



Annual
Report
2018-2019



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FOUNDER'S MESSAGE

When we kicked off our journey in 2008, in a one-room office with a small team of five, little did we imagine the kind of scale and impact ARMMAN would achieve in just one decade.

Our team has expanded to 100 employees based in two cities - Mumbai and Delhi. mMitra, which began as a pilot in Sion Hospital in 2013, is now implemented in 9 states of India through 79 hospitals and 30 NGO partners and has reached 2 million mothers and their children.

ARMMAN's success with mMitra has led to a co-invested public-private partnership with the Ministry of Health and Family Welfare (MoHFW) to implement the world's largest maternal health programmes - Kilkari and Mobile Academy - for three years (January 2019 to December 2021), with a provision for an extension. Over 10 million women and their children have benefitted from the preventive care information provided by the Kilkari calls, while 150,000 frontline health workers (ASHAs) have received refresher training via Mobile Academy in 13 states of India.

ARMMAN received global recognition in the form of the 'Maternal and Child Health Team of the Year' at British Medical Journal South Asia Awards 2018. This year has been dotted with many highlights on the organizational level as well. Geetanjali Jha Chakraborty brought her social sector expertise to ARMMAN once again as she rejoined the organisation in the capacity of Executive Director. 2018 saw the formation of two official committees to guide ARMMAN: the Advisory Council comprises experts from various fields who provide strategic inputs in their domain, while the Steering Committee is responsible for the financial and programmatic oversight of the organization.

Our focus in the coming year will be on robust implementation of the Kilkari and Mobile Academy programmes in 13 states of India. A key mandate for ARMMAN is enhancing Kilkari's listenership while also introducing innovations. We will be using mMitra as a sand-box for improvement, while the scale-up will happen through Kilkari. Areas of improvement will include a focussed approach for enrollment and tracking of high-risk cases, customised multi-media content and 2-way communication for deeper engagement.

ARMMAN began in 2008 with the aim of minimizing the preventable morbidity and mortality of mothers and children in India. As we enter our eleventh year, our resolve is stronger than ever. We dream of a time when every woman is empowered and every child is healthy. And with the dedication of the team and the support of our well-wishers, we take one step towards achieving this dream every single day.

Dr. Aparna Hegde

Founder and Managing Trustee

ARMMAN

Who We Are and What We Do



ARMMAN

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

ARMMAN

is a secular, India-based non-profit organisation which works towards improving the well-being of pregnant women, infants and children in the first five years of their lives. The name ARMMAN (meaning a wish in Hindi) is an acronym for Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates.



ARMMAN started in 2008 as a result of the experiences of Founder, Chairperson and Managing Trustee, Dr. Aparna Hegde, during her residency in Obstetrics and Gynecology in Mumbai and is a product of her perseverance to minimize the preventable morbidity and mortality of mothers and children in India.

Pervasive systemic problems including lack of access to critical preventive healthcare information and services are among the major contributory factors towards maternal and child mortality and morbidity. When ARMMAN was conceptualised, there was an increasing penetration of mobile phones in India, and we realised that this technology could be leveraged for maximum effect to reach women and families with this critical life-saving healthcare information and services.

It was 1:00 am and I was called to the emergency room to examine Aruna, a 25 year old with gestational diabetes, having her first baby. Aruna had been transferred from Thane Civil Hospital with her baby's head delivered, but the body stuck inside, as it was too large to pass through. I will never forget the first sight of her: a beautiful frail young woman with the head of a beautiful dead baby sticking out of her vagina. Aruna died three days later. Her death will forever stay with me. Not only because she died a most horrible death, but also because it was preventable... She had gone for her first antenatal visit but she had not been counseled about the remaining visits, danger signs, and potential complications. If only she had been...

Dr. Aparna Hegde, Founder, Chairperson and Managing Trustee, ARMMAN



Vision

A world where every mother is empowered and every child is healthy

Mission

ARMMAN leverages technology to enable healthy pregnancy, safe delivery and safe childhood by

- Addressing systemic gaps in health service delivery
- Promoting healthcare seeking practices by the community
- Creating evidence-based, cost-effective, scalable solutions

Values

- Service beyond self
- Commitment to Vision
 - Transparency
- Continuous improvement
 - Respect
 - Collaboration
- Cost efficiency and accountability



Health of Mothers & Children in India

Annual Maternal Deaths: **32,000**

A Woman dies due to pregnancy-related complications every **15** minutes.

India accounts for over **11%** of global maternal deaths.

For each Woman who dies, **20** suffer from Life-Long disability.

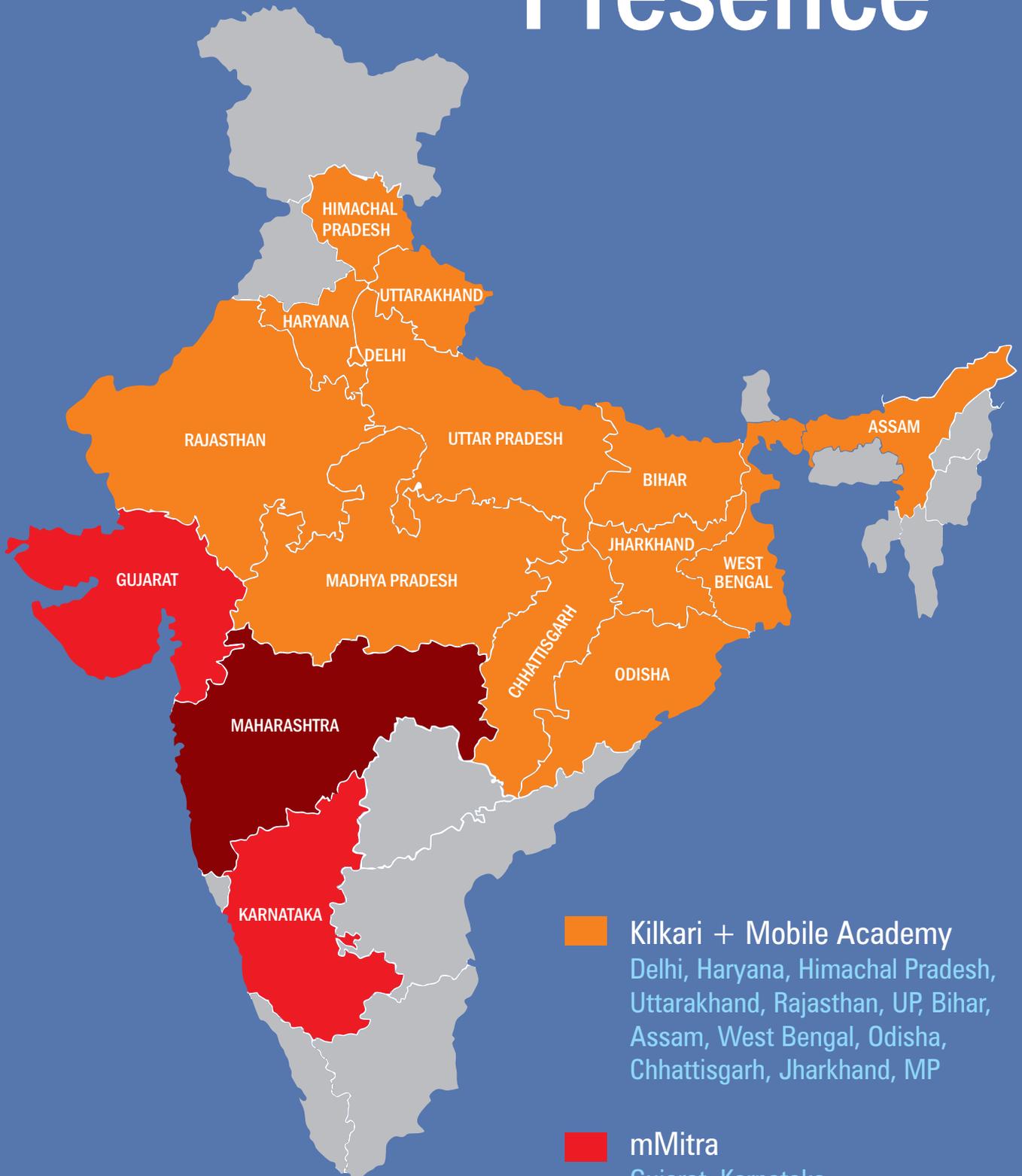
9,89,000 Children under **5** die in India every year.

2 Children under **5** die every minute in India.

4 Out of **10** Children are too thin or short for their age.

Urban poor Children are **3.2** times more likely to die when compared with urban rich.

Geographical Presence



Kilkari + Mobile Academy
Delhi, Haryana, Himachal Pradesh, Uttarakhand, Rajasthan, UP, Bihar, Assam, West Bengal, Odisha, Chhattisgarh, Jharkhand, MP

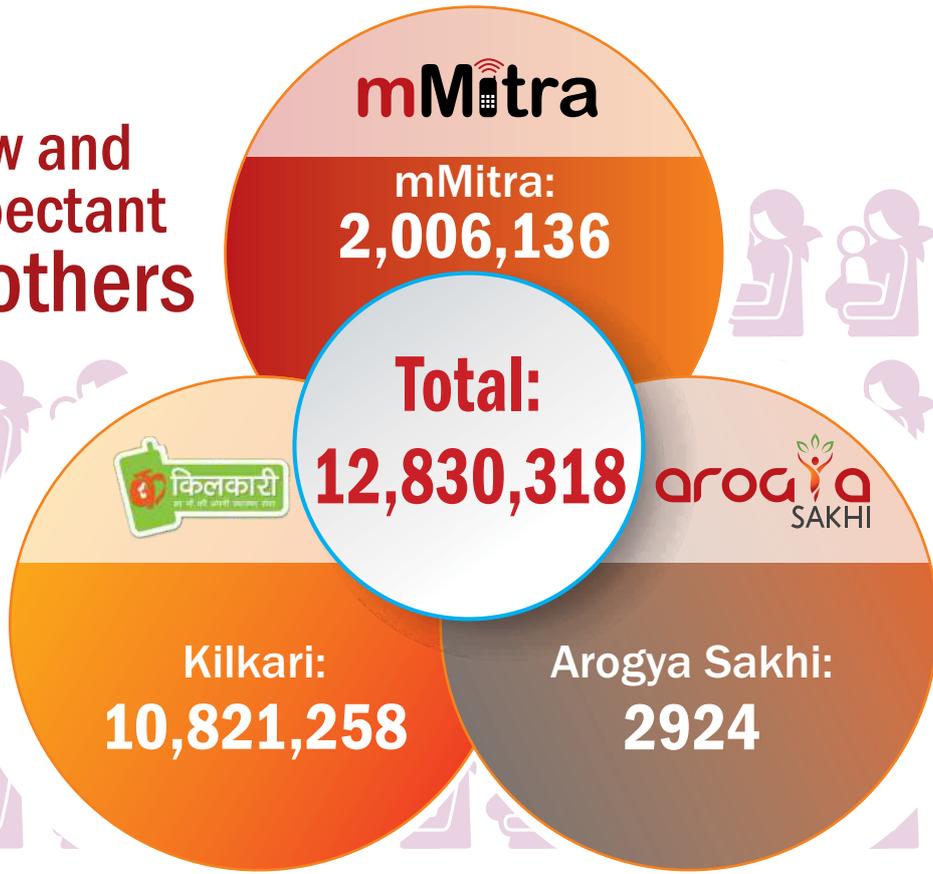
mMitra
Gujarat, Karnataka

mMitra + Arogya Sakhi + Severe Acute Malnutrition
Maharashtra

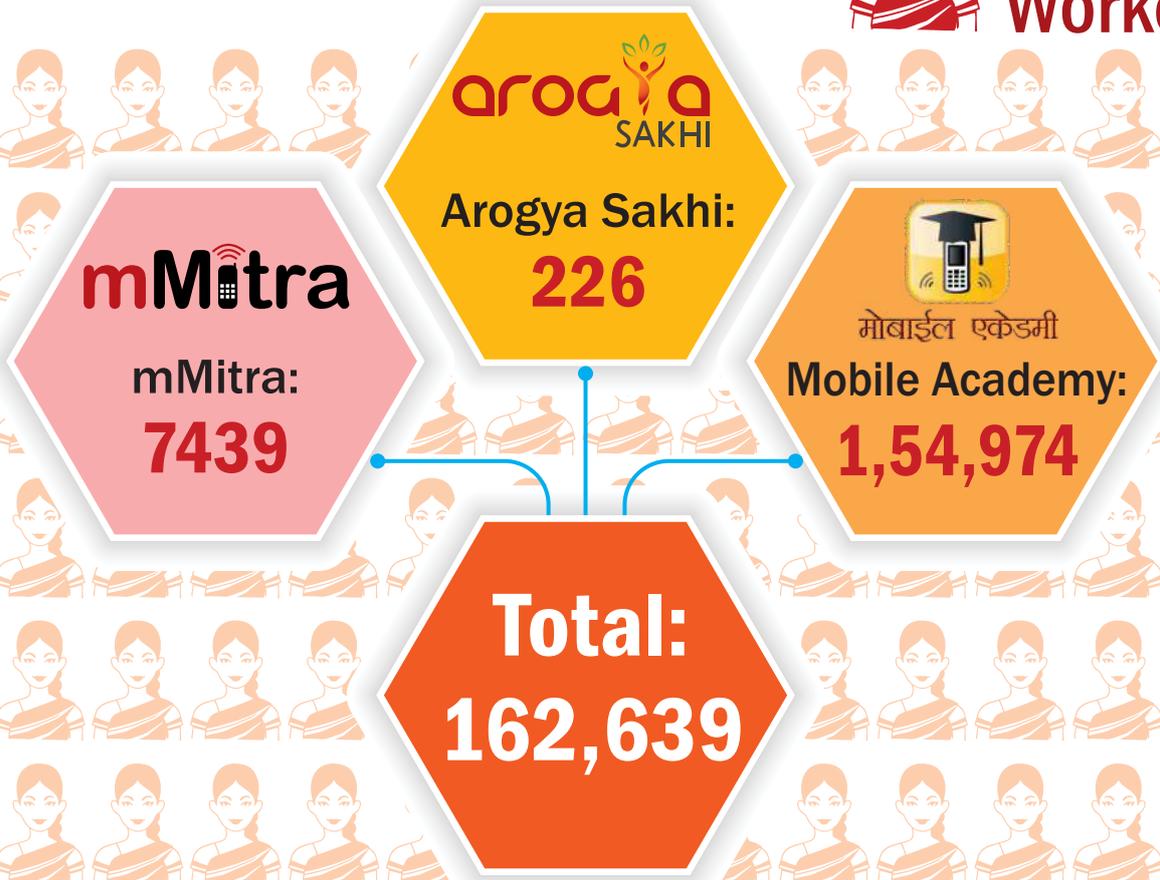
Total Outreach



New and Expectant Mothers



Health Workers





mMitra is a free mobile voice call service by ARMMAN that sends timed and targeted preventive care information weekly/bi-weekly directly to the phones of the enrolled women through pregnancy and infancy in their chosen language and timeslot.

In specific rural and tribal pockets with poor tele connectivity and weak mobile penetration, mMitra calls are encoded on the mobile devices provided to female health workers (Sakhis) who play back the calls during home visits. In such cases, 18 animations for counselling on maternal and child care and nutrition are also encoded on the mobile devices of Sakhis.

Women are enrolled through two verticals

- Hospital Vertical – Health workers are posted in the antenatal/postnatal clinics of municipal/government/private hospitals and register women during their first check-up visit.
- Community Vertical – Enrollment in the slum is done through partner NGOs working in slum communities. Sakhis (community health workers) have been trained who enroll women directly in the early stages of pregnancy for a small incentive.



Beneficiaries

2017-2018

7,60,039

2018-2019

2,91,620



Sakhis Trained:

As of March 2018

7343

As of March 2019

7349

mMitra Features

- The messages developed by ARMMAN and BabyCenter have been validated by The Federation of Obstetrics and Gynaecological Society of India (FOGSI) and National Neonatology Forum (NNF).
- **Frequency:** 145 individualised voice messages of 60-120 seconds are sent with the following frequency:
 - During pregnancy: Twice a week
 - First week after birth: Daily
 - Until 3rd month of infancy: Twice a week
 - 4th to 12th month of infancy: Weekly
- **Timed & Targeted:** The information in the calls is timed to the stage of the pregnancy or age of the infant, and is delivered directly to the women.
- **Chosen Timeslot:** The calls are sent in the timeslot chosen by the women.
- **Preferred Language:** Women can receive the calls in Hindi, Marathi, Kannada and Gujarati.
- **Repeat Calls:** There are three tries for every voice message.
- **Missed Call System:** If a woman misses all three calls, she can give a missed call to receive a call back.
- **Call-center:** A trained counsellor can be informed in case of a delivery, abortion or to change the phone number or timeslot.



mMitra Implementation

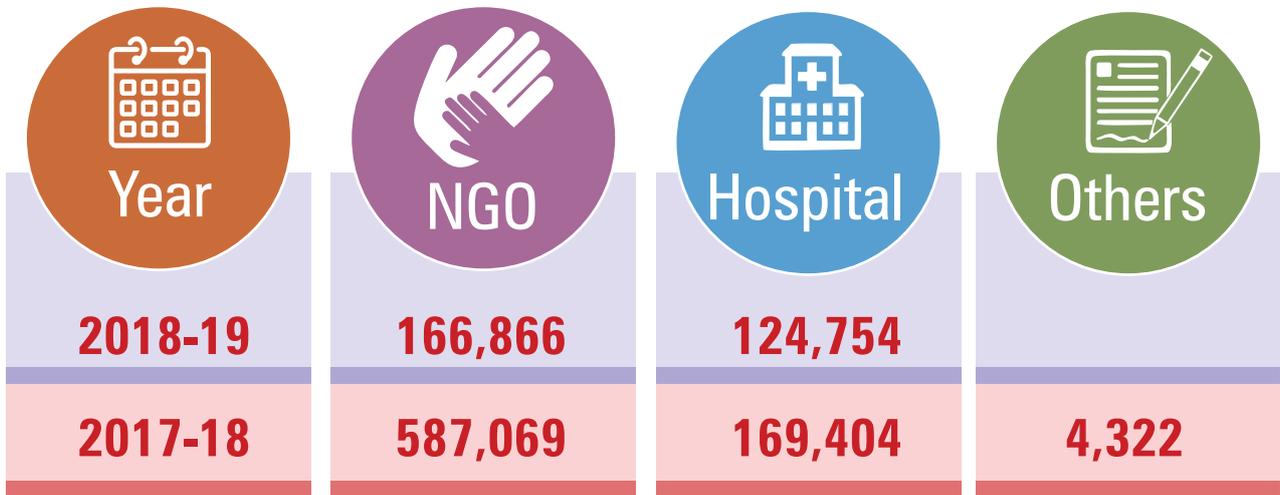
mMitra is one of only five scaled maternal messaging programmes in the world.



Maharashtra
Gujarat
Uttar Pradesh
Karnataka
Delhi
Rajasthan
Haryana
Bihar

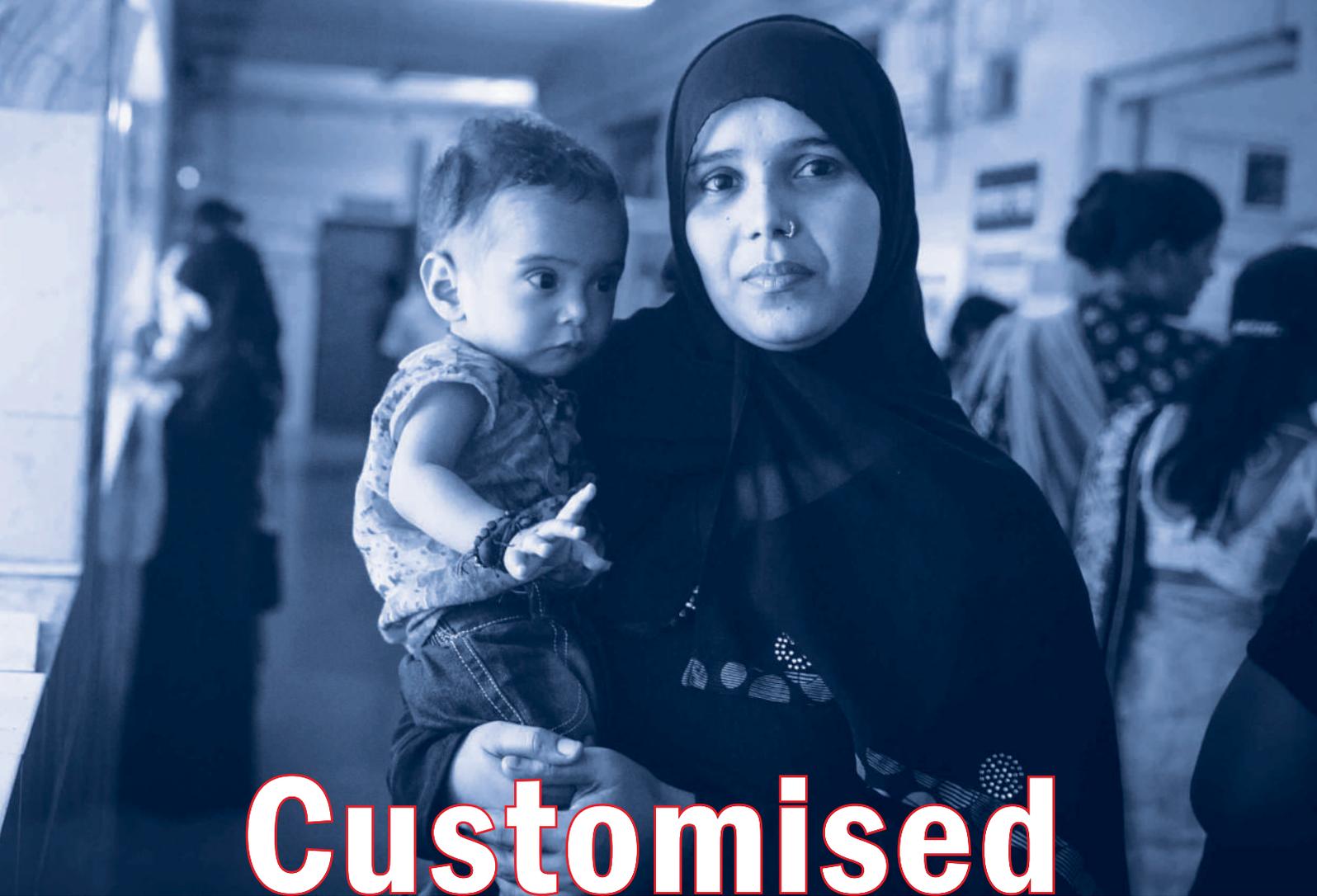


mMitra Implementation



2018-19	MMR + Thane	Pune	Wardha	Aurangabad	Nashik	Latur & Osmabad	Delhi	Gujarat	Bihar	UP	Rajasthan	Karnataka
NGOs	9	3	0	0	2	2	9	1	1	1	2	0
Hospitals	62	0	1	1	0	0	10	0	0	0	0	5

2017-18	MMR	Pune	Wardha	Aurangabad	Raigad & Ratnagiri	Nashik	Delhi	UP	MP	Gujarat	Bihar	Rajasthan	Karnataka
NGOs	10	4	0	0	0	2	13	1	9	0	1	1	0
Hospitals	51	0	1	1	8	0	10	0	5	1	0	0	1



Customised Malnutrition Programme

This is an add-on component for the mMitra programme, where 120 additional weekly/monthly customised and automated voice calls on nutrition and steps to prevent malnutrition are sent to mothers till the child is three. The messages have been created after discussion with Baby Center and the Pediatrics team at Sion Hospital, and reviewed by experts before translation and recording.

The service is currently available for women enrolled with mMitra in the Mumbai Metropolitan Region.

mMitra HIV

mMitra HIV is a free automated voice call service that sends preventive care information to the pregnant and lactating women who test HIV positive in the antenatal period.

This programme is supported by Janssen Pharmaceuticals and their 'Connect For Life' technology platform. It delivers voice messages, specific to the women's gestational age and culturally appropriate to the enrolled HIV+ pregnant women and the mothers of infants, in their chosen language and time slot, throughout the antenatal period and infancy, until the child turns 18 months of age. The primary aim of the programme is to prevent the vertical transmission from mother to child. The programme's goal is to enrol women early in their pregnancy to ensure they adhere to ART through a major part of their pregnancy to prevent vertical transmission to her child.

The programme consists of a total of 351 voice messages (offered in Hindi and Marathi) empowering the women with critical information that focus on foetal development, counselling, medication (ART) reminders, importance of adhering to ART, positive living, right nutrition, breastfeeding, investigative tests and other important guidance. Besides these automated voice messages, the programme also offers automated visit reminder calls and follow-up by the dedicated call centre staff, thus hand holding them through the care process to prevent transmission of HIV/AIDS to the infant.

The programme is currently being implemented in Delhi and the National Capital Region in partnership with Society for Participatory Integrated Development (SPID) and in Pune with the support of John Paul Slum Development Project.



Total number of
Beneficiaries in
mMitra **HIV** till
March 2019:

573



Case Study

Jyoti & Chinmay Ganve

mMitra

When Jyoti and Sandeep Ganve couldn't conceive naturally, they tried all types of treatment but to no avail. They finally decided to adopt and Chinmay came home when he was just 10 days old. 40-year old Jyoti knew that adopting and raising a child after 12 years of marriage would not be an easy task, especially since she did not have anyone to guide her. "My mother-in-law is no more, so some of my relatives would give me tips and advice," remembers Jyoti. "Then Shubhangi tai (mMitra sakhi and health worker) told me about the mMitra service and how it would help my child."

Since then, Jyoti has been listening to the calls religiously and learning from them at every step. "Usually people assume that children of Chinmay's age need to consume watered down liquids," she shares. "But I heard on mMitra calls that it is good to feed the children thicker mixtures, and I have been following that."

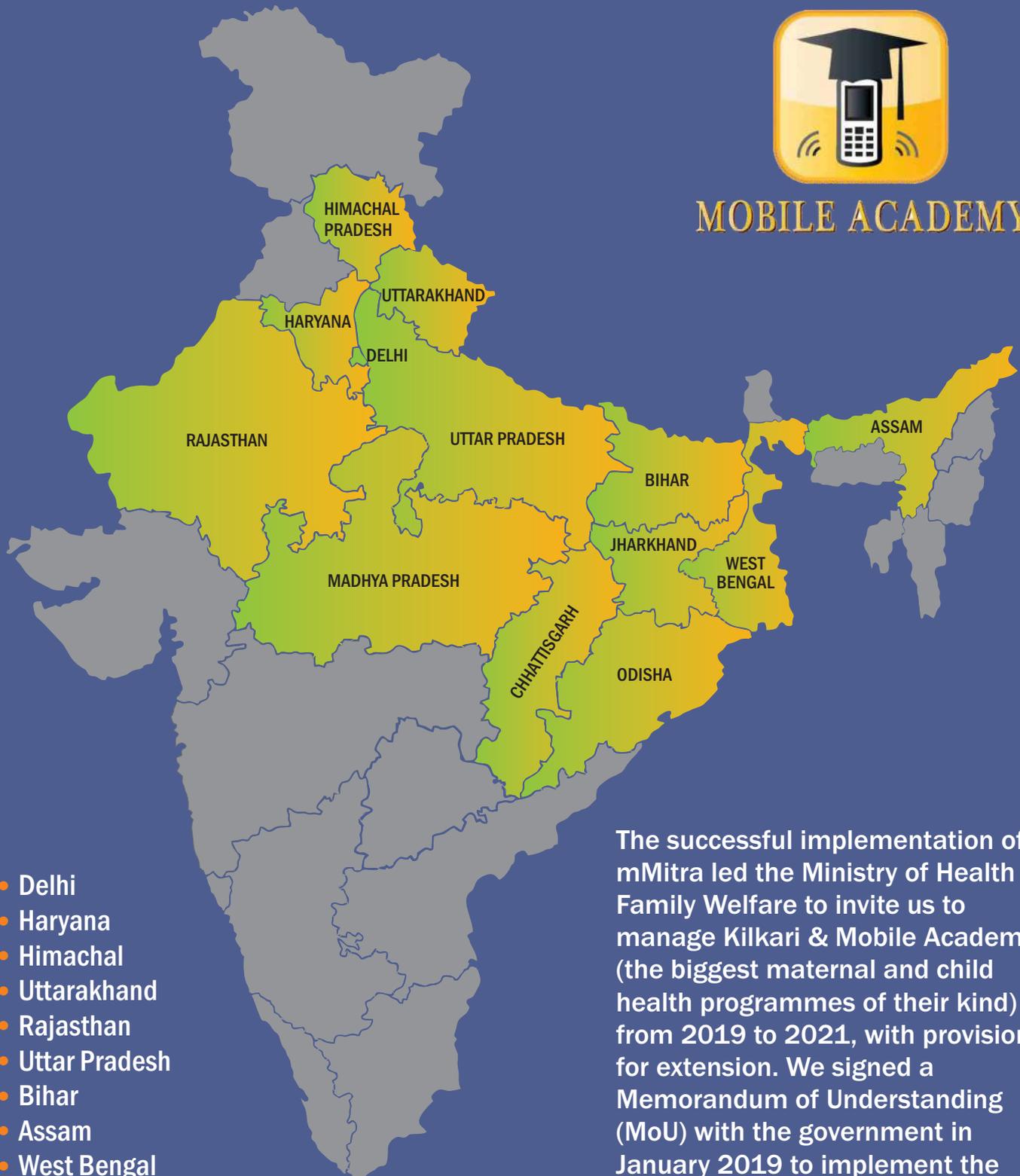
Jyoti urges all pregnant women and new mothers to subscribe to the mMitra service. "The new generation needs the guidance offered by mMitra calls," she says. "I have definitely become more confident after listening to the calls. I'm more sure about caring for Chinmay even though I haven't given birth to him. I feel a sense of satisfaction."



KILKARI & MOBILE ACADEMY



MOBILE ACADEMY



- Delhi
- Haryana
- Himachal
- Uttarakhand
- Rajasthan
- Uttar Pradesh
- Bihar
- Assam
- West Bengal
- Odisha
- Chhattisgarh
- Jharkhand
- Madhya Pradesh

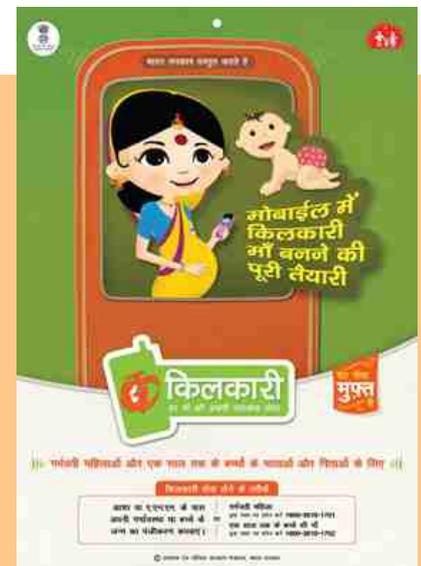
The successful implementation of mMitra led the Ministry of Health & Family Welfare to invite us to manage Kilkari & Mobile Academy (the biggest maternal and child health programmes of their kind) from 2019 to 2021, with provision for extension. We signed a Memorandum of Understanding (MoU) with the government in January 2019 to implement the programmes across 13 states of India in five languages - **Hindi, Bihari, Bengali, Assamese and Oriya.**

Kilkari

Kilkari is a mobile health education service that provides pregnant women, new mothers, and their families with timely, accessible, accurate and relevant information about Reproductive, Maternal, Neonatal and Child health. It aims to improve families' knowledge and uptake of life-saving preventative health practices.

Kilkari uses IVR technology to deliver time-sensitive audio information directly to families' mobile phones. Calls cover the critical time period – where the most deaths occur – from the second trimester of pregnancy until the child is one year old (72 weeks).

Subscribers receive one pre-recorded call per week, linked to the woman's stage of pregnancy or the child's age.



**Total
Number of
Subscribers
till March
2019**

10,776,012

Mobile Academy



MOBILE ACADEMY

- Mobile Academy is a Reproductive, Maternal, Neonatal and Child health training course designed to refresh ASHA (frontline health workers) workers' knowledge of life-saving preventative health behaviors, and improve the quality of their engagement with new and expecting mothers and their families.
- The programme uses IVR technology that is handset independent, audio based and accessed via a simple voice call.
- The course covers 33 months; from pregnancy until the child is 2 years of age.
- The course is divided into chapters, lessons and quizzes, and ASHAs receive an accumulative pass/fail score at the end.



Total number of ASHAs
Started Course: **1,54,974**

Total number of ASHAs
Completed Course: **1,24,730**

Results of Telephonic Surveys with **Kilkari** and **Mobile Academy** end users

Around **96%** of the high listeners said that Kilkari's content is stage appropriate, clear, easy to understand, easy to adopt and being communicated at the right time and at the right pace.

50% of the respondents in the high listenership category said that they always followed Kilkari's advice, while **26%** of the respondents in this segment said that they mostly followed the advice.

82% of the beneficiaries in the high/completed segment reported to listen to Kilkari calls themselves.

Mobile Academy helped ASHAs become more effective in communicating the health content they had learnt during earlier trainings e.g. advising pregnant women and new mothers on looking after their own health and the health of their babies, and on advising families to ensure better health of mothers and babies.

Kilkari and Mobile Academy are the largest maternal health programmes in the world.



Case Stories

Kilkari

Priti Dwivedi

29-year old Priti Dwivedi from Unnao city went through mixed emotions when she found out that she was pregnant. While she and her husband were excited to welcome their first child, this excitement was punctuated by bouts of anxiety. Priti was anxious about going through her pregnancy without proper guidance from family elders since they lived in the village, and she didn't know anyone in the city.

When she was in the third month of her pregnancy, Priti and her husband visited the Anganwadi Kendra, where an ASHA worker told them about Kilkari's weekly calls with informative content for pregnant women and new mothers. Priti was immediately registered in the government database with her husband's phone number since her device was not functional and they started receiving the Kilkari calls.

Priti attended all the calls herself when the mobile was at home, but her husband listened to the calls when he was travelling and would diligently share the content with her once he returned. Priti never missed a call during her pregnancy and found advice regarding iron folic tablets, balanced diets, sufficient rest and regular check-ups particularly helpful.

On 30th July, Priti delivered a healthy baby girl at the district hospital in Unnao. Even though her mother-in-law lives with them now, Priti continues to listen to the Kilkari calls. She says, "Now I need to pay even more attention to the calls, so I know when to give my baby the right vaccinations."

Mobile Academy

Mamta Shukla



When Mamta Shukla heard about Mobile Academy through the Block Community Process Manager of Nawabganj block in Unnao district of Uttar Pradesh, she was excited about the maternal and child health training course that would help her brush up her knowledge of life-saving preventive health behaviors. The ASHA (frontline health worker) from Kaushambi village had always been keen on pursuing her education after 12th grade, but taking care of her family left her with little time to do so. The audio-based format of the Mobile Academy lessons gave her easy access to the content and Mamta completed the

course with impeccable results in just 3 days.

"I felt so proud after completing the course," she says. "I felt like I have more knowledge than the ASHAs who have not done the course." By refreshing her knowledge and strengthening her skills, Mobile Academy has given her greater confidence to do the job that she loves so much and inspire other health workers to do the same.



aroga a SAKHI



Arogya Sakhi Home-based Antenatal and Infancy Care Programme creates community-based women health entrepreneurs (Sakhis) to provide accessible and affordable healthcare during antenatal and infancy period in underserved areas with negligible public health infrastructure. The project addresses an unmet need for improved access to preventive, diagnostic, and monitoring services during antenatal and infancy period, impacting Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). A tablet-based mobile application guides them through the care process (with supportive training videos); helps in early detection of high-risk factors; will send SMS-alerts to family and nearest health care facility, including the local Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwives (ANMs) and Medical Officer (MO), for prompt referrals and tracking screened mothers and children to ensure closure in the loop of care. The tablet has 145 preventive care voice messages and 18 animations for providing critical counseling.

The Arogya Sakhi programme is currently being implemented in the rural and tribal areas of **Jawhar** and **Mokhada** in **Palghar** district, **Maharashtra** with the support of **Bajaj Financial Services**.

60 Arogya Sakhis have been trained to support and offer doorstep diagnostic services to **6000 mothers** and their **children** over a period of **3 years**.

Total number of women and children reached via Arogya Sakhis in **Palghar** till **March 2019**: **2294 women**; **870 children**

The Programme was previously implemented in **250 villages** across **Solapur, Washim** and **Osmanabad** Districts of rural **Maharashtra**. A total of **166 Arogya Sakhis** were trained, who reached **630 women** and their **children**.



Key Highlights/Features

Women from within the community are selected and trained to become Arogya Sakhis. They perform home-based preventive care, diagnostic and treatment interventions during the antenatal and infancy period and offer primary diagnostic tests to others in the community for a small fee.

Equipped to perform basic diagnostic tests

Arogya Sakhis are equipped with medical kits and trained to perform diagnostic tests (haemoglobin, blood sugar, urine, blood pressure, Fetal Doppler, anthropometric measurements) and provide care at the doorstep.

Leveraging technology through mobile application for better care and improved efficiency

Arogya Sakhis are supported by a mobile application encoded on a tablet that guides them through the care process, helps identify high-risk signs and symptoms and gives alerts regarding the need for treatment referrals. The application also has training videos for self-learning.

Access to mMitra calls and animated videos for counseling

Arogya Sakhis have access to mMitra calls and animations encoded in their tablet. 145 mMitra calls have critical preventive care information relevant to pregnancy and infancy. The calls are played to the beneficiaries according to their gestational age or the age of the infant. The 18 animations on nutrition and childcare encoded in the tablet are also used as a counseling tool.

SMS-alerts for closure in the loop of care

In case of high-risk cases, SMS alerts to be sent to the nearest health care facility (local ASHA, ANMs, MO) and family for prompt referrals and tracking of screened mothers and children to ensure closure in the loop of care.

Creating women health entrepreneurs

The Arogya Sakhis offer primary diagnostic tests for a small fee to others in the community. They can also be used as a distribution channel for providing products and services to areas that are difficult to access.

Arogya Sakhi Highlights

Arogya Sakhis Win Accolades from District Government

Six Arogya Sakhis from Palghar District, Maharashtra received awards for 'Best ASHA Workers' across various categories. Bharati Bhalla and Renuka Gawali bagged the first and second places at the district level while Bharati Jadhav was judged the best ASHA Worker among Jawahar Taluka's Primary Healthcare Centers. Ashalata Budhar received third place in the category of 'Best ASHA Worker' in Mokhada, while Heera Korade stood second at the PHC level and Tara Patekar was judged 'Model ASHA Worker' by the medical officers of the taluka.

The winners were decided on the basis of the cases (high risk referrals, delivery referrals, tuberculosis cases) handled by them in 2018 and were felicitated by the District Health Officer. The accolades from the state government are a validation of the skills imparted to ASHA Workers via the Arogya Sakhi Programme.





Case Stories

Arogya Sakhi

Vaishali Mokashe, 30, Nehale Budru Village, Jawhar

When Vaishali Mokashe entered Priya Shirke's house in Pipple village, Palghar district for a regular monthly visit, she found the 27-year old lying unconscious on the ground along with her wailing newborn girl. There was blood on the floor and Priya's mother-in-law sat helplessly beside her in a state of shock. No one else was at home as Priya's husband had gone running to the fields to search for the dai (midwife) as soon as her contractions had begun.



Vaishali didn't have the necessary equipment, but her instincts as an Arogya Sakhi and her training as a skilled birth attendant immediately kicked in as she used a plastic bag to create makeshift gloves and meticulously cut the baby's umbilical cord with a new blade. Once she'd wiped the baby and wrapped it in a clean piece of cloth, she ran out to call the neighbours. A vehicle was arranged to take Priya and her baby to the Primary Health Care centre 20km away in Nandgaon where they were given proper medical attention and later transferred to the government hospital in Jawhar.

Now, both mother and daughter are hale and hearty. Vaishali's quick-thinking and training as an Arogya Sakhi helped her to navigate the situation and save not one, but two lives. "The villagers respect and trust us even more now," says Vaishali. "They know that we will always be here for them."



MCTS - mKhushali

Mother and Child high risk factor tracking (including mKhushali app) with SMS Alert system programme is a comprehensive mobile based tool that supports the work of the Auxiliary Nurse Midwife (ANM) and ensures that mothers and children with high risk factors are picked up early and referred in time.

It is designed to collate information of all pregnant women and children and use it to track high risk factors and ensure closure in the loop of care. The ANMs are provided with android based tablets with the mKhushali app (an intuitive job aid) that has encoded antenatal, postnatal, infancy and childhood forms that take the ANM through the signs and symptoms to be noted, diagnostic investigations to be performed and provide intuitive and real-time situational alerts regarding the high risk factor present, treatment to be given and need for referral.

In future, the real-time digital linkage of the data with the government health system can help to track the care provided. In addition, SMS alerts are sent to the Medical Officer at the Primary Health Centre (PHC), ANMs, Accredited Social Health Activists (ASHAs), Anganwadi workers and a family member to ensure that the women and children with high risk factors as well as those who have delayed accessing care can be identified and provided care in time in order to ensure no mother or child falls through gaps in the health system.

Geography: Dhadgaon and Taloda, Nandurbar **ANMs Trained:** 37



Women registered: 7592
Children registered: 2437
Women referred: 2813
Children referred: 259

Research Updates



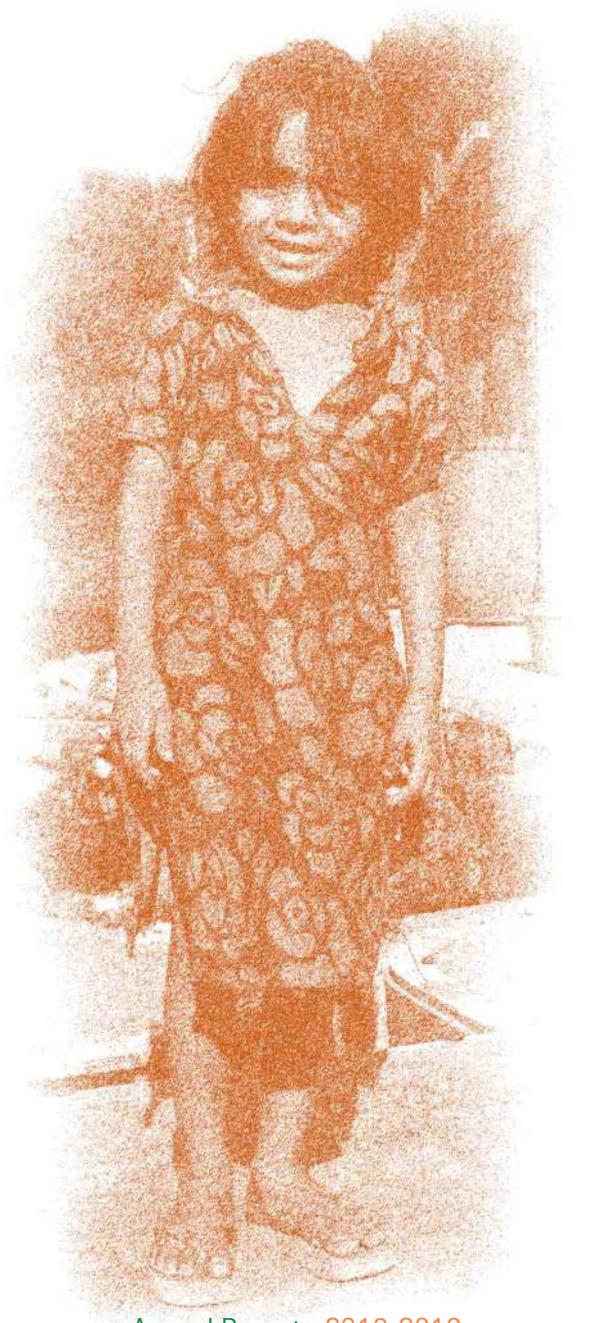
Randomised Cluster Trial to Evaluate Counselling Through Live Calls for Prevention of Severe Acute Malnutrition in Undernourished Children (SAM)

Supported by Grand Challenges Canada

7.5% children under the age of 5 develop Severe Acute Malnutrition (SAM) in urban India. SAM reduces chances of survival, hinders optimal physical growth and is associated with sub-optimal brain development leading to long-lasting negative impact on cognitive ability, school performance and future earnings.

In March 2018, we received a grant from Grand Challenges Canada to develop and implement a programme to provide crucial lifesaving information to prevent undernourished children from lapsing into severe acute malnutrition. The project is being piloted with 1000 children in Mumbai and Pune as a randomised controlled trial. Trained nutrition counsellors handhold mothers of children with clinically defined under-nutrition through advice on nutrition (home recipes), sanitation, hygiene etc via weekly (10-15 minutes) calls for 8 weeks and fortnightly calls for 2 months thereafter.

The study was initiated in October 2018 in M East ward of Mumbai. Participants were identified with the help of NGOs and ICDS. By December 2019, a pilot study was conducted with 108 participants. This pilot indicated that there were significant challenges in terms of women's access to phones and the feasibility of meeting the complex needs of children needing therapeutic intervention through a remote counselling service. Consequently, a decision was taken to redesign the trial to focus on a group which was more suited for this type of intervention. Thus, the trial was redesigned to focus on moderately underweight children and sites were selected with an emphasis on women's access to phone.



Qualitative study involving interviews with subscribers having high listenership in Sewagram, Maharashtra

This study examined the factors that contribute to high listenership among mMitra subscribers. The key findings were that good counseling at enrolment, ongoing support, supportive home environment and involvement of the husband were contributory factors for high listenership. External factors that aided the mMitra programme were the stability of the population which allowed for sustained and consistent contact with the programme, endorsement by the hospital staff of the programme and advice to listen to the calls and a relatively high level of health literacy engendered by constant contact with a high-quality health service.



Milestones and Highlights

ARMMAN participated in the 'Connect For Life' Symposium at Beerse, Belgium and presented on the mMitra HIV program

Dr. Aparna Hegde was part of a panel on panel on how technology can be used to advance women's rights at Women of the World Conference in Rio de Janeiro, Brazil.

ARMMAN completed 10 years and marked the milestone with events at various hospitals across Mumbai and a celebration with the entire team.

ARMMAN signed an MoU with the Ministry of Health and Family Welfare for implementation of Kilkari and Mobile Academy from 2019 to 2021, with provision for extension.

Dr. Aparna Hegde was recognised as one of the leaders in driving impact as a social entrepreneur by USAID and MSD for Mothers.

ARMMAN won the 'Maternal and Child Health Team of the Year' award at the fifth edition of British Medical Journal South Asia Awards 2018.





Formation of Advisory Council and Steering Committee

Dhruv Khaitan

Chairman, NeoGrowth Credit Pvt. Ltd

Pravin Kabra

Co-Founder, Creditone Payments

Radhakrishnan RK

Associate Editor, Frontline

Rajesh Tahil

Founder, Audiomatic, Media Consultant, Digital Media Expert

The Advisory Council

comprises of experts from various fields who provide strategic inputs in their domain. Members of the council play an active ambassadorial role and help us plan outreach and collaborations based on their deeper understanding of scale. Members include:

Rizwan Koita

Founder, CitiusTech

Sean Sovak

Co-Founder, Lighthouse Advisors India

Dr. Prashant Desai

Director – Regulatory Affairs & Business Quality, Janssen, Pharmaceutical Division of Johnson & Johnson Pvt. Ltd.

Subbu Raghunathan

Director - PayPal

The Steering Committee is responsible for the financial and programmatic oversight of the organization and provides guidance in fundraising and resource lead generation. Members are also responsible for regular evaluation of the CEO. They also provide insights into impact measurement and reporting, constantly reviewing the programmes and strengthening the organization.

Dhruv Khaitan

Chairman, NeoGrowth Credit Pvt. Ltd

Rizwan Koita

Founder, CitiusTech

Sean Sovak

Co-Founder, Lighthouse Advisors India

Dr. Aparna Hegde

Founder, Chairperson and Managing Trustee, ARMMAN

Geetanjali Jha Chakraborty

ED, ARMMAN

Looking Ahead



Key focus areas in the coming year include

Robust implementation and scale up of Kilkari and Mobile Academy

Enhancing Kilkari's listenership while introducing innovations

Using mMitra as a sand-box for improvement, while scaling up through Kilkari. Improvements will include

- ⦿ Focussed approach to enrollment and tracking of high-risk cases
- ⦿ Customised multi-media content
- ⦿ 2-way communication for deeper engagement



Our People



Team ARMMAN at the
Tata Mumbai Marathon 2019



Listening attentively to a presentation
during Town Hall



Celebrating 10 years of ARMMAN

Senior Management Recruited in 2018-19

Kumar Madhu Sudan

Project Director, Kilkari and Mobile Academy

Dr. Rajnish Gourh

Director, Operations and Monitoring

George John

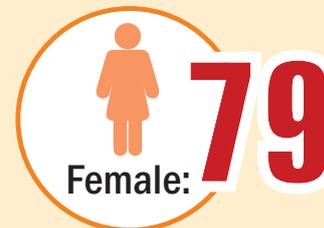
Deputy Director, HR & Administration

Suresh Chaudhary

Senior IT Consultant

Total Number of Employees
(As of March 2019)

100



New Employees in
2018-19: **14**



Our Supporters

Johnson & Johnson



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Implementation Partner:



Ministry of Health & Family Welfare
Government of India

Technical Partners:





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Doctor

Mrs. Sandhya Rajesh Kanchan
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Doctor

Mr. Srinivaas V. Sirigeri
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Dr. Dayashankar R. Maurya
Doctor

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Doctor

Mr. Arindam Mukherjee
Engineer

Dr. Geeta Sandeep Ghag
Doctor

**The Bombay Public Trusts Act, 1950
SCHEDULE - IX [Vide Rule 17(1)]**

**Name of the Public Trust :
A R M M A N (Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)**

Income and Expenditure Account for the year ending 31ST MARCH, 2019

Reg No.E-25192 (MUM)
System of A/c - Mercantile

FY 2017-18	EXPENDITURE	FC	Domestic	Consolidated 2018-19	FY 2017-18	INCOME	FC	Domestic	Consolidated 2018-19
NIL	To Expenditure in respect of properties :-	-	-	NIL	NIL	By Rent <u>(accrued)</u> <u>(realised)</u>			NIL
FC - Rs. 3,56,738 D - Rs. 75,316	To Establishment Expenses (As per Schedule - 8)	112,708	203,164	315,872		By Interest <u>(Received)</u> <u>(realised)</u>			
NIL	To Remuneration to Trustees	-	-	NIL		On Securities / Bond On Loans			
NIL	To Remuneration (in the case of a math)	-	-	NIL	FC - Rs.24,89,148 D - Rs.62,0382	On Fixed Deposits <u>On Bank Account</u> S.B. A/c.	1,489,901	42,911	1,532,812
NIL	To Legal & Professional fees	-	-	NIL		(As per Schedule - 10)	2,639,746	456,176	3,095,922
NIL	To Audit Fees (Under BPT & IT Act)	-	-	NIL	D - Rs. 1,13,927	By Donations in Cash or Kind (As per schedule - 11)		186,435	186,435
NIL	To IT & C.C. Professional fees	-	-	NIL		By Unutilised donation of Pride India of Previous Year -write back		106,654	106,654
NIL	To Amount written off :	-	-	NIL	NIL	By Grants			NIL
NIL	To Miscellaneous Expenses	-	-	NIL	D - Rs. 82,900	By Surplus from Fund raising Event (As per Schedule - 12)		165,790	165,790
D - Rs.1,622	To Depreciation	-	1,281	1,281					
NIL	To Amount transferred to Reserve or Specific Funds	-	-	NIL					
FC-Rs.28,000 D-Rs.2,63,809	To Expenditure on Objects of the Trust (a) Religious (b) Educational (c) Medical Relief (d) Relief of Poverty (e) Other Charitable Objects (As per schedule - 9)	110,473	872,163	982,636					
		223,181	1,076,608	1,299,789					
2,580,872	To Surplus Carried Over to Balance Sheet	3,906,466	(118,642)	3,787,824					
3,306,357	Total Rs.	4,129,647	957,966	5,087,613	3,306,357	Total Rs.	4,129,647	957,966	5,087,613

Accounting Policies & Notes to Accounts - Schedule - 13

As per our report of even date For VIPIN BATAVIA & CO. CHARTERED ACCOUNTANTS	The above income & expenditure account contains a true account of the income & expenditure of the trust to the best of our knowledge & belief.
Place : Mumbai Date:23/10/2019	For A R M M A N
V.P.BATAVIA PROPRIETOR M No:- 37004, Firm Reg.No-111539	TRUSTEE
	TRUSTEE



Financials

The Bombay Public Trusts Act, 1950 SCHEDULE - VIII [Vide Rule 17(1)]

Name of the Public Trust :
A R M M A N (Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)

Balance Sheet as at 31ST MARCH, 2019

Reg No.E-25192 (MUM)
System of A/c - Mercantile

FY 2017-18	FUNDS & LIABILITIES	FC	Domestic	Consolidated 2018-19	FY 2017-18	PROPERTY & ASSETS	FC	Domestic	Consolidated 2018-19
471,550	Trusts Funds or Corpus :- Balance as per last B/S	-	471,550	471,550	NIL	Immovable Properties :- (At Cost)			NIL
FC - Rs.13,90,116 D - Rs.9,56,512	Capital Assets Reserve Fund A/c (As per Schedule - 1)	1,054,915	657,191	1,712,106	NIL	Investments :-			NIL
Dom - Rs.16810316	Specific Earmarked Funds (mMitra):- I) Domestic Funds (As per Schedule - 2)	-	26,472,087	26,472,087	FC - Rs.13,90,116 D -Rs.9,64,063	Furniture, Fixtures & Other Assets :- (As per Schedule - 5)	1,054,915	663,461	1,718,376
FC -Rs.6,21,13,328	II) FCRA Funds (As per Schedule - 3)	40,806,558	-	40,806,558	NIL	Loans:-	NIL	NIL	NIL
NIL	Loans (Secured or Unsecured) From Trustees From Others	-	-	NIL	FC - Rs. 13,88,411 D -Rs.4,00,830	Deposit & Advances :- (As per Schedule - 6)	1,676,965	21,600,433	23,277,398
FC-Rs.4,04,611 D- Rs.4,35,317	Liabilities :- For Expenses (As per Schedule - 4)	21,612,814	120,329	21,733,143	NIL	Outstanding Income			
FC-Rs.94,11,811 D-Rs.2,55,528	Income & Expenditure Account Opening Balance Surplus During the year	9,411,811 3,906,466	255,528 (118,642)	9,667,339 3,787,824	D - Rs. 1,87,279	Accrued Interest receivable		6,322	6,322
					FC - Rs. 7,02,90,070.25 D - Rs. 1,76,28,320.01	Cash and Bank Balances :- (As per Schedule - 7)	74,060,684	5,587,827	79,648,511
92,249,089	Total Rs.	76,792,564	27,858,043	104,650,607	92,249,089	Total Rs.	76,792,564	27,858,043	104,650,607

Account Policies & Notes to Accounts - Schedule - 13

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

The above income & expenditure account contains a true account of the income & expenditure of the trust to the best of our knowledge & belief.

For **A R M M A N**

Place : Mumbai
Date:23/10/2019

V.P.BATAVIA
PROPRIETOR
M No:- 37004, Firm Reg.No-111539

TRUSTEE

TRUSTEE



ARMMAN is a trust registered with the Charity Commissioner's Office, Mumbai (Registration Number E25192) under the Bombay Public Trust Act 1950.

All donations made to ARMMAN are tax deductible.

ARMMAN USA is registered under Inland Revenue Section 501(c)(3), which makes your donations tax exempt. (EIN number: 27-1523964)

ARMMAN - MUMBAI

47/48, Oasis, Nehru Road, Opp Vakola Masjid,
Vakola, Santacruz (E), Mumbai 400055
Contact : (022) 61668948 | Email: armmanindia@armman.org

ARMMAN - DELHI

Contact : (011) 41708365

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