

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
STARRED QUESTION NO. †*306
TO BE ANSWERED ON 21ST MARCH, 2025**

KILKARI PROGRAMME

**†*306: Dr. SHIVAJI BANDAPPA KALGE:
SMT. DELKAR KALABEN MOHANBHAI:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the date on which the Kilkari Programme has been launched and the names of States which are covered therein, State/UT-wise particularly in Sambhaji Nagar district of Maharashtra and Dadra and Nagar Haveli district of UT;
- (b) the manner in which the Kilkari Programme addresses the maternal and child health challenges in the country;
- (c) whether the call services handled successfully for health services under the said programme have impacted the overall reach and effectiveness of the said programme so far; and
- (d) if so, the details thereof?

ANSWER

**THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)**

(a) to (d): A Statement is laid on the Table of the House.

**STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION
NO. †*306 FOR 21st MARCH, 2025**

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(a) to (d): The Kilkari program is a mobile based service launched on 15th January 2016 as a part of its Digital India initiative, for new and expectant mothers aimed at encouraging them to make healthier choices for their new-born care by delivering messages about pregnancy, childbirth and childcare directly to the beneficiaries.

It is an audio based service and hence overcomes the literacy challenges of rural India. Kilkari delivers free, weekly, time appropriate audio messages about pregnancy, child birth and child care via Interactive Voice Response (IVR) to women registered in RCH portal. Messaging begins in the second trimester of pregnancy and continues until the child is one-year-old. The pregnant mother data is fetched from RCH portal to Kilkari through web service which has been implemented between both the applications.

The program informs mothers and families about behaviours and practices to be adopted during pregnancy and infancy. The weekly messages help families to educate, remind and also reinforce the prioritized actions for each week during this crucial period. This action not only saves lives of pregnant women and children from several risks but also ensures a healthy outcome.

The Kilkari project is currently operational in 27 States/UTs namely Andhra Pradesh, Andaman & Nicobar Islands, Assam, Bihar, Chhattisgarh, Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tripura, Uttar Pradesh, West Bengal, Uttarakhand, Gujarat, Maharashtra, Karnataka, Goa, Dadra & Nagar Haveli and Daman & Diu, Arunachal Pradesh, Manipur, Mizoram and Nagaland. Currently, Kilkari program is running in 13 languages viz. Assamese, Bengali, Bhojpuri, Gujarati, Hindi, Kannada, Konkani, Marathi, Meitei, Mizo, Odia, Telugu and English.

The number of successful calls achieved under Kilkari project during last few years is given below:

Successful calls achieved under Kilkari

S. No.	Year	Total Number of Successful Calls
1	2017-18	6,44,29,759
2	2018-19	8,34,19,787
3	2019-20	8,00,04,848
4	2020-21	7,32,10,598
5	2021-22	4,75,45,063
6	2022-23	7,71,16,051
7	2023-24	9,80,83,574
8	2024-25 (Till Feb'25)	16,22,94,406

In Maharashtra State, a total of 1,77,65,144 successful calls were achieved in FY 2024-25 (upto February 2025) and 7,54,094 successful calls were achieved in the district of Chhatrapati Sambhajnagar of Maharashtra. Similarly, a total of 59,414 successful calls were achieved in FY 2024-25 (upto February 2025) in the Union Territory of Dadar & Nagar Haveli and Daman & Diu (DNH & DD) and 35,097 successful calls were achieved in the district of Dadra & Nagar Haveli.

The calls have been helpful to mothers and families in all states due to its uniqueness in nature. The information provided through audio messages are helpful in terms of ante and postnatal care as well as nutrition. The messages were especially tailored according to the gestational period of each beneficiary which gave them a sense of acknowledgement. The messages were helpful in giving timely information to beneficiaries about the appropriate healthcare services to be sought. Kilkari complemented ASHAs work of mobilising beneficiaries to access health services and reduced the burden on them. Continued Kilkari support to families has led to changes in behaviours and has also improved service utilisation. It has also proved useful during the pandemic when it was difficult to hold physical visits and awareness campaigns to encourage healthcare seeking behaviour.
