



armman

Advancing Reduction in Mortality and Morbidity
of Mothers, Children and Neonates

Delivering India's Future



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Over the years, India has witnessed a substantial decline in maternal and child deaths. But having said that, the figures still remain too high. Despite being able to curb maternal mortality rate—a 65 per cent drop since 1990—India still lags behind the UN-mandated Millennium Development Goal of:

- Reducing maternal mortality ratio by 75%
- Providing universal access to reproductive health

India also has the highest number of under-five deaths in the world, with 1.4 million children dying before reaching their fifth birthday.

One of the major challenges, as identified by the stakeholders, faced by India is lack of access to accurate preventive care information about pregnancy, childbirth and childcare.

With its evidence-based and sustainable interventions, ARMMAN has set itself on changing these statistics by bridging the gap between knowledge and access to preventive care information.



- Nearly five women die every hour in India from complications arising during childbirth, accounting for 17% of deaths globally. One of the major causes of maternal deaths is postpartum hemorrhage
- More than half the women in the childbearing age group in India are anaemic
- 320 AIDS-related indirect maternal deaths occurred in India in 2013

**One in 5 newborns who die within four weeks of birth are Indian.
The main causes of neonatal deaths are:**

Preterm Births Severe Infection Asphyxia Congenital Anomalies Tetanus

About 55% of the world's underweight children under five are Indians

According to the Health Ministry, India's current newborn mortality rate stands at 29 per 1,000 live births

The country's under-5 mortality rate is even more serious at 49 per 1,000 live births

Data by WHO



What ARMMAN does

We at ARMMAN aim to improve the well-being of pregnant women, infants and children in the first five years of their lives by making preventive care information easily accessible.

A secular, India-based non-profit organisation, the name ARMMAN (meaning a wish in Hindi) is an acronym for Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates.





Underprivileged pregnant women, infants and children are at core of our interventions

ARMMAN stands for a fervent wish that no mother, neonate, infant or child in India dies for want of healthcare.

We partner with corporate donors, local communities, government bodies and NGOs in rural and urban India to implement programmes that help underprivileged pregnant women, infants and children access their rights and entitlements when it comes to healthcare.



To design and implement sustainable interventions, cost-effective programmes with objective measurable outcomes and demonstrable impact and work with the public health system, wherever possible, to reduce maternal, neonatal and child mortality and morbidity in the underprivileged urban and rural communities of India.

To enable healthy pregnancy, motherhood, infancy and childhood for every woman and child respectively in India.



OUR CORE VALUES



Transparency
&
Truthfulness

While responsibly maintaining ourselves, we need to integrate self-development and individual concerns with our public concerns, focusing on the higher and broader levels of ARMMAN's services. All our activities should be guided by our higher purpose and the ultimate aim of helping the women and children we yearn to serve. We should be exemplars of genuine giving out of concern for the welfare of other without the primary goal of our own enhancement or profit.



Service
Beyond
Self

We should always demonstrate highest ethical behaviour, unshakeable integrity and implement ethical interventions. We should be truthful, transparent and accountable in our dealings with our donors, programme beneficiaries, colleagues, partner organisations, government and the general public.



Continuous
Improvement

Learn every day from the ground. Apply these learning to advance self and progress in an effective manner. Implement data driven and evidence-based iterations to our programmes to achieve depth of impact and scale.



Respect

We should recognise that all people, including our colleagues are born free and equal in dignity and rights and should be sensitive to the moral values, religion, customs, traditions and cultures of the communities we serve.



Collaboration

Collaborate with each other to create a strong team ARMMAN. Partner for success with other NGOs social ventures and government bodies to scale up our programmes.



Commitment to Vision & Ownership

We should maintain our founding spirit and passion, keeping our tangible dreams while learning from our victories and failures. Be committed in everything we do Individual commitment translates into organisational productivity and efficiency, which is needed to fulfill our vision.



Cost Efficiency & Accountability

Achieve more with less. We should keep our overheads as low as possible. We should be accountable for our actions and decisions, primarily to the mothers and children we serve and also to our funding agencies, the government, partner organisations and the public at large.

Where ARMMAN works



ARMMAN attempts to serve pregnant women, infants and children from areas with low socio-economic indicators



Maharashtra

- Mumbai Metropolitan Region
- Solapur
- Washim
- Osmanabad



Founder's Message

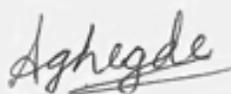
“ Though I am a doctor and have a non-technology background, it became apparent to me that technology was the one tool that would truly make a dent on the woeful maternal and child health statistics in the country.

India's maternal and child health statistics are woeful. Given the magnitude of conundrum, it was obvious from the very beginning that to bring about a change, scale had to be ARMMAN's mantra. But it was equally important that we straddle the fine balance between depth of impact and scale. Impact could not be sacrificed at the altar of scale, yet the programmes could not be so resource intensive in terms of human capital that they were too expensive to scale across.

The third important principle that had to be ARMMAN's axiom was objective programmes with measurable impact. Though I am a doctor and have a non-technology background, it became apparent to me that technology was the one tool that would help us create programmes that incorporate all these principles seamlessly and truly make a dent on the woeful maternal and child health statistics in the country.

It is one thing to dream but quite another to actualise the plan. I am happy to inform you that the mMitra programme, which adheres to all the axioms, is truly on the verge of a massive scale. I am thrilled to share this annual report with you to not just read about the massive expansion of the programme but also to learn about the impact it has created that is being proved in the well-designed studies.

The randomised cluster trial in rural Maharashtra ended in December 2015 and we are delighted that the results are heart-warming. They show great impact of both our mMitra and Arogya Sakhi Home-Based Maternal and Infancy Care. ARMMAN may now be on a course to meet the expectations set by our tagline—help 'deliver India's future'.



Dr Aparna Gopalkrishna Hegde
Founder and Managing Trustee, ARMMAN



The Three Delays Model

The three delays model explains the complex political, socio-economic and medical factors that prevent women from getting the care they need at the right time. This delay leads to high maternal, neonatal and child mortality rates in India.

THE FIRST DELAY



Delay in taking a decision to seek care due to:

- The low social status of the women
- Poor understanding of complications and risk factors during pregnancy and when to seek medical help
- Previous poor experience of healthcare
- Financial implications

THE SECOND DELAY



Delay in reaching care due to:

- Distance to health centres and hospitals
- Lack of availability and cost of transportation
- Lack of preparation for complications
- Unavailability of skilled attendants or midwives

THE THIRD DELAY



Delay in receiving adequate care due to:

- Poor facilities and lack of medical supplies
- Inadequately trained and poorly motivated medical staff
- Inadequate referral systems

Reduction of the first and second delays involves increasing birth preparedness and complication readiness by planning interventions at the community level. This includes raising awareness of danger signs and improving access to information, communication and transportation.

The best and most cost-effective strategy for reducing the third delay and also maternal mortality is to provide Emergency Obstetric Care (EmOC) services within the reach of all pregnant women.



OUR PROGRAMMES



55,850
WOMEN ENROLLED
ACROSS MUMBAI
METROPOLITAN REGION
IN MAHARASHTRA

mMitra

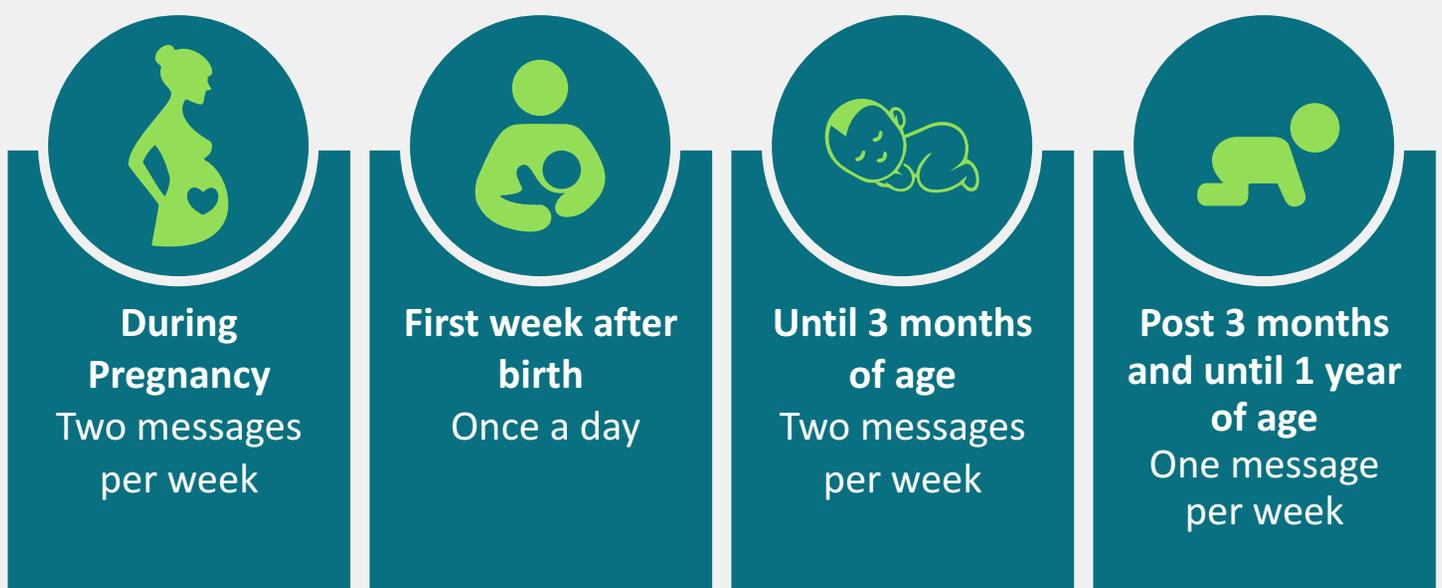
Launched with support from MAMA (Mobile Alliance for Maternal Action), mMitra is a free voice call service that provides comprehensive information on preventive care to reduce maternal and infant mortality and morbidity in urban and rural areas of India. MAMA is a public-private partnership between USAID, Johnson & Johnson, the United Nations Foundation and BabyCenter.

The mMitra messages are sent once or twice a week directly to the enrolled women in their chosen language and time slot. The voice messages have been developed by ARMMAN in partnership with BabyCentre. Furthermore, they have been validated by experts from the national medical bodies—the Federation of Obstetrics and Gynecological Society of India (FOGSI) and the National Neonatology Forum (NNF)—besides being pretested in the community.

mMitra leverages the unique opportunity of using mobile technology to reach out to pregnant women and mothers of infants with relevant information.



145 messages, 60 to 120 seconds long, with preventive care information in Hindi, Marathi and Kannada are sent with the following frequency:



ENROLLMENT

The women are enrolled through two verticals



Health workers are posted at the antenatal and the postnatal wards of the municipal hospitals and maternity homes where the women are registered during their first check-up visits.

HOSPITALS



COMMUNITIES



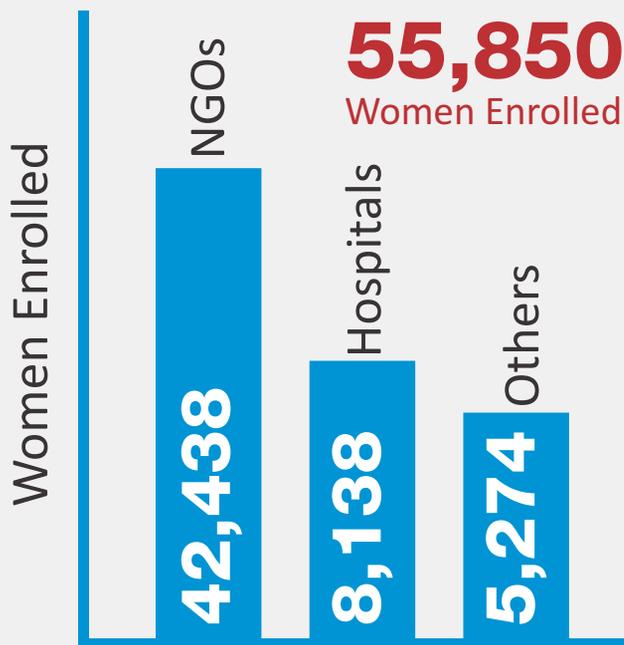
Enrollments in the slums are done through partner NGOs working in the communities. *Sakhis* (health friends) are trained to enroll women directly into the programme during the early stages of their pregnancies for a small incentive.

The *sakhis* are equipped with mobile phones or tablets which are coded with eight short animations on important topics related to maternal and infant healthcare. The animations help the *sakhis* in reinforcing the information provided by the calls and involving the families of the women in the process.



Maharashtra
Mumbai Metropolitan Region

Channel wise enrollment



Partners



2,368 *Sakhis* (health friends) were trained to track healthcare services for mothers, infants and children

Maximising outreach with the help of partners



Johnson & Johnson

Area of support	Mumbai Metropolitan Region
The social issue being addressed	Antenatal and postnatal care
Number of partner hospitals	18
Total number of women enrolled	50,936



glenmark FOUNDATION

Area of support	Sion Hospital, Mumbai
The social issue being addressed	Antenatal and postnatal care
Total number of women enrolled	4,914



**‘One mMitra
call saved me
and my baby’s life’**



**Tabassum Naushad Sheikh, 27
Mumbai, Maharashtra**

For Tabassum Naushad Sheikh, it's a new lease of life. “Had it not been for a mMitra call, I could have either transmitted the disease to my newborn or we both could have died,” says the 27-year-old expecting mother.

Tabassum was diagnosed with tuberculosis during the fifth month of her pregnancy. “I used to experience pain in my chest and had cough for quite some time. I had lost my appetite due to which I used to feel fatigued all the time. I had lost considerable weight as well, something I attributed to my growing pregnancy,” remembers Tabassum.

However, a call from mMitra completely toppled her world upside down; she feared suffering from tuberculosis. Tabassum got herself tested and the doctors confirmed that she was infected. She was immediately put on a treatment. “Timely intervention is what saved my and my baby's life and I thank mMitra for that. I feel better now,” she says.

Tabassum feels that the calls have not only educated her about so many aspects of pregnancy but have also brought in a behavioural transformation in her husband. “My husband ensures that I do not miss a single call. He has never been so caring,” chuckles Tabassum, adding, “He told me that I should always keep *chana* (black chickpea), *gudd* (jaggery) and water handy.”

Tabassum wishes that mMitra should have touched her and her family's life way before this. “As this could have helped me raise my three-year-old daughter in a much better and a confident way,” she says. Tabassum ensures that she educates her neighbours about the transformation that mMitra has brought about in her life. “I want every woman to be equipped with adequate knowledge so that no life is lost during the beautiful journey called motherhood.”



Arogya Sakhi Home-Based Antenatal and Infancy Care



Arogya Sakhi is a home-based antenatal and infancy programme that trains women from the community to give home-based preventive care and perform diagnostic during antenatal and infancy period, leading to timely intervention with appropriate treatment. Besides, the programme visualises the creation of women entrepreneurs who are able to provide affordable healthcare to women and children in the villages at a nominal fee.

The Arogya Sakhis act as maternal and child health advocate in the village, assist the ASHA workers and act as a liaison between the community, the ASHA workers and the government health system.

The Arogya Sakhis are trained to perform comprehensive home-based antenatal and infant care through diagnostic tests that help in prompt referrals in case of high risk factors. Each Arogya Sakhi is provided with a medical kit with necessary equipment to perform checks for haemoglobin levels, blood sugar, urine, blood pressure, foetal doppler and anthropometric measurements, among others.

The Arogya Sakhis are provided with an app that guides them through the process by helping them in identifying high risk signs and symptoms and generating alerts in case of immediate interventions. Besides, 21 videos in Hindi and Marathi have been added to the app that guide the sakhis on different examinations and tests to be conducted during pregnancy and childhood.

Number of villages covered

250

THE SOCIAL ISSUE BEING ADDRESSED
Antenatal and postnatal care

Total number of women and
infants benefitted

1,262

Number of sakhis
trained to become
women entrepreneurs

83



Area of support

Solapur, Washim, Osmanabad
districts in rural Maharashtra



I was able to convince a vegetarian household about the benefits of consuming eggs during pregnancy

Shashikala Fadtare, 23, Arogya Sakhi, Vinchur village, Solapur, Maharashtra

“My work just not ends at providing healthcare services to the women in my village. It extends beyond that,” says Shashikala Fadtare. The 23-year-old is a trained health entrepreneur, providing affordable healthcare services to the women and children in her village. However, for Shashikala, her biggest satisfaction has been the behavioural changes that she has brought about through her services.

Shashikala shares an experience. “A woman in my village, who had undergone two abortions and was pregnant for the third time, requested for my services. After speaking to her, I realised that she wasn't taking a nutritious diet and adequate calcium, iron and folic acid supplements. She informed me that her mother-in-law was against taking such supplements as she believed that they could induce deformity in the newborn,” she narrates.

Shashikala immediately realised that it is not going to be an easy job. “Besides educating the woman, it had become imperative to educate her mother-in-law as well. Also, I had to win their confidence,” she adds.

Shashikala set herself on the job. “I started visiting their house daily. I spoke to them about the smallest things that could have an adverse effect on the pregnancy. I educated them about anaemia and how dangerous it can be for the mother and the baby as well. The various animation videos developed by ARMMAN helped me in gaining their confidence,” she adds. However, Shashikala's biggest feat has been to able to convince the woman and her mother-

in-law about the benefits of having eggs during pregnancy regularly. “I convinced the mother-in-law about the benefits of having eggs regularly during pregnancy. It wasn't an easy accomplishment since I was dealing with a vegetarian household. However, my patience and hard work paid and the woman started consuming eggs,” says Shashikala. The woman had a safe delivery and the baby girl is six-months-old now.

And that was just a beginning. Shashilaka soon was approached by the other women in the village to counsel and help them during pregnancy. “Today, most of the pregnant women depend on me for pregnancy related advice and information. It feels nice,” she adds.

“Today, most of the pregnant women depend on me for pregnancy related advice and information. It feels nice.”



During medical emergencies and natural disasters, precious minutes can be lost running from hospital to hospital, trying to find ICU beds or the required blood type. HERO (Helpline for Emergency Response Operations) aims to bridge this gap.

The 24x7 platform aims to provide real time information about the availability of ICU beds in all the hospitals and blood units at all blood banks in Mumbai through the establishment of a helpline, website, SMS, and a mobile app and thus save lives.

We believe that HERO will form an important component of the disaster management preparedness in the city by providing a crucial service during mass emergencies such as terror attacks and natural disasters like earthquakes and floods.

ARMMAN initiated the project with its technical partner Inscript as a pilot at LTMGH (Sion) Hospital, Mumbai, to develop software application modules that will link the hospital's admission counter with the ICU, blood bank and other crucial departments. The system will let the departments track their patient's visits, diagnosis and treatment, discharge history, availability of ICU beds and blood type in the hospital.

A real time, 24x7 platform to provide information about availability of ICU beds and blood units in Mumbai



The way ahead for ARMMAN



ARMMAN continuously strives to strengthen its commitment towards serving the underprivileged pregnant women and children with sustainable and viable interventions

Mother and Child High Risk Factor Tracking with SMS Alert System



The Mother and Child High Risk Factor Tracking with SMS Alert System is a comprehensive mobile-based tool that collates information and thus, supports the work of auxiliary nurse midwife (ANM) to ensure that mothers and children with high risk factors are picked up early and referred in time.

Under this programme, the ANMs will be provided with android-based mobile phones or tablets with an app that will have preloaded antenatal, postnatal, infancy and childhood forms. These forms will help the ANMs to record signs and symptoms in mothers and infants and perform diagnostic investigations if need be. This will in turn help the ANMs to provide intuitive and real-time situational alerts and avert complications.

The project will be undertaken in the Nandurbar district of Maharashtra with support from Tata Trusts.



Awards & Accolades



Finalist in the health category for the mBillionth Award in 2014



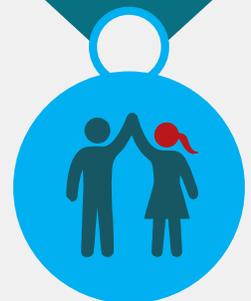
Won the People's Choice Award 2011, held in Washington DC



Covered by 35 English, Hindi and regional dailies



Acknowledged by DNA as one of the significant developments for women for the year 2014



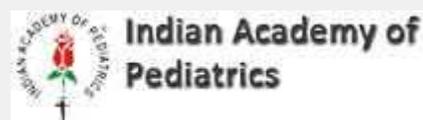
Our Supporters



ARMMAN has fostered ties with stakeholders, donors and volunteers who have helped us maximise our outreach and scale up results. We thank them all.



TATA TRUSTS



Partner Hospitals



Aakurli Maternity Home

Brahmakumari's BSES Municipal General Hospital, Andheri

Chembur Naka Maternity Home

Dr Babasaheb Ambedkar Municipal Hospital

Dr R.N. Cooper Municipal General Hospital, Juhu

Gramin Rugnalaya, Panvel

Hindu Hruday Samrat Balasaheb Thackeray Trauma Care
Municipal Hospital, Jogeshwari

Indira Gandhi Memorial Hospital, Bhiwandi

K.B. Bhabha Municipal General Hospital

King Edward Memorial Hospital Hospital, Parel

Lokamanya Tilak Municipal General Hospital and Medical College, Sion

Naigaon Maternity Home

B.Y.L. Nair Hospital, Mumbai Central

Oshiwara Maternity Home

Rajawadi Hospital, Ghatkopar

S.V.D. Savarkar Municipal General Hospital, Mulund

Urban Health Care Centre (Chhota Sion), Dharavi

V.N. Desai Municipal General Hospital, Santacruz

Partner Organisations



Apnalay

Bhartiya Stree Shakti (BSS)

Committed Community Development Trust (CCDT)

Darshna Mahila Sanstha (DMS)

Janajagruti Vidhayartha Sangh (JVS)

Jankalyan Bahu Uddeshiya Shikshan Prasarak Mandal (JBUSPM)

Jeevan Samvardhan Foundation (JSF)

Mumbai Smiles Foundation

Niramaya Health Foundation

Parivartan Sheel Sanstha

Sant Ghadge Maharaj Samajik Sanstha

Social Action for Health Education & Legal Issue (SAHELI)

United Association For Public Health & Education

Our Trustees



ARMMAN is governed by its Board of Trustees, which has 12 members. The Board meets periodically to review the progress and provides overarching directions for future course of action



Dr Aparna Gopalkrishna Hegde

Mr Srinivaas V. Sirigeri

Mrs Chanda Neeraj Kathuria

Dr Srikrishna Solgudu Ramachandra

Dr Geeta Sandeep Ghag

Mrs Sandhya Rajesh Kanchan

Dr Janhavi Sanjay Raut

Dr Shailesh J. Kore

Dr Shanti Pantvaidya

Dr Dayashankar R. Maurya

Dr Anand Shankarrao Utture

Dr Alpana Anand Utture



Name of the Public Trust : **ARMMAN (Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)**
Income and Expenditure Account for the year ending March 31, 2015

EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
To Expenditure in respect of properties :- Rates, Taxes, Cesses Repairs and Maintenance Salaries Insurance Depreciation (by way of provision of adjustments) Other Expenses		NIL	By Rent <u>(accrued)</u> <u>(realised)</u>		NIL
To Establishment Expenses (As per Sch- 1)		6,28,062.00	By Interest <u>(Received)</u> <u>(realised)</u> On Securities / Bond On Loans On Fixed Deposits On Bank Account	6,69,495.00	
To Remuneration to Trustees		NIL	S.B. A/c. (As per Schedule - 3) By Dividend	2,57,491.00	9,26,986.00
To Remuneration (in the case of a math)		NIL	By Donations in Cash or Kind (As per schedule) - 4		19,36,833.00
To Professional fees (FCRA)		NIL	By Grants		NIL
To Audit Fees (Under BPT & IT Act)		NIL	By Income from other sources		NIL
To IT & C.C. Professional fees		NIL			
To Amount written off : (a) Bad Debts (b) Loan Scholarship (c) Irrecoverable Rents (d) Other Items		NIL			
To Miscellaneous Expenses		NIL			
To Depreciation		11,203.00			
To Amount transferred to Reserve or Specific Funds		NIL			
To Expenditure on Objects of the Trust (a) Religious (b) Educational (c) Medical Relief (d) Relief of Poverty (e) Other Charitable Objects (As per Sch - 2)		NIL NIL NIL NIL 2,92,817.00			
To Surplus Carried Over to Balance Sheet		19,31,737.00			
Total Rs.	28,63,819.00		Total Rs.		28,63,819.00

As per our report of even date
For VIPIN BATAVIA & CO.
CHARTERED ACCOUNTANTS

For ARMMAN

Place : Mumbai
Date : 29/09/2015

V.P.BATAVIA
PROPRIETOR
M No:- 37004

TRUSTEE

TRUSTEE



The Bombay Public Trusts Act, 1950
SCHEDULE - VIII

Name of the Public Trust : **ARMMAN (Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)**

Balance Sheet as at March 31, 2015

2015 Reg No. E- 25192(MUM)

FUNDS & LIABILITIES	Rs.	Rs.	PROPERTY & ASSETS	Rs.	Rs.
<u>Trusts Funds or Corpus :-</u>			<u>Immovable Properties :- (At Cost)</u>		NIL
Balance as per last B/S	1,000.00		Balance as per last Balance Sheet		
Donation Received in Kind (As per Schedule - 5)	112.00		Additions during the year		
Donation Received towards Corpus	45,000.00	46,112.00	Less : Sales during the year		
			Depreciation up to date		
<u>Other Earmarked Funds :-</u>			<u>Investments :- (As per details)</u>		NIL
Amount Accumulated		50,00,000.00	Note: The market value of the above investments is Rs.		
U/s. 11(2) of NRTT Fund (As per Schedule - 6)					
<u>Any Other Fund -</u>			<u>Furniture & Fixtures & Other</u>		
Specific Donation Fund			<u>Assets :-</u>		
For mMitra Project		3,04,77,187.00	(As per Schedule - 8)	17,473.00	
(As per Sch - 6)			Grant Asset Booked		
General Fund		2,07,483.00	at Nominal Value - Op. Bal.	17.00	
(As Per Sch - 6)			Grant Asset Booked during the year	95.00	17,585.00
<u>Loans (Secured or Unsecured)</u>			<u>Loans (Secured or Unsecured) :</u>		NIL
From Trustees			<u>Income Outstanding</u>		NIL
M/s Shakti Enterprises			<u>Advances :-</u>		
Opening balance	18,26,332.00		Amount Receivable		
Repayment During the year	18,26,332.00	-	Deposits	3,50,000.00	
			Advances	2,03,873.00	
<u>Liabilities :-</u>			Advances to Creditors and Prepaid Expenses	20,000.00	5,73,873.00
For Expenses (As per Sch :- 7)		6,50,236.00	(As per Sch - 9)		
<u>Income & Expenditure Account</u>			<u>Cash and Bank Balances :-</u>		
Opening Deficit B/f	13,83,757.00		(a) Bank Balance		
Surplus During the year	19,31,737.00	5,47,980.00	(b) With F.D. Account		3,63,37,540.00
			(c) Cash on Hand		
			(As per Schedule - 10)		
Total Rs.	3,69,28,998.00	Total Rs.			3,69,28,998.00

As per our report of even date
For VIPIN BATAVIA & CO.
CHARTERED ACCOUNTANTS

For ARMMAN

Place : Mumbai
Date : 29/09/2015

V.P.BATAVIA
PROPRIETOR
M No:- 37004

TRUSTEE

TRUSTEE



armman

Advancing Reduction in Mortality and Morbidity
of Mothers, Children and Neonates

Delivering India's Future

Mumbai

Unit No 47/48

Oasis Industrial Estate,
Opposite Vakola Masjid,
Vakola, Santacruz (East)
Mumbai-400055

Delhi

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New Delhi-110016

Email: armmanindia@armman.org

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