The Antara Foundation

Impact Performance Report

Supervisor Insights

The Antara Foundation

60__decibels

Contents

About This Report 03

60dB Perspective: Top Insights 04

01: Profile 06

02: Impact 08

03a: Experience - Intervention 17

03b: Experience - Comparison 22

Appendix 27

About 60 Decibels 33

About This Report

This report is designed to provide an in-depth understanding of supervisors in the community healthcare ecosystem that you serve. 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 87 respondents. These interviews were conducted by 60 Decibels trained researchers. We really enjoyed hearing from the supervisors – 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 supervisors, 60 Decibels sampled two groups of supervisors:

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

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 supervisors compares to that of supervisors 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.

87 supervisors interviewed.

47 were from the intervention group, 40 from the comparison group.

"Before the training, I lacked confidence. Now, high-risk ANC just got easier. I am able to do HBYC and HBNC properly. I can prepare a list of children and pregnant women due for immunization."

- ASHA Sahyogi, Female, 38

60dB Perspective

Top Insights

1 Supervisors are very satisfied with the Akshita Karyakram training and the AAA Platform.

The Akshita Karyakram training and the AAA Platform has a Net Promoter Score – a common gauge of satisfaction and loyalty – of 83, which is excellent. Nearly 9 in 10 supervisors find the training useful, and two-thirds find it easy to understand and applicable to their work. The top satisfaction drivers include good training delivery (45%) and the training enabling better identification of beneficiaries (45%). Keep up the good work to maintain high satisfaction levels among your supervisor base!

See pages: 18, 19.

2 The AAA Platform has created a meaningful impact on the way supervisors do their job.

Almost all of the supervisors report that their way of doing the job has improved. Over half of the supervisors who report improvements mention more accurate data and being able to better identify high-risk beneficiaries. Nearly 9 in 10 supervisors feel that the AAA Platform has improved coordination between the Health and ICDS departments by 'a lot', allowing for better data management (53%) and collaborative delivery of health services (28%).

See pages: 14, 16.

3 More frequent engagement with CHWs* is allowing the intervention group supervisors to realise deeper impact than the comparison group.

Nearly half of the intervention group supervisors conduct daily or weekly debriefs with CHWs compared to only a tenth of the comparison group. They are also more likely to 'strongly agree' to effectively monitoring the work of CHWs than the comparison group (87% vs. 67%). Among the intervention group, two-thirds of the supervisors say they 'always' review the data collected by CHWs. The higher frequency of check-ins combined with data reviews appears to play a pivotal role in helping supervisors provide better supportive supervision to CHWs – one of the key goals of the AAA Platform.

See pages: 9, 11, 15.

4 Impact goes beyond the job - the AAA Platform is boosting feelings of empowerment among supervisors.

75% of the intervention group supervisors report feeling 'very empowered' to do their job compared to 57% of the comparison group. Across both groups, empowerment appears to be strongly linked with supervisors' ability to monitor the work of CHWs. 88% of the supervisors who report feeling 'very empowered' also 'strongly agree' to effectively monitoring the work of CHWs, compared to those who don't feel as empowered (51%). This indicates that supportive supervision encouraged by the AAA Platform is helping supervisors feel more empowered to do their job.

See page: 11.

Recommendations

1 **Focus on improving abilities of lesser skilled CHWs:** Across both supervisor groups, one of the key challenges raised is that some CHW cadres are not skilled enough to perform their role, which hinders supervisors' ability to perform their own roles well. Upskilling these CHWs can go a long way in not only improving the supervisors' experience, but also impacting more CHWs' lives.

See pages: 20 and 25.

2 **Provide refresher trainings that include more topics of interest for supervisors:** When asked about suggestions for improvement, supervisors across both groups mention wanting additional trainings. Conducting refresher training and covering supervisors' topics of interest will help deepen and sustain your impact on the healthcare ecosystem.

See pages: 21 and 26.

*CHWs refers to Community Health Workers.

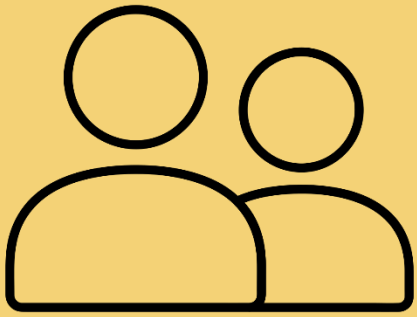
Performance Snapshot

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

Who are you reaching? % of respondents	Intervention	Comparison
Female	89%	75%

What impact are you having? % of respondents		
'Strongly agree' to CHWs* providing timely referrals	72%	60%
'Very confident' in guiding CHWs	77%	72%
'Very empowered' to perform their role	75%	57%
'Strongly agree' to effectively monitoring CHWs	87%	67%
Have debriefs with CHWs daily or weekly	46%	10%
Records of CHWs 'always' match with those of their peers	60%	45%

*CHWs refers to Community Health Workers.



01: Profile

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

The key indicators in this section are:

- **Demographics:** What is the profile of a typical supervisor? How long have they been engaged in their role?
- **Wealth Distribution:** Are you reaching less well-off supervisors? How representative are they of the population of India and Madhya Pradesh?

A typical supervisor we spoke with is a 40-year-old female, with a tenure of more than 5 years in the role.

Demographics
(n = 87 | Intervention = 47, Comparison = 40)

Gender	Intervention	Comparison
Female	89%	75%
Male	11%	25%

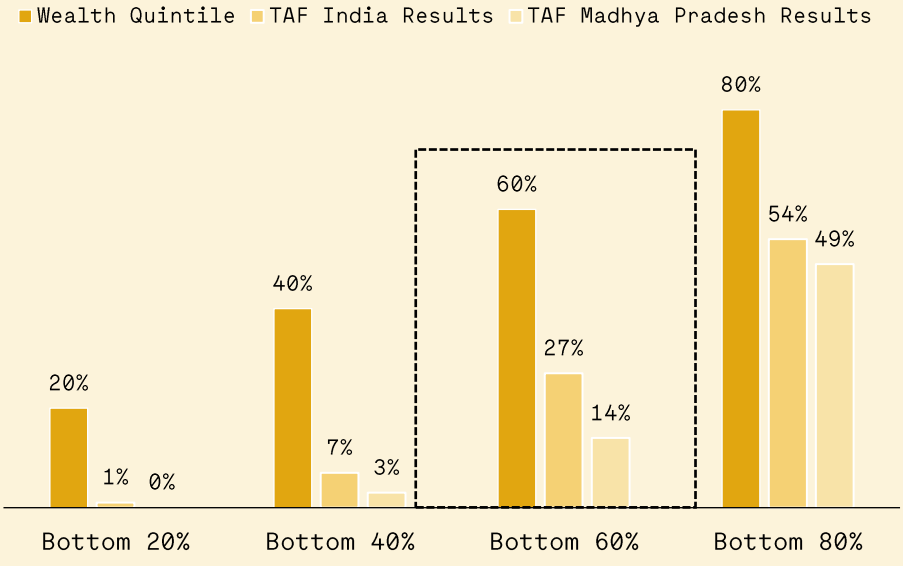
Age	Intervention	Comparison
Average	40	41
Oldest	56	61
Youngest	24	26

Tenure	Intervention	Comparison
< 1 year	11%	3%
1 - 2 years	11%	10%
3 - 5 years	19%	5%
> 5 years	59%	82%

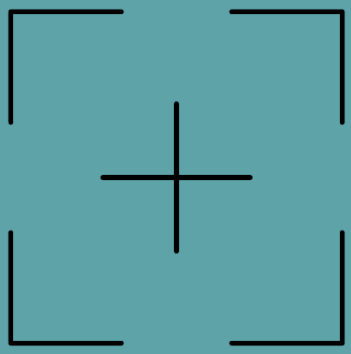
Roughly a third of the supervisors fall in the bottom 60% of India's wealth distribution.

Wealth Distribution of TAF's Supervisors Relative to National and State Averages

% living in the poorest xx% in India (n = 87)



These results indicate that TAF is underpenetrating the low-income segment at the national level by 33%, and at the state level by 46%.



02: Impact

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

This section shows you the degree to which you are impacting a supervisor's way of doing their job, their confidence and empowerment levels, their perception of CHWs' work, and how effectively they can monitor it.

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

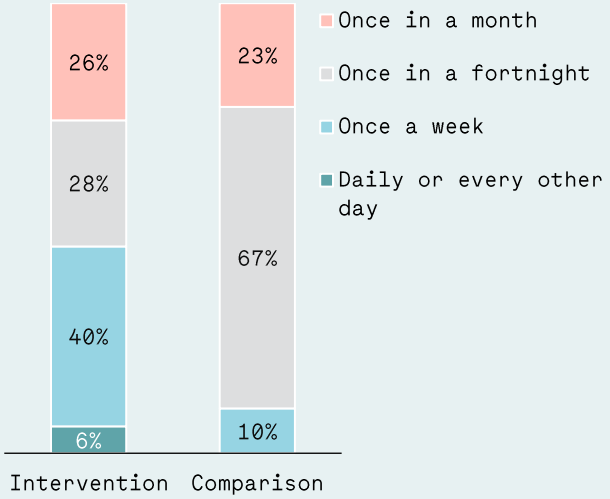
The key indicators in this section are:

- **Confidence and Empowerment**: How confident and empowered do supervisors feel to perform their day-to-day work?
- **Engagement with CHWs:** How frequently do supervisors engage with CHWs? Are they able to monitor the work of CHWs effectively?
- **Change in Way of Doing Job:** To what extent has the way supervisors do their job changed as a result of your training?

Nearly half of the intervention supervisors conduct daily or weekly debriefs. A tenth of comparison supervisors conduct them weekly.

Frequency of Debriefs with Community Health Workers

Q: How frequently do you have discussions or debriefs with community health workers? (n = 87 | Intervention = 47, Comparison = 40)



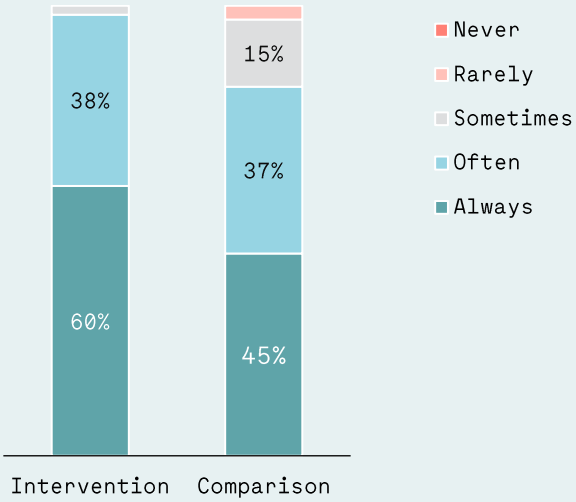
Intervention supervisors who report they are 'very confident' in their abilities are more likely to conduct weekly or daily debriefs with CHWs, compared to those who feel 'somewhat confident' (58% vs. 9%).

Confidence among intervention supervisors appears to be influenced by the degree of interactions with CHWs. Find out more on Page 11.

A higher proportion of intervention supervisors say CHW records 'always' match with those of their peers, than the comparison group.

Matching Data Records of Community Health Workers

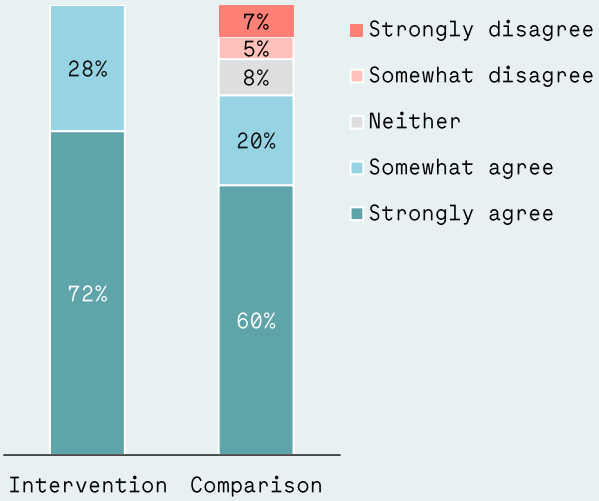
Q: How often do community health worker data records match with those of their peer community health workers? (n = 87 | Intervention = 47, Comparison = 40)



A higher proportion of intervention supervisors 'strongly agree' that CHWs provide timely referrals than comparison supervisors.

Timeliness of Referrals Provided by Community Health Workers

Q: To what extent do you agree or disagree with this statement: "Community health workers are able to provide timely referrals". (n = 87 | Intervention = 47, Comparison = 40)

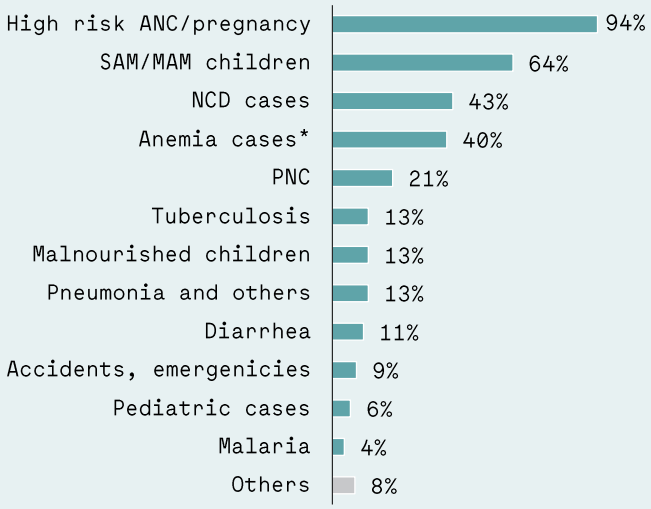


Across both supervisor groups, those saying CHW data records 'always' match with those of their peers are more likely to 'strongly agree' that CHWs provide timely referrals compared to those saying CHW data records don't always match. (83% vs. 49%).

Both groups provide referrals to high-risk ANC cases. Intervention supervisors mention SAM and MAM children more frequently.

Referrals Provided by Intervention Group Supervisors

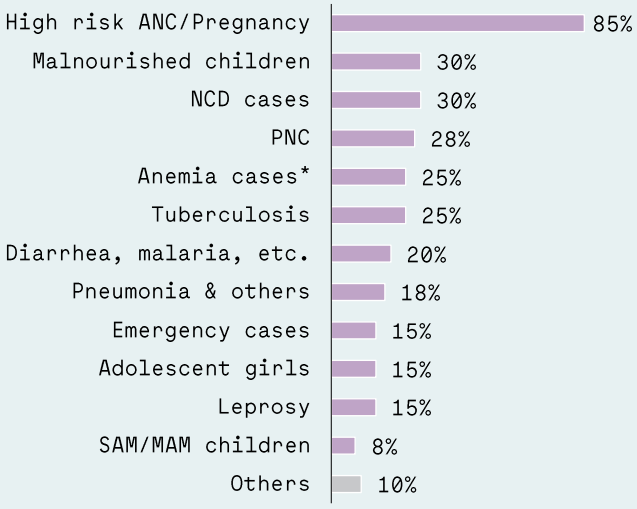
Q: Can you list the beneficiary groups whom CHWs provide referral services to? (n = 47) Open ended, coded by 60 Decibels.



*Anemic pregnant women & children

Referrals Provided by Comparison Group Supervisors

Q: Can you list the beneficiary groups whom CHWs provide referral services to? (n = 40) Open ended, coded by 60 Decibels.

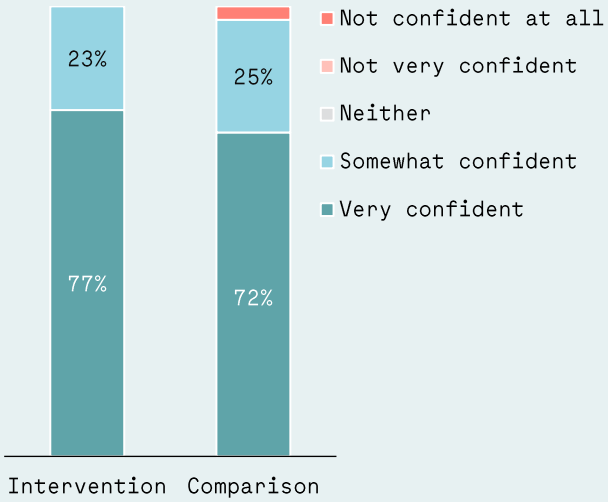


*Anemic pregnant women & children

Both groups report high confidence levels. Comparison supervisors are less likely to feel ‘very empowered’ performing their role.

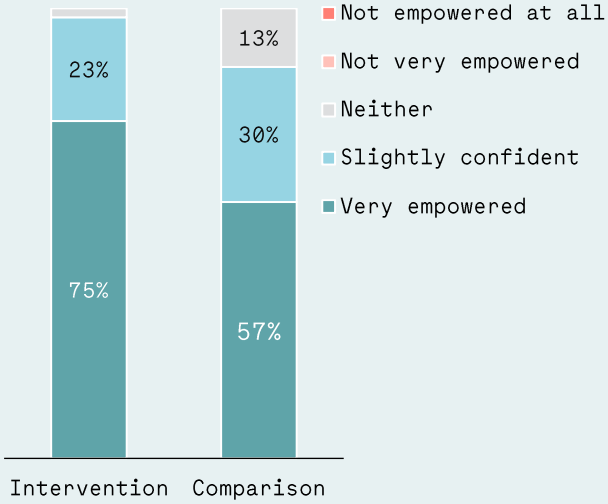
Degree of Confidence in Guiding Community Health Workers

Q: How confident do you feel in yourself and your abilities to provide guidance to community health workers? (n = 87 | Intervention = 47, Comparison = 40)



Perception of Empowerment to Perform the Role

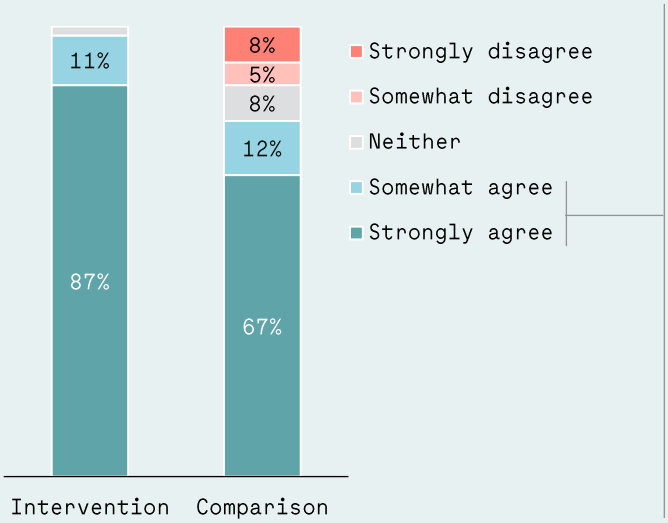
Q: How empowered do you feel in terms of performing your role on a day-to-day basis? (n = 87 | Intervention = 47, Comparison = 40)



9 in 10 intervention supervisors ‘strongly agree’ to monitoring CHWs effectively, compared to 7 in 10 comparison supervisors.

Ability to Monitor the Work of Community Health Workers

Q: To what extent do you agree or disagree with the following statement: “I am able to monitor the work of community health workers effectively”. (n = 87 | Intervention = 47, Comparison = 40)



Ability to Effectively Monitor the Work of Community Health Workers: Comparison Group

Q: Can you please explain your answer?* (n = 32). Open-ended, coded by 60 Decibels.

56%

talk about their ability to guide CHWs in a timely manner
(18 total respondents)

31%

mention that their tenure in the sector equips them
(10 total respondents)

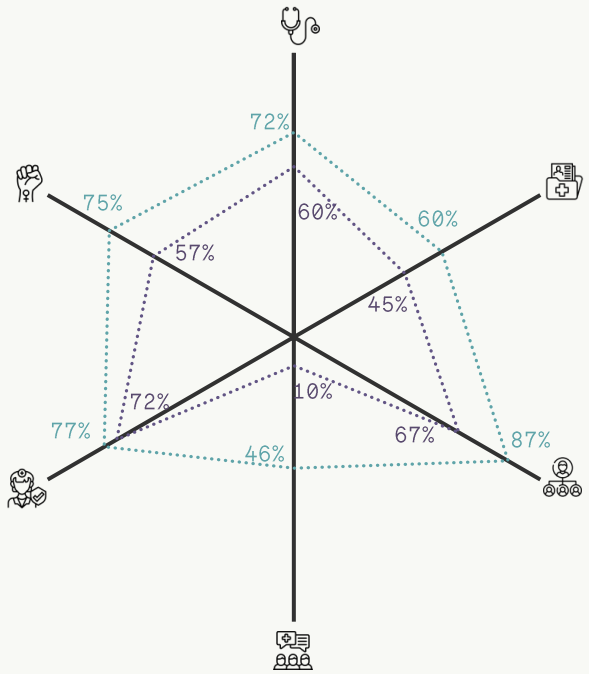
25%

report that CHWs are already experienced to do their work
(8 total respondents)

*Asked only to comparison group supervisors

Intervention supervisors appear to experience more positive outcomes than the comparison group.

Segmentation Analysis



Key

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

Data Matching of CHWs
% reporting CHW records 'always' match with those of their peers

Monitoring CHW Work
% who 'strongly agree' to effectively monitoring the work of CHWs

Frequency of Debriefs with CHWs
% reporting they conduct debriefs with CHWs daily or weekly

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

Empowerment
% reporting 'very empowered' to perform their day to day role

Results

Intervention n = 47

Comparison n = 40

An Insight

Intervention and comparison group supervisors perceive the performance of CHWs differently.

Supervisors who have been trained on the AAA Platform are more likely to say CHWs provide timely referrals and that their data records 'always' match with those of their peers, compared to their counterparts who are yet to begin the training.

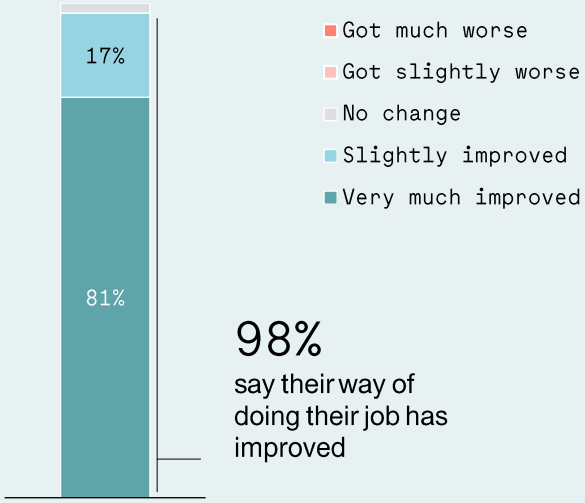
Supervisors who report that CHW data records 'always' match with those of their peers are also more likely to say that CHWs provide timely referrals, compared to those saying CHW data records don't always match. (66% vs. 35%). This may suggest that accuracy in data records is a pre-requisite for providing timely referrals.

Intervention Spotlight

Nearly all of the intervention supervisors say that their way of doing their job has improved because of the AAA Platform.

Changes in Way of Doing Job

Q: Has your way of doing your job as a supervisor changed because of Akshita Karyakram's training and the AAA Platform? Has it: (n = 47)



98%
say their way of doing their job has improved

> "Due to the map, it is convenient to work. We get all the information about houses which have a SAM child or a high-risk woman. So, we can provide better services.
> – Lady Supervisor, Female, 48

Supervisors say their way of doing the job has improved due to improved data accuracy, beneficiary identification, and coverage.

Supervisors Whose Way of Doing The Job Has Improved

How has your way of doing your job improved? Open-ended, coded by 60 Decibels. (n = 46)

59%
talk about CHW data being more accurate
(57% of all respondents)

57%
report improved identification of high-risk beneficiaries
(55% of all respondents)

44%
mention improved beneficiary coverage
(43% of all respondents)

35%
report time savings
(34% of all respondents)

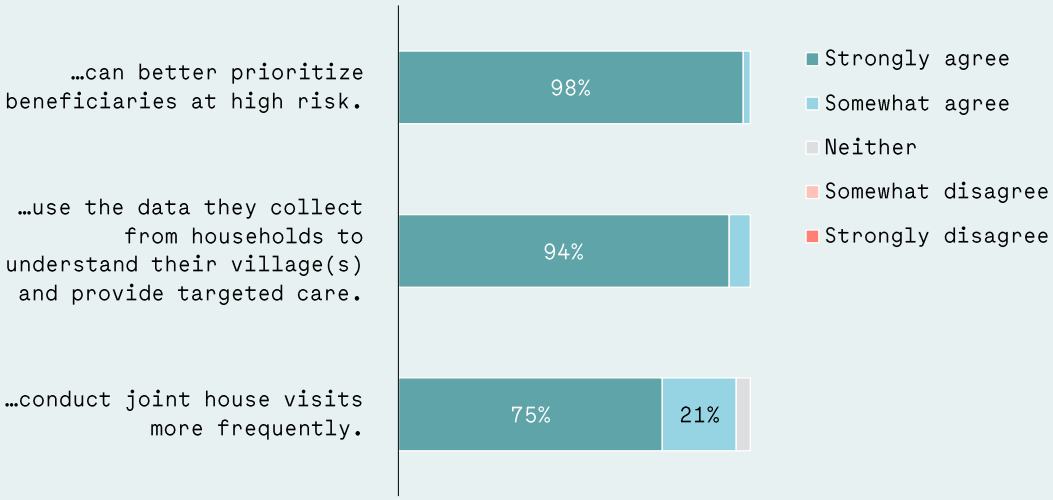
17%
mention greater confidence in doing their job
(17% of all respondents)

15%
talk about improved communication with beneficiaries
(15% of all respondents)

9 in 10 supervisors ‘strongly agree’ that CHWs can prioritize high risk beneficiaries and use collected data to provide targeted care.

Changes in Community Health Workers’ Performance

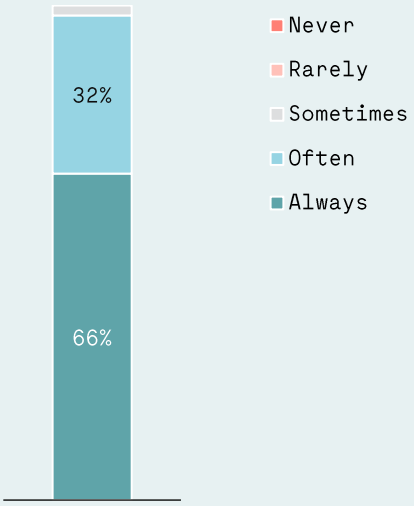
Q: To what extent do you agree or disagree with each of the following statements: “Community health workers [….]” (n = 47)



Two-thirds of the supervisors report that they ‘always’ review the data collected by CHWs during sector meetings.

Frequency of Reviewing Community Health Workers’ Data

Q: How frequently do you review the data collected by community health workers during sector meetings? (n = 47)

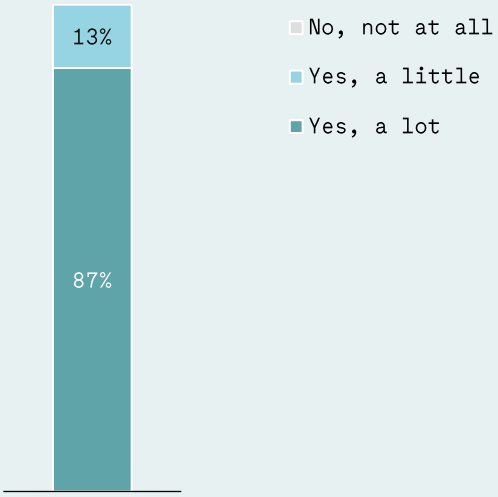


Supervisors who report that they ‘always’ review the data collected by CHWs are also more likely to ‘strongly agree’ to monitoring the work of CHWs effectively than those who review the data less frequently i.e., ‘often’ (66% vs. 34%).

Almost 9 in 10 supervisors report that the AAA Platform has aided ‘a lot’ of coordination between Health and ICDS departments.

Supervisors’ Perception of Changes in Coordination Between Health and ICDS Departments

Q: In your opinion, has Akshita Karyakram’s training and the AAA Platform facilitated better coordination between Supervisors in the Health and ICDS departments? (n = 47)



Indicators of Improved Coordination

Q: Can you please explain your answer? (n = 47) Open-ended, coded by 60 Decibels.

53%

report an increase in the frequency of inter-department interactions

53%

talk about collective data sharing and management

28%

bring up collaborative delivery of services

“

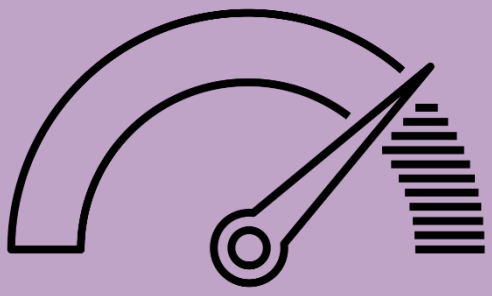
It is good that they are conducting meetings for Health and ICDS departments, so we can discuss each other’s work. It is easier to work in a coordinated manner.

– CHO, Female, 30

“

We used to work separately, so everyone’s data was separate. Now, all of us work together to match the data and have a shared village map which helps us prioritize high-risk houses.

– ASHA Sahyogi, Female, 38



03a: Experience Intervention Group

If your supervisors 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 supervisor satisfaction and loyalty. Additional insights on challenges and suggestions for improvement highlight areas you can improve.

These insights are specific to the intervention group.

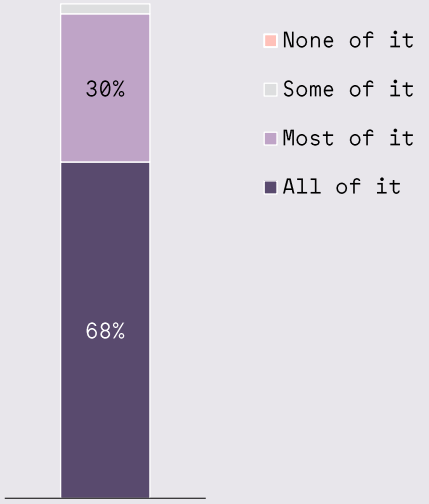
The key indicators in this section are:

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

Two-thirds of the supervisors say ‘all’ of the training was easy to understand while a majority found ‘all’ of it useful to their work.

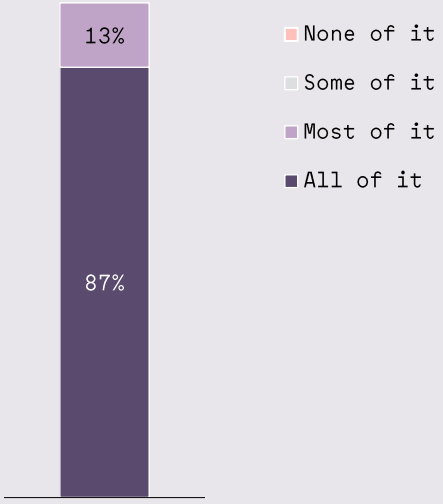
Ease of Understanding Training

Q: How much of the information you received from Akshita Karyakram’s training was easy to understand? (n = 47)



Usefulness of Training

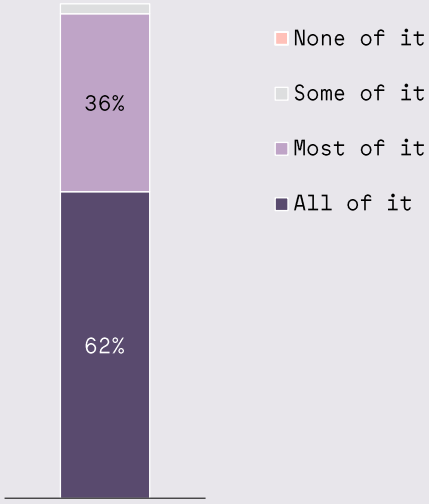
Q: How much of the information you received from the Akshita Karyakram’s training is useful to your work as a supervisor? (n = 47)



6 in 10 supervisors report they apply ‘all’ of the training to their work as a supervisor.

Application of Training to Work

Q: How much of the information from Akshita Karyakram’s training do you apply to your work as a supervisor? (n = 47)

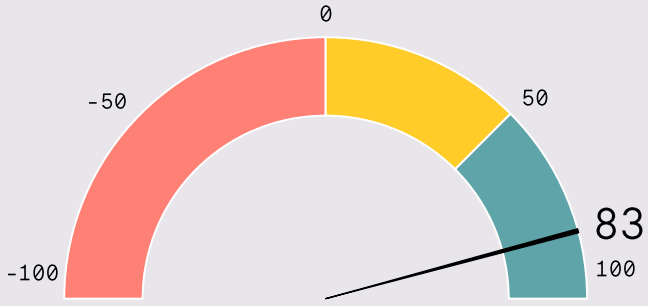


Supervisors who report applying ‘all’ of the training to their work are more likely to say they ‘always’ review the data collected by CHWs, than those who review the data less frequently i.e., ‘often’ (66% vs. 36%).

The AAA Platform has an NPS of 83, which is excellent and in the top 20% of the 60dB Health Sector Benchmarks.

Net Promoter Score® (NPS)

Q: On a scale of 0-10, how likely are you to recommend Akshita Karyakram's training and the AAA Platform to a peer supervisor, where 0 is not at all likely and 10 is extremely likely? (n = 47)



NPS = 83% Promoters (9-10 likely to recommend) - 0% 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 supervisors rating 9 or 10 ('Promoters') minus the percent of supervisors 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 83, which is excellent.

Promoters value the training delivery and easier identification of beneficiaries. Passives need better understanding of concepts.

83% are Promoters

They love:

1. Trainers explaining concepts and resolving doubts
(54% of Promoters / 45% of all respondents)

2. Easier identification of high-risk beneficiaries
(54% of Promoters / 45% of all respondents)

3. Improved knowledge on data management and coordination
(51% of Promoters / 43% of all respondents)

17% are Passives

They like:

1. The ability to guide beneficiaries about health services
(4 respondents)

2. Easier identification of beneficiaries
(4 respondents)

But complain about:

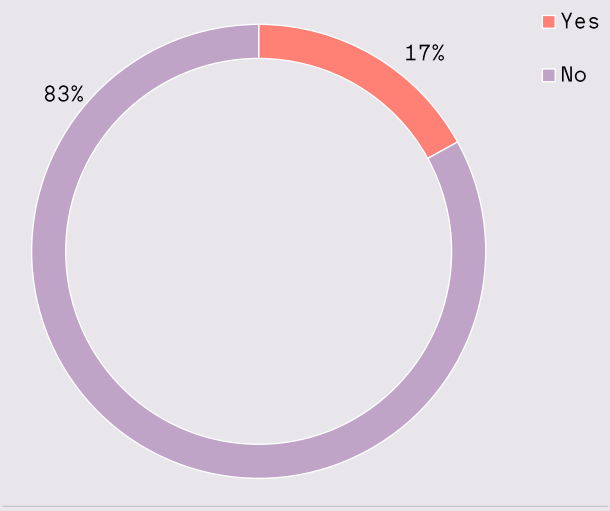
1. Poor understanding of concepts
(3 respondents)

0% are Detractors

Nearly 1 in 5 supervisors report facing a challenge with the AAA Platform.

Proportion of Supervisors Reporting Challenges

Q: Have you experienced any challenges engaging with Akshita Karyakram's trainings and AAA Platform? (n = 47)



●●○○○

BOTTOM 40% - 60dB Benchmark

> "After [the training], our responsibility has increased. Earlier, I was responsible only for my department. Now, I have to attend more meetings.
>
> – ASHA Sahyogi, Female, 44

Supervisors primarily complain about CHWs not being skilled enough to perform their day-to-day activities.

Most Common Challenges Faced by Supervisors

Q: Please explain these challenges (n = 8). Open-ended, coded by 60 Decibels.

4 supervisors

say less skilled CHWs interfere with their ability to apply learnings from the training

4 supervisors

talk about challenges because they are new trainees

> "CHWs who are less educated are unable to do their work quickly. They don't understand anything at once due to which our figures do not match.
>
> – Lady Supervisor, Female, 50

53% of supervisors had no suggestions. Of those who shared one, refresher trainings for CHWs was the top suggestion.

Suggestions for Improvement

Q: What about Akshita Karyakram's training and the AAA Platform can be improved? (n = 22*). Open-ended, coded by 60 Decibels.

9 supervisors

mention the need for refresher trainings for CHWs

"CHW are not able to implement learnings, due to which problems arise. More trainings are required for CHWs.

- CHO, Female, 26

3 supervisors

talk about including more topics in the training

"Family planning is not included. Although they speak about this, they do not focus on it.

- Lady Health Visitor, Female, 42

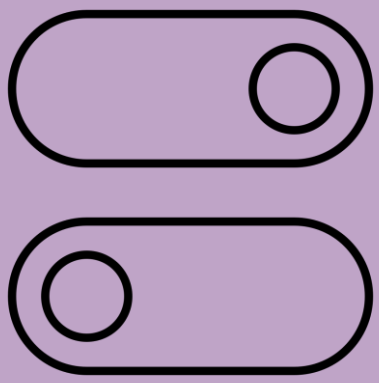
2 supervisors

brought up the need for conflict resolution between departments

"I want them to coordinate between both departments. ASHAs gets paid less than AWWs, which creates conflict.

- ASHA Sahyogi, Female, 32

*This number excludes supervisors who had no suggestions to share.



03b: Experience Comparison Group

How do supervisors, 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.

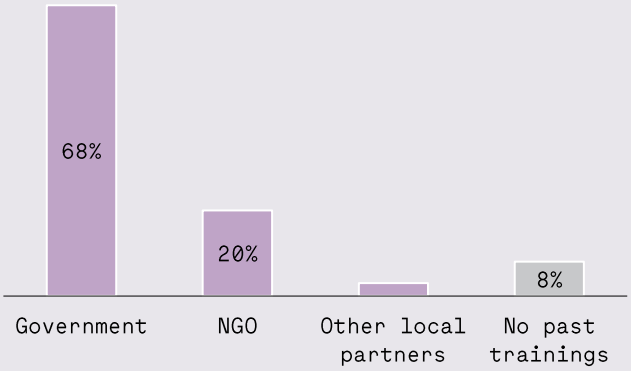
The key indicators in this section are:

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

Over two thirds of comparison supervisors have been trained in the past by the government.

Past Trainings Received: Sources

Q: What type of trainings have you received so far to perform your role as a supervisor? (n = 40). Open-ended, coded by 60 Decibels.

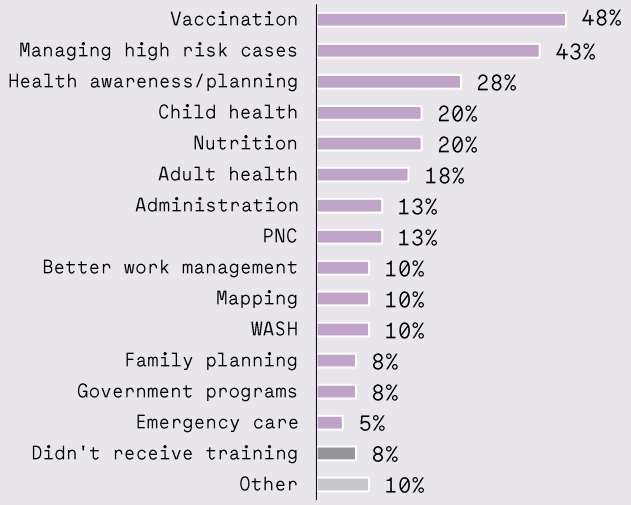


> For trainings, we go to Khargone where the Health Department officials provide insights on HBYC and HBNC. We learnt how to reduce child mortality and promote growth in children and newborns.
> – ASHA Sahyogi, Female, 32

Half of the supervisors were previously trained on vaccination and management of high-risk cases.

Past Trainings Received: Topics Covered

Q: What type of trainings have you received so far to perform your role as a supervisor? (n = 40)

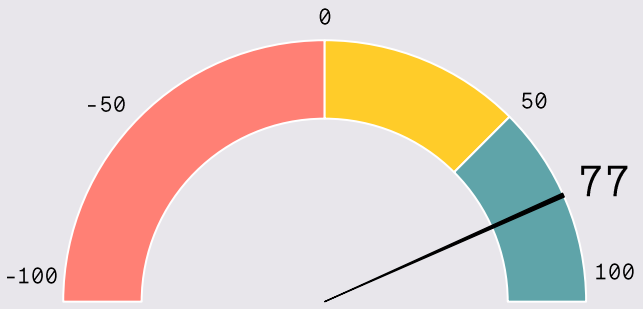


> Block Program Managers provide us trainings at Khargone and Bhagwanpura block on Covid, measles and polio vaccination, along with their dosage, duration, and precautions to be taken.
> – Multipurpose Supervisor, Male, 59

Past trainings received by comparison supervisors have an NPS of 77, which is lower than the NPS for the AAA Platform.

Net Promoter Score® (NPS) of Past Trainings

Q: On a scale of 0-10, how likely are you to recommend the past training(s) to a peer supervisor, where 0 is not at all likely and 10 is extremely likely? (n = 38)



NPS = 82% Promoters (9-10 likely to recommend) – 5% Detractors (0-6 likely to recommend)

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

The score can range from -100 to 100. The comparison group trainers have an overall NPS of 77, which is good.

Promoters and Passives value gaining knowledge on technology and programs. Detractors want to see more frequent trainings.

82%
are Promoters ☺

They love:

1. Gaining relevant sectoral knowledge
(75% of Promoters / 58% of all respondents)

2. Having an avenue to grow in their role as a supervisor
(55% of Promoters / 43% of all respondents)

3. Increased confidence in dealing with challenges
(29% of Promoters / 23% of all respondents)

13%
are Passives 😐

They like:

1. Gaining relevant sectoral knowledge
(3 respondents)

2. Acquiring skills to identify beneficiaries for referrals
(1 respondent)

3. Good trainers
(1 respondent)

5%
are Detractors ☹

They want to see:

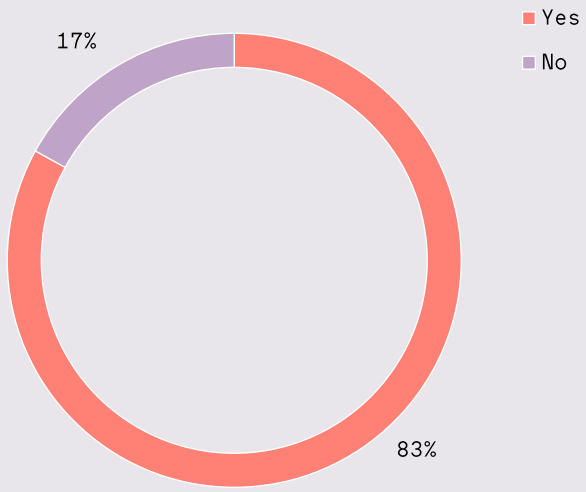
1. More frequent trainings
(1 respondent)

2. Trainings updated with new topics relevant to their role
(1 respondent)

Over 4 in 5 supervisors report facing a challenge when engaging with community health workers.

Supervisors Reporting Challenges When Engaging with CHWs

Q: Have you experienced any challenges when engaging with community health workers? (n = 40)



Supervisors who do not report challenges are more likely to also report that CHW data records 'always' match with those of their peers, than those who report challenges (33%).

One of the top reported challenges includes supervisors having to work with less skilled CHWs (see more below) – this could explain why those reporting challenges are less likely to report data records matching among the CHWs they work with.

2 in 5 supervisors report being unable to convince beneficiaries and mention lack of health awareness within communities.

Most Common Challenges Faced by Supervisors

Q: Please explain these challenges. (n = 33). Open-ended, coded by 60 Decibels.

40%

are unable to convince beneficiaries to take up ideal health behaviours
(33% of all respondents)

37%

bring up lack of health awareness about in communities
(30% of all respondents)

28%

speak of less skilled CHWs hindering their performance
(23% of all respondents)

> "We face challenges with rural women who don't consider health services important. Spreading awareness among them is difficult. We accompany CHWs in these areas to help convince them.
>
> – ASHA Sahyogi, Female, 36

A quarter of the supervisors report needing better infrastructure to perform their role, along with more frequent trainings.

Opportunities to Support Supervisors

Q: What would help you perform your role better within the community? (n = 40). Open-ended, coded by 60 Decibels.

25%

talk about the need for better infrastructure
(Electricity and water at facilities)

“

In CHCs, there is no facility to treat severely burned people and accident cases. We refer them but due to lack of facilities, there is a high chance of loss of life.

- ASHA Sahyogi, Female, 42

23%

call for more frequent trainings

“

If we can get regular trainings to refresh our role, it would really help. We need trainings related to handling situations like Covid and high-risk pregnant ladies.

- Lady Health Visitor, Female, 57

18%

want more topics covered in trainings
(Care during Covid, emergencies, etc.)

“

We have not received trainings to deal with emergencies such as snake-biting and poisoning. It would be better if we could provide emergency care to people.

- ASHA Sahyogi, Female, 41

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
Satisfaction					
Net Promoter Score	NPS, on a scale -100 to 100	83	41	45	45
No Challenges	% experiencing challenges	17	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 supervisors?

Questions the Team Answered

- Most common answer when supervisors were asked how much of the Akshita Karyakram training they apply to their daily work

  Guess: 'Most of it'
  Actual: 'All of it'

- Top driver of satisfaction with the AAA Platform and Akshita Karyakram, as reported by supervisors

  Guess: Improved coordination across cadres
  Actual: The quality of training delivery

- Most common answer when supervisors were asked how frequently they review the data of CHWs during sector meetings

  Guess: Often
  Actual: Always

- Most common answer when supervisors were asked about AAA Platform facilitating better coordination among supervisors in Health & ICDS departments

  Guess: Yes, a lot!
  Actual: Yes, a lot!

Thank you to

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

For taking the staff quiz!

Congratulations to

> **Atul Deep**

who answered the most questions correctly!

Methodology

About the 60 Decibels Methodology

In December 2022 and January 2023, 60 Decibels' trained researchers conducted 87 phone interviews with two groups of supervisors in the Indian community healthcare ecosystem: The Intervention Group trained by The Antara Foundation and the Comparison Group who are yet to receive the training. The supervisors 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	330
Interviews Completed	87
Response Rate	70%
Languages	Hindi
Average Survey Length	18 mins
Confidence Level	90%
Margin of Error	8%

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 customers.

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 supervisors 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 and next steps.
- [ ] 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.

“

Akshita Karyakram's training is very useful. They train us on mapping the village and colour-coding with bindis that helps identify pregnant women with high-risk.

– Lady Supervisor, Female, 52

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

Prithvi Alur
prithvi@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 LGT VP and The Antara Foundation.