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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.

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

Dr. Aparna Hegde, Founder & Managing Trustee

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

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.
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 LGT Venture Philanthropy

**JULY 2020**
Engagement with PWC begins for creation of business plans for 3 programs

**AUG 2020**
ARMMAN partners with Rippleworks

**SEPT 2020**
mMitra becomes a member of the Million Lives Club

**OCT 2020**
ARMMAN partners with Netri Foundation for mMitra in Mumbai

**NOV 2020**
Google.org supports ARMMAN’s Artificial Intelligence efforts

**DEC 2020**
Kilkari and Mobile Academy launched in Tripura, taking the reach to 14 states
Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tripura, Uttar Pradesh, Uttarakhand, West Bengal
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.
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
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 KIRTIISHahi
Aurangabad
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

IMPACT INDICATORS (As of March 2021)

21.6 million
women reached till
date

40,31,100
new subscribers
in 2020-21

17,95,434
live users in 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
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.
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
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
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
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
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, Mokhada 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.
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
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.
Number of Employees

124

Female: 102
Male: 22

New Employees in 2020-21

Female: 8
Male: 3

Key Personnel
Recruited this year:

Dr. Bhuvaneswari Sunil
Director, Research

Shirley Varghese
Director, Finance & Accounts

Preeti Iyer
Deputy Director, Programs
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

Ministry of Health & Family Welfare
Government of India

Technical Partners

Strategic Partners

dasra
# OUR SUPPORTERS

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<th>Johnson &amp; Johnson</th>
<th>Skoll Foundation</th>
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<td>UKaid</td>
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<td>GSK</td>
<td>Glenmark Foundation</td>
<td>Goodyear Consumer Products</td>
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Dr. Aparna Hegde and ARMMAN win the Skoll Award for Social Entrepreneurship 2020

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
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 Infrasoft 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 - VII  
[This 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)

## FY 2019-20  
### FUNDS & LIABILITIES  
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### REQUIRED INVESTMENT (as per Schedule - 3)  
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### Loans (Secured or Unsecured)  
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### Accounting Policies & Notes to Accounts - Schedule - 13  

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

Vijay P. Batavia  
Proprietor  
M.No: 37934  
Firm Reg. No: 111539W

Place - Mumbai  
Date - 08.01.2021

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

M. G. Batavia  
Stamp

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### FINANCIALS

#### The Bombay Public Trusts Act, 1960
**SCHEDULE - IX**

**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 2023,

Reg No. E - 25192 (MUM)
System of Acc - Mercantile

<table>
<thead>
<tr>
<th>FY 2019-20</th>
<th>EXPENDITURE</th>
<th>CORRESPONDING</th>
<th>FY 2019-20</th>
<th>INCOME</th>
<th>CORRESPONDING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FORA</td>
<td>Domestic</td>
<td>FORA</td>
<td>Domestic</td>
<td></td>
</tr>
<tr>
<td>NIL</td>
<td>To Expenditure in respect of properties</td>
<td>NIL</td>
<td>NIL</td>
<td>By Rent (received)</td>
<td>NIL</td>
</tr>
<tr>
<td>PC - Rs.3617230 D - Rs. 163664.82</td>
<td>Establishment Expenses (As per Schedule - 0)</td>
<td>437.00</td>
<td>6,828.00</td>
<td>6,361.00</td>
<td>By Interest (received)</td>
</tr>
<tr>
<td>NIL</td>
<td>To Retirement to Trustees</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td>On Securities / Bond On Loan</td>
</tr>
<tr>
<td>NIL</td>
<td>To Retirement (in the case of a minor)</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIL</td>
<td>To Legal &amp; Professional fees</td>
<td>NIL</td>
<td>NIL</td>
<td>FC - Rs.2617230 D - Rs. 20662</td>
<td>On Fixed Deposits</td>
</tr>
<tr>
<td>NIL</td>
<td>To Audit Fees (Under SPT &amp; IT Act)</td>
<td>NIL</td>
<td>NIL</td>
<td>FC - Rs.3617230 D - Rs. 106517</td>
<td>S.S. A/c (As per Schedule - 0)</td>
</tr>
<tr>
<td>NIL</td>
<td>To IT &amp; C.C. Professional fees</td>
<td>NIL</td>
<td>NIL</td>
<td>FC - Rs. 163664.82 D - Rs. 20662</td>
<td>By Donations in Cash or Kind (As per schedule - 10)</td>
</tr>
<tr>
<td>NIL</td>
<td>To Amount written off</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>By Grants</td>
</tr>
<tr>
<td>NIL</td>
<td>To Miscellaneous Expenses</td>
<td>NIL</td>
<td>NIL</td>
<td>D - Rs. 7744</td>
<td>By Surplus from Fund raising Event</td>
</tr>
<tr>
<td>D - Rs.1029</td>
<td>To Depreciation</td>
<td>0.00</td>
<td>0.00</td>
<td>D - Rs.10534</td>
<td>By Int. on Income Tax Refund</td>
</tr>
<tr>
<td>NIL</td>
<td>To Amount transferred to Reserve or Specific Funds</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TO EXPENDITURE ON OBJECTS OF THE TRUST</td>
<td>(a) Religious</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(b) Educational</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Medical Relief</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) Relief of Poverty</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(e) Other Charitable Objects</td>
<td>NIL</td>
<td>NIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC - Rs.3617230 D - Rs. 206664.82</td>
<td>(Refer note below)</td>
<td>437.00</td>
<td>6,828.00</td>
<td>6,361.00</td>
<td>Supply Carried Over to Balance Sheet</td>
</tr>
<tr>
<td>(23,84,723.00)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40,68,576.48</td>
<td>Total Rs.</td>
<td>47,14,600.00</td>
<td>9,56,957.57</td>
<td>56,17,597.57</td>
<td>40,68,576.48</td>
</tr>
</tbody>
</table>

**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 receipt 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.

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

Vipin P. Bataavia
Proprietor
M. No.: 37004
Firm Reg.No:111539

Place: Mumbai
Date: 08.01.2021

For A R M M A N

Trustee
Trustee

armman.org