability in Uttar Pradesh.

Working in several rural districts of Uttar Pradesh we reached out to approximately 1 million population in 2 districts & during pilot phase we reached 3.33 lac people living in 2 districts, 9 blocks, and 100 + villages.

The implementation phase focused on enhancing awareness and bringing about a behavior change in communities with three-pronged approach alongside directing them for the uptake of family planning like sterilization, contraceptives & delaying the early marriage.

## THE THREE PRONGED APPROACH BEING

- **Reach Out Model**

Created a network of capable individuals through capacity-building via reach out Model – instituting counselors' seeking sustained endeavor of Health Stake holders Ashas at village level.

- **Strong Linkages**

Developed strong linkages between this network and public and private systems at the state, district, block, and village levels.

- **Communication**

Used Mobile communication techniques to establish community groups, referrals, create community awareness, community systems, and community action & amplify the communication through Mobile led campaign, making it reach beyond the ground interaction.



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**LAUNCH**

**VAN CAMPAIGN**

**COUNSELLING THROUGH HEALTH ACTIVISTS**

**NEW DISCUSSION TOPIC EVERY MONTH**

**MOBILE LED CAMPAIGN**

**CELEBRATION OF WORLD POPULATION DAY**

## **IMPLEMENTATION**

The implementation of project bought interventions with varying degrees of intensity within the target areas.

### **Level 1 (District)**

Across project districts, Project used outdoor media like hoardings and bus panel branding & liaison with health authorities to deliver key messages of desired behavior at the public at district level. PR led events at district level.

### **Level 2 (Village)**

In villages, project planned to carry out this communication initiative through interpersonal communication (IPC) targeting mothers/ newly weds through active reach out by activists in- coordination With ASHAS. NGO with community mobilization power carried active reach-out program & drive registrations for the project.

Looped in men (as primary Targets) through an interactive mobile intervention to mobilize the community action and adopt recommended behavior. The visibility with tin plating was done for sustained consumption of the messages.

# CHALLENGE/NUMBERS BURDEN

Districts	Population	Male	Female	Population growth over last census
<b>Bahraich</b>	<b>3487731</b>	<b>1843884</b>	<b>1643847</b>	<b>46.48%</b>
<b>Barabanki</b>	<b>3260699</b>	<b>1707073</b>	<b>1553626</b>	<b>21.96%</b>

When we discuss about UP as a market, the population is very high as compared to the rest of India and so is the mobile subscriber base.

Focusing on our chosen districts for a pilot i.e Bahraich & Barabanki, we understood the following about basic demographics:

Census 2011 data, Census 2015 not updated for these districts.

Rural customers do not trust the outsiders easily. It was not very easy to convince a rural customer. It was a challenge to introduce anything new to them.

Traditional values, customs and perceptions had a stronger hold on the rural customers than urban customers. This impacted developing a common communication program for the specific geography.

Communication and information dissemination was progressed via **influencers in rural arena**. These influencers were **Ashas & Angawandis**, but subjects like **contraceptive measures, family size were still a taboo**.

## BRAND LED CAMPAIGN:

*to establish initiative & build TOMA for the messages*

- Campaign canvas was built with aspirational young couples drawing culturally related models & taking key messages for information dissemination.
- For sustenance we drew characters to establish credibility of mobile led information dissemination & as well real time hand holding in choosing options of family planning
- Visibility & collaterals were an identity of project named “ZIMADDAR – NEEV CHOTEY KUSHHAAL PARIVAR KI”
- Under the canvass we accommodated all the project led endeavors & built recall for the same.



## MOBILE LED CAMPAIGN :

*tool to reach more & frequently*

- Birth control and family planning is still a taboo in rural.
- Rural audiences were skeptical and conscious talking about birth control measures and family planning related topics.
- The best way to reach out to the consumers in rural pockets of media dark geographies was through mobile.
- It enabled us to reach couples and customize inter-spousal communication which helped young couples in consensual decision making.

# WORLD POPULATION DAY



World population day was celebrated with much enthusiasm on 11<sup>th</sup> July 2018 in Barabanki.

The target group was invited to attend the gathering. A kunji was distributed free of cost among the target group which had relevant content with reference to population stabilization.

## OUR TAKE

While the influencers were going ahead with the first round of discussion with the consumers, we emphasized on the 3 main concepts of population control:

- Avoiding Early Marriage
- Contraceptive
- Spacing between 2 children.

We followed line of activities as mentioned:

- We promoted a **missed call number** for consumer to participate and get **subscribed to the infotainment content**.
- This was done via **Geo-Tagging the area** and publishing a subtle and generic need for population control in the **Voice of a Virtual Character - Modern Dr. Anita**
- While interacting with the audiences The influencers asked them to give a **missed call to get infotainment content on a regular basis**.
- The participants then started getting audio content in **the voice of a virtual character Dr. Anita**. The information was sent to the consumers based on the inputs shared by them.
- A **two way information to Asha's was also sent** as a reminder along with when the participants are shared the information.

In this activity it was important to close the loop. This mobile integration amplified and sustained the activation.

## SCOPE OF WORK

### Primary Audience For The Activity

- Pregnant Mothers
- Young Married Couples

### Secondary audience for the Activity

- Husbands of the above
- Family decision makers
- Key influencers
- Community as a whole

## ON-GROUND

- Total Visits: 6
- Total Mass Events: 2
- Counselling Sessions: **11084**
- Families
- Aashas Aligned: **233+**

## DIGITAL

- Total Registration Asha of TG : **5596**
- Outbound Calls Through Visibility and Aashas: **10,000+**



# STANDARD OPERATING PROCEDURE

## Target Audience:

- Newly married couples, Couples with 1 child and couples with 2 children.
- Key stake holder, Asha, AanganWari and other stakeholders in the respective villages.

## Daily Coverage

- Health Activist covered 2 villages per day as per route plan.
- Activity Flow per Village (Timings):

Location	Action	Timings
Village 1	Meet Asha Didi	9:30am – 10:00am
1 <sup>st</sup> Show(Location 1)	INVITE	10:00am – 10:30am
	ACTIVITY	11:00am – 11:30am
2 <sup>nd</sup> village(Location 2)	INVITE & Activity	11:30am – 1:00pm
	Moving to Village 2	1:30pm – 2:00pm
Village 2	Meet Asha & invite	2:00pm – 2:30pm
1 <sup>st</sup> Show(Location 1)	Activity	2:30pm – 3:30pm
	Invite & Setup	3:30pm – 4pm
2 <sup>nd</sup> Show(Location 2)	Activity	4pm – 5pm

## Important Instructions:

- a) 2 days prior co-ordination with Asha was a must, conveying topic & focus group ,adhering to timing was critical to campaign.
- b) However if for any reason timings in village stretched beyond the time schedule, Aasha was informed & the target location were covered.
- c) Aasha was made spokesperson of meet & detailing was done by health activists.
- d) Aasha didi was present during the activity.
- e) Male Target group guidance was be sought by Aasha didi.
- f) Health activists in presence of Asha didi did registration for Mobile intervention.
- g) TVC of Dampati was shown mandatorily to males in one to one or group interaction.
- h) In case of women ,Health Activist showed it in group when Asha was present.
- i) Data of registration & interaction was filled after verifying with Asha.

## Reporting & Monitoring

Each Health Activist was provided with daily feedback reporting format. Kartaviya Shilla team supervisor will be responsible to carry out back check and filling up the back check format. Flash checks / back checks were done by Impact's team from time to time ensuring that meticulous planning and implementation is being carried out.

# ENGAGEMENT & ENERGISING COMPONENTS



Dice game was used as a marketing tool to engage the target group.



# ASHA GRATIFICATION- UMBRELLA



Umbrella were given to the Aashas as a token of appreciation for their involvement in the activity.



# PROJECT IMPACT FOOTPRINTS

*According to the survey results, during our activity period we observed that out of the total target group these many couples felt the need of undergoing an operation and opted for the same. It is clear from the survey that most of them have underwent this operation from their nearby sub-centers.*

## Barabanki Data

District	Village	Name		Kya Aap ne Operation Karwaya Hai?		
		Husband	Wife	Yes / No	Kab	Kaha
Barabanki	Markamau	Chhotu	Arti	Yes	2018	C.H.C Siroli Gospur
Barabanki	Markamau	Raju	Ramwati	Yes	2018	C.H.C Siroli
Barabanki	Markamau	Rajiv	Nirmalla	Yes	2018	C.H.C Siroli
Barabanki	Markamau	Ramesh	Phoolmati	Yes	2018	C.H.c Siroli
Barabanki	Aganpur	Prakash	Sarita	Yes	2018	District Women Hospital
Barabanki	Sadatganj	Shivam	Sunita Devi	Yes	2018	C.H.c Ramnagar
Barabanki	Sadatganj	Chandan	Guddi	Yes	2018	C.H.c Ramnagar
Barabanki	Anoop Ganj	Sanjivan	Sangeeta	Yes	2018	C.H.c Ramnagar
Barabanki	Sharifabad	Ramu	Kushama	Yes	2018	C.H.C Haidergarh
Barabanki	Thalwara	Mahesh	Manisha	Yes	2018	Hedargarh

## Bahraich Data

District	Village	Name		Kya Aap ne Operation Karwaya Hai?		
		Husband	Wife	Yes / No	Kab	Kaha
Bahraich	Barkhariya	Umesh Kumar	Arti Devi	Yes	2018	Mehi Purva



# PROJECT MID ASSESSMENT



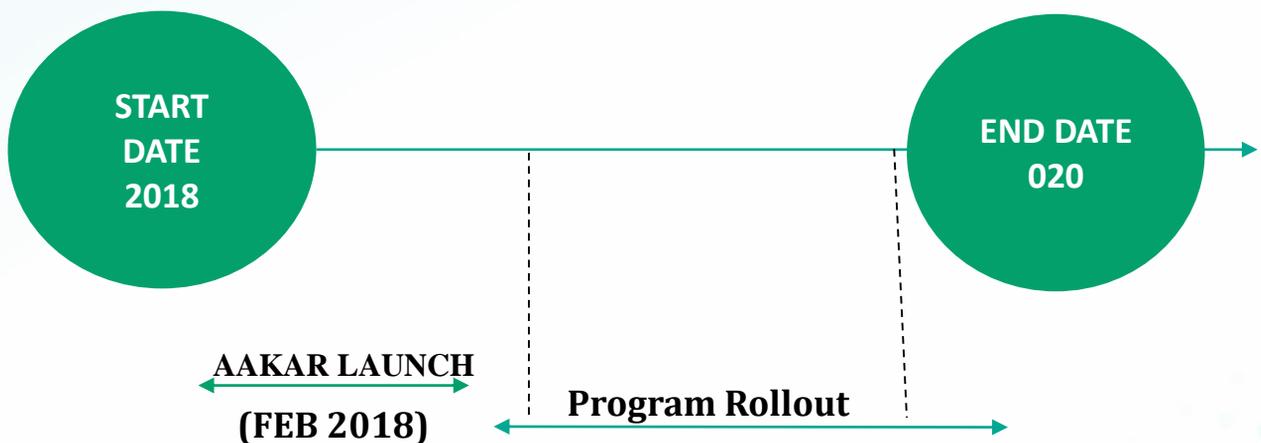
**MOBIUS  
FOUNDATION**

# THE BACKGROUND

Post 1 Year implementation, an assessment was conducted to analyze the *Knowledge of family planning and Mobius working in the space* ; test the attitude towards family planning awareness in General.

Mobius engaging with married women through Asha which can be further classified into:

- ***Practice of family planning;***
- ***Access for family planning services***
- ***Suggestions getting better family planning.***



## Awareness about Project Run by Mobius

Mobius is well known among Aashas as a foundation and its endeavors are seen as value. We are well known as Dampatti No.1 with green color recall among the married couples whom we have interacted with.

# KNOWLEDGE OF FAMILY PLANNING

The respondents showed knowledge of family planning. However, 57.7% believe that all methods of family planning cause permanent sterility and impact health of women. Family planning is a means of controlling Child Birth in a family is as good as 100%. Family planning is necessary for good health of the family & affects sustainability is a far-fetched Idea. Division of land among sons is relatable but sustainability is not a connect.

Family planning involves preventing pregnancy only and not spacing children- is considered more a fancy of woman to ease the growing children within the family.

Incentive schemes of sterilization procedures for women i.e. tubal occlusion and for men is vasectomy, are not much known. Direct transfers and amount also is not known upon disclosure, as there seems to be less trust in the offerings from the government.

**Table: Respondents Knowledge of Family Planning**

Statement	Males	Females
Family planning is a means of controlling the children born in a family.	100	100
Intervention methods of family planning are spacing birth of children.	79	54
All artificial methods of family planning cause permanent sterility.	81	90
Family planning is necessary for the good health of the family.	63	80

# ATTITUDE TOWARDS FAMILY PLANNING

Respondents' Attitude to Family Planning Statement is less of an individual and more seeped in traditions and culture. After the birth of a male child considering the family planning has more takers than among the couples having girl child. Even acceptance of spacing of children in these cases is not acceptable especially among the males. Discussion on family planning has peer to peer sharing among males and females. Among the pop strata, families at lower economic show less consciousness on sizing families due to lack of prioritizing. Also, there is a lack of familiarity in terms of accessing services of family planning. As well, they do not diverge in the practices of contraceptives as it is considered to be personal.

**Table: Respondents' Attitude to Family Planning**

Statement	Men		Female		Not Sure	
	Yes	No	Yes	No	Males	Females
Men should be more proactive in choice of contraceptive?	29	71	16	79	0	5
Birth control is the woman's business.	94	0	100	0	6	0
Family size does not effect on the well being of the family.	30	26	56	35	44	9
When should you consider family planning						
a. Number of children	5	85	34	43	10	23
b. Any other factor*	80	13	55	12	7	33

\*male child is the major factor

# OBSERVATION AND SUGGESTIONS

As conceived in Aakar project, we want to shape responsible reproductive behavior with an aim of population stabilization. The scope of reproduction is as under:

- Respondents share that they will feel comfortable in discussing the family matter outside the village. Would also like to evaluate pros and cons of every family planning method and then choose the one. Currently this kind of information is exchanged among peer group who fare no better than each other.
- There is also no open appreciation of smaller family within the eco-system. The concept of better childhood in smaller families is also as a duty of the family provider in couples and not in limiting the size of the family. Counting children is sin- a popular myth. This aspect needs to be handled through our communication wherein we interact with them.
- Health and bearing more children is well understood by women as it impacts her directly. While the size of the family (number of children) in the preview of husband and elderly members of the family.
- Contraceptive pills and condom distribution is currently done by Aasha is modulated upon requirement basis. Distribution of these contraceptives happens during the vaccinations drive etc. at centers hence the male members are not accessing the services actively within the village eco-system. We see Aasha focus on pregnancy and vaccinations, family planning services takes a backseat.

# REPRESENTATION OF THE FACT SHEETS

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26. Unmet need for spacing (%)	8.3	7.9
<b>Quality of Family Planning Services</b>		
27. Health worker ever talked to female non-users about family planning (%)	12.9	14.1
28. Current users ever told about side effects of current method <sup>6</sup> (%)	(40.0)	(42.8)

# National Family Health Survey 2015-16 (Latest)

## Bahraich, Uttar Pradesh - Key Indicators

Indicators	NFHS-4 (2015-16)	
	Rural	Total
<b>Population and Household Profile</b>		
1. Population (female) age 6 years and above who ever attended school (%)	44.1	45.8
2. Population below age 15 years (%)	42.6	42.1
3. Sex ratio of the total population (females per 1,000 males)	990	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	1,016	989
5. Children under age 5 years whose birth was registered (%)	33.7	34.5
6. Households with electricity (%)	28.7	31.3
7. Households with an improved drinking-water source <sup>1</sup> (%)	99.2	99.1
8. Households using improved sanitation facility <sup>2</sup> (%)	10.1	12.9
9. Households using clean fuel for cooking <sup>3</sup> (%)	11.4	14.9
10. Households using iodized salt (%)	79.4	78.7
11. Households with any usual member covered by a health scheme or health insurance (%)	8.5	9.2
<b>Characteristics of Adults (age 15-49)</b>		
12. Women who are literate (%)	31.5	33.8
13. Men who are literate (%)	71.8	70.6
14. Women with 10 or more years of schooling (%)	14.4	16.2
<b>Marriage and Fertility</b>		
15. Women age 20-24 years married before age 18 years (%)	42.1	40.9
16. Men age 25-29 years married before age 21 years (%)	*	*
17. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	10.7	9.9
<b>Current Use of Family Planning Methods (currently married women age 15-49 years)</b>		
18. Any method <sup>4</sup> (%)	10.4	10.7
19. Any modern method <sup>4</sup> (%)	9.1	9.1
20. Female sterilization (%)	4.7	4.4
21. Male sterilization (%)	0.0	0.0
22. IUD/PPIUD (%)	0.6	0.5
23. Pill (%)	1.3	1.3
24. Condom (%)	2.1	2.5
<b>Unmet Need for Family Planning (currently married women age 15-49 years)<sup>5</sup></b>		
25. Total unmet need (%)	31.6	31.8
26. Unmet need for spacing (%)	9.7	9.7
<b>Quality of Family Planning Services</b>		
27. Health worker ever talked to female non-users about family planning (%)	9.3	8.7
28. Current users ever told about side effects of current method <sup>6</sup> (%)	*	(40.6)

## TAKEAWAY FROM THE FACT SHEET

- Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:
  - At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
  - Pregnant with a mistimed pregnancy.
  - Postpartum amenorrhoeic for up to two years following a mistimed birth and not using contraception.

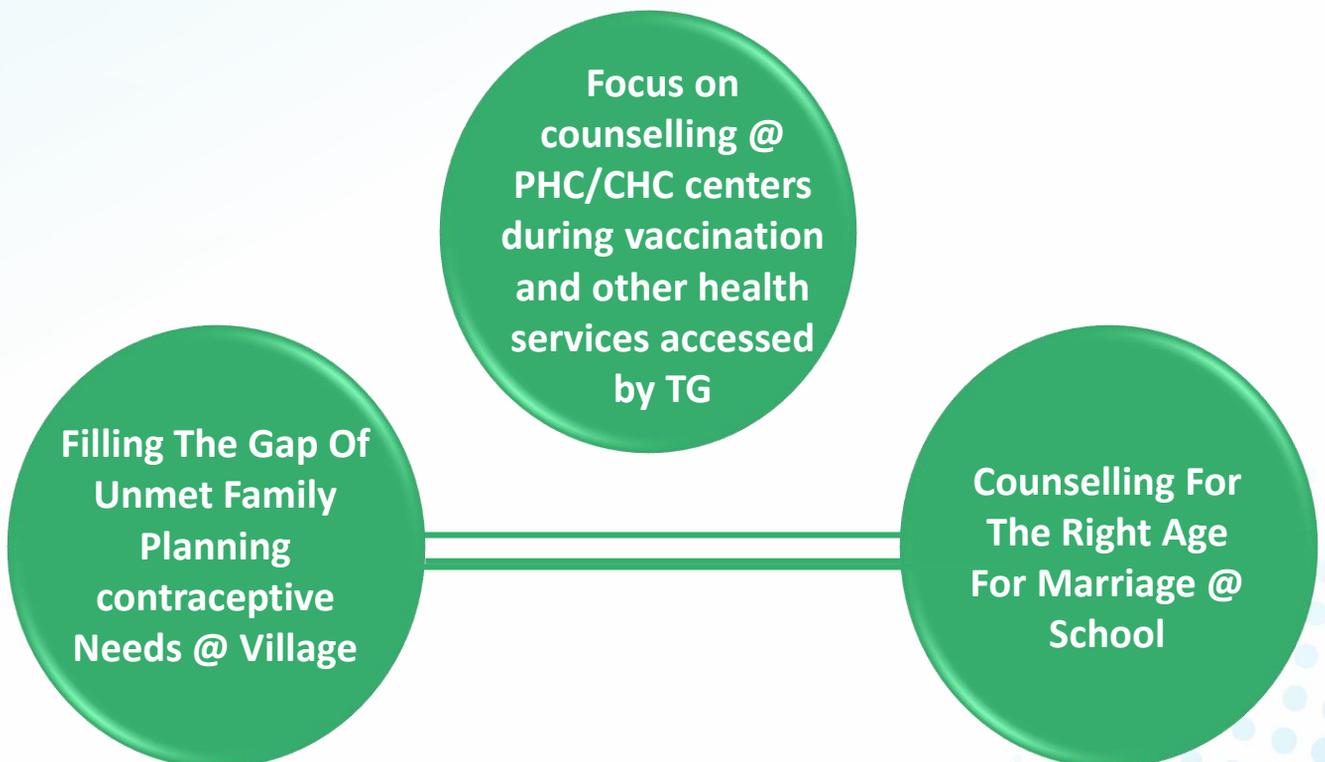
Therefore there is a need for providing contraceptives at village level as well as the counselling along with their husbands.

- Girls are married off earlier than the legal age of 18 & this aspect as well needs to be intervened .
- There is no prioritized interaction in TG ecosystem on contraceptives, spacing of the children and also limiting the family size from institutional representatives in health domain.
- Between 40-50 %, women of age 20-24 have married before 18 years of age.
- 10% of the same are pregnant before 19 years.
- There is a critical need of counselling in the families with adolescent girls as well as create a voice share in the community discouraging opting for underage brides.

## INSIGHTS

- Conversation about family planning is a taboo, Women/men feel shy in talking about the option they prefer or practice.
- Under this umbrella, we observed that there is a need for a female counsellor being present to communicate with our target audience.
- Access to the young adolescent girls is not easy at the school level on the subject, therefore we can communicate with them at aanganwadis as well.

## SCOPE OF INTERVENTION



Under this umbrella we are addressing 2 unmet needs critical to family planning:

- ✓ Bringing family planning services at village level.
- ✓ School contact program
- ✓ Counselling kiosk @ PHC/CHC

# SUGGESTED INTERVENTION MODEL



**MOBILE COUNSELLING UNITS**



**COUNSELLING SESSIONS  
@ VILLAGE LEVEL**



**COUNSELLING DESK  
@ PHC/CHC CENTRES**



**ADOLESCENT GIRL  
ENGAGEMENT @ SCHOOL**

## OUTLINE OF ACTIVITIES AT SCHOOLS \*

**Objective:** Using an interactive communication plank we will emphasis on the fact that before entering into early marriage they should focus on their study, health and their career.

- Team of front line workers- trained counsellors (a male & a female MSW) will engage with the school community and create bond with the adolescent girls up to 17 years of age at school level as well as at anganwaadi centers( interacting with out of school girl adolescent).
- They will counsel and speak about adolescent girl's health and their need to complete education and learn skills by engaging them in interesting activities.
- Trying to create aspiration for completing their education first.

**MOBIUS FOUNDATION**

**क्लब आकार**  
**करें सपने साकार**

शादी सही समय से

पूरी पढ़ाई, पूरी सेहत

पढ़ेंगे लिखेंगे  
अपने पैरों पर खड़े होंगे

अधिक जानकारी के लिए हमारे टोल फ्री नं० पर सम्पर्क करें

**1800 843 9 843**

# COUNSELLING DESK

The counselling desk- Dampatti No. 1 will give access to the counsellors who are not based in the same village as conversation about family planning is a taboo in rural areas, women/men feel shy in talking about the option they prefer or practice.

The desk will proactively fill in the gap between awareness and uptake of the services. To be on these centers where there is a huge trust factor and also openness where target group feel comfortable to take solutions about family planning.

## PATIENT COUNSELLING BY COUNSELOR



## MEDICINE & REGISTRATION DESK





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# PROJECT AAKAR PHASE II



# IMPLEMENTATION – PHASE II

## HOW DID WE GET THERE



### LAUNCH PHASE II



### MOBILE COUNSELLING UNITS



### COUNSELLING SESSIONS @ VILLAGE LEVEL



### CONTRACEPTIVE DISTRIBUTION



### DATA SHARING AND SUPPORT TO DISTRICT FW PROGRAMS



### SCHOOL ENGAGEMENT

# Phase 2 FOCUSED REACH AND SERVICES

Phase II is focusing more on counselling and reaching more and more eligible couples at all relevant touch points to expand its services and reach of the project.

We incorporated from mass to customised counselling structure as the foundation have goodwill of Asha aanganwadi and other female volunteers at the village level. Our Male volunteers are associated with the project has establish relationship with males within the village community.

To expand the reach project is targeting lactating mothers seeking health services at government hospitals CHC , PHC centres.

We also put our best on vaccination days at community level. The idea is to reach and provide services of contraceptive to more and more eligible couples.

We also capture the data of people who will counsel for vasectomy. Data of the same is shared with the district level authorities. We also promote Nasbandhi camps held by UP family planning government.

## COVERAGE

We cover all the platforms of about 300 villages . We engage directly with 200 villages by way of covering rural communities. Additional coverage happen because of our visits at CHC & PHC Visits

## EVOLVED SERVICES OF THE PROJECT

With two years presence on the village. We have the support of panchayat raj members specially Asha's . Our well coordinated visits enable us to engage more and more couples. Our Contraceptive distribution has generated the goodwill with in the villages

## COORDINATED ENGAGEMENT

We are coordinating with the health authorities at district level . We share relevant data of the services that target group want to avail at Hospitals. We offer our support of promoting any family planning drive /Program organized by the government

# INAUGURATION OF MOBILE COUNSELLING UNITS 2019

Lucknow, 25 June 2019: Mobius Foundation, announced the launch of Project 'AAKAR Phase 2', in line with the Government of India's commitment to promote population stabilization. On the occasion, Mr. Pradip Burman (Founder, Mobius Foundation) addressed the gathering along other dignitaries such as Mr. Siddharth Nath Singh (Then Health Minister), Mr. Narendra Agarwal, Chief Medical Officer, Lucknow.

Speaking on the occasion Mr. Pradip Burman, Founder, Mobius Foundation, said, "We have done the mid term evaluation of the project and realised that awareness and engagement with young rural couples in rural communities needs to be backed by services. We are making the project model which offers counselling at the doorstep as well as contraceptive required by young couples. We are committed to contribute in population stabilization in the focused districts.

On this occasion Mr. Siddharth Nath Singh ( Then Health Minister) welcomed nongovernment organisation support in full filling the objectives of population stabilisation and family welfare in Uttar Pradesh. He assured that government will provide full support to organisations who are serving the communities in deep rural areas. He also appreciated that the project was not creating awareness only but committed to provided services to families



Project Aakar is being implemented in Barabanli & Bahraich, the communication and IEC material development is handled by Impact Communications..

# AAKAR HIGHLIGHTS

Phase II - 2019 - 2020

## REACH & IMPACT

**11960+**

COUNSELLING SESSIONS @  
PHC / CHC AANGANWADI LEVEL

**17000+**

COUNSELLING SESSION  
@VILLAGE LEVEL

**16500+**

CONTRACEPTIVE DISTRIBUTED  
AMONG COUPLES

**590+**

AASHAS ENGAGED

**300+**

VILLAGES COVERED

Uttar Pradesh  
2019-20



**MOBIUS  
FOUNDATION**



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# INTERVENTION MIX



## Interventions @ Village Level

### Activity @ School Level

- **“Club Aakar- kare sapne saakar”** is envisaged as a girl adolescent empowerment program targeted at secondary school to support reduction of early marriages, reduce the prevalence of adolescent pregnancy and prolonged stay of girls in the education system.
- The program is aimed at activating adolescent peer groups, building a consensus against early marriage.

### Activity @ Community Level @ PHC/CHC Centers

- The program parallelly will engage parents within the marginalized sections of society, where the prevalence of early marriage is high.
- It will approach socio-economic cultural religious community groups and will have parent group meetings.
- The subject will be discussed through dialogue and IPC (inter personal communication) tools.

The project is now covering village level engagement with females. Who need to access family planning services. The project also supports government efforts @ PHC/CHC level by putting up a dedicated counselling desk.

It also covers school engaging with young adolescent girls. Encouraging them to continue education and educate them about right age of marriage.

# SERVICES OF COUNSELLING UNIT @VILLAGE

- The counsellor in coordination with Asha intercept the couple and will initiate them into a conversation (this conversation will be more of family planning precisely need of spacing birth and permanent sterilization, whatever applicable).
- Health activist will map their requirements and give them **detailed understanding on the options of family planning** they prefer.
- She can as well conduct general BMI check-up as well as can also nutritional guidance etc.
- The unit will as well explain the schemes for beneficiaries. It will also be a **point of referral/information** for CHCs, where the clinical and birth control operations are available for target group.
- The unit will refer for permanent and procedural contraceptive-IUCD and injectable contraceptives (to be handled by the trained medical staff).
- The mobile unit give contraceptives, condoms, pills



## OUTLINE OF ACTIVITIES AT SCHOOLS \*

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- They counsel and speak about adolescent girl's health and their need to complete education and learn skills by engaging them in interesting activities.
- Trying to create aspiration for completing their education first.



# COVERAGE BY DAMPATTI NO.1 MOBILE UNIT



## PROJECT AAKAR PHASE -2



अधिक जानकारी के लिए हमसे सम्पर्क करें – **97171 82965**



- The mobile clinic visits 200 villages of Barabanki and Bahraich.
- This van goes to a village and stays there for half a day i.e covering 2 villages in a day and will make bimonthly visits in their activated areas.
- The mobile unit works with a trained Counsellor and a Health Activist who will conduct counselling sessions for Females..
- The mobile unit focuses on intercepting young couples and provide them family planning services including the distribution of contraceptives.
- Diagnostic health check ups for the families of these couples.



# STANDARED OPERATING PROCEDURE

## Target Audience:

- Newly married couples, Couples with 1 child and couples with 2 children.
- Key stake holder, Asha, AanganWari and other stakeholders in the respective villages.

## Daily Coverage

- Health Activist & Counsellor covered 1 PHC & 2 villages per day as per route plan.
- Activity Flow per Village (Timings):

Location	Action	Timings	Remarks
PHC/CHC		9:30am – 12:00Pm	
1 <sup>st</sup> Show	VILLAGE 1	2:00 - 3:30 pMam	If distance is More than 20 Km only 1 village is covered with more no of meetings and home visits
2nd Show	VILLAGE 2	11:00am – 11:30am	
School		8:00 - 9:00 AM	2-3 School per Month



**MOBIUS WHOLEHEARTEDLY  
PARTICIPATES IN UP GOVERNMENT  
PROGRAMS OF FAMILY WELFARE  
DEPARTMENTS**

# ASHA GRATIFICATION- CASEROLE



Casserole were given to the Aashas as a token of appreciation for their involvement in the Project





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# WE DIDN'T STOP DURING THE PANDEMIC



# SUPPORT IN COVID CRISIS

Project Aakar Continued its commitment to Dept. of Health Uttar Pradesh in the face of Covid 19. we lost no time to galvanise into action & in consultation with health dept. for support requirement, we donated **500 PPE -kits and 3000 masks** to LUCKNOW COVID CARE COMMAND OFFICE. This was covered by state press extensively.

District Barabanki & Bahraich Hospitals were donated **200 PPE KITS & 2000 MASKS** which are Level 3 COVID centres.



Mobius Team with  
Dr. Narendra Agrawal  
( CMO Lucknow )



Mobius Team with  
Dr. Suresh Singh  
( CMO Bahraich )



Mobius Team with  
Dr. Ramesh Chandra  
( CMO Barabanki )

## RATION DISTRIBUTION @ VILLAGE COMMUNITY LEVEL

We did ration distribution among the most marginalised families across in our focused districts in coordination with Aasha's .

Asha selected the families living under the BPL category and families not possessing ration cards.

Monthly essential of food were distributed along with Asha & Pradhan @ village.



आज दिनांक 15/04/2020 को मोठवी  
एल फाउंडेशन द्वारा हमारे गांव में चामट  
एक टोपी में प्रथम बिबरण का कार्य  
किया गया. एल कठिन प्रथम में जखर  
मन्डलगाँ के मदद के लिए रावे गाँव  
को तरफ से धन-पत्र  
हमोबी शक घणान पुचारपडे  
आपक माते  
9452305031



# MOBILE COUNSELLING REACHOUT

## Family Planning Education

On Awareness & engagement level we curated and are carrying an interactive digital campaign – SMS/ WhatsApp among our beneficiaries (whose data is captured as part of providing counselling & contraceptive services).

## Corona Education

The campaign does mix of awareness about corona safe messages & gives reminder about family planning messages. Our female counsellors who are not holding village -level meeting are maintaining connect over calls with beneficiaries. Our 2 counsellors and dedicated caller is connecting with Asha's as well as our beneficiaries



## DISTRIBUTION OF CONTRACEPTIVE

From June post unlock 1 relaxation, our male volunteers of the project are carrying contraceptives at village level are handing it over to Ashas for beneficiaries.

Pre coordination is done with Ashas and the requirement is noted and two months contraceptive consumption is accounted.

Basis the requirement Asha's are given contraceptive consignment. There is a process of confirming the receiving of contraceptives from beneficiary data.

This is very much appreciated by Asha's who currently are not visiting PHC / CHC centres as well as beneficiaries are also appreciating this availability at village level.





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# NEXT DIMENSION TO BE ADDED IN THE PROJECT



## ADDRESSING REPRODUCTIVE HEALTH OF WOMEN

### Menstrual Hygiene to protect women health and safety



Unavailability of Sanitary Napkins poses a huge challenge amongst the rural women group. The premise therefore was to open a gateway which not just solved this problem of shortage but also upskilled and opened avenues for income generation.

# BUILD - OPERATE - EARN

## How Does It Work ?



Identification of Villages and household with in them with sewing machines and give them training and start-up kits, ( Village that has Progressive community who wholeheartedly support the cause )

- Economically weak may be given a machine. - Selection ( Someone who has the basic knowledge of Sewing machine)
- Training and basic lessons through Video Call. We will also train the women's who have the sewing machines.
- The Selected village lady will be trained for 10 Days.

Village level entrepreneur will be connected to the nearby School to market their product.

Promotion awareness support will be given by the Foundation.



Visit us at: <http://mobiUsfoundation.in> | Email Us: [info@mobiUsfoundation.in](mailto:info@mobiUsfoundation.in)

Contact No.: 011- 49854523, 011- 49433823