

# Delivering India's Future



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



Annual Report  
2017-2018



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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

# Vision & Mission

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

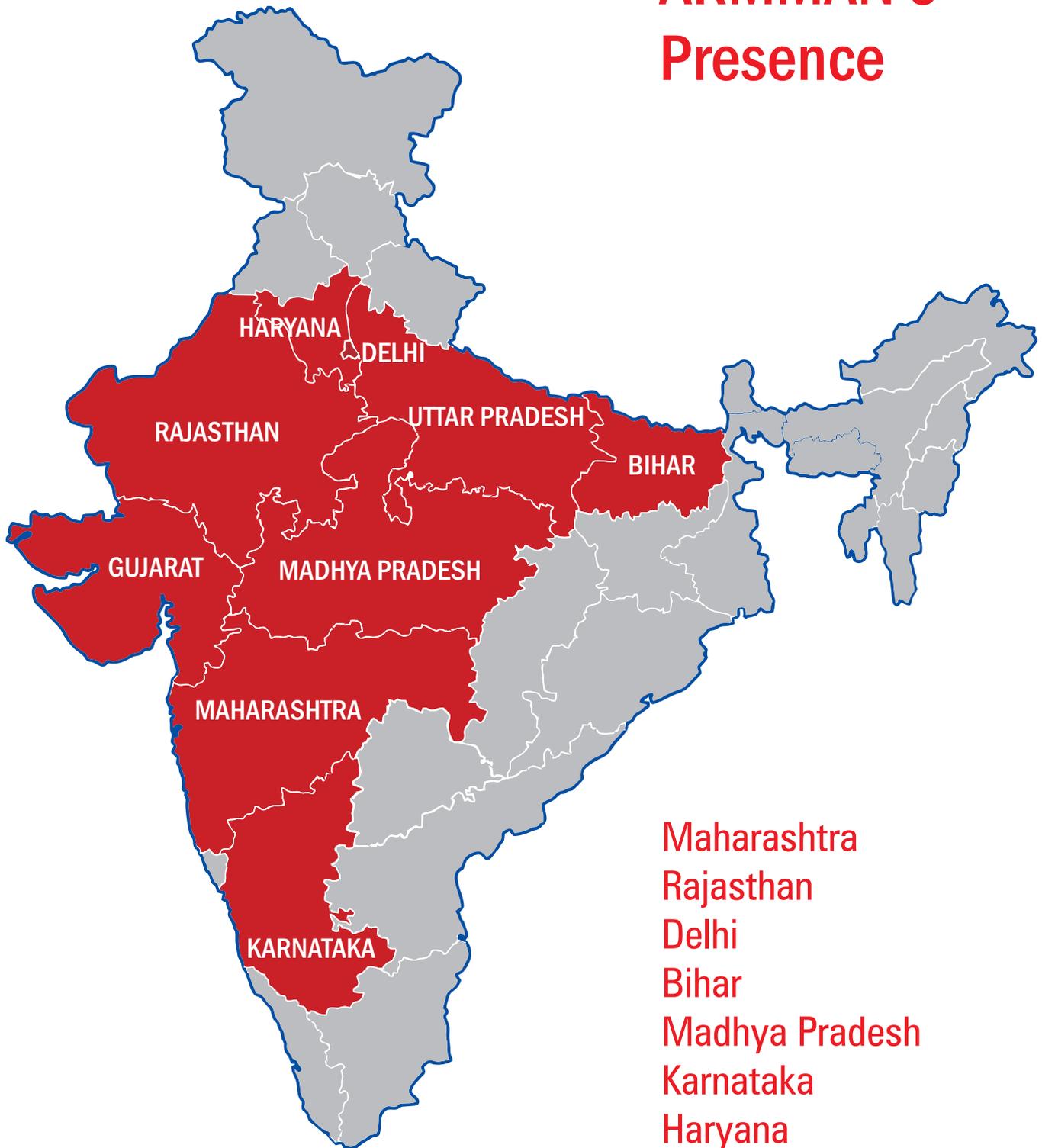


## Mothers and Children in India

- 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
- Haryana
- Uttar Pradesh
- Gujarat



## Founder's Message

**W**hen you are a young organisation in the development sector, each year is special because of various accomplishments and experiences. But this year has truly been a milestone for ARMMAN, in terms of scale, innovation and achievement.

ARMMAN has expanded its presence to 3 new states this year, taking the total tally to 9 states. Our programmes touched the lives of over 7.5 lakh women and their children in these states. Our team is now 100-strong and we have offices in Mumbai and Delhi.

One of the biggest highlights of the year has been winning a grant from Grand Challenges Canada to develop and implement a programme to provide crucial lifesaving information to prevent undernourished children from lapsing into severe acute malnutrition. As part of the pilot being tested with 1000 children in Mumbai, trained nutrition counselors handhold mothers of these children with clinically defined under-nutrition through advice via live weekly calls for 8 weeks and fortnightly calls for 2 months thereafter. We are really pleased that the grant is in the form of a randomised control trial, which allows us to truly evaluate the impact of the programme.

This year, we also launched the customised mMitra programme for Malnutrition that sends 120 additional weekly/monthly automated voice calls to mothers on nutrition and steps to prevent malnutrition till the child is three years old. After the success of the Arogya Sakhi Home-based Antenatal and Infancy Care Programme in Solapur, Washim and Osmanabad, we have kicked off the project in Palghar District of Maharashtra, where we are training 60 health entrepreneurs (Sakhis) to provide accessible and affordable healthcare to women in remote and inaccessible areas.

Our final major achievement this year is bringing together experts on maternal and neonatal health from across the globe for a conference in Mumbai. Hosting an event like MOMENTUM was a completely new experience for us and we are privileged to have discussed and learnt about achieving scale and impact for mHealth programmes from representatives of organisations such as Jhpiego, Johnson & Johnson, USAID and many more.

That is all we hope for in the following years as well: more learning, more innovations and more milestones as we inch closer to our dream of a world where every mother is empowered and every child is healthy.

**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

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

2017-18: **7,60,039**

### Sakhis Trained:

As of  
2016-17: **6513**

As of  
2017-18: **7343**

**Women who receive mMitra calls are enrolled in the program 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

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.



# mMitra

## Customised Malnutrition Programme

This is 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 are sent to mothers till the child is three. The messages have been created after discussion with Baby Center and the Pediatrics team at Sion Hospital, and reviewed by experts before translation and recording.

The service is currently available for women enrolled with mMitra in the Mumbai Metropolitan Region.



## 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 Janssen Pharmaceutica 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 currently being implemented in Delhi and the National Capital Region in partnership with Society for Participatory Integrated Development (SPID) and in Pune with the support of John Paul Slum Development Project, with plans to expand to Mumbai in the coming year.



## mMitra Updates

### mMitra Forays into Haryana

mMitra has paved its way into the state of Haryana with support from SBI Foundation under its project 'SBI Umeed'. Services have kickstarted in two blocks of Mewat—Nuh and Tauru. In association with our local partner NGO Sukarya, we aim to reach out to 28,000 expectant mothers and their infants to help them with timely and preventive care information during pregnancy and infancy.



### Varanasi Welcomes mMitra

ARMMAN launched mMitra for pregnant women, mothers and children in Varanasi, Uttar Pradesh, in partnership with Society for Participatory Integrated Development. We aim to register 9,000 women across the city through the year-long intervention.

### mMitra launched in Aurangabad, Bharatpur, Ankleshwar, Ajmer

Implemented through a partnership with Glenmark Foundation, mMitra services were launched at the Government Medical College and Hospital, Aurangabad, Maharashtra. mMitra has also forayed into Bharatpur, Rajasthan with support from Lupin and into Ankleshwar, Gujarat with support from GlaxoSmithKline. Operations have also begun in Ajmer in collaboration with Barefoot College.

# mMitra **From the Field**

**Priti Singh,**

26, Nuh, Mewat, Haryana

Priti was attending a Self-Help Group meeting in her village, where she met the field officers of Sukarya, ARMMAN's on-ground partner in Mewat, Haryana. She was a few months pregnant at the time, and enrolled herself into the mMitra programme after hearing about the benefits of the voice call service. Once she started hearing the calls regularly, she realised how important it was to disseminate this critical information about antenatal and postnatal care to pregnant women and new mothers, especially in the rural areas.

Priti decided to take the onus and become an mMitra sakhi herself so she could educate and support women like herself through a crucial period in their lives. She underwent the necessary training and learnt how to contact pregnant & lactating mothers for registrations, fill forms and collect required documents. Now she enrolls pregnant women and new mothers from her village of Mandikhera into the mMitra programme, and gains financial incentives in the process. Today, Priti is a socially and economically empowered woman, striving to bring about a change in her community.



# Implementation 2017-18



## Maharashtra

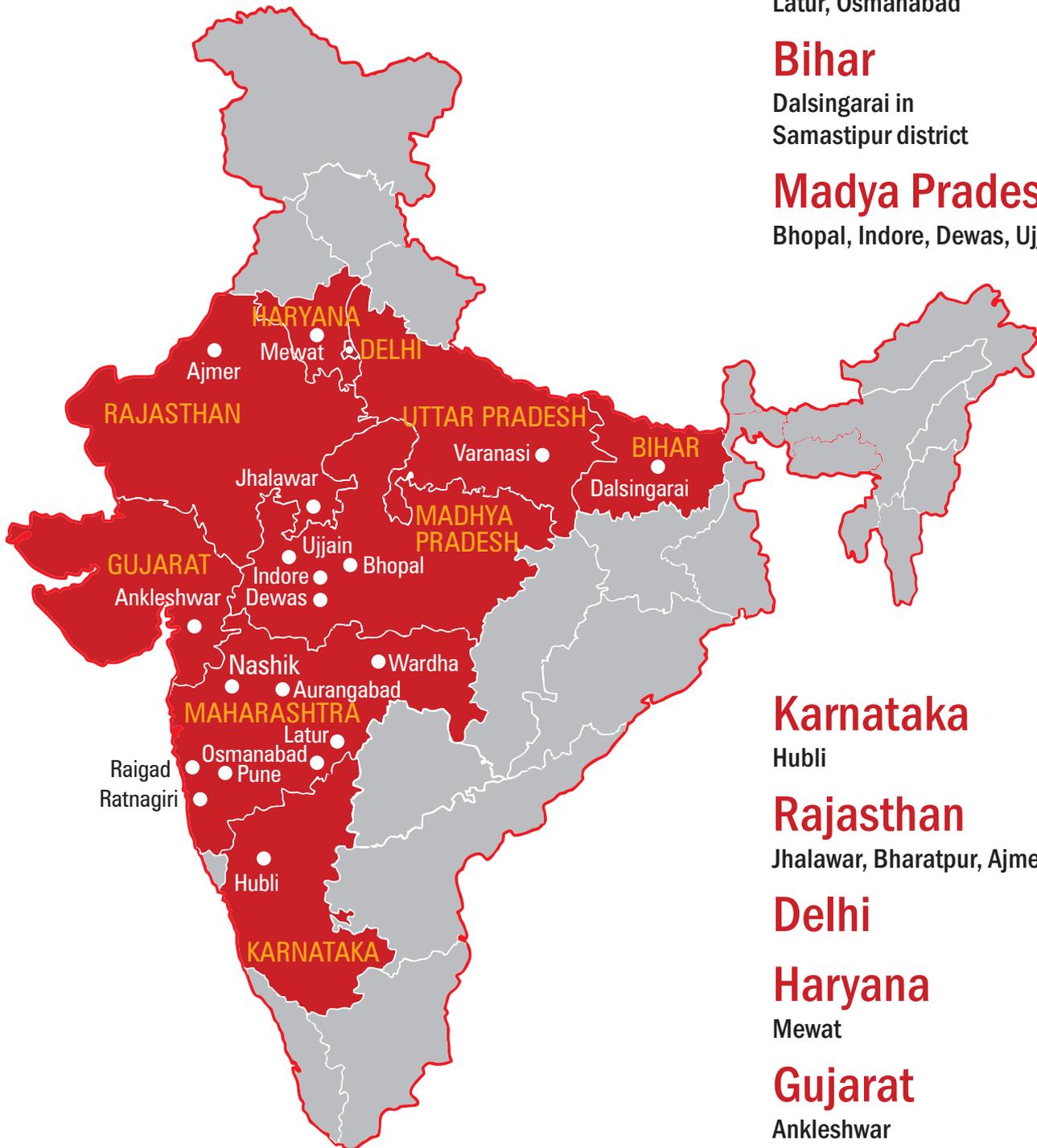
MMR, Pune, Wardha, Raigad, Ratnagiri, Aurangabad, Nashik Latur, Osmanabad

## Bihar

Dalsingarai in Samastipur district

## Madya Pradesh

Bhopal, Indore, Dewas, Ujjain



## Karnataka

Hubli

## Rajasthan

Jhalawar, Bharatpur, Ajmer

## Delhi

## Haryana

Mewat

## Gujarat

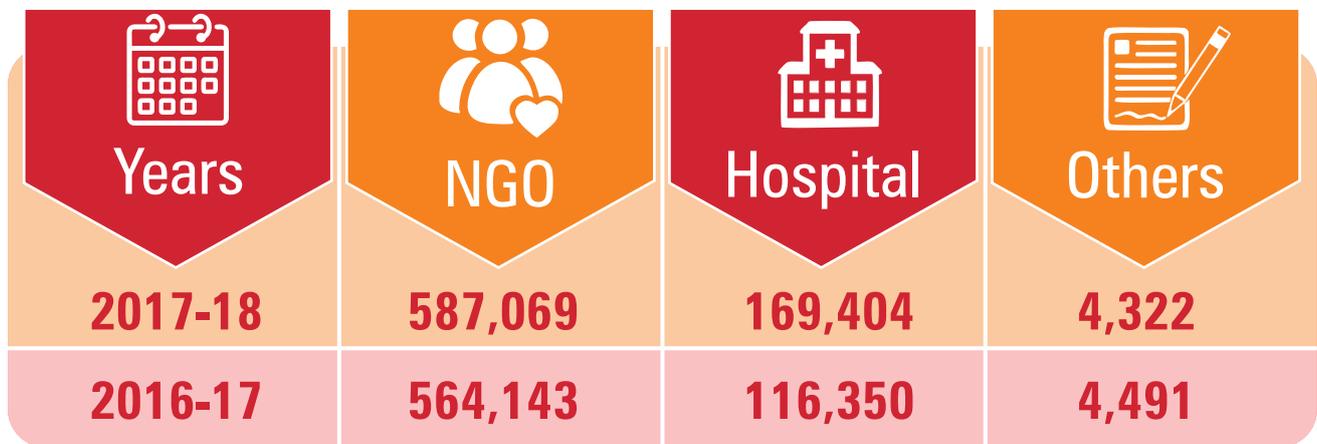
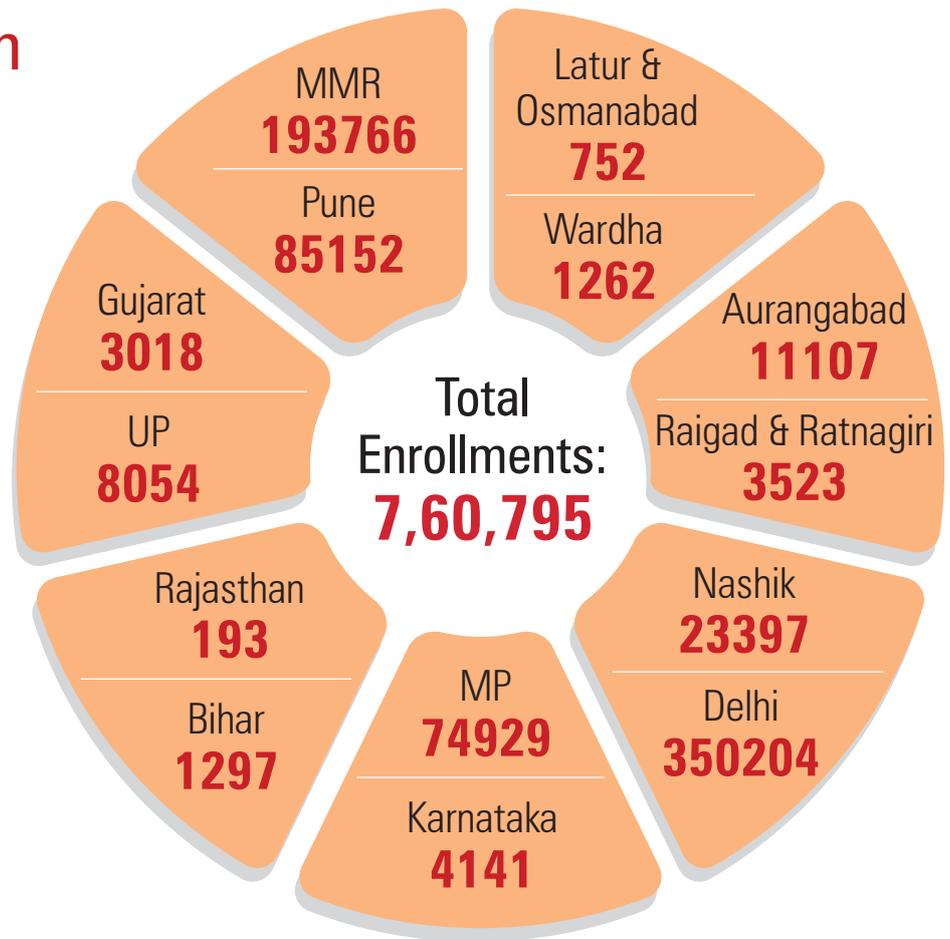
Anklshwar

## Uttar Pradesh

Varanasi

# Implementation 2017-18

## mMitra



2017-18	MMR	Pune	Wardha	Aurangabad	Raigad & Ratnagiri	Nashik	Delhi	UP	MP	Gujarat	Bihar	Rajasthan	Karnataka
NGOs	10	4	0	0	0	2	13	1	9	0	1	1	0
Hospitals	51	0	1	1	8	0	10	0	5	1	0	0	1

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



Arogya Sakhi Home-based Antenatal and Infancy Care 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.

The Arogya Sakhi programme is currently being implemented in the rural and tribal areas of **Jawhar** and **Mokhada** in **Palghar** district, **Maharashtra** with the support of **Bajaj**.

**60** Arogya Sakhis  
have been trained to support and offer doorstep diagnostic services to  
**6000** Mothers and their Children  
over a period of **3** years.

The Programme was previously implemented in  
**250** villages  
across **Solapur, Washim** and **Osmanabad**  
Districts of rural **Maharashtra**.  
A total of **166** Arogya Sakhis  
were trained.

## 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.

### Ranjana Korada,

24, Thakur Pada, Mokhada, Palghar, Maharashtra

Ranjana Korada was in the seventh month of her pregnancy when she felt a stabbing pain in her abdomen while she was out collecting firewood. The 24-year old resident of Thakur Pada, Mokhada returned home at once and decided to lie down till the pain abated. Sunita Warghade, an Arogya Sakhi from the same village, was on her way to another beneficiary's house when she decided to stop by to enquire about Ranjana's health. She heard Ranjana's complaints and immediately took out the fetal doppler from her medical kit to check for the baby's heartbeat. When Sunita couldn't detect any signs of life, she realised that Ranjana needed immediate medical attention and rushed her to the Rural Hospital in Mokhada, accompanied by some of her family members.

Upon examination, the doctor declared that the baby had died in the womb and Ranjana would have to undergo surgery to extract the fetus in order to prevent any life-threatening infections. The procedure was performed successfully, and Ranjana was soon on the road to recovery. The baby couldn't be saved, but Sunita's intuition, training and timely actions were responsible for saving Ranjana's life.





## MCTS - mKhushali

Mother and Child high risk factor tracking (including mKhushali app) with SMS Alert system program 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**



## Preventing Undernourished Children from Developing Severe Acute Malnutrition (SAM)

### Supported by Grand Challenges Canada

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.

We have received a grant from Grand Challenges Canada to develop and implement a programme to provide crucial lifesaving information to prevent undernourished children from lapsing into severe acute malnutrition. The project is being piloted with 1000 children in Mumbai and Pune as a randomised controlled trial. Trained nutrition counsellors handhold mothers of children with clinically defined under-nutrition through advice on nutrition (home recipes), sanitation, hygiene etc via weekly (10-15 minutes) calls for 8 weeks and fortnightly calls for 2 months thereafter.

## Research Updates

- ◉ A paper based on the findings of the randomised control trial of mMitra conducted in three districts of Maharashtra was presented at the 9th Annual ICT4D conference at Hyderabad by Dr. Aparna Hegde.
- ◉ The data collection for the Cost-Benefit Analysis study was also completed in this period. Preliminary analysis of the data showed very high acceptability and satisfaction with the mMitra service among subscribers across the cities.
- ◉ During this period, a randomised control evaluation study to evaluate mMitra was launched in Sewagram in collaboration with the Mahatma Gandhi Institute of Medical Sciences. The baseline study was also completed this year. This study enrolled 1200 women attending the OPD of the hospital or delivering in the hospital.
- ◉ Prior to the launch of the Arogya Sakhi programme in Palghar district, a baseline study was conducted in four blocks of Jawhar and Mokhada. This study included a comprehensive section on healthcare services accessible to women and children at the village level and on knowledge, practice and health outcomes for pregnant and lactating women and children upto the age of 1 year.
- ◉ We have also successfully conducted an anthropometric survey on 299 children from Dhadgaon and Taloda blocks in Nandurbar district of Maharashtra as part of our programme 'Mother and Child High Risk Factor Tracking with mKhushali app'.

# Awards and Accolades 2017-18



- ❖ ARMMAN became the first Indian non-profit to win the Healthcare Innovation Award by GlaxoSmithKline (GSK) and Save the Children India .
- ❖ Zee Media felicitated ARMMAN with Transform India Award for being a force of change in maternal, infant and child healthcare in India.
- ❖ ARMMAN was awarded NGO of the year by Glenmark Foundation for our 'outstanding work in improving maternal and child health' in India.
- ❖ World Health Organization acknowledged ARMMAN as a Public Health Champions in the 'innovation category' on the World Health Day .
- ❖ Dr Aparna Hegde was awarded the WomenChangeMakers (WCM) Fellowship for the year 2017 by Geneva-based The Womanity Foundation.
- ❖ mMitra was awarded the Public Health Initiative of the year 2017 at the India Health and Wellness Summit and Awards for leading a public health campaign with measurable impact.

## ARMMAN Hosts MOMENTUM

ARMMAN organised a conference on maternal & neonatal health and hosted experts from across the globe to discuss mechanisms to cope up with the pressing problems of maternal and infant mortality in underprivileged communities using mhealth.

Representatives from four countries—South Africa, Nigeria, Bangladesh and India—and organisations such as Jhpiego, Praekelt.org, Johnson & Johnson, BabyCenter, Dnet, USAID, Pathfinder International and Mother and Child Survival Programme gathered in Mumbai to handhold each other and work together to achieve scale and impact for the mHealth programmes running in their respective countries.



### Our People

Total Number of Employees - **102** Male: **22** Female: **80**

New Employees - **16**

## Our Partners and Donors

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Johnson & Johnson



ADITYA BIRLA



FINANCIAL SERVICES



GlaxoSmithKline



**glenmark**

A new way for a new world



**LUPIN**

**CHIRON  
BEHRING**



**UKaid**

from the British people



**Deshpande  
Foundation**



**Lata Medical Research Foundation**



**USAID**  
FROM THE AMERICAN PEOPLE



**Microsoft  
Research**

## Partner Hospitals

1. Lokamanya Tilak Municipal General Hospital and Medical College, Sion
2. BYL Nair Charitable Hospital and T. N. Medical College, Mumbai Central
3. King Edward Memorial (KEM) Hospitals and Seth G.S. Medical College, Parel
4. V. N. Desai Municipal General Hospital, Santacruz (E)
5. Dr. R. N. Cooper Municipal General Hospital, Vile Parle (W)
6. Hinduhruday Samrat Balasaheb Thackerey Trauma Care Municipal Hospital, Jogeshwari (E)
7. M W Desai Municipal General Hospital, Malad (E)
8. Bharat Ratna Dr Babasaheb Ambedkar Municipal General Hospital
9. Shatabdi Hospital, Borivali (E)
10. K. B. Bhabha Municipal General Hospital, Bandra (W)
11. K. B. Bhabha Municipal General Hospital, Kurla (W)
12. Seth V. C. Gandhi & M. A Vora Municipal General Hospital, Ghatkopar (E)
13. Sant Muktabai Municipal General Hospital, Ghatkopar (W)
14. Swatantray Veer Vinayak Damodar Savarkar Municipal General Hospital, Mulund (E)
15. Pandit Madan Mohan Malaviya Shatabdi Hospital, Govandi (E)
16. BSES Brahmakumari's Municipal General Hospital, Andheri (W)
17. Urban Health Centre, Dharavi (Chota Sion)
18. Mata Ramabai Ambedkar Maternity Home, Chembur Naka
19. Oshiwara Maternity Home, Oshiwara (Jogeshwari West)
20. Aakurli Road Maternity Home, Aakurli, Kandiwali (E)
21. Naigaon Maternity Home, Naigaon
22. Ruxmani Lying-In Hospital, Babulnath
23. Indira Gandhi Memorial Hospital, Mira Road (E)
24. Ulhasnagar Maternity No. 4, Ulhasnagar
25. B J Chhaya Hospital, Ambernath (W)
26. Indira Gandhi Memorial Hospital, Bhiwandi
27. Rural Hospital, Panvel
28. Primary Health Center, Neral
29. Rural Hospital, Uran
30. Sub District Hospital, Karjat
31. Sir D M Petil Municipal Hospital, Vasai
32. Rural Hospital, Wada
33. Sub District Hospital, Vikramgad
34. Rural Hospital, Jawhar
35. Sub District Hospital, Dahanu
36. Sub District Hospital, Kasa
37. Rural Hospital, Mokhada
38. Rural Hospital, Palghar
39. J J Hospital, Rural Unit
40. Rural Hospital, Boisar
41. Primary Health Centre, Aashagadh
42. Primary Health Centre, Aina
43. Primary Health Centre, Ganjad
44. Primary Health Centre, Gholwad
45. Primary Health Centre, Saiwan
46. Primary Health Centre, Vangaon
47. Primary Health Centre, Chandra Nagar
48. Primary Health Centre, Tawa
49. Primary Health Centre, Dhundalwadi
50. Primary Health Centre, Sutrakar
51. Rural Hospital, Talasari
52. Primary Health Centre, Dandi
53. Primary Health Centre, Murabe
54. Primary Health Centre, Tarapur
55. Primary Health Centre, Chinchani
56. Primary Health Centre, Vasind
57. Primary Health Centre, Gadab
58. Primary Health Centre, Poynad
59. Primary Health Centre, Vatad
60. Primary Health Centre, Malgund
61. Government Medical College and Hospital, Aurangabad



## 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 Social Action for Health Education & Legal Issue (SAHELI)
- 9 Saksham Foundation
- 10 Foundation for Mother & Child Health (FMCH)

### Pune

- 1 Deep Griha Society
- 2 Prayas
- 3 John Paul Slum Development Project
- 4 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 Sur Nirman Education & Cultural Society
- 10 Rawat
- 11 Pehal Welfare for Creature
- 12 SAFE
- 13 Hope Foundation

### Bihar

- 1 Innovators In Health (India)

### MP

- 1 Aas, Indore
- 2 Pahal, Indore
- 3 Nav Samridhi 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

### Rajasthan

- 1 Lupin Foundation, Bharatpur



## Our Trustees

# Our Trustees

**Dr. Aparna Hegde**.....Doctor

**Mr. Srinivaas V. Sirigeri**.....Businessman

**Dr. Srikrishna Solgudu Ramachandra**.....Doctor

**Dr. Geeta Sandeep Ghag**.....Doctor

**Mrs. Sandhya Rajesh Kanchan**.....Executive

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

**Dr. Dayashankar R. Maurya**.....Doctor

**Mrs. Chanda Neeraj Kathuria**.....Professor

**Mr. Arindam Mukherjee**.....Service Engineer

# 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, 2018**

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

Previous Year 2015-16	EXPENDITURE	Rs.	Current Year 2017-18	Previous Year 2016-17	INCOME	Rs.	Current Year 2017-18
NIL	To Expenditure in respect of properties :-		NIL	NIL	By Rent (accrued) (realised)		NIL
352,131	To Establishment Expenses (As per Schedule- 1 )		432,054		By Interest (Received) (realised)		
NIL	To Remuneration to Trustees		NIL		On Securities / Bond On Loans	-	
NIL	To Remuneration (in the case of a math)		NIL	3,462,219	On Fixed Deposits	1,368,488	
NIL	To Legal & Professional fees		-	837,453	On Bank Account S.B. A/c. (As per Schedule -3)	1,741,042	
NIL	To Audit Fees (Under BPT & IT Act)		NIL	74,320	By Donations in cash or Kind (As per schedule -4 )		3,109,530
NIL	To IT & C.C. Professional fees		NIL		By Grants		113,927
NIL	To Amount written off :		-	NIL			NIL
NIL	To Miscellaneous Expenses		NIL	18,358	By Donations in cash or Kind (As per schedule -5 )		82,900
2,917	To Depreciation		1,622				
NIL	To Amount transferred to Reserve or Specific Funds		NIL				
	To Expenditure on Objects of the Trust		NIL				
	(a) Religious	-					
	(b) Educational	-					
	(c) Medical Relief	-					
	(d) Relief of Poverty	-					
249,006	(e) Other Charitable Objects (As per schedule 2)	291,809	291,809				
3,788,296	To Surplus Carried Over to Balance Sheet		725,485				
			2,580,872				
<b>4,392,350</b>	<b>Total Rs. ....</b>		<b>3,306,357</b>	<b>4,392,350</b>	<b>Total Rs. ....</b>		<b>3,306,357</b>

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

For **A R M M A N**

Place : Mumbai  
Date:22/10/2018

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

TRUSTEE

TRUSTEE

## Financials

# Financials

The Bombay Public Trusts Act, 1950 SCHEDULE - VIII							
Name of the Public Trust : <b>A R M M A N (Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates)</b>							
Balance Sheet as of 31ST MARCH, 2018						Reg No.E-25192 (MUM) System of A/c - Mercantile	
Previous Year 2016-17	FUNDS & LIABILITIES	Rs.	Current Year 2017-18	Previous Year 2016-17	PROPERTY & ASSETS	Rs.	Current Year 2017-18
351,550	<b>Trusts Funds or Corpus :-</b> Balance as per last B/S Addition During the Year	351,550 120,000	471,550	NIL	<b>Immovable Properties :- (At Cost)</b> Balance as per last Balance Sheet		NIL
1,125,845	<b>Capital Assets Reserve Fund A/c</b> (As per Schedule - 6)		2,346,628		Additions during the year Less : Sales during the year Depreciation up to date		
2,567,540	<b>Specific Earmarked Funds (mMitra):-</b> I) NRTT Fund - (As per Schedule -7)		1,083,573	1,135,018	<b>Furniture &amp; Fixtures &amp; Other Assets :-</b> (As per Schedule -10)		2,354,179
57,081,850	II) Specific Other Fund - (For mMitra Various Project) Domestic Fund FCRA Fund (As per Sch - 8)	15,726,743 62,113,328	77,840,071	NIL 3,127,915	<b>Advances :-</b> (As per Schedule -11)		1,789,241
207,483	<b>General Fund</b> Less-Trf. To Income & Expeniture A/c	207,483 207,483	NIL	NIL	<b>Outstanding Income</b> Income Receivable-Barefoot Accrued Interest receivable	162,000.00 25,27900	187,29
NIL	<b>Loans (Secured or Unsecured)</b> From Trustees From Others		NIL	65,057,699	<b>Cash and Bank Balances :-</b> (As per Schedule - 12)		87,918,390
1,107,380	<b>Liabilities :-</b> For Expenses (As per Schedule -8 )		839,928				
6,878,984	<b>Income &amp; Expenditure Account</b> Opening Balance Add - General Fund Surplus During the year	6,878,984 207,483 2,580,872	9,667,339				
<b>69,320,632</b>	<b>Total Rs. ....</b>		<b>92,249,089.00</b>	<b>69320,632</b>	<b>Total Rs. ....</b>		<b>92,249,089</b>

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.

All donations made to ARMMAN are tax deductible.

**ARMMAN USA** is registered under Inland Revenue Section 501(c)(3), which makes your donations tax exempt. (EIN number: 27-1523964)

**ARMMAN - MUMBAI**

47/48, Oasis, Nehru Road, Opp Vakola Masjid,  
Vakola, Santacruz (E), Mumbai 400055

Contact : (022) 61668948 | Email: armmanindia@armman.org

**ARMMAN - DELHI**

Contact : (011) 41708365

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