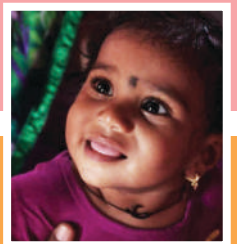




Advancing Reduction in Mortality and Morbidity  
of Mothers, Children and Neonates

*Delivering India's Future*

# Annual Report 2016-2017





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# Who We Are and What We Do

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

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



## Vision & Mission

### 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







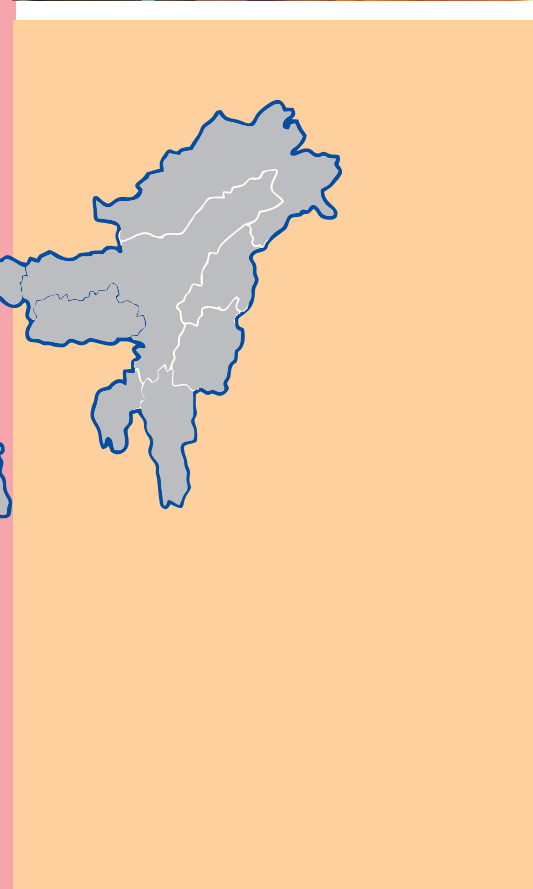
## Why We Work in the Maternal and Child Health Space

- Every 10 minutes a woman dies from complications arising during pregnancy and childbirth in India.
- For every woman who dies, another 20 suffer lifelong impairments.
- Most of these deaths occur in low-income groups and in women in the prime of their reproductive age (between 15- 29 years). These statistics make India accountable for 17% of maternal deaths worldwide.
- India's children are equally disadvantaged with 2 children under 5 years of age dying every minute. Most of these under-5 deaths are due to preventable diseases like pneumonia, malaria & diarrhoea.
- We at ARMMAN believe that these deaths are preventable with timely interventions. We design and implement sustainable interventions to ensure that women receive the right kind of information without loss of time and they as well as their infants survive and remain healthy. We aim to design and implement cost-effective programmes with measurable outcomes and demonstrated impact, in alliance with the public healthcare system to educate the underprivileged urban and rural communities in India.





## ARMMAN's Presence



Maharashtra  
Rajasthan  
Delhi  
Bihar  
Madhya Pradesh  
Karnataka



## Founder's Message

**T**his year we are yet another step closer to realising our vision of a world where every mother is empowered and every child is healthy. In 2016-17, some of our programmes have achieved scale and expanded across the country. Almost four years after mMitra began its journey from Sion hospital in Mumbai, the programme is reaching out to 9 lakh pregnant women, new mothers and children in six states, including the new additions of Haryana and Rajasthan.

Even as we widen our reach, we are looking to dig deeper and create specific programmes that address high-risk factors. mMitra HIV handholds HIV positive women through weekly calls and call center support until the child is 18 months old to prevent vertical transmission of HIV/AIDS from mother to child. Following the current pilot programme in Pune and Delhi, we will expand to Mumbai over the next year.

We are also developing a customised programme to provide crucial lifesaving information for caregivers of children with Severe Acute Malnutrition, a condition which affects over 7% of children under the age of 5 in urban India.

We at ARMMAN remain steadfast in our endeavour to balance scale with depth of impact as we design new interventions and implement tested ones, and take strides towards a new equilibrium with improved healthcare for women and children in India.

**Dr Aparna Gopalkrishna Hegde,**  
*Founder and Managing Trustee,*  
**ARMMAN**







# mMitra

mMitra is a free mobile voice call service that provides culturally appropriate comprehensive information on preventive care and simple interventions to reduce maternal and infant mortality and morbidity in urban and rural India. The voice calls are in the local dialect, specific to a woman's gestational age or the age of the infant and are sent once or twice a week directly to the pregnant women and mothers of infants in their chosen time slot. The information is appropriately timed to the stage of the pregnancy or to the age of the child and targeted to influence adoption of the health seeking behaviour among pregnant women and mothers of infants.



## Beneficiaries

2015-16: **2,08,262**

2016-17: **6,84,984**

## Sakhis Trained:

As of 2015-16: **4931**

As of 2016-17: **6513**

Women who receive mMitra calls are enrolled in the programme through two verticals:

### Hospital Vertical

Health workers are posted in the antenatal/postnatal clinics of municipal/government/private hospitals and register women during their first check-up visit.

### Community Vertical

Enrollment in the slum is done through partner NGOs working in slum communities. Trained Sakhis (community health workers) enroll women directly in the early stages of pregnancy for a small incentive.





## mMitra Features

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







## mMitra Updates and Future Projects

### mMitra Ankleshwar

An agreement has been signed with GlaxoSmithKline (GSK) to provide mMitra services to pregnant women and new mothers in Ankleshwar, Gujarat. We will work in association with Society for Education Welfare and Action Rural and hope to reach out to 4,000 women across the city within a year.

### Customised Malnutrition Programme

We designed an add-on component for the mMitra programme, where 120 additional weekly/monthly customised and automated voice calls on nutrition and steps to prevent malnutrition will be sent to mothers till the child is three. After meeting with Baby Center and the Pediatrics team at Sion Hospital, we have drafted messages which have been reviewed by experts and are currently in the translation and recording phase.







## mMitra - Case Study



**Netrani Nandkumar Chaughale**

**25, Varwade, Bhuvadvadi, Ratnagiri District**

When Netrani Chaughale got pregnant with her second child, she was highly underweight. She already had a three-year old child and the doctors advised her to take special care of her health. When she went to her native village in her seventh month for the delivery, she registered herself with the mMitra service and started listening to the calls regularly.

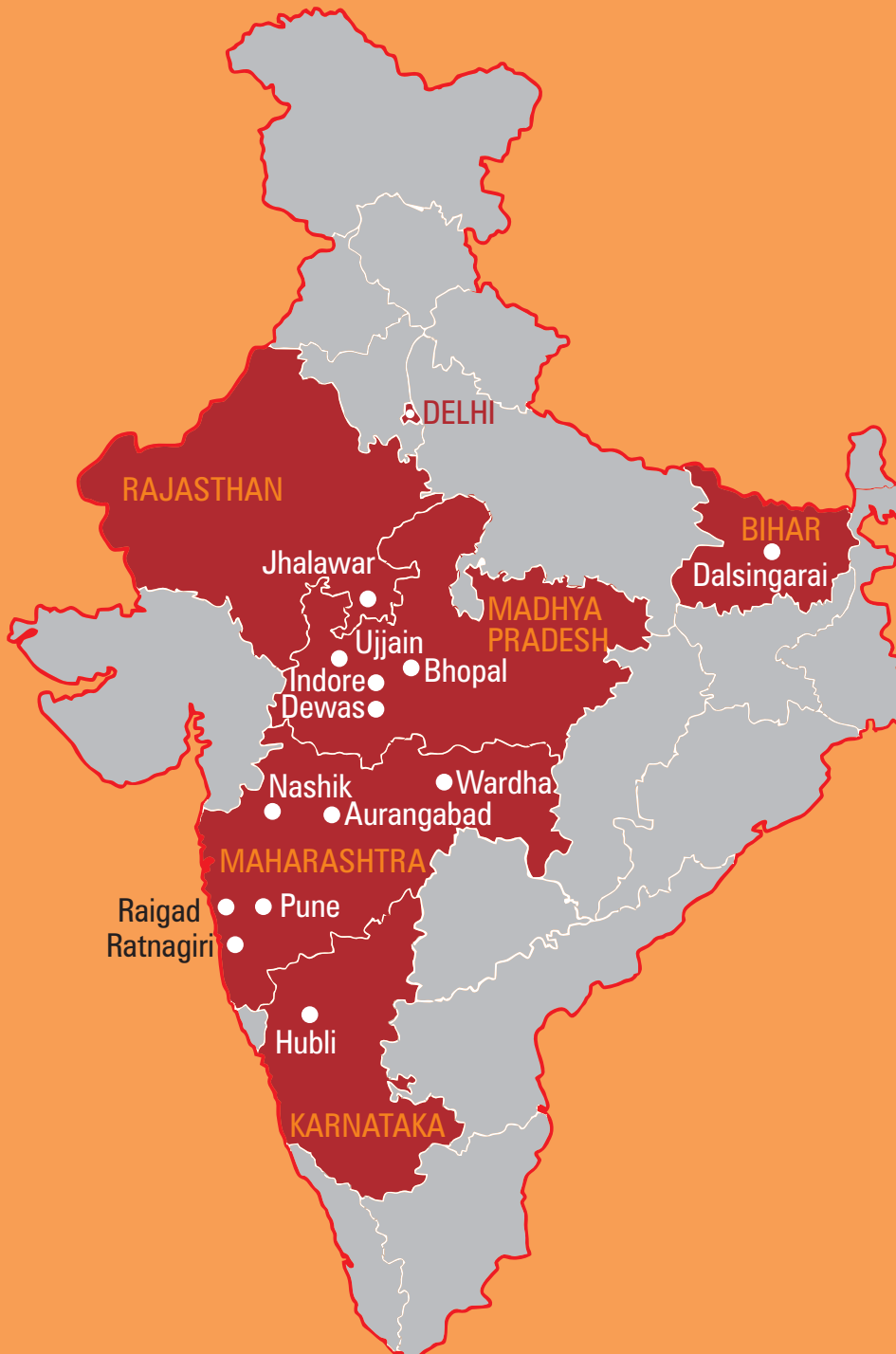
Based on the instructions received through the weekly calls, she improved her diet vastly. She also started visiting the primary health centre on a regular basis and kept a keen watch on the movements of the baby inside her womb. When she started experiencing bouts of nausea and began vomiting in her seventh month, she called up the ARMMAN call centre and explained her symptoms. Netrani followed the call centre executive's instructions carefully, and started feeling better almost immediately. "All it took was one simple phone call," she says.

In the last two months of pregnancy, Netrani's weight increased from 46kg to 51kg. Her blood pressure was normal. On 2nd January, 2017, Netrani gave birth to a healthy baby boy weighing 2.6 kg at the government hospital in Ratnagiri. While she had experienced problems in breastfeeding her first baby, it was relatively easier this time since she had followed a healthier diet after listening to the mMitra calls. She now breastfeeds her baby regularly and doesn't have to worry about giving him outside food. "I thank mMitra for accompanying me during my pregnancy and early motherhood, and for ensuring my baby's growth is on track," she says



Implementation 2016-17

**mMitra**



## Maharashtra

MMR, Pune, Wardha,  
Raigad, Ratnagiri,  
Aurangabad, Nashik

## Bihar

Dalsingarai in  
Samastipur district

## Madya Pradesh

Bhopal, Indore, Dewas,  
Ujjain

## Karnataka

Hubli

## Rajasthan

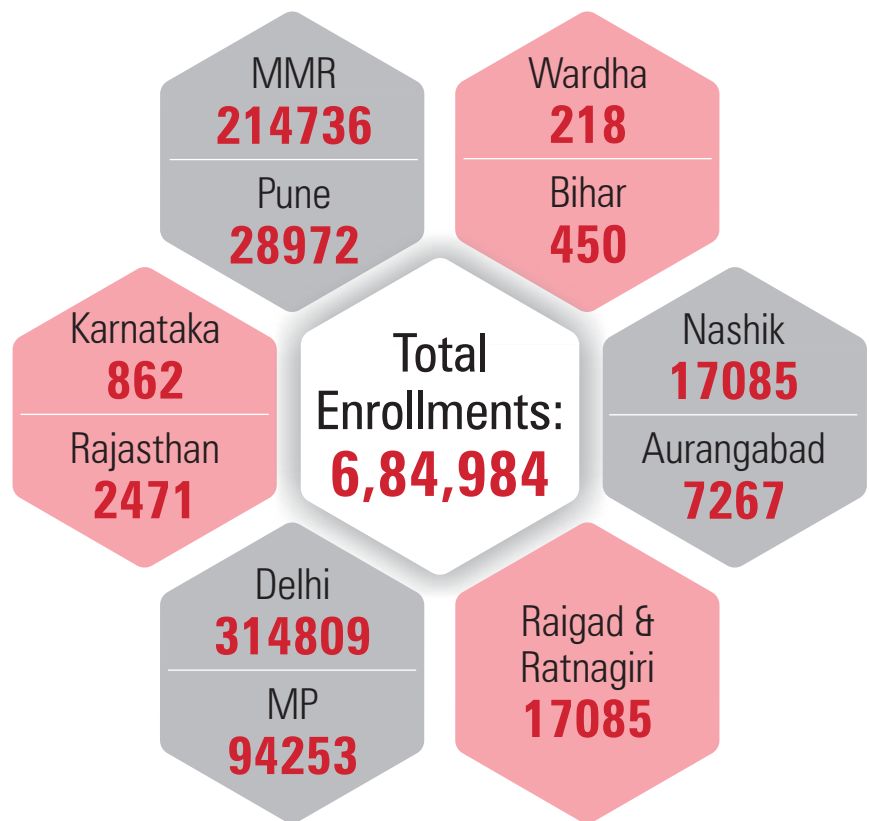
Jhalawar

## Delhi





## Implementation 2016-17 mMitra



Years	NGO	Hospital	Others
2016-17	564,143	116,350	4,491
2015-16	126,890	74,355	7,017

2016-17	MMR	Pune	Wardha	Bihar	Aurangabad	Raigad & Ratnagiri	Nashik	Delhi	MP	Karnataka	Rajasthan
NGOs	16	6	0	1	0	1	2	14	9	0	0
Hospitals	51	0	1	0	1	8	0	16	5	1	1

2015-16	MMR	Delhi	Pune	Nashik
NGOs	18	3	1	2
Hospitals	35	0	0	0

**mMitra**



## mMitra HIV

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

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

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

The programme is now being implemented in Pune District and Delhi as a small pilot, following which we are expanding to Mumbai.







## Arogya Sakhi Home-based Antenatal and Infancy Care Programme

This programme creates community-based women health entrepreneurs (Sakhis) to provide accessible and affordable healthcare during antenatal and infancy period in underserved areas with negligible public health infrastructure. The project addresses an unmet need for improved access to preventive, diagnostic, and monitoring services during antenatal and infancy period, impacting Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). A tablet-based mobile application guides them through the care process (with supportive training videos); helps in early detection of high-risk factors; sends SMS-alerts to family and nearest health care facility, including the local Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwives (ANMs) and Medical Officer (MO), for prompt referrals and tracking screened mothers and children to ensure closure in the loop of care. The tablet has 145 preventive care voice messages and 14 animations for providing critical counseling.







## Maharashtra



The Programme has been implemented in **250** villages across **4** districts of rural Maharashtra.

Arogya Sakhis Trained:

**166**

Women and infants benefitted:

**1262**

Area of support:

**Solapur, Washim, Osmanabad, Dhadgaon and Talodha**



## Arogya Sakhi - Key Highlights/Features

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

- **Equipped to perform basic diagnostic tests**

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

- **Leveraging technology through mobile application for better care and improved efficiency**

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

- **Access to mMitra calls and animated videos for counseling**

Arogya Sakhis have access to mMitra calls and animations encoded in their tablet. 145 mMitra calls have critical preventive care information relevant to pregnancy and infancy. The calls are played to the beneficiaries according to their gestational age or the age of the infant. The 14 animations on nutrition and childcare encoded in the tablet are also used as a counseling tool.

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

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

- **Creating women health entrepreneurs**

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







## MCTS - mKhushali

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

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

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



Geography:  
**Dhadgaon and Taloda,  
Nandurbar**

ANMs Trained:  
**37**







## Integrated Front Line Workers Job Aid (AAA)

ASHAs, ANMs and AWWs work in a common geographical area to provide primary healthcare and nutrition services to people within the same community. Although each of the three workers has a well-defined role, they share a common objective of ensuring the health and well-being of the community they serve. Therefore, a convergence of efforts of the three healthcare workers is necessary for improved health outcomes. However, under the health structure, ASHAs and ANMs come within the Department of Health and Family Welfare while AWWs are a part of the Department of Women and Child Development. This reporting demarcation introduces delays and inefficiencies in the system. The integrated FLW Job Aid is a mobile-based tool that aids in convergence of efforts by digitally coordinating activities of the three frontline healthcare workers (ANMS, ASHAs and AWWs).

### Salient Features

**Digital Synchronisation** - Each of the three health workers gets real-time updates on the care services offered to a beneficiary by the other health workers. This avoids duplication of work and enables better synergy for informed decision-making.

**Increased Efficiency** - Intuitive and real-time situational medical instructions are provided as part of the job-aid.

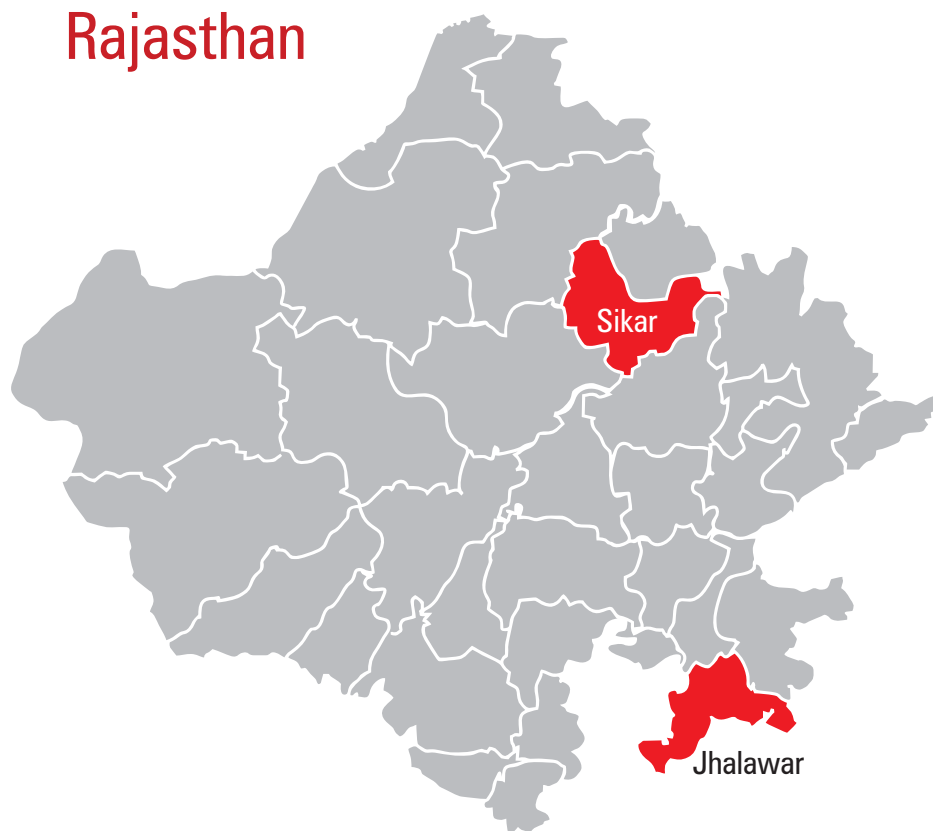
**Closure in the Loop of Care** - Directly linked to the government healthcare system, this application will send SMS-alerts to the registered phone numbers of the women and their family members along with the officer posted at the nearest primary health centre to ensure that every mother and child with high risk factor in the implementation area is diagnosed early and referred in-time for treatment.

**Training and Counselling Tool** - The application has training videos as refresher tools for the health workers along with animations on various topics for counselling beneficiaries.





## Rajasthan



### Implementation

State:

**Rajasthan**

Districts:

**Jhalawar & Sikar**

ANMs:

**130**

ASHAs:

**348**

AWWs:

**348**







## Future Projects

### Preventing Relapse in Children with Severe Acute Malnutrition (SAM)

7.5% children under the age of 5 develop Severe Acute Malnutrition in urban India. SAM reduces chances of survival, hinders optimal physical growth and is associated with sub-optimal brain development leading to long-lasting negative impact on cognitive ability, school performance and future earnings. Lack of access to crucial lifesaving information for caregivers of children with SAM is a critical factor leading to relapse.

We are currently designing a customised programme in which trained nutrition counsellors in ARMMAN's existing call centres handhold mothers of children with severe acute malnutrition (SAM) through direct calls on nutrition, hygiene, associated infections and stimulation. There will be a total of 20 direct calls sent weekly during 8 weeks of treatment and fortnightly for the next 6 months of rehabilitation. This programme can be a stand-alone programme or layered on top of mMitra.







## Research

### Sion Hospital Baseline-Endline Study

An evaluation study was conducted in Lokmanya Tilak Municipal General Hospital to study the impact of mMitra on women's knowledge and care-seeking for maternal and child health. The endline study was conducted in July 2016.

### MCTS Baseline Study

A baseline study was also conducted in two blocks of Nandurbar district which had been selected for piloting mKhushali (Mother-and-Child tracking system). This study was conducted to assess the existing status of healthcare seeking, incidence of risk conditions and nutritional status of pregnant, lactating women and children. Anthropometric measurements were also undertaken.

### Other Studies

Dipstick studies were conducted in various sites – New Delhi, Vashind, Madhya Pradesh, Mumbai and Ratnagiri to assess the acceptability and feasibility of mMitra services. A cost-benefit analysis study of mMitra was also initiated in 2016-17, which included a cost-benefit analysis study of mMitra. This study was conducted in Mumbai, Mumbai outskirts, New Delhi and Ghaziabad.

## Our People

Total Number of  
Employees - **86**

 Male: **10**

 Female: **76**

New Employees - **38**





## Awards and Accolades

# Awards and Accolades

01

02



1. mMitra won the silver award for the Best Use of Mobile for 'Social & Economic Development' at the Indian Digital Awards 2017 hosted by Internet & Mobile Association of India (IAMAI).
2. Dr Aparna Hegde was awarded the Women Icons Award by BERG Singapore, Nanyang Technological University and Asiabiztoday.





## Our Partners and Donors

Johnson & Johnson







## Partner Hospitals

### MMR

1	BSES Brahmakumari's Municipal General Hospital, Andheri (W)
2	Lokamanya Tilak Municipal General Hospital and Medical College, Sion
3	Urban Health Centre, Dharavi (Chota Sion)
4	Mata Ramabai Ambedkar Maternity Home, Chembur Naka
5	Oshiwara Maternity Home, Oshiwara (Jogeshwari West)
6	BYL Nair Charitable Hospital and T. N. Medical College, Mumbai Central
7	Aakurli Road Maternity Home, Aakurli, Kandiwali (E)
8	Naigaon Maternity Home, Naigaon
9	King Edward Memorial (KEM) Hospital and Seth G.S. Medical College, Parel
10	Seth V.C.Gandhi & M.A Vora Municipal General Hospital, Ghatkopar (E)
11	Dr. R. N. Cooper Municipal General Hospital, Vile Parle (W)
12	Bharat Ratna Dr Babasaheb Ambedkar Municipal General Hospital
13	K. B. Bhabha Municipal General Hospital, Kurla (W)
14	V. N. Desai Municipal General Hospital, Santacruz (E)
15	Sant Muktabai Municipal General Hospital, Ghatkopar (W)
16	K. B. Bhabha Municipal General Hospital, Bandra (W)
17	Indira Gandhi Memorial Hospital, Mira Road (E)
18	Swatantray Veer Vinayak Damodar Savarkar Municipal General Hospital, Mulund (E)
19	Hindu Hruday Samrat Balasaheb Thackerey Trauma Care Municipal Hospital, Jogeshwari (E)
20	Rural Hospital, Panvel
21	M W Desai Municipal General Hospital, Malad (E)
22	Shatabdi Hospital, Boriwali (E)
23	B J Chhaya Hospital, Ambarnath (W)
24	Indira Gandhi Memorial Hospital, Bhiwandi
25	B.J. Hospital Municipal Dispensary, Matheran
26	Pandit Madan Mohan Malaviya Shatabdi Hospital, Govandi (E)
27	Primary Health Center, Neral
28	Rural Hospital, Uran
29	Ruxmani Lying In Hospital, Babulnath
30	Sub District Hospital, Karjat
31	Rural Hospital, Vikramgad
32	Sub District Hospital, Jawhar
33	Rural Hospital, Wada
34	Ulhasnagar Maternity No. 4, Ulhasnagar
35	Rural Hospital, Mokhada



## Partner NGOs

### MMR

- 1 Committed Community Development Trust (CCDT)
- 2 Niramaya Health Foundation
- 3 Apnalaya
- 4 Mumbai Smiles Foundation
- 5 United Association For Public Health & Education
- 6 Parivartan Sheel Sanstha
- 7 Sant Ghadge Maharaj Samajik Sanstha
- 8 Janajagruti Vidhayarthi Sangh
- 9 Social Action for Health Education & Legal Issue (SAHELI)
- 10 Jankalyan Bahuuddeshiya Shikshan Prasarak Mandal
- 11 Rahi Samajik Sanstha
- 12 Aarambha Samajik Vikas Sanstha
- 13 Saksham Foundation
- 14 Foundation for Mother & Child Health (FMCH)

### Pune

- 1 Deep Griha Society
- 2 Prayas
- 3 Sadhana Institute for Sustainable
- 4 John Paul Slum Development Project
- 5 Lakshadeep

### Nashik

- 1 Navjeevan World Peace & Research Foundation
- 2 Zep Bahuuddeshiya Samajik Vikas Sanstha

### Delhi

- 1 Sukarya
- 2 Child Survival India
- 3 Sakaar Outreach
- 4 Society For Participatory Integrated Development (SPID)
- 5 Nai Pahal
- 6 Karnal Niti Samiti
- 7 Chetanalyaya
- 8 Centre For Holistic Development
- 9 Sarvamangalam Charitable Trust
- 10 Sur Nirman Education & Cultural Society
- 11 Rawat
- 12 Pehal Welfare for Creature
- 13 SAFE
- 14 Hope Foundation



### Bihar

- 1 Innovators In Health (India)

### MP

- 1 Aas, Indore
- 2 Pahal, Indore
- 3 Nav Samriddhi Community Welfare Society, Bhopal
- 4 Institute of Social Research and Development, Bhopal
- 5 Vikalp Samajik Sanstha, Devas
- 6 Concept Society, Devas
- 7 Dronacharya Shikshan Samiti, Ujjain
- 8 Prayatna





## Our Trustees

# Our Trustees

**Dr. Aparna Hegde**  
Doctor

**Mr. Srinivaas V. Sirigeri**  
Businessman

**Mrs. Chanda Neeraj Kathuria**  
Professor

**Dr. Srikrishna Solgudu Ramachandra**  
Doctor

**Dr. Geeta Sandeep Ghag**  
Doctor

**Mrs. Sandhya Rajesh Kanchan**  
Executive

**Dr. Janhavi Sanjay Raut**  
Principal Research Scientist

**Dr. Shailesh J. Kore**  
Doctor

**Dr. Dayashankar R. Maurya**  
Doctor

**Dr. Anand S. Utture**  
Doctor

**Dr. Alpana Anand Utture**  
Doctor





## Financials

# 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, 2017

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

Previous Year 2015-16	EXPENDITURE	Rs.	Current Year 2016-17	Previous Year 2015-16	INCOME	Rs.	Current Year 2016-17
NIL	To Expenditure in respect of properties :-		NIL	NIL	By Rent (accrued) (realised)		NIL
82,896.00	To Establishment Expenses (As per Schedule- 1 )		352,131.00		By Interest (Received) (realised)		
NIL	To Remuneration to Trustees		NIL		On Securities / Bond	-	
NIL	To Remuneration (in the case of a math)		NIL	1,452,975.00	On Loans	-	
8,000.00	To Legal & Professional fees		-		On Fixed Deposits	3,462,219.00	
NIL	To Audit Fees NIL (Under BPT & IT Act)			437,358.00	On Bank Account S.B. A/c. (As per Schedule -3)	837,453.00	4,299,672.00
NIL	To IT & C.C. Professional fees		NIL	963.00	Income Tax Refund		Nil
1.00	To Amount written off : Difference in Balance Sheet		-	NIL	By Dividend		NIL
NIL	To Miscellaneous Expenses		NIL	808,314.00	By Donations in Cash or Kind (As per schedule -4 )		74,320.00
5,383.00	To Depreciation		2,917.00	NIL	By Grants		NIL
NIL	To Amount transferred to Reserve or Specific Funds		NIL	94,650.00	By Surplus from Fund raising Event (As per Schedule -5)		18,358.00
156,000.00	To Expenditure on Objects of the Trust (a) Religious (b) Educational (c) Medical Relief (d) Relief of Poverty (e) Other Charitable Objects (As per schedule 2)		NIL				
		249,006.00	249,006.00				
2,541,980.00	To Surplus Carried Over to Balance Sheet		604,054.00				
			3,788,296.00				
<b>2,794,260.00</b>	<b>Total Rs. ....</b>		<b>4,392,350.00</b>	<b>2,794,260.00</b>	<b>Total Rs. ....</b>		<b>4,392,350.00</b>

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

For **A R M M A N**

Place : Mumbai  
Date:10/10/2017

**V.P.BATAVIA**  
PROPRIETOR  
M No:- 37004

TRUSTEE

TRUSTEE





## Financials

# Financials

The Bombay Public Trusts Act, 1950 SCHEDULE - VIII							
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 of 31ST MARCH, 2017						Reg No.E-25192 (MUM) System of A/c - Mercantile	
Previous Year 2015-16	FUNDS & LIABILITIES	Rs.	Current Year 2016-17	Previous Year 2015-16	PROPERTY & ASSETS	Rs.	Current Year 2016-17
46,000.00	<b>Trusts Funds or Corpus :-</b> Balance as per last B/S	46,000.00		NIL	<b>Immovable Properties :-</b> (At Cost) Balance as per last Balance Sheet		NIL
	Addition	305,550.00			Additions during the year		
	Interest on corpus	728.00	352,278.00		Less : Sales during the year		
					Depreciation up to date		
977,466.00	<b>Capital Assets Reserve Fund A/c</b> (As per Schedule - 6)		1,125,845.00		<b>Investments :-</b> Fixed Deposit with ICICI		351,550.00
3,030,998.00	<b>Specific Earmarked Funds (mMitra):-</b> I) NRTT Fund - Amount Accumulated U/s. 11(2) of NRTT Fund (As per Schedule -7)		2,567,540.00	989,556.00	<b>Furniture &amp; Fixtures &amp; Other Assets :-</b> (As per Schedule -10)		1,135,018.00
71,643,609.00	II) Specific Other Fund - (For mMitra Various Project) Domestic Fund FCRA Fund (As per Sch - 8)	9,345,441.00 47,736,409.00	57,08,850.00	NIL	<b>Advances :-</b> Amount Receivable Deposits Advances Advances to Creditors and Prepaid Expenses (As per Sch - 11)	85,612.00 898,790.00 2,143,513.00 -	3,127,915.00
207,483.00	<b>General Fund</b>		207,483.00	872,000.00 5,174,385.00	<b>Cash and Bank Balances :-</b> (a) Bank Balance (b) With F.D. Account (c) Cash on Hand (As per Schedule - 12)		64,706,149.20
NIL	<b>Loans (Secured or Unsecured)</b> From Trustees From Others		NIL	5,141.00			
510,512.00	<b>Liabilities :-</b> For Expenses (As per Schedule -8 )		1,107,380.00	72,464,946.00			
3,089,960.00	<b>Income &amp; Expenditure Account</b> Opening Balance Surplus During the year	3,089,960.00 3,788,296.00	6,878,256.00				
<b>79,506,028.00</b>	<b>Total Rs. ....</b>		<b>69,320,632.00</b>	<b>79,506,028.00</b>	<b>Total Rs. ....</b>		<b>69,320,632.20</b>
			0.20				

As per our report of even date For <b>VIPIN BATAVIA &amp; CO.</b> CHARTERED ACCOUNTANTS		For <b>A R M M A N</b>	
Place : Mumbai Date:10/10/2017	<b>V.P.BATAVIA</b> PROPRIETOR M No:- 37004	TRUSTEE	TRUSTEE



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

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**ARMMAN - MUMBAI**

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