



Annual Report

2015-2016

Mumbai

Unit No. 47/48
Oasis Industrial Estate,
Opposite Vakola Masjid,
Vakola, Santacruz (East)
Mumbai-400055

Delhi

H-5, 2nd floor, Green Park Main,
New Delhi-110016

Email: armmanindia@armman.org

Follow us on:    



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

Delivering India's Future

CONTENTS

3	What ARMMAN does
5	Why ARMMAN focuses on pregnant women, infants and children
6	ARMMAN's presence
7	Founder's message
8	ARMMAN's journey so far
9	Our framework for delivering India's future
10	Our core programmes: <ul style="list-style-type: none">• mMitra• Arogya Sakhi Home-Based Antenatal and Infancy Care• HERO
23	The way ahead for ARMMAN: <ul style="list-style-type: none">• Strengthening mMitra services• Mother and Child High Risk Factor Tracking with SMS Alert System
26	Research at ARMMAN
30	Awards and accolades
31	Our people and culture
33	Our partners
37	Our trustees
38	Financials



What ARMMAN does?

ARMMAN is a secular, India-based non-profit organisation committed towards improving the well-being of pregnant women, neonates, infants and children under five years of age.

The name ARMMAN (meaning a wish in Hindi) is an acronym for Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates.

The four programmes at ARMMAN make innovative use of technology to identify and address systemic gaps in both healthcare service delivery and community healthcare by adopting multi-sectorial evidence-based approach.



.....
Safe motherhood
and **a secure**
childhood should not
only be a promise for
the distant future but
a **fundamental right**
.....

Through its systematic interventions over the years, **ARMMAN** has been able to touch lives of close to
530,000
women and
children in India



Our Vision

To enable healthy pregnancy, motherhood, infancy and childhood for every woman and child in India.



Our Values

- Service beyond self
 - Transparency and truthfulness
 - Continuous improvement
 - Respect
 - Collaboration
 - Commitment to vision and ownership
 - Cost efficiency and accountability
-



Our Mission

To design and implement sustainable interventions, cost-effective programmes with objective measurable outcomes and demonstrated impact, and work with the public health system wherever possible to reduce maternal, neonatal and child mortality and morbidity in the underprivileged urban and rural communities of India.

Why

ARMMAN focuses on pregnant women, infants and children



Every **10 minutes**, a woman dies from complications arising during pregnancy and childbirth in India.

More hundreds and thousands are rendered with life-altering disabilities. 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. However, the sorrow doesn't end here.

.....

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

.....



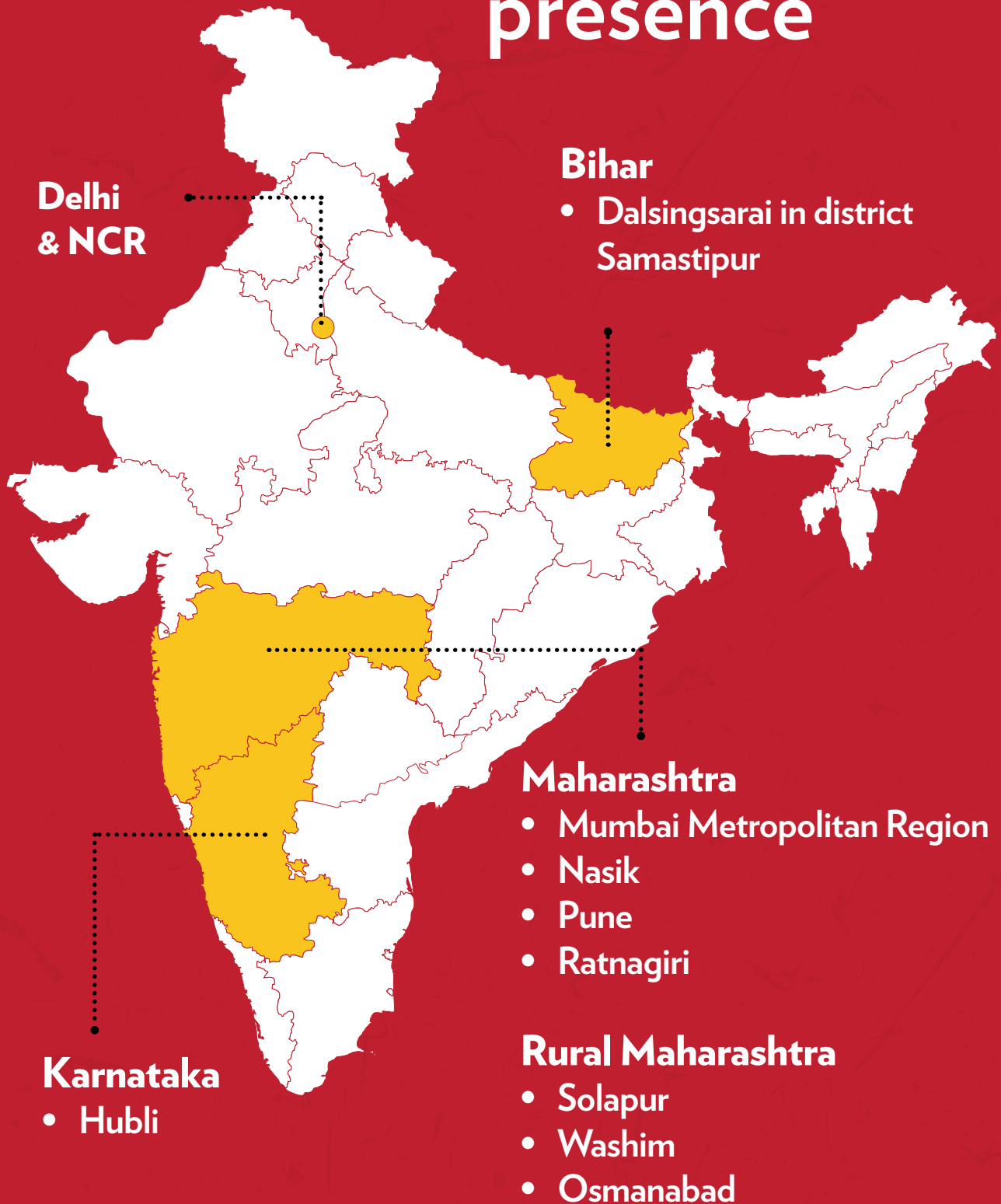
More than **3 lakh infants** do not live beyond the first 24 hours of their lives due to unavailability of preventive care information to their mothers and families.



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





Founder's message

India's maternal and child health statistics are woeful. Given the magnitude of conundrum, it was obvious from the very beginning that to bring about a change, scale had to be ARMMAN's mantra. But it was equally important that we straddle the fine balance between depth of impact and scale. Impact could not be sacrificed at the altar of scale, yet the programmes could not be so resource intensive in terms of human capital that they were too expensive to scale across.

The third important principle that had to be ARMMAN's axiom was objective programmes with measurable impact. Though I am a doctor and have a non-technology background, it became apparent to me that technology was the one tool that would help us create programmes that incorporate all these principles seamlessly and truly make a dent on the woeful maternal and child health statistics in the country.

It is one thing to dream but quite another to actualise the plan. I am happy to inform you that the mMitra programme, which adheres to all the axioms, is truly on the verge of a massive scale. I am thrilled to share this annual report with you to not just read about the massive expansion of the programme but also to learn about the impact it has created that is being proved in the well-designed studies.

The randomised cluster trial in rural Maharashtra ended in December 2015 and we are delighted that the results are heart-warming. They show great impact of both our mMitra and Arogya Sakhi Home-based Maternal and Infancy care programmes. ARMMAN may now be on a course to meet the expectations set by our tagline—help 'deliver India's future'.

Dr Aparna Gopalkrishna Hegde
Founder and Managing Trustee, ARMMAN

ARMMAN's journey so far



ARMMAN has been able to meet all odds to achieve the goals it had set out for

2006

ARMMAN conceptualised

2012

- **HERO programme:** Created the admission counter software and the blood bank bar coded inventory system

2008

- Registered as a trust
- **HERO programme:** Pilot initiated at LTMGH (Sion) Hospital, Mumbai
- **mMitra programme:** Pilot initiated with Microsoft Research India & LTMGH (Sion) Hospital, Mumbai

2013

- Received the Global Poverty Action Fund (GPAF) grant by Department for International Development (DFID), UK, for randomised control trial in Maharashtra for the mMitra and the Arogya Sakhi home-based antenatal and infancy care programmes
- **mMitra programme:** Launched in LTMGH (Sion) Hospital, Mumbai, with support from Glenmark Foundation

2014

- **mMitra programme:** Launched across Mumbai Metropolitan Region (MMR) with support from MAMA (Mobile Alliance for Maternal Action)

2016

- **mMitra programme:** Launched in Raigad district with support from JSW Foundation; in Karnataka with the help of Deshpande Foundation. The programme also touched lives of pregnant women and children in Madhya Pradesh (supported by Aditya Birla Financial Services), Bihar, and Delhi & NCR
- **2,65,322 women** enrolled for mMitra services by March 2016

2015

- **55,850 women** enrolled for mMitra services by March 2015
- **Mother and Child High Risk Factor Tracking with mKhushali app and SMS Alert System programme:** Launched in Nandurbar district, Maharashtra, with support from Navajbai Ratan Tata Trust

Our framework

for delivering India's future

- Measurable and sustainable health impact
- Ethical evidence-based and client-centered solutions
- Result-oriented and time-bound action and accountability
- Empower and entrust the front line workers to ensure sustainable results
- Efficiency and speed of the corporate sector
- Decentralisation and leadership at each level of the organisation
- Long-term commitment towards women and children of India

ARMMAN's approach towards maternal, neonatal and child health is based on the following three levers:



To identify and address systemic gaps in both healthcare services delivery and community health-care seeking practices by adopting a multi-sectoral evidence-based 'community needs assessment approach'

Designing and implementing, scalable and cost-effective programmes, with objective measurable outcomes and demonstrated impact, working with the public health system wherever possible.

Leveraging technology as and when required to develop sustainable programmes based on the 'tech plus touch' model that find the right balance between depth of impact and scale.



Our core programmes



Number of women enrolled
in the mMitra programme

2015-16
2,08,262



2014-15
55,850



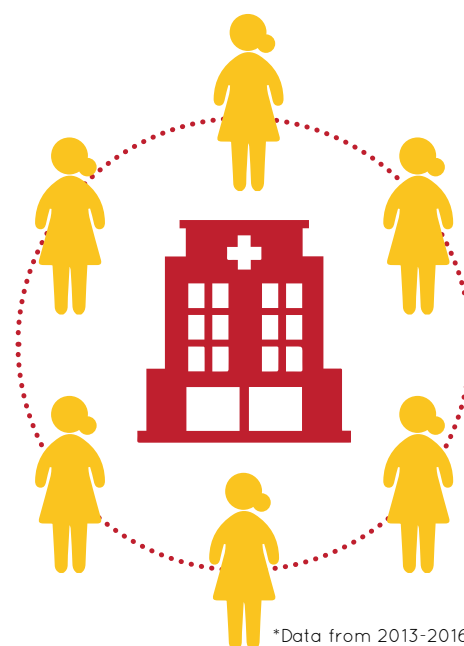
mMitra is a free mobile voice call service that provides culturally appropriate comprehensive information on preventive care and simple interventions to reduce maternal and infant mortality and morbidity in urban and rural India. The voice calls are in the local dialect, specific to a woman's gestational 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, which began its services
in 2013 **from a single Hospital in
Mumbai**, has now expanded to
enroll **2,65,322*** women across **7
districts in 4 states in India**

.....



*Data from 2013-2016

Unique Features of the Programme



The uniqueness of mMitra lies in the innovative use of mobile technology, taking advantage of the high mobile penetration in India to deliver timed and targeted messages to the beneficiaries. The mMitra model is cost-effective and easy to replicate in new geographies.



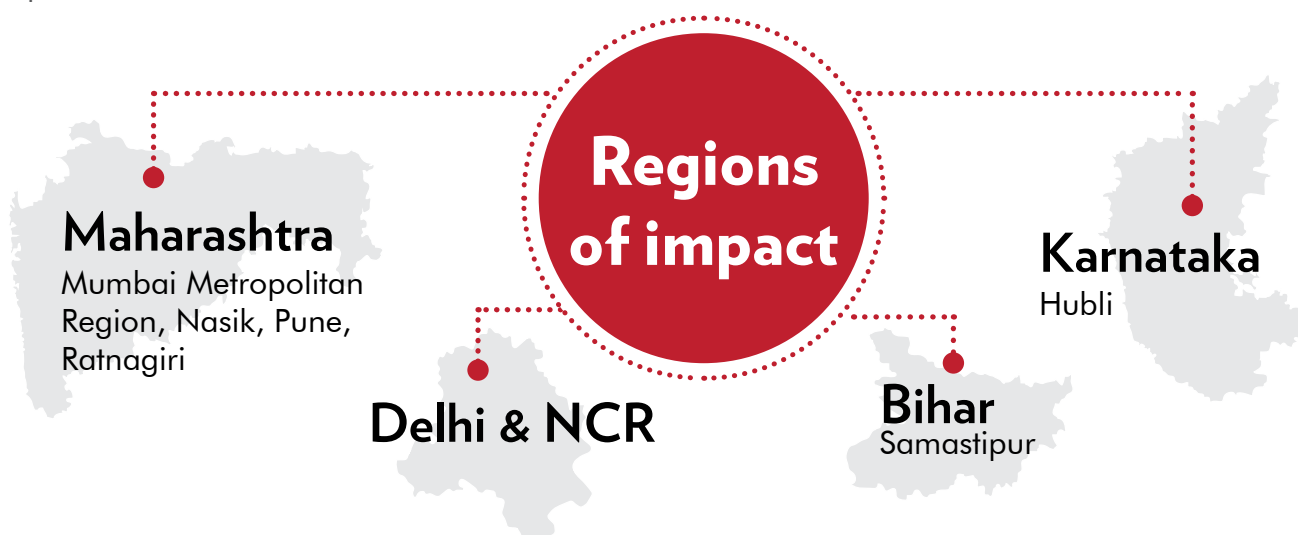
With timed and targeted voice calls, information on taboo topics such as AIDs and sex during pregnancy can be given to the women directly in a discreet manner. The doctors in the municipal hospitals do not have the time to counsel pregnant women and new mothers as they are too busy with the high patient load. mMitra looks at bridging this gap.

One of the reasons for almost 100% conversion rate (women consenting for service/women approached) in mMitra is that the enrollment is done by Sakhis who are women from the community.

Involvement of the family members in the enrolment process often leads to them listening to the voice calls along with the beneficiaries and encourages positive health care practices.



The built-in redundancy in messages, the missed call system and the QA/QC system ensure that the voice calls reach the maximum of our beneficiaries.





Launched mMitra operations in January

Areas

South Delhi, North Delhi, Rangpuri
and **30 villages** of Mewat in Haryana*



The social issue being addressed

Antenatal and postnatal care



Total number of women enrolled **326***

*Data till March 31, 2016

.....

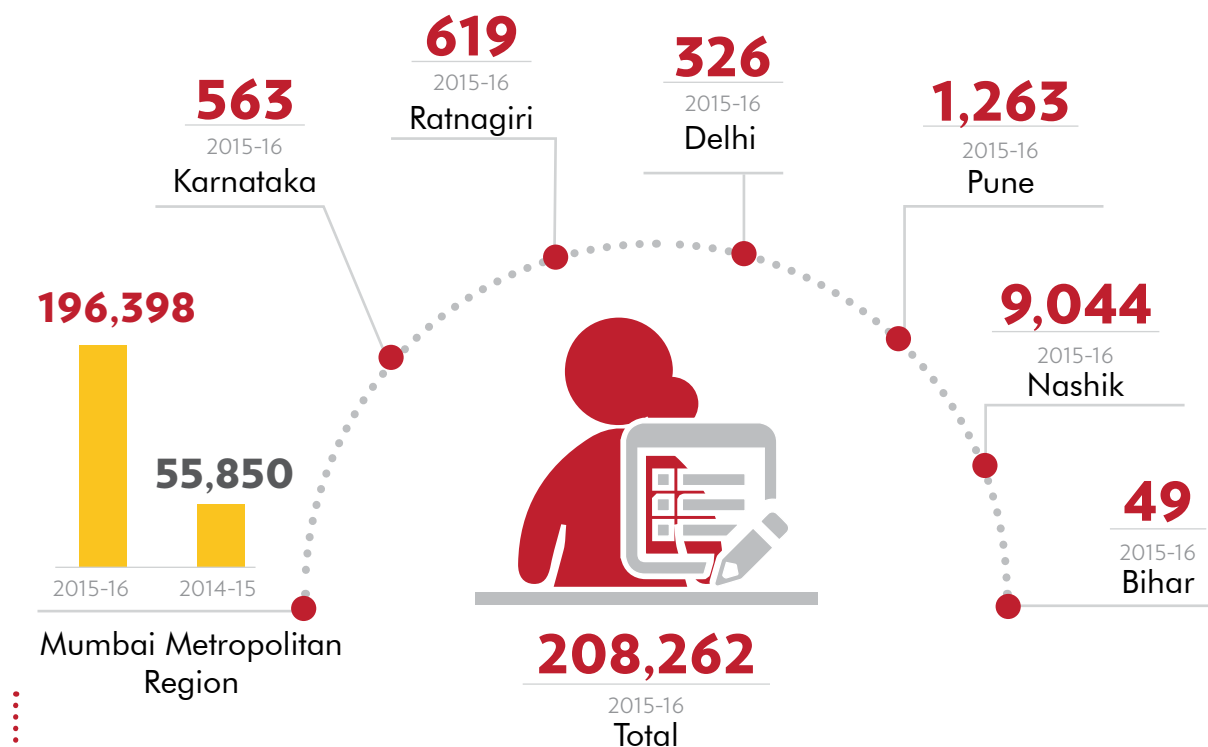
This rapid scale up of services has been possible through a successful partnership with the **municipalities, hospitals, community-based NGOs** and our **trained Sakhis**

.....

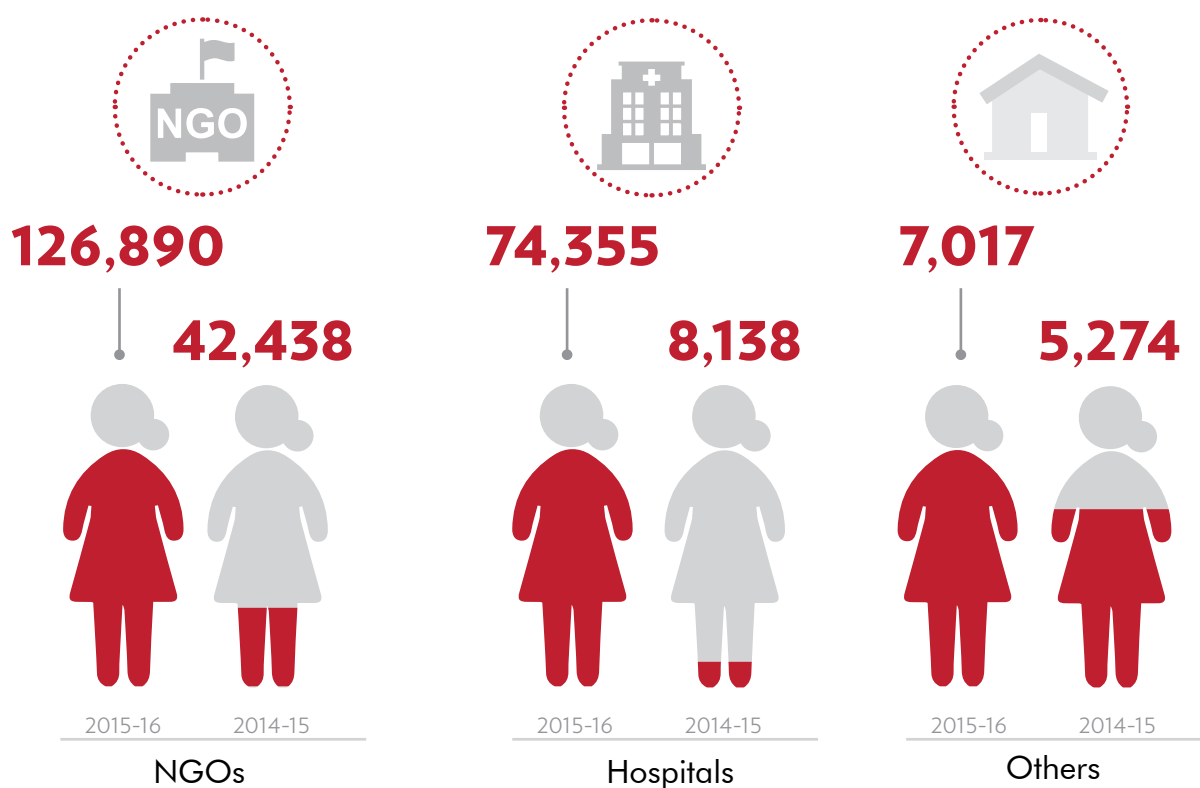


Close to **4,931** sakhis (frontline workers) were trained to track healthcare services for mothers, infants and children

Registration per location



Channel wise enrollment



Partners

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

2014-15	MMR	Delhi	Pune	Nashik
NGOs	13	-	-	-
Hospitals	19	-	-	-

Maximising outreach with the help of partners

Johnson and Johnson

Area of support	Mumbai Metropolitan Region
The social issue being addressed	Antenatal and postnatal care
Number of partner hospitals	16
Total number of women enrolled	176,887

Glenmark Foundation

Area of support	LTMGH (Sion) Hospital, Mumbai
The social issue being addressed	Antenatal and postnatal care
Total number of women enrolled	30,203

JSW

Areas of support	Vatad and Malgund PHCs* in Ratnagiri, Maharashtra
The social issue being addressed	Antenatal and postnatal care
Number of villages covered	43 villages, 22 panchayats, 11 sub centres
Total number of women enrolled	72

Area of support	Vasind PHC*, Maharashtra
The social issue being addressed	Antenatal and postnatal care
Number of villages covered	26 villages, 17 gram panchayats, 8 sub centres
Total number of women enrolled	551

* Primary Health Centres



“Listening to the mMitra baby laugh made me feel as if my baby was laughing in my womb”

Shweta Pawar,
25, DN Nagar, Mumbai, Maharashtra

A visit to a hospital in Mumbai confirmed Shweta Pawar’s pregnancy. The doctor asked her to come back for a routine check-up; Shewta forgot.

Sometime during the second month, she felt a little discomfort. Shweta soon rushed to the hospital and was disheartened to know that the doctor, whom she had consulted for the first time, was not on duty. “He had told me that everything is normal. Then why the pain?,” she recalls. A hassled Shweta was spotted by a hospital supervisor with ARMMAN’s mMitra programme.

‘mMitra has helped me not only during pregnancy but also post-childbirth. A call informed me that bad odour from a child’s ears could be a sign of some infection. I had noticed such a smell but did not know what to do about it’

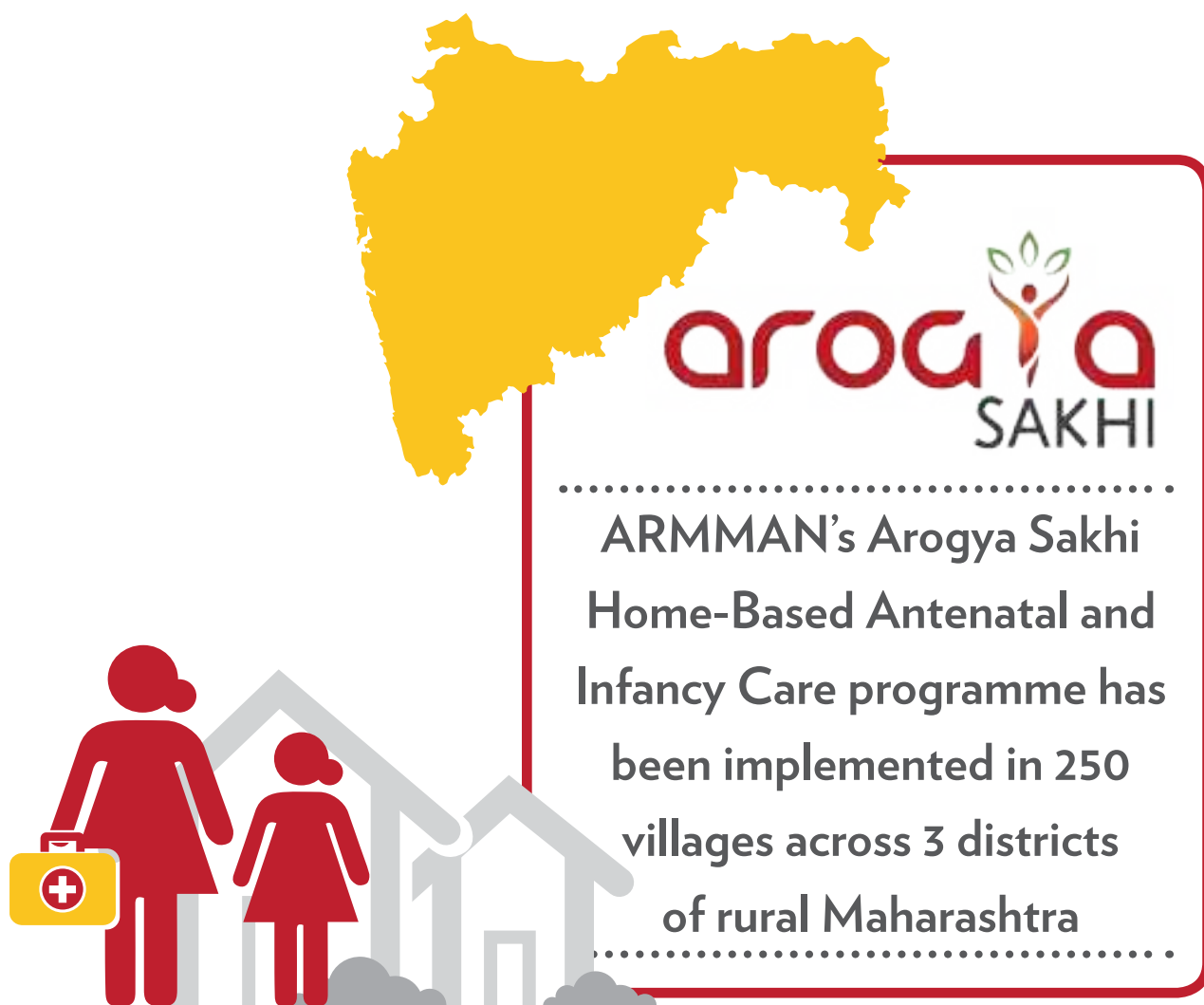
“A didi (elder sister) in white clothes approached me. She listened to me very patiently. I felt better,” she informs, adding, “She explained me about the mMitra voice call services and how they can be beneficial.”

It was during one of these calls that Shweta learnt about how discharge of white fluid could be one of the danger signs. “When I spoke about it to my mother-in-law initially, she said it is normal. However, the doctor, told me that it was happening due to infection which could have been fatal,” she says.

Shweta wishes that mMitra is able to help every underprivileged women like her. “mMitra has helped me not only during pregnancy

but also post-childbirth. A call informed me that if the baby’s ears smell of odour, it means they are infected. I had been noticing an odour from my baby’s ear but did not know what to do about it,” she says.

Shweta feels lucky to find a guiding friend in mMitra. “When I was pregnant, listening to the mMitra baby laugh made me feel as if my baby was laughing in my womb,” says an ever-smiling Shweta.



Arogya Sakhi is a home-based antenatal and infancy programme that trains women from the community to give home-based preventive care and perform diagnostic during antenatal and infancy period, leading to timely intervention with appropriate treatment. Besides, the programme visualises the creation of women entrepreneurs who are able to provide affordable healthcare to women and children in the villages at a nominal fee.

The Arogya Sakhis act as maternal and child health advocate in the village, assist the ASHA workers and act as a liaison between the community, the ASHA workers and the government health system.

The Arogya Sakhis are trained to perform comprehensive home-based antenatal and infant care through diagnostic tests that help in prompt referrals in case of high risk factors. Each Arogya Sakhi is provided with a medical kit with necessary equipment to perform checks for haemoglobin levels, blood sugar, urine, blood pressure, foetal doppler and anthropometric measurements, among others.

The Arogya Sakhis are provided with an app that guides them through the process by helping them in identifying high risk signs and symptoms and generating alerts in case of immediate interventions. Besides, 21 videos in Hindi and Marathi have been added to the app that guide the sakhis on different examinations and tests to be conducted during pregnancy and childhood.

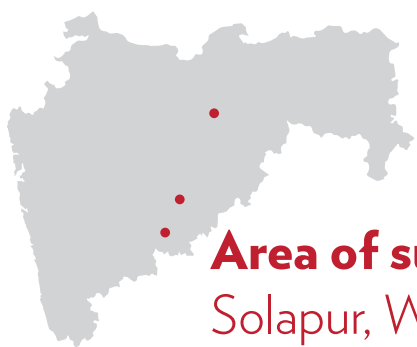
Key highlights of Arogya Sakhi programme



- **Ten training modules and manuals** (gynaecology and paediatric) for **training semi-literate rural women** in delivering home-based care services in antenatal, postnatal and infancy care.
- An adaptable **gestation specific**, voice messaging and animation content on antenatal, postnatal and infancy care.
- A **well-tested voice message** and **animations package** in Hindi and Marathi.
- A **mobile technology platform** for delivering specific voice messages that can reach out to women in rural areas.
- A resource pool of trainers on antenatal, postnatal and infant **home-based care services**.
- A **well-tested medical kit** for conducting six basic tests for antenatal and postnatal women.
- A **community based intervention model** that can be adapted by any rural area in India.

Maximising outreach

with the help of our partner: DFID UKAID



Area of support

Solapur, Washim and
Osmanabad districts
in rural Maharashtra

The social issue being addressed

Antenatal and
postnatal care



250

Villages covered



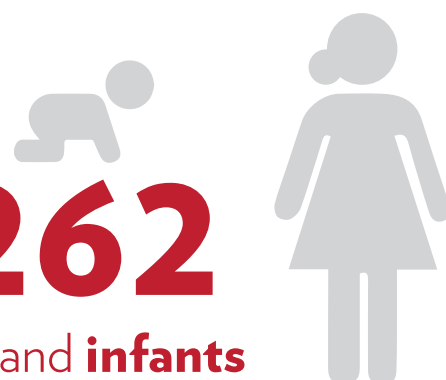
166

Arogya Sakhis
trained to
become women
entrepreneurs



1,262

Women and infants
benefitted by the programme



**“They said you are not a doctor,
why should we trust you”**



Savitri Patil – Arogya Sakhi

33, Dongoan village, Solapur

For the shy resident of a sleepy village in the Solapur district of Maharashtra, life was about waking up to household chores and retire to the mundane routine of a new day.

However, one incident changed her life. Today, Savitri Patil is a confident entrepreneur, providing affordable healthcare services to women and children in Dongoan village, all thanks to ARMMAN's Arogya Sakhi home-based Antenatal and Infancy Care programme.

**“Today,
auxiliary nurse
midwives
invite me to
help them with
certain
procedures”**

Savitri recalls with a heavy heart, “Last year, a woman and her baby died in the womb due to lack of healthcare services in my village. The thought disturbed me.” The journey of Savitri's transition began when she enrolled herself in Arogya Sakhi—a programme that focuses on training women on making affordable antenatal and infancy care available in villages with fractured public health system and at the same time, empower such women by turning them into health entrepreneurs. “There, I learnt how to check blood pressure, blood sugar and haemoglobin level among other things,” adds Savitri.

“One day, I was putting my learnings to practice by checking my husband's blood sugar level and found his blood sugar was high. The doctor validated my reading and told me that I did a good job by bringing my husband to the hospital in time.”

However, the villagers did not have confidence in her services. “They said you are not a doctor, why should we trust you? The doctor who trained us had to intervene and explain to the villagers that how my services will be beneficial,” informs Savitri. Today, ANMs invite Savitri to help them with certain procedures. “The foetal doppler machine is not available at the sub centre. Therefore, they refer patients to me.”



Helpline for Emergency Response Operations

.....

A real time, **24 × 7 platform** to provide information about **availability of ICU beds** and **blood units** in **Mumbai**

.....

During medical emergencies and natural disasters, precious minutes can be lost running from hospital to hospital, trying to find ICU beds or the required blood type. HERO (Helpline for Emergency Response Operations) aims to bridge this gap.

The 24 × 7 platform aims to provide real time information about the availability of ICU beds in all the hospitals and blood units of specific group at all blood banks in Mumbai through the establishment of a helpline, website, SMS, and a mobile app, thus save lives.

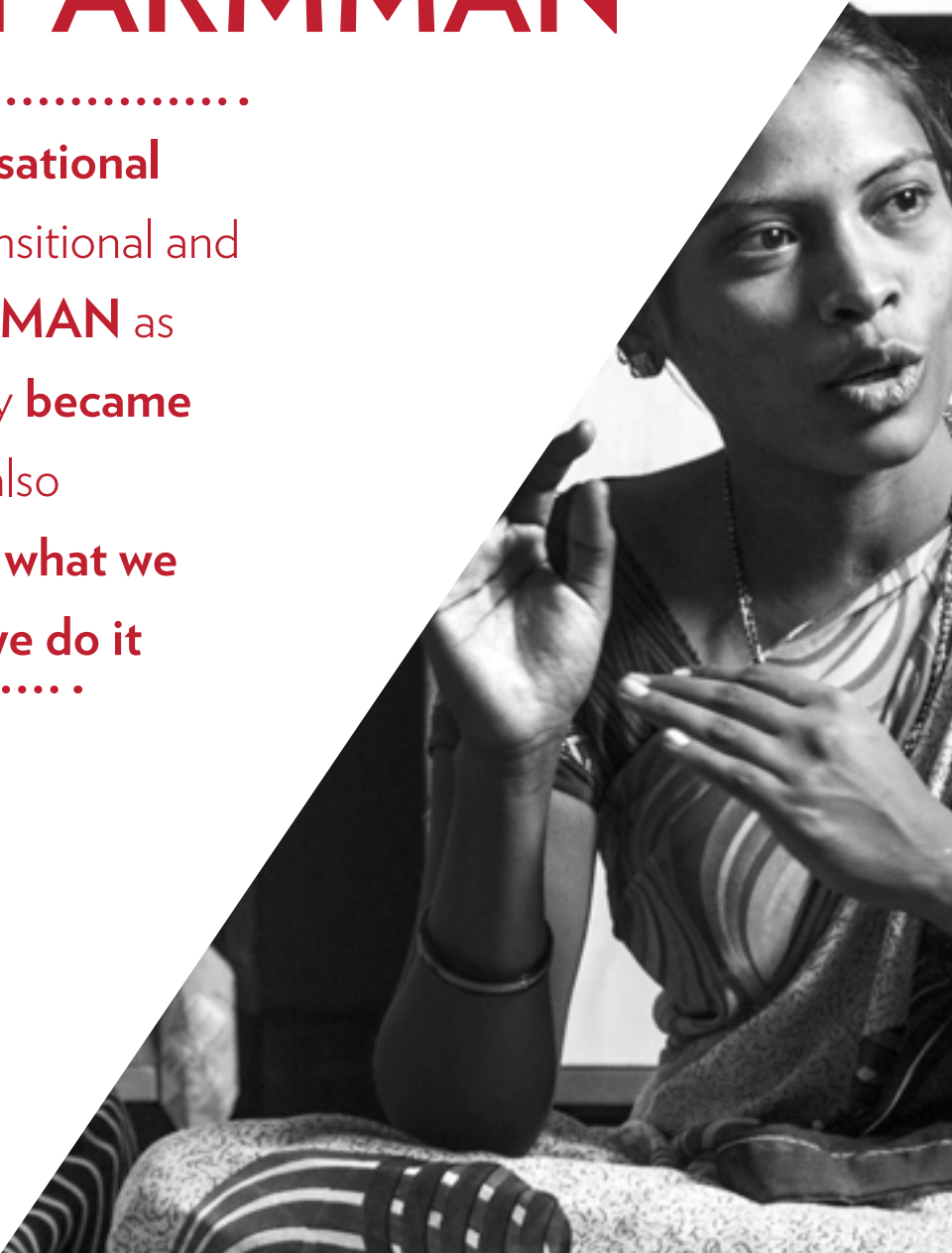
We at ARMMAN believe that HERO will form an important component of the disaster management preparedness in the city by providing a crucial service during mass emergencies such as terror attacks and natural disasters like earthquakes and floods.

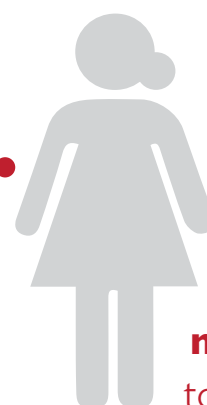
In 2014, ARMMAN initiated the project with its technical partner Inscript as a pilot at LTMGH (Sion) Hospital, Mumbai, to develop software application modules that will link the hospital's admission counter with the ICU, blood bank and other crucial departments. The system will let the departments to track their patient's visits, diagnosis and treatment, discharge history, availability of ICU beds and blood type in the hospital.



The way ahead for ARMMAN

.....
The **journey of organisational evolution** has been transitional and transformational. **ARMMAN** as an organisation not only **became a local entity** but was also **successful in defining what we want to do, and how we do it**
.....





mMitra aims
to reach out to
500,000
women by end of 2016



Scale up **call centre operations**



**Introduce customised
services for HIV+ve pregnant
women:**

Reminders and call centre services for HIV+ve women to handhold them through the treatment and rehabilitation process in order to prevent the vertical transmission of the disease from the mother to the child. The service extends to mothers with children who suffer from severe acute malnutrition until the child is 18 months of age.



**Introduce customised
Malnutrition programme:**

Weekly or once a month customised voice calls to mothers to prevent malnutrition in the child until five years of age.

Mother and Child High Risk Factor Tracking with SMS Alert System

The Mother and Child High Risk Factor Tracking with SMS Alert System is a comprehensive mobile-based tool that collates information and thus, supports the work of auxiliary nurse midwife (ANM) to ensure that mothers and children with high risk factors are picked up early and referred in time.

The ANMs will be provided with android-based mobile phones or tablets with an app (called mKhushali) that will have preloaded antenatal, postnatal, infancy and childhood forms. These forms will help the ANMs to record signs and symptoms in the mothers and the infants and perform diagnostic investigations if need be. This will in turn help the ANMs to provide intuitive and real time situational alerts and avert complications.

Frontline Worker Integrated Jobaid

The integrated jobaid will help the three frontline workers (ANMs, ASHAs and the anganwadi workers) to digitally coordinate their activities and guide them through their individual activities, which in turn will avoid duplication of work.



The **technology-driven tracking system** is a comprehensive **mobile-based tool** to provide real time situation alerts



Research, Monitoring and Evaluation

Research is at the heart of every intervention that **ARMMAN** makes in the **field of maternal, neonatal and child healthcare**. We believe that everything we do should be evidence-based and therefore, it becomes imperative to assess the impact that our programmes create. Some of the studies that we initiated this year.

Study 1 A randomised cluster trial on the impact of mobile phone enabled preventive information and home-based care on rural poor pregnant woman and infants in India.

The study population comprised underprivileged rural pregnant women and children below one year of age in the selected villages of the three districts (Solapur, Washim and Osmanabad) in Maharashtra, India.

The aim of the randomised cluster trial was to determine whether:

- Improved access to preventive information during pregnancy and first year of a child's life through mobile phone voice messaging (mMitra) as well as the animation film service
- Improved access to after work-hours home-based diagnostic investigation and referral service during the antenatal period and infancy through trained Arogya Sakhis (community health workers) leads to improved health outcomes among rural underprivileged pregnant women and infants.

The three sets of villages named A, B and C represented the three arms of RCT as follows:

- Group A (84 villages): Control group wherein women accessed available public and private health services
- Group B (83 villages): Intervention group wherein women were provided with an improved access to preventive information through voice messages and animations (mMitra)
- Group C (83 villages): Intervention group wherein women were provided with improved access to both preventive information (through mMitra) and after work hours home-based diagnostic investigation and care service through the trained Arogya Sakhis.

Key highlights from the preliminary study:

- **46.95%** increase in proportion of women who knew at least three methods of family planning
- **21.66%** increase in the number of pregnant women who took IFA (iron folic acid) tablets for 100 days.
- **48.46%** increase in the proportion of infants who were exclusively breastfed
- **43.4%** increase in the proportion of infants who had their weight checked at least thrice in infancy
- **89.32%** of the enrolled women received 70% of the voice messages and were satisfied with the content

Study 2 Cross-sectional study on 'Impact of a Voice Call Service on Knowledge & Health-Seeking Behaviour of Pregnant Women' to assess the impact of mMitra on:

- (i) Knowledge related to antenatal check-ups, immunisation, consumption of IFA tablets, nutrition, and identification of danger signs during pregnancy
- (ii) Health seeking behaviour of pregnant women

Awards and accolades

.....

ARMMAN's work in the area of
maternal and infant healthcare

speaks in the recognition that
it has **achieved over the years**

.....

- Dr Aparna Hegde, founder ARMMAN, has been featured in a Voice of America documentary as one of the five women achievers for conceptualising and implementing unique programmes for addressing maternal and child mortality and morbidity
- The Arogya Sakhi Home-Based Antenatal and Infancy Care programme won the runner's up position in the 6th mbillionth award in 2015
- The paper titled 'Impact of mHealth Initiatives on Utilization of Ante Natal Care Services in Rural Maharashtra, India' by S. Joshi, A. Hegde, N. Patil was published in the Indian Journal of Maternal and Child health, Volume 17(2), 2015
- Two research papers (based on the RCT) and posters were selected and presented at the 14th World Conference on Public Health in 2015

OUR people & culture

For **ARMMAN**, its strength lies in its talent pool and it continuously strives towards **enhancing the capabilities of its people**

- By identifying high performing individuals and creating a talent pool of potential leaders
- By helping the workforce in achieving goals through a systematic approach and modules
- By providing opportunities to learn and drive new initiatives
- By Identifying and allocating mentors for setting goals and guiding the workforce



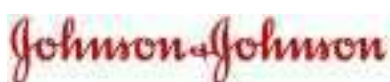
ARMMAN focuses on **recognising its people**

- by providing leadership and people management skills
- by opportunities for constant learning
- by regularly rewarding

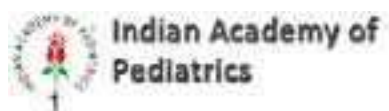
OUR Supporters



ARMMAN is a strong supporter of collaborative efforts to achieve **higher social impact**. We thank all our **stakeholders**, **donors** and **volunteers** who have helped us **maximise our outreach** and **scale up results**



TATA TRUSTS



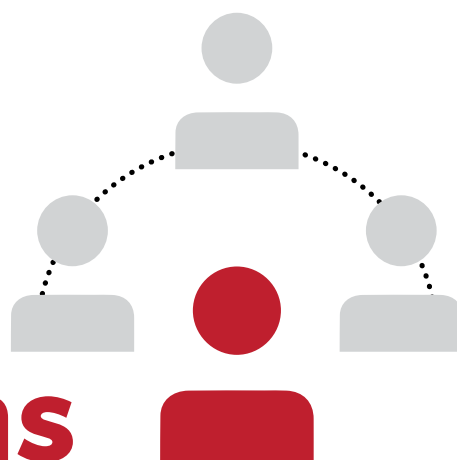
Partner hospitals



Location	Sr. No	Name of 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, Ambernath (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 organisations



Location	Sr. No	Name of Partner Organisations
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	Jeevan Samvardhan Foundation (JSF)
	8	Sant Ghadge Maharaj Samajik Sanstha
	9	Darshna Mahila Sanstha
	10	Janajagruti Vidhayarhi Sangh
	11	Bhartiya Stree Shakti

	12	Social Action for Health Education & Legal Issue (SAHELI)
	13	Jankalyan Bahuuddeshiya Shikshan Prasarak Mandal
	14	Saryajani Mahila Utkarsha Sanstha
	15	Rahi Samajik Sanstha
	16	Aarambha Samajik Vikas Sanstha
	17	Saksham Foundation
	18	Foundation for Mother & Child Health (FMCH)
Pune	1	Deep Griha Society
Nashik	1	Navjeevan World Peace & Research Foundation
	2	Zep Bahuuddeshiya Samajik Vikas Sanstha
Delhi	1	Sukarya
	2	Child Survival India
	3	Sakaar Outreach

Our Trustees



Dr Aparna Gopalkrishna 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	Homemaker
Dr Janhavi Sanjay Raut	Doctor
Dr Shailesh J. Kore	Doctor
Dr Dayashankar R. Maurya	Doctor
Dr Anand Shankarrao Utture	Doctor
Dr Alpina Anand Utture	Doctor

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, 2016					Reg No.E-25192 (MUM) System of A/c - Mercantile		
Previous Year 2014-15	EXPENDI-TURE	Rs.	Current Year 2015-16	Previous Year 2014-15	INCOME	Rs.	Current Year 2015-16
NIL	To Expenditure in respect of properties :-		NIL	NIL	By Rent (acrued) (realised)		NIL
628,062	To Establishment Expenses (As per Schedule-1)		82,896		By Interest (Received) (realised)		
NIL	To Remuneration to Trustees		NIL		On Securities / Bond	-	
NIL	To Remuneration (in the case of a math)		NIL		On Loans	-	
				669,495	On Fixed Deposits	1,452,975	
NIL	To Legal & Professional fees		8,000	257,491	On Bank Account S.B. A/c.	437,358	
NIL	To Audit Fees (Under BPT & IT Act)		NIL		(As per Schedule - 3)		
				NIL	On I. T. refund	963	1,891,296

NIL	To IT & C.C. Professional fees		NIL				
NIL	To Amount writ- ten off :		1	NIL	By Dividend		NIL
NIL	Difference in Balance Sheet			1,936,833	By Donations in Cash or Kind (As per schedule - 4)		808,314
NIL	To Miscel- laneous Expenses		NIL				
11,203	To Depreciation		5,383	NIL	By Grants		NIL
NIL	To Amount transferred to Reserve or Specific Funds		NIL	NIL	By Surplus from Fund raising Event (As per Schedule - 5)		94,650
	To Expenditure on Objects of the Trust		NIL				
	(a) Religious	-					
	(b) Educa- tional	-					
	(c) Medical Relief	-					
	(d) Relief of Poverty	-					
292,817	(e) Other Charitable Objects (As per Schedule - 2)	156,000	156,000				
1,931,737	To Surplus Car- ried Over to Balance Sheet		252,280				
			2,541,980				
2,863,819	Total Rs...		2,794,260	2,863,819	Total Rs.		2,794,260
As per our report of even date For VIPIN BATAVIA & CO. CHARTERED ACCOUNTANTS					For A R M M A N		
Place : Mumbai Date:10/10/2016	V.P.BATAVIA PROPRIETOR M No:- 37004				TRUSTEE	TRUSTEE	

The Bombay Public Trusts Act, 1950
SCHEDULE - VIII

Name of the Public Trust : A R M M A N (Advancing Reduction in Mor- tality and Morbidity of Mothers, Children and neonates)							
Balance Sheet as at 31ST MARCH, 2016						Reg No. E- 25192(MUM) System o A/c - Mercantile	
Previous Year 2014- 15	FUNDS & LIABILITIES	Rs.	Current Year 2015-16	Previous Year 2014- 15	PROPERTY & ASSETS	Rs.	Current Year 2015-16
46,112	Trusts Funds or Corpus :- Balance as per last B/S	46,112		NIL	Immovable Properties :- (At Cost) Balance as per last Balance Sheet		NIL
	Less - Fixed assets dona- tions (Booked at Nominal Value - Re- versed)	112	46,000		Additions during the year Less : Sales during the year Deprecia- tion up to date		
NIL	Capital As- sets Reserve Fund A/c (As per Schedule - 6)		977,466	NIL	Investments :- (As per details) Note : The market value of the above investments is Rs.		NIL
5,000,000	Specific Earmarked Funds (mMitra):- I) NRTT Fund - Amount Accumulat- ed U/s. 11(2) of NRTT Fund (As per Schedule - 7)		3,030,998	17,585	Furniture & Fixtures & Other Assets :- (As per Schedule - 10)		989,556

30,477,187	II) Specific Other Fund- (For mMitra Various Project)			NIL	Income Out-standing		NIL
	Domestic Fund	6,426,656					
	FCRA Fund (As per Sch - 8)	65,216,953	71,643,609	350,000	Advances :- Amount Receivable		
207,483	General Fund		207,483	203,873	Deposits	872,000	
				20,000	Advances	5,174,385	
NIL	Loans (Secured or Unsecured)		NIL		Advances to Creditors and Prepaid Expenses	5,141	6,051,526
	From Trustees				(As per Sch - 11)		
	From Others			36,337,540	Cash and Bank Bal- ances :-		
650,236	Liabilities :- For Expenses (As per Schedule-9)		510,512		(a) Bank Balance		72,464,946
547,980	Income & Expenditure Account Opening Balance	547,980			(b) With F.D. Ac- count		
	Surplus During the year	2,541,980	3,089,960		(c) Cash on Hand (As per Schedule - 12)		
36,928,998	Total Rs.....		79,506,028	36,928,998	Total Rs.....		79,506,028
<p>As per our report of even date For VIPIN BATAVIA & CO. CHARTERED ACCOUNTANTS V.P.BATAVIA</p> <p>Place - Mumbai PROPRIETOR</p> <p>Date - 10/10/2016 M No:- 37004</p> <p>For A R M M A N TRUSTEE</p> <p>TRUSTEE</p>							

