



ARMMAN

DELIVERING INDIA'S FUTURE



QUARTERLY IMPACT REPORT

April 2025 to June 2025

A New Chapter in an Ongoing Journey



In Q1 2025, we took a significant step forward as an organisation. After months of collaboration, we unveiled **ARMMAN's refreshed brand identity**, one that better reflects our mission of addressing systemic gaps in health services by promoting healthcare-seeking practices and creating evidence-based, cost-effective, scalable solutions. We're excited to share this evolution, which is a representation of our shift towards a gender transformative, equity-based, and innovation-led approach. This evolution captures the impact we've created over the years and our vision for a healthier, more equitable future using our blended 'tech plus touch' model that combines mobile health solutions with the strength of existing public health systems and frontline workers.

This quarter, the Integrated High-Risk Pregnancy Tracking & Management (IHRPTM) expanded to Nandurbar, offering more connected care for women with high-risk conditions during pregnancy. Kilhari has begun to reach pregnant women and mothers through WhatsApp with gender-transformative multimedia content and two-way communication. Through our fit-for-purpose approach, we continue to design stratified interventions. Our Health Equity Pilots are a step toward ensuring that no woman is left behind.

With each step, we move closer to a healthier future for every mother and child.



What You'll Find Inside

- Expanding Our Reach
- Empowering Women and Supporting Children
- Training Health Workers and Strengthening Health Systems.
- Innovation in Action
- Research Driving Real-World Change
- In The Spotlight
- Introducing ARMMAN's New Look
- We're hiring!
- What's Next at ARMMAN ?

Sustainable Development Goals

03

Good Health and Well Being

05

Gender Equality

02

Zero Hunger

17

Partnerships for the Goals

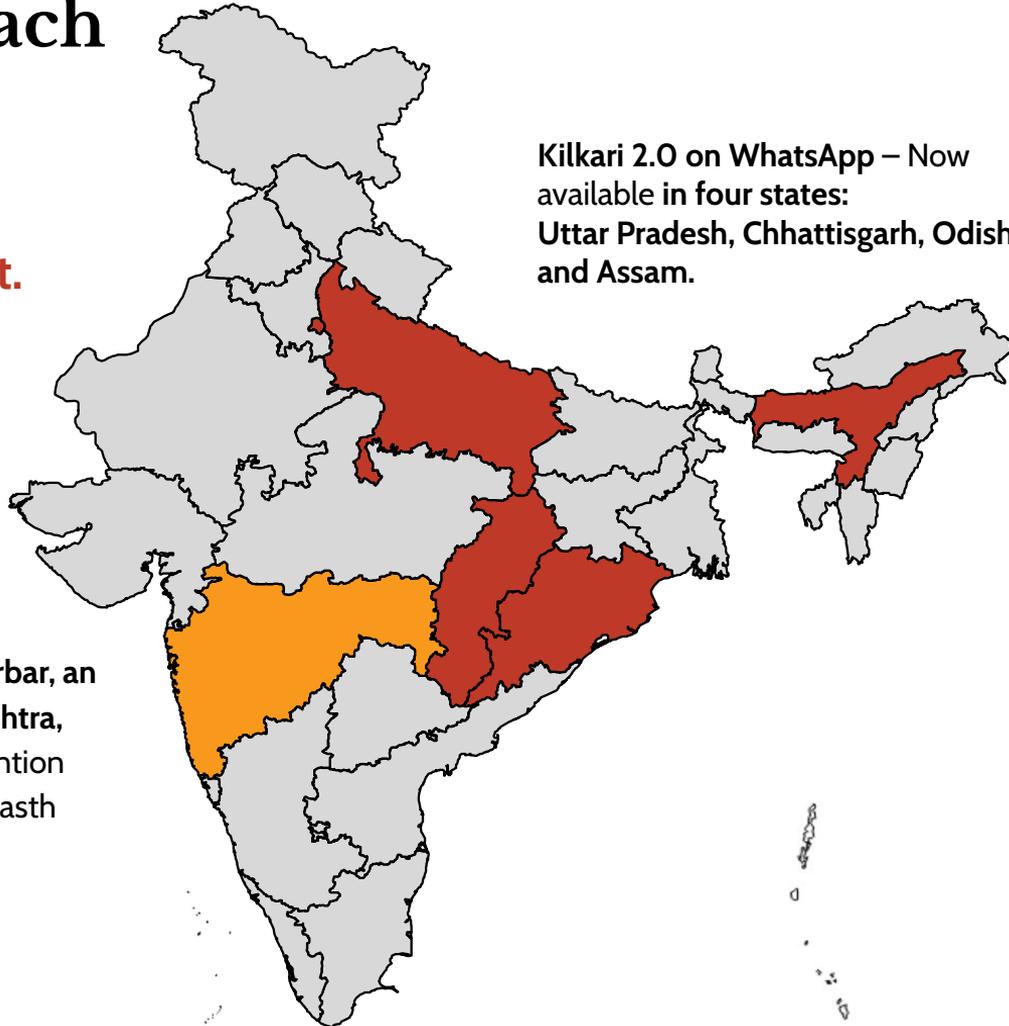


Expanding Our Reach



New regions.
New communities.
Wider reach for stronger impact.

Kilkari 2.0 on WhatsApp – Now available in four states: Uttar Pradesh, Chhattisgarh, Odisha, and Assam.



IHRPTM - Extended to Nandurbar, an aspirational district in Maharashtra, as part of an integrated intervention alongside Arogya Sakhi and Swasth Kadam.

Empowering Women and Supporting Children



At the heart of ARMMAN is the belief that an informed and empowered woman leads to a healthier child and a stronger community. Through Kilkari, MaMitra, and Swasth Kadam, we continue to provide timely, trusted support to women and caregivers — when it matters most, and in a format that is more accessible and engaging for them.

66+ Million* Women & Children Reached in 27 States

		Outreach in Q1	Outreach to Date
	Pregnant women & mothers received critical preventive care information	16,455,947	63,768,647
	Pregnant women & mothers received critical preventive care information	9,920	34,312
	Pregnant women received targeted messaging on high-risk conditions	3,570	6,501
	Caregivers received personalised counselling on on childcare and nutrition through live calls	7,462	15,010
	Caregivers received on childcare and nutrition information via Whatsapp	14,182	20,793

*Includes 3 million women reached via mMitra in previous years



This quarter, we launched the WhatsApp-based version of Kilkari in four states.

This new version builds on years of learning and listening, and adopts a ‘fit-for-purpose’ approach. Whatsapp Kilkari is now live in **Uttar Pradesh, Chhattisgarh, Odisha, and Assam**, with content available in **Hindi, Odia, and Assamese**. **With over 85,000 women** opting in, the messages are reaching women where they are, on an application they use every day, in a language they understand.

Whatsapp Kilkari uses a **modular, multimedia format** combining voice notes, short videos, and simple quizzes to make the experience more interactive. **Short, direct quizzes have seen the strongest engagement so far**, outperforming longer ones, which tend to have lower response rates. The platform has also received **nearly 10,000 messages from users**. To better manage and respond to these, we are developing a tool that can categorise incoming messages and send timely, relevant replies. Alongside this, Kilkari’s WhatsApp outreach continues to build on its **gender-transformative** approach, engaging women and families through more inclusive and context-sensitive communication.

As we continue learning from Kilkari WhatsApp launch, with early insights guiding future decisions; *we’re also asking: who might we still be missing?*



Kilkari Health Equity Pilots are a step toward ensuring that no woman is left behind, no matter who she is, where she lives, or if she has technology access.

These pilots are culturally responsive **Maternal and Child Health (MCH)** interventions for pregnant women, new mothers, and children under the age of one from **historically excluded communities**. They are run in partnership with grassroots non-governmental organisations (NGOs) across four geographies:

- **Rural, religious minority communities** in Nuh, Haryana
- **Scheduled Caste and Scheduled Tribe populations** in Betul, Madhya Pradesh
- **Urban, religious minority communities** in L ward, Mumbai, Maharashtra
- **Migrant populations** in East Delhi, New Delhi, Delhi NCR

So far, **almost 2,500 beneficiaries** have been enrolled in equity pilots and received access to one or more MCH services. Of these, around **1,450 Reproductive Child Health (RCH) Identifications** have been added to the database for Kilkari calls, with 249 beneficiaries currently receiving these calls. As part of our **'touch' approach**, community mobilisers have personally shared Kilkari call recordings with 247 beneficiaries who lack consistent access to mobile phones in Betul and Nuh.

The equity team and frontline community mobilisers have augmented the MCH information received through Kilkari calls, with the **formation of Mothers' and Fathers' Support Groups**, and through **engagement with community platforms**, such as Self-Help Groups.



MaMitra, a free weekly voice-call service, provides critical preventive care information to women during pregnancy and infancy

Implemented in partnership with the **Brihanmumbai Municipal Corporation (BMC)**, the programme aims to improve the tracking and management of high-risk pregnancies, while strengthening health system data.

This quarter, MaMitra tracked high-risk pregnancies across 10 hospitals in Mumbai, focusing on six key conditions: anaemia, hypertension, diabetes, hypothyroidism, previous cesarean sections, and poor obstetric history. Women identified with these risk factors receive targeted, condition-specific voice messages to support timely care-seeking and better health management.

Almost 9,800 women were registered this quarter, of whom almost one-third were identified as high-risk. Among these, 95% had at least one of the six tracked conditions. About 72% of high-risk women received targeted voice calls - and of those, nearly 80% listened to them.

A dedicated mobile application enabling real-time beneficiary and automated Antenatal Care (ANC) reminder calls, especially for high-risk women was developed and launched this quarter for hospital supervisors who have begun using it to also record delivery outcomes.



Swasth Kadam supports caregivers of moderately underweight children to prevent their decline to severe forms of malnutrition.

This quarter, **over 11,000 children** (aged between 0 to 36 months) were screened to evaluate their risk of malnourishment. Almost 28% were found to be moderately underweight (MUW), an increase from 21% the previous quarter, reflecting **better outreach and identification of at-risk children**. We reached **over 7,400 caregivers** through live counselling calls, and **14,000 caregivers** received nutrition-related information on **WhatsApp**, a dual approach that continues to strengthen caregivers' knowledge and engagement.

Additionally, 91% of WhatsApp messages were read this quarter, indicating high receptiveness among caregivers. On-ground efforts led to the successful registration of 70% of identified MUW children. An endline assessment indicated that **over 38% of children had transitioned to a healthy weight range**, a clear signal that **consistent engagement and support can lead to real, measurable outcomes**.

In May, the Swasth Kadam research team hosted a **Gender Analysis Workshop** in Mumbai, as a part of the ongoing 'Action Research on Gender Transformative Approaches' for the tele-counselling component. The workshop strategized on ways to strengthen the gender lens, include different aspects of nutrition, and make interventions more inclusive and impactful.

Stories of Change



How Kilkari Helped a Father Care for his Newborn

Mr. Bhatia, a tailor living in the slums of Kalyanpuri, Delhi, faced a life-changing tragedy when his wife passed away due to sepsis one month after delivering their second child. A devoted husband and father, he found himself suddenly responsible for the care of his newborn baby and older child, without the support of his life partner. The baby, unable to be breastfed, required special care and feeding support.

Despite the emotional and practical challenges he faced, Mr. Bhatia remained committed to his children's well-being. He and his wife had previously been enrolled to receive Kilkari calls through the Health Equity Pilots. Although Kilkari calls were originally intended for the mother, Mr. Bhatia took the responsibility of answering them himself. He carefully listened to each call containing crucial information on child care, feeding practices, hygiene, immunization, and more. These messages helped him understand how to care for his newborn, especially since the baby required supplementary feeding in the absence of breastfeeding.

With the help of Kilkari, Mr. Bhatia was able to follow timely advice on how to feed, clean, and monitor the health of his newborn. His dedication and the support of Kilkari made a meaningful difference in the life of his child, ensuring that the baby continued to receive appropriate care even in the absence of the mother.



Mr. Bhatia's story highlights how innovative mHealth initiatives like Kilkari can empower families - even in the face of personal tragedy - to take informed actions for the health and development of their children.

**Representative image; Name altered to maintain confidentiality*

Training Health workers, Strengthening Health Systems



As we empower women and caregivers of children, ARMMAN is also equipping frontline health workers to build confidence, act early, and better support women and children across India — through Mobile Academy, Arogya Sakhi, and the Integrated High-Risk Pregnancy Tracking & Management, (IHRPTM)

565,925 Health Workers Trained

		Outreach in Q1	Outreach to Date
	Frontline health workers trained	17,807	524,446
	Health workers trained on high-risk pregnancy protocols	1,392 Medical Officers	17,808
	Frontline health workers trained in home-based care	2,815	23,671



Integrated High-Risk Pregnancy Tracking & Management programme expands to Northeast India

This quarter, ARMMAN signed a **five-year Memorandum of Understanding (MoU)** with the **Bodoland Territorial Council** to implement the Integrated High-Risk Pregnancy Tracking & Management (IHRPTM) programme in the regions of **Kokrajhar, Chirang, Baksa, Udalguri, and Tamulpur** in **Assam**.

While IHRPTM scales up to new geographies, we continue to reach health workers across all cadres in existing IHRPTM states:

- In **Andhra Pradesh**, 1,354 Medical Officers were trained on Phase II and III high-risk pregnancy protocols via Learning Management System (LMS). A push notifications feature has been added to the LMS to boost uptake.
- In **Uttar Pradesh**, our WhatsApp Support System was launched in Kaushambi and 296 Auxiliary Nurse Midwife (ANMs) were trained on this system. Our AI-powered chatbot for ANMs is now active in Shravasti, Sambhal, and Kaushambi, and has responded to over 3,000 queries in just three months, with 97% positive user feedback.
- In **Telangana**, three new high-risk pregnancy protocols were released on the LMS. To ensure timely action, a real-time alerts feature was also integrated into the state government's Maternal and Child Health (MCH) portal through ARMMAN's advocacy.

A new beginning in Nandurbar

ARMMAN has launched the first phase of the **IHRPTM** programme in the **aspirational district of Nandurbar, Maharashtra**, by training 22 Medical Officers (MOs) to support the early identification, tracking, and management of high-risk pregnancies. This initiative is part of our **integrated healthcare approach in Nandurbar, complementing the Swasth Kadam and Arogya Sakhi programmes**. Here's how this integration will work on the ground:



Arogya Sakhi: Empowering Accredited Social Health Activist (ASHAs) for Early Detection and Referral

ASHAs are upskilled as Arogya Sakhis and equipped with diagnostic kits to screen pregnant women, mothers, and children for high-risk conditions. High-risk pregnancies are referred to ANMs trained under IHRPTM, while children found to be moderately underweight are connected to Swasth Kadam for further care.



IHRPTM: Managing High-Risk Pregnancies

When an Arogya Sakhi refers a high-risk case, a trained ANM takes over to provide basic management for conditions like anemia or hypertension. If advanced care is needed, the ANM refers the woman to an MO or specialist doctor at a Primary Health Center or hospital. This ensures that complex cases receive expert attention, creating a continuum of care for pregnant women.

Swasth Kadam: Preventing Severe Forms of Malnutrition among Children

When Arogya Sakhis identify children at risk of malnutrition, they refer them to the Swasth Kadam team. Counsellors provide customised virtual phone-based guidance to caregivers of moderately underweight children, offering nutritional advice to promote healthy growth.





Arogya Sakhis are frontline health workers (ASHAs) in underserved rural and tribal areas who provide home-based care to women and children

In the remote regions of **Palghar** and **Nandurbar** districts in Maharashtra, **101 trained Arogya Sakhis** are transforming maternal and child health, one home visit at a time. This quarter, they **reached over 3,000 pregnant women and 5,000 children**, identifying risks early and offering timely care and support. They conducted **over 16,000 follow-up visits**, with a focus on nutrition, birth preparedness, and early detection of complications.

Among those registered, **nearly all pregnant women** and **40% of infants** were found to have one or more **high-risk conditions**. Timely intervention helped facilitate **over 1,000 medical referrals**. The results speak for themselves:

- **99% of tracked pregnancies resulted in live births, with 98% institutional deliveries and 0 maternal deaths.**
- **Most anaemic women** improved their haemoglobin levels, and blood sugar and blood pressure levels stabilised in **nearly three-fourths** of high-risk cases.
- **Over a third of high-risk pregnancies** saw a drop in severity, and **a quarter** were reclassified as normal.
- In Palghar, there was a **50% drop in infant complications** this quarter. Among infants with acute malnutrition, **nearly 80% improved** enough to exit the acute malnutrition category.



Over 450,000 or 60% of all registered ASHAs in implementing states, have now completed the Mobile Academy course.

Within this quarter, **nearly 18,000 ASHAs enrolled** in Mobile Academy, and over **20,000 completed the course**. **Since the launch of the programme, over 520,000 ASHAs have enrolled** - a strong reflection of growing outreach and value on the ground.

Seoni in Madhya Pradesh became the **23rd district in the state to achieve 100% completion**. The states with the **highest numbers of ASHAs completing the course to date, are Uttarakhand, Delhi, and Andhra Pradesh**.

System strengthening efforts continue through the use of the government's Village Health, Sanitation, and Nutrition Committee (VHSNC) and Village Health and Nutrition Day (VHND) platforms to **promote digital health tools, including Kilkari and Mobile Academy**. Mobile Academy has also been included in VHND job-aids and Information, Education, and Communication (IEC) materials across several states, further integrating Mobile Academy into the health system. On the ground, field teams are working closely with health officials to ensure accurate entry of ASHA details to enable timely enrolments into the Mobile Academy platform.

Stories of Change



Timely intervention and community-level mobilization can save lives

Rukmini, a 24-year-old pregnant woman from Narauda, Uttar Pradesh, was found to have severe anaemia (with a hemoglobin level of 6.7 g/dL) in an antenatal care (ANC) follow-up visit. Her hemoglobin level had been 9.1g/dL at a previous ANC visit only a month ago. This sharp and significant drop indicated a strong need for follow-up care and an improvement in compliance with medical advice.

Knowing that anemia can severely affect a woman's health during pregnancy, including increasing her chances of postpartum hemorrhage and premature childbirth, Auxiliary Nurse Midwife Yogesh (trained in high-risk management and referral via IHRPTM) and District Field Coordinator Gunjan Saxena took immediate action and sent Rukmini to a community health centre for further treatment. Rukmini's family, however, was very resistant to her accessing medical care.

Rajesh, the frontline health worker (ASHA) interceded and spoke to both Rukmini and her family about the consequences of severe anemia and urgent need for medical intervention. With continuous follow-up and engagement, the medical team was successful in getting Rukmini referred and treated, averting complications, and protecting the lives of both mother and child.



This case story illustrates that each trained frontline worker plays a key role in case-finding, case management, and advocacy for care during pregnancy. It also emphasizes the need for effective follow-up processes, mobilization at the community level, and coordination with health centres.

**Representative image*

Research Driving Real-World Change



Research at ARMMAN aims to generate relevant information on Maternal and Child Health (MCH) indicators, the health system, and the effectiveness of our own programmes and activities, with the aim to improve our interventions and the health system as a whole. Within this quarter, we have seen progress in our research projects concerning high-risk pregnancies and MCH care services.

- Our longitudinal tracking study of women with high-risk pregnancy conditions from the diagnosis of high-risk condition to one month post-delivery in seven districts of Telangana continues, with 372 women enrolled in the study within this quarter. Initial findings from this study are being utilised for necessary mid-course corrections to the implementation of IHRPTM.
- The IHRPTM team has received scientific and ethical board review approvals for a research study, *Incremental change in knowledge and management skills of ANM to diagnose and manage high-risk pregnancies due to introduction of LMS and supportive-supervision apps in Telangana and Uttar Pradesh*. An abstract based on this research has been accepted for presentation at the International Conference on Family Planning (ICFP) in Bogotá, Colombia, in November 2025.
- Our exploratory research study on Maternal Near-miss Cases Review (MNCR) in two health facilities in Hanumakonda and Hyderabad in Telangana, funded by the Laerdal Foundation, is in progress, and a scoping review on MNCR in South Asia and India has been completed.

Innovation in Action



ARMMAN uses a human-centred, data-driven, and evidence-based innovation process that leverages Artificial Intelligence (AI) to make our programmes more effective, equitable, and engaging. In this quarter, we have seen recognition and progress for our work with high-risk pregnancies and for our approach to using AI in social sector interventions.

- ARMMAN has been selected as one of just 20 organisations globally to join the 2025 cohort of the Google.org Accelerator: Generative AI programme. Our selection recognises the potential of our **High-Risk Pregnancy Learning Co-pilot for Frontline Workers**, developed in collaboration with ARTPARK.
- Our **Large Language Model (LLM) powered multilingual, multimodal chatbot** is **now live in three districts of Uttar Pradesh - Shravasti, Sambhal, and Kaushambi**. Over 750 ANMs can currently access clinically-validated answers about the management of high-risk pregnancies and antenatal care, via voice and text, and the support from Google.org will enable us to further scale and enhance our chatbot. Incorporated into our IHRPTM programme, this initiative is a significant leap forward in empowering health workers with on-ground support.
- ARMMAN was featured in the **Practice Playbook on Responsible AI (Artificial Intelligence)** launched by Digital Futures Lab (DFL). This playbook offers recommendations and guidance on navigating the complexities of developing AI interventions and implementing ethical and responsible AI practices.

In The Spotlight



TIME100 HEALTH



2025 HONOREE

TIME 100 Health

Dr. Aparna Hegde recognised among the world's top 100 health leaders for ethical AI in maternal health → [Read](#)

Forbes - The Elevate Series

ARMMAN's story featured in 'Nevertheless,' a film series spotlighting changemakers driving social impact through storytelling → [Watch](#)

World Health Summit

Dr. Aparna Hegde contributed to an insightful panel discussion at the World Health Summit Regional Meeting 2025 in New Delhi, hosted by Bill and Melinda Gates Foundation → [See more](#)

MoneyControl Podcast - LGT VP

LGT VP highlighted ARMMAN's role in improving gender equity and family engagement in child health → [Listen](#)

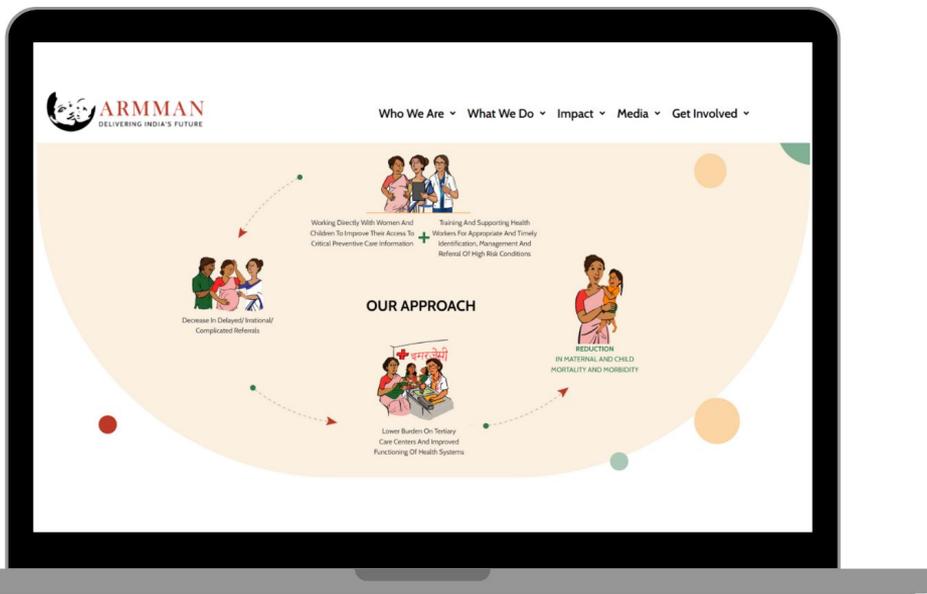
The Times of India

Swasth Kadam programme featured for supporting caregivers to prevent malnutrition in young children via mobile counselling → [Read](#)

Introducing ARMMAN's New Look



Since our inception in 2008, ARMMAN has grown, evolved, and deepened its commitment to transforming maternal and child healthcare across India by leveraging technology and partnerships. We are excited to unveil a refreshed brand identity that reflects who we are and where we are headed.



Our new look is more than just a visual update - it is a representation of our gender transformative, equity based, and innovation led approach. This evolution captures the impact we've created over the years and our vision for a healthier, more equitable future. **Take a look at our Brand New [Website](#).**

As part of this transformation, a dedicated core team came together to shape the strategic direction of ARMMAN's identity. The result is a thoughtfully redesigned logo, a fresh palette of brand colours and fonts, and a newly launched website - all designed to better communicate our mission, values, and aspirations. Take a moment to explore the [new face of ARMMAN](#) — because the future of healthcare deserves bold ideas and a powerful voice.

We're Hiring!



At ARMMAN, we work to build a future where every mother is empowered and every child is healthy with empathy, collaboration, and a deep commitment to impact.

We're looking for driven, compassionate teammates who believe in service beyond self and continuous improvement.

If that sounds like you, explore our open roles:

1. [Deputy Director Programmes- Mumbai](#)
2. [Assistant General Manager Tech- Mumbai](#)
3. [Product Manager- Mumbai](#)
4. [Senior Data Analytics Engineer - Delhi](#)

Click [HERE](#) to learn more about careers at ARMMAN





What's Next at ARMMAN?



Over the next few years, **Kilkari** will increase the reach of its **WhatsApp** version with a **national rollout** - beginning with Hindi-speaking states and gradually extending across the country.

MaMitra will expand to **10 new maternity homes** in partnership with the Brihanmumbai Municipal Corporation this year. New dashboards will be rolled out to strengthen data visibility on Maternal and Child Health indicators, including immunization coverage and diagnostic follow-ups. We will also partner with the Pune Municipal Corporation to **implement mMitra**, ARMMAN's pioneering mHealth programme, **in five hospitals in Pune**.

Mobile Academy is set to take on a new avatar as the enhanced version of the course with three levels - Beginner, Intermediate and Advanced - will go under development this year.

IHRPTM trainings will commence in five districts of Assam's Bodoland region, following the recent MoU signing, making Assam the fifth state to adopt the programme. The pilot rollout for our LLM chatbot in Telangana is planned in the upcoming quarters, with evaluations of the Telugu-language chatbot currently underway.

Financial Highlights (in USD)



	FY 2025-26 Budget (Apr '25 - Mar '26)	Q1 Utilisation (April '25 - June '25)
Direct Costs	6,832,849	1,451,613
Indirect Costs	473,539	105,187
Total	8,402,713	1,556,800

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.



Join us on our journey to create a world where every mother is empowered and every child is healthy.

Contact Us

ARMMAN Mumbai Office:

Second Floor, Advance House, Plot-A, ARK Industrial, Estate Compound,
Makwana Road, Marol Naka, Andheri (East), Mumbai 400059

armmanindia@armman.org

armman.org

