



ARMMAN Annual Report 2022-23



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FROM THE FOUNDER'S DESK

The progress ARMMAN has made over the past year in advancing our mission to improve maternal and child health across India is remarkable. This Annual Report is testament to the dedication and collective efforts of our team, partners and supporters.

One of the most significant milestones was the successful launch of Kilkari and Mobile Academy in Andhra Pradesh, expanding our reach to 18* states across the country. This has impacted the lives of almost 33 million* pregnant women and mothers - delivering crucial health information and support. Our growth underscores the profound effect that scalable, technology-driven solutions can have on healthcare accessibility.



Mobile Academy has been instrumental in training 300,998* Accredited Social Health Activists (ASHAs), empowering them with the knowledge and skills needed to provide quality healthcare services to their communities. This is more than just a number. It represents an army of healthcare workers equipped to make a tangible difference in the lives of countless families.

The Integrated High Risk Pregnancy Tracking & Management (IHRPTM) initiative's expansion to Andhra Pradesh is another stride towards comprehensive maternal and child health. This is the second state after Telangana where we are training Auxiliary Nurses and Midwives (ANMs), Medical Officers and Specialist Doctors on high-risk pregnancy management and tracking protocols.

When I started ARMMAN, leveraging technology to provide healthcare access to the most vulnerable populations - I encountered my fair share of skeptics. Today, the global challenges posed by the pandemic emphasise the critical role of technology in reaching vulnerable populations. Embracing this reality, ARMMAN has sharpened its focus on innovation, using AI and WhatsApp to enhance the efficiency of our interventions. Customising messages to address the unique needs of the most at-risk women and families, we are aligning with a fit-to-purpose approach outlined in our five-year strategy.

FROM THE FOUNDER'S DESK

This year we began the groundwork to augment the Kilkari and Mobile Academy programmes. In Jharkhand, we conducted user research for WhatsApp-based Kilkari, exploring various delivery channels to enhance engagement.

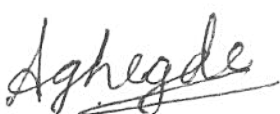
An assessment of Kilkari multimedia content in Jharkhand and Haryana further informed our approach, emphasising the effectiveness of videos, the reinforcing role of posters, and the importance of incorporating local dialects. These insights will shape the development of Kilkari 2.0, ensuring resonance with diverse audiences.

Our collaboration with Google Research India in the field of AI has borne fruit in the form of a prediction model for low listeners – seamlessly integrated into the mMitra programme. We are extending this collaboration to develop a similar model for Kilkari, amplifying the impact of our outreach.

I am delighted to share that ARMMAN's Systems Change Initiative has received substantial support from Co-Impact, who have committed to providing long-term, flexible funding to fuel our five-year plan. Such new collaborations and long-term partnerships with organisations such as LGT Venture Philanthropy and Dovetail Impact Foundation are crucial to creating sustainable impact at scale and building powerful coalitions for systemic change.

In celebrating these successes, we remain steadfast in our commitment to equity, empowerment, and gender-transformative approaches. ARMMAN's journey illustrates the incredible heights we can achieve when vision, innovation and collaboration converge. Together, we will continue to make heartfelt strides towards a healthier, more equitable future for every mother and child across India.

Thank you for your unwavering and compassionate support.



Dr Aparna Hegde
Founder, ARMMAN

CEO'S MESSAGE

Reflecting on our remarkable journey over the past year, I am filled with gratitude for the collective efforts of each and every member of the ARMMAN family. Your unwavering support has been the driving force behind our achievements.

Our five-year strategy is a cornerstone of our mission. As we forge ahead, our focus is not only on reaching women and families in the most underserved communities, but also on expanding our team to include professionals from varied backgrounds with a wealth of knowledge, skills and experience.



In the next five years, our interventions are set to scale across the country, with Kilkari and Mobile Academy expanding pan-India in partnership with the Ministry of Health and Family Welfare, Government of India.

The Integrated High-Risk Pregnancy Tracking & Management Programme (IHRPTM) is currently implemented in partnership with state governments in Telangana and Andhra Pradesh. Soon, we will launch the programme in Uttar Pradesh, piloting in Sambhal and the aspirational district of Shravasti before scaling up across the state. We plan to expand to two more states by 2026-27.

Our programmes will adopt a 'fit-for-purpose' approach, with the next versions of Kilkari and Mobile Academy embodying our 'tech-plus-touch' model. In this framework, low risk women receive comprehensive content via voice calls (feature phone users) and WhatsApp (smartphone users). Women at high risk or greatest disadvantage, receive more tailored content and enhanced support through interactive two-way communication. The new content will follow an equity-based and gender-transformative approach, placing emphasis on involvement in care of husbands and families for women and their children.

We are collaborating with the public health system to integrate Kilkari and Mobile Academy models, fostering accountability and ownership across health

CEO'S MESSAGE

personnel, conducting regular reviews of Kilkari metrics across the system, while establishing teams in every state to strengthen the system, at all levels.

To ensure smooth operations as we scale and deepen on-ground engagement, our operating model uses a '3 Engine Approach'.

Engine 1, pilots and tests innovations. We have established the 'Innovation Office' and are actively engaging in collaborations with organisations like Google India to create prediction models using AI, to help us better understand the reasons for low listenership and drop-outs. Engine 2, scales proven elements of Engine 1 using a public-private partnership model, while Engine 3 focuses on thought leadership, setting industry benchmarks, and managing advocacy and partnerships. Expansion goes beyond geography. It's also about extending the boundaries of capabilities. Our challenges demand innovative solutions, and we're actively recruiting the expertise we need to navigate complexities and deliver impactful results.

With a robust senior management in place, we are focused on fortifying the middle layer of leadership. Our recent partnership with WisdomTree for the Talent Development Initiative aims to pinpoint and foster talent within the organisation, shaping a culture that aligns with ARMMAN's future.

Our five-year strategy lays the groundwork for Vision 2030: reaching 70 million women and their children, and training 850,000 health workers – our commitment to a healthier future for mothers and children.

As we manoeuvre through our endeavours, the unwavering backing from our donors and their recognition of the importance of testing solutions before implementation – is indispensable. The strategic alliances we've cultivated affirm the validity of our approach and tech-plus-touch interventions.

Thank you for being our steadfast allies on this journey.



Ramesh Padmanabhan
CEO, ARMMAN

ABOUT ARMMAN

ARMMAN (Advancing Reduction in Mortality and Morbidity of Mothers, Children & Neonates) is an Indian non-profit creating cost-effective, tech-based solutions to reduce maternal and child mortality and morbidity.

We work directly with pregnant women and mothers to improve their health-seeking behaviour, while building capacities of health workers to ensure efficient antenatal and childhood care, as well as the timely diagnosis, management and referral of high-risk pregnancies.

We adopt a "tech plus touch" approach - leveraging the deep mobile penetration in the country, as well as existing health worker networks of the government and partner NGOs to improve health outcomes.



VISION & MISSION

Our Vision

A world where every mother is empowered and every child is healthy.

Our Mission

ARMMAN leverages technology to enable healthy pregnancies and safe childhoods by:

- Addressing systemic gaps in health service delivery by strengthening health systems
- Promoting healthcare seeking practices in the community
- Creating evidence-based, cost-effective, scalable solutions using equity based and gender transformative approaches



MATERNAL & CHILD HEALTH IN INDIA

Only **1 in 5** pregnant women get *complete antenatal coverage* in India

Poor maternal & reproductive health and malnutrition are not just physical problems, but socio-cultural phenomena rooted in gender discrimination, adversely impacted by several interlinked contextual factors underlying inequity.

>68%

of *under 5 deaths* are caused by maternal or child *malnutrition*

32% of children under 5 are *malnourished*

35.5% are *stunted*

MATERNAL & CHILD HEALTH IN INDIA

The **lack of focus on primary care** amongst pregnant women and mothers leads to:

- **lack of access** to preventive care information
- **poor understanding** of complications and risk factors

Even when there is uptake of care, the **quality of information available is inferior**.

Health workers are inadequately trained, overworked, de-motivated and lack knowledge on quality reproductive, maternal & child healthcare services. Consequently, the **continuum of care is poor** – including early identification of risk factors, appropriate referrals and treatment.

This results in a **poor referral system**, with:

- irrational/complicated referrals
- delayed care-seeking
- overcrowding in tertiary care facilities
- increased maternal & child mortality and morbidity

Underlying factors that contribute to these problems include:

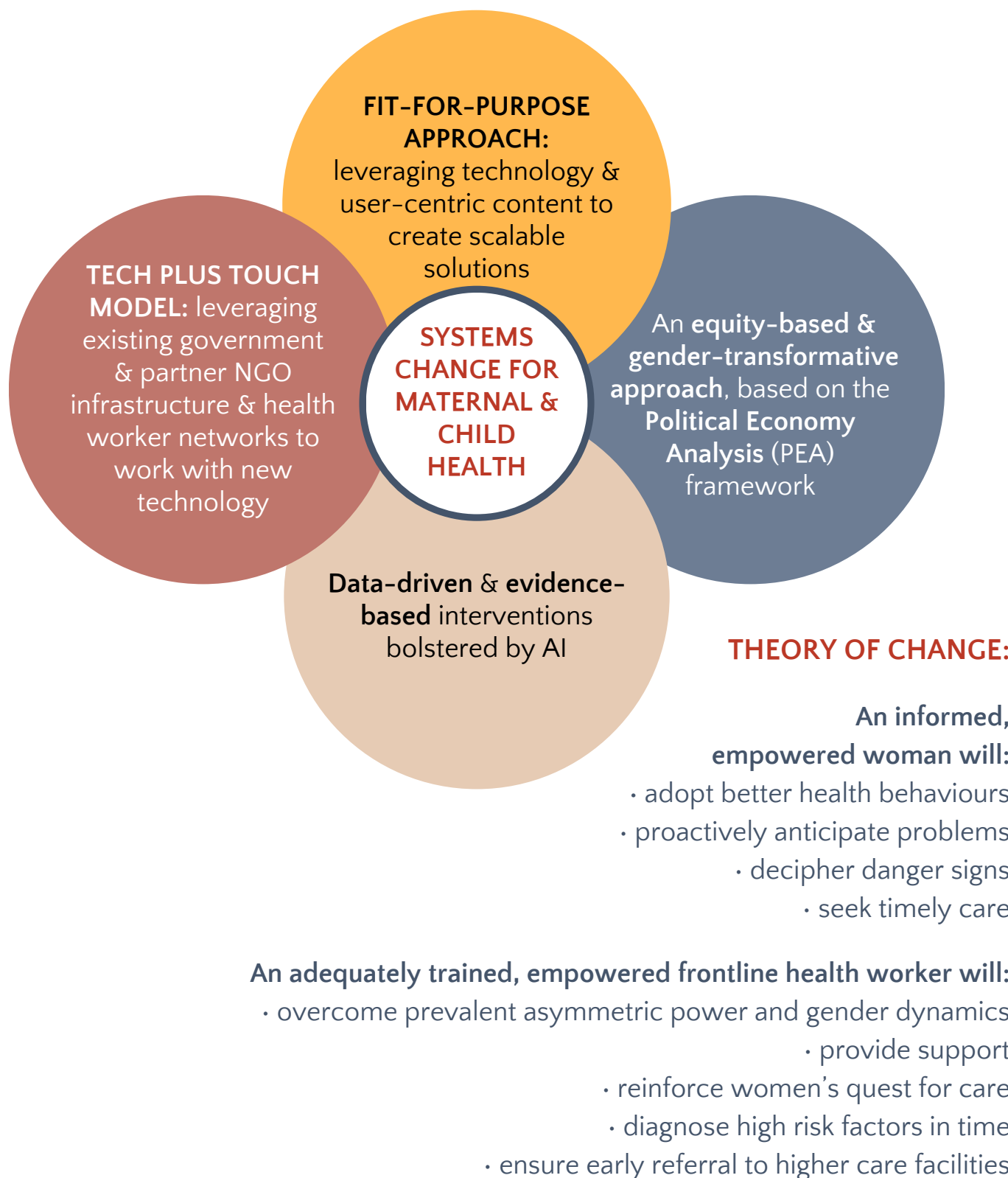
- significant gender inequity and asymmetric power dynamics faced by health workers that considerably reduce their effectiveness
- poor health system capacity
- lack of accountability
- poor data governance
- lack of convergence between maternal & child health programmes
- severe infrastructure and staffing gaps

ARMMAN addresses the pervasive systemic problems underlying maternal & child mortality and morbidity in India:

- delay in seeking care
- poor quality of care

OUR APPROACH

ARMMAN enables health **systems change in maternal & child health** by creating scalable, cost-effective solutions through a non-linear programme design, based on the principles outlined below:



INTERVENTIONS



FOR PREGNANT WOMEN, MOTHERS & CHILDREN



Free voice-call service providing critical preventive care information during pregnancy and infancy. **Sandbox to pilot innovations.**



Demonstrated success with mMitra led to a partnership with **Ministry of Health and Family Welfare, Government of India** for Kilkari, a similar free voice-call service. **Successful innovations in mMitra scaled through Kilkari.**



FOR HEALTH WORKERS & SYSTEMS



MOBILE ACADEMY

Mobile-based refresher training course for frontline health workers (ASHAs) in partnership with **Ministry of Health and Family Welfare.**



Implementation of high-risk management protocols for sustained reduction in delayed referrals and high-risk referrals to tertiary facilities.



Home-based pregnancy and infancy care programme in severely underserved communities.

HIGHLIGHTS OF THE YEAR



Kilkari & Mobile Academy expansion

Kilkari & Mobile Academy (KMA) launched in **Andaman & Nicobar Islands** and **Andhra Pradesh**, expanding the programme's reach to **18 states** across the country.



Integrated High Risk Pregnancy Tracking & Management (IHRPTM) expansion

IHRPTM launched in **Andhra Pradesh**, with Phase 1 training on **management of high-risk protocols** initiated for **Medical Officers and Specialist Doctors** from **26 districts**. This will be the second state after **Telangana** where IHRPTM is implemented.



mMitra rollout in Osmanabad

ARMMAN received approval from the Cabinet Minister, Government of Maharashtra, to implement interventions to improve maternal & child health in Osmanabad – identified as **one of 112 most underdeveloped districts in the country** (49% of women are anaemic and 37% of children under five are stunted). As a first step, we have launched the mMitra programme in the district, and trained Medical Officers and ANMs to enrol pregnant women into the programme when they visit health facilities for scheduled check-ups.

HIGHLIGHTS OF THE YEAR

COVID-19 interventions

We provided in-person training for **Accredited Social Health Activists (ASHAs/frontline health workers)** on COVID-19 protocols covering the most common symptoms and severe signs of the virus. This included guiding people for testing, advising patients in quarantine and vaccine-related counselling. Health workers were educated on safety measures to protect pregnant women, infants and children they counsel, as well as to safeguard themselves from infection. **3,000+ ASHAs were trained in five states. Over 40,000 women received free consultations** with obstetricians and paediatricians through the Virtual OPD (V-OPD) via toll free calls or WhatsApp.



Swabhimaan 2.0

Maitri Kishori ('a young female friend') calls **launched in Bastar district, Chhattisgarh**. They provide critical information on maternal & child health, nutrition, mental health, gender and safety to pregnant women and newlyweds in some of India's most disadvantaged tribal districts. We also organised review sessions with community resource persons (CRPs) and master trainers on the ground and at block levels in the district, to understand the issues behind low listenership, improving registrations on the portal, and motivating CRPs to encourage women to listen to calls. A similar initiative called **Tele Mahila Mitra** ('Tele female friend') was launched in Telangana.



Clinton Global Initiative, New York

Dr Aparna Hegde was a speaker at a session introduced by Hillary Clinton, discussing **accelerating solutions to improve maternal & reproductive health** with contemporaries in the field.

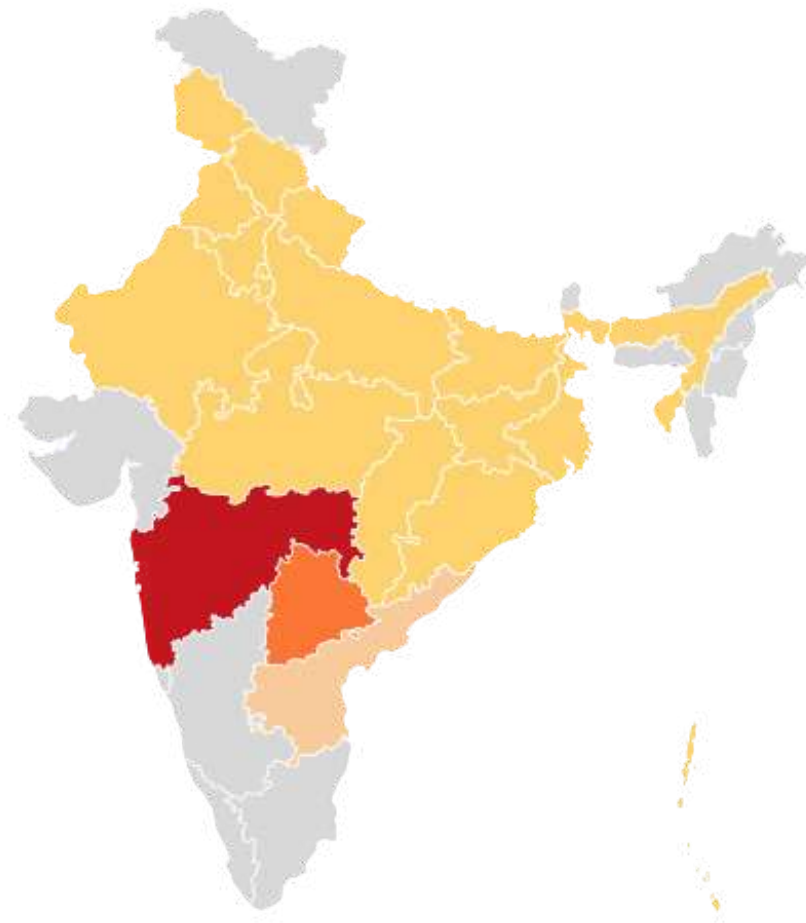
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GEOGRAPHICAL PRESENCE

WE ARE IMPLEMENTING PROGRAMMES IN 20 STATES & UNION TERRITORIES:



mMitra, Swasth Kadam & Arogya Sakhi:
Maharashtra

Kilkari & Mobile Academy:
Andaman & Nicobar, Andhra Pradesh, Assam, Bihar, Chandigarh, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tripura, Uttar Pradesh, Uttarakhand & West Bengal

Kilkari, Mobile Academy & IHRPTM:
Andhra Pradesh

IHRPTM:
Telangana



KILKARI

Largest mobile-based maternal messaging programme in the world, that sends targeted, timely and critical preventive care information to women in India through their pregnancy and early motherhood.

The programme is implemented in partnership with the **Ministry of Health and Family Welfare, Government of India**.

FEATURES:

- Uses **Interactive Voice Response (IVR)** technology to deliver time-sensitive audio information directly to families' mobile phones
- **Available in 6 languages:** Hindi, Bihari, Oriya, Assamese, Bengali & Telugu
- Calls **cover critical time period**, from 2nd trimester of pregnancy until child is one-year-old (72 weeks)
- Implemented in **18 States & Union Territories**

• **Over 40 million women reached** till date

AS OF MARCH 2023:

- **3.2 million subscribers**
- **44% of calls with >50% of content listened to by women**

INNOVATIONS:

User research for Whatsapp-based Kilkari (Jharkhand, Oct-Dec 2022):

Through this research – conducted in two phases – we aimed to explore multiple delivery channels for targeted messages with richer multimedia content, including **Interactive Voice Response (IVR), WhatsApp, YouTube**, and a dedicated mobile application. We sought to address equity challenges and overcome patriarchal barriers to health services access. **We identified issues that hindered the listenership of our target audience**, such as:

- patchy network
- lack of electricity for phone charging
- husbands taking phones to work
- illiteracy

We also learned that handholding by ASHAs (health workers), using a doctor's name when delivering content, and concise messaging helped create trust among users.

Assessment of Kilkari multimedia content (Jharkhand & Haryana, Dec 2022-Jan 2023):

The purpose of this exercise was to determine the impact of different multimedia content such as videos, audio messages, and posters amongst pregnant women, husbands, family members and health stakeholders. **Our findings suggested videos were the most effective form of communication, while also highlighting the need for state-specific local dialects in poster content** – incorporating local incentives, schemes and food practices. These insights will serve as an invaluable guide for the development of Kilkari 2.0.



Presentation at National Health Workshop:

ARMMAN was part of a 2-day national workshop on Health Management Information System (HMIS) and Reproductive & Child Health (RCH) in Delhi, in Jan 2023. We presented our work through Kilkari and Mobile Academy programmes in partnership with the Ministry of Health and Family Welfare, Government of India, to representatives of 36 States & Union Territories, in the presence of Anjali Rawat, Deputy Director General (Statistics, MoHFW) and other officials.

VOICES FROM THE GROUND: Care with a personal touch

Basanti Devi is a 27-year-old mother of three, residing in Bihar's Katihar district. Her youngest child is 13-months-old. Basanti and her husband, Vinod, have actively engaged with ARMMAN's Kilkari calls. Vinod expressed his appreciation, saying: *"Kilkari ke call hame bhaiya-bhabhi kah kar samjhate hai, jo mujhe bahut pasand hai."* ("The Kilkari calls address us as 'brother' and 'sister-in-law,' which I really like").



The calls have provided them with valuable advice on how to care for their child, emphasising the importance of diet, proper hygiene and vaccinations. They also learnt about the availability of support through ASHA/ANM (health workers) in case of emergencies. Basanti shared that she and Vinod both diligently follow the advice and have also encouraged their neighbours to subscribe for the Kilkari programme.

MOBILE ACADEMY



Largest mobile-based refresher training programme in the world for frontline health workers (Accredited Social Health Activists - ASHAs) in collaboration with the **Ministry of Health and Family Welfare, Government of India**.

The programme aims to **strengthen ASHAs' knowledge of life-saving preventative health behaviours**, and improve the quality of their engagement with new and expecting mothers and their families.

FEATURES:

- Uses **Interactive Voice Response (IVR)** technology
- **Handset-independent, audio-based technology** accessed via a simple voice call
- **Covers 33 months** (from pregnancy till child is 2-years-old)
- **Divided into chapters** with quizzes and a pass/fail score
- **Available in 5 languages:** Hindi, Oriya, Assamese, Bengali & Telugu
- Implemented in **17 States & Union Territories**

- **300,998 ASHAs trained** (till March 2023)
- **62,937 ASHAs completed** the course in 2022-23



VOICES FROM THE GROUND:

A shot in the arm for ASHAs

Smt. Uma Devi serves as an ASHA worker in Hasanganj Block, Katihar district, Bihar. The 45-year-old has dedicated herself to health work since 2006. Initially, she obtained information on maternal & child health from the Primary Health Care Centre in her area. However, her approach changed last year when she learned about the Mobile Academy course - a resource that promised to enhance her counselling skills and is conveniently accessible via mobile phone. She enrolled in the course and successfully completed it twice, achieving a perfect score of 44 - which gave her a boost in confidence.



Uma Devi appreciated the course for its flexibility in scheduling and the convenience of accessibility from any location. She particularly admires the voice of Dr Anita, which helped reinforce her understanding, especially with regards to the significance of a nutritious diet in preventing anemia during pregnancy. Motivated by this knowledge, Uma Devi actively encourages her "Santhali" community women to incorporate more green vegetables and fruits into their diets. In addition to her counselling efforts, she distributes Iron and Folic Acid (IFA) tablets and promotes the importance of institutional delivery among community members.



INTEGRATED HIGH RISK PREGNANCY TRACKING & MANAGEMENT (IHRPTM)

Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs) and Specialist Doctors trained in the **management of high-risk conditions during pregnancy to provide 'continuum of care'** to women, in collaboration with the state governments of **Telangana and Andhra Pradesh**, and **UNICEF**.

- **Launched in Andhra Pradesh** after successful implementation in Telangana
- We will train **15,742 ANMs, 1,798 Medical Officers and 315 Specialists** in the state

- In Telangana, Phase 1 training (6 high-risk protocols) for **9,000 ANMs** completed in **33 districts**
- **1,000 Medical Officers** trained
- **400 Specialist Doctors** trained

LOOKING AHEAD:

Scale up to three more states by 2026-27

FEATURES:

- **End-to-end management of 18 high-risk conditions** by clearly defining role of each healthcare provider.
- **Hybrid training** (classroom-cum-online)
- **Dual-purpose learning** via multimedia content (including live action videos, simulations, interactive quizzes & notifications) and tracking app (high-risk pregnancy identification and tracking to ensure timely referral, management and follow-up)
- **Two-way communication support** via live call centre/WhatsApp support
- A few pilots for the **learning app for ANMs** completed in Telangana. The app contains multimedia interactive content and enables two-way engagement for users to connect to Medical Training Officers and ask their queries via WhatsApp and/or toll-free number built into the app

VOICES FROM THE GROUND:

“I am now able to detect high-risk pregnancy conditions in pregnant women and make referrals on time. I feel proud that thanks to the IHRPTM training, I am able to help women when they need it the most.”

Rajitha,
Auxiliary Nurse Midwife, Telangana





mMITRA

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

FEATURES:

- 141 timed and targeted messages
- Biweekly/weekly calls
- Missed call system
- Choice of time slot and language
- 9 attempts for each call
- Call centre support

Pregnant women and mothers are enrolled in the mMITRA programme through two channels:

- health workers in hospitals register them during antenatal/postnatal check-ups
- partner NGOs facilitate enrolment in urban slums

- 2.9 million women and their children reached till date
- 97 Partner Hospitals
- 40 Partner NGOs
- 54% of calls with > 66% of content listened to (as of March 2023)



INNOVATIONS:

mMitra Whatsapp pilot for the Whatsapp Incubator Programme (Mumbai, Jul-Oct 2022):

We conducted a pilot project in Mumbai, utilising WhatsApp as a platform for disseminating mMitra messages. The results were encouraging:

- 93% of users regularly listen to core bi-weekly messages
- 26% of users engaged with the doctor appointment feature
- 68% completed the funnel to set a reminder
- 87% reported attending their antenatal visits on scheduled dates

Partnership with Google Research India:

Our long-term partnership in AI has yielded a prediction model for low listeners, now seamlessly integrated into the mMitra programme. A Randomised Controlled Trial demonstrated that women identified by the AI model to receive a service call listened to more mMitra call content compared to the control group. We are extending this collaboration to develop a similar AI model for Kilkari.



WhatsApp Pilot Presented at Meta Health Summit

As one of 10 incubatees of the **WhatsApp Incubator Program (WIP)**, we were part of the **Meta Health Summit 2022** in Delhi. We had the opportunity to showcase our work in **using WhatsApp as a channel for two-way communication and sending targeted multimedia messages to pregnant women and mothers** registered in our mMitra programme. Dr Aparna Hegde was also a speaker at a panel discussion focusing on '**Leveraging Business Messaging for Personalised Healthcare**', where she presented our work on building the mMitra bot on WhatsApp and also touched upon ARMMAN's mHealth interventions.

VOICES FROM THE GROUND: Empowering mothers through information

Diksha Akash Salve, from Pune, expresses her astonishment at the convenience with which she accesses pregnancy and infancy information through mMitra calls. She actively engaged with the calls throughout her pregnancy, and gained crucial insights about her baby's development in the womb. Adhering to the advice she received regarding calcium and iron folic acid supplements, as well as a nutritious diet - Diksha had a healthy pregnancy.



Post-delivery, Diksha continues to find value in mMitra calls, particularly those about mother and baby bonding. She credits them with aiding her in planning a well-balanced diet, and appreciates the timely notifications for her baby's vaccination schedule. Her husband and other family members also find mMitra calls educational and enlightening.



SWASTH KADAM

Providing **live telephone counselling for caregivers of infants aged 6-36 months experiencing moderate malnutrition**, with the goal of preventing further deterioration into severe malnutrition and facilitating their recovery.

FEATURES:

- **1 introductory call**
- **12 thematic weekly calls for 4 months**
- Information provided on growth & development, nutrition & balanced diet, best practices in breastfeeding and complementary feeding, immunisation, WASH (Water, Sanitation & Hygiene), childhood infections, maternal & mental health and family planning. **Each call consists of health information, follow-up on actions advised, and responding to queries and referral if required.**

• **1,700 mothers reached**
till date

• **Over 700 children enrolled** from Mumbai, Palghar & Aurangabad between July - December, 2022

Based on the results of our exploratory research to assess needs and resources available for delivering the programme to fathers of infants, **we are now developing content (videos and audio calls) to enhance the father's understanding of child health and nutrition** and guiding them on their role in enabling dietary and lifestyle changes.

VOICES FROM THE GROUND:

Father's speak

“On my way back from work, I usually buy some fruits and milk for my child. I play with my son which drives away my stress from the day.”



“My wife tells me about the information given in the Swasth Kadam calls and I ensure that my child receives the right nutrition for his growth and development.”

“My wife and I are both working. So when my wife is busy I take care of our child, I bathe him, play with him. The calls are like a friend who care about my son. I listen to the Swasth Kadam calls very carefully and ensure I follow the advice given.”

“I feed my child, bathe her, play with her. I take her to the doctor if she needs a check up. After all she is my child, why should I not be equally responsible for taking care of her? I have benefited immensely from the Swasth Kadam calls, especially with regard to my daughter's dietary needs.”

AROGYA SAKHI

Home-based Antenatal & Infancy Care



Women leaders (Arogya Sakhis) trained to provide home-based care, perform diagnostic tests and screen for high-risk factors and ensure early referral during antenatal and infancy period in severely underserved communities.

AROGYA SAKHIS:

- Conduct basic diagnostic tests including haemoglobin, blood sugar, urine, blood pressure, foetal doppler and anthropometric measurements
- Equipped with a **tablet-based decision-support application** to record test results and screen for high-risk symptoms
- Have tablets embedded with **informative animation videos on pregnancy and infancy** to aid effective counselling

- 3,802 women & children supported with doorstep diagnostic & counselling services
- 60 Arogya Sakhis trained in 2022-23

VOICES FROM THE GROUND:

Astute observation by Arogya Sakhi saves the lives of mother and child

All of Suvarna Hilim's diagnostic tests yielded normal results. However, during the seventh month, Arogya Sakhi Sangeeta Mahale, while using the foetal doppler, observed that the baby's heartbeat was originating from the upper part of the abdomen. Additionally, during the examination, she detected a suspicious lump.



Reacting promptly, Sangeeta took Suvarna to Malwada Primary Healthcare Centre, 4km away from her home. From there, Suvarna was referred to Dron Private Hospital, which was a 12 km further. The doctor at the hospital confirmed that the baby was in breech position, and that Suvarna also had an ovarian cyst.

Subsequently, Suvarna was referred to Nashik Civil Hospital in the adjoining district where she successfully delivered a healthy baby girl. She was advised to return after two months for surgery to remove her ovarian cyst.



SWABHIMAAN 2.0

Building on lessons learnt through Swabhimaan 1.0 (in collaboration with National Rural Livelihoods Mission), Swabhimaan 2.0 was piloted in **Chhattisgarh and Telangana**. The programme aims to **enhance existing multi-sectoral nutrition programmes through women's self-help groups to be more extensive and COVID-19 sensitive**. Three new features were integrated to that end:

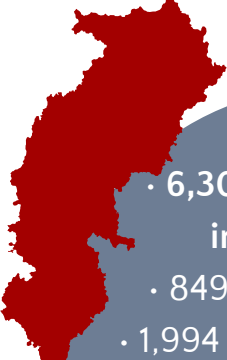
- Integrated counselling for nutrition, obstetric and mental health
- Using tele-based methods for community awareness
- Gender transformative interventions

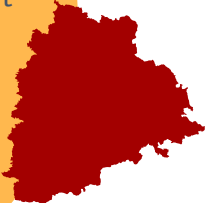
The programme is implemented in partnership with **UNICEF, National Institute of Mental Health & Neurosciences (NIMHANS), Institute for Economic Growth (IEG), ROSHNI – Centre of Women Collectives Led Social Action, and International Institute of Population Sciences.**

SWABHIMAAN 2.0

FEATURES:

- **76 Maitri Kishori (Chhattisgarh) & 80 Tele Mahila Mitra (Telangana) calls** providing critical information on maternal and child health, nutrition, mental health, gender and safety
- Development of the **Swabhimaan Web Application** for beneficiary registrations and tech platform for sending out Outbound Dialer (OBD) calls to beneficiaries according to state specific call structure
- **Capacity building for frontline health workers**, i.e. Young Professionals (YPs), Community Resource Persons (CRP/Mangun Mit), and Master Trainers through face-to-face and virtual training sessions

- 
- **6,302 people reached in Chhattisgarh:**
 - 849 pregnant women
 - 1,994 mothers of children upto 1 year
 - 647 husbands/fathers
 - 277 newlywed couples
 - 2,535 adolescent girls

- 
- **2,597 people reached in Telangana:**
 - 1,057 pregnant women
 - 916 husbands of pregnant women
 - 384 mothers of children upto 6 months
 - 240 new fathers

VIRTUAL OPD



The **Virtual Outpatient Department (V-OPD)** was launched during the pandemic to provide **virtual consultations with obstetricians and paediatricians for pregnant women, mothers and their children via a toll-free number**. Medical advice through a phone call proved convenient for women as this prevented them from the risk of stepping out during lockdown.

The need for the Virtual OPD continues post-pandemic as women find it easier to get basic medical advice and counselling via a phone call. Additionally, we provide counselling via WhatsApp.

FEATURES:

- Consultations available in **English, Hindi & Marathi**
- Toll-free number: **1-800-2121-425**
- WhatsApp number: **+91 90041 41452**
- **Timings:** Monday to Saturday, **11am-3pm** for pregnant women/ mothers; **3pm-7pm** for children

- **64,000 women & children received free consultations till date**
- **22,240 through calls (2022-23)**
- **10,220 through WhatsApp messages (2022-23)**

VIRTUAL OPD

Inferences of Patient Usability Survey (sample of 103 users):

- Around **80%** of beneficiaries **strongly agreed** that the V-OPD service was useful
- Around **60%** of beneficiaries **strongly agreed** that the service was easy to use
- Around **64%** of beneficiaries **strongly agreed** that the V-OPD was offering **high-quality service**
- Around **81%** of beneficiaries were **strongly satisfied** with the V-OPD service
- **The overall usefulness, ease of use, quality and satisfaction for the V-OPD service was found to be high**

VOICES FROM THE GROUND: Consultations at your doorstep

Shehnaz, a 21-year-old resident of Tunga, Powai, was in the seventh month of her first pregnancy. She noticed itching in her vagina along with white discharge for 3-4 days. Upon connecting with a V-OPD doctor, she received guidance to prioritise personal hygiene and use a vaginal tablet for three nights. The doctor emphasised the importance of staying hydrated in the summer, suggesting the consumption of seasonal fruits like watermelon and jamun, along with fruit juices. Shehnaz was also advised to incorporate *sabja* (basil seeds) into any drink.



Adhering to the advice diligently, Shehnaz experienced a swift recovery within a few days. Subsequently, she delivered a healthy baby girl.

MEDIA PRESENCE



How are TED Fellows changing the world?

TEDBlog | 21 June, 2022



“Urogynecologist, researcher and the founder of ARMMAN, Aparna Hegde won the prestigious Elevate Prize by MIT in 2021. The maternal and child health NGO (...) are among 10 winners from across the world who were awarded five million dollars to amplify their impact in driving world change.”

Pandemics and technology engagement: New evidence from m-Health intervention during COVID-19 in India

Wiley Online Library | 12 July, 2022

A paper investigating “sources of friction in technology engagement”, using ARMMAN’s mMitra data repository.



Milind Tambe Earns Prize for Outstanding AI Research

Mittal South Asia Institute (Harvard University) | 8 February, 2023

“ARMMAN had lots of data on expecting mothers (...) Tambe and his team used that information to build AI models (to) predict who among the low listening groups were at high risk of dropping out.”



MEDIA PRESENCE



Women's Day 2023: From reproductive to mental health, 5 chatbots for personalised healthcare solutions

News9Live | 7 March, 2023

“ARMMAN expanded its mMitra programme, an IVR-based maternal messaging service (...) including actionable information based on pregnancy stage and reminders for antenatal medical visits, via the WhatsApp chatbot.”

Women's Day 2023: WhatsApp chatbots that can help women take control of critical health issues

Business Today | 8 March, 2023

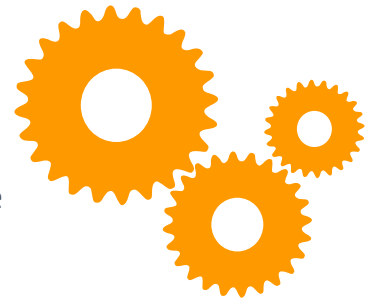
“ARMMAN's mMitra program (...) has expanded to include a WhatsApp chatbot that offers multilingual voice and chat-based communication, making it easier for expectant mothers to access life-saving healthcare.”

FUTURE FOCUS



Maternal & reproductive health is a social phenomenon adversely impacted by several interlinked contextual factors underlying inequity. With India's vast geographical, social and cultural diversity - the solutions to complex problems must be tailored to issues that disproportionately affect women. **The interventions must also break socio-cultural-politico-economic barriers and address existing inequities** to enhance decision-making powers for women - with regard to their health and that of their children.

At the core of our mission is the **3-Engine Operating Model** - a strategic framework pivotal to realising our vision and contributing to the evolution of a progressive health system.

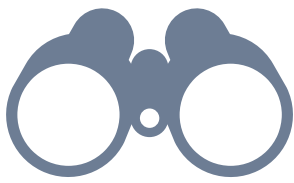


Engine 1 revolves around continuous innovation aimed at augmenting the effectiveness of our content, and expanding the listenership of our programmes. To test the efficacy of our initiatives, we are establishing 'sandboxes' - controlled environments for pilot projects.

Engine 2 focuses on scaling programmes, elements or features that demonstrate transformative impact, scalability and alignment with government initiatives.

Engine 3 serves as a convergence point, bringing together expertise and talent from diverse backgrounds to leverage resources from Engines 1 & 2, propelling ARMMAN's vision of ensuring healthy outcomes for every woman and child in India.

FUTURE FOCUS



Our journey is now directed towards gender-transformative and equity-based approaches designed to empower women and healthcare workers. Particularly for women facing risks or challenges, technological advancements in programmes such as Kilkari and mMitra ensure access to richer information through targeted two-way communication modalities. Additionally, there will be improved policy frameworks and standardised protocols for managing high-risk pregnancies and empowering healthcare providers through innovations in programmes like IHRPTM, Mobile Academy and Arogya Sakhi.

To reach 70 million women & their children

To train 850,000 health workers



VISION 2030



Collaboration with the public health system is a cornerstone of our strategy, with a focus on enhancing data quality through healthworker capacity building and strengthening data entry protocols. Our efforts include **system-level advocacy and regular reviews of Kilkari metrics at all levels of the healthcare system** – fostering greater integration. Partnerships with organisations in support of these strategies, play a crucial role. For instance, **Co-Impact** recently extended support to ARMMAN's **Systems Change Initiative**, with long-term flexible funding,

TEAM ARMMAN

Total no. of employees: 174 | Male: 51 | Female: 123

New employees in 2022-23: 46 | Male: 16 | Female: 30



KEY ADDITIONS TO THE TEAM:

Sanat Kumar | Director, IT
Amrita Mahale | Director,
Product & Innovation

ARMMAN commenced the **Talent Development Initiative (TDI)** programme in February 2023, in collaboration with external thought partner **Wisdom Tree**. TDI's objective was to empower and build talent across the organisation. After the initial 'diagnostics phase', we organised a 3-day design workshop in Mumbai for ARMMAN's leadership team and other HoDs. From brainstorming sessions, eight work streams were identified and prioritised as areas for intervention - with an aim to co-create and strengthen the organisation's culture and workforce.

BOARD OF TRUSTEES

ARMMAN's Board of Trustees have the responsibility of governance as required by the Charity Commissioner. The trustees are signatories to bank accounts, FCRA, and the auditor's report.

Dr Aparna Hegde

Urogynaecologist, Researcher & Social Entrepreneur

Mr Srinivaas V Sirigeri

Entrepreneur & Spiritual seeker

Dr Srikrishna Solgudu Ramachandra

Doctor & Researcher

Mrs Chanda Neeraj Kathuria

Director & College Vice-Principal

Mr Arindam Mukherjee

Entrepreneur

Dr Janhavi Sanjay Raut

Director & Professor

Mr Anant Bhagwati

Entrepreneur

Dr Dayashankar R Maurya

Physician & Professor

Mr Paresh Parasnis

Executive Director & COO

OUR PARTNERS

Technology partners:

BeeHyv

Inscriptis

IMI

Knowlarity

Content partners:

Babycenter

Implementation partners:

Government of Andhra Pradesh

Government of Telangana

Ministry of Health and Family Welfare, Government of India

Technical partners:

Federation of Obstetrics & Gynaecological Societies of India

FRHS

National Neonatology Forum

Strategic partner:

Dasra

NGO partners:

Apnalaya (Mumbai)

Navjeevan World Peace & Research Foundation (Nashik)

Prayas (Pune)

Saheli Sanstha (Mumbai)

Sanvi Foundation (Mumbai)

Hospital partners (all in Mumbai):

Bharat Ratna Dr Babasaheb Ambedkar Municipal & General Hospital, BYL Nair Hospital, KB Bhabha Hospital (Bandra West), KB Bhabha Hospital (Kurla East), KEM Hospital, Lokmanya Tilak Municipal General Hospital & Medical College, MW Desai Hospital, Matoshree Ramabai Ambedkar Maternity Home, Sheth VH Gandhi & MA Ora Municipal General Hospital, Tyagmurti Ramabai Bhimrao Ambedkar Maternity Home, V N Desai Hospital

OUR FUNDERS

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Johnson & Johnson Pvt. Ltd.
LGT Venture Philanthropy Foundation
Mr Taizoon F. Khorakiwala
Netri Foundation
Pfizer Limited
Rippleworks
Skoll Foundation
The Tides Foundation
VIP

FINANCIALS: BALANCE SHEET

ARMMAN (Advancing Reduction in 'Mortality and Morbidity of Mothers, Children and Neonates)
Registration No. E-25192(MUM)
Schedule VIII [Vide Rule 17 (I) of Maharashtra Public Trust Rules, 1951]

Balance Sheet as at 31 March 2023
(All amounts are in Indian Rupees)

FUNDS AND LIABILITIES	Note	As at 31 March 2023	As at 31 March 2022	PROPERTY AND ASSETS	Note	As at 31 March 2023	As at 31 March 2022
Trust Funds				Property, plant and equipment	10A		
Corpus fund	3	471,550	471,550	Balance at the beginning of the year		2,618,183	2,006,050
Other earmarked fund (Created under the provisions of the trust-deed or Scheme or out of the income.)				Add: Assets purchased during the year		1,620,995	2,422,411
Unspent grant	4	329,339,391	259,245,080	Less : Assets written off		-	(537,068)
Deferred income - Property, plant and equipment	5	2,803,128	2,618,183	Less : Depreciation		(1,436,050)	(1,273,210)
Reserve fund	6	53,001,526	-	Total (A)		2,803,128	2,618,183
		385,615,595	262,334,813	Other Property, plant and equipment	10B		
Liabilities				Balance at the beginning of the year		-	4,402
For Trade payable	7	2,711,975	2,221,218	Add: Assets purchased during the year		-	-
For Expenses	8	6,800,708	3,555,261	Less : Assets written off		-	(4,402)
For Statutory dues	9	742,198	1,891,205	Total (B)		-	-
For Contribution to charity commissioner office (Refer Note 26)		34,105,548	25,478,154	Total (A) + (B)		2,803,128	2,618,183
		44,360,429	33,145,837	Loans	11	21,000	100,228
Income and Expenditure Account				Grant receivables	12	10,986,554	2,225,888
Balance as per last balance sheet		26,370,618	16,698,935	Cash and bank balances	13	427,301,069	313,465,201
Less : Appropriation		(20,581,729)	-	Deposits and advances	14	4,365,616	2,598,963
Less : Prior period adjustment		(823,443)	-	Other current assets	15	2,398,078	842,808
Add/(Less): Surplus or deficit as per Income and Expenditure Account		12,933,975	9,671,686			445,072,317	319,233,088
		17,899,421	26,370,621				
TOTAL		447,875,445	321,851,271	TOTAL		447,875,445	321,851,271

Summary of Significant accounting policies and other explanatory information 1-29

As per our attached report of even date

For Walker Chandlok & Co LLP
Chartered Accountants
Firm's Registration No: DD1076/N/500013



Sudhir N. Pillai
Partner
Membership No: 105782

Place: Mumbai
Date: 04 October 2023



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



Ramesh Padmanabhan
CEO

Place: Mumbai
Date: 04 October 2023



Aparna Hegde
Trustee



FINANCIALS: INCOME & EXPENDITURE

ARMMAN (Advancing Reduction in 'Mortality and Morbidity of Mothers, Children and Neonates)
Registration No. E-25192(MUM)
Schedule IX [Vide Rule 17 (1) of Maharashtra Public Trust Rules, 1951]

Income and Expenditure Account for the year ended 31 March 2023
(All amounts are in Indian Rupees)

EXPENDITURE	Note	For the year ended 31 March 2023	For the year ended 31 March 2022	INCOME	Note	For the year ended 31 March 2023	For the year ended 31 March 2022
To Establishment expenses	16	42,298,823	49,190,371	By Interest	20	13,423,399	7,845,595
To Remuneration to trustee	17	2,400,000	2,400,000	-Accrued		2,398,078	781,543
To Audit fees	18	1,906,862	875,000	-Realized		11,025,321	7,064,052
To Depreciation				By Donations	21	880,789	1,220,657
- on Property, plant and equipment	10A	1,436,050	1,273,210	By Grant income	22	323,934,178	241,475,515
- on other property, plant and equipment	10B	-	-	By Miscellaneous income	23	16,276	1,442,027
To Expenditure on objects of trust (classification is as certified by trustees)	19						
(a) Religious		-	-				
(b) Educational		-	-				
(c) Medical and poverty relief		-	-				
(d) On other objects of the trust		277,278,931	188,573,527				
To Surplus transferred to balance sheet		12,933,976	9,671,686				
TOTAL		338,254,642	251,983,794	TOTAL		338,254,642	251,983,794

Summary of Significant accounting policies and other explanatory information 1-29

As per our attached report of even date

For Walker Chandio & Co LLP
Chartered Accountants
Firm's Registration No: 001076N/N500013



Sudhir N. Pillai
Partner
Membership No: 105782

Place: Mumbai
Date: 04 October 2023



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



Ramesh Padmanabhan
CEO

Place: Mumbai
Date: 04 October 2023



Aparna Hegde
Trustee





CONTACT US

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FOLLOW US



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