



# IMPACT REPORT

Q3 FY 2024 - 2025 (October - December 2024)





# Content

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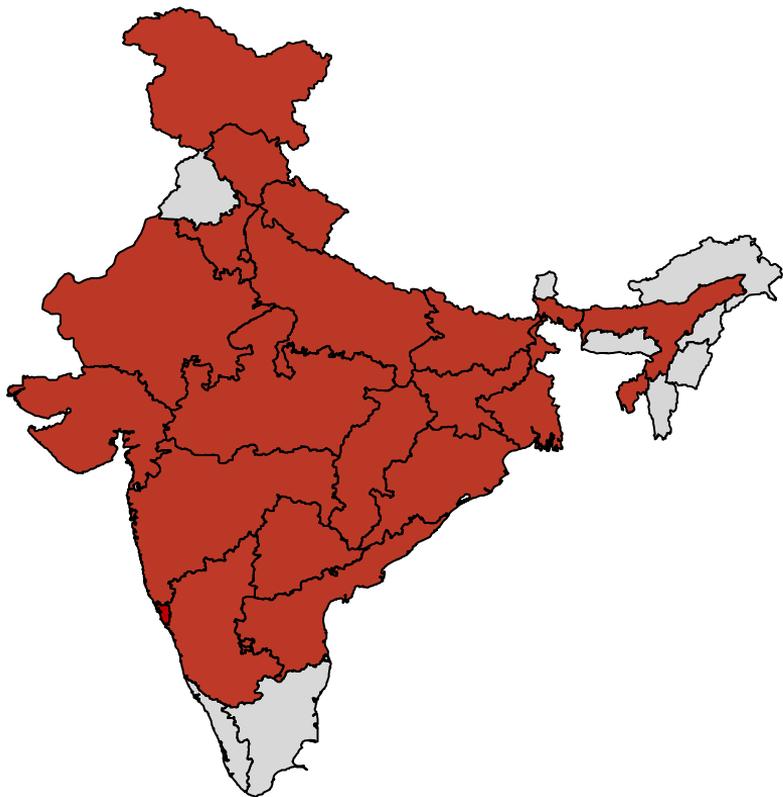
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# Growth Overview

- Interventions implemented by ARMMAN have now **reached 58+ million women and their children** and trained **487,700 health workers** across multiple cadres in 24 states till date.
- **Kilkari** has expanded its outreach to **23 states** and is now available in **10 languages**. **Kilkari and Mobile Academy** were launched in **three additional states** in this quarter - **Karnataka, Goa, and Dadra and Nagar Haveli and Daman and Diu**. **Kilkari** is now available in two new languages - **Kannada** and **Konkani**.
- Our Interactive Voice Response (IVR) system capacity has been enhanced to support **12 million Kilkari subscribers at a time** (from the previous 3 million).



# Reach to Date



## 58+ Million Women & Children Reached\*

Programme	Q3 Target	Q3 Achieved	Cumulative
Kilkari	3,500,000	4,135,775	55,863,156
MaMitra	31,250	34,975	34,975
<b>Total</b>	<b>3,531,0</b>	<b>4,170,750</b>	<b>55,898,131</b>

## 487,700 Health Workers Trained

Programme	Q3 Target	Q3 Achieved	Cumulative
Mobile Academy	30,000	32,208	481,729
IHRPTM	6,150	3,744	5,971
<b>Total</b>	<b>36,150</b>	<b>35,952</b>	<b>487,700</b>

\*Includes 3 million women reached via mMitra in previous years

# Programme Highlights: Kilkari and Mobile Academy

- In this quarter **Kilkari** was launched in **three new states** – **Karnataka, Goa,**and **Dadra and Nagar Haveli and Daman and Diu** – with the updated content. Kilkari 2.0 calls have been **made available in two new languages** – **Kannada** and **Konkani** . Kilkari has now increased its outreach to **23 states and is available in 10 languages**.
- We have **increased our Interactive Voice Response (IVR) system capacity to support 12 million Kilkari subscribers at a time** (versus the previous 3 million). This system is now capable of processing all ‘on-hold’ data, i.e. **all women enrolled in Kilkari can immediately start receiving calls as per their gestational age or the age of their child**.
- **Mobile Academy** has improved its reach through increased ground-level activities and better coordination with government officials. To date **481,729 Accredited Social Health Activists (ASHAs)**, i.e. **63% of all registered ASHAs have begun the course**.



# Programme Highlights: Kilkari and Mobile Academy

## National Workshop on Kilkari and Mobile Academy

The expansion of Kilkari and Mobile Academy (KMA) to three new states - Karnataka, Goa, and Dadra and Nagar Haveli and Daman and Diu - was announced at the ***National Workshop on Kilkari and Mobile Academy*** held in New Delhi, **hosted by the Ministry of Health and Family Welfare (MoHFW) in collaboration with ARMMAN.**

The workshop focused on:

- **Reviewing the progress** of the Kilkari and Mobile Academy programmes;
- **ASHAs sharing their experiences** of the Mobile Academy course;
- **Sharing innovations and best practices** adopted by different states to enhance the effectiveness of the programmes towards improving maternal and child health in India.

Senior officials from various departments lauded the new gender-transformative content and extended their support towards the augmented versions of Kilkari and Mobile Academy.



# Programme Highlights: IHRPTM

- **Trainings for Phase 2 and Phase 3 high-risk protocols** have commenced in **Telangana** this quarter:
  - **Phase 2 training on eight high-risk protocols, as well as Learning Management System and WhatsApp Support training, has been completed for 1,239 Auxiliary Nurse Midwives (ANMs) in 6 districts;**
  - **Phase 3 training on seven high-risk protocols has been completed for 66 obstetrician-gynecologists;**
  - **Phase 1 and 2 refresher trainings were conducted for 712 Medical Officers and 100 obstetrician-gynecologists.**
- In **Andhra Pradesh, 1,605 ANMs** in **three districts** were trained on **six high-risk protocols** under Phase 1.
- In **Shravasti (an aspirational district) and Sambhal districts of Uttar Pradesh, 15 ANMs, 4 Community Health Officers (CHOs), and 3 Medical Officers** that had missed trainings conducted in the previous quarters were trained on **six high-risk protocols** under Phase 1.



## Programme Highlights: Swasth Kadam

- Swasth Kadam has **extended its field activities** to an additional district – **Nashik** – in **Maharashtra**. We are currently **exploring a collaboration** with a local Non Government Organisations (NGOs) to set up a **tele-counselling center** here and to partner with us to **profile children** in the region.
- We have **partnered with local NGOs** to conduct the **screening and enrollment of children from high-risk populations** in two regions in **Maharashtra** – **Turbhe** suburb in Navi Mumbai and **Bhiwandi** city.
- Technological improvements to facilitate the effectiveness and reach of **Swasth Kadam** were made this quarter. We have implemented a **feature to enable counsellors to refer high-risk beneficiaries** to nearby health centers, and to **share these beneficiaries' details with health officials and district coordinators** within their respective regions. We have also implemented a **missed call service that beneficiaries can use for assistance and guidance**.



# Programme Highlights: MaMitra

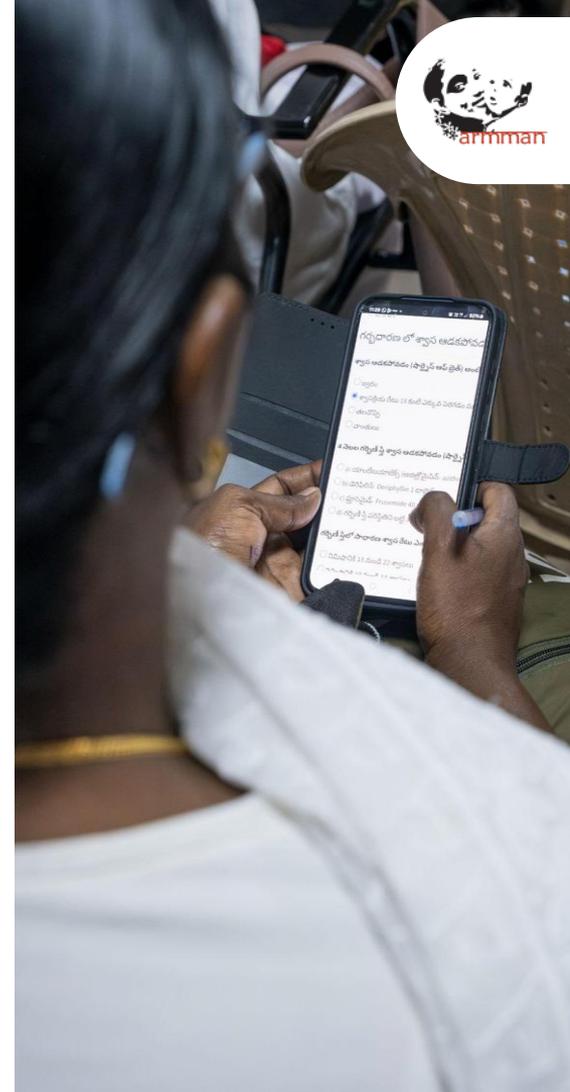
ARMMAN has partnered with Brihanmumbai Municipal Corporation (BMC), the local governing body of Greater Mumbai, to strengthen the Reproductive and Child Health (RCH) Portal and to implement **MaMitra - A free weekly voice-call service providing critical preventive care information during pregnancy and infancy**. To date:

- We have set up **MaMitra desks in 11 hospitals** to collect data from pregnant women as part of our RCH Portal strengthening activities.
- We have **enrolled 34,975 women to receive one pre-recorded MaMitra call per week**, linked to the woman's stage of pregnancy or the child's age, covering the critical time period where the most deaths occur – from the 2nd trimester of pregnancy until the child is one-year-old.
- We launched a 8-week long **High Risk Pregnancy (HRP) Tracking WhatsApp Pilot** aimed at **improving women's Iron-Folic Acid adherence and reducing anemia**. Out of 272 women that received targeted multimedia content, 86 women improved their hemoglobin levels and 72 women reached normal hemoglobin levels.



# Innovation Updates

- We have launched a **limited pilot of a multilingual, multimodal chatbot within the WhatsApp support helpline** with **50 Auxiliary Nurse Midwives (ANMs) in Uttar Pradesh** as part of the IHRPTM program. This chatbot answers text and voice-based questions about 7 high-risk pregnancy and antenatal care topics in Hindi, Telugu, and English.
- ARMMAN, with **support from The Agency Fund**, is developing an **Artificial Intelligence (AI) based chatbot which will answer queries posed by Kilkari subscribers**. We have begun to create a **knowledge corpus for the Large Language Model** by interviewing 50 women across 4 states for an extensive ethnographic user research study to understand the information-seeking mindsets and behaviours of new and expecting mothers.
- ARMMAN's collaborative **time slot optimisation project with Google Research India** involves the development of an AI model to predict the best time slots to call Kilkari subscribers based on historical call answering and listenership patterns. **A pilot is live in two districts of Odisha with plans to scale-up in 2025-26.**



# Research and Evaluation

- We have received funding from the Laerdal Foundation in Norway to conduct an **exploratory research study on Maternal Near-miss Cases Review (MNCR)** in two health facilities in **Hanumakonda and Hyderabad** in Telangana. This review will enable us to prepare a roadmap for **strengthening high-risk pregnancy tracking, diagnosis and management in low resource settings of Low- and Middle-Income Countries (LMICs)**.
- The protocol for the **impact evaluation of IHRPTM** in **Uttar Pradesh** has been converted into a **scientific paper** after receiving the requisite scientific and ethical board review approvals.

We have recruited and trained data collectors, and **collected quantitative baseline data** of approximately 4000 recently delivered women (RDW), spread across 200 villages and urban wards in two intervention districts (Sambhal and Shravasti) and two control (Buduan and Gonda) districts. **The endline of this impact evaluation will be completed in 2027.**



# ARMMAN wins Nasscom Foundation TechForGood Awards

ARMMAN's work was recognised at the 3rd edition of the **TechForGood Awards, an initiative by Nasscom Foundation**, aimed at supporting organisations that leverage technology to create sustainable solutions for a better world.

**ARMMAN won the award in the Public and Private Collaboration category** for the Kilkari and Mobile Academy programmes.

The founder of ARMMAN, **Dr. Aparna Hegde**, won an additional **jury award from the foundation in the Women-Led Tech Initiative category**, which recognizes women leaders making significant contributions to bridge gender gaps and drive positive social impact through their endeavors. The award was accepted on behalf of Dr. Aparna Hegde by Kruti Dalal, Head - Resource Mobilization and Communication at ARMMAN.





## Kilkari: Impact Story

### **Nazma receives support and guidance from Kilkari calls during her second pregnancy**

Nazma Begum, a woman from Baregaon village in Kamrup District, Assam gave birth to her second born baby in October 2024. She had missed out on Kilkari calls during her first pregnancy because her record in the state's Reproductive Child Health (RCH) portal contained her husband's phone number instead of her own. During her second pregnancy, Nazma ensured her own phone number was registered so she could receive the information directly.

She began receiving Kilkari calls from the fourth month of her pregnancy. She appreciated Dr. Anita's (fictional character addressing the women in the calls) kind voice and found the calls to be highly informative. The Kilkari calls continued after her delivery, providing guidance on caring for the baby. Nazma expressed that the information shared through these calls has been incredibly helpful in her journey as a second-time mother.



# Mobile Academy: Impact Story

## Mobile Academy boosts Kavita's confidence in addressing challenging health issues

Kavita has been working as an Accredited Social Health Activist (ASHA) at Mundka in West Delhi since 2010. She completed the Mobile Academy (MA) course in 2024.

Kavita shared that learning through her phone was an entirely new experience for her. Before taking the course, she often struggled to recall key health messages during home visits. Since completing the Mobile Academy course, she is consistently able to share essential health messages, including the importance of Antenatal Care (ANC), birth preparedness, family planning, and exclusive breastfeeding.

Prior to taking the MA course Kavita found it challenging to discuss family planning, especially with male members of the community. The course boosted her confidence, and enabled her to speak openly to encourage couples to adopt family planning methods.



# Swasth Kadam: Impact Story

## Swasth Kadam nudges Zarrar's family towards healthier dietary practices

Zarrar Khan from Kalwa, Thane, Maharashtra, was enrolled in the Swasth Kadam programme at the age of fourteen months. Despite eating well, Zarrar weighed only 7.7 kilograms leaving his mother Hasina worried. During a Swasth Kadam counselling session, Zarrar's father shared that snacks formed the bulk of his food intake. This insight led the counsellor to guide the family on the importance of balanced nutrition. The Swasth Kadam counsellor suggested the inclusion of nutritious foods such as leafy vegetables, pumpkins, and seeds in Zarrar's diet, and emphasized the need to limit processed snacks.

Zarrar then faced a severe outbreak of painful blisters all over his body in summer. The discomfort affected his appetite and made recovery difficult. Following the Swasth Kadam counsellor's advice, Hasina prioritised hygiene, ensuring that Zarrar was bathed daily, kept dry, and provided with nutritious meals to aid healing. Her determination, and the support of her family proved essential during this challenging time. Gradually, Zarrar's blisters healed, leaving behind faint scars. His weight steadily improved, reaching a healthier 10 kilograms.

# Financial Highlights (in USD)

	FY24-25 Budget (Apr '24 - Mar '25)	Q3 Utilisation (Oct - Dec '24)	9m YTD Utilisation (Apr - Dec '24)
Direct Costs	8,481,967	1,431,787	4,341,291
Indirect Costs	322,069	80,533	245,238
<b>Total</b>	<b>8,804,037</b>	<b>1,512,320</b>	<b>4,586,529</b>

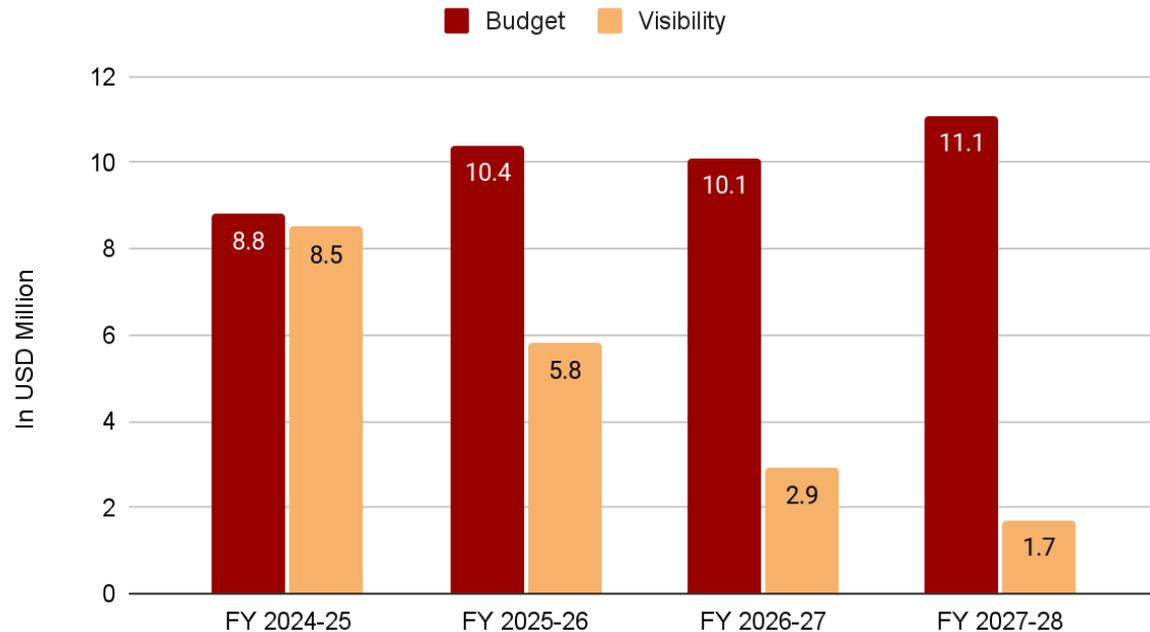
Note: Direct costs includes the budget of programmes such as Kilhari, Mobile Academy, IHRPTM, Swasth Kadam and Arogya Sakhi. Indirect costs includes the budget of support functions such as Finance, Human Resources and Administration, and Resource Mobilization and Communication.



# Funding Visibility from FY 24-25 to FY 27-28



## Organisational Budget vs Visibility



As of January 2025, we have raised **95% of the funds required for this year (FY 2024-25)** vs the budget of USD 8.8 million. We have also raised **56% of the funds required for next year (FY 2025-26)**

We have a **funding visibility of 48% over the next four years** vs a total budget of USD 40.5 million, and are **raising funds to plug the USD 21 million funding gap.**

# Looking Ahead

## Kilkari and Mobile Academy

Kilkari will be launched in four additional states (Arunachal Pradesh, Manipur, Mizoram, and Nagaland) in the next quarter.

We plan to launch Kilkari multimedia messages with updated gender-transformative content on WhatsApp in three states (Jharkhand, Himachal Pradesh, and Delhi) once we receive approval from Ministry of Health and Family Welfare.

## IHRPTM

We are in conversations with state officials to discuss the expansion of IHRPTM to additional districts in Uttar Pradesh and to two new states - Jammu & Kashmir and Madhya Pradesh - in the upcoming year. Phase Two and Phase Three trainings will be conducted for more health workers across all cadres in Telangana.

