ARMMAN
Mobile Academy
Impact Performance Report
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</tbody>
</table>
About This Report

This report is designed to provide you with an in-depth understanding about the ASHAs who listened to the Mobile Academy Training Course 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 154 ASHAs from Odisha and Assam, in India. These interviews were conducted by 60 Decibels trained researchers. We really enjoyed hearing from the ASHAs – they had a lot to say!

We employed a stratified (by state) random sampling method to select respondents. 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.

154 ASHAs interviewed, 100% were female.

“
I have gained knowledge that is very important to work as an ASHA. The course included new things which we were not aware of earlier. I try to put the things I learnt into practice, and I tell people the ways that we were taught in the course. - Female, 43
60dB Perspective

Top Insights

1 ASHAs are very satisfied with the Mobile Academy Training Course.

The Mobile Academy training has a Net Promoter Score—a common gauge of satisfaction and loyalty—of 94, which is excellent. The top satisfaction drivers include the practical elements of the training (38%) and ASHAs learning new and useful information (33%). Over 8 in 10 ASHAs find the training to be ‘very useful’. Most found ‘all’ of it easy to understand and apply to their work. Keep up the good work to maintain high satisfaction levels among the ASHAs!

See pages: 11, 12, 14.

2 The training is helping ASHAs perform their role better and feel empowered.

Almost all ASHAs report that their way of doing the job has improved because of the Mobile Academy training. 2 in 3 of those who report improvements mention gaining knowledge about health and childcare. Almost all ASHAs report improved communication skills, ability to influence the behaviour of women they serve, and feel more empowered. Improvements in ASHAs’ individual level abilities are likely contributing towards improvements in the quality of care provided by ASHAs at the ecosystem level.

See pages: 18, 19.

3 ASHAs perceive a positive trickle-down impact of their learnings on the women they serve.

Nearly 4 in 5 ASHAs believe that the information they provide to women in the community is ‘very useful’. Over 4 in 5 report that the women they serve have increased their uptake of regular check-ups and emergency care. This is in line with the Kilkari beneficiaries’ self-reported data, who also primarily talk about having increased their uptake of these two services. These results are encouraging and would likely reduce the chances of maternal and child mortality and morbidity.

See page: 20.

4 Impact is deeper in Assam, satisfaction is higher in Odisha.

Compared to ASHAs in Odisha, those in Assam are more likely to report significant improvements across all key expected impact outcomes of the Mobile Academy Training— their ability to communicate with the women they serve (67% vs. 83%), ability to influence behaviour change among women (55% vs. 79%), and feelings of empowerment (67% vs. 83%).

Looking at overall experience with the training, ASHAs in Odisha report higher satisfaction (NPS: 98 vs. 86) and fewer challenges (3% vs. 21%), than those in Assam.

See page: 23.

Recommendations

1 Facilitate peer learning among ASHAs to help more of them sustain their learnings.

7 in 10 ASHAs report having a plan to continue communicating their learnings effectively with the women they serve—they talk about holding awareness programs, motivating more women to avail health services, and ensuring regular visits in the community.

Can ARMMAN facilitate knowledge sharing among ASHAs and help those without a plan leverage ideas shared by their peers to sustain their learnings? This would not only deepen impact on ASHAs, but also the trickle-down the impact on the women they serve.

See pages: 21.

2 Incorporate suggestions coming directly from ASHAs.

When asked about how the Mobile Academy training can be improved, 2 in 5 shared suggestions. They want more frequent trainings, a certification for successfully completing the training, and more frequent quiz games. 3 in 4 ASHAs found the quiz games to be ‘very helpful’.

These suggestions point towards ASHAs’ desire to feel recognized more professionally in the healthcare ecosystem and continue building their knowledge.

See pages: 21.
Performance Snapshot

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

Benchmark Overview

<table>
<thead>
<tr>
<th>Health sector</th>
<th>Focus</th>
<th>Companies</th>
<th>Voices listened to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>18</td>
<td>5,235</td>
</tr>
</tbody>
</table>

Performance vs 60dB Benchmarks

- 🟣🟣🟣🟣 BOTTOM 20%
- 🟢🟢🟤🟣 BOTTOM 40%
- 🟢🟢🟢🟣 MIDDLE
- 🟢🟢🟢🟢 TOP 40%
- 🟢🟢🟢🟢🟢 TOP 20%

👩‍💼 Who are you reaching?

<table>
<thead>
<tr>
<th>ARMMAN – Mobile Academy</th>
<th>Benchmark Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>100%</td>
</tr>
<tr>
<td>Accessing a similar training for the first time</td>
<td>89%</td>
</tr>
</tbody>
</table>

👉 How satisfied are ASHAs?

| Net Promoter Score | 94 |
| % experiencing challenges | 9% |

60_decibels
01: Profile

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

The key indicators in this section are:

- **Years of Service**: How long have the ASHAs been in service for?

- **First Access**: What proportion of the ASHAs are accessing a service like the Mobile Academy Training Course for the first time?

- **Phone Ownership and Type**: What types of phones are ASHAs using and who are they sharing it with?
A typical ASHA who has completed the Mobile Academy training is a 43-year-old female, living in a household of 5 members.

### Demographics
(n = 154 | Female = 154, Male = 0 | Odisha = 102, Assam = 52)

<table>
<thead>
<tr>
<th>Gender Breakdown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>100%</td>
</tr>
<tr>
<td>Male</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### Household Size
4.7 People

#### Gender of Household Head

<table>
<thead>
<tr>
<th>Gender of Household Head</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>16%</td>
</tr>
<tr>
<td>Male</td>
<td>84%</td>
</tr>
</tbody>
</table>

#### Time Since Completing Training

<table>
<thead>
<tr>
<th>Time Since Completing Training</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 months ago</td>
<td>14%</td>
</tr>
<tr>
<td>Between 3-6 months ago</td>
<td>53%</td>
</tr>
<tr>
<td>Between 7-12 months ago</td>
<td>25%</td>
</tr>
<tr>
<td>More than 1 year ago</td>
<td>8%</td>
</tr>
</tbody>
</table>

#### Age Distribution

58 Eldest
90% between 32 - 55
43 Average
26 Youngest

#### State Breakdown

<table>
<thead>
<tr>
<th>State Breakdown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>66%</td>
</tr>
<tr>
<td>Assam</td>
<td>34%</td>
</tr>
</tbody>
</table>

#### ASHAs’ Education Level

<table>
<thead>
<tr>
<th>ASHAs’ Education Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1%</td>
</tr>
<tr>
<td>Primary schooling</td>
<td>14%</td>
</tr>
<tr>
<td>Lower secondary schooling</td>
<td>59%</td>
</tr>
<tr>
<td>Upper secondary schooling</td>
<td>21%</td>
</tr>
<tr>
<td>Tertiary schooling</td>
<td>5%</td>
</tr>
</tbody>
</table>
More than half of the ASHAs are very experienced, working for 15-20 years in the service.

Years of Service as ASHA

Q: How many years have you been working as an ASHA did you work for? (n = 154 | Odisha = 102, Assam = 52)

Average No. of Years: 13

<table>
<thead>
<tr>
<th>Years</th>
<th>Overall</th>
<th>Odisha</th>
<th>Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 5</td>
<td>10%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>5 - 9 years</td>
<td>14%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>10 - 14 years</td>
<td>21%</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>15 - 20 years</td>
<td>56%</td>
<td>51%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Discussion Question

Compared to ASHAs in Odisha, those in Assam are more experienced with 15-20 years in the service. Among those with fewer years of experience (below 5 years), the majority are ASHAs from Assam. Are these results in line with expectations?

Most ASHAs report not having prior access to a training like Mobile Academy.

First Access

Q: Before using the Mobile Academy Training Course, did you have access to a similar mobile based training program? (n = 154 | Odisha = 102, Assam = 52)

Yes | No
---|---
88% | 12%
90% | 10%
89% | 11%

<table>
<thead>
<tr>
<th>State</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>88%</td>
<td>12%</td>
</tr>
<tr>
<td>Assam</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>Overall</td>
<td>89%</td>
<td>11%</td>
</tr>
</tbody>
</table>

TOP 20% - 60dB Benchmark
Almost all ASHAs report that they are the owners of the phone they use to listen to the Mobile Academy training.

**Phone Ownership**

Q: Are you the owner of the phone that you use to listen to the Mobile Academy Training Course? (n = 154 | Odisha = 102, Assam = 52)

<table>
<thead>
<tr>
<th>Region</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Assam</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>Overall</td>
<td>97%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Phone Sharing**

Q: Who do you share this phone with? (n = 3)

- Spouse: 1
- Another male household member: 1
- Another female household member: 1

Roughly 6 in 10 ASHAs report using a smartphone to listen to the training.

**Phone Type**

Q: Which type of phone is it? Is it a... (n = 154 | Odisha = 102, Assam = 52)

<table>
<thead>
<tr>
<th>Phone Type</th>
<th>Overall</th>
<th>Odisha</th>
<th>Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smartphone</td>
<td>62%</td>
<td>66%</td>
<td>53%</td>
</tr>
<tr>
<td>Feature phone with internet connection</td>
<td>10%</td>
<td>8%</td>
<td>23%</td>
</tr>
<tr>
<td>Basic phone with no internet connection</td>
<td>28%</td>
<td>26%</td>
<td>33%</td>
</tr>
</tbody>
</table>
02: Experience

If your ASHAs are unhappy, it’s unlikely they will continue to use Mobile Academy or recommend it to others.

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

The key indicators in this section are:

- **Training Effectiveness**: How useful, easy to understand, and applicable was the Mobile Academy Training?

- **Net Promoter Score**: How likely are ASHAs to recommend the Mobile Academy training to another ASHA?

- **% Experiencing Challenges**: What proportion of ASHAs experience challenges with the Mobile Academy training?
Over 8 in 10 ASHAs found the training across all topics to be 'very useful'.

**Usefulness of Training**

Q: How useful was the training-information that you received from the Mobile Academy Training Course? Training-information relating to… (n = 154)

<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>Antenatal and postnatal care</td>
<td>85%</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injections / Vaccinations</td>
<td>91%</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td>87%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet for the child</td>
<td>91%</td>
<td>8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td>85%</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Over 8 in 10 ASHAs found 'all' of the training easy to understand.

**Ease of Understanding Training**

Q: How much of the training-information you received from the Mobile Academy Training Course was easy to understand? (n = 154) (Odisha = 102, Assam = 52)

<table>
<thead>
<tr>
<th>Location</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>8%</td>
<td>77%</td>
<td>12%</td>
<td>92%</td>
</tr>
<tr>
<td>Assam</td>
<td>19%</td>
<td>87%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>12%</td>
<td>77%</td>
<td>19%</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Discussion Question**

ASHAs in Odisha are more likely to find 'all' the training easy to understand than those in Assam. What could be driving this difference - could it be the language of the course content, making it more easily understandable in one state over the other, or something else?
Most ASHAs are able to apply ‘all’ of the training they received across all topics to their work.

Application of Training

Q: How much of the training-information you received from the Mobile Academy Training Course were you able to apply to your work as an ASHA? Training-information relating to... (n = 154)

<table>
<thead>
<tr>
<th>Topic</th>
<th>96%</th>
<th>95%</th>
<th>93%</th>
<th>96%</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenal and postnatal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injections / Vaccinations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet for the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of those who did not apply ‘all’ the training, they primarily report difficulty in communicating with the women they serve.

Barriers in Applying Training

Q: Would you mind sharing what prevented you from applying all the training-information? (n=18*). Open-ended, coded by 60 Decibels.

<table>
<thead>
<tr>
<th>Barrier</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty in communication</td>
<td>12</td>
</tr>
<tr>
<td>ASHAs' limited ability to understand</td>
<td>4</td>
</tr>
<tr>
<td>Lack of time with mothers</td>
<td>2</td>
</tr>
<tr>
<td>Language barrier</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

*Note: This question was asked only to those who reported not applying all of the training-information.

“Despite explaining, I am not able to get through to some villagers. There’s a gap between what I want to tell them and what needs to be said. - Female, 39
3 in 4 ASHAs found the quiz games to be ‘very helpful’ in building their knowledge and continuing the lessons.

Helpfulness of Quiz Games
Q: Were the quiz games after every lesson helpful or unhelpful in building your knowledge and continuing the lessons? (n = 154 | Odisha = 102, Assam = 52)

- Odisha: 72% Very helpful, 11% somewhat helpful, 28% not helpful at all
- Assam: 87% Very helpful, 11% somewhat helpful, 22% not helpful at all
- Overall: 77% Very helpful, 22% somewhat helpful, 8% not helpful at all

Of those who did not find quiz games helpful, most said that there were too few questions.

Reasons for Quiz Games being Unhelpful
Q: Why were they not very helpful? (n = 36*)

- Too few questions: 64%
- Easy questions: 44%
- Time consuming: 8%
- Difficult questions: 6%
- Unnecessary: 6%
- Too many questions: 3%
- Other: 6%

“I don't know English at all. When at the end they asked questions, I could not answer them.”
- Female, 55

*Note: This question was asked only to those who reported that quiz games were not helpful.
Mobile Academy has an NPS of 94, 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 Mobile Academy Training Course to another ASHA, where 0 is not at all likely and 10 is extremely likely? (n = 152)

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

The score can range from -100 to 100. Mobile Academy has a NPS of 94, which is high class.

<table>
<thead>
<tr>
<th>Segments</th>
<th>NPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odisha</td>
<td>98</td>
</tr>
<tr>
<td>Assam</td>
<td>86</td>
</tr>
</tbody>
</table>

Promoters value receiving practical guidance and new information, Detractors want advanced courses.

95% are Promoters 😊
4% are Passives 😐
1% are Detractors 😞

They love:
1. Practical guidance (40% of Promoters/38% of all respondents)
2. New and useful information (34% of Promoters/33% of all respondents)
3. Quizzes and Q&A sessions (27% of Promoters/29% of all respondents)

They like:
1. New and useful information (1 respondent)

But complain about:
1. Difficulty in using mobile phone (3 respondents)

They want:
1. Advanced courses (2 respondents)
Promoters in Odisha value receiving practical guidance the most, followed by quizzes and Q&A sessions.

98% are Promoters 😊

They love:
1. Practical guidance (44% Odia Promoters / 43% of Odia respondents)
2. Quizzes and Q&A sessions (33% Odia Promoters / 32% of Odia respondents)
3. New and useful information (31% Odia Promoters / 30% of Odia respondents)

2% are Passives 😞

They like:
1. New and useful information (1 respondent)

But complain about:
1. Difficulty in using a mobile (1 respondent)

Promoters in Assam value learning new information the most, followed by refresher trainings and practical guidance.

90% are Promoters 😊

They love:
1. New and useful information (42% of Assamese Promoters / 37% of Assamese respondents)
2. Receiving refresher trainings (31% of Assamese Promoters / 27% of Assamese respondents)
3. Practical guidance (31% Assamese Promoters / 27% of Assamese respondents)

6% are Passives 😞

They complain about:
1. Difficulty in using mobile phone (2 respondents)
2. Not learning anything new (1 respondent)

4% are Detractors 😞

They want:
1. Advanced courses (2 respondents)
Nearly a tenth of the ASHAs report facing a challenge with the training.

Proportion of ASHAs Reporting Challenges
Q: Have you experienced any challenges with the Mobile Academy Training Course? (n = 154)

ASHAs in Odisha are less likely to report facing challenges than those in Assam (3% vs. 21%). This also aligns with their NPS (page 14), with ASHAs in Odisha reporting higher satisfaction with the training than those in Assam.

Of those who report challenges, the most common one is about issues with using mobile phones or the internet.

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

8 talk about issues with using a mobile or internet
4 mention not getting a certificate
2 talk about difficulty in understanding the course content

“
I faced issues with network connection and sometimes the call got disconnected. I could not complete a few sessions at the end.
- Female, 48
03: Impact

We believe that the best way to understand the social impact that you are having, is to simply ask ASHAs whether their way of doing the job has changed as a result of the Mobile Academy Training, and if so, how.

In addition to changes in ASHAs’ way of doing their job, this section shows you the degree to which you are impacting professional skills and their perception of women’s uptake of health services.

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

The key indicators in this section are:

- **Way of Doing Job**: To what extent has the way of doing their job as an ASHA changed as a result of the Mobile Academy training?
- **Changes in Skills**: How do ASHAs feel about their communication skills and ability to influence women’s health-related behaviours?
- **Perception of Women’s Uptake of Good Health Behaviours & Services**: How much do ASHAs believe that women have adopted good health-related behaviours and services?
Almost all ASHAs report that the way of doing their job has improved because of Mobile Academy.

Changes in Way of Doing Job

Q: Has your way of doing your job changed because of the training-information you received from the Mobile Academy Training course? Has it? (n = 154 | Odisha = 102, Assam = 52)

- Got much worse
- Got slightly worse
- No change
- Slightly improved
- Very much improved

98% say their quality of life has improved

Insight

Compared to ASHAs in Odisha, those in Assam are more likely to report improved communication skills (15% vs. 54%) and greater confidence in their abilities (34% vs. 50%). Considering these skills are critical to how ASHAs do their job, these could be driving a higher proportion of significant improvements in Assam compared to Odisha.

Top self-reported outcomes for 98% of ASHAs who say their way of doing the job improved.

Way of doing Job Improved

Q: How has your way of doing your job improved? (n =151 | Odisha = 101, Assam = 50). Open-ended, coded by 60 Decibels.

<table>
<thead>
<tr>
<th>Top outcomes</th>
<th>Total</th>
<th>Odisha</th>
<th>Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved knowledge about health and childcare</td>
<td>64%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Higher confidence in themselves and their abilities</td>
<td>33%</td>
<td>34%</td>
<td>50%</td>
</tr>
<tr>
<td>Improved communication skills</td>
<td>28%</td>
<td>15%</td>
<td>54%</td>
</tr>
<tr>
<td>Greater clarity about job responsibilities</td>
<td>19%</td>
<td>22%</td>
<td>12%</td>
</tr>
<tr>
<td>Ability to create more vaccination-related awareness</td>
<td>12%</td>
<td>15%</td>
<td>6%</td>
</tr>
</tbody>
</table>
Almost all ASHAs report improvements in their ability to communicate and feelings of empowerment to perform the role.

**Changes in Communication Skills**

Q: Has your ability to communicate with the women you serve changed because of the Mobile Academy Training Course? (n = 154 | Odisha = 102, Assam = 52)

- Odisha: 32% Very much improved, 83% Slightly improved, 67% No change, 17% Got slightly worse, 27% Got much worse
- Assam: 32% Very much improved, 83% Slightly improved, 67% No change, 17% Got slightly worse, 27% Got much worse
- Overall: 32% Very much improved, 83% Slightly improved, 72% No change, 17% Got slightly worse, 27% Got much worse

99% say it improved

**Perception of Empowerment to Perform the Role**

Q: Has your feeling of empowerment in your role as an ASHA changed because of the Mobile Academy Training Course? (n = 154 | Odisha = 102, Assam = 52)

- Odisha: 32% Very much improved, 83% Slightly improved, 67% No change, 17% Got slightly worse, 27% Got much worse
- Assam: 32% Very much improved, 83% Slightly improved, 67% No change, 17% Got slightly worse, 27% Got much worse
- Overall: 32% Very much improved, 83% Slightly improved, 72% No change, 17% Got slightly worse, 27% Got much worse

99% say it improved

All ASHAs say that their ability to influence women’s behaviour in the community has improved because of the training.

**Ability to Influence Behaviour Change in Community**

Q: Has your ability to influence women’s behaviour changed because of the Mobile Academy Training Course? (n = 154 | Odisha = 102, Assam = 52)

- Odisha: 45% Got much worse, 55% Got slightly worse, 79% No change, 21% Slightly improved, 37% Very much improved
- Assam: 45% Got much worse, 55% Got slightly worse, 79% No change, 21% Slightly improved, 37% Very much improved
- Overall: 45% Got much worse, 55% Got slightly worse, 63% No change, 21% Slightly improved, 37% Very much improved
Almost all ASHAs believe the information they provide to women is useful and observe positive changes in their health behaviours.

Perceived Usefulness of Training Provided to Women
Q: In your opinion, how useful is the training-information you provide to women after completing the Mobile Academy Training Course? (n = 154 | Odisha = 102, Assam = 52)

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not useful at all</td>
<td>28%</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Not really useful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat useful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very useful</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>89%</td>
<td>77%</td>
<td></td>
</tr>
</tbody>
</table>

Changes in Women’s Health-related Behaviour
Q: To what extent, do you agree or disagree with the following statement: I have seen positive changes in women’s health-related behaviours after completing the Mobile Academy Training Course. (n = 154 | Odisha = 102, Assam = 52)

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>46%</td>
<td>23%</td>
<td>38%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somewhat agree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly agree</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>53%</td>
<td>75%</td>
<td>60%</td>
<td>98% agree</td>
</tr>
</tbody>
</table>

Overall, over 8 in 10 ASHAs report that the women they serve have increased their uptake of regular check-ups and emergency care.

Uptake of Health Services
Q: Have you noticed an uptake in any of the following health services by the women you serve? (n = 154 | Odisha = 102, Assam = 52). Multi-select question.

<table>
<thead>
<tr>
<th>Service</th>
<th>Odisha</th>
<th>Assam</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular check-ups</td>
<td>95%</td>
<td>99%</td>
<td>87%</td>
</tr>
<tr>
<td>Emergency care</td>
<td>83%</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>Contraception</td>
<td>73%</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Other (11%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other includes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Vaccination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pre-natal and Post-natal care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7 in 10 ASHAs have a plan to sustain their learnings to continue communicating effectively with the women they serve.

**Plan to Sustain Learnings**

Q: How do you plan to continue communicating effectively with women about what you have learnt from the Mobile Academy Training Course? (n = 154 | Odisha = 102, Assam = 52)

![Bar chart showing the percentage of ASHAs with plans to sustain learnings in Odisha, Assam, and overall.]

- Odisha: 43% Do not have a plan, 57% Have a plan
- Assam: 6% Do not have a plan, 94% Have a plan
- Overall: 30% Do not have a plan, 70% Have a plan

**Top Reported Plans to Sustain Learnings** (n = 107). Open-ended question, coded by 60 Decibels.

- Hold awareness programs: 27%
- Encourage women to avail health services: 26%
- Ensure regular visits to women: 22%
- Organise health or vaccination camps: 18%
- Refer to training notes: 6%
- Learn from colleagues: 4%
- Other: 7%

2 in 5 ASHAs have suggestions for improvement. They most commonly ask for more frequent trainings.

**Suggestions for Improvement**

Q: What about the Mobile Academy Training Course can be improved? (n = 154)

- Increase training frequency: 10%
- Issue certification: 9%
- Increase frequency of quiz games: 7%
- Provide more information: 4%
- Make the training more practical: 3%
- Other: 12%
- None: 59%

“Training should be more regular, and the quiz sessions should be done every month.
- Female, 47
04: Segmentation Analysis

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

This section disaggregates results by state across five key indicators introduced in previous sections.

The key indicators in this section are:

- Net Promoter Score
- Ability to Communicate with Women
- Feelings of Empowerment
- Ability to Influence Behavior Change
- Positive Changes in Women's Behavior
- Plans to Communicate Effectively
While impact is deeper in Assam, ASHAs in Odisha report higher satisfaction with the training.

State segmentation analysis

**Key**

- **Net Promoter Score (NPS)**
  Scale -100 to 100

- **Ability to Communicate with Women**
  % of ASHAs reporting ‘very much improved’ ability to communicate

- **Feelings of Empowerment**
  % of ASHAs reporting ‘very much improved’ feelings of empowerment

- **Ability to Influence Behavior Change**
  % of ASHAs reporting ‘very much improved’ ability to influence behavior change

- **Positive Changes in Women’s Behaviour**
  % of ASHAs ‘strongly agreeing’ to observing positive changes in women’s health behaviour

- **Plans to Sustain Learnings**
  % of ASHAs indicating they have a plan to continue communicating their learnings effectively with the women they serve

**Results**

<table>
<thead>
<tr>
<th></th>
<th>Odisha</th>
<th>Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Promoter Score (NPS)</td>
<td>98</td>
<td>86</td>
</tr>
<tr>
<td>Ability to Communicate with Women</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>Feelings of Empowerment</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td>Ability to Influence Behavior Change</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Positive Changes in Women’s Behaviour</td>
<td>53%</td>
<td>83%</td>
</tr>
<tr>
<td>Plans to Sustain Learnings</td>
<td>79%</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Insight**

The higher satisfaction levels expressed by ASHAs in Odisha than Assam (NPS: 98 vs. 86) are also linked with the ease of understanding the training. 92% of ASHAs in Odisha found ‘all’ the training easy to understand compared to 77% of those in Assam. This could also explain why ASHAs in Odisha are less likely to face challenges with the training than those in Assam (3% vs. 21%).
Appendix
Detailed Impact Performance

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>ARMMAN – Mobile Academy</th>
<th>60dB Health Sector Benchmark</th>
<th>60dB India Benchmark</th>
<th>60dB Global Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profile</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>% of ASHAs who are female</td>
<td>100%</td>
<td>73%</td>
<td>27%</td>
<td>41%</td>
</tr>
<tr>
<td>First Access</td>
<td>% accessing training for the first time</td>
<td>89%</td>
<td>53%</td>
<td>68%</td>
<td>65%</td>
</tr>
<tr>
<td>Experience</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>94</td>
<td>41</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>Challenges</td>
<td>% experiencing challenges</td>
<td>9%</td>
<td>15%</td>
<td>19%</td>
<td>20%</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 the ASHAs who completed the Mobile Academy Training Course?

Questions the Team Answered

- Most common answer when ASHAs were asked if their way of doing the job has improved because of the training.
  
  **Guess:** 40% - 60%, 60% - 80%, 80% - 100%
  **Actual:** 98%

- Most common answer when ASHAs were asked if the quiz games were helpful.
  
  **Guess:** 80% - 100%
  **Actual:** 99%

- Most common answer when ASHAs were asked if they noticed positive changes in women’s health related behaviour after the training.
  
  **Guess:** 60% - 80%
  **Actual:** 98%

- Most common answer when ASHAs were asked if they improved their ability to communicate with the women they serve after the training.
  
  **Guess:** 60% - 80%
  **Actual:** 99%

- Most common answer when ASHAs were asked how likely were they to recommend the training to another ASHA.
  
  **Guess:** Promoter
  **Actual:** Promoter

Thank you to
> Prachi, Amrita, Kruti, Biswabandita, Bhuvaneswari, and Madhu

Congratulations to
> Prachi and Kruti

who answered the most questions correctly!
Methodology

About the 60 Decibels Methodology

Between December 2022 and January 2023, 60 Decibels' trained researchers conducted 154 phone interviews with ASHAs. The ASHAs were randomly selected from a random stratified (by state) sample of ARMMAN’s database of ASHAs who completed the Mobile Academy training between September 2021-August 2022.

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>34,408</td>
</tr>
<tr>
<td>- Odisha</td>
<td>22,862 (66%)</td>
</tr>
<tr>
<td>- Assam</td>
<td>11,546 (34%)</td>
</tr>
<tr>
<td>Interviews Completed</td>
<td>154</td>
</tr>
<tr>
<td>- Odisha</td>
<td>102 (66%)</td>
</tr>
<tr>
<td>- Assam</td>
<td>52 (34%)</td>
</tr>
<tr>
<td>Response Rate</td>
<td>73%</td>
</tr>
<tr>
<td>Languages</td>
<td>Assamese, Odia &amp; English</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>7%</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 Score**

  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 product/service to a friend or 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 the ASHAs you serve.

**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)
- If you can, call back the ASHAs with challenges and/or complaints to find out more and show you care.
- 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.
“
My value and place in society has improved since I became an ASHA. I am needed here. Being able to communicate crisply with my people has led them to trust me.
- Female, 52
About 60 Decibels

60 Decibels is a global, tech-enabled impact measurement company that brings speed and repeatability to social impact measurement and customer insights. We provide genuine benchmarks of impact performance, enabling organizations to understand impact relative to peers and set performance targets. We have a network of 1,000+ researchers in 80+ countries and have worked with more than 800 of the world’s leading impact investors, companies, foundations, corporations, NGOs, and public sector organizations. 60 Decibels makes it easy to listen to the people who matter most.

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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 LGTVP and ARMMAN.