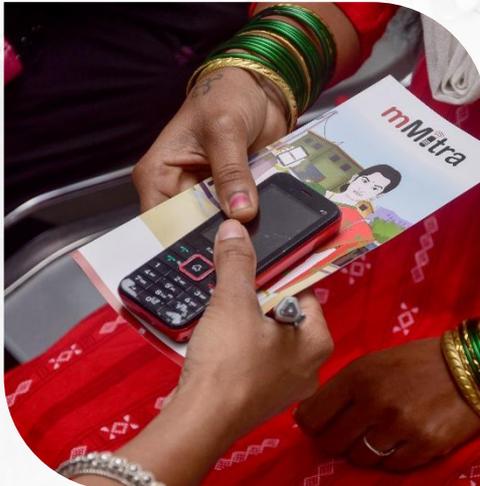
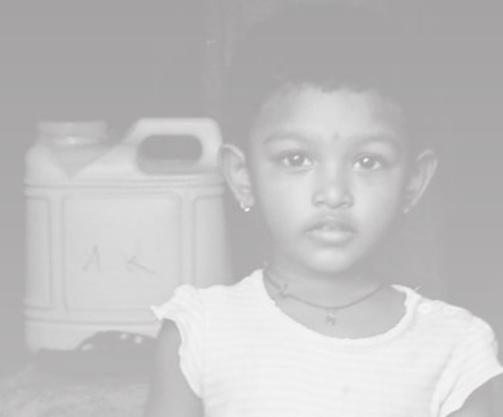


ANNUAL REPORT

2020-21



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FOUNDER'S MESSAGE



“This pandemic has taught us the importance of primary health and referral systems.”

**Dr. Aparna Hegde,
Founder &
Managing Trustee**

In many ways, this year has followed a similar trajectory for almost every single person on the planet - a physical and emotional rollercoaster with one too many sudden drops and unexpected twists and turns. It has been the same for us here at ARMMAN, as we worked together to overcome multiple challenges to implement our programs for pregnant women, mothers, children and health workers and design new interventions when the COVID-19 pandemic struck India in March 2020.

As hospitals across the country focused on COVID-19, regular care for pregnant women and children was deprioritized. Reaching the facility was challenging because of limited public transport. Resources in rural areas, such as the Anganwadis, were closed and frontline health workers like ASHAs were pulled away to focus on COVID-related problems. Pregnant women and children in urban slums were even more vulnerable, living in overcrowded spaces with poor sanitation, and hygiene. Access to support mechanisms for pregnant women and mothers reduced drastically. Even though the government issued guidelines ahead of the strict lockdown for delivering essential health services, that information did not reach everyone who needed it. Women were calling ARMMAN after being turned away from facilities that had been converted into COVID-19 units, unsure of where to go.

In this situation, we quickly adapted our existing technology platform within four days to launch interventions targeting specific gaps in the system. We started a pan-India free Virtual OPD (V-OPD) with the help of volunteer doctors so pregnant women and mothers could have consultations with obstetricians and paediatricians via a toll-free number. We started linking women to hospitals, finding services and facilities for them, and even calling ambulances to ensure they received the necessary medical care in time. To fill the information gap, we started sending automated voice calls (and SMS) containing critical COVID-19 information directly to the phones of women in Mumbai slums via the existing mMitra infrastructure. Health workers across the country were sent updated COVID-19 information on their phones in partnership with the Ministry of Health and Family Welfare.

While our existing technology and infrastructure allowed us to pivot quickly and catapult into action, it would have been impossible to implement these interventions without the resilience of the ARMMAN team. In March 2020, we started working from home, which came with its own set of logistical and programmatic challenges. Systems were set up for call centre executives in their homes. mMitra supervisors started liaising directly with the hospital staff to procure details of pregnant women so they could be enrolled over the phone. In the remote tribal belt of Palghar District in Maharashtra, refresher training for our Arogya Sakhis (health leaders) moved online. Every single member of the ARMMAN family rallied together to ensure continuity of care for pregnant women, mothers and their children as the world grappled with the severity of the virus.



FOUNDER'S MESSAGE

“Digital programs are going to be the way forward, and ARMMAN will be right there to lead the way for mHealth interventions.”

**Dr. Aparna Hegde,
Founder &
Managing Trustee**

COVID-19 may have thrown up innumerable challenges and unprecedented situations, but that has not deterred us from our plans to strengthen our programs and scale-up our interventions across the country. Our collaboration with Google Research India to use Artificial Intelligence (AI) to improve the efficiency of voice-call programs like mMitra is showing encouraging initial results. Kilkari and Mobile Academy have expanded to the state of Tripura, with plans to foray into three new states next year. The Integrated High-Risk Pregnancy Management (IHRPM) program has been launched in Telangana, and the training of various health cadres on the management of high-risk protocols will begin soon. In the coming year, we will start drawing up organizational plans to chart the future course of action for ARMMAN and increase our programmatic focus on identifying and managing high-risk factors in time to reduce the pressure on tertiary-level health systems, thereby improving maternal and child health outcomes in India.

This pandemic has taught us the importance of primary health and referral systems. If we focus on preventive maternal and child health and put systems in place, it can be replicated easily, and it will strengthen public health across the board. As health systems struggle to cope with the pandemic, the advantages of scale, agility and cost-effectiveness offered by technology-enabled interventions have come into sharper focus. In the COVID world, social distancing is going to become the norm. Digital programs are going to be the way forward, and ARMMAN will be right there to lead the way for mHealth interventions.

Although times may be tough and fraught with uncertainty, there is one thing that remains constant - the core of who we are, what we do, and why we do what we do. As we ride this rollercoaster with no clear end in sight at present, we always keep the women and children at the centre of all our interventions, right from ideation and designing, to implementation and analysis. It is with this clear focus that we will continue to adapt, innovate, strengthen, improve and expand our interventions as we march forward into the next year.



ABOUT US



ARMMAN is an India-based non-profit leveraging mHealth 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/morbidity. It adopts a “tech plus touch” approach by leveraging the health worker network of the government and partner NGOs along with deep mobile penetration.



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



HIGHLIGHTS OF 2020-21



APR
2020

4 COVID-19 interventions launched.
Dr. Aparna Hegde and ARMMAN receive
Skoll Award for Social Entrepreneurship



MAY
2020

ARMMAN publishes first paper
with Google Research as part
of ongoing mMitra AI pilot



JUNE
2020

ARMMAN partners with
Venture Philanthropy



LGT

JULY
2020



AUG
2020

ARMMAN partners
with Rippleworks



SEPT
2020

Engagement with PWC begins
for creation of business plans
for 3 programs



OCT
2020

ARMMAN partners with Netri
Foundation for mMitra in Mumbai



NOV
2020

mMitra becomes a member of
the Million Lives Club



DEC
2020

Google.org supports ARMMAN's
Artificial Intelligence efforts



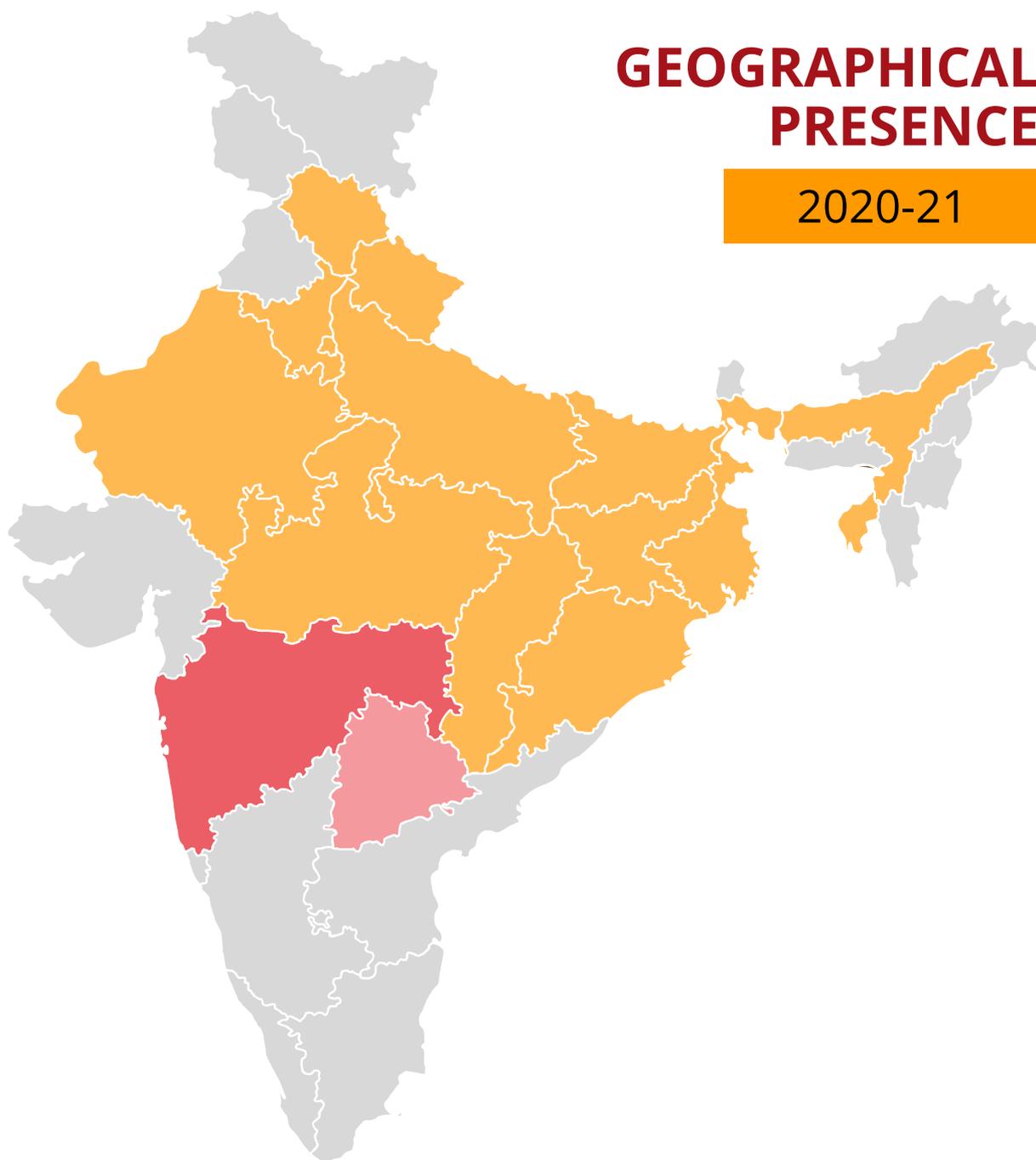
JAN
2020

Implementation of Integrated
High-Risk Pregnancy Management
Program in Telangana begins.
Kilkari and Mobile Academy launched
in Tripura, taking the reach to 14 states



GEOGRAPHICAL PRESENCE

2020-21



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



Maharashtra



Telangana

MATERNAL AND CHILD HEALTH IN INDIA

WHY THE URGENCY?



In India, a woman dies in childbirth every fifteen minutes. Our country accounts for 9% of the global maternal mortality burden. Only one in five pregnant women get complete antenatal coverage. 2 children under the age of 5 die every minute, while 18% infants have low birth weight, leading to complications that prevent them from realising their full potential.

Adding to this is the acute shortage of medical staff. India has 37.6 health workers for every 10,000 people, against WHO's minimum recommendation of 44.5.

Studies have also shown that global maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, preeclampsia, preterm birth and stillbirth.

A significant proportion of maternal deaths and child deaths are, however, preventable with appropriate and timely interventions. According to WHO, investing in health has been shown to give economic returns to the health sector, other sectors and the wider economy.

It is therefore important to address the gaps and invest in the health sector in order to improve maternal and child health outcomes in India.



A woman dies in childbirth

Every 15 minutes



Only 1 in 5

pregnant women get complete **antenatal coverage**



Health workers for **10,000 people**

WHO's minimum recommendation:

44.5

INDIA

37.6



18%

infants have low birth weight



2 children under the age of 5

in India die every minute

OUR APPROACH



Factors leading to poor maternal and child health indicators include:



Lack of access to preventive care information and services during pregnancy and infancy leading to poor understanding of danger signs and delayed care seeking.



Inadequately trained and supported health workers who are unable to detect and manage high-risk conditions in time.

ARMMAN leverages deep mobile penetration with existing health worker network and infrastructure to:

Provide preventive care information to women through pregnancy and infancy enabling them to seek care in time

Train and support health workers for timely detection and management of high-risk conditions





PROGRAMMATIC OVERVIEW

COVID-19 INTERVENTIONS

When the pandemic struck, ARMMAN leveraged its extensive mobile technology platform and expertise and within a week, launched

4 COVID-19 interventions

to support pregnant women, children and health workers.



The pan-India Virtual OPD (clinic) has provided almost

14,000

pregnant women and children with free consultations with obstetricians and paediatricians via a toll-free number.



300,000 women

living in urban slums in Mumbai have been sent weekly **automated voice calls (and text messages)** on critical COVID-19 related information directly on their mobile phones, in the local language.



Free call-centre support along with a data repository has linked over

60,000 pregnant women

and children with essential health services and facilities.



Critical information on new developments has been sent to

800,000

health workers via voice calls and texts in collaboration with the Ministry of Health and Family Welfare (MoHFW).

VOICES FROM THE GROUND

COVID-19 INTERVENTIONS



“

I was eight months pregnant and couldn't return to my hometown in West Bengal because of the lockdown. I called the V-OPD and they guided me at every step ensuring a safe delivery.

TANJILA SHAIKH
Mumbai

“

I started experiencing labour pain and I was unable to find an ambulance due to the lockdown. I called up V-OPD and they helped arrange an ambulance, due to which we reached the hospital on time.

PRANJAL SAKHARKAR
Mumbai



“

I suddenly started experiencing stomach pain in the sixth month of pregnancy and so called the V-OPD for advice as the city was under lockdown. I was told to get admitted immediately and the timely guidance helped ensure a safe delivery.

ANITA KIRTISHAHI
Aurangabad





समुद्र से हल्के हरे पानी में
 • कौन सा पानी सबसे स्वच्छ है? • कौन से जल स्रोतों में से पानी पीना सुरक्षित है?
 • कौन से जल स्रोतों में से पानी पीना सुरक्षित है? • कौन से जल स्रोतों में से पानी पीना सुरक्षित है?

साधन से हाथ धोएं, कोटाणु भगाएं
 राष्ट्रीय स्वास्थ्य विभाग, स्वास्थ्य विभाग



**Free Voice-Call Service
 Sending Critical
 Preventive Care
 Information to Women
 During Pregnancy and
 Infancy**



Largest mobile-based maternal messaging program in the world being implemented in partnership with MoHFW



72 timed and targeted weekly messages with 9 attempts for each message



Available in 5 languages
 (Hindi, Assamese, Bengali, Bihari, Odiya)



Toll-free number to hear the calls again



Implemented in 14 States / Union Territories



21.6 million women reached till date



40,31,100 new subscribers in 2020-21



17,95,434 live users in March 2021

IMPACT INDICATORS (As of March 2021)



79% of women picked up at least 1 call out of 4 in a month



Over half the content was heard in **44%** of the calls picked up by the women

VOICES FROM THE GROUND



“

I am confident about delivering my baby after listening to the Kilkari calls and I encourage my friends to register for the service too.

PURNIMA NATH
Kilkari subscriber
Assam

“

Kilkari helped get the male members of my family involved in my pregnancy and in raising the baby.

DIPTI MEHRA
Kilkari subscriber
Madhya Pradesh



“

Living away from my family during my pregnancy was difficult. Kilkari calls taught me many basic facts including what to eat to prevent anaemia, which vaccinations to take and the importance of breastfeeding.

BANITA BISWAL
Kilkari subscriber
Odisha





MOBILE ACADEMY

Mobile-based Training Course for Frontline Health Workers (ASHAs)



Largest mobile-based training program for frontline health workers in the world being implemented in partnership with MoHFW



Handset-Independent, Audio-Based Technology Accessed Via a Simple Voice Call



Covers **33** Months (Pregnancy Till Child is 2 Years)



Divided into 11 Chapters with Quizzes with a Pass/Fail Score; Certificate Provided on Course Completion



Available in 4 languages (Hindi, Assamese, Bengali, Odiya)



Implemented in 14 States / Union Territories

178,000

frontline health workers trained till date



4500

frontline health workers completed course in 2020-21

QUALITY INDICATORS

Results of Telephonic Survey with Mobile Academy end-users

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.

VOICES FROM THE GROUND



MOBILE ACADEMY



“

What I most like about Mobile Academy is that I can listen to it at home, even while I am doing my household chores. I have even completed some chapters while traveling to work as well as during my free time. Using free time to learn something is amazing. I've recommended the course to my peers as well.

KESH PARIHAR

ASHA

Jabalpur, Madhya Pradesh

“

After completing the Mobile Academy course, I encouraged other ASHAs to do it too. It is easy to understand because of the simple language and the course structure is also easy to follow. It is good for new ASHAs and also up to the mark for more seasoned ASHAs. I completed the course in two days!

SUMITRA MOHANTY

ASHA

Cuttack, Odisha



“

The Mobile Academy course is very easy. I can access the lessons whenever I want and listen to it multiple times, which helps me get a clear understanding.

KUMARI VAIDEHI

ASHA

Patna, Bihar



PARTNER SPEAK



Kilkari leverages the larger maternal child health goals of the state. It helps family members of the pregnant woman to know the benefits of our program by creating awareness about vaccination etc. It thus helps reduce maternal and child deaths.

MR. ANKIT SHARMA

District Program Manager
Rampur, Uttar Pradesh,
National Health Mission



Mobile Academy helps the ASHAs to revise the concepts and knowledge acquired from their induction training. Further, getting a government certificate at completion of Mobile Academy course increases their self-confidence.

MR. PRABHAT KUMAR

District Community Process Manager
Rampur, Uttar Pradesh,
National Health Mission



mMitra

**Free Voice-Call Service
Sending Critical Preventive
Care Information to Women
During Pregnancy and
Infancy**



1 of only **5**
scaled mobile-based maternal
messaging programs in the world



141
timed and targeted messages
with 9 attempts for each call



Choice of
**Time slot and
language**



**Call Centre
Support**



Partnerships with
97 Hospitals and **40** NGOs
for enrollment



2.42 million
women reached till
date



150,270
new subscribers
in 2020-21



201,000
women currently
enrolled

IMPACT INDICATORS (As of March 2021)



71% of women picked up at least
1 call out of **4** in a month



Over half the content was heard in
47% of the
calls picked up by the women

VOICES FROM THE GROUND

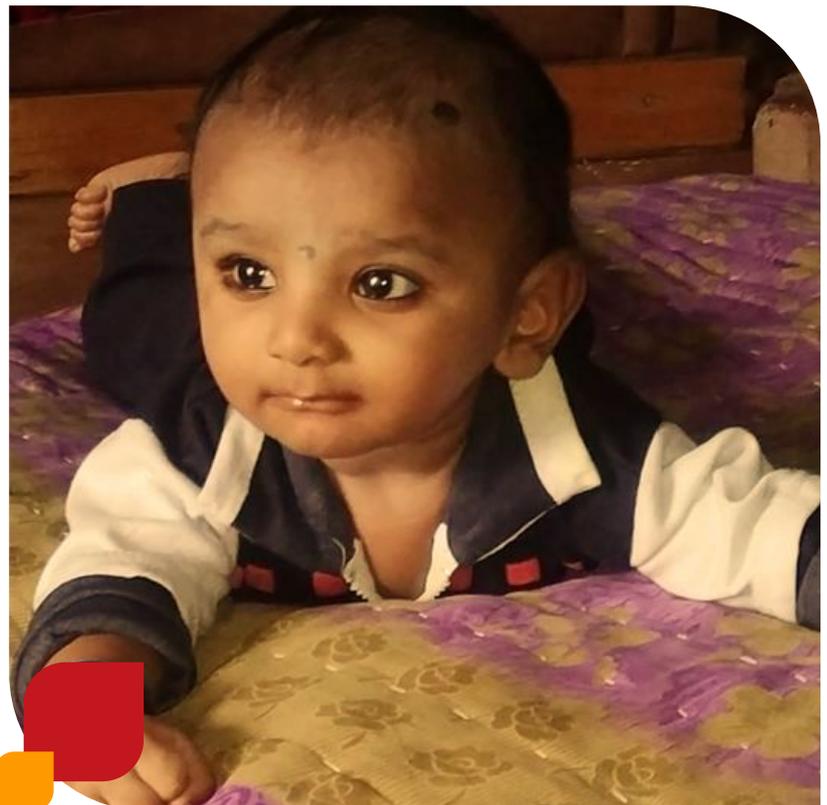
mMitra



“

Regular calls from mMitra hospital supervisor Smita helped me with the issues I faced during my pregnancy in the lockdown.

RUPALI NITIN PATIL
mMitra subscriber
Mumbai



“

I attended an online session held by an mMitra hospital supervisor where I learned how to burp my baby to avoid vomit after feeding.

BHAGYASHREE MORE
mMitra subscriber
Aurangabad

PARTNER SPEAK



Being provided telephonic information in the form of short messages is a good concept because it helps to hammer in the important take-home messages. Women with swollen feet come back to the hospital once they know it is a red flag sign. It (mMitra) is actually improving health seeking behaviours.

DR. JAYASHREE MONDKAR

Former Dean of Lokmanya Tilak
Municipal General Hospital
Medical College, Sion



It is a privilege for UAPHE to be associated with a partner organisation like ARMMAN. Collectively we have impacted the lives of over 80,000 pregnant women and mothers in Mumbai since 2014 and the work is still ongoing with even stronger efforts and dedication. This hard work and passionate effort is benefiting millions of women and children in India and contributing towards better maternal and child health outcomes.

DR. KUNAL OSWAL

Co-Founder of
UAPHE

mMitra has become a sandbox to test the following innovations that can be scaled through larger programs like **Kilkari**.



Piloting the feasibility of **WhatsApp** as a channel for two-way communication and multimedia content focused on high risk factors.



Using Predictive Analytics/AI to reduce dropout and enhance engagement in programs like mMitra through a **partnership with Google AI For Social Good and IIT Madras**.

The first paper comparing strategies for reducing dropout rates was published and accepted for presentation at Harvard University in June 2020.



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.
- › **Program Efficiency Index-Beneficiaries:** The number of beneficiaries picking up calls.



ARMMAN has made tremendous strides on the project with IIT Madras and Google to apply AI to help improve preventive care for mothers and children. We're excited to continue to support them as they continue to scale their work to even greater impact.

MILIND TAMBE

Director - AI for Social Good at Google Research India

IHRPM

Integrated
High-Risk Pregnancy
Management



Training Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs) and Specialist doctors on high-risk pregnancy management and tracking



Pilot launched in Telangana in collaboration with state government



18 protocols on high-risk pregnancy management adapted for Telangana



Phase-wise training in Telangana to be the framework for implementation across the country



Learning app to contain multimedia content to support ANMs and MOs post training



Tracking App (for ANMs, MOs and Specialist doctors) will have an intuitive algorithm-based decision support tool to provide guidance through the care process, and send situational alerts with referral-tracking

Training and Pre-Post Assessment of

9000



ANMs
(Auxiliary Nurse Midwives)

1000



MOs
(Medical Officers)

300



Specialist Doctors

PARTNER SPEAK

“The comprehensive, systemic approach of the Integrated High-Risk Pregnancy Management (IHRPM) Program with ARMMAN will enable identification, tracking and end-to-end management of high-risk pregnancies. This will lead to a decrease in delayed referrals and the number of high-risk referrals to tertiary facilities, and therefore resulting in an overall improvement in the maternal and child landscape in Telangana.”



DR. PADMAJA

Joint Director

(Maternal Health and Nutrition),
Office of the Commissioner of Health
and Family Welfare, Telangana





Home-based Antenatal and Infancy Care Program in Severely Underserved Communities



Arogya sakhis are equipped with a tablet-based decision-support application and a basic diagnostic kit



They provide home-based preventive care, perform diagnostic tests, screen for high-risk factors and ensure early referral



Diagnostic tests include haemoglobin, blood sugar, urine, blood pressure, fetal doppler and anthropometric measurements

87 Arogya Sakhis



Currently Active in 3 Blocks in **Palghar, Maharashtra** (Jawhar, Makhada and Vikramgad)

Over 16,000 women and children



Supported with doorstep diagnostic and counselling services

The program was previously implemented in 250 villages across Solapur, Washim and Osmanabad districts of rural Maharashtra.

166 Arogya Sakhis were trained during this pilot.

VOICES FROM THE GROUND



“

I conducted the Fetal Doppler test for Anjana in the 7th month of her pregnancy and knew that her baby was feet first. When it was time for delivery I took Anjana directly to the hospital to save time. Anjana had a healthy baby weighing 2.8kg.

NARMADA HIRKUDA

Arogya Sakhi

Vadoli village, Palghar District, Maharashtra

“

Preeti and her family were throwing away the water after boiling vegetables. I told her to add that water to her food and eat a balanced diet and consume Iron Folic tablets regularly to stay healthy during her pregnancy. Preeti had a safe pregnancy and gave birth to a healthy baby boy weighing 2.8 kg.

SUPRIYA SHELAR

Arogya Sakhi

Boranda village, Palghar District, Maharashtra



Intervention for Moderately Underweight Children (MUW)

MUW
Moderately Underweight Children

We conducted a 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.



The project was designed as a randomized control trial involving **700 moderately underweight children between 6-36 months** living in 5 low-income clusters of Mumbai and their caregivers with the objective of bringing them in the normal range of weight-for-age. Trained nutrition counsellors provided advice on nutrition (home recipes), sanitation, hygiene etc. via **12 scripted weekly live calls over a period of 4 months**.

The results revealed some significant differences in the secondary outcomes – **knowledge and behaviour change** - between the intervention and target groups.

As an extension of this project, we are using predictive analysis to initiate early intervention with mothers of 3-6 month olds to reduce the proportion of infants who are malnourished at the age of one.

The intervention is currently being delivered to 300 mothers in Mumbai.



Blueprint Exercise

Creating a 10-year organizational blueprint articulating the strategy and roadmap for ARMMAN in the reproductive, maternal, newborn, child and adolescent health space.

Equity

Introducing an equity lens to maternal and child health, in addition to the equality lens already in use, to ensure that the most marginalized and vulnerable women, children and health workers are not left behind.

Programmatic Strengthening and Expansion

Creating blueprints for the 2.0 versions of Kilkari, Mobile Academy and the Integrated High-Risk Pregnancy Management (IHRPM) program in Telangana. These will be in alignment with ARMMAN's pyramidal "fit for purpose" approach where low-risk women get broad-based content while those with high-risk conditions or the most disadvantaged get more targeted content with greater handholding support through 2-way communication.

Empowerment

Deepening our understanding of empowerment engendered by our programs amongst women and health workers that we serve, especially in correlation with access to information and skill building along with its interaction with other determinants.



**FUTURE
FOCUS AREAS**

TEAM ARMMAN



Number of Employees

124



Female

102



Male

22



New Employees in
2020-21

11



Female

8



Male

3

Key Personnel Recruited this year:

Dr. Bhuvaneswari Sunil

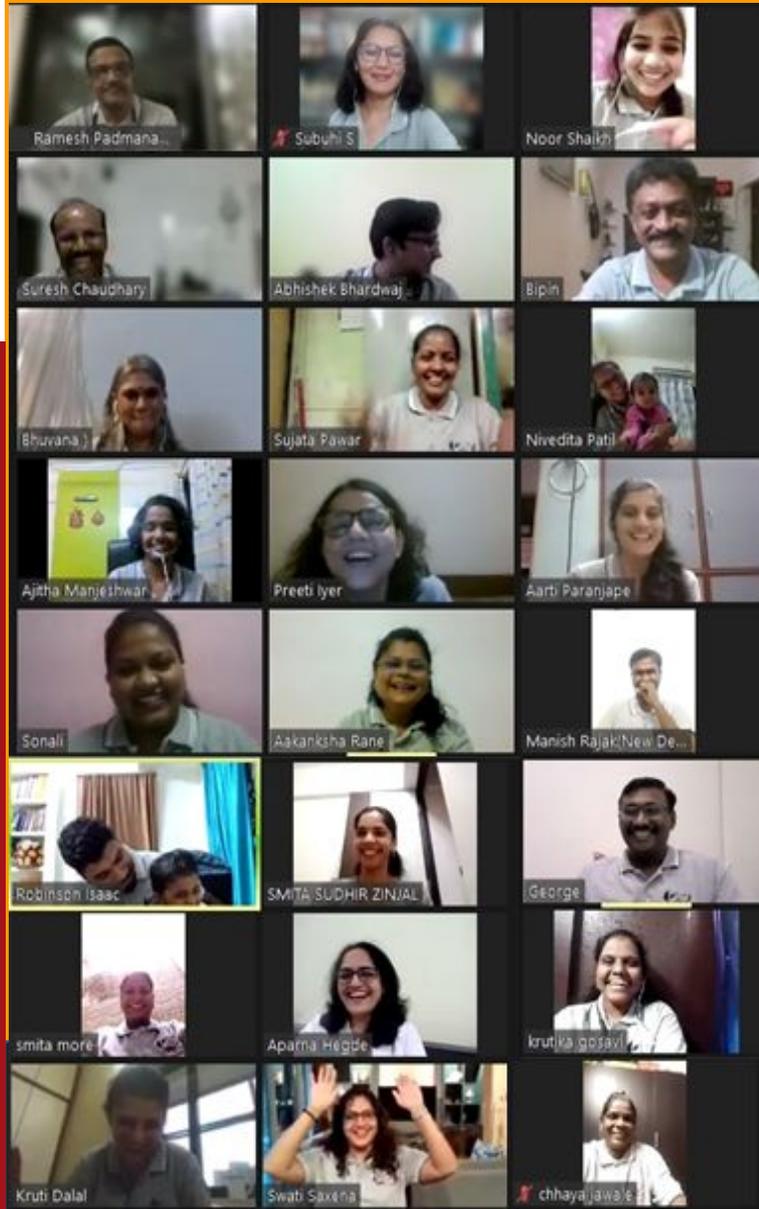
Director, Research

Shirley Varghese

Director, Finance & Accounts

Preeti Iyer

Deputy Director, Programs





BOARD OF TRUSTEES

ARMMAN's Board of Trustees have the responsibility of governance as required by the Charity Commissioner. The trustees are signatories to bank accounts, FCRA, and the auditor's report.

Dr. Aparna Hegde
Doctor, Researcher and Social Entrepreneur

Srinivaas Sirigeri
Businessman

Dr. Srikrishna Sulgodu Ramachandra
Doctor and Public Health Professional

Dr. Geeta Sandeep Ghag
Doctor and Professor

Sandhya Rajesh Kanchan
Pharmaceutical Professional

Dr. Janhavi Sanjay Raut
Scientist and Researcher

Dr. Dayashankar Maurya
Doctor, Professor and Public Policy Professional

Chanda Kathuria
Professor and Businesswoman

Arindam Mukherjee
Engineer and Entrepreneur



OUR PARTNERS

Technology Partners



Content Partners



Implementation Partner



सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

Technical Partners



Strategic Partners



OUR SUPPORTERS



Dr. Aparna Hegde and ARMMAN win the Skoll Award for Social Entrepreneurship 2020



mMitra

selected as a member of the Million Lives Club



Dr. Aparna Hegde wins the **MS Signature Award** for Excellence and Phenomenal Leadership in her field



AWARDS AND RECOGNITION

LETTER FROM THE CEO



RAMESH PADMANABHAN

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 11 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 Infracsoft 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 expand and improve current programs, but we are also piloting new interventions which will be scaled up via the larger 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.

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 2021**.

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

FY2019-20	FUNDS & LIABILITIES	FCRA	Domestic	Consolidated 2020-21	FY 2019-20	PROPERTY & ASSETS	FCRA	Domestic	Consolidated 2020-21
4,71,550	Trusts Funds or Corpus :- Balance as per last B/S	-	4,71,550.00	4,71,550.00	NIL	Immovable Properties :- (At Cost)			NIL
FC - Rs.977673 D - Rs 6,59699	Capital Assets Reserve Fund A/c (As per Schedule - 1)	14,46,886.00	5,59,164.00	20,06,050.00	NIL	Investments :-			NIL
Dom - Rs13477139	Specific Earmarked Funds (mMitra):- I) Domestic Funds (As per Schedule - 2)	-	2,32,64,943.72	2,32,64,943.72	FC - Rs. 977673 D - Rs 664940	Furniture, Fixtures & Other Assets :- (As per Schedule - 5)	14,46,886.00	5,63,566.00	20,10,452.00
FC -Rs82505565.24	II) FCRA Funds (As per Schedule - 3)	11,58,13,759.33	-	11,58,13,759.33	NIL	Loans:-	NIL	NIL	NIL
NIL	Loans (Secured or Unsecured) From Trustees From Others	-	-	NIL	FC - Rs. 1746779 D - Rs. 499364.54	Deposit & Advances :- (As per Schedule - 6)	37,38,255.00	4,41,601.00	41,79,856.00
FC-Rs 3004743 D- Rs 474215	Liabilities :- For Expenses (As per Schedule - 4)	38,71,595.65	29,61,278.01	68,32,873.66	NIL	Outstanding Income			
FC-Rs1,2684694.67 D-Rs.(1790260.01)	Income & Expenditure Account Opening Balance Surplus During the year	1,28,84,694.67 47,16,163.00	(17,90,260.01) 8,88,334.62	1,10,94,434.66 56,04,497.62	D - Rs. 1198	Accrued Interest receivable	1,38,874.00	30,494.00	1,69,368.00
					FC - Rs. 96648223.91 D - Rs. 12126840.45	Cash and Bank Balances :- (As per Schedule - 7)	13,34,09,083.65	2,53,19,349.34	15,87,28,432.99
11,26,65,018.90	Total Rs.	13,87,33,098.65	2,63,55,010.34	16,50,88,108.99	11,26,65,018.90	Total Rs.	13,87,33,098.65	2,63,55,010.34	16,50,88,108.99

Account Policies & Notes to Accounts - Schedule - 13

As per our report of even date
For Vipin Batavia & Co.
Chartered Accountants



Vipin P. Batavia
Proprietor
M. No.- 37004
Firm Reg. No- 111539W



The above Balance Sheet contains a true account of the Funds and Liabilities and of the Properties and Assets Trust to the best of our knowledge & belief.

For A R M M A N




Trustee



Trustee

Place - Mumbai
Date - 08.01.2021

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 2021.

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

FY 2019-20	EXPENDITURE	FCRA	Domestic	Consolidated 2020-21	FY 2019-20	INCOME	FCRA	Domestic	Consolidated 2020-21
NIL	To Expenditure in respect of properties :-	-	-	NIL	NIL	By Rent <u>(accrued)</u> <u>(realised)</u>			NIL
FC - Rs.568117.06 D - Rs. 152846.82	To Establishment Expenses (As per Schedule - 8)	437.00	5,824.35	6,261.35		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		On Fixed Deposits <u>On Bank Account</u>	13,56,811.00	29,296.00	13,86,107.00
NIL	To Legal & Professional fees	-	-	NIL	FC - Rs.2617230 D - Rs 30862	S.B. A/c. (As per Schedule - 9)	33,59,789.00	5,69,396.00	39,29,185.00
NIL	To Audit Fees (Under BPT & IT Act)	-	-	NIL	FC - Rs.850024 D - Rs 176137	By Donations in Cash or Kind (As per schedule - 10)	-	2,27,327.97	2,27,327.97
NIL	To IT & C.C. Professional fees	-	-	NIL	FC - Rs. 168242.48 D - Rs.208103	By Grants	NIL	NIL	NIL
NIL	To Amount written off :	-	-	NIL	NIL	By Surplus from Fund raising Event	NIL	NIL	NIL
NIL	To Miscellaneous Expenses	-	-	NIL	D - Rs. 7744	By Int. on Income Tax Refund	NIL	68,978.00	68,978.00
D - Rs.1029	To Depreciation	-	839.00	839.00	D - Rs.10534				
NIL	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	-	-	-					
FC- Rs.3510962 D- Rs 2206650	(Refer note below)	437.00	6,663.35	7,100.35					
(23,60,728.40)	To Surplus Carried Over to Balance Sheet	47,16,163.00	8,88,334.62	56,04,497.62					
40,68,876.48	Total Rs.	47,16,600.00	8,94,997.97	56,11,597.97	40,68,876.48	Total Rs.	47,16,600.00	8,94,997.97	56,11,597.97

Accounting Policies & Notes to Accounts - Schedule - 11

Note - During the year the organisation has received Donation of Rs. 19,44,51,637.42 from various parties and a sum of Rs. 15,07,34,506.61 is spent on the objects of the trust under the specific projects as directed by the Donor. The said receipts and spending are directly credited and debited to the donors A/c and the balance amount is reflected in Balance Sheet. The Donation receipts & spending are considered in the computation of Income and accordingly ITR is filed.

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



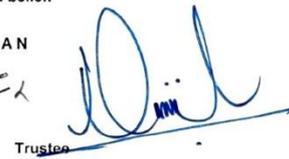
Vipin P. Batavia
Proprietor
M. No:- 37004
Firm Reg.No-111539



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 - 08.01.2021