



An Initiative by Mobius Foundation

ANNUAL REPORT 2022-2023



Preface

In this Report, we share the activities conducted and interventions made to educate TG in Shravasti and Bahraich about family planning, benefits of family planning, and the methods through which effective family planning is possible. In addition to educating, we distributed contraceptives, condoms, and facilitated conduct of FST/ NSV/ IUCD and Antara among the TG.

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.



AAKAR HIGHLIGHTS "COMMUNITY SUSTAINABILITY SOLUTIONS PROGRAM"

100 Villages Covered

9000+ Households Covered

> **263** FST Facilitated

31 NSV Facilitated





Overview of Project Aakar



The Mobius project, "Aakar", is focused on educating, building awareness, influencing attitudes related to family planning and contraceptive measures among the target group. This project is strengthening Govt. initiatives, changing the mindset of couples and the community towards family planning measures and driving the demand for institutional (CHC, PHC) schemes and services.





Focus Areas

- Facilitating NSV/ FST/ Antara/ IUCD
- Door to Door Counselling
- Delivery of morning after pills at doorstep to interested TG
- Awareness & & Education
- Instilling a sense of pride for adoption of family planning











The Approach

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 and conducted Survey to assess the understanding of family planning in community.

Strong Linkages

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

Communication

Used door to door Counselling and tele calling 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.





Hiring & Training of HEOs

To hire Promoters and Health Examination Officers responsible for spreading awareness about family planning, its methods, and benefits, as well as for counselling the TG and promoting adoption of permanent and nonpermanent methods of family planning, we strategically placed hiring advertisements across districts, and thereafter conducted a thorough screening, examination, and interview process to bring them on board.





The first step was to conduct preassessment video interviews of the interested candidates. The candidates who cleared this round

were then required to pass a written test that tested their aptitude and understanding of the need and benefits of family planning. The answer sheets were then assessed and candidates



shortlisted based on their aptitude and attitude. The shortlisted candidates were then provided training by our officials about their role.





Baseline Assessment Survey

A Baseline Assessment Survey was conducted by the Promoters to assess the perception and current understanding regarding Family planning, Healthy Spacing and Use of Contraceptives among the female and male population of the village and to understand the unmet needs in the domain of family planning, in the age group of 18-45.

Five types of questionnaires were designed, according to different Segments: (i) Couples with more than 2 children (ii) Couples with 1 or 2 Children (iii)Newly Married Couples (iv)ASHA workers (v)Retailers





The Baseline Survey Assessment indicated some important facts about family planning awareness, impact of education and income on family planning, impact of stage of relationship of the couple on family planning, etc. Some of the major observations are enumerated hereunder:

• Education level of both husband and wife did not show any significant effect on the number of children in the household. In both districts, more than 2 children are seen in most of the households.





- Couples with lesser income tend to have more than 4 children. There is a trend of increased willingness to adopt family planning measures among households with higher income.
- Socio-cultural factors play an important factor in influencing family planning decisions, as in certain communities the acceptance of permanent contraception is often viewed as being against religious scriptures. At the same time, the acceptance of non-permanent methods is there & the importance is given to other aspects of family planning such as health of the mothers and healthy spacing.





- Overall access to information between all the segments of the population studied was high due to information provided by the ASHA workers. However, willingness to act on the information was quite low across couples.
- Inter-couple dynamics was found strongest among the newly married couple than the couple with children.
- Overall acceptance of NSV as a method for family planning was less in comparison to female sterilization due to certain apprehensions or misconceptions about the procedure.





- Education plays an important role in determining what kind of support is required if the couple has to adopt family planning, lower education groups require more counselling support, whereas higher-educated women look forward to more specific information about contraceptives.
- Higher-income group has better access to government-provided subsidies than the lower-income group. Hence, identifying any potential barriers and providing access of these subsidies to more low-income households is an essential step to ensure the uniform distribution of resources.





 Overall family planning drives are not conducted at the village level to inform or persuade beneficiaries to adopt Family Planning, more than 97% of respondents agree with the absence of government drives in villages.





On the basis of findings of the survey, we decided that it was important to reach out to newly married couples and couples having a child as they were more open to discussion and needed awareness about family planning. They were made aware about the non permanent methods of family planning available like Condoms, after morning pills, Antara, IUCD, etc. Door to door counselling helped to remove any doubts that women/ couples had about using any of these methods.





As it was observed that couples having more than two children were more influenced by societal pressure, the workers tried to engage with them through regular counselling. In majority cases, multiple follow ups counseling were done to convince these people to adopt family planning measures. In addition to couples, key household elders were also counselled about the need and benefits of having a small family. Over 2000 households were reached out multiple times for counselling them and trying to convince them to adopt family planning.





Another important observation was the reluctance to adopt NSV as a permanent contraception measure. A lot of myths including loss of strength, loss of masculinity, etc. surround the NSV procedure. The workers tried to remove all the misconceptions of the populace through regular door to door counselling.

As lack of government health services among lower income population was evident from data, our workers organised free Health Check-up Camps and facilitated mobilization of TG to nearest CHC and DHC to avail health services.





INTERVENTION MODEL



COUNSELLING SESSIONS @VILLAGE LEVEL

PARTICLE PROFILES	
रविमिन्द्र परिवार सुरुष का आचार राप्राजनामा	

COUNSELLING DESK @PHC/CHC CENTRES



CONTRACEPTIVE DISTRIBUTION



DATA SHARING AND SUPPORT TO DISTRICT FW PROGRAMS





NFHS 2019-21 (Latest) Bahraich

Indicators	(2019-21)	(2015-16
Population and Household Profile	Total	Total
1. Female population age 6 years and above who ever attended school (%)		45.8
2. Population below age 15 years (%)		42.1
3. Sex ratio of the total population (females per 1,000 males)	1,012	988
4. Sex ratio at birth for children born in the last five years (females per 1,000 males)	848	989
5. Children under age 5 years whose birth was registered with the civil authority (%)	78.8	34.5
6. Deaths in the last 3 years registered with the civil authority (%)	21.0	na
7. Population living in households with electricity (%)	77.8	33.6
8. Population living in households with an improved drinking-water source ¹ (%)	100.0	99.3
9. Population living in households that use an improved sanitation facility ² (%)		14.0
10. Households using clean fuel for cooking ³ (%)	38.2	14.9
11. Households using iodized salt (%)	85.1	78.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	10.1	9.2
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	8.4	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	38.8	na
15. Women with 10 or more years of schooling (%)	14.4	16.2
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	37.5	40.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	4.6	4.8
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	8.4	9.9
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	48.4	25.4
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	38.4	10.7
21. Any modern method ⁶ (%)	33.4	9.1
22. Female sterilization (%)	5.8	4.4
23. Male sterilization (%)	0.1	0.0
24. IUD/PPIUD (%)	1.2	0.5
25. Pill (%)	8.3	1.3
26. Condom (%)	14.4	2.5
27. Injectables (%)	2.8	0.3
Unmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need ⁷ (%)		31.8
29. Unmet need for spacing ⁷ (%)	11.1	9.7
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	31.2	8.7
31. Current users ever told about side effects of current method ⁸ (%)	75.4	(40.6)

https://rchiips.org/nfhs/nfhs-5_fcts/UP/Bahraich.pdf





NFHS 2019-21 (Latest) Shravasti

Indicators	(2019-21)	(2015-16
Population and Household Profile		Total
1. Female population age 6 years and above who ever attended school (%)	47.0	42.7
2. Population below age 15 years (%)	40.2	43.2
3. Sex ratio of the total population (females per 1,000 males)	1,037	1,042
Sex ratio at birth for children born in the last five years (females per 1,000 males)	971	911
5. Children under age 5 years whose birth was registered with the civil authority (%)	75.5	34.4
6. Deaths in the last 3 years registered with the civil authority (%)	34.6	na
7. Population living in households with electricity (%)	73.7	29.4
 Population living in households with an improved drinking-water source¹ (%) 	99.3	97.6
9. Population living in households that use an improved sanitation facility ² (%)	58.1	10.6
10. Households using clean fuel for cooking ³ (%)	36.9	9.2
11. Households using iodized salt (%)	81.9	74.7
12. Households with any usual member covered under a health insurance/financing scheme (%)	13.5	8.4
13. Children age 5 years who attended pre-primary school during the school year 2019-20 (%)	0.6	na
Characteristics of Women (age 15-49 years)		
14. Women who are literate ⁴ (%)	39.1	na
15. Women with 10 or more years of schooling (%)	15.9	9.3
Marriage and Fertility		
16. Women age 20-24 years married before age 18 years (%)	51.9	67.9
17. Births in the 5 years preceding the survey that are third or higher order (%)	3.8	4.1
18. Women age 15-19 years who were already mothers or pregnant at the time of the survey (%)	5.3	7.0
19. Women age 15-24 years who use hygienic methods of protection during their menstrual period ⁵ (%)	47.4	15.6
Current Use of Family Planning Methods (currently married women age 15-49 years)		
20. Any method ⁶ (%)	49.8	8.4
21. Any modern method ⁶ (%)		6.8
22. Female sterilization (%)	6.9	4.1
23. Male sterilization (%)	0.2	0.1
24. IUD/PPIUD (%)	2.0	0.3
25. Pill (%)	8.3	1.2
26. Condom (%)	13.0	0.6
27. Injectables (%)	44	0.5
Inmet Need for Family Planning (currently married women age 15–49 years)		
28. Total unmet need? (%)		30.6
29 Unmet need for spacino ⁷ (%)	87	11.4
Quality of Family Planning Services		
30. Health worker ever talked to female non-users about family planning (%)	37.2	9.5
31. Current users ever told about side effects of current method ^a (%)	76.5	(37.1)

https://rchiips.org/nfhs/nfhs-5_fcts/UP/Shravasti.pdf





It can be inferred from the data that in majority of areas related to family planning there was a drastic improvement in the quality of family planning services received, the methods used for family planning, and awareness in general.

The percentage of population receiving quality family planning services increased from a phenomenal 259% and 293% in Bahraich and Shravasti, respectively.

As a result, the percentage of population using contraceptive methods increased by 259% and 493% respectively.





As part of raising widespread awareness about the various methods of family planning, we designed several banners, hoardings, and tin plates that were put across villages.

These banners, hoardings, and tin plates prompted conversations around the taboo topic of using contraceptives and opting for permanent methods of birth control.

Not just raising awareness about the available contraception methods, these banners, hoardings, and tin plates helped to remove myths and misconceptions about the topic.





Awareness Through IEC







Health Check- Up Camp







As part of our efforts, we organised 7 Health check- up camp in Shravasti and Bahraich. BP, Sugar, TB and HB were checked, and teleconsultation with doctor through CAARE App was provided.

The TG was also counselled about family planning and contraceptives were distributed to the relevant TG.

200+ successful health check ups were completed in this health camp.





Door to Door Counselling







In Door to Door Counselling, our Promoters and Asha Didis covered over 9,000 households across a hundred villages.

Their role was to motivate TG to adopt family planning measures by providing adequate counselling, distributing informative leaflets, and contraceptives to relevant TG

The universe was these 9,000 households and Asha Didis and Promoters repeatedly visited these targeted households in order to convince the TG about the benefits of adopting family planning and to try to disparage any myths around it. It is pertinent to mention that in the year over 15,000 household visits were made by Promoters/ Asha Didis.





To foster a sense of pride, Champion Maa Baap Card were distributed to the couples who adopted family planning measures.

Approximately, 4980 Champion Maa Baap cards were distributed, indicating that more than a majority of TG was influenced by our activities and decided to adopt family planning measures.









Our ground team supported several initiatives of the Government aimed towards population stabilization, basic menstrual hygiene, awareness of government schemes, etc. and mobilized TG to participate and take benefit of these initiatives.

These initiatives include Khushal Parivar Divas, Village Health Nutrition Day Sessions, World Population Day event, World Menstrual Hygiene Day event, Seva Se Santriptikaran Divas, and NSV Pakhvadas. In addition, our ground team conducted several Baithaks in order to stir conversation around the taboo topic of contraception and its benefits and the ways in which this could be achieved.





These initiatives are a great way to gather TG and stir conversations and break taboos. Participation at these events gives immense visibility to Mobius as a foundation working towards the goal of population stabilization and healthy family planning.

Participation at these events also help in reaching the TG indirectly. It helps to reestablish Mobius as an organization that people can reach out to for anything related to family planning, from pills to surgical procedures, all information and support, TG knows whom to reach out to.

To sum up, these are great methods for reach and mobilizing communities.







Khushal Parivar Divas

On 21st July of every month, Mobius Foundation participated in Khushal Parivar Divas where counselling was provided to beneficiaries and contraceptives were distributed.

This was a great activity to bring the TG together as a group and influence them to adopt family planning measures by reaching them as a community and trying to change mindsets.







Baithaks

Mobius Foundation regularly organized Baithaks for male and female beneficiaries where information about need for family planning & benefits of family planning was disseminated.

In the period under consideration over 400 such Baithaks were conducted.







Aavahan Mela

श्रावस्ती: परिवार नियोजन आह्वान मेले में आशाओं का सम्मान

Hindi News > Uttar Pradesti > Shravasti News > Honoring Of Hopes In Family Planning Call Fair

VPERFLARENCE
 V



श्रावस्ती। परिवार नियोजन आह्वान मेले में बुधवार को आशा कार्यकर्ताओं का सम्मान किया गया। जिसकी अध्यक्षता डीएम ने की। उन्होंने छोटे परिवार पर जोर दिया गया।स्वास्थ्य विभाग की ओर से परिवार नियोजन आह्वान मेले का आयोजन जिला पंचायत रिसोर्स सेंटर में किया गया। डीएम नेहा प्रकाश ने कहा कि बच्चों के मध्य अंतर होना चाहिए। ताकि उनका भरण-पोषण सही से हो सके। उन्होंने आशा को गांव की महिलाओं को ज्यादा से ज्यादा सरकारी सुविधाएं दिलाने के लिए प्रेरित किया। उन्हें नसबंदी के लिए पुरुष व महिलाओं दोनों को प्रेरित करने करने के लिए कहा। इस मौके पर सीडीओ अनुभव सिंह, सीएमओ डॉ. एसपी तिवारी, एसीएमओ डॉ. उदय नाथ सहित अन्य मौजूद रहे।

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आशा बहुओं को डीएम ने किया सम्मानित

सदेश वासक ज्यूज

आवस्ती। जिला पंचावत रिसेसं मेंटा में परिवार नियोजन पर स्वाध्यक पिमाग द्वारा आयोजित कार्जकम आहवान मेले का विलाधिकारी एवं मुख्य किरुपा के पुरायस्य किया। इस दौरान जिलाधिकारी नेहा प्रकाश ने बेहतर सम्यावस्य रथविरिक कर परिवार रियोजन कार्यक्रम में बेहतर कार्य करने वाली आशा बहुओं को प्रशीस्त पत्र देकर सम्यानित किया। इस अवस्यर पर किलाधिकारी ने बहा कि परिवान कियोजन कार्यक्रम के तहत आहा कर्मियों ने बढ़ाक कर अन्ता



दाविश्वों का निर्वहत किया है, इसी को कायू तिए आव में सम्मान की असल वहीं मुख्य हकटार है। उन्होंने कहा कि आशा कि एन व्यूहर प्रायीणों और स्वारस्य विश्वाग नियोजन के कियान्वयवन के बीच की पूरी हैं। महत्वपूर्य उन्होंने कहा कि सरकार के मंजानुसार अपनाने विलो के सभी अस्पतालों में पुरुष सरकार महिला नसवर्थ, महिलाओं को निर्पलेग हैं



का काडू करने म मदर गाल सक। वहाँ मुख्य विकास अधिकारी ने कहा कि एनवाँओं के द्वारा परिवार निवोजन के लिए प्रेरित करना एक महत्वपूर्ण कदम हैं। नसबंदी को अपनांचे पाले महिला व पुरुष को सरकार द्वारा प्रोत्साइन गाँग तो किंग्नेगी सी मध्य-स्प्रेथ वे सम्मान के





Aavahan Mela was successful conducted in Shravasti and Bahraich in the presence of government dignitaries such as District Magistrate, Chief Development Officer & Chief Medical Officer.

ASHA workers, who have been instrumental in strengthening the cause of Family Planning were felicitated for their continuous support.

Moreover, beneficiaries who adopted permanent contraception through Mobius' counselling and support were felicitated to foster a sense of pride and responsibility and encourage others in the community to follow suit.





VNHD Session

Mobius team visited at VHND session and with the help of ANM didi & Asha didi shared benefits of Family Planning and motivated visiting female Beneficiaries to adopt Family Planning methods.







World Menstrual Hygiene Day

To promote menstrual health, our team actively participated in the World Menstrual Hygiene Day organized by the Government and spread awareness and educated relevant TG about the importance of menstrual hygiene.









World Population Day

On World Population Day, awareness walk or rally was organized jointly by community workers and the Mobius team in both districts.

The District Magistrates of Bahraich and Shravasti officiated and initiated the rally, which commenced from the collectorate office.











Seva Se Santriptikaran Abhiyan

The Abhiyan was conducted in Bahraich on the orders of DM.

Government services including banking services, health check- ups, information related to agriculture, pisciculture, dairy, banking, etc. were made available in the Abhiyan.







NSV Pakhvada

Aligning with the Government's initiative of Family Planning programme – Mobius actively participated in NSV Pakhwada.

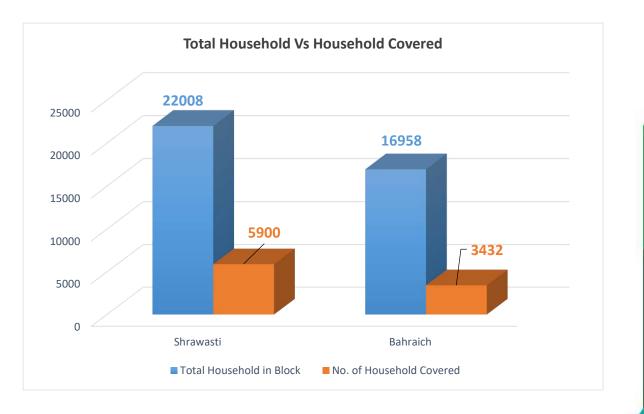
To aware the beneficiaries about the importance of Family Planning and motivate men to opt for NSV, Mobius undertook various activities such as Smart Purush Sabha, Dampati Sampark Pakhwada, and Jansankhya Stirtha Pakhwada.







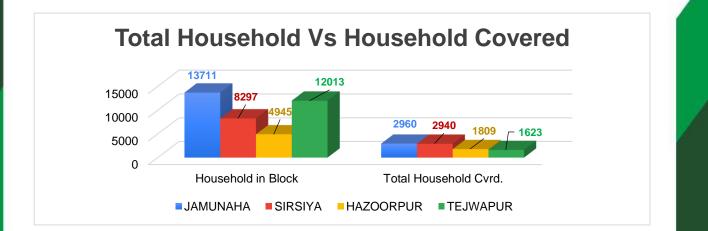
District Wise Activity Coverage







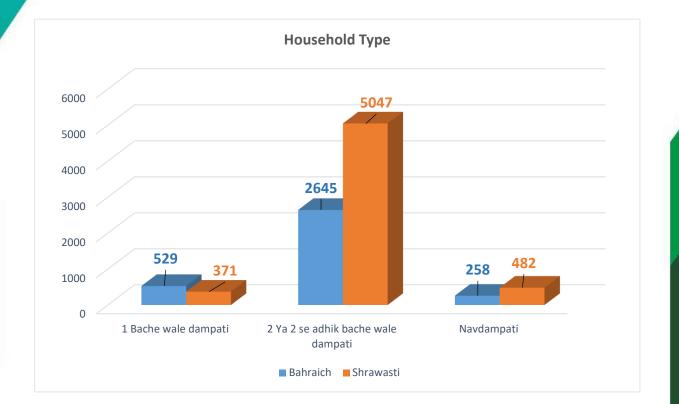
Block Wise Activity Coverage







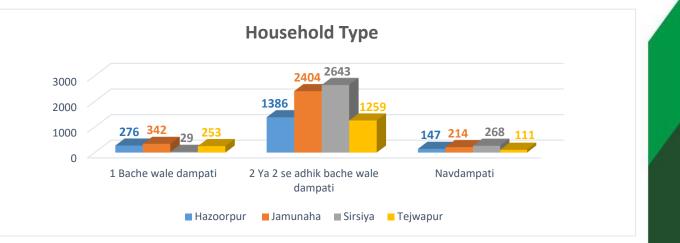
District Wise Household Type







Block Wise Household Type

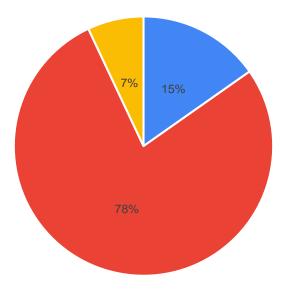






Coverage by Household Type

Coverage - Household Type

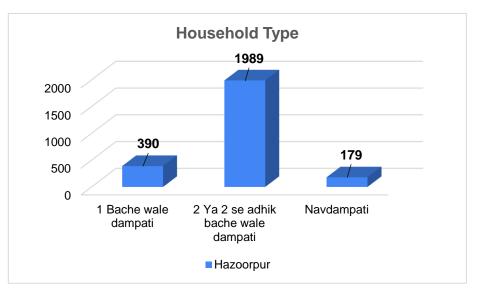


- 1 Bache wale dampati
- 2 Ya 2 se adhik bache wale dampati
- Navdampati

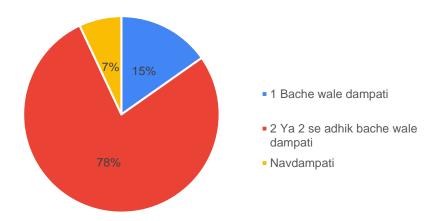




Hazoorpur



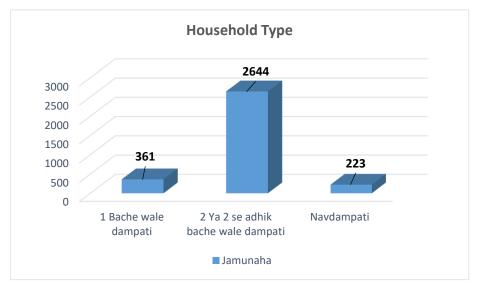
Coverage - Household Type







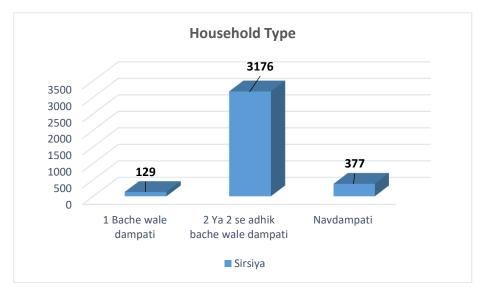
Jamunaha

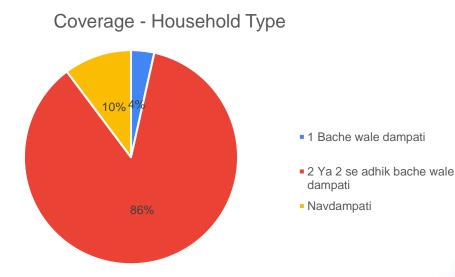






Sirsiya

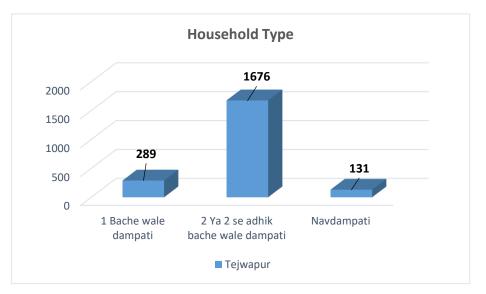




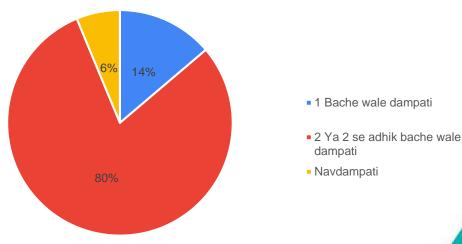




Tejwapur



Coverage - Household Type

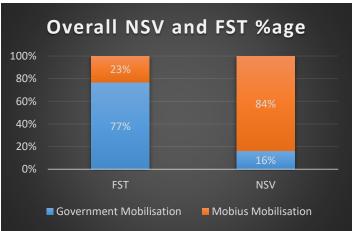






Impact of NSV/ FST

In the period under consideration, 1141* FSTs and 37* NSVs were conducted in the districts of Baraich and Shravasti. Of these, 263 FSTs and 31 NSVs were facilitated by our team.



In addition to mobilizing TG for NST/FSV, our team empowered 16 women by enabling them to plan their family by adopting reversible contraception methods like Antara and IUCD.

14 women got Antara Injections and 2 went through with IUCD.

*The data of NSV and FST conducted was provided by CMO of Bahraich and Shravasti respectively. Slight variation in percentages possible as Mobius started operating in September 2022.







Mobius Beneficiary Data





Bahraich (Govt. Data)

Block Name	NSV ELA	NSV Achievement	%age	FST ELA	FST Achievement	Kage	IUCD ELA	IUCD Achievement	%age
Balha	4	1	25%	422	157	37%	875	235	27%
Chitaura	3	3	100%	275	255	93%	480	194	40%
Huzoorpur	3	4	133%	280	211	75%	480	683	142%
Jarwal	3	1	33%	310	225	73%	520	635	122%
Kaisarganj	3	6	200%	270	223	83%	480	202	42%
Mahasi	3	1	33%	380	220	58%	520	96	18%
Mihinpurwa	4	2	50%	750	821	109%	600	586	98%
Nawabganj	3	0	0%	300	105	35%	480	240	50%
Payagpur	3	5	167%	278	267	96%	480	476	99%
Phakharpur	3	3	100%	280	267	95%	480	492	103%
Risia	3	1	33%	290	231	80%	480	387	81%
Shivpur	3	1	33%	390	463	119%	480	198	41%
Tejwapur	3	3	100%	310	433	140%	480	240	50%
Visheshwarganj	3	4	133%	290	226	78%	480	203	42%
Medical College	12	7	58%	400	309	77%	900	206	23%
TOTAL	56	42	75%	5225	4413	84%	8215	5073	629

BLOCK WISE FAMILY PLANNING PROGRESS AS PER HMIS UPTO MAR'23 AGAINST ELA

No.	Block Name	FDS Plan	FDS Held	%age of Held	Total FST Cases Done	Total NSV Cases Done	Total Nasbandi cases Done	Block Rank	Average Client/FDS
1	Tejwapur	14	16	114%	152	13	165	1	10
2	Mihipurwa	19	12	63%	39	0	39	2	3
3	Payagpur	18	15	83%	39	0	39	3	3
4	Vishesharganj	12	11	92%	35	2	37	4	3
5	Kaiserganj	19	14	74%	35	2	37	5	3
6	Balha	10	9	90%	32	0	32	6	4
7	Huzoorpur	11	10	91%	28	2	30	7	3
8	Risia	10	9	90%	30	0	30	8	3
9	Jarwal	11	10	91%	25	1	26	9	3
10	Fakharpur	10	9	90%	20	0	20	10	2
11	Chittaura	14	11	79%	18	1	19	11	2
12	Mahsi	11	9	82%	17	1	18	12	2
13	Shivpur	10	8	80%	12	0	12	13	2
14	Nawabganj	10	7	70%	8	0	8	14	1
		179	150	84%	490	22	512		3





Shravasti (Govt. Data)

S. No.	Particulars	ELA	1.00	18-19 March)*	ELA		19-20 March)*	ELA		10-21 March)*	ELA	2021 (April-N		ELA	2022 (April-N	
			Ach.	*		Ach.	*		Ach.	8		Ach.	*		Ach.	*
1	Sterilisation - Male	6	16	266%	19	21	110%	19	17	89%	18	14	78%	20	14	70%
2	Sterilisation - Female	1011	899	88.92%	955	1150	120%	955	1203	125%	1500	1129	75%	1478	1115	75%
3	IUD Insertions (Interval)	5548	1019	18.36%	1413	1131	80%	1413	1392	98%	2000	2764	138%	4500	3164	70%
4	PPIUCD insertions	2913	3706	127%	3179	6877	219%	3179	10984	345%	15000	9735	64%	15000	12015	80%
5	Total OCP Users		16697			19335	1		15156		30000	22905	76%	31500	27557	87%
6	Total CC Users		86956			81340			77989		105000	90046	85%	94768	122371	129%
7	Total Injectable MPA	1308	2250	172%	2354	3824	162%	2354	3025	128%	5500	5567	101%	6688	10775	161%
8	Centchroman		8516		10219	6054	59%	10219	7183	70%	8500	11623	61%	13943	18666	133%





	Last Year	Male S	terilizatio	on (NSV)	% Increase	Last Year performance	Female	% Increase		
Block	performance	ELA	Ach.	%	or Decrease in Last Year		ELA	Ach.	%	or Decrease in Last Year
DCH	0	0	0	.↓0	⇒ 0.0	67	78	71	191	6.0
Bhinga	0	0	0	.↓0	0.0	0	0	0		0.0
Bhangaha	2	4	2	450	→ 0.0	154	250	157	63	1.9
Malhipur	3	4	3	->75	-> 0.0	159	250	130	52	-18.2
Sirsiya	4	4	7	175	175.0	193	300	175	->58	-9.3
Ikauna	3	4	1	25	-66.7	251	300	243	181	-3.2
Gilaula	2	4	1	425	-50.0	305	300	305	102	0.0
Total	14	20	14	-70	→ 0.0	1129	1478	1081	73	-4.3

Name of Facility	Арг	-23	Ma	y-23	Jun	-23	Jul		
Name of Facility	NSV	FST	NSV	FST	NSV	FST	NSV	FST	
CHC Gilaula	0	10	0	0	0	1	0	3	
CHC Ikauna	0	3	0	2	0	0	0	1	
CHC Sirsiya	0	0	1	0	2	4	2	5	
CHC Bhangaha	0	0	0	2	0	2	0	3	
CHC Malhipur	0	0	0	0	0	1	0	2	
DCH	0	7	0	14	0	8	0	9	
Grand Total	0	20	1	18	2	16	2	23	





Banners & Hoardings







PR & Social Media Coverage

मोबियस फाउंडेशन ने ''विश्व जनसंख्या दिवस'' के अवसर पर आयोजित जागरुकता रैली में लिया बढ़-चढ़कर भाग



तन्त्रण्डमा विष विजन में गलव

YouTab

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ातनसः इत्तरसम्बद्धः व मः में जान हो गए हैं। म्हे हो



हम दो हमारे दो, नुक्कड़ नाटक के माध्यम से किया गया जागरूक Media Shravasti Subscribe

नाटक के जरिए नसबंदी के लिए किया जागरूक



अमाविप के राष्ट्रीय कार्यकारिणी के सदस्य बने प्रज्वल

मावस्ती। अखिल भारतीय विद्यार्थी परिषद का 68वां राष्ट्रीय अधिवेशन जयपुर के महाराणा प्रताप नगर में 25-27 नवंबर के दौरान संपन्न हुआ। 27 नवंबर को अभाविप के राष्ट्रीय अध्यक्ष डा. राजशरण शाही ने लमाविप की राष्ट्रीय कार्यकारिणी की घोषणा की। इसमें आवरती जिले के जिला सहसंयोजक प्रज्वल मिश्रा को राष्ट्रीय कार्यकारिणी सदस्य बनाया गया है। प्रज्वल मिश्रा अभाविष के किसान पीजी कॉलेज इकाई अध्यक्ष, जिला सहसंयोजक, प्रांत कार्यसमिति सदस्य सहित अन्य दायित्वों का सफलता पूर्वक निर्वहन कर चुके हैं।

पुरुष नसबंदी अपनाने के लिए प्रेरित प्रयास से पुरुष नसबंदी को लेकर किया। स्वास्थ्य विस्तार अधिकारी सरकार की ओर से निर्धारित लक्ष्य

मोहित श्रीवास्तव ने बताया कि आने को हासिल करने की पूरी कोशिश बाले दिनों में सभी लोगों के संयुक्त की जाएगी।



@DMBahraich

विश्व जनसंख्या दिवस के अवसर पर जनसामान्य में जनसंख्या स्थिरता के लिए जनजागरूकता लाये जाने के उद्देश्य से विधायक नानपारा राम निवास वर्मा व जिलाधिकारी मोनिका रानी ने हरी झण्डी दिखाकर जागरूकता वाहनों को किया रवाना। @CMOfficeUP @ChiefSecyUP @UPGovt @InfoDeptUP



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सिरसंथ अपगेव परस्थि एजा, अग्मापुर, लक्ष्मनपुर बाजार, बलनपुर-बसंतपुर गांवों में सार्वजनिक स्थानों पर मोबियस् संस्था व स्यास्थ्य विभाग् को ओर से

नुक्कड सभा का हायोजन किया

मीडिया श्राव Translate Two g§ 4 $\ensuremath{\mathbb{G}}^p$ $\ensuremath{\mathbb{P}}^p$ share \pm Download \cdots

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Appreciation









सामुदायिक स्वास्थ्य केंद्र निरासिक सिरसिक भिनगा खावस्ती दिनांक - 11-09-2023

मोबियस पत्रउंडेशन पुरानी बाजार मिलना आइसकीम फेक्ट्री के पास

पित मोनियत काळेवान और मोदिवस काउंद्रशन टीन सिरसिया.

में यह पत्र सामुदायिक स्वारूथ्य केंद्र सिरसिया की और से हमारे समुदाय के आंतरिक परिवार नियोजन के क्षेत्र में आपके उत्कृष्ट कार्य के लिए हार्थिक प्रशंसा और आमार व्यक्त करने के लिए लिख रहा हूं।

परिवार निकोजन कार्यक्रम के पति आपकी अटूट प्रतिबद्धता वर हमारे स्लॉक और क्षेत्र में परिवारों की अल्कई पर गहरा प्रसाव पड़ा है। जागरकतन बड़ाने, विक्षेप्त प्रदान करने और परिवार नियोजन सेवाओं को समुदाव तक पहुंचा कर सुविधाजनक बनाने के प्रति आपका समर्पण प्रजनन स्वास्थ्य को बद्धवा देने और हम्प्रारे समुदाय के सदस्यों के लिए जीवन की समग्र गुणवत्त्वा में सुधार लागे में सहायक रहा है।

हम मोबियस फउंडेरान से मिले अमूल्य समयंन और साझेदारी के लिए बिशेष रूप से आमारी हैं। अपके संगठन के ससर्यत ने हमारी परिवार निबोजन सुविधाओं की पहल को मजबूत करने में महत्वपूर्ण भूमिका निभाई है, और हम हमारे सहवोग के दौरात आपके दवारा प्रदान किए गए संसाधनों, विशेषजता और सामंदर्शन की गहराई से सराहना करते हैं।

मोबियस फाउंडेफन टीम सिरसिख ने इन पहलां को समुखय पर लागू करने में महत्वपूर्ण भूमिका निधाई है। आपकी टीन के प्रयासों से न कैवल समारे कार्यकार्ग की पहुंच को बढ़ाया है बल्कि समुखय के आंतरिक विश्वास और अराम की मावना को भी बढ़ावा दिवा है। स्थानाय निवासियों के साथ जुड़ने और उनकी चिंताओं को दूर करने की आपकी क्षमता वरत्तव ने उल्लेखनीय है।

परिवार नियोजन सेवाओं में सुपार के बति आपका समर्पण सामुदायिक स्वात्म्य्य केंद्र सिरासिया में हमारे त्रिधन के साथ पूरी तरह मागोव्वरी यहा है। हम प्रजनन स्वस्थ्य को बढ़ावा देने और यह सुनिश्चित करने में आफ्के क्रम के महत्व को पहचानते हैं कि हमारे झेव में परिवारी ब्वे आक्यक संस्वाध्यों और जानस्वरी तक पहुंच हो।

हम वास्तय में आपकी सहस्रेयरी के लिए आमारी हैं, और इम परिवार मियोजम और सातंतनिक स्वास्थ्य के होर में हमार साझा लक्ष्यों को आमें बड़ाने के लिए मोबियस जाइंडेशन और मोबियस फाइंडेशन टीम सिरसिया के साथ निरंतर सहयोग की आश करते हैं।

एक बार फिर, मुमया इम्बरे समुदाय में आपके उत्कृष्ट योगदान के लिए हमारी हादिक सराहना स्वीष्यर करें। आपके प्रवास उन लोगों के जीवन में सक्सरत्मक और न्यायी बदलात ला रहे हैं जिनकी हम सेवा करते हैं।

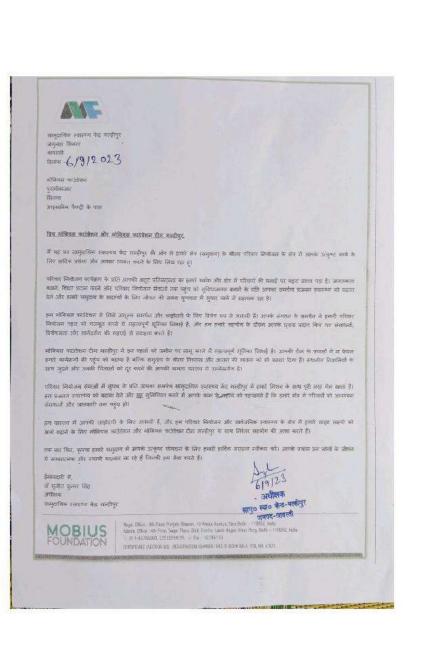
ईमानवरी से, जा केन्द्र सामुझे सवीच कुमार रिपलिया जनप्रकार्थवन्द्री वस्ती तामुदायिक स्वास्य्य केंद्र सिरसिया

FOUNDATION

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Mid Mass

On the basis of feedback received from our ground team, we have been made aware of certain challenges and to overcome the same we have come up with certain suggestions that will enable smooth operations and achievement of the objectives of the program.





Insights

- Increased awareness about using contraceptives and Antara
- Resistance due to side effects of Antara and non availability of prescription medicines
- Apprehensions or misconceptions about permanent and non permanent methods of family planning, particularly NSV as is reflected from total number of NSVs conducted during the year
- Low adoption even of non permanent contraception among newly married couples due to myths and misconceptions





Increased Outreach Through Team Structure

To boost our outreach and impact, we suggest that we restructure our teams. Currently, we have individual health worker and ASHA Didi assigned to each blocks consisting of 25 villages. It is difficult for a single promoter to cover 25 villages so we recommend that teams of six members per block be formed, consisting of four male health workers and two female counsellors. This collaborative approach will allow for better coverage, within each block and increase the frequency of repeat visits.





Monthly Mobius Chaupal Celebration

As can be inferred from the high number of FSTs as compared to NSVs, a lot of couples want to opt for family planning and avoid the risk of unwanted pregnancies but due to the myths around NSV like loss of strength and impotency, men opting for permanent contraception measures is very low.

As the rural populace is closely knit and, in the coming year, we plan to conduct more number of community mobilisation sessions to address the community as a whole. We believe that it will be easier to personalise our door to door counselling once we can remove the myths around NSV for the community as a whole.





Free Health Check-up Camps

We aim to conduct one free health check up camp per quarter per village totaling to ~ 400.

The creation of Abha ID Card at these health check-up camps can serve as a catalyst for increased interaction between our team members and local residents. Abha ID Cards will make it easier for us to understand community needs and deliver tailored services.





Counselling Hotline

For people who want to adopt family planning measures but do not entertain health workers/Asha Didis at their door due to family/ societal pressure, we suggest setting up a counselling helpline managed by a female counsellor to answer community members' questions and concerns about family planning. This will provide a confidential and easily accessible resource to the community.

A missed call alert system can be set up wherein the beneficiary just has to give a missed call on the given number to receive a callback from the counsellor.





<u>Community Leaders</u> <u>Engagement</u>

We suggest engaging with local community leaders and influencers who can vouch for the program's credibility. Their support can go a long way in gaining community trust.





Regular Training and Capacity Building

Continuous learning and skill development is essential for our team's effectiveness. We should schedule regular training sessions and workshops to keep our team members updated on the latest family planning methods, communication techniques, and community engagement strategies.





Incentive-based Motivation

Recognizing the valuable work our methods of promoters, family planning adopted by beneficiary, we propose introducing incentive-based compensation. Offering performance-based incentives can motivate our team members to achieve better results and ensure that they remain dedicated to their roles. It's important to design a fair and transparent incentive system that rewards their efforts in promoting family planning.







An Initiative by Mobius Foundation



301, 3rd Floor, Antariksh Bhawan, 22 KG Marg, Atul Grover Road, Janpath, Barakhambha, New Delhi 110001 Visit us at:
 www.mobiusfoundation.in
 info@mobiusfoundation.in

🕲 011- 49854523, 011- 49433823