The Antara Foundation

Impact Performance Report

Community Health Worker Insights

The Antara Foundation

60__decibels

Contents

About This Report 03

60dB Perspective: Top Insights 04

01: Profile 06

02: Impact 10

03a: Experience - Intervention 19

03b: Experience - Comparison 24

Appendix 29

About 60 Decibels 35

About This Report

This report is designed to provide an in-depth understanding of the community health workers (CHWs) that serve in the healthcare ecosystem in India. The interviews aimed at studying their profile, the outcomes they experience, how satisfied they are, and how you can accelerate your impact.

The insights are based on phone interviews with 248 CHWs. These interviews were conducted by 60 Decibels trained researchers. We really enjoyed hearing from the CHWs – they had a lot to say!

We employed a random sampling method to select respondents. To learn more about our methodology, head to the Appendix.

To provide directional trends on how The Antara Foundation's intervention is making a difference in the day-to-day work of CHWs, 60 Decibels sampled two groups of CHWs:

1. **Intervention Group**: CHWs who have completed the Akshita Karyakram training program.
2. **Comparison Group**: CHWs who have recently been enrolled into the training and have not yet completed it.

We spoke with **four cadres of CHWs**: Auxillary Nurse Midwife (ANM), Anganwadi Worker (AWW), Accredited Social Health Activist (ASHA) and Community Health Officer (CHO).

Questions that were identical and asked to both groups have been shown as comparative charts.

To contextualize your results, you can see how impact on your CHWs compares to that of CHWs in the comparison group in the Performance Snapshot (Page 5). You can also see how your performance compares to other health sector organizations in the Appendix.

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

248 CHWs interviewed.

126 were from the intervention group, 122 from the comparison group.

> "This is the best health care program because it solves all health issues of the needy, by providing knowledge to recognize high risk beneficiaries. It also provides a good platform to work."
>
> – ASHA, Female, 39

60dB Perspective

Top Insights

1 CHWs highly value the Akshita Karyakram training and the AAA Platform.

8 in 10 CHWs report that they did not have prior access to a similar training and platform as the AAA. Most (93%) could not find a good alternative to the platform, suggesting that TAF is providing a unique service. The Net Promoter Score – a common gauge of satisfaction and loyalty – for the AAA Platform is 89, which is excellent. CHWs value the avenue to learn new skills (44%), maintaining accurate data records (29%), and the teamwork across cadres (29%). This reinforces TAF's unique value proposition in the ecosystem. 9 in 10 mention that the training is useful to their work and aligns well with their current role. This is great news!

See pages: 9, 20, 21.

2 The training has a direct impact on CHWs' ability to provide care to beneficiaries.

Almost all CHWs report an improvement in their way of providing care to beneficiaries, with 8 in 10 reporting significant improvements. Looking at the top reported improvements: while the most commonly reported one is appropriate identification of cases and counselling (33%), improved technical skills is ranked as the most important and material improvement by CHWs.

They 'strongly agree' to being able to better prioritize high-risk beneficiaries (92%) and using data to provide targeted care (90%).

See pages: 16, 17, 18.

3 Accuracy of data records appears to be a key driver of CHWs' confidence in their abilities to do the job.

Across both the intervention and comparison groups, CHWs who report they are 'very confident' in their abilities are more likely to say their data 'always' matches with those of their peers, than those who are not as confident (70% vs. 31%). Among the intervention group, those who feel 'very confident' are also more likely to say their supervisor 'always' reviews their data, compared to those who feel 'somewhat confident' (85% vs. 50%). These two results combined seem to drive high confidence levels among CHWs and speak to the power of the AAA Platform's emphasis on data matching and maintenance of rationalized registers.

See pages: 12, 13, 18.

4 Supervisors view CHW performance differently, compared to CHWs' perception of their own abilities.

92% of CHWs 'strongly agree' to providing timely referrals to beneficiaries, compared to only 67% of the supervisors. Compared to supervisors, a higher proportion of CHWs say their data 'always' matches with those of their peers (68% vs. 53%).

Among the intervention groups, both supervisors and CHWs seem to have similar views about conducting joint house visits, using data to provide targeted care, and prioritization of high-risk beneficiaries. This could potentially be the case because they work together on implementing these stages of the AAA Platform.

See pages: 11, 12, 18.

Recommendations

1 **Action on CHWs' suggestions:** Both CHW groups want more frequent trainings and additional training modules. Consider checking in with CHWs to understand more about the additional topics they would benefit from and curate future training curriculum that aligns better with their needs and expectations.

See pages: 23, 28.

2 **Address challenges of the comparison group to help them engage better with the community:** Two-thirds of the comparison group CHWs report facing a challenge when engaging with the community. Top reported challenges include lack of health awareness in the community (39%) and being unable to convince beneficiaries to adopt ideal health-related behaviours (28%). Could TAF hold information sessions with the communities to support CHWs and increase buy-in from the beneficiaries?

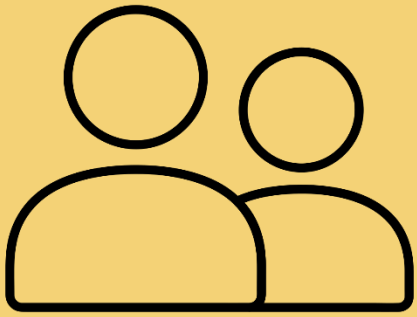
See page: 27.

Performance Snapshot

The snapshot compares the performance of CHWs from the intervention and comparison groups.

Who are you reaching? % of respondents	Intervention	Comparison
Female	96%	93%
Living in India's bottom 60%	31%	45%
No prior access to a similar platform	79%	91%

What impact are you having? % of respondents		
'Strongly agree' to providing timely referrals	91%	93%
'Very confident' in providing care to beneficiaries	86%	66%
'Very empowered' to perform their day-to-day role	81%	63%
Records of peer CHWs 'always' match	81%	55%

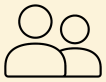


01: Profile

This section helps you understand your community health worker (CHW) base: their profile, past trainings they may have received, and to what extent you are reaching a previously underserved population.

The key indicators in this section are:

- **Demographics:** What is the profile of a typical community health worker? How long have they been engaged in their roles?
- **Wealth Distribution:** Are you reaching less well-off community health workers? How representative are they of the national population of India and Madhya Pradesh?
- **First Access:** Is this the first time CHWs are accessing such training? Do they have access to good alternatives?



A typical CHW across both groups is a 37-year-old female, with a tenure of more than 5 years.

Demographics

(n = 248 | Intervention = 126, Comparison = 122)

Gender	Intervention	Comparison
Female	96%	93%
Male	4%	7%

Age	Intervention	Comparison
Average	37	37
Oldest	63	61
Youngest	23	22

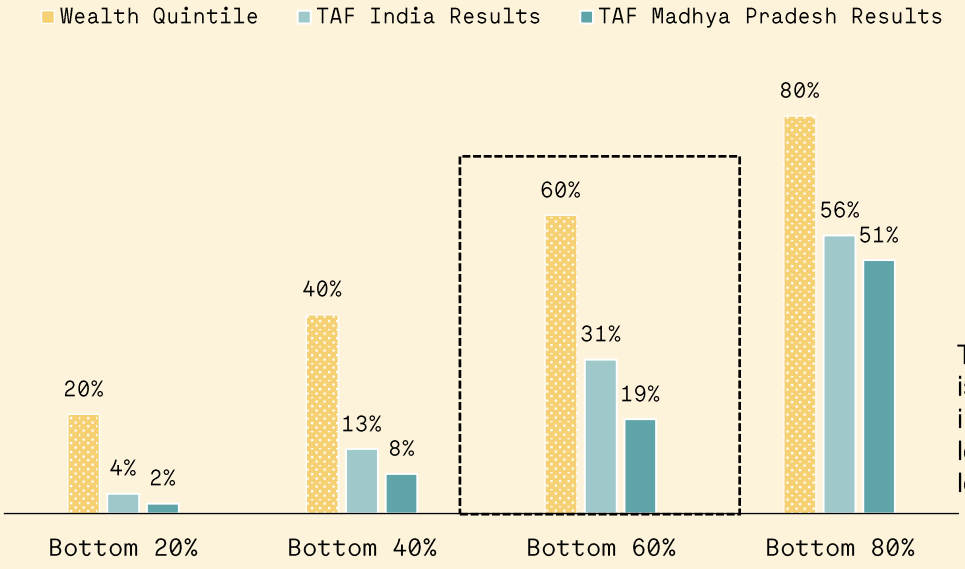
Tenure	Intervention	Comparison
< 1 year	12%	14%
1 - 2 years	8%	12%
3 - 5 years	13%	11%
> 5 years	67%	63%

Cadre	Intervention	Comparison
ANM	30%	26%
ASHA	26%	25%
AWW	25%	24%
CHO	19%	25%

Roughly a third of the intervention CHWs fall in the bottom 60% of India's wealth distribution.

Wealth Distribution of Intervention CHWs Relative to National and State Averages

% living in the poorest xx% in India (n = 126)

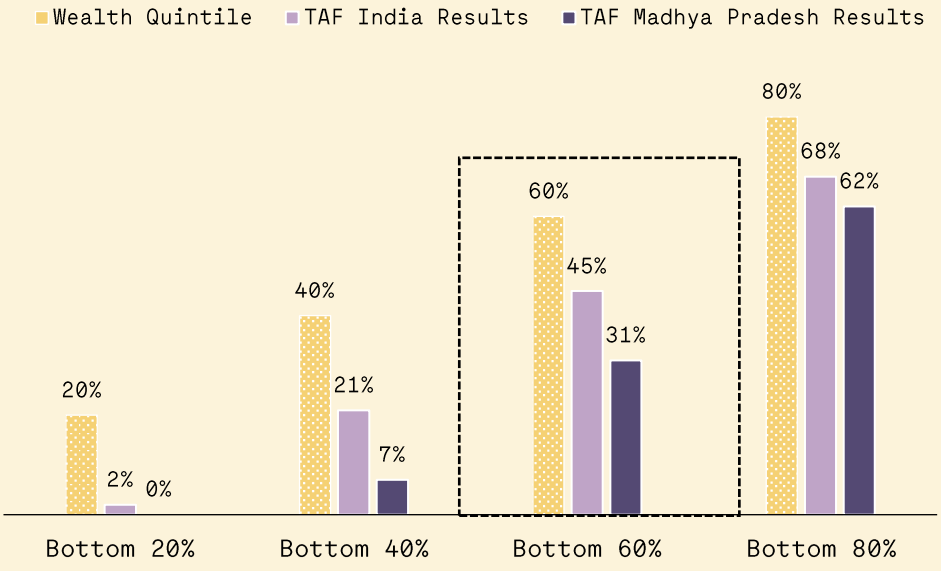


These results indicate that TAF is under-penetrating the low-income segment at the national level by 29% and at the state level by 41%.

More than 2 in 5 of the comparison CHWs fall in the bottom 60% of India's wealth distribution.

Wealth Distribution of Comparison CHWs Relative to National and State Averages

% living in the poorest xx% in India (n = 122)

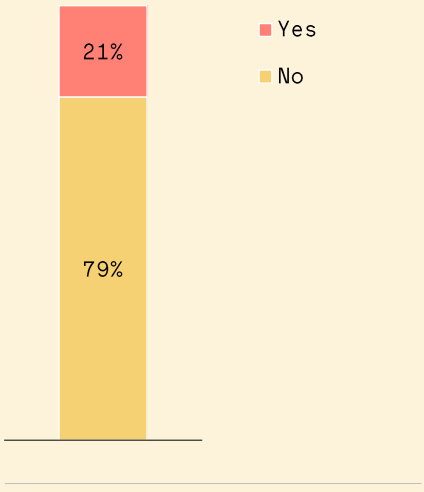


These results indicate that TAF is underpenetrating the low-income segment at the national level by 15%, and at the state level by 29%.

4 in 5 CHWs are accessing a platform like the AAA Platform for the first time. Roughly 9 in 10 cannot find a good alternative.

Prior Access

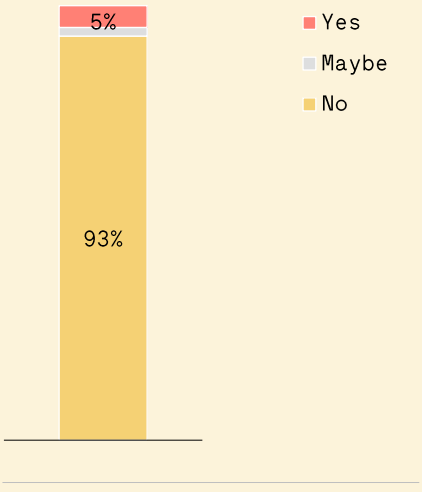
Q: Before the AAA Platform, did you have access to a formal platform like Akshita Karyakram's, where ASHA, ANMs and AWW come together regularly? (n = 126)*



TOP 20% - 60dB Health Sector Benchmark

Access to Alternatives

Q: Could you easily find a good alternative to Akshita Karyakram's trainings and AAA Platform? (n = 126)*



TOP 20% - 60dB Health Sector Benchmark

Of the few CHWs who identified an alternative, nearly half say that the Akshita Karyakram training is 'much better' than the alternatives.

Alternatives to Existing Trainings

Q: What would that alternative to Akshita Karyakram's trainings and AAA Platform be? (n = 9)*

8

CHWs

talk about national level training programs

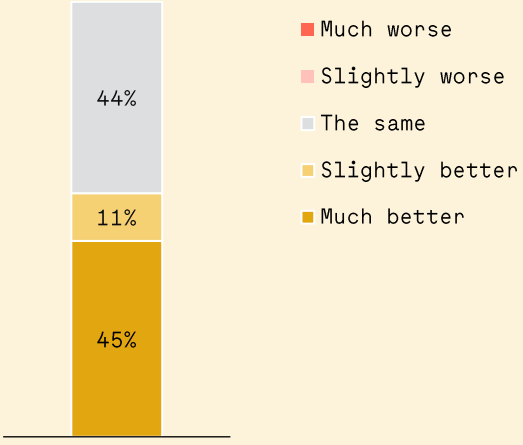
1

CHW

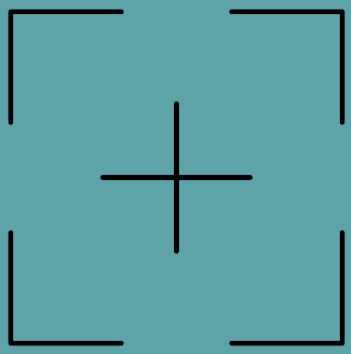
mentions self-organized team initiatives

Perception of Alternatives

Q: How does Akshita Karyakram's trainings and AAA Platform compare to this alternative? AAA Platform is: (n = 9)*



***Note:** These questions were asked only to the intervention group. Additionally, the two questions in the bottom section of this page about alternative trainings and perception of alternatives were asked to only those who said 'yes' to being able to find a good alternative to the Akshita Karyakram training.



02: Impact

We believe the best way to understand the impact that you are having, is to simply ask CHWs about how they engage with their day-to-day work.

This section shows you the degree to which you are impacting a CHW's way of doing their job, their confidence levels, and their perception of empowerment.

For the common questions that were asked to both the intervention and comparison groups, results have been shown together.

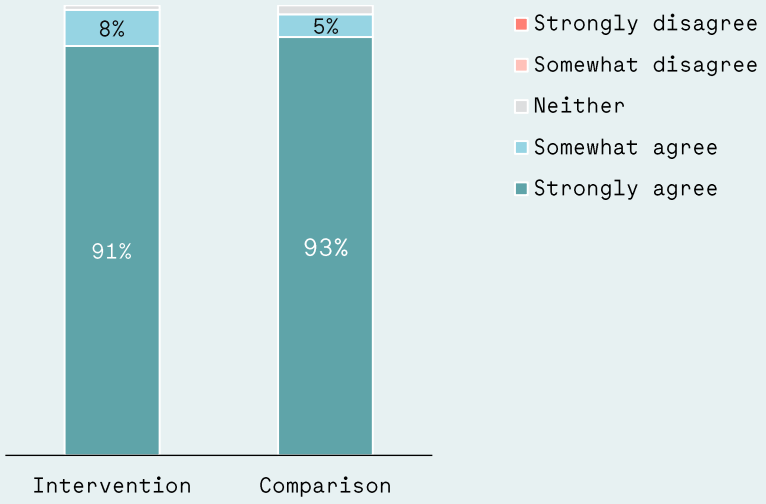
The key indicators in this section are:

- **Confidence and Empowerment**: How confident and empowered do CHWs feel to perform their day-to-day work?
- **Change in Way of Doing Job:** To what extent has the way CHWs do their job changed as a result of your training? How do CHWs perceive their own ability to provide timely and targeted care?

Across both groups, over 9 in 10 CHWs ‘strongly agree’ that they provide timely referrals to beneficiaries.

Timeliness of Referrals Provided to Beneficiaries

Q: To what extent do you agree or disagree with this statement: “I am able to provide timely referrals to my beneficiaries.” (n = 248 | Intervention = 126, Comparison = 122)



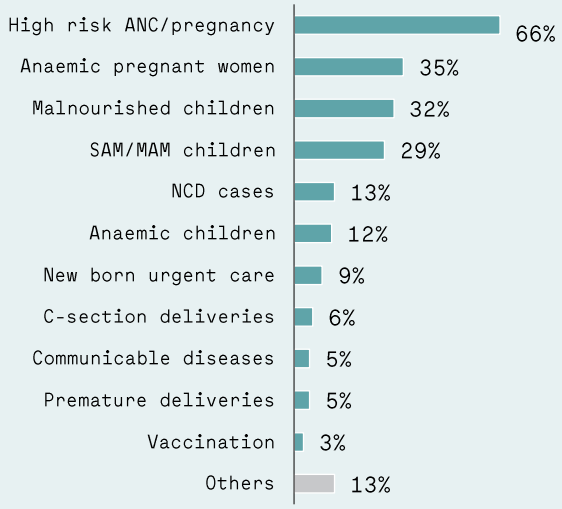
Based on our study with the supervisors, we observe that CHWs and supervisors appear to perceive the timeliness of referrals differently.

A higher proportion of CHWs across both groups (92%) ‘strongly agree’ to providing timely referrals to their beneficiaries than supervisors who were asked the same question (67%).

Both groups provide referrals for high-risk ANC cases. Comparison CHWs mention NCD cases more frequently.

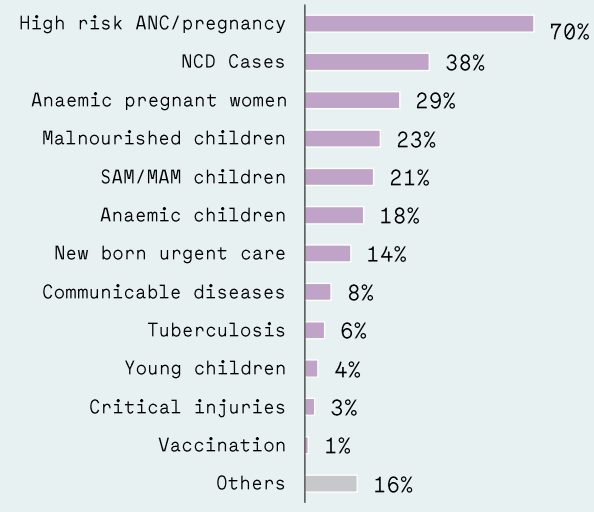
Referrals Provided by Intervention Group CHWs

Q: Can you list the beneficiary groups you provide referral services to? (n = 126). Open ended, coded by 60 Decibels.



Referrals Provided by Comparison Group CHWs

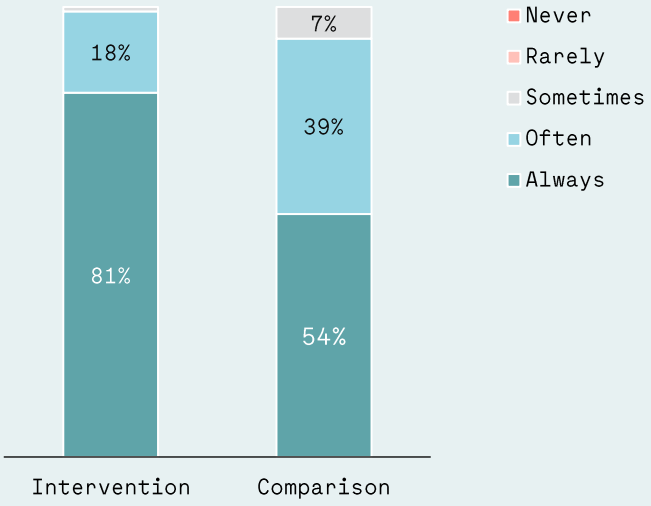
Q: Can you list the beneficiary groups you provide referral services to? (n = 122). Open ended, coded by 60 Decibels.



Intervention CHWs are more likely to say their data records 'always' match with those of their peers, than comparison CHWs.

Matching Data Records Among CHWs

Q: How often do your data records match with those of your peer community health workers?
(n = 248 | Intervention = 126, Comparison = 122)



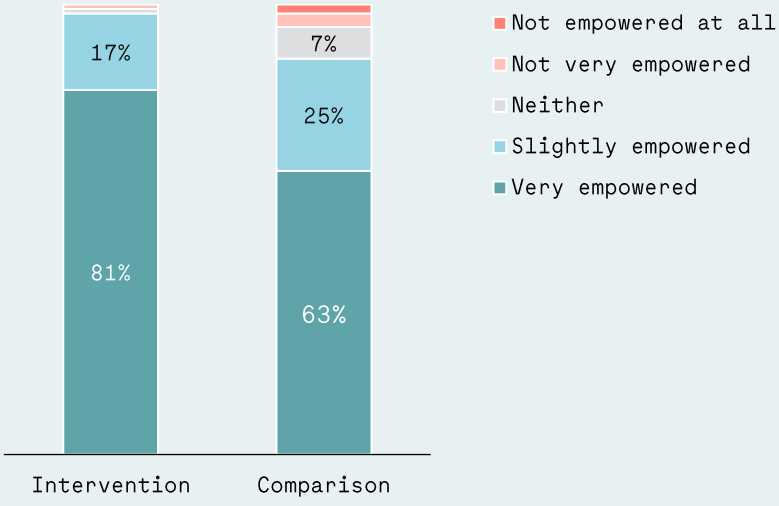
Based on our study with the supervisors, we observe that CHWs appear to have a more positive view about how often their data records match with those of their peers, than supervisors who were asked to reflect on the same.

68% of CHWs across both groups say their data ‘always’ matches with that of their peers, compared to 53% of supervisors saying this.

Intervention CHWs are more likely to say they feel 'very empowered’ to perform their role, than comparison CHWs.

Perception of Empowerment to Perform the Role

Q: How empowered do you feel in terms of performing your role on a day-to-day basis?
(n = 248 | Intervention = 126, Comparison = 122)

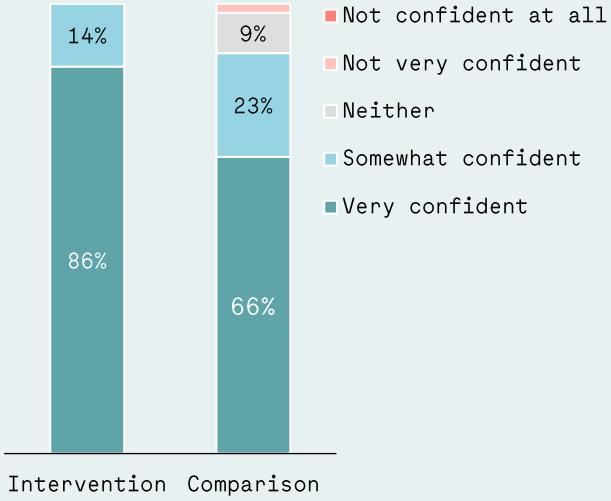


Across both groups, CHWs who report feeling ‘very empowered’ are more likely to say their data records ‘always’ match with those of their peers (71%) than those who don’t feel as empowered (66%).

The majority of intervention CHWs report feeling ‘very confident’ in their abilities, compared to two-thirds of comparison CHWs.

Degree of Confidence in Providing Care

Q: How confident do you feel in yourself and your abilities to provide care to beneficiaries?
(n = 248 | Intervention = 126, Comparison = 122)



> “With over 9 years of work experience, beneficiaries trust me. In case of any emergencies, they call me directly to get medical support.
> – ASHA, Female, 33

Intervention CHWs say technical knowledge drives confidence, while comparison CHWs talk about their own work ethic.

Drivers of Confidence: Intervention Group

Q: Can you please explain your answer? (n = 126). Open-ended, coded by 60 Decibels.

37%

report having technical knowledge and clarity
(37% of all respondents)

25%

mention having a supportive team of other CHWs or supervisors
(25% of all respondents)

24%

talk about prior experience or tenure in the sector
(24% of all respondents)

Drivers of Confidence: Comparison Group

Q: Can you please explain your answer? (n = 109). Open-ended, coded by 60 Decibels.

41%

talk about their own diligent or dedicated efforts
(37% of all respondents)

19%

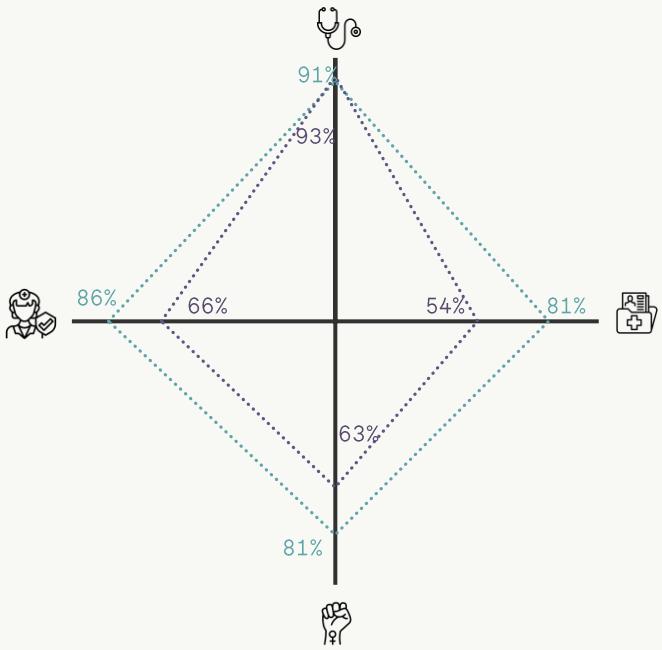
mention their prior experience or tenure in the sector
(17% of all respondents)

17%

report high level of community trust
(16% of all respondents)

Intervention CHWs report more positive outcomes across most metrics than comparison CHWs.

Segmentation Analysis



Key

Timely Referrals by CHWs
% 'strongly agree' to providing timely referrals

Data Matching of CHWs
% reporting that their data records 'always' match with their peers

Empowerment
% feeling 'very empowered' to perform their day-to-day role

Confidence
% feeling 'very confident' in themselves and their abilities

Results

Intervention n = 126

Comparison n = 122

Insights

1 **There are no significant differences in the timeliness of referrals provided to beneficiaries by both groups.** This could be a result of both the intervention and comparison group CHWs having undergone past trainings that equip them to efficiently provide referrals. Alternatively, CHWs' self perception of their own abilities may influence how they perceive 'timeliness'.

An idea to consider: In future research, diving deeper into the time taken by CHWs between identifying cases and referring them can help better understand the extent to which the AAA Platform is contributing to CHWs' ability to provide timely referrals.

2 **Data accuracy, confidence, and empowerment levels are higher among the intervention CHWs.** This is in line with the AAA Platform's goal of improving data matching across all CHWs, which boosts empowerment among CHWs as well (see page 12).

Looking at confidence: the intervention group CHWs attribute it to their technical knowledge (37%) and having a supportive team of other CHWs and supervisors (25%), speaking to the unique value proposition of the AAA Platform. Confidence among the comparison group stems from their own work ethic (41%) and tenure in the sector (19%).

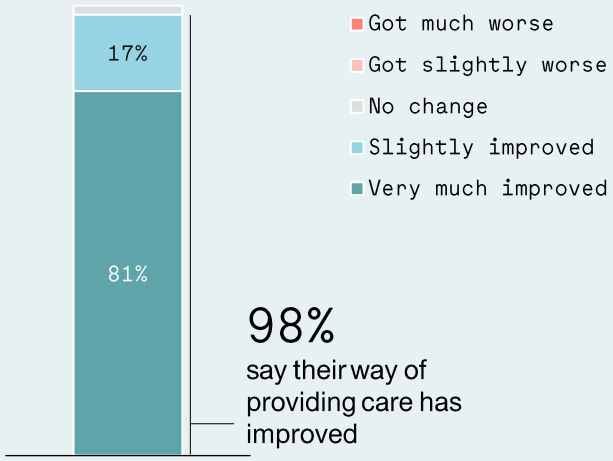
Food for thought: It would be interesting to conduct a longitudinal study with the comparison group CHWs and explore if their drivers of confidence change over time as they undergo the Akshita Karyakram training, and align with those of the intervention group.

Intervention Group: Spotlight

Almost all intervention CHWs report an improvement in their way of providing care because of the AAA platform.

Changes in Way of Providing Care

Q: Has your way of providing care to beneficiaries changed because of Akshita Karyakram trainings and AAA Platform? Has it: (n = 126)



Over 2 in 5 CHWs report better management of high-risk cases as the top improvement in how they provide care.

Top Improvements in Way of Providing Care

Q: How has your way of providing care to beneficiaries improved? (n = 124). Open-ended, coded by 60 Decibels.

44%

talk about better management of high-risk cases
(44% of all respondents)

32%

mention better data accuracy and alignment across cadres
(32% of all respondents)

31%

report improved team coordination
(30% of all respondents)

> “I have learnt to identify MAM/SAM children. We were trained to identify and accurately treat malnourished children through very detailed indicators.
> - AWW, Female, 35

We asked CHWs about the degree of importance or 'materiality' of the reported improvements in their way of providing care.

Understanding Materiality

1 **What is materiality?** CHWs who reported improvements in their way of providing care were asked to rate, on a scale of 0 to 10, how important an improvement was to them, to quantify the materiality of the outcome.

2 **How do we measure it?** Top two themes mentioned by CHWs were disaggregated into frequency and depth i.e., what proportion of CHWs mentioned an outcome and how did they rank the importance of that outcome.

3 **Why do we measure it?** While a specific outcome might be frequently mentioned by a large proportion of respondents, the depth or degree of importance assigned to that outcome may vary and not necessarily be the highest.

Intervention CHWs find the technical knowledge gained to be the most material in their way of providing care.

Degree of Importance of Self-Reported Outcomes

Q: You mentioned [outcome] as an important positive change that you experienced. On a scale from 0 to 10 how important is this to your role? (n = 124)*. Open ended, coded by 60 Decibels.

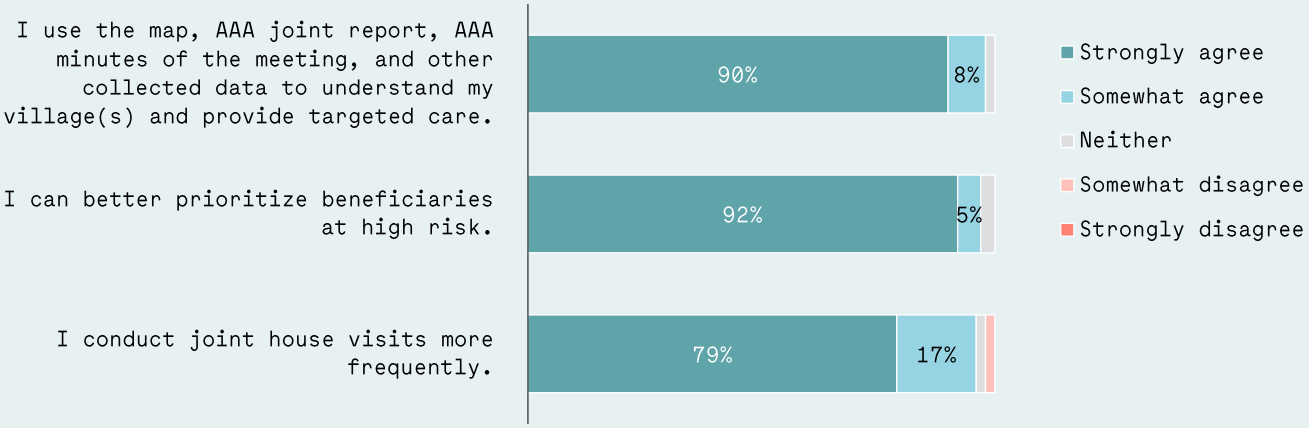
Top Outcomes	% of Respondents*	Average Materiality Score	Outcomes Ranked by Materiality
Appropriate identification and counselling	33%	9.84	4
Improved team coordination	27%	9.80	5
Better management of high-risk cases	24%	9.86	3
Acquisition of technical skills or knowledge	15%	9.89	1
Better data accuracy and alignment	14%	9.88	2
Systematic house visits	11%	9.86	3

* % of those who mention way of providing care improved. (n = 124)

9 in 10 intervention CHWs ‘strongly agree’ to using data to provide targeted care and prioritize high-risk beneficiaries.

Changes in CHWs’ Performance

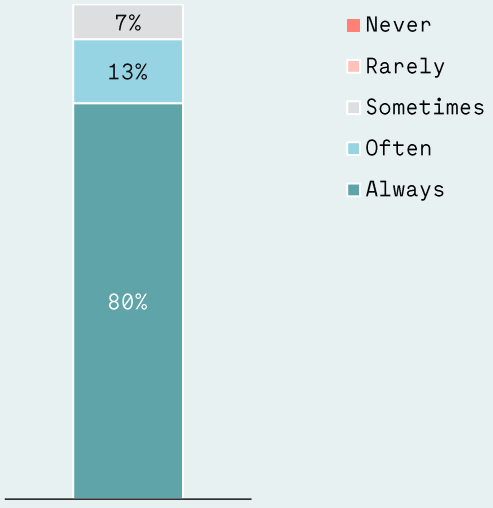
Q: To what extent do you agree or disagree with each of the following statements: “After being introduced to the AAA Platform and conducting AAA meetings […]”. (n = 126)



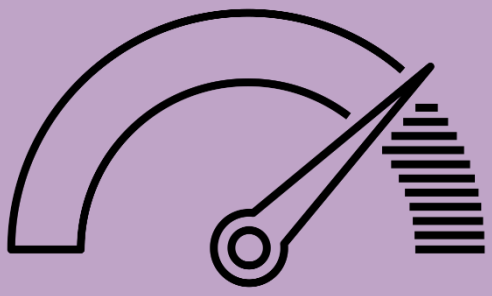
8 in 10 CHWs say their supervisor 'always' reviews their data during sector meetings.

Frequency of Data Reviews by Supervisors

Q: How often does your supervisor review the data collected during sector meetings? (n = 126)



CHWs who report feeling ‘very confident’ in their abilities are more likely to say their supervisor ‘always’ reviews their data (85%), compared to those who feel ‘somewhat confident’ (50%). This points to the relevance of supportive supervision in driving CHW confidence levels.



03a: Experience Intervention Group

If your community health workers are happy, it's likely they will continue to recommend the AAA Platform to others.

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

These insights are specific to the intervention group.

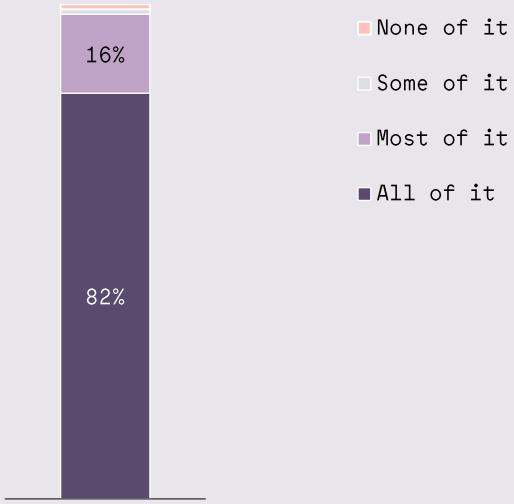
The key indicators in this section are:

- **Training Effectiveness:** How easy to understand, applicable, and aligned was your training to the CHWs' day to day work?
- **Net Promoter Score:** How likely are CHWs to recommend the AAA Platform to a peer?
- **% Experiencing Challenges:** What proportion of CHWs experience challenges with the intervention?
- **Suggestions for Improvement:** What can TAF do to better support CHWs?

8 in 10 CHWs find ‘all’ of the training easy to understand. 9 in 10 find it to be useful to their work.

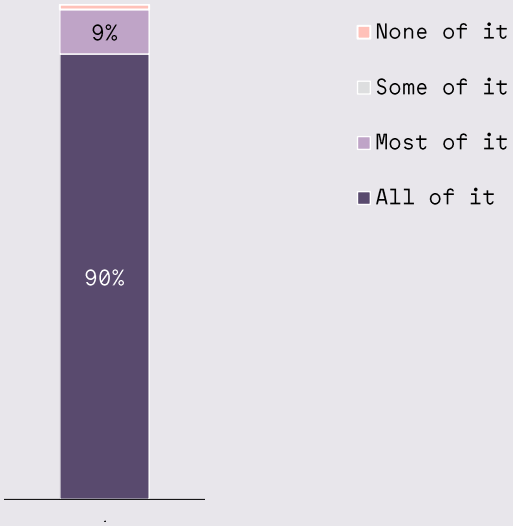
Ease of Understanding Training

Q: How much of the information you received from Akshita Karyakram’s trainings and AAA Platform was easy to understand? (n = 126)



Usefulness of Training

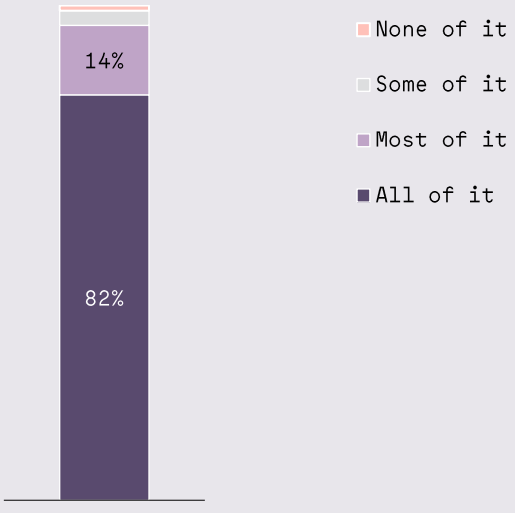
Q: How much of the information you received from Akshita Karyakram’s trainings and AAA Platform is useful to your work as a community health worker? (n = 126)



Similarly, 8 in 10 CHWs report applying 'all’ of it to their work. 9 in 10 say 'all' of it aligns with their existing roles and responsibilities.

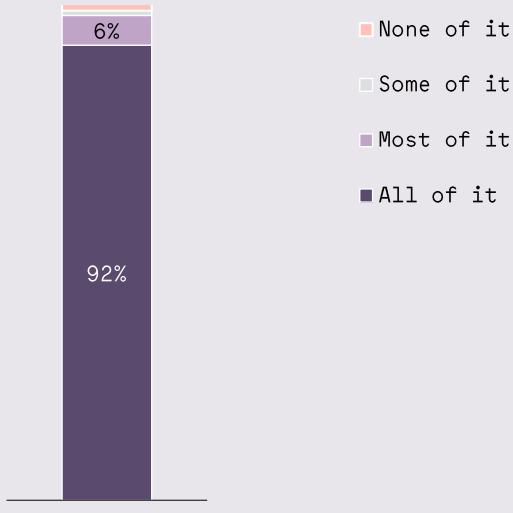
Application of Training to Work

Q: How much of the information from Akshita Karyakram’s trainings and AAA Platform do you apply to your work as a community health worker? (n = 126)



Alignment of Training with Existing Role

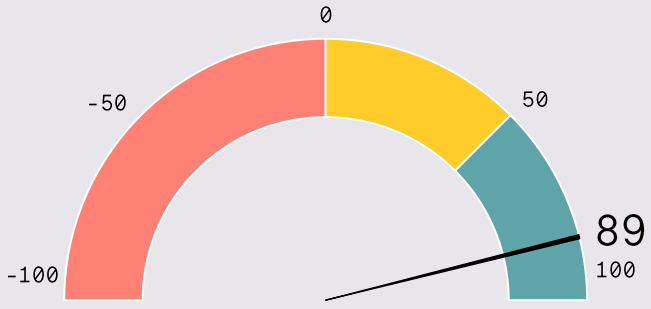
Q: How much of Akshita Karyakram’s trainings and AAA Platform aligns with your existing roles and responsibilities as a community health worker? (n = 126)



The AAA Platform has an NPS of 89, 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 engaging with the Akshita Karyakram's trainings and AAA Platform to a peer community health worker, where 0 is not at all likely and 10 is extremely likely? (n = 126)



NPS = 90% Promoters (9-10 likely to recommend) − 1% Detractors (0-6 likely to recommend)

●●●●●
TOP 20% - 60dB Benchmark

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

The score can range from -100 to 100. The AAA Platform in India has a NPS of 89, which is excellent.

Promoters value the avenue to learn new skills and the accuracy and accessibility of data records across cadres.

90%
are Promoters

They love:

1. Avenue to learn new skills
(49% of Promoters / 44% of all respondents)

2. Accuracy and accessibility of data records across cadres
(33% of Promoters / 29% of all respondents)

3. Improved accountability & teamwork
(32% of Promoters / 29% of all respondents)

9%
are Passives

They like:

1. Improvement in technical knowledge
(75% of Passives / 7% of all respondents)

2. Supportive staff members
(50% of Passives / 5% of all respondents)

But some complain about:

1. Increased workload
(42% of Passives / 4% of all respondents)

1%
are Detractors

They want to see:

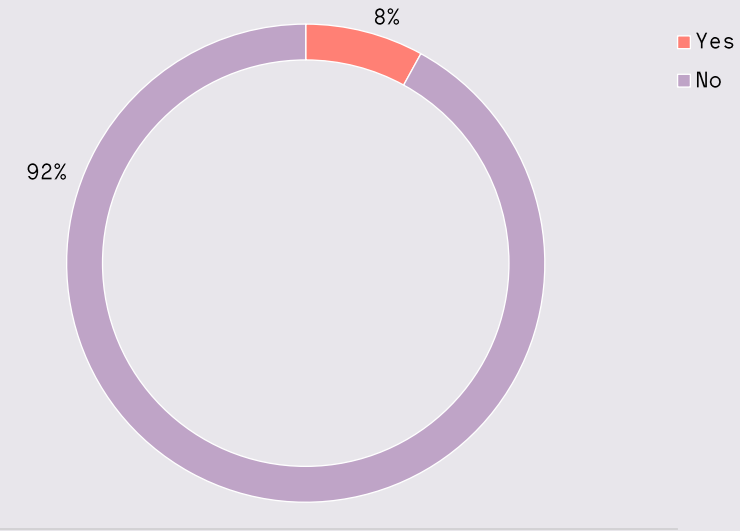
1. Newer topics in the training material
(1 respondent)

2. Trainings that cover the regular work of CHWs
(1 respondent)

Less than a tenth of the CHWs report facing a challenge with the AAA Platform.

Proportion of CHWs Reporting Challenges with the AAA Platform

Q: Have you experienced any challenges engaging with Akshita Karyakram's trainings and AAA Platform? (n = 126)



●●●●●

TOP 20% - 60dB Benchmark

CHWs report challenges with village mapping and reporting as well as the lack of cooperative team members.

Most Common Challenges with the AAA Platform

Q: Please explain these challenges (n = 10*). Open-ended, coded by 60 Decibels.

3
CHWs
talk about struggling with mapping and reporting

3
CHWs
mention other CHWs not cooperating with them

2
CHWs
talk about an increased workload

*Only the top three challenges have been reported here. This is why the N value is higher than the absolute counts of CHWs mentioning the top themes.

"Sometimes we get the village mapping wrong, which creates doubts during visits. We then ask the people of the village and visit the place.

– AWW, Female, 42

63% of CHWs had no suggestions. Of those who shared one, more frequent training sessions was the top suggestion.

Suggestions for Improvement

Q: What about Akshita Karyakram's training and the AAA Platform can be improved? (n = 47*). Open-ended, coded by 60 Decibels.

49%

request for more frequent training sessions
(18% of all respondents)

"While the training is good, there is scope to impart it at regular intervals, so that I can stay updated.

– ASHA, Female, 30

21%

talk about adding more training modules
(8% of all respondents)

"Please provide more information related to new technologies available in hospitals, so we can guide the beneficiaries.

– ASHA, Female, 38

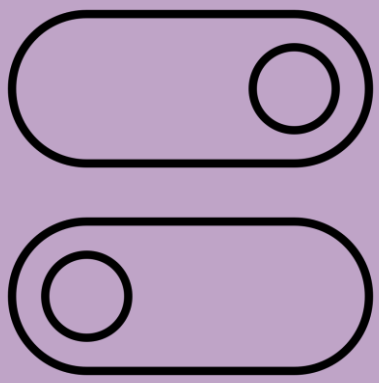
15%

talk about improving facilities or infrastructure provided
(6% of all respondents)

"They should provide travel allowances so we can go and bring women to the Anganwadi center for vaccination.

– ASHA, Female, 37

*This excludes 79 CHWs who had no suggestions to share.



03b: Experience Comparison Group

How do community health workers, who are yet to experience the full length of the training, engage with their day-to-day work?

These insights are specific to the comparison group.

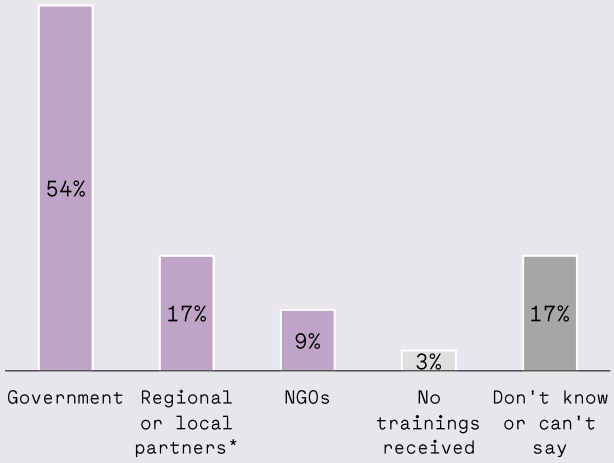
The key indicators in this section are:

- **Net Promoter Score:** How likely are CHWs to recommend past trainings they may have received to a peer?
- **% Experiencing Challenges:** What are some of the day-to-day challenges experienced by CHWs when engaging with beneficiaries?
- **Opportunities to Support CHWs:** How can TAF support this group of CHWs better per their suggestions?

1 in 2 CHWs have been trained by the government. Managing high-risk pregnancy and newborn care was most commonly taught.

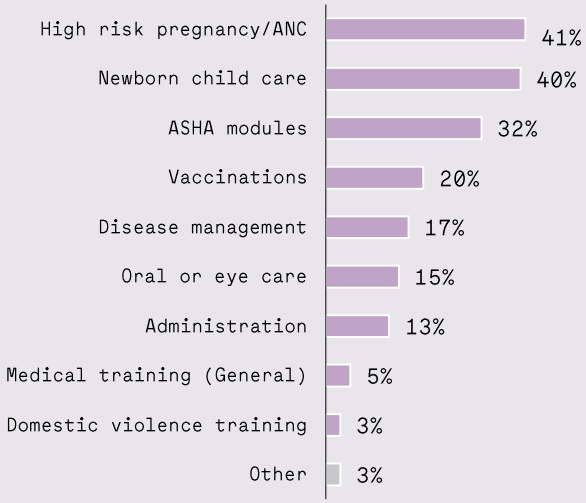
Source of Past Trainings

Q: What type of trainings have you received so far to perform your role as a community health worker? (n = 122). Open-ended, coded by 60 Decibels.



Topics Covered in Past Trainings

Q: What type of trainings have you received so far to perform your role as a community health worker? (n = 119). Open-ended, coded by 60 Decibels.

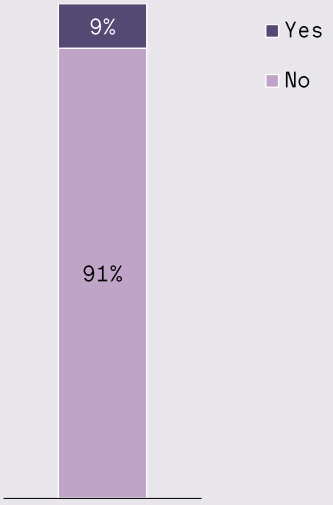


*This includes trainings at local hospitals or centres, provided by other partners.

9 in 10 CHWs do not have access to a platform where cadres come together regularly. Two-thirds use registers to track cases.

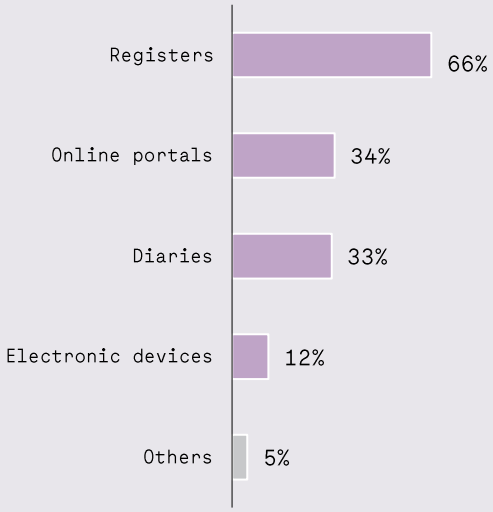
Prior Access

Q: Do you have access to a formal platform where ASHA, ANMs and AWW come together regularly? (n = 122)



Ways of Tracking Beneficiary Cases

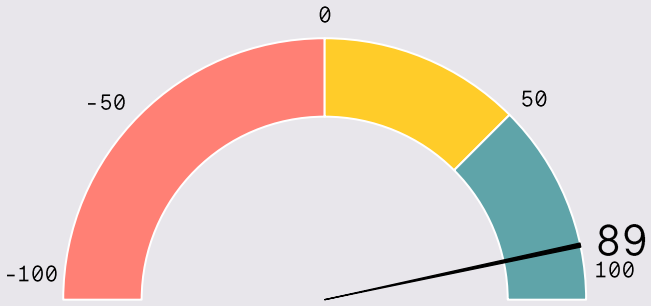
Q: What are the ways in which you document and keep track of beneficiary cases in the community? (n = 122). Open-ended, coded by 60 Decibels.



Past trainings received by comparison CHWs have a NPS of 89, which is comparable to The AAA Platform's NPS.

Net Promoter Score® (NPS) of Past Trainings

Q: On a scale of 0-10, how likely are you to recommend the training(s) to a peer community health worker, where 0 is not at all likely and 10 is extremely likely? (n = 121)



NPS = 90% Promoters (9-10 likely to recommend) - 1% Detractors (0-6 likely to recommend)

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

The score can range from -100 to 100. The trainings CHWs have received in the past has a NPS of 89.

Promoters value the avenue to learn new skills and help the community. Passives like the training methods used and trainers.

90%
are Promoters

They love:

1. Avenue to learn new skills
(30% of Promoters / 27% of all respondents)

2. Ability to help the community
(28% of Promoters / 25% of all respondents)

3. Improved technical knowledge
(28% of Promoters / 25% of all respondents)

9%
are Passives

They like:

1. Good methods of training delivery
(36% of Passives / 3% of all respondents)

2. Good trainers
(27% of Passives / 2% of all respondents)

But some complain about:

1. Training not being in line with daily work
(18% of Passives / 2% of all respondents)

1%
are Detractors

They want to see:

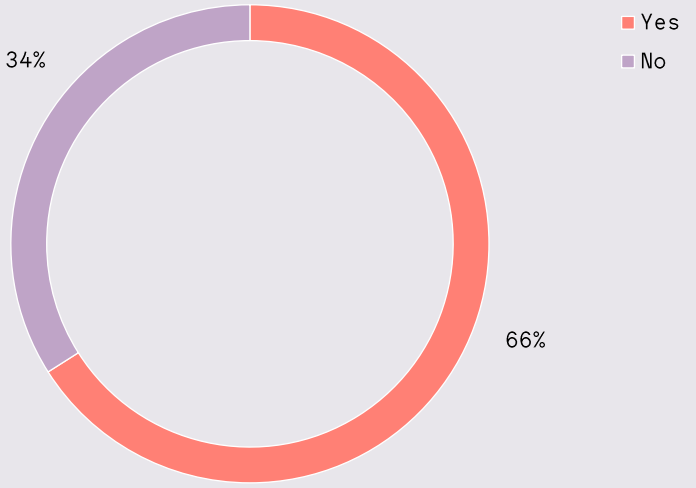
1. More seamless access to portals
(1 respondent)

2. More relevant training
(1 respondent)

Two-thirds of the comparison CHWs report facing a challenge when engaging with beneficiaries in the community.

Proportion of CHWs Reporting Challenges Engaging with Beneficiaries

Q: Have you experienced any challenges when engaging with beneficiaries within the community? (n = 122)



Nearly 2 in 5 comparison CHWs report a lack of community-level health awareness as a barrier to their work.

Most Common Challenges Faced When Engaging with Beneficiaries

Q: Please explain these challenges (n = 81). Open-ended, coded by 60 Decibels.

39%

talk about the lack of health awareness in communities
(26% of all respondents)

28%

mention inability to convince beneficiaries to take up ideal health behaviours
(19% of all respondents)

22%

talk about difficulty commuting to beneficiary households
(15% of all respondents)

> “Villagers and tribals are reluctant to take vaccinations, as they fear it could lead to death. In such situations, it then becomes difficult to carry out Government programs.
>
> – AWW, Female, 43

2 in 5 comparison CHWs would like to see additional coverage of relevant topics in training modules, to perform their role better.

Opportunities to Support CHWs

Q: What would help you perform your role better within the community? (n = 102*). Open-ended, coded by 60 Decibels.

40%

talk about additional coverage of relevant topics in training modules
(33% of all respondents)

“I would like to have trainings in communication skills, as I have to deal with local villagers and tribals.

- CHO, Female, 29

37%

mention the need for additional health worker staff or equipment
(31% of all respondents)

“We do not have any CHO and we need someone to join immediately as the people are unable to go to the sub-center for OPD.

- ANM, Female, 35

15%

said increase regularity of training provided
(12% of all respondents)

“I would like to receive regular trainings, at least once a year, in order to update my knowledge and skills.

- ANM, Female, 41

*This excludes 20 CHWs who had no suggestions to share.

The Antara Foundation

Appendix

Detailed Impact Performance

Performance Relative to Benchmark indicates where The Antara Foundation falls in the ranking relative to other companies in the health sector:

Indicator	Description	The Antara Foundation	60dB Health Sector Benchmark	60dB India Benchmark	60dB Global Benchmark
Profile & Access					
First Access	% accessing the intervention for the first time	79	52	68	67
Alternatives	% without access to good alternative	93	46	65	71
Satisfaction					
Net Promoter Score	NPS, on a scale -100 to 100	89	41	45	45
No Challenges	% experiencing challenges	8	15	21	21

Note: Only the intervention group results have been benchmarked because they are indicative of TAF's intervention's performance and therefore comparable to similar data that exists for other interventions in the 60dB Benchmarking Database. Since the comparison group results are not based on an intervention, they are not comparable.

Information on the benchmarks is found below:

60dB Health Sector Benchmark
companies 31
respondents 11,915

60dB India Benchmark
companies 132
respondents 41,367

60dB Global Benchmark
companies 541
respondents 162,588

Staff Quiz Results

You can find the quick and fun online quiz we made for The Antara Foundation here.

11 people completed the quiz.

How well does The Antara Foundation know the CHWs?

Questions the Team Answered

- Most common answer when CHWs were asked how much of the AAA Platform aligned with their roles and responsibilities

  Guess: Most of it
  Actual: All of it

- Most common improvements in CHWs' way of providing care to beneficiaries

  Guess: Better management of high risk cases
  Actual: Better management of high risk cases

- % of intervention CHWs that 'strongly agree' to being able to prioritizing beneficiaries at high risk

  Guess: 60% - 80%
  Actual: 92%

- % of intervention CHWs saying their data records 'always' match with those of their peers

  Guess: 60% - 80%
  Actual: 81%

- % of comparison CHWs saying their data records 'always match with those of their peers

  Guess: 0% - 40%
  Actual: 54%

- Most common Net Promoter Score category

  Guess: Promoters (9 – 10)
  Actual: Promoters (9 – 10)

Thank you to

> Yogesh, Sanjana, Nandita, Atul, Neeraj, Rituja, Paras Nath, Arushi, Shreejith, Riddhi and Krupa

For taking the staff quiz!

Congratulations to

> **Arushi**

who answered the most questions correctly!

Methodology

About the 60 Decibels Methodology

Between December 2022 and January 2023, 60 Decibels' trained researchers conducted 248 phone interviews with two groups of community health workers (CHWs) in the Indian healthcare system: Intervention Group trained by the Antara Foundation, and the Comparison Group who have recently been enrolled in the training and have not yet completed it. The CHWs were randomly selected from the contacts database that The Antara Foundation shared with us. Here is the breakdown of how we collected this data:

Country	India
Population	4410
Interviews Completed	248
Response Rate	74%
Languages	Hindi
Average Survey Length	21 mins
Confidence Level	90%
Margin of Error	5%

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 respondent satisfaction and loyalty. It is measured by asking respondents to rate their likelihood to recommend a product/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 respondents rating 9 or 10 out of 10 ('Promoters') minus the % of respondents rating 0 to 6 out of 10 ('Detractors'). Those rating 7 or 8 are considered 'Passives'.
Wealth Index	What proportion of CHWs lie in the bottom three wealth quintiles of India's population? This indicator uses the Wealth Quintiles developed by Innovations for Poverty Action to identify the likelihood of your farmers living in a certain wealth quintile compared to the country's population. We use the index to determine the proportion of users that lie in the Bottom 20th, Bottom 40th, Bottom 60th, and Bottom 80th wealth quintiles in India. This gives you insight into the inclusivity of your work.

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 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 CHWs.

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'
- [ ] If you can, call back the CHWs 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.

The Antara Foundation

“

Akshita Karyakram has improved the mindset of society to think about their health. We also learn a lot of things, which improves our professional career.
– ANM, Female, 31

60__decibels

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.

Jasleen Kaur
jasleen@60decibels.com

Malavika Rangarajan
malavika@60decibels.com

Sharat Nair
sharat@60decibels.com

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 Krupa Varghese and Supriya Balakrishnan for their support throughout the project. This work was generously sponsored by LGTVP and The Antara Foundation.