## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Founder's Message</td>
<td>3</td>
</tr>
<tr>
<td>About Us</td>
<td>4</td>
</tr>
<tr>
<td>Maternal and Child Health in India</td>
<td>5</td>
</tr>
<tr>
<td>Our Approach</td>
<td>6</td>
</tr>
<tr>
<td>Geographical Presence</td>
<td>7</td>
</tr>
<tr>
<td>Milestones</td>
<td>8</td>
</tr>
<tr>
<td>Programmatic Overview</td>
<td>9</td>
</tr>
<tr>
<td>Awards and Recognition</td>
<td>25</td>
</tr>
<tr>
<td>Media Presence</td>
<td>26</td>
</tr>
<tr>
<td>Future Focus Areas</td>
<td>27</td>
</tr>
<tr>
<td>Board of Trustees</td>
<td>28</td>
</tr>
<tr>
<td>Team ARMMAN</td>
<td>29</td>
</tr>
<tr>
<td>Our Partners</td>
<td>30</td>
</tr>
<tr>
<td>Our Funders</td>
<td>31</td>
</tr>
<tr>
<td>CEO's Message</td>
<td>32</td>
</tr>
<tr>
<td>Financials</td>
<td>33</td>
</tr>
</tbody>
</table>
This was yet another roller coaster of a year, where sinking to the bottom propelled us towards greater heights in our journey to improve the health of mothers and children in the country. The second wave of COVID-19 was even more devastating than the first one. Lack of oxygen cylinders and shortage of hospital beds compounded the effect of the deadly virus as the overburdened health system struggled to cope. We continued to face the lowest of lows, both personally and professionally, attempting to come to terms with the loss of friends, family, colleagues and loved ones even as we implemented our interventions despite multiple challenges.

This year, the priority remained on ensuring that pregnant women, mothers and children receive access to necessary preventive care information, along with deepening and expanding the reach of our programs, and sharpening our focus on high-risk pregnancies.

The Kilkari and Mobile Academy programs have been rolled out in Jammu and Kashmir, Andaman and Nicobar and Chandigarh, taking the total number of states where these programs are present to 17. Our collaboration with Google Research India to use Artificial Intelligence (AI) to predict the risk of women dropping out of healthcare programs such as mMitra and improve targeted interventions has shown positive results. We will be conducting a Randomized Control Trial (RCT) next year, post which the AI model will be deployed across the entire subscriber base of mMitra. ARMMAN has also been selected as one of the 10 incubatees of the WhatsApp Incubator Program which will give us technical support to design, prototype and refine our WhatsApp pilot to test the use of 2-way communication and multimedia by creating and disseminating targeted content.

We have increased the 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. Training of Medical Officers and Specialist doctors in high risk protocols as part of the Integrated High Risk Pregnancy Tracking and Management program is currently ongoing in Telangana. We are also piloting the High Risk Pregnancy Tracking project in 2 hospitals of Mumbai for early identification of high-risk factors, counseling, provision of targeted information, regular reminders and follow-ups to ensure adherence to treatment protocol.

As the pandemic established the need for tech-based solutions to address some of the most pressing issues in healthcare, our work received recognition on a global scale as I was featured on Fortune Magazine’s list of World’s 50 Greatest Leaders at #15. Our interventions were also recognised by The Elevate Prize Foundation, and closer home by the NITI Aayog.

As we firm up our 5-year strategic plan to chart the road ahead for the organization, we are committed to making a transition to equity-based and gender transformative approaches, and to assess empowerment engendered in women and health workers by mHealth programs. Even as we design new solutions and adapt to the evolving technology, we will continue to improve the quality of our existing interventions so the 30 millionth woman gets the same service of the same quality that the first one did.

It is with this goal in mind that we keep moving towards our vision of a world where every mother is empowered to make healthier choices for herself and her children, thereby leading to an improvement in maternal and child health across the country. We thank our funders, partners and well-wishers who have stood by us through these turbulent times, motivating us to work harder than ever before and hope will continue on this incredible journey with us.
ABOUT US

ARMMAN is an India-based non-profit organisation leveraging mHealth to create cost-effective, scalable, gender-sensitive, non-linear, systemic solutions for improving access of pregnant women and mothers to critical preventive care 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, especially mHealth, to enable healthy pregnancy, safe delivery and safe childhood by:

› Addressing systemic gaps in health service delivery.

› Promoting healthcare-seeking practices in the community.

› Creating evidence-based, cost-effective, scalable solutions.
Maternal and child health is the barometer of a country’s socio-economic development. India has some of the worst mortality and morbidity indicators for maternal and child health globally with crippling gender disparity. Despite the improvement in institutional delivery, awareness and access to antenatal care is still low among pregnant women in the country. This leads to anemia and malnutrition in mothers and children, two of the most prominent problems contributing to mother and child mortality/ morbidity.

A woman **dies** due to pregnancy and childbirth-related complications **every 20 minutes**

**Two-thirds** of maternal deaths occur after delivery

For every woman who dies, **20 more suffer debilitating morbidity**

**2 children** under age 5 **die** **every minute**

**32%** of children under 5 are **malnourished**;
**35.5%** are **stunted**

These lead to complications that **prevent** them from realizing their **full potential as adults**

armman.org
Factors leading to poor maternal and child health indicators include:

- **Lack of access to critical preventive care** information during pregnancy and infancy leading to delay in seeking care.
- **Inadequately trained health workers** unable to detect, manage and refer high-risk conditions in time.

**ARMMAN** leverages deep mobile penetration with existing health worker network and infrastructure to provide critical preventive care information to women through pregnancy and infancy and train and support health workers for timely detection and early referral of high-risk conditions.

**INTERVENTIONS FOR...**

**...PREGNANT WOMEN, MOTHERS & CHILDREN**

- **Free voice call service** that sends timed and targeted critical preventive care information about pregnancy and infancy directly to the phones of enrolled women in their chosen language and timeslot.

**mMitra**

- **Maternal messaging program** similar to mMitra in partnership with the Ministry of Health and Family Welfare.

**KILKAR**

- **Telephonic counselling** to mothers of infants at risk of malnutrition to avoid further severity.

**...HEALTH WORKERS**

- **Mobile-based refresher training course** on maternal and child care in partnership with the Ministry of Health and Family Welfare.

**MOBILE ACADEMY**

- Training on high-risk pregnancy tracking and management to enable reduction in delayed referrals.

**IHRPTM**

- **Home-based pregnancy and infancy care program** in severely underserved communities.
GEOGRAPHICAL PRESENCE

- Andaman & Nicobar
- Assam
- Bihar
- Chandigarh
- Chhattisgarh
- Delhi
- Jammu & Kashmir
- Haryana
- Himachal Pradesh
- Jharkhand
- Madhya Pradesh
- Odisha
- Rajasthan
- Tripura
- Uttar Pradesh
- Uttarakhand
- West Bengal

Maharashtra

Telangana
Kilkari and Mobile Academy launched in Jammu & Kashmir and Chandigarh

Formed partnerships with Google.org and David Weekley Family Foundation

Kilkari and Mobile Academy launched in Andaman and Nicobar

Won Co-Impact design grant

Formed partnership with Bayer India Foundation

Completed Phase 1 of the mMitra WhatsApp pilot

Signed agreement with MoHFW to continue as implementing partners for Kilkari & Mobile Academy for 3 years

ARMMAN & Dr. Aparna Hegde won 2021 Elevate Prize powered by MIT Solve

Begun implementation of Swabhimaan 2.0 program in Chhattisgarh

ARMMAN’s third paper with Google Research India and IIT Madras as part of mMitra AI pilot published

ARMMAN joined Co-Impact’s Gender Fund towards advancing gender equality and women’s leadership

Dr. Aparna Hegde won Women Transforming India Award by Women Entrepreneurship Platform and NITI Aayog

Selected as one of 10 incubatees of the WhatsApp Incubator Program

Arogya Sakhis felicitated by Health Department of Palghar, Maharashtra for their exemplary work during COVID and other government campaigns

Kilkari and Mobile Academy launched in Andaman and Nicobar

Win Co-Impact design grant

Formed partnership with Bayer India Foundation

Completed Phase 1 of the mMitra WhatsApp pilot

Signed agreement with MoHFW to continue as implementing partners for Kilkari & Mobile Academy for 3 years

ARMMAN & Dr. Aparna Hegde won 2021 Elevate Prize powered by MIT Solve

Begun implementation of Swabhimaan 2.0 program in Chhattisgarh

ARMMAN’s third paper with Google Research India and IIT Madras as part of mMitra AI pilot published

ARMMAN joined Co-Impact’s Gender Fund towards advancing gender equality and women’s leadership

Dr. Aparna Hegde won Women Transforming India Award by Women Entrepreneurship Platform and NITI Aayog

Selected as one of 10 incubatees of the WhatsApp Incubator Program

Arogya Sakhis felicitated by Health Department of Palghar, Maharashtra for their exemplary work during COVID and other government campaigns
PROGRAMMATIC OVERVIEW
Largest mobile-based maternal messaging program in the world that sends timed and targeted critical preventive care information to women in India during pregnancy and infancy, in collaboration with the Ministry of Health and Family Welfare (MoHFW).

- **72 timed and targeted weekly recorded voice calls with 9 attempts** for each message
- **Calls in 5 Languages**
  - Hindi, Assamese, Bengali, Bihari, Odiya
- **Toll-free number**
  - to hear the calls again
- Implemented in **17 States / Union Territories**
- **New States**
  - Jammu & Kashmir, Chandigarh, Andaman & Nicobar

- **25.5 million** women and their children reached till date
- **4,188,700** new subscribers in 2021-22
- **43% of calls with > 50% of content listened to by women** (as of March 2022)
VOICES FROM THE GROUND

The Kilkari program not only helped me during pregnancy and child care, but it also motivated me to become a frontline health worker and help other pregnant women, mothers and their children. I feel empowered.

Puja Varma
Kilkari subscriber
Chhattisgarh

I find the calls emphasizing on the importance of breastfeeding and immunization useful as they guide me to ensure that my baby is healthy. My husband and I continue listening to the calls even after our daughter is born as we learn new things and feel confident as parents.

Daisy Kumari
Kilkari subscriber
Assam

I particularly liked the calls about diet during pregnancy, family planning and immunization as I didn’t have much knowledge about this. Following the advice given in the calls ensured that I have a safe pregnancy. Everything is so well explained that you don’t need to depend on anyone.

Gitanjali Devi
Kilkari subscriber
Assam

I am a new mother and have many doubts about how to take care of my baby. The Kilkari calls not only guided me during pregnancy but are now also helping me after delivery. Thanks to Kilkari, I get all the information I need at the convenience of my home.

Bindu Sarohi
Kilkari subscriber
Delhi
Largest mobile-based refresher training program in the world for frontline health workers (ASHAs), in collaboration with the Ministry of Health & Family Welfare, to strengthen their knowledge about maternal and child care to counsel women about best healthcare practices.

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 a quiz at the end of each chapter and a pass/fail score

Available in 4 languages Hindi, Assamese, Bengali, Odiya

Implemented in 16 States / Union Territories

238,061 ASHAs trained till date

34,318 ASHAs completed the course in 2021-22
The Mobile Academy course taught me about prenatal and postnatal care, childbirth, new-born care, breastfeeding, hygiene and sanitation, which is helping me while counselling women. The best thing is that the course is easy to access from anywhere at any time as the lessons are audio-based and can be done from a basic mobile phone too.

Anita Devi
ASHA
Patna

The Mobile Academy course explained everything in the local language, which made it easier for me to understand the information. I often face network issues in the village but I found the course so interesting that I used to travel a little outside my village to access the course and complete the lessons.

Lacky Rani
ASHA
Assam

The Mobile Academy course served as a refresher to my knowledge on maternal and child care. I am able to do my work better and feel confident while counselling women about the best practices to follow during pregnancy and infancy. I encourage other ASHAs to do it too.

Manju Devi
ASHA
Uttar Pradesh

New mothers have many doubts and I am able to counsel them well after doing the Mobile Academy course. It was convenient to do the course at my own pace. I feel happy that I am able to serve women better in my community.

Sarita
ASHA
South Delhi
Free mobile-based voice call service that sends timed and targeted critical preventive care information directly to the phones of enrolled women through pregnancy and infancy.

141 timed and targeted recorded voice calls

Biweekly / weekly calls

Missed call system

Choice of time slot and language

9 attempts for each call

Call Centre support

2.66 million women and their children reached till date

230,202 new subscribers in 2021-22

97 Partner hospitals

40 Partner NGOs

50% of calls with > 50% of content listened to by women (as of March 2022)
**VOICES FROM THE GROUND**

**mMitra**

---

**Swati Geetish Padave**  
*mMitra* subscriber  
Mumbai

> The *mMitra* calls taught me about how the baby responds to my touch and the changes in my body. I even got information about the important supplements to consume during pregnancy. The calls I loved the most were about mother and baby bonding.

---

**Rimpi Anil Chaurasiya**  
*mMitra* subscriber  
Mumbai

> I understand my baby’s needs and even know to look for danger signs, thanks to support from *mMitra*. With help from the calls, I feel confident about taking care of my baby. *mMitra* has made pregnancy and motherhood an enjoyable experience for me.

---

**Mayuri Mangesh Rasal**  
*mMitra* subscriber  
Palghar

> I live in a remote village and so the timely *mMitra* calls were even more useful for me to get all the information I needed at all times. If all pregnant women and mothers can get *mMitra* calls, they and their children will definitely be healthier.

---

**Antima Prajapati**  
*mMitra* subscriber  
Mumbai

> I didn’t have anyone to guide me during pregnancy but with the *mMitra* calls, I got all the information I needed at the right time. I continue listening to the calls even after delivery. The information about breastfeeding and vaccination is especially useful.
ARMMAN has collaborated with Google Research India for the mMitra AI pilot that uses Artificial Intelligence to predict the risk of women dropping out of the mMitra program. In the pilot study, the Restless Multi-Armed Bandit (RMAB) model proved to be the most effective and was deployed to select the subscribers who would benefit most from the mMitra calls.

ARMMAN’s third paper with Google Research India and IIT Madras as part of the mMitra AI pilot compares strategies for optimizing live service calls to over 23,000 participants over 7 weeks to reduce engagement drops. It details out the effectiveness of the RMAB model vs other AI models.

The software for this has been transferred to ARMMAN and the model is ready for scale up to the entire mMitra subscriber base, with an eventual aim of transitioning to the Kilkari program.

We are one among the Top 10 Incubatees of the WhatsApp Incubator Program (WIP) as part of which we plan to scale WhatsApp across mMitra and Kilkari to provide critical care information in the form of targeted multimedia audio/visual content to pregnant women and mothers enrolled in the programs.

It will also be used to provide long-term handholding to ASHAs (frontline health workers) through Mobile Academy, and Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs) and Specialist Doctors through the Integrated High-Risk Pregnancy Tracking and Management (IHRPTM) program.
Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs) and Specialist Doctors trained and supported in the management of high-risk conditions during pregnancy to provide ‘continuum of care’ to women.

- **Pilot launched in Telangana** in collaboration with the state government
- Algorithmic color-coded, detailed protocols for end-to-end management of **18 high-risk conditions**
- **Hybrid** (classroom cum online) training
- Support via **Learning app** (loaded with multimedia content including live action videos, simulations, interactive quizzes, and notifications) and **Tracking app** (for high-risk pregnancy identification and tracking to ensure timely referral, management and follow-ups)
- **Two-way communication** support via live call center / WhatsApp

### 3-PHASE Trainings for

- **9000 ANMs** (Auxiliary Nurse Midwives)
- **1000 MOs** (Medical Officers)
- **300 Specialist Doctors**

**Future Plan** Scale up to four more states including Andhra Pradesh, Karnataka, Assam and Odisha by 2026-27.
Women leaders (Arogya Sakhis) are trained to provide home-based care, perform diagnostic tests and screen for high risk factors to ensure early referral during antenatal and infancy period in severely underserved communities.

Arogya Sakhis...

...conduct basic diagnostic tests including haemoglobin, blood sugar, urine, blood pressure, fetal doppler and anthropometric measurements.

...are equipped with a tablet-based decision-support application to record the test results and screen for high-risk symptoms.

...have informative animation videos on pregnancy and infancy embedded in their tablets to aid effective counselling.

Over 3600 women and children supported with doorstep diagnostic and counselling services in 2021-22

253 Arogya Sakhis trained till date;

48 currently active in Palghar district, Maharashtra (Jawhar, Mokhada and Vikramgad blocks)
I learned new skills as an Arogya Sakhi. I am able to provide home-based care and spot danger signs in time. I have also become financially independent. Becoming an Arogya Sakhi has opened new doors for me to advance my career as a health worker.

Vasanti Nilesh Gaikwad
Utawali village, Palghar district

As an ASHA worker, I could only register pregnant women and refer them to primary healthcare centres if there was a problem but as an Arogya Sakhi, I am able to conduct diagnostic tests, detect high-risk symptoms and also refer them early. Being an Arogya Sakhi, I am able to do much more.

Chaya Laxman Jadhav
Balapur village, Palghar district

Becoming an Arogya Sakhi has made me capable of helping mothers and children when they most need support, and this gives me tremendous fulfilment. Women trust us and are comfortable sharing their health issues with us.

Prerna Pramod Lahange
Dolhari Khurd village, Palghar district

I am respected by people in my community. As an Arogya Sakhi, I am able to counsel women through pregnancy and infancy, and provide them with the care they need and deserve. I have two children and I feel proud that I am able to financially support them for education.

Pranali Pramod More
Shelpada village, Palghar district
• Using **predictive analysis** to initiate early intervention with mothers of 3-6 month old infants who are at risk of **malnutrition**, thereby reducing the proportion of infants who are malnourished at the age of one.

• Intervention for infants aged 6-36 months.

• 1000 mothers and their infants reached in Mumbai.

---

**PROGRAM DESIGN**

1 introductory call

12 thematic weekly calls for 4 months

Information provided on **growth and development**, **nutrition** and **balanced diet**, best practices in **breastfeeding** and **complementary feeding**, **immunization**, **WASH** (**Water**, **Sanitation** and **Hygiene**), **childhood infections**, **maternal health** and **mental health**, and **family planning**. Each call consists of health information, follow-up on actions advised, response to queries and referral if required.

---

**FUTURE OF THE PROGRAM**

**Multimedia content development** underway targeting **fathers** of infants to guide them on child health and nutrition, their role in enabling dietary and lifestyle changes.

**2-way communication system** via the **call center** and **WhatsApp** to reinforce the messaging and strengthen engagement with the family.

**Collaborate with primary healthcare system** to improve identification of children at the risk of severe malnourishment and ensure medical monitoring via **telephonic counseling to mothers** of these children.
COVID-19 INITIATIVES
The Virtual Outpatient Department (V-OPD) was launched during the pandemic to provide virtual consultations with obstetricians and pediatricians for pregnant women, mothers and their children via toll-free calls. Medical advice through a phone call proved convenient for women as this prevented them from the risk of stepping out during the lockdown.

The need for the Virtual-OPD continues even post the pandemic as women find it easier to get basic medical advice and counselling via a phone call. This year, we additionally started providing counselling via WhatsApp.

Our V-OPD Doctors have provided consultations to

24,600 women

Consultations available in English, Hindi, Marathi

TIMINGS
Monday to Saturday

11am to 3pm for obstetric queries

3pm to 7pm for pediatric queries

via toll-free calls
1-800-2121-425

via WhatsApp
+91 9004141452
I had several health issues during my pregnancy but every time I called the Virtual-OPD, I received the guidance I needed. This ensured that I delivered a healthy baby.

Anita

The V-OPD doctor guided me on the best food to start giving my baby after six months. This helped me follow a nutritious diet for my child.

Tanushree

My baby was tested positive for COVID but guidance from the V-OPD doctors helped me take care of him to ensure that he recovers from it completely.

Renu

I was worried when I saw slight bleeding during the 3rd month of pregnancy. The V-OPD doctors advised me to follow a nutritious diet, avoid heavy physical work and rest well, and soon my reports were normal. If I have an issue at any time, I know that medical help is just a call away, thanks to V-OPD.

Shabnam

I had fever and urine infection in the 4th month of pregnancy. When I called the V-OPD, the doctor advised me to conduct some tests and also guided me on following good personal hygiene and developing healthier habits. I soon recovered.

Tabbassum

I was pregnant for the first time and was craving junk food. The V-OPD doctor recommended that I avoid oily and spicy foods and only eat from places that are clean and hygienic. I followed the advice and I am healthy.

Mina
ON-GROUND COVID INITIATIVES

300,000 women have received critical COVID-19 information on their mobile phones.

60,000 women have been linked to essential health services.

Leveraged the Arogya Sakhi network to distribute food packets directly to beneficiaries in Palghar district, Maharashtra and essential supplies to medical facilities.

4.2 million calls made to frontline health workers across 36 states and union territories in India directing them to encourage all citizens to receive COVID vaccines as part of the government’s door-to-door COVID-19 vaccination campaign ‘Har Ghar Dastak’.

SMS/voice calls on critical COVID information sent to 800,000 health workers in collaboration with the government.
Dr. Aparna Hegde wins NITI Aayog’s Women Transforming India Award

Dr. Aparna Hegde ranked 15th on Fortune’s list of World’s 50 Greatest Leaders

Dr. Aparna Hegde becomes GLG Social Impact Fellow

ARMMAN and Dr. Aparna Hegde win Elevate Prize 2021 powered by MIT Solve
A Mumbai Doctor’s Healthcare Initiative Delivers Free Health Advice To Patients’ Mobile Phones

ARMMAN’s Founder Dr. Aparna Hegde Wins Prestigious Elevate Prize by MIT

Meet the Mumbai Doctor Named Among World’s 50 Greatest Leaders

Doctor and Entrepreneur Aparna Hegde on How Tech can Solve Prenatal Care Challenges

Pregnant Women, Beware of Covid-19

Stories from Inside India’s Covid Disaster: ‘No one has seen anything like this’

Dr. Aparna Hegde, Founder of NGO ARMMAN Features at Number 15 on Fortune’s List of World’s 50 Greatest Leaders

The World’s 50 Greatest Leaders

Programs implemented by ARMMAN have now Reached 26 Million Women and Children, says Dr. Aparna Hegde

Dr. Aparna Hegde – Transforming and Inspiring The World

Dr. Aparna Hegde spoke to Your Story about what it means to be featured in Fortune’s list of World’s 50 Greatest Leaders

Digital Shift Drives Progress in Rural Maternal Health

'It’s not a death, it’s murder': How India’s Second Covid Wave has Hit Mothers and Babies

10 Incubatees of WhatsApp Incubator Program
In the coming year, we plan to expand the government’s Swabhimaan 2.0 program targeting pregnant women, mothers & their husbands and adolescent girls in partnership with a coalition of organisations including UNICEF, National Institute of Mental Health and Neurosciences (NIMHANS), ROSHNI Centre of Women Collectives led Social Action and Institute of Economic Growth (IEG).

**OUTCOME**

It will strengthen the existing Food, Nutrition, Health and WASH (FNHW) and gender packages under Swabhimaan by integrating interventions to address gender disadvantage and mental health risks as per the state’s requirements.

**AREAS OF INTERVENTION**

Bihar, Chhattisgarh, Odisha, Jharkhand, Telangana, Madhya Pradesh

Through this project, we will reach target groups in some of the most underdeveloped districts in 6 states of India, enabling our tech-based interventions to reach the last mile so that the most vulnerable and marginalized communities are not left behind.

We will also start sending out Maitri Kishori calls that will provide critical information on maternal and child health, nutrition, mental health, gender and safety.
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
Managing Trustee

Mr. Srinivaas V. Sirigeri

Dr. Srikrishna Solgudu Ramachandra

Mrs. Chanda Neeraj Kathuria

Mr. Arindam Mukherjee

Dr. Janhavi Sanjay Raut

Mr. Anant Bhagwati

Dr. Dayashankar R. Maurya

Mr. Paresh Parasnis
TEAM ARMMAN

Number of Employees
157

- 118 Female
- 39 Male

New Employees in 2021-22
29

- 12 Female
- 17 Male

KEY PERSONNEL RECRUITED THIS YEAR

Dr. Chetan Purad
Director, Programs - IHRPTM

Dr. Hanimi Reddy Modugu
Director - Research

Rohit Singh
Associate Director – Kilkari and Mobile Academy

ARMMAN Mumbai Office
Second Floor, Advance House, Plot-a, ARK Industrial Estate Compound, Makwana Road, Marol Naka, Andheri (East), Mumbai 400059

ARMMAN Delhi Office
C-91, 2nd Floor, Shivalik, Malviya Nagar New Delhi - 110024
OUR PARTNERS

Technology Partners

Implementation Partners

Content Partners

Technical Partners

Strategic Partners
### OUR FUNDERS

<table>
<thead>
<tr>
<th>Johnson &amp; Johnson</th>
<th>LGT</th>
<th>Google</th>
<th>VIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenmark Foundation</td>
<td>GEP</td>
<td>Grand Challenges Canada</td>
<td>rippleworks</td>
</tr>
<tr>
<td>Skoll Foundation</td>
<td>Chevron</td>
<td>dasra</td>
<td>Bajaj Finserv</td>
</tr>
<tr>
<td>Co-Impact</td>
<td>InfrasoftTech</td>
<td>CitiusTech</td>
<td>David Weekley Family Foundation</td>
</tr>
<tr>
<td>Bayer</td>
<td>Ratan Tata Trust</td>
<td>Womanity</td>
<td>TIDES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Foundation</td>
</tr>
</tbody>
</table>
As we close yet another year marked by grief and suffering, we think of those across the country, including some of our own team members who experienced loss at a personal level during the second wave of the pandemic. At ARMMAN, we pooled our energy together to not just continue implementation of our programs during these tough times, but also to support each other and rise collectively over the challenges imposed by COVID-19.

Through these consolidated efforts and continued collaboration with partners, we have gained momentum in expanding our programs and moving towards greater efficiency through innovations.

Our WhatsApp pilot to test the use of 2-way communication and multimedia by creating and disseminating targeted content is well underway and already showing promising results. ARMMAN has also been selected as one of the 10 incubatees of the WhatsApp Incubator Program, which will give us technical support to design, prototype and refine the pilot. Through our partnership with Google Research we are addressing dropout and poor engagement in large-scale mHealth programs for maternal and child health like mMitra. We have developed an AI model to identify women who would benefit from client support services, and used targeted resources to improve engagement and prevent these women from dropping out of the program. Once the prototype is fully functional, we will deploy the model across the entire mMitra subscriber base comprising 250,000 women in Mumbai.

Moving forward, we will develop improved versions of our biggest programs, in alignment with our “fit for purpose” strategy where low-risk women get broad-based content while those with high-risk conditions and/ or the most disadvantaged get more targeted content with greater handholding support through 2-way communication. We are also committed to making a transition to equity-based and gender transformative approaches to ensure that our interventions are accessible to the most vulnerable women, children and health workers.

While we gear up for the next phase in ARMMAN’s journey, we are committed to ensuring our readiness at an institutional level for the growth plans we have developed. We will invest in mid-level leadership along with hiring, structuring and nurturing new talent which will allow us to strengthen our team and improve efficiencies.

We are grateful for our strong support system of partners, donors and well-wishers that have been by our side as we continue to implement, innovate, and expand. This year, we also received a design grant from Co-Impact to enable us to chart our 5-year organizational strategy and clearly articulate our vision as we move forward. We have also extended our donor base to include global foundations such as David Weekley Family Foundation and an anonymous donor, as well as corporates such as Bayer India.

As we move towards ARMMAN’s 15th year, we are filled with gratitude for all the love and wishes we have received along this journey, especially from the women that we work with. We can only hope to return this goodwill by continuing to inform, empower and support them in their journey during pregnancy and infancy.
### FINANCIALS

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

Registration No. E-25192200189

Balance Sheet as at 31 March 2022

#### Schedule VIII (vide Rule 17 (3) of Bombay Public Trust Rules, 1951)

(All amounts are in Indian Rupees)

<table>
<thead>
<tr>
<th>FUND AND LIABILITIES</th>
<th>Note</th>
<th>As at 31 March 2022</th>
<th>As at 31 March 2021</th>
<th>PROPERTY AND ASSETS</th>
<th>Note</th>
<th>As at 31 March 2022</th>
<th>As at 31 March 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Funds</td>
<td>3</td>
<td>4,71,550</td>
<td>4,71,650</td>
<td>Project fixed assets</td>
<td>6A</td>
<td>29,06,050</td>
<td>18,37,372</td>
</tr>
<tr>
<td>Corpus Fund</td>
<td></td>
<td></td>
<td></td>
<td>Add: Assets purchased during the year</td>
<td></td>
<td>24,22,411</td>
<td>15,17,559</td>
</tr>
<tr>
<td>Other Guaranteed Fund</td>
<td>4</td>
<td>25,92,46,000</td>
<td>13,90,78,700</td>
<td>Less: Assets written off</td>
<td></td>
<td>(5,37,000)</td>
<td>(5,10,881)</td>
</tr>
<tr>
<td>Unspent grant</td>
<td>5</td>
<td>20,16,183</td>
<td>20,06,050</td>
<td>Less: Depreciation</td>
<td></td>
<td>(2,77,210)</td>
<td>(5,49,851)</td>
</tr>
<tr>
<td>Deferred income - Project assets</td>
<td></td>
<td></td>
<td></td>
<td>Total (A)</td>
<td></td>
<td>26,18,183</td>
<td>20,06,050</td>
</tr>
</tbody>
</table>

**Other fixed assets**

<table>
<thead>
<tr>
<th>Note</th>
<th>As at 31 March 2022</th>
<th>As at 31 March 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>6B</td>
<td>4,402</td>
<td>5,241</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26,18,183</td>
<td>20,10,452</td>
</tr>
<tr>
<td>Total (A + B)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Note</th>
<th>As at 31 March 2022</th>
<th>As at 31 March 2021</th>
<th>Loans</th>
<th>9</th>
<th>1,00,228</th>
<th>1,72,113</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Expenses</td>
<td>6</td>
<td>57,76,476</td>
<td>61,24,825</td>
<td>Deposits and advances</td>
<td>10</td>
<td>34,41,772</td>
<td>30,64,045</td>
</tr>
<tr>
<td>For Statutory dues</td>
<td>7</td>
<td>10,91,220</td>
<td>11,95,662</td>
<td>Grant receivable</td>
<td>11</td>
<td>22,25,888</td>
<td>15,97,28,433</td>
</tr>
<tr>
<td>For Contributions to Charity Commissioner office (Refer Note 21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,54,78,105</td>
<td></td>
<td></td>
<td></td>
<td>Cash and bank balances</td>
<td>11</td>
<td>31,34,65,201</td>
<td>15,97,28,433</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income and Expenditure Account</th>
<th>Balance as per last balance sheet</th>
<th>Add: Surplus as per Income and Expenditure Account</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,66,99,935</td>
<td>1,10,04,436</td>
<td>2,83,70,821</td>
</tr>
<tr>
<td></td>
<td>50,71,666</td>
<td>50,04,450</td>
<td>2,31,81,172</td>
</tr>
</tbody>
</table>

TOTAL: 32,18,61,272 16,45,75,642

Summary of Significant accounting policies and other explanatory information:

As per our attached report of even date

For Walker Chandik & Co LLP
Chartered Accountants
Part's Registration No. 601042/04/004/2022

Sudhir N. Patel
Partner
Membership No. 105782

Place: Mumbai
Date: 30 September 2022

For ARMAM (Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)\

Srinivas Birjeet
Trustee
Place: Mumbai
Date: 30 September 2023

Ohantha Khurdia
Trustee

armman.org
### FINANCIALS

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

Registration No. E-35192(MUM)

Income and Expenditure Account for the year ended 31 March 2022

Schedule IX [Vide Rule 17 (1) of Bombay Public Trust Rules, 1981]

(All amounts are in Indian Rupees)

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>Note</th>
<th>For the year ended 31 March 2022</th>
<th>For the year ended 31 March 2021</th>
<th>INCOME</th>
<th>Note</th>
<th>For the year ended 31 March 2022</th>
<th>For the year ended 31 March 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Establishment expenses</td>
<td>12</td>
<td>4,27,60,482</td>
<td>61,39,134</td>
<td>By Interest</td>
<td>16</td>
<td>78,45,595</td>
<td>53,84,270</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Accrued</td>
<td></td>
<td>7,81,543</td>
<td>1,69,368</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-Realized</td>
<td></td>
<td>70,64,052</td>
<td>52,14,902</td>
</tr>
<tr>
<td>To Remuneration to Trustee</td>
<td>13</td>
<td>24,60,000</td>
<td>27,60,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Audit fees</td>
<td>14</td>
<td>8,76,000</td>
<td>1,77,000</td>
<td>By Donations</td>
<td>17</td>
<td>12,20,057</td>
<td>6,43,592</td>
</tr>
<tr>
<td>To Depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- on Project fixed assets</td>
<td>8A</td>
<td>12,73,210</td>
<td>6,48,881</td>
<td>By Grant Income</td>
<td>16</td>
<td>24,14,75,515</td>
<td>15,13,62,137</td>
</tr>
<tr>
<td>- on other fixed assets</td>
<td>8B</td>
<td></td>
<td>839</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Expenditure on Objects of Trust</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(classification is as certified by trustees)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Religious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Educational</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Medical and poverty relief</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) On Other Objects of the Trust</td>
<td>19,50,03,416</td>
<td>14,20,59,646</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To Surplus transferred to Balance sheet</td>
<td></td>
<td>96,71,696</td>
<td>56,04,499</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>25,19,63,794</td>
<td>15,73,89,999</td>
<td></td>
<td></td>
<td>25,19,63,794</td>
<td>15,73,89,999</td>
</tr>
</tbody>
</table>

Summary of Significant accounting policies and other explanatory information

As per our attached report of even date

For Walker Chandiok & Co LLP
Chartered Accountants
Firms Registration No: C0031913

Sudhir N. Pillai
Partner
Membership No: 105762

Place: Mumbai
Date: 30 September 2022

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

Snehalata Sirgait
Trustee
Place: Mumbai
Date: 30 September 2022

Chanda Kathuria
Trustee