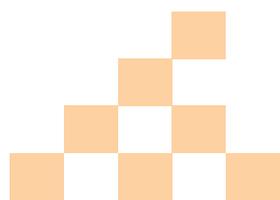




# Annual Report

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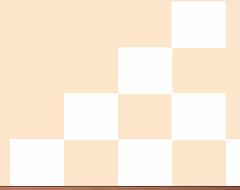


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# Founder's Message



Last year was a crucial milestone in ARMMAN's journey; we were approached by the Ministry of Health and Family Welfare, Government of India to manage their Kilkari and Mobile Academy programs for three years. ARMMAN's demonstrated success with mMitra made us the natural choice to implement these two national programs and we took on this ambitious task with gratitude and humility.

The gratitude was because we were getting a chance to realise our long-term goal of achieving true scale by working with the government. There was a fair amount of excitement but some nervousness. Kilkari is the largest mobile-based maternal messaging program while Mobile Academy is the largest mobile-based training program for health workers in the world. We wanted to do our best at not just implementing these programs but also facilitating them to reach their true potential and impact throughout the country.

Multiple challenges stared us in the face, including capacity building to handle a program of such proportions and more importantly, raising funds to support the implementation. However, we accepted the challenge and hit the ground running. We added members with specific expertise to an already invaluable team and doubled down on our fundraising efforts. We took a leap of faith and it paid off.

We have been successfully implementing Kilkari and Mobile Academy in 13 states of India for over one year. In the last year alone, we have reached out to over 10 million women and children via Kilkari. Over 164,000 frontline health workers have now completed the Mobile Academy course. None of this would have been possible without the backing of a passionate and committed team and the faith of our donors who believed in us and offered their support at such a critical juncture.

Conventional wisdom dictates that a scaled program must be adopted and owned by the government to be sustainable. However, we believe that a truly co-invested PPP model leveraging government's existing infrastructure with continued external support from experts offers great potential. Successful scaled social solutions, especially those pertaining to mHealth, require niche skills that are offered by organizations such as ARMMAN that design, scale, innovate and have proven domain expertise. This continued involvement ensures quality at scale along with continuity.

We feel proud to be chosen by the government as their partners to not only implement Kilkari and Mobile Academy at scale, but to also augment the programs. Our next steps are to increase 2-way communication to further support the mothers and children we serve, create more focused programs on high-risk factors and also given the amount of national data we deal with, use AI for better targeting of services. mMitra will serve as an innovation sandbox to test these pilots that can be scaled through the country via Kilkari.

Most of all, we feel privileged to be able to serve millions of mothers and children across the country and support the health workers who are at the heart of our public health system. And we remain committed to always putting our best foot forward to move closer to our vision of a world where every woman is empowered, and every child is healthy.

**Dr. Aparna Hegde**  
*Founder and Managing Trustee*

# About Us

**ARMMAN** stands for a 'Fervent wish that no mother, neonate, infant or child in India dies for want of care'.

**ARMMAN** is an India-based non-profit leveraging technology to create cost-effective, scalable, gender-sensitive, non-linear, systemic solutions to improve access of pregnant women and mothers to preventive information and services along with training health workers to reduce maternal and child mortality and morbidity in India.

**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 where she witnessed pervasive systemic problems, namely delay in seeking care and poor accessibility and quality of care, resulting in preventable maternal and child deaths.

Programs implemented by ARMMAN have reached over 19.4 million women and their children and trained 171,703 health workers in 16 states. We are currently implementing the largest maternal messaging program in the world (Kilkari) and the largest mobile-based training program for frontline health workers (Mobile Academy) in collaboration with the Ministry of Health and Family Welfare (MoHFW).

**The name ARMMAN (meaning a wish in Hindi) is an acronym for Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates.**





## 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 and Children in India

India accounts for over **10%** of global maternal deaths.

Annual Maternal Deaths: **30,000**

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

For each woman who dies, **20** suffer from life-long disability.

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

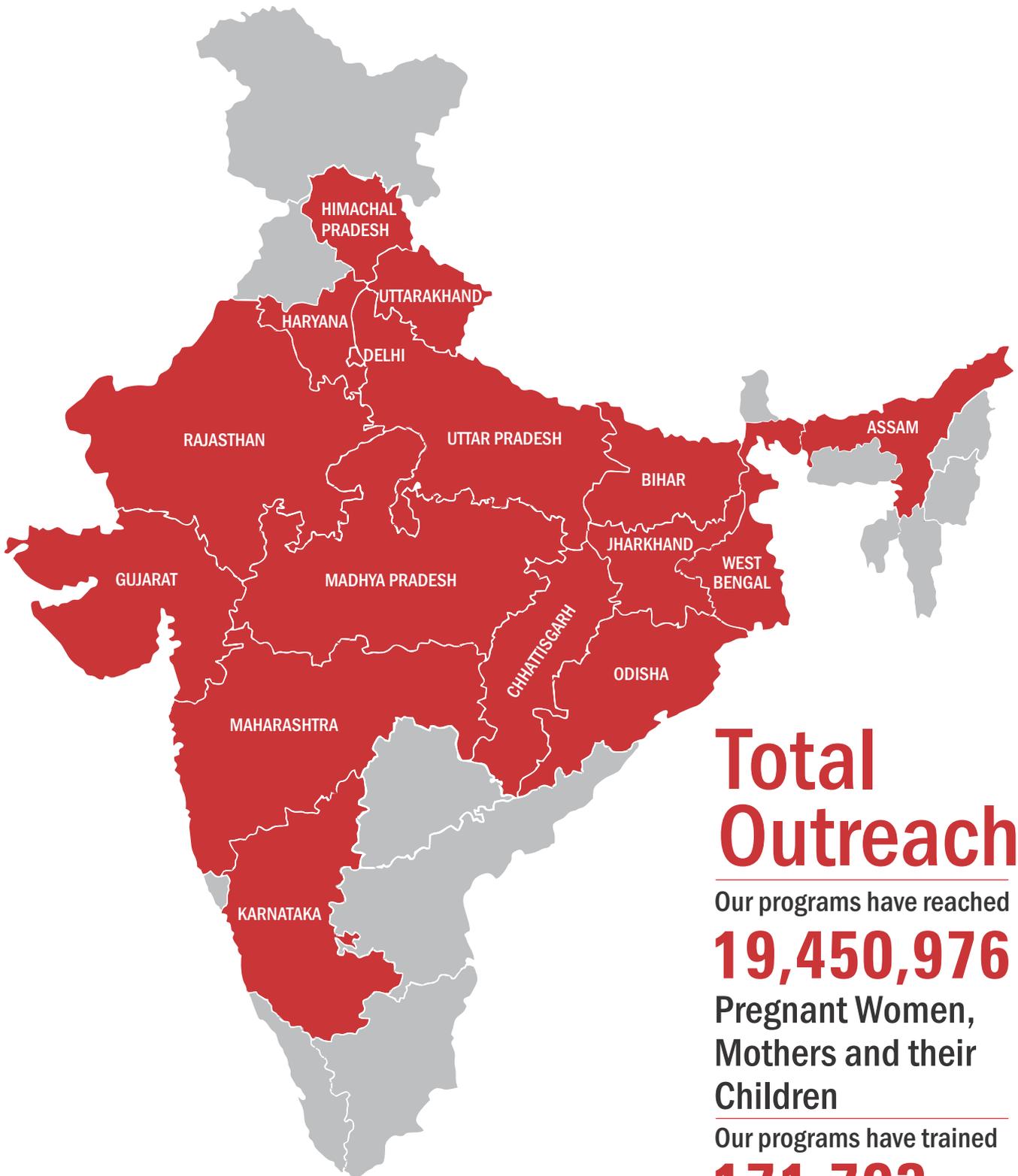
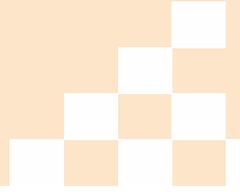
**18%** of children born in India have low birth weight.

**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



## Total Outreach

Our programs have reached

**19,450,976**

Pregnant Women,  
Mothers and their  
Children

Our programs have trained

**171,703**

Health Workers

# Partnerships

**ARMMAN** uses the “tech plus touch” approach. This leverages the existing frontline health worker network of the government and partner NGOs and combines it with the ubiquity of the mobile phone, to achieve scale cost-effectively while remaining rooted through on-ground interventions.



**97** Hospitals



**40** on-ground NGOs

## Implementation Partner:



Ministry of Health & Family Welfare  
Government of India

## Technology Partners:



## Technical Partners:



## Strategic Partner:



# Our Approach



**ARMMAN** shifts focus from hospital-based care to preventive care for early identification, referral, and treatment of risk factors in pregnant women and children, thereby improving primary health care and referral system. A ‘community needs assessment’ approach, evidence-based research and technology is combined to design programs that can be scaled without dilution of impact. We employ a “tech plus touch” model, i.e. we leverage the existing frontline health worker network of the government and partner NGOs and combine it with the ubiquity of the mobile phone to achieve scale cost-effectively.

## Improving Preventive Information Access

**mMitra**



## Capacity Building of Health Workers



**MOBILE ACADEMY**



**High-Risk Pregnancy Management & Tracking**





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

**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 enrol women directly in the early stages of pregnancy for a small incentive.

2019-  
2020

Women and children enrolled

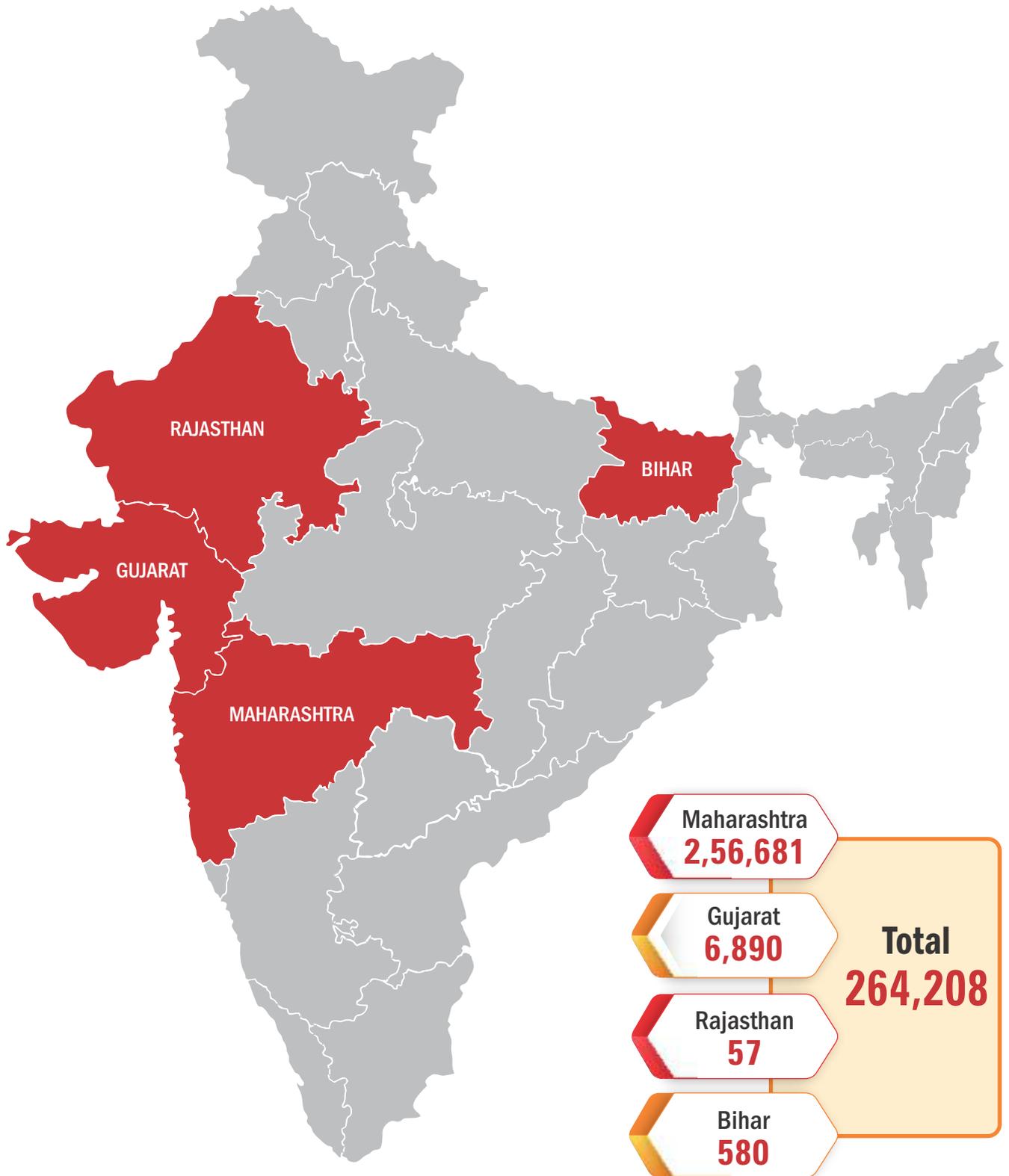
**264,208**

As of March  
2020

Sakhis Trained

**7349**

# Implementation



# 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:** 141 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 delivery, abortion or to change the phone number or timeslot.

## mMitra Enrollments

Enrollments from April 2019 – March 2020

 Year	 NGO	 Hospital	Total
2019-20	167,660	96,548	264,208
2018-19	166,866	124,754	291,620

"After listening to the mMitra calls, I started taking my iron pills before breakfast every morning, and my calcium pill before sleeping at night. The calcium is for the baby - so that his/her bones are strong. And the iron is for me - so I am strong enough to carry the baby." - *Jaya, Mumbai*

25-year old Junali Badayak came to Mumbai from Guwahati, Assam after the birth of her daughter Kanishka in 2015. She was anxious about her second pregnancy because she did not have the support of her family and relatives. Her husband Amit is a driver who works the whole day. Her fears were assuaged when she started listening to mMitra calls in the fourth month of her pregnancy. “I heard the calls every day, and somehow I didn’t feel alone,” she says. Her son Ayush was born via a normal delivery, just like her daughter Kanishka. She follows all the advice she hears on the calls, even though some of it may go against traditional beliefs. “I had given Kanishka sugar and water when she was a newborn because I did not know that she only needed breast milk for the first 6 months,” says Junali. “Now, I don’t give Ayush anything else except my breast milk, because it has all the nutrition he requires.”

“I heard the calls every day, and somehow I didn't feel alone.”



# Way Forward

**ARMMAN**'s success with mMitra led to an invitation in 2019 by the Ministry of Health and Family Welfare (MoHFW) to implement their Kilkari and Mobile Academy programs. Kilkari is a mobile health education service (similar to mMitra) which has reached 17 million women and children in 13 states. mMitra becomes a sandbox to test the following innovations that can be scaled through Kilkari:

a) **Increased Focus on High-Risk Factors:** Innovations focussed on high-risk pregnancies and infancies will be piloted in mMitra sandbox and scaled through Kilkari through two-way communication and multimedia content focused on risk factors via WhatsApp (through an existing partnership with Turn.io) and/or thin app. We will offer robust call center services and use our strong hospital-community linkages to track high-risk cases.

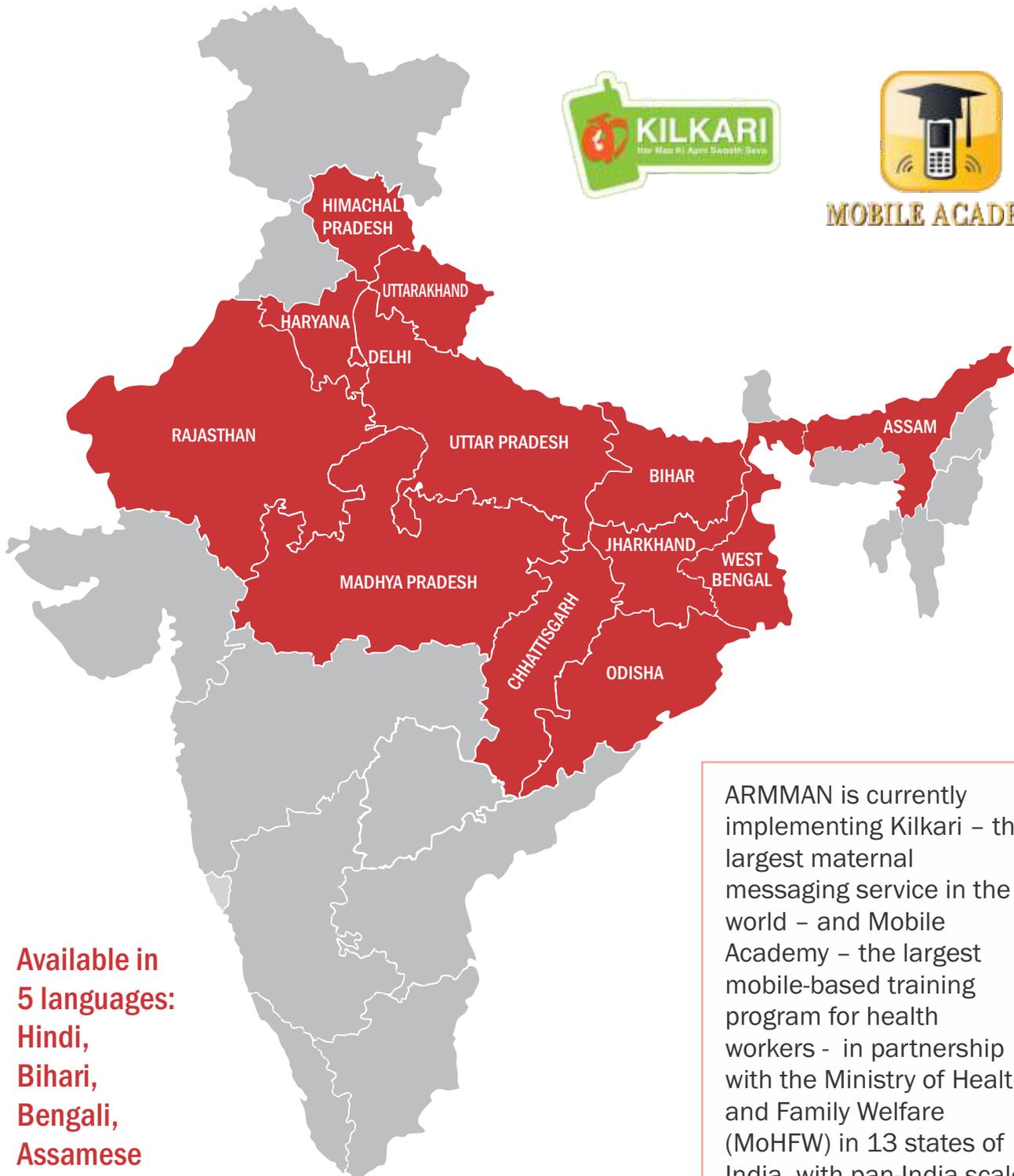
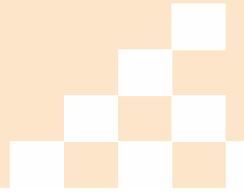
b) **Analytics to Drive Program Efficiencies:** ARMMAN has access to a huge database through Kilkari and mMitra. mHealth is a relatively new space without standardized benchmarks or indicators to measure success. ARMMAN will focus on creating and refining the following benchmarks through mMitra data with the possibility of replication in Kilkari and even globally:

- **Program Efficiency Index-Calls:** The number of program calls answered, without taking into consideration the number of attempts. Formula for calculation: Number of calls picked up/Total number of program calls planned
- **Program Efficiency Index-Beneficiaries:** The number of beneficiaries picking up calls. Formula for calculation: Number of beneficiaries who pick up at least one call in the month/Total number of active beneficiaries

c) **Use Predictive Analytics/AI to Create Targeted Programs:** Pilots are being implemented through a partnership with Google AI For Social Good and IIT, Chennai.



# Kilkari & Mobile Academy



MOBILE ACADEMY

Available in  
5 languages:  
Hindi,  
Bihari,  
Bengali,  
Assamese  
and Oriya

ARMMAN is currently implementing Kilkari – the largest maternal messaging service in the world – and Mobile Academy – the largest mobile-based training program for health workers - in partnership with the Ministry of Health and Family Welfare (MoHFW) in 13 states of India, with pan-India scale up planned by 2025.

# Kilkari

**Kilkari is the largest maternal messaging program in the world.**

**Kilkari** is a mobile health education service (similar to mMitra) 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.

**I listen to the Kilkari calls with my wife as they are fun and help us take care of our 8-month-old son.”**

***Rajesh, Raisen  
District of Madhya  
Pradesh***

**Total Number of  
Subscribers till  
March  
2020**

**17,090,433**



*This is a representational image*



*This is a representational image*

30-year-old Geeta from Haldani village in Nagaur district of Rajasthan was not aware of the right nutrition and timely immunisation for her baby. When she began listening to the Kilkari calls soon after her delivery, she received critical information about breastfeeding, immunisation and nutrition. She learnt about the importance of giving her baby iron syrup and now she regularly follows up with the ASHA (frontline health worker) regarding its availability. Geeta likes the manner in which Dr. Anita explains how to take care of the child's nutrition at various stages in their growth.

Geeta says the calls have provided the information necessary to ensure pregnant women and mothers like her have the information they need to keep their babies healthy and safe.

# Intervention for Moderately Underweight Children



**Improving adherence to best practices in feeding, health & hygiene among moderately underweight children through telephonic counselling.**

We have received a grant from Grand Challenges Canada to conduct proof-of-concept to study the effectiveness of a telephonic counselling service to handhold mothers of children who are moderately underweight while they adopt best practices in feeding, hygiene and health. Trained nutrition counsellors will provide 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 project is designed as a randomized control trial involving 800 children between 6 months to 2 years and their caregivers with the objective of bringing them in the normal range of weight-for-age.

# Mobile Academy



**Mobile Academy is the largest mobile-based training program for frontline health workers.**

**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 behaviours, and improve the quality of their engagement with new and expecting mothers and their families.

The program 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.

**“It was easy to learn new things and refresh my knowledge with the convenience of staying at home.”**

***Rama Bai from Damdarah village of Raigarh District, Chhattisgarh***



**Total  
Number of  
ASHAs  
Started  
Course as of  
March  
2020**

**1,64,354**

**Total  
Number of  
ASHAs  
Completed  
Course as of  
March  
2020**

**1,32,157**

# From the Field...

Usha Patel from Baramkhela block, District Raigarh, Chhattisgarh has been an ASHA (frontline health worker) for 18 years. In the monthly meetings her Block Master Trainer had emphasised the need for the ASHAs to complete their Mobile Academy training course and Usha had yet to complete hers. She was worried because she did not have a working SIM card but she was able to register a new number and take the course.

She completed the course in 5 hours and assess her updated knowledge with the quiz - she now knew that the new protocol was to give 200 Iron-Folic Acid (IFA) tablets instead of the earlier 160. Most importantly, she scored full marks and got a certificate, an important incentive to take the course.

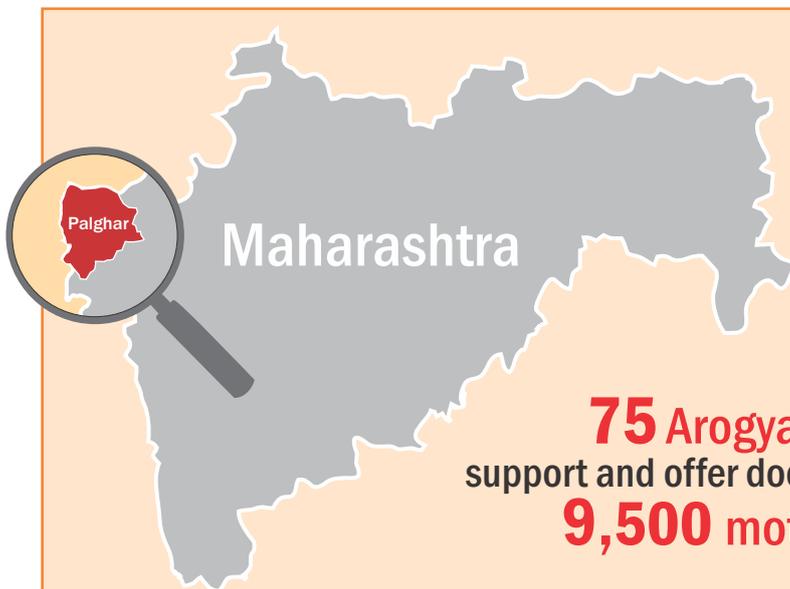


*This is a representational image*

**Arogya Sakhi Home-based Antenatal and Infancy Care Program** creates community-based women health entrepreneurs (Arogya 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 141 preventive care voice messages and 14 animations for providing critical counselling.

**“I want to keep working as an Arogya Sakhi, learn new things, upgrade my skills, reach more mothers and children and save enough money to build my own house.”**

***Shakuntala Rajesh Pagi from Jawhar Block, Palghar District, Maharashtra***



The Arogya Sakhi program is currently being implemented in the rural and tribal areas of **Jawhar, Mokhada and Vikramgad** in **Palghar** district, **Maharashtra**.

**75 Arogya Sakhis** have been trained to support and offer doorstep diagnostic services to over **9,500 mothers** and their **children**

The program 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 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 counselling

Arogya Sakhis have access to mMitra calls and animations encoded in their tablet. 141 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 counselling.

## SMS-alerts for closure in the loop of care

In 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** Narmada Hirkuda accompanied four-month pregnant Kalpana to the cottage hospital in Jawhar after she complained of severe weakness and her haemoglobin was found to be less than 9 grams per deciliter, well below the standard range of 12 to 15.5 grams per deciliter for women.

Since it was a busy day at the hospital, and Kalpana was too weak to wait in the queue, Narmada requested the doctor to see her on a priority basis. She also spoke to the doctor on behalf of Kalpana and clearly detailed her complaints. Because she was aware of the case, Narmada helped the doctor understand Kalpana's history in a short duration of time, leading him to prescribe two Iron Folic tablets per day to Kalpana. Narmada further handheld Kalpana to ensure that she takes her tablets daily and consumes the right food.

"I felt very happy that Kalpana's haemoglobin level had gone up to 13.5 when I measured it last," she says. "I felt like my seva was successful."

"I felt very happy that Kalpana's haemoglobin level had gone up to 13.5 when I measured it ; I felt like my seva was successful."



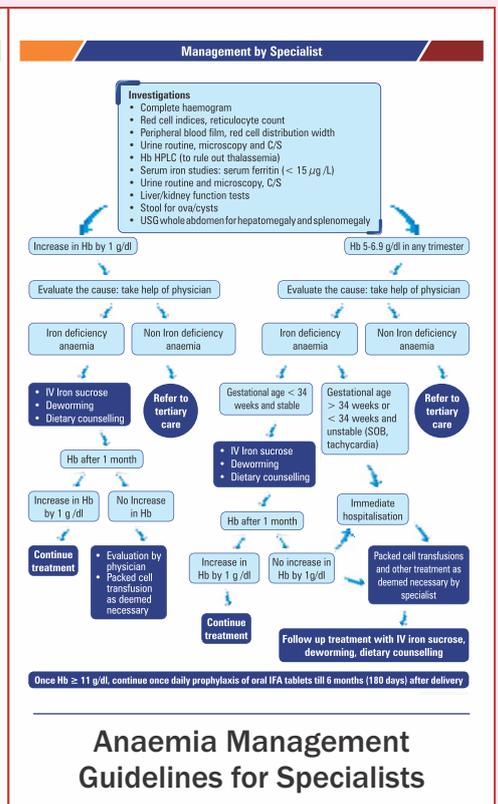
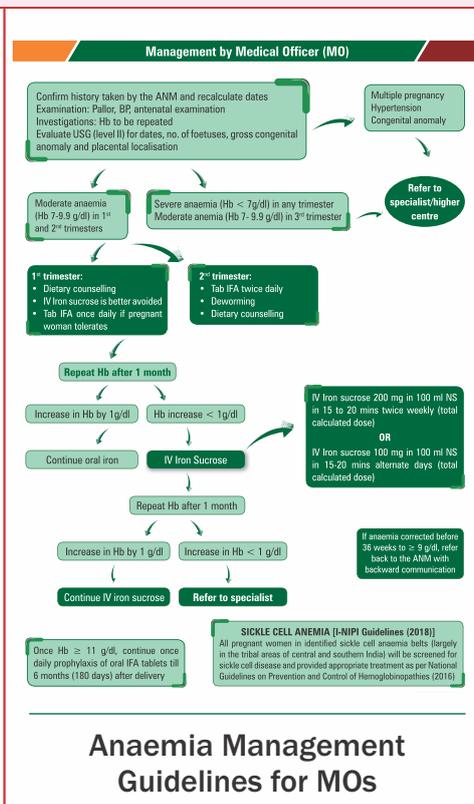
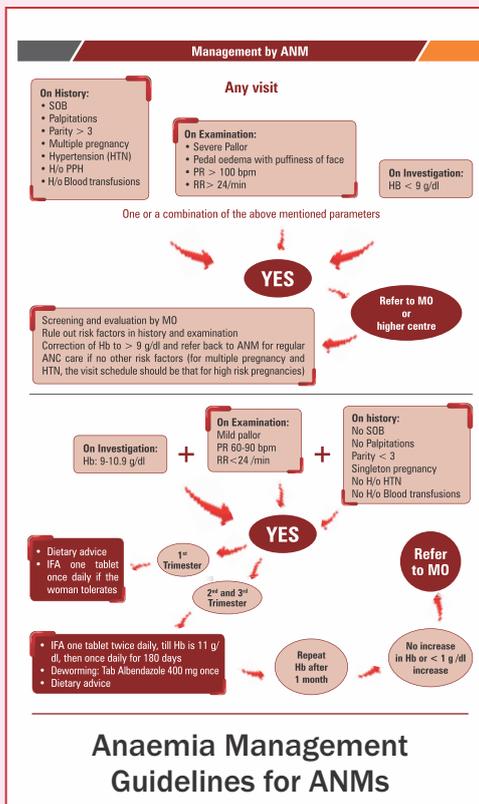
# High-Risk Pregnancy Management & Tracking

## Tech-Enabled Training Academies for Auxiliary Nurse Midwives (ANMs) and Medical Officers (MOs)

**ARMMAN** was part of the Ministry of Health and Family Welfare's (MoHFW) Committee for Revision of Antenatal Care Guidelines which comprised of experts from WHO, UNICEF, Jhpiego and other multilateral agencies.

An identified gap was a lack of clear guidelines for management of high-risk conditions by ANMs, MOs and Specialists. Thus, a team of doctors led by ARMMAN's Founder Dr. Aparna Hegde created algorithmic, colour-coded Technical Guidelines for Management of 36 High-Risk Conditions during Pregnancy for ANMs, MOs, and Specialists in Partnership with MoHFW.

**Next Steps: ANM and MO Academies will Pilot Tech-Enabled Remote Training, Two-Way Communication Support (WhatsApp helpdesk/ thin app and call center) with Multimedia Content. Long-term plan is back-end data integration of Kilkari, Mobile Academy, ANM and MO Academies integrated with AI for comprehensive, targeted programs.**



# Workshop on High-Risk Pregnancy Management with MoHFW

**ARMMAN** organized a workshop along with the Ministry of Health and Family Welfare to hold final deliberations on the protocols for High-Risk Pregnancy Management created by ARMMAN's team of doctors. The day-long workshop was moderated by Dr. Aparna Hegde in conjunction with Dr. Dinesh Baswal, Deputy Commissioner - Maternal Health, MoHFW and held at NCEARD Lady Irwin College, New Delhi. It was attended by senior obstetricians and gynaecologists from AIIMS, Delhi, PGI Chandigarh, King George Medical University - KGMU/KGMC, Safdarjung Hospital, Delhi, Lady Hardinge Medical College, Fernandez Hospital - Hyderabad, health officials from Madhya Pradesh and Gujarat in addition to UNICEF, World Health Organization (WHO), The Uttar Pradesh Technical Support Unit (UPTSU), CARE, IPE Global and Jhpiego among others.



# Research Updates: Current Studies

## 1) Using AI for program improvement (In collaboration with Google and IIT Madras)

**Period:** November 2019 onwards    **Sample size:** Approximately 25000 subscribers  
**Methods:** predictive analysis, SMS reminders, live call reminders, descriptive analysis of calling data

To undertake predictive analysis to identify mMitra listeners with low engagement who are at risk of dropping out

To undertake interventions to re-engage those listeners

To embed these interventions in the routine functioning of mMitra and, going forward, Kilkari

## 2) Randomised control trial on effect of telephonic counselling on adherence to best practices among moderately underweight children

**Period:** October 2019 onwards  
**Sample Size:** 700 children aged 6-36 months who are moderately underweight and living in 5 low-income clusters of Mumbai  
**Methods:** Anthropometry, baseline-endline survey using semi-structured questionnaires.

Intervention consists of 12 scripted weekly live calls over a period of 4 months.

To compare the rate of recovery among children receiving the intervention in comparison to the control group

To compare the difference in the increase in knowledge of key best practices in nutrition, health and hygiene and sanitation among caregivers receiving the intervention in comparison to baseline for control and intervention groups

To compare the adherence to best practices in breastfeeding, complementary feeding, health-seeking and personal care among caregivers receiving the intervention with those not receiving the intervention

# Research Updates: Planned Studies



## 1) WhatsApp Pilot

ARMMAN is currently working on setting up the WhatsApp platform to connect to pregnant women and mothers with infants. mMitra messages which are originally received as voice messages on the beneficiaries' mobile phones can be sent out on WhatsApp.

### May - July 2020:

WhatsApp platform to be set up in partnership with Turn.io

### August-September 2020:

The platform and its functioning will be tested out through a 2-month trial run, with a group of 33 participants divided across different gestational and infancy stages. The platform will be tested for smooth throw of messages, similar to mMitra (time, schedule and gestational age/infant's age)

### Way forward:

Post the trial, we will create and implement a plan to go live with beneficiaries who will be given an option to choose to receive mMitra messages on their WhatsApp

## 2) “Environmental and Contextual Determinants of LUTS in Adolescent Girls at School in India” (Supported by National Institutes of Health)

**Period:** October 2020 to September 2021

**Participants:** School going girls between 12 and 17 years, their mothers, teachers, school administrators and education department officials. 3600 girls (1200 in three sites - rural, urban and tribal)

**Methods:** Mixed methods study comprising cross-sectional survey, focus group discussions and key informant interviews.

To determine the toileting related behavioural habits adopted by adolescent girls at school, the toileting environment, their socio-demographic characteristics and knowledge regarding bladder health

# Research Updates: Planned Studies

## 3) Cross-sectional study to assess outcomes of mMitra on knowledge, practice and health outcomes

**Period:** April-December 2020

**Participants:** 4000 randomly selected actively beneficiaries enrolled for mMitra at the LTMG Hospital and Ghati Hospital

**Sample Size:** Mixed methods study comprising cross-sectional survey, focus group discussions and key informant interviews.

**Methods:** Telephonic survey using semi-structured questionnaire

To assess improvement/increase in knowledge of key health messages related to pregnancy and infancy care after 3, 6, 9, 12 months of exposure to mMitra in comparison with pre-enrolment levels

To assess adherence to best practices among mMitra subscribers at the above intervals incongruence with message content delivered during that period

To study dose-response/outcome-exposure to mMitra

## 4) Prospective cohort study to evaluate outcomes of mMitra

**Period:** August 2020 to December 2021

**Sample size:** 2000 consecutively enrolled women from 5 field sites

**Methods:** Face-to-face interviews using semi-structured questionnaires administered every 3 months for five rounds

To assess mMitra program's impact on women's knowledge and practices regarding pregnancy and childcare

To assess the feasibility, efficiency and effectiveness of the processes involved in delivering mMitra intervention

To understand the response in terms of engagement and attentiveness of women to mMitra program over the period of study

To understand the operational challenges that affect the delivery of the program

# Milestones and Highlights



ARMMAN was among 79 organisations shortlisted for the Skoll Award for Social Entrepreneurship 2020.

Our founder, Dr. Aparna Hegde was selected as a TED Fellow.

Dr. Aparna Hegde presented the 11th Annual Dr. and Mrs. Alan L. Kaplan Lectureship at Houston Methodist highlighting ARMMAN's work.

ARMMAN and Center for Urogynecology and Pelvic Health won a grant from National Institutes of Health, US, for research on bladder health in adolescent girls.

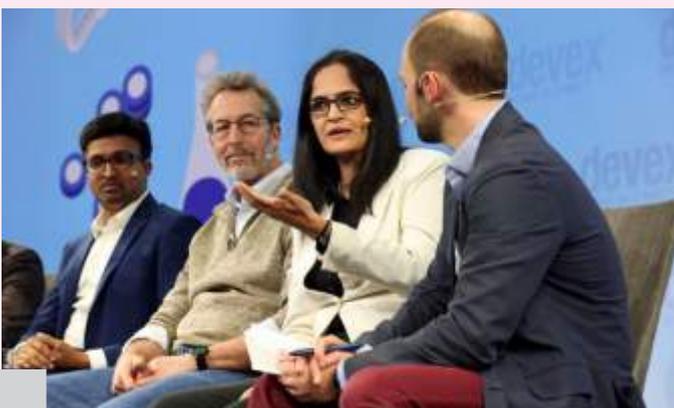
Dr. Aparna Hegde was a panelist at Devex's #Prescription4Progress in San Francisco.

ARMMAN has partnered with Infrasoftware Technologies, GEP Solutions and Chevron for Arogya Sakhi Home-based Antenatal and Infancy Care program in Palghar District, Maharashtra.

VIP Industries, and Godrej Consumer Products and CitiusTech are supporting ARMMAN's implementation of Kilkari and Mobile Academy.

A study on the impact of ARMMAN's mMitra program was published in the Maternal and Child Health Journal.

ARMMAN's Arogya Sakhi app was featured in German Broadcaster, Deutsche Welle (DW) and The Wire's Socially Responsible Apps.



# Looking Ahead

## Key focus areas in the coming year:

Robust implementation of Kilkari and Mobile Academy in existing states, and expansion to new ones

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

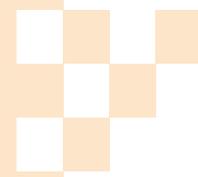
Focussed approach to enrollment and tracking of high-risk cases

Customised multimedia content

2-way communication for deeper engagement



# Our People



**Total  
Number of  
Employees**  
(As of March 2020)  
**101**

**Male:**  
**23**

**Female:**  
**78**

**New Employees in 2019-20**



**Male:**  
**6**



**Female:**  
**13**

## Key Personnel Recruited in 2019-20:

**Kohinoor Mitra,**  
Chief Finance Officer

**Achyut Patil,**  
Senior Manager-  
Programs (for Arogya Sakhi)

**Dr. Prajakta Gholap,**  
Manager – Monitoring & Evaluation

# Our People



Team ARMMAN participated in the 5.9km Dream Run at Tata Mumbai Marathon in January 2020 to raise awareness about maternal and child health.

We participated in an open session organized by Turn.io in February 2020 on facilitating two-way communication by leveraging chat.



Team ARMMAN gathered together for an informative and fun-filled Open House in March 2020.

# Our Supporters



Johnson & Johnson

  
glenmark  
A new way for a new world

VIP

Godrej

 BAJAJ  
FINSERV

 GEP®  
Insight Drives Innovation

 Chevron

TATA TRUSTS

  
Grand Challenges Canada®  
Grands Défis Canada

 USAID  
FROM THE AMERICAN PEOPLE

  
UKaid  
from the British people

barefoot college 

 SBI FOUNDATION  
Service Beyond Banking

 Pfizer

TIDES   
A Force for Social Good

OPEN  ROAD  
KEEPING IMPACT ON TRACK

 CitiusTech

InfrasoftTech   
Fintech Digital Solutions

 gsk  
GlaxoSmithKline

 Microsoft  
Research

 RG MANUDHANE FOUNDATION  
FOR EXCELLENCE

 Lata Medical Research Foundation

 JSW  
FOUNDATION

 dasra  
catalyst for  
social change

# Board of Trustees

**Dr Aparna Hegde**

Doctor

**Dr. Dayashankar R. Maurya**

Doctor

**Srinivaas V. Sirigeri**

Businessman

**Dr. Srikrishna Solgudu Ramachandra**

Doctor

**Dr. Geeta Sandeep Ghag**

Doctor

**Arindam Mukherjee**

Engineer

**Dr. Janhavi Sanjay Raut**

Doctor

**Sandhya Rajesh Kanchan**

Professional

# From the CEO's Desk



This has been a year of exponential growth and exciting opportunities for ARMMAN. We have completed one year of implementing Kilkari and Mobile Academy, the largest mHealth programs of their kind, in collaboration with the Ministry of Health and Family Welfare. Programs implemented by ARMMAN have reached over 19 million women and children and trained almost 172,000 health workers in 16 states of India. Over the next 5 years, our aim is to reach 45 million women and children across the entire country through our tech-enabled, cost-effective and scalable program



This non-linear growth has been made possible by only a 100-member team which includes experts from public health, IT, research M&E, programs, communication, content, fundraising, finance and human resources. This year we welcomed 19 new members into the ARMMAN team in Finance, programs and M&E to strengthen the verticals.

Our donor base has turned even stronger this year with organisations such as VIP, Godrej Consumer Products, CitiusTech, GEP, Chevron and Infracore backing our programs, even as we receive steadfast support from existing funders and collaborators.

ARMMAN is poised at a critical juncture, we are not only continuing to scale and improve current programs, but piloting new interventions which will be scaled up via the scale programs. We will use mMitra as a 'sandbox' that provides us the opportunity to experiment with disruptive technologies while keeping abreast with developments in mobile technology, increase in smartphone coverage and increased internet usage among our target beneficiaries. The 'sandbox' offers us the opportunity to pilot new ideas to make the program more robust, and shape the future of Kilkari.

We will be creating stratified multimedia content and testing two-way communication focused on high-risk conditions via WhatsApp (in partnership with Turn.io) and call centre services. We are looking at integrating AI in programs to improve and create targeted programs and predict high-risk conditions and beneficiary behaviour, in partnership with Google Research India and IIT Chennai.

As we kick off the new decade, we at ARMMAN are excited about the opportunities that lie ahead of us. Along with using AI and data analysis to improve our existing interventions, piloting innovations and large scale-implementation and expansion of programs, we will continue to focus on building an enduring and sustainable organisation.

Stay Safe.

**Ramesh Padmanabhan**  
*Chief Executive Officer*

# Financials

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

Name of the Public Trust :

**A R M M A N**

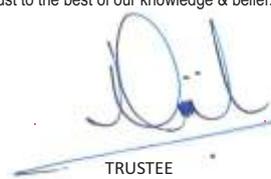
**(Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)**

### Balance Sheet as at 31ST MARCH, 2020

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

FY 2018-19	FUNDS & LIABILITIES	FC	Domestic	Consolidated 2019-20	FY 2018-19	PROPERTY & ASSETS	FC	Domestic	Consolidated 2019-20
4,71,550	<b>Trusts Funds or Corpus :-</b> Balance as per last B/S	-	4,71,550	4,71,550	NIL	<b>Immovable Properties :- (At Cost)</b>			NIL
FC - Rs.10,54,915 D - Rs 6,57,191	<b>Capital Assets Reserve Fund A/c</b> (As per Schedule - 1)	9,77,673	6,59,699	16,37,372	NIL	<b>Investments :-</b>			NIL
	<b>Specific Earmarked Funds (mMitra):-</b>				FC - Rs.10,54,915 D -Rs.6,63,461	<b>Furniture, Fixtures &amp; Other Assets :-</b> (As per Schedule - 5)	9,77,673	6,64,940	16,42,613
D - Rs.2,64,72,087	I) Domestic Funds (As per Schedule - 2)	-	1,34,77,139	1,34,77,139	NIL	<b>Loans:-</b>	NIL	NIL	NIL
FC -Rs.4,08,06,558	II) FCRA Funds (As per Schedule - 3)	8,18,65,295	-	8,18,65,295	FC - Rs. 16,76,965 D -Rs.2,16,00,433	<b>Deposit &amp; Advances :-</b> (As per Schedule - 6)	17,46,779	4,99,365	22,46,144
NIL	<b>Loans (Secured or Unsecured)</b> From Trustees From Others	-	-	NIL	NIL	<b>Outstanding Income</b>			
	<b>Liabilities :-</b>				D - Rs. 6,322	Accrued Interest receivable		1,198	1,198
FC-Rs 2,16,12,814 D- Rs.1,20,329	For Expenses (As per Schedule - 4)	30,04,743	4,74,215	34,78,958	FC - Rs. 7,40,60,68 D - Rs. 55,87,827	<b>Cash and Bank Balances :-</b> (As per Schedule - 7)	9,66,48,224	1,21,26,840	10,87,75,064
FC-Rs1,33,18,277 D-Rs.1,36,886	<b>Income &amp; Expenditure Account</b> Opening Balance Surplus During the year	1,33,18,277 2,06,687	1,36,886 (19,27,146)	1,34,55,163 (17,20,458)					
<b>10,46,50,607</b>	<b>Total Rs. ....</b>	<b>9,93,72,676</b>	<b>1,32,92,343</b>	<b>11,26,65,019</b>	<b>10,46,50,607</b>	<b>Total Rs. ....</b>	<b>9,93,72,676</b>	<b>1,32,92,343</b>	<b>11,26,65,019</b>

#### Account Policies & Notes to Accounts - Schedule - 13

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



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, 2020**

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

FY 2018-19		EXPENDITURE	FC	Domestic	Consolidated 2019-20	FY 2018-19		INCOME	FC	Domestic	Consolidated 2019-20
NIL	To	Expenditure in respect of properties :-	-	-	NIL	NIL	By	Rent (accrued)			NIL
								(realised)			
FC - Rs.112708	To	Establishment Expenses	5,58,117	1,52,847	7,10,964						
D - Rs. 203164		(As per Schedule - 8 )					By	Interest (Received)			
								(realised)			
NIL	To	Remuneration to Trustee	-	-	NIL			On Securities / Bond			
NIL	To	Remuneration (in the case of a math)	-	-	NIL			On Loans			
NIL	To	Legal & Professional fees	-	-	NIL	FC - Rs.41,29,647		On Fixed Deposits	26,17,230	30,862	26,48,092
						D - Rs 4,99,087		On Bank Account			
NIL	To	Audit Fees	-	-	NIL			S.B. A/c.	8,50,024	1,76,137	10,26,161
		(Under BPT & IT Act)						(As per Schedule - 10)			
						D - Rs. 1,86,435	By	Donations in Cash or Kin	1,68,242	2,08,103	3,76,345
NIL	To	IT & C.C. Professional fees	-	-	NIL			(As per schedule - 11)			
NIL	To	Amount written off :	-	-	NIL	D- Rs.1,06,654	By	Unutilised donation of Pride India of Previous Year -write back			
NIL	To	Miscellaneous Expenses	-	-	NIL	NIL	By	Grants			NIL
D - Rs.1,281	To	Depreciation	-	1,029	1,029	D - Rs. 1,65,790	By	Surplus from Fund raising Event		7,744	7,744
								(As per Schedule - 12)			
NIL	To	Amount transferred to Reserve or Specific Funds	-	-	NIL			Income Tax Refund		10,534	10,534
	To	Expenditure on Objects of the Trust									
		(a) Religious	-	-							
		(b) Educational	-	-							
		(c) Medical Relief	-	-							
		(d) Relief of Poverty	-	-							
FC - Rs.1,10,473		(e) Other Charitable Objects (As per schedule - 9)	28,70,692	22,06,650	50,77,342						
D-Rs 8,72,163											
			34,28,809	23,60,526	57,89,335						
37,87,824	To	Surplus Carried Over to Balance Sheet	2,06,687	-19,27,146	-17,20,458						
50,87,613		Total Rs. ....	36,35,496	4,33,380	40,68,876	50,87,613		Total Rs. ....	36,35,496	4,33,380	40,68,876

Accounting Policies & Notes to Accounts - Schedule - 13

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

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

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**

TRUSTEE

TRUSTEE

Place : Mumbai  
Date:23/10/2019



**To donate to ARMMAN,  
log on to [www.armman.org/donate-now/](http://www.armman.org/donate-now/)**

**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](mailto:armmanindia@armman.org)

**ARMMAN - DELHI**

Contact : (011) 41708365



armmanindia



ArmmanIndia



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[www.armman.org](http://www.armman.org)