IMPACT REPORT

Q4 FY 2024 - 2025 (January - March 2025)

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Growth Overview

- Interventions implemented by ARMMAN have now **reached over 63 million women and their children** and **trained over 520,000 health workers** across multiple cadres in **28 states** till date.

- **Kilkari** has **expanded its outreach to 27 states** and is now **available in 13 languages. Kilkari and Mobile Academy** were **launched in four additional states** in this quarter – **Arunachal Pradesh, Manipur, Mizoram** and **Nagaland**. **Kilkari** is now **available in three new languages** – **Meitei, English,** and **Nyishi**.

- **The Integrated High Risk Pregnancy Tracking & Management (IHRPTM)** has **expanded its outreach to one more district in Uttar Pradesh** – **Kaushambi**. **Over 630 health workers across multiple cadres** in Kaushambi have been trained on 6 **high-risk condition protocols** in this quarter.

Reach to Date
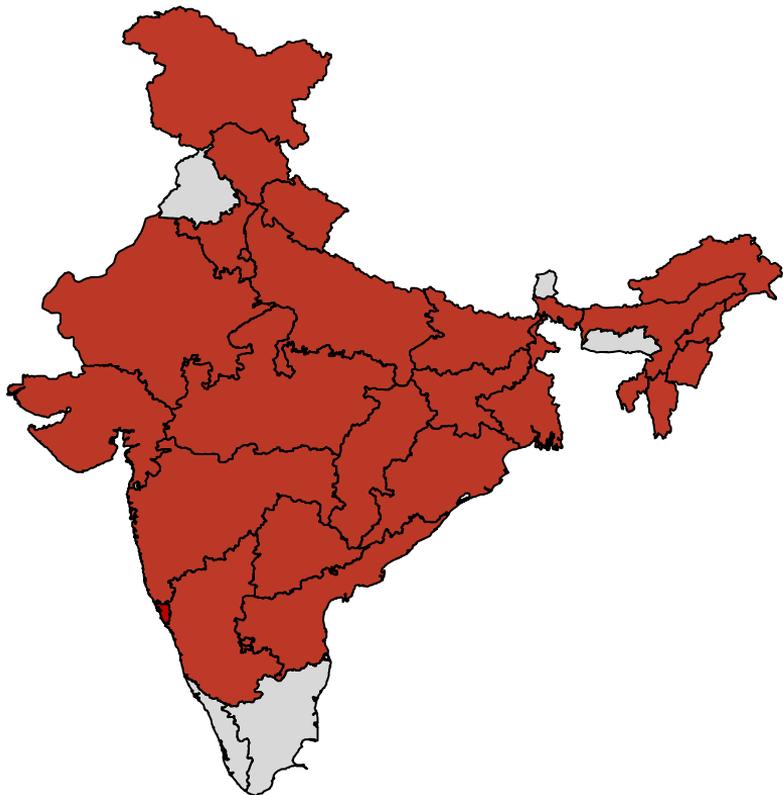
63+ Million Women & Children Reached*

Programme	Q4 Target	Q4 Achieved	Cumulative
Kilkari	3,500,000	4,135,537	**59,998,693**
MaMitra	9,000	9,459	**44,434**
Total	**3,509,000**	**4,144,996**	**60,058,220**

520,000+ Health Workers Trained

Programme	Q4 Target	Q4 Achieved	Cumulative
Mobile Academy	30,000	24,910	**506,639**
IHRPTM	5,000	8,975	**14,946**
Total	**35,000**	**33,885**	**521,585**

*Includes 3 million women reached via mMitra in previous years

Programme Highlights: Kilkari and Mobile Academy

- Between April 2024 and March 2025 over 16 million women and their children were enrolled in Kilkari – a 20% increase over the previous year's enrollments. This increase was driven by the expansion of this program to 7 new states, more engagement with state governments; campaigns and outreach conducted with our beneficiary base and ASHAs; and efforts to strengthen the Reproductive and Child Health (RCH) Portal, which resulted in improved data accuracy, reduced rejections and increased enrolments.

- Mobile Academy achieved record participation this year, with over 150,000 ASHAs completing the course — 3x the previous year's number. Mobile Academy performance improved significantly due to increased ground-level outreach, better coordination with government officials, and increased engagement with ASHAs in the form of Outbound Dialing (OBD) campaigns, appreciation of their achievements within Kilkari and Mobile Academy meetings, and ensuring that more ASHAs receive course completion certificates.

Programme Highlights: Kilkari and Mobile Academy

- In this quarter **Kilkari** was **launched in four new north-eastern states – Arunachal Pradesh, Manipur, Mizoram and Nagaland** – with the updated content in January 2025. **Kilkari 2.0 calls** have been **made available in three new languages** – **Meitei, English, and Nyishi.** The expansion of Kilkari to these states was announced at the *Regional Workshop on Health Management Information System (HMIS) & Reproductive Child Health (RCH) for North Eastern States*.

- Over the past year the **Kilkari and Mobile Academy team has refined its 'tech plus touch' approach in 17 states** that the programs are implemented in, i.e. the remote tech-based Kilkari content and Mobile Academy training courses have been supplemented with **enhanced engagement with national and state government agencies and officials**, **state-level assessments**, and by **assigning team members within the states that the programs are implemented in**.

Systems Change

ARMMAN continues to collaborate with the Government of India and state governments to create and implement sustainable solutions with the aim to strengthen the maternal and child health care system:

- **The Ministry of Health and Family Welfare (MoHFW)** [extended](#) its **partnership** for Kilkari and Mobile Academy.

- **Kilkari has been integrated into the State Program Implementation Plans** (PIPs) of 4 states – **Assam, Chhattisgarh, Haryana, and Odisha** – under **National Health Mission (NHM) funding**, and has been integrated into **state budgets** of 3 other states – **Andhra Pradesh, Bihar, and Jharkhand.**

- **Bihar**, which **had particularly low Reproductive and Child Health (RCH) coverage when Kilkari was first implemented**, has **improved immensely** through the team's **close collaboration with block, district, and state governments**. We developed a systematic plan with the state team, worked with Bihar National Health Mission officials, and instituted early enrollment activities. As a result, **enrollments increased, RCH coverage tripled, and the quality of data and services improved**.

Programme Highlights: IHRPTM

Between April 2024 and March 2025, over 14,900 health workers across 3 states were trained on high-risk condition protocols under IHRPTM. In Q4, the program expanded to Kaushambi district in Uttar Pradesh.

State	Training Phase	No. of Trainees in Q4	Districts
Uttar Pradesh	Phase 1	268 ANMs, 117 CHOs, 130 Staff Nurses, 120 MOs, 3 OBGYNs	1 (Kaushambi)
Telangana	Phase 2 (incl. Phase 1 refreshers)	6,770 ANMs	27
	LMS & ANM Support System	6,770 ANMs	33
Andhra Pradesh	Phase 1	1,514 ANMs	2
	ToT – Phase 2 & 3	26 MOs 27 OBGYNs	2

Auxiliary Nurse Midwives (ANMs), Community Health Officers (CHOs), Medical Officers (MOs) and Obstetrician-Gynecologists (OBGYNs)

Programme Highlights: Swasth Kadam

- Between April 2024 and March 2025, the Swasth Kadam program **counselled over 5,500 caregivers** of moderately and severely underweight infants **through telephonic calls** and **over 14,000 caregivers of infants through WhatsApp messages. 64% of moderately underweight children showed improvement** in the health category, while only 8% experienced a decline. **Girls showed better progress,** with 70% improving compared to 59.3% of boys.

- Swasth Kadam was **officially launched** to an additional district – **Nashik,** in January 2025, in partnership with **Navjeevan Foundation** and the **Nashik Municipal Corporation**.

- **Early referral and screening for severely underweight (SUW) children** through **ASHA and ANM linkages** have been initiated in **Chhatrapati Sambhaji Nagar**, with scale-up plans for other geographies.

- **Steady enrollment growth** was observed across **Mumbai, Nashik, Sambhajinagar, Pune, Nandurbar, and Bharuch,** supported by **new partnerships** with **Sneh Foundation** (Pune) and **SEWA Rural** (Bharuch).

Programme Highlights: MaMitra

- Between April 2024 and March 2025:
  - **Over 24,000 pregnant women** across **11 hospitals** in **Mumbai were enrolled 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.
  - **Over 5,000 women with high-risk conditions were identified across 10 hospitals in Mumbai** and registered to receive additional, targeted services.

- Within this quarter, **9,459 pregnant women** were **enrolled through MaMitra desks in 11 hospitals into MaMitra's weekly call service**, and **2,924 women with high-risk conditions** were **identified and registered across 10 hospitals.**

Innovation Updates

- The **second phase of ARMMAN's collaborative time slot optimisation project with Google Research India** has begun in **Kalahandi and Puri districts in Odisha**. We are building an AI model to predict the best time slots to call Kilkari subscribers based on historical call answering and listenership patterns**.**

- The **multilingual, multimodal chatbot pilot** that was **launched in Uttar Pradesh as part of the IHRPTM program last quarter** has **expanded** to include another **100 ANMs** in **Shravasti** and **Sambhal** in **Uttar Pradesh**. Initial evaluations indicate that **94% of chatbot users reported positive feedback**, and **91% of users reported that the chatbot provided relevant, factually accurate, and complete answers** to their queries.

- A **pilot for early enrollments** was implemented in **5 districts of Bihar** in November 2024. This pilot **aims to increase the proportion of women registered in the Reproductive and Child Health (RCH) portal within the first trimester of their pregnancies** through **increased sensitization and capacity building efforts with district officials and ANMs** with the **overall objective of improving access to antenatal care services and early detection of risk factors.** Initial findings indicate that **early enrolments, data quality, and Kilkari subscriptions have improved in the pilot districts in this quarter.**
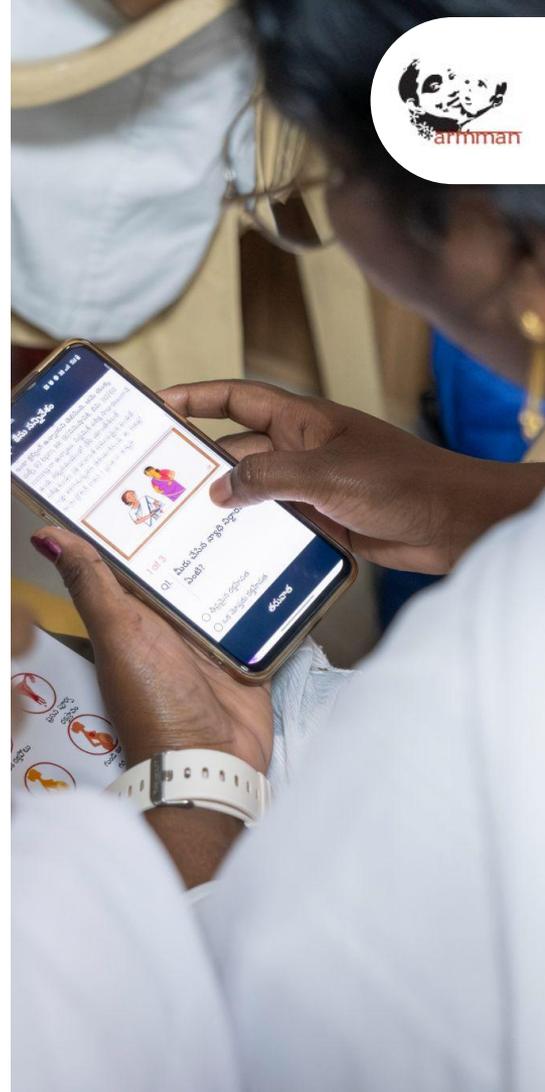
Research and Evaluation

- The **IHRPTM** team has **developed a dashboard** to effectively and consistently **track gains in knowledge and management skills of public health functionaries after IHRPTM classroom-based training** to **manage and refer women with high-risk pregnancy conditions.**

- A brief, '*Clinico-epidemiological profile of women with four high-risk pregnancy conditions in four districts of Uttar Pradesh, India*' has been prepared, based on **analysis of qualitative and quantitative datasets of IHRPTM in Uttar Pradesh** concerning 4,092 recently delivered women in two intervention (Sambhal and Shravasti) and two control (Buduan and Gonda) districts.

- We have begun to **track and analyse data from 400 women with high-risk conditions** from the **diagnosis of high-risk condition to one month post-delivery** in seven districts of **Telangana** to **examine gaps in the diagnosis, management, and referral practices of ANMs and Medical Officers**.

Research and Evaluation

- **The Kilkari Plus pilot in Odisha**, where **pregnant women with high risk conditions (diabetes, hypertension, and severe anemia) received targeted Kilkari content** (with information on symptoms, danger signs, nutrition, care during delivery, postpartum care, and adoption of healthier practices) was **evaluated using an unmatched case-control design**. Participants have responded positively to Kilkari Plus messages, with **75% reporting high satisfaction with Kilkari Plus messages.**

  Kilkari Plus users in **Ganjam and Sundargarh districts** **outperformed the controls** (180 high-risk women in Balangir, Gajapati, Jajapur, Kendrapara and Mayurbhanj who did not receive an intervention) in **health knowledge-related aspects**, with significantly higher awareness about danger signs (55% vs. 43%), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) (56% vs. 33%), and appropriate foods for managing high-risk conditions (82% vs. 69%). The cases group demonstrated **slightly higher positivity** (97% vs. 92%), and both groups exhibited **similar practices in managing high-risk conditions** (78% vs. 79%).

New Partnerships

ARMMAN welcomed two new partners in early 2025: **James Percy Foundation** and **K Corp Charitable Foundation**.

- *James Percy Foundation* is supporting key mHealth interventions aimed at improving preventive care and strengthening the health workforce. Their team visited ARMMAN's program sites in Uttar Pradesh last year to engage with the women and health workers that we work with.

- *K Corp Charitable Foundation* is supporting the Swasth Kadam programme in the aspirational district tof Nandurbar, Maharashtra. A collaborative partners' meet was organized to align efforts with local organizations working on tribal community development.

STORIES FROM THE GROUND

Kilkari: A Lifeline for Madhuri's First Pregnancy

Madhuri Daate, a 26-year-old from Mahiravni in Nashik, is six months into her first pregnancy — and thanks to Kilkari calls, she's facing it with newfound confidence. Living in a nuclear family, Madhuri once felt unprepared for the demands of pregnancy. But from the very first Kilkari call, everything changed. She learned the importance of nutrition, hydration, regular health check-ups, and even light exercise — essential steps for a healthy pregnancy.

Today, Madhuri not only feels stronger and more informed, but she has also inspired her husband to actively support her journey.

"I feel more prepared and less anxious about what's ahead. I'm so thankful to ASHA Didi for encouraging me to listen to Kilkari calls," she says, smiling.

Kilkari isn't just sharing information — it's nurturing healthier mothers, families, and futures, one call at a time.

STORIES FROM THE GROUND

Knowledge in Her Pocket: Tarikan Begum's Journey with

Mobile Academy

In the village of Athara, nestled in Assam's Kamrup district, ASHA worker Tarikan Begum has become a trusted voice in her community — thanks to the knowledge she gained from **Mobile Academy**, a mobile-based training course designed for frontline health workers.

After completing the course, Tarikan's understanding of vital health topics — from maternal and child care to nutrition, immunization, and government health schemes — deepened significantly. With every module, her confidence grew.

Today, she communicates health messages with clarity, answers questions with assurance, and connects with families more effectively than ever before. *"Mobile Academy helped me learn at my own pace. I feel more prepared and empowered to support my community,"* she says.

For ASHAs like Tarikan, Mobile Academy is more than just a course — it's a pathway to stronger grassroots healthcare.

How Swasth Kadam Sparked Mahin's Developmental Journey

At just 17 months, Mahin weighed only 7.5 kg and showed signs of developmental delay. She wasn't walking or talking like other children her age.

Everything began to change when she was enrolled in **Swasth Kadam**, a program focused on early childhood development. Through regular counselling calls, Mahin's mother was guided on simple home-based activities to support her development. The team soon identified a possible hearing issue and encouraged a medical evaluation. This led to successful ear surgery at Kokilaben Hospital, Mumbai, followed by free speech therapy at Mini Ghati Hospital in Chhatrapati Sambhaji Nagar.

Today, Mahin weighs 8.5 kg and is gradually finding her voice — and her feet. With continued therapy and family support, she's making steady strides toward a healthier *future.*

"We didn't know where to start. Swasth Kadam gave us hope, and now we're watching our daughter grow stronger every day," says Mahin's mother with a smile.

One call, one referral, one small step at a time—Swasth Kadam is building stronger futures for children, families, and entire communities.

Financial Highlights (in USD)

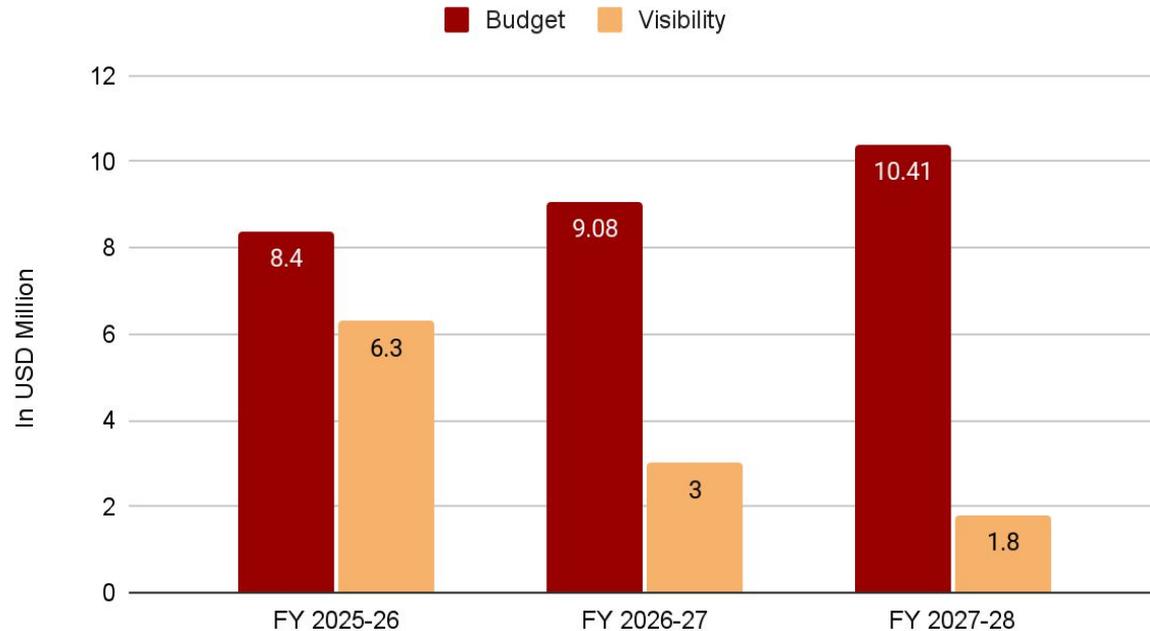|	FY24–25 Budget (Apr '24 – Mar '25)	Q4 Utilisation (Jan – March '25)	FY24–25 Utilisation (Apr '24 – Mar '25)
Direct Costs	8,481,967	2,169,933	6,511,224
Indirect Costs	322,069	83,854	329,092
Total	**8,804,037**	**2,253,786**	**6,840,316**

Note: Direct costs includes the budget of programmes such as Kilkari, 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 25–26 to FY 27–28

Organsational Budget vs Visibility

Legend: ■ Budget ■ Visibility

In USD Million

FY	Budget	Visibility
FY 2025-26	8.4	6.3
FY 2026-27	9.08	3
FY 2027-28	10.41	1.8

As of March 2025, we have raised **74.5% of the funds required for FY 2025–26 vs the budget of USD 8.4 million. We have raised 33% of the funds required for next year (FY 2026–27).**

We have a **funding visibility of 40% over the next three years** vs a total budget of USD 27.89 million, and are **raising funds to plug the USD 16.8 million funding gap.**

Looking Ahead

Kilkari and Mobile Academy

Kilkari 2.0 WhatsApp will be launched **in 4 states** in the next quarter. **State-wise annual plans for Kilkari implementation** will be developed over the next quarter, and **annual target allocations** will be shared with each state.

IHRPTM

- The **WhatsApp-based chatbot for ANMs will go live in all 3 districts in Uttar Pradesh in the next quarter**. The chatbot's **knowledge base will be expanded** to include information on 21 high-risk protocols and a **small-scale formal pilot of the chatbot will be launched in Telangana** next year.
- The program is also expected to **expand to an additional state – Madhya Pradesh** – in the next few quarters.

MaMitra

MaMitra will be expanding to 25 additional Maternity Homes and 2 additional peripheral hospitals over the upcoming year.