ARMMAN Kilkari Impact Performance Report
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About This Report

This report is designed to provide you with an in-depth understanding of the beneficiaries who listened to the Kilkari Mobile Messaging Service offered by ARMMAN - their profile, the outcomes they experience, how satisfied they are, and how you can improve your impact and performance.

The insights are based on phone interviews with 251 beneficiaries from Odisha and Assam, in India. These interviews were conducted by 60 Decibels trained researchers. We really enjoyed hearing from your beneficiaries – they had a lot to say!

We employed a stratified (by state) random sampling method to select beneficiaries. To learn more about our methodology, head to the Appendix.

To contextualize your results, you can see how your performance compares to other health companies in the Performance Snapshot (page 5) and Appendix.

We encourage you to use these results to set targets and identify ways you can further improve your impact performance over time.

251 beneficiaries interviewed, 64% were female.

“
The relationship between me and husband has improved. We discuss about the information on family planning and apply it in our daily lives. The cleanliness in our home has also improved after the phone call. I am also more aware of baby care which helps me guide parents in my neighborhood too.
- Female, 27
60dB Perspective

Top Insights

1. The Kilkari calls are effective, and beneficiaries are very satisfied.

Roughly 9 in 10 beneficiaries found the information they received through the Kilkari calls to be ‘very useful’. Roughly 4 in 5 found ‘all’ of it easy to understand and apply it in their daily lives. The Net Promoter Score – a common gauge of satisfaction and loyalty – for the Kilkari calls is 78, which is excellent. Beneficiaries primarily value learning new information about childcare. Most beneficiaries (95%) report they did not have prior access to a service like Kilkari, suggesting that ARMMAN is reaching an underserved market in the sector. This is great news!

See pages: 8, 10, 11, 14

2. Impact on beneficiaries’ childcare-related knowledge and behaviours is high.

Almost all beneficiaries report at least some improvement in their childcare-related knowledge and behaviour, with 3 in 4 reporting significant improvements. They most commonly report improved child diet (56%), child hygiene (35%), and being able to get their child vaccinated timely (19%).

3 in 5 beneficiaries report their babies received at least 5 vaccination doses within the first year post-birth, and 4 in 5 report that they breastfed their baby for over 6 months post-birth.

See pages: 18, 19, 20

3. Beneficiaries experience the second-degree impact via increased uptake of health services.

Beneficiaries have primarily increased their uptake of regular check-ups (64%) and emergency care for their child (54%). A fifth of the beneficiaries also report increasing their usage of contraception – those in Assam are much more likely to report this than those in Odisha (38% vs. 3%).

Looking ahead, beneficiaries mention ‘free services’ as the primary factory that would help increase their uptake (40%), followed by clearer messages (23%) and better support from ASHAs / ANMs (19%). When asked about services that beneficiaries have availed for free since the Kilkari calls, they mainly mention medicines/injections and check-ups.

See pages: 21

4. Beneficiaries’ experience varies by state, so does impact.

Beneficiaries from Odisha report higher satisfaction than those from Assam (NPS: 93 vs. 65). They also report greater impact with 82% reporting significant improvements in their childcare knowledge compared to 75% of the beneficiaries from Assam.

However, beneficiaries from Assam are more likely to have plans to continue improving their knowledge and health-related behaviours than those in Odisha (43% vs. 10%). This could be because they are also more likely to report accessing a service like Kilkari for the first time than beneficiaries in Odisha (98% vs. 92%), thereby feeling a greater need to sustain their learnings and experience deeper impact.

See pages: 25

Recommendations

1. Support beneficiaries to sustain their learnings over time. Only a quarter of the beneficiaries have a plan to continue improving their health-related knowledge and behaviours. Those who have a plan aim to continue applying their learnings in daily life and sharing the information with others.

Given this is a key objective for ARMMAN to have a sustained impact on beneficiaries’ lives, it would be valuable to add a new module about this in the Kilkari curriculum.

See pages: 22

2. Address issues to keep up the high satisfaction levels. Roughly a fifth of the beneficiaries report that they do not apply ’all’ the information received through the Kilkari calls. Top reasons for not applying ’all’ the information include beneficiaries not aiming to do family planning, forgetting information or being uncertain about it, and limited finances.

Could ARMMAN consider creative ways to record such issues directly from beneficiaries, such as an SMS or IVR-based system?

See page: 11
Performance Snapshot

The benchmark performance column compares your results to 60 Decibels’ Benchmark in the health sector. You can find additional insights of your results, in the context of the 60 Decibels Benchmarks, in the Appendix.

<table>
<thead>
<tr>
<th>Benchmark Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health sector Focus</td>
</tr>
</tbody>
</table>

Who are you reaching?

<table>
<thead>
<tr>
<th></th>
<th>ARMMAN - Kilkari</th>
<th>Benchmark Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female beneficiaries</td>
<td>64%</td>
<td>•••••○○○○</td>
</tr>
<tr>
<td>% accessing service for the first time</td>
<td>95%</td>
<td>•••○○○○○</td>
</tr>
</tbody>
</table>

How satisfied are your beneficiaries?

<table>
<thead>
<tr>
<th></th>
<th>ARMMAN - Kilkari</th>
<th>Benchmark Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Promoter Score</td>
<td>78</td>
<td>•••○○○○○</td>
</tr>
<tr>
<td>% experiencing challenges</td>
<td>6%</td>
<td>•••○○○○○</td>
</tr>
</tbody>
</table>

What impact are you having?

<table>
<thead>
<tr>
<th></th>
<th>ARMMAN - Kilkari</th>
<th>Benchmark Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>% seeing ‘very much improved’ quality of life</td>
<td>63%</td>
<td>•••○○○○○</td>
</tr>
</tbody>
</table>
01: Profile

This section helps you understand your beneficiary base, their profile, and the extent to which you are reaching a previously underserved population.

The key indicators in this section are:

- **Phone Ownership and Type**: What type of phone are beneficiaries using and who are they sharing it with?

- **First Access**: What proportion of your beneficiaries are accessing a service like Kilkari for the first time?
A typical Kilkari beneficiary is a 30-year-old female, living in a male headed household of 6 members.

Demographics
(n = 251 | Female = 160, Male = 91 | Odisha = 126, Assam = 125)

<table>
<thead>
<tr>
<th>Gender Breakdown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>64%</td>
</tr>
<tr>
<td>Male</td>
<td>36%</td>
</tr>
</tbody>
</table>

Person Listening to Kilkari Calls

<table>
<thead>
<tr>
<th>Woman for whom calls are for</th>
<th>64%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>36%</td>
</tr>
</tbody>
</table>

Gender of Household Head

<table>
<thead>
<tr>
<th>Female</th>
<th>7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>93%</td>
</tr>
</tbody>
</table>

Household Size

| 5.5 People  |        |

Last Listened to Kilkari Calls

<table>
<thead>
<tr>
<th>In the last 1 month</th>
<th>6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1-3 months ago</td>
<td>56%</td>
</tr>
<tr>
<td>Between 4-6 months ago</td>
<td>25%</td>
</tr>
<tr>
<td>More than 6 months ago</td>
<td>13%</td>
</tr>
</tbody>
</table>

Age Distribution

<table>
<thead>
<tr>
<th>18 Youngest</th>
<th>96% between 20 - 40</th>
<th>30 Average</th>
<th>56 Eldest</th>
<th>18-25 years</th>
<th>22%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above 40</td>
<td></td>
<td>33-40 years</td>
<td>26-32 years</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

State Breakdown

<table>
<thead>
<tr>
<th>Assam</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>50%</td>
</tr>
</tbody>
</table>

Beneficiary Education Level

<table>
<thead>
<tr>
<th>None</th>
<th>6%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary schooling</td>
<td>16%</td>
</tr>
<tr>
<td>Lower secondary schooling</td>
<td>30%</td>
</tr>
<tr>
<td>Upper secondary schooling</td>
<td>27%</td>
</tr>
<tr>
<td>Tertiary schooling</td>
<td>21%</td>
</tr>
</tbody>
</table>
9 in 10 beneficiaries say that they are the owners of the phone they use to listen to the Kilkari calls.

**Phone Ownership**

Q: Are you the owner of the phone that you use to listen to the Kilkari calls? (n = 251 | Odisha = 126, Assam = 125)

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>16%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>Yes</td>
<td>84%</td>
<td>95%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Phone Sharing**

Q: Who do you share this phone with? (n = 26). Multi-select question.

- Spouse: 100%
- Commonly shared in household: 4%
- Another male household member: 0%
- Another female household member: 0%

Most beneficiaries report they had no prior access to a service like the Kilkari calls.

**First Access**

Q: Before receiving Kilkari calls, did you have access to a similar service? (n = 251 | Odisha = 126, Assam = 125)

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>8%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>No</td>
<td>92%</td>
<td>98%</td>
<td>95%</td>
</tr>
</tbody>
</table>

**Observation on Phone Ownership**

Compared to beneficiaries from Assam, those from Odisha are more likely to report that they are not the owners of the phone they use to listen to the Kilkari calls (5% vs. 16%). This is likely driven by a higher proportion of women in the Odisha sample than Assam (68% vs. 59%), considering women generally have lower digital access and ownership than men.
02: Experience

If your beneficiaries are unhappy, it’s unlikely they will continue to choose your service or recommend to others.

This section uses the popular Net Promoter Score® to understand the level and drivers of beneficiary satisfaction and loyalty. Additional insights on challenges highlight areas you can improve.

The key indicators in this section are:

- **Effectiveness of Information**: How useful, easy to understand, and applicable was the information received?

- **Net Promoter Score**: How likely are your beneficiaries to recommend the Kilkari calls to a friend or family member?

- **% Experiencing Challenges**: What proportion of beneficiaries experience challenges with the Kilkari calls?
Roughly 9 in 10 beneficiaries found the information they received through the Kilkari calls across all topics to be ‘very useful’.

**Usefulness of Information**

Q: How useful was the information that you received from Dr.Anita? Information relating to... (n = 251)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very useful</th>
<th>Somewhat useful</th>
<th>Neutral</th>
<th>Not very useful</th>
<th>Not useful at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections / Vaccinations</td>
<td>94%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td>92%</td>
<td></td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet for the child</td>
<td>89%</td>
<td></td>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>87%</td>
<td></td>
<td>9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Observation**

Beneficiaries from Odisha are more likely to report finding the information about family planning ‘very useful’ than those from Assam (92% vs. 82%).

Nearly 9 in 10 beneficiaries found ‘all’ the information they received through the Kilkari calls easy to understand.

**Ease of Understanding the Information**

Q: How much of the information you received from the Kilkari Calls service was easy to understand (n = 251 | Odisha = 126, Assam = 125)

<table>
<thead>
<tr>
<th>Region</th>
<th>None of it</th>
<th>Some of it</th>
<th>Most of it</th>
<th>All of it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>10%</td>
<td>13%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Assam</td>
<td>88%</td>
<td>85%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>88%</td>
<td>85%</td>
<td>87%</td>
<td>13%</td>
</tr>
</tbody>
</table>
On average, 4 in 5 beneficiaries report they apply ‘all’ the information they received through the Kilkari calls, across all topics.

Application of Information

Q: How much of the information that you received from Dr. Anita did you apply in your daily lives? Information relating to... (n = 251)

- **Injections / Vaccinations**: 86% applied ‘all’, 11% applied ‘most’
- **Hygiene**: 82% applied ‘all’, 14% applied ‘most’
- **Diet for the child**: 78% applied ‘all’, 16% applied ‘most’, 6% applied ‘some’
- **Family planning**: 71% applied ‘all’, 14% applied ‘most’, 10% applied ‘some’, 5% applied ‘none’

Observation

Beneficiaries from Odisha are slightly more likely to report they applied ‘all’ the information about family planning than those from Assam (74% vs. 67%).

Of those who did not apply ‘all’ the information, the most common reason for it is that they do not aim to do family planning.

Barriers in Applying Information

Q: Would you mind sharing what prevented you from applying all the information? (n=82). Open-ended, coded by 60 Decibels.

- **Not aiming to do family planning**: 20%
- **Forgetting information**: 16%
- **Limited finances**: 15%
- **Uncertain in applying information**: 13%
- **Missed listening to some calls**: 12%
- **Household responsibilities**: 10%
- **Other**: 21%

*Note: This question was asked only to those who reported not applying ‘all’ the information.

“

We don’t have a plan for family planning. This is my first child, so I have not thought of using contraception. The information I learnt from the Kilkari may be of use in the future.

- Male, 30
Beneficiaries are mostly likely to report that ASHAs/ANMs were ‘very helpful’ in assisting them with injections/vaccinations.

Support from ASHAs/ANMs

Q: How helpful or unhelpful were ASHAs/ANMs in assisting you to get support for the following...? (n = 251)

<table>
<thead>
<tr>
<th>Service</th>
<th>Very helpful</th>
<th>Somewhat helpful</th>
<th>Neutral</th>
<th>Not very helpful</th>
<th>Not helpful at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injections / Vaccinations</td>
<td>70%</td>
<td>18%</td>
<td>6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td>59%</td>
<td>22%</td>
<td>6%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Diet for the child</td>
<td>59%</td>
<td>22%</td>
<td>6%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Family planning</td>
<td>56%</td>
<td>21%</td>
<td>9%</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>

- Very helpful = Somewhat helpful = Neutral = Not very helpful = Not helpful at all

Insight

Beneficiaries from Odisha are more likely to report finding ASHAs / ANMs helpful with family planning than those from Assam (82% vs. 71%).

This appears to be driven by a higher proportion of women in the Odisha sample than Assam (68% vs. 59%), considering women are often more responsible for family planning.

Overall, 60% of women report that they found ASHAs / ANMs helpful with family planning vs. 50% of men.
Beneficiaries have primarily availed medicines/injections and check-ups for free after listening to the Kilkari calls.

### Services Availed for Free

Q: Which of the following services have you been able to avail for free since you started listening to the Kilkari calls? (n = 251)

<table>
<thead>
<tr>
<th>Services</th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines / Injections</td>
<td>75%</td>
<td>76%</td>
<td>75%</td>
</tr>
<tr>
<td>Check-ups</td>
<td>70%</td>
<td>66%</td>
<td>70%</td>
</tr>
<tr>
<td>Food</td>
<td>48%</td>
<td>45%</td>
<td>48%</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>18%</td>
<td>33%</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>11%</td>
<td>15%</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Services Availed for Free, by State

<table>
<thead>
<tr>
<th>Services</th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines / Injections</td>
<td>75%</td>
<td>76%</td>
<td>75%</td>
</tr>
<tr>
<td>Check-ups</td>
<td>74%</td>
<td>66%</td>
<td>74%</td>
</tr>
<tr>
<td>Food</td>
<td>52%</td>
<td>45%</td>
<td>52%</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>3%</td>
<td>33%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>7%</td>
<td>15%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Most beneficiaries report receiving at least some assistance from ASHAs/ANMs in availing free services.

### Assistance Received to Avail Free Services

Q: Did ASHAs/ANMs assist you in availing these services for free? (n = 251 | Odisha = 126, Assam = 125)

- Not at all
- Yes, a little
- Yes, a lot

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>41%</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>10%</td>
<td>60%</td>
<td>60%</td>
<td>52%</td>
</tr>
<tr>
<td>13%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Question**

Compared to beneficiaries from Odisha, those from Assam are more likely to report that ASHAs/ANMs assisted them 'a lot' in availing services for free.

Are ASHAs/ANMs in Assam better equipped to help beneficiaries access free healthcare services than those in Odisha—either because of having better knowledge, or greater support from the state to help beneficiaries avail free services?
The Kilkari Service has an NPS of 78, which is excellent and in the top 20% of the 60dB Health Sector Benchmark.

**Net Promoter Score® (NPS)**

Q: On a scale of 0-10, how likely are you to recommend the Kilkari calls to a friend or family member, where 0 is not at all likely and 10 is extremely likely? (n = 241)

The Net Promoter Score® (NPS) is a gauge of respondent satisfaction and loyalty. The NPS is the percent of beneficiaries rating 9 or 10 ('Promoters') minus the percent of beneficiaries rating 0 to 6 ('Detractors'). Those rating 7 or 8 are ‘Passives’.

The score can range from -100 to 100. Kilkari has a NPS of 78, which is excellent.

<table>
<thead>
<tr>
<th>Segments</th>
<th>NPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>82</td>
</tr>
<tr>
<td>Male</td>
<td>74</td>
</tr>
<tr>
<td>Odisha</td>
<td>93</td>
</tr>
<tr>
<td>Assam</td>
<td>65</td>
</tr>
</tbody>
</table>

TOP 20% - 60dB Benchmark

Promoters value learning new information about childcare, Detractors want higher frequency and shorter duration of calls.

83% are Promoters 😊

12% are Passives 😞

5% are Detractors 😞

They love:

1. Learning new information about childcare (62% of Promoters / 49% of respondents)

2. Receiving timely reminders (34% of Promoters / 28% of respondents)

3. Informative and clear calls (31% of Promoters / 25% of respondents)

They like:

1. Informative and clear calls (79% of Passives / 9% of respondents)

2. Learning new information about childcare (31% of Passives / 4% of respondents)

They want to see:

1. More interactive and consistent calls (24% of Passives / 3% of respondents)

They want:

1. Higher frequency of calls (27% of Detractors / 1% of respondents)

2. Shorter calls (18% of Detractors / 1% of respondents)
6% of the beneficiaries report facing a challenge while listening to the Kilkari calls.

Proportion of Beneficiaries Reporting Challenges
Q: Have you experienced any challenges while listening to Kilkari calls? (n = 251 | Odisha = 126, Assam = 125)

```

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>No</td>
<td>96%</td>
<td>93%</td>
<td>94%</td>
</tr>
</tbody>
</table>
```

TOP 20% - 60dB Benchmark

Of those who report challenges, the most common relates to calls being difficult to understand.

Most Common Challenges
Q: Please explain these challenges. (n = 14). Open-ended, coded by 60 Decibels.

```

6
| talk about the calls being difficult to understand |

5
| mention not receiving calls in a timely manner |

3
| talk about language barriers |
```

“...
I've not studied beyond class 5, so sometimes I find certain things a little difficult to understand. But I ask around to figure it out.
- Male, 37
03: Impact

We believe that the best way to understand the social impact that you are having is to simply ask beneficiaries whether their quality of life has changed as a result of accessing the service, and if so, how.

This section shows you the degree to which you are impacting the quality of life, health-related knowledge and behaviours, and uptake of health services.

Additionally, find out what outcomes, if any, are beneficiaries experiencing, in their own words.

The key indicators in this section are:

- **Quality of Life Change**: To what extent has the quality of life of beneficiaries changed as a result of the Kilkari calls?

- **Perceived Change in Knowledge and Behaviour**: To what extent has beneficiaries’ knowledge and ways of childcare changed because of the Kilkari calls?

- **Uptake in Health Services**: Have beneficiaries changed their uptake of health services after listening to the Kilkari calls?
Over 9 in 10 beneficiaries report at least some improvement in their quality of life because of listening to the Kilkari calls.

**Quality of Life Change**

Q: Has your quality of life changed because of the Kilkari calls? (n = 243 | Odisha = 119, Assam = 124)

- 29% Got much worse
- 7% Got slightly worse
- 6% No change
- 31% Slightly improved
- 63% Very much improved

94% say their quality of life has improved

**Top three self-reported outcomes for 94% of the beneficiaries who say their quality of life improved.**

Q: How has your quality of life improved? Open-ended, coded by 60 Decibels. (n = 154)

- 35% talked about increased knowledge about childcare (32% of all respondents)
- 34% mention an improvement in child diet (31% of all respondents)
- 31% report improved hygiene in the household (28% of all respondents)

“Earlier we didn’t give importance to hygiene or diet. Dr. Anita made us aware of it. We are now practicing it for our benefit.
- Female, 23
Almost all beneficiaries report that their knowledge of childcare and the way they care for their child has improved.

**Changes in Childcare Knowledge**
Q: Has your knowledge of child-care changed because of the Kilkarì calls? Has it: (n = 249 | Odisha = 124, Assam = 125)

- **82%** say much improved
- **23%** say slightly improved
- **78%** say no change
- **21%** say got slightly worse
- **19%** say got much worse

**Changes in Ways of Childcare**
Q: Have you noticed any change in the way you care for your child because of the Kilkarì calls? (n = 247 | Odisha = 122, Assam = 125)

- **98%** say their way of childcare improved

Top three self-reported outcomes for 98% of the beneficiaries who say their way of caring for their child has improved.

Q: How has the way you care for your child improved? Open-ended, coded by 60 Decibels. (n = 243)

- **58%** talk about improvement in child diet (56% of all respondents)

- **36%** mention improved child hygiene (35% of all respondents)

- **19%** report getting their child vaccinated in a timely manner (19% of all respondents)

"We maintain cleanliness at home. We contact the ASHA didi for timely injections and we have completed all the vaccinations."
- Male, 38
3 in 5 beneficiaries report that their babies received at least 5 vaccination doses in the first year post-birth.

Vaccination Doses Received in the First Year Post-birth

Q: How many vaccination doses did your baby receive within the first 12 months? (n = 251 | Odisha = 126, Assam = 125)

60% report at least 5 vaccination doses

Discussion Question
Per the Kilkari curriculum, babies need exactly 5 doses in the first year. Are these results surprising?

Cold, cough, or fever are the most commonly reported illnesses experienced by beneficiaries’ babies within their first year.

Illnesses Suffered in the First Year Post-birth

Q: Did your baby suffer from any of the following diseases in their first year? (n = 251)

Cold/cough/fever 41%
Diarrhea 8%
Pneumonia 4%
Malaria 0%
Other 8%
None 44%
4 in 5 beneficiaries report that they breastfed their baby for over 6 months post-birth.

**Duration of Breastfeeding After Childbirth**

Q: How long did you / your wife breastfeed your baby for after birth?  
(n = 251 | Odisha = 126, Assam = 125)

- Don’t know or can’t say: 10%  
- Less than 6 months: 8%  
- Up to 6 months: 14%  
- More than 6 months: 6%

**Odisha**
- 79%  
**Assam**
- 82%  
**Overall**
- 80%

**Discussion Question**

Per the Kilkari calls, babies ought to be breastfed for up to 6 months post-birth. Is it common to observe this trend, or does this indicate a need to consider reemphasizing the messaging around this in the Kilkari calls?

3 in 4 beneficiaries report receiving free check-ups for their baby in a government hospital.

**Free Checkups Received**

Q: Have you received free check-ups for your baby from ASHA didi, ANM nurse/didi/ doctor in the government hospital?  
(n = 251 | Odisha = 126, Assam = 124)

- No: 25%  
- Yes: 75%

**Odisha**
- 75%  
**Assam**
- 74%  
**Overall**
- 75%
Beneficiaries report increasing their uptake of regular check ups and emergency care for their child since the Kilkari calls.

**Uptake of Health Services**

Q: Have you increased your usage of any of the following services since receiving the Kilkari calls? (n = 248). Multi-select question.

- Regular checkups: 64%
- Emergency care for the child: 54%
- Contraception: 21%
- Other: 1%
- None: 13%

**Uptake of Health Services, by State**

(Odisha, n = 126 | Assam, n = 125)

- Regular checkups: Odisha 67% | Assam 61%
- Emergency care for the child: Odisha 69% | Assam 39%
- Contraception: Odisha 3% | Assam 38%
- Other: Odisha 1% | Assam 2%
- None: Odisha 8% | Assam 17%

Beneficiaries report free services as the primary factor that would help increase their uptake of health services.

**Primary Factor to Increase Uptake of Health Services**

Q: What would be the primary factor that could help you use these services more? (n = 244 | Odisha = 121, Assam = 123)

- Free services: 40%
- Clearer messages: 23%
- Better support from ASHAs/ANMs: 19%
- Spousal/family support: 7%
- Lower cost of services: 5%
- Other: 6%

**Food for Thought**

While free services are the primary factor, beneficiaries seem to prioritize clearer messaging and support from community health workers / family, over lower cost of services that would help them increase their uptake of services.

Is there scope for ARMMAN to simplify the content of the Kilkari calls, facilitate more support from ASHAs/ANMs, or design a module focusing on the role of family support in the Kilkari curriculum?
Only 1 in 4 beneficiaries report having a plan to continue improving their health-related knowledge and behaviour.

Plans to Sustain Learnings

Q: Do you plan to continue improving your knowledge and health-related behaviors, in the future? (n = 251 | Odisha = 126, Assam = 125)

- Have a plan
- Did not have a plan / Not sure

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a plan</td>
<td>90%</td>
<td>57%</td>
<td>73%</td>
</tr>
<tr>
<td>Did not have a plan / Not sure</td>
<td>10%</td>
<td>43%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Recommendation

Beneficiaries from Assam are more likely to report that they have plans to sustain their learnings, than those in Odisha.

Consider communicating example ideas shared by beneficiaries in Assam to encourage those in Odisha to continue improving their knowledge and health-related behaviours.

Those who have a plan aim to apply their existing knowledge and share it with others to sustain their learnings.

Top Reported Plans to Sustain Learnings

Q: How do you plan to continue improving your knowledge and health-related behaviors, in the future? (n = 67). Open-ended question, responses coded by 60dB.

- Apply existing knowledge: 12%
- Share information: 8%
- Rely on similar calls: 5%
- Use the internet: 4%
- Consult health professional: 4%
- Rely on ASHAs/ANMs: 3%
- Consult non-health workers: 3%
- Learn new information: 2%

“I will follow the same instruction on cleanliness & hygiene after the baby has grown also. Hygiene and cleanliness are important for everyone, irrespective of age.” – Female, 26
“I now maintain proper cleanliness. I always keep in touch with ASHA didi and visit for regular check-ups and vaccinations. My baby has successfully completed 11 months without any health complications.

– Female, 27
04: Segmentation Analysis

Not every beneficiary is the same. Understanding your impact across different groupings of beneficiaries can reveal additional insights into how you can improve performance.

This section disaggregates and summarizes results by state and gender across key indicators introduced in previous sections.

The key indicators in this section are:

- First access
- Net Promoter Score
- Assistance from ASHAs/ANMs
- Challenges
- Quality of life
- Childcare knowledge
- Plans to sustain learnings
While beneficiaries in Odisha are more likely to be satisfied, those in Assam are likely to sustain their learnings over time.

State segmentation analysis

---

**Insights**

1. **Experience and Impact:** Beneficiaries from Odisha report higher satisfaction with the calls than those from Assam, indicated by the higher NPS (93 vs 65).

   Beneficiaries in Odisha also report greater impact than those in Assam. They are more likely to report ‘very much improved’ childcare knowledge (82% vs 75%) and quality of life (67% vs 61%).

   We recommend tracking these changes over time through repeat studies.

2. **Assistance and Learnings:** Beneficiaries from Assam are more likely to report that ASHAs/ANMs assisted them ‘a lot’ in availing free services than those from Odisha (59% vs 45%). They are also more likely to have plans to sustain their learnings from the Kilkari calls than beneficiaries from Odisha (43% vs 10%).

   ASHAs/ANMs’ ability to assist beneficiaries appears to be linked with beneficiaries’ ability to sustain their learnings. 6% of beneficiaries in Assam mention they would reach out to ASHAs for support to continue improving their knowledge and behaviour, compared to only 1% in Odisha.

---

**Key**

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>126</td>
<td>125</td>
</tr>
</tbody>
</table>

---
Experience and impact of the Kilkari calls vary slightly for men and women.

Gender segmentation analysis

Key

- **First Access**
  - % of beneficiaries accessing a service like the Kilkari calls for the first time

- **Net Promoter Score**
  - Scale -100 to 100

- **Challenges**
  - % of beneficiaries not experiencing challenges

- **Quality of Life**
  - % of beneficiaries reporting 'very much improved' quality of life

- **Plans to Sustain Learnings**
  - % of beneficiaries indicating they have a plan to continue improving knowledge or health-related behaviour

Results

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>160</td>
<td>91</td>
</tr>
</tbody>
</table>

Insights

1. **Access and Experience.** Women are slightly more likely to report accessing a service like the Kilkari calls for the first time (96% vs. 92%). They also report higher satisfaction than men, indicated by the higher NPS (82 vs. 74).

These results are unsurprising considering the Kilkari calls are primarily intended for women, who are generally less likely to have access to digital services. First access is typically observed to be linked with high satisfaction levels.

2. **Impact.** Men are more likely to report 'very much improved' quality of life because of the Kilkari calls than women (66% vs. 59%). They are also more likely to have plans to sustain their learnings than women (30% vs. 25%).

Looking at the quality of life improvements, men are more likely to report increased knowledge about childcare (26% vs. 16%), and women are more likely to report improvements in their child’s diet (61% vs. 46%).

This could be because men are typically not as familiar with childcare, therefore more likely to value gaining knowledge about it and continue learning. Women tend to socially be more nurturing and caring, thus more likely to associate improvements in their child’s health with their own quality of life.
Appendix
## Detailed Impact Performance

Performance Relative to Benchmark indicates where ARMMAN - Kilkari falls in the ranking relative to other companies in the health sector:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>ARMMAN - Kilkari</th>
<th>60dB Health Sector Benchmark</th>
<th>60dB India Benchmark</th>
<th>60dB Global Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Profile</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>% of female beneficiaries</td>
<td>64%</td>
<td>73%</td>
<td>27%</td>
<td>41%</td>
</tr>
<tr>
<td>First Access</td>
<td>% accessing service for the first time</td>
<td>95%</td>
<td>53%</td>
<td>68%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Promoter Score</td>
<td>NPS, on a scale -100 to 100</td>
<td>78</td>
<td>41</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>No Challenges</td>
<td>% experiencing challenges</td>
<td>6%</td>
<td>15%</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Life</td>
<td>% ‘very much improved’ quality of life</td>
<td>63%</td>
<td>48%</td>
<td>21%</td>
<td>35%</td>
</tr>
</tbody>
</table>

More information on the 60dB benchmarks below:

**60dB Health Sector Benchmark**
- # companies: 18
- # respondents: 5,235

**60dB India Benchmark**
- # companies: 85
- # respondents: 19,003

**60dB Global Benchmark**
- # companies: 509
- # respondents: 149,893
Staff Quiz Results

You can find the quick and fun online quiz we made for ARMMAN here. 6 people completed the quiz.

How well does ARMMAN know its Kilkari beneficiaries?

Questions the Team Answered

1. % of beneficiaries reporting ‘all of’ the information that they received from the Kilkari calls was easy to understand
   - Guess: 17%
   - Actual: 87%

2. % of beneficiaries saying that their knowledge of childcare improved because of the Kilkari calls
   - Guess: 40%-60%
   - Actual: 98%

3. % of beneficiaries experiencing an improvement in the way they care for their child because of the Kilkari calls
   - Guess: 40%-60%; 60%-80%
   - Actual: 97%

4. Primary factor that could help beneficiaries use healthcare services more
   - Guess: Better support from ASHA workers; Free services
   - Actual: Free services

5. How likely are beneficiaries be Promoters (i.e. to give a rating of 9 or 10 and recommend to a friend/family member) of the Kilkari Calls
   - Guess: 17%
   - Actual: 83%

Thank you to
> Prachi, Amrita, Kruti, Biswabandita, Bhuvaneswari, and Madhu
For taking the staff quiz!

Congratulations to
> Kruti
who answered the most questions correctly!
Methodology

About the 60 Decibels Methodology

Between December and January 2023, 60 Decibels' trained researchers conducted 251 phone interviews with ARMMAN’s Kilkari call beneficiaries. The beneficiaries were randomly selected from a random stratified (by state) sample of ARMMAN’s Kilkari Child-pack database of beneficiaries who:

- Listened to the Kilkari calls between September 2021-February 2022
- Listened to more than 50% of the content of the calls

Here is the breakdown of how we collected this data:

<table>
<thead>
<tr>
<th>Country</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent Population</td>
<td>35,39,385</td>
</tr>
<tr>
<td>- Odisha</td>
<td>17,53,133 (50%)</td>
</tr>
<tr>
<td>- Assam</td>
<td>17,86,252 (50%)</td>
</tr>
<tr>
<td>InterviewsCompleted</td>
<td>251</td>
</tr>
<tr>
<td>- Odisha</td>
<td>126 (50%)</td>
</tr>
<tr>
<td>- Assam</td>
<td>125 (50%)</td>
</tr>
<tr>
<td>ResponseRate</td>
<td>70%</td>
</tr>
<tr>
<td>Languages</td>
<td>Assamese and Odia</td>
</tr>
<tr>
<td>Average Survey Length</td>
<td>17 mins</td>
</tr>
<tr>
<td>Confidence Level</td>
<td>90%</td>
</tr>
<tr>
<td>Margin of Error</td>
<td>5%</td>
</tr>
</tbody>
</table>

Calculations and Definitions

For those who like to geek out, here’s a summary of some of the calculations we used in this report.

Metric | Calculation
--- | ---
Net Promoter Score⁹ | The Net Promoter Score (NPS) is a common gauge of client satisfaction and loyalty. It is measured by asking clients to rate their likelihood to recommend a service to a friend of family member on a scale of 0 to 10, where 0 is least likely and 10 is most likely. The NPS is the % of clients rating 9 or 10 out of 10 (‘Promoters’) minus the % of clients rating 0 to 6 out of 10 (‘Detractors’). Those rating 7 or 8 are considered ‘Passives’. 
Ideas for How to Use these Results

Here are ideas for ways to engage your team and use these results to fuel discussion and inform decisions.

Review Your Results

☐ Review your results and qualitative beneficiary responses. There’s a lot of interesting feedback in there!

Engage Your Team

☐ Send the report to your team & invite feedback, questions and ideas. Sometimes the best ideas come from unexpected places!

☐ Set up a team meeting & discuss what’s most important, celebrate the positives, and identify next steps.

Spread The Word

☐ Reach a wider audience on social media & show you’re invested in your beneficiaries.

Close The Loop

☐ We recommend posting on social media/website/blasting an SMS saying a ‘thank you to everyone who took part in the recent survey with our research partner 60 Decibels, your feedback is valued, and as a result, we’ll be working on XYZ’ (edited)

☐ After reading this report, don’t forget to let us know what you thought here!

Take Action!

☐ Collate ideas from team into an action plan including responsibilities.

☐ Keep us updated, we’d love to know what changes you make based on these insights.

☐ Set up the next Lean Data project – we recommend checking in again in 6 to 12 months.
“I learnt many things - from when to take my child for vaccination to dietary plans that children should follow. Kilkari led me to become “a proper mother.””

- Female, 55
About 60 Decibels

We’re a tech-enabled impact measurement company, working in over 50 countries worldwide. Our repeatable, standardized approach to gathering data allows us to gather robust impact indicators and rich graduate insights direct from end users. We also provide genuine benchmarks of impact performance, enabling our clients to understand their impact relative to peers and to make informed decisions regarding how to improve their impact. Our clients include over 350 of the world’s leading impact investors, companies, foundations, corporations, NGOs, and public sector organizations.

Thank You For Working With Us!

Let’s do it again sometime.
We’d love to hear your feedback on working with 60dB; take 5 minutes to fill out our feedback survey here!

Stay In Touch
Please sign up for The Volume, our monthly collection of things worth reading.

Acknowledgments

Thank you to Kruti Dalal and Bhuvaneswari Sunil for their support throughout the project. This work was generously sponsored by LGT VP and ARMMAN.

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