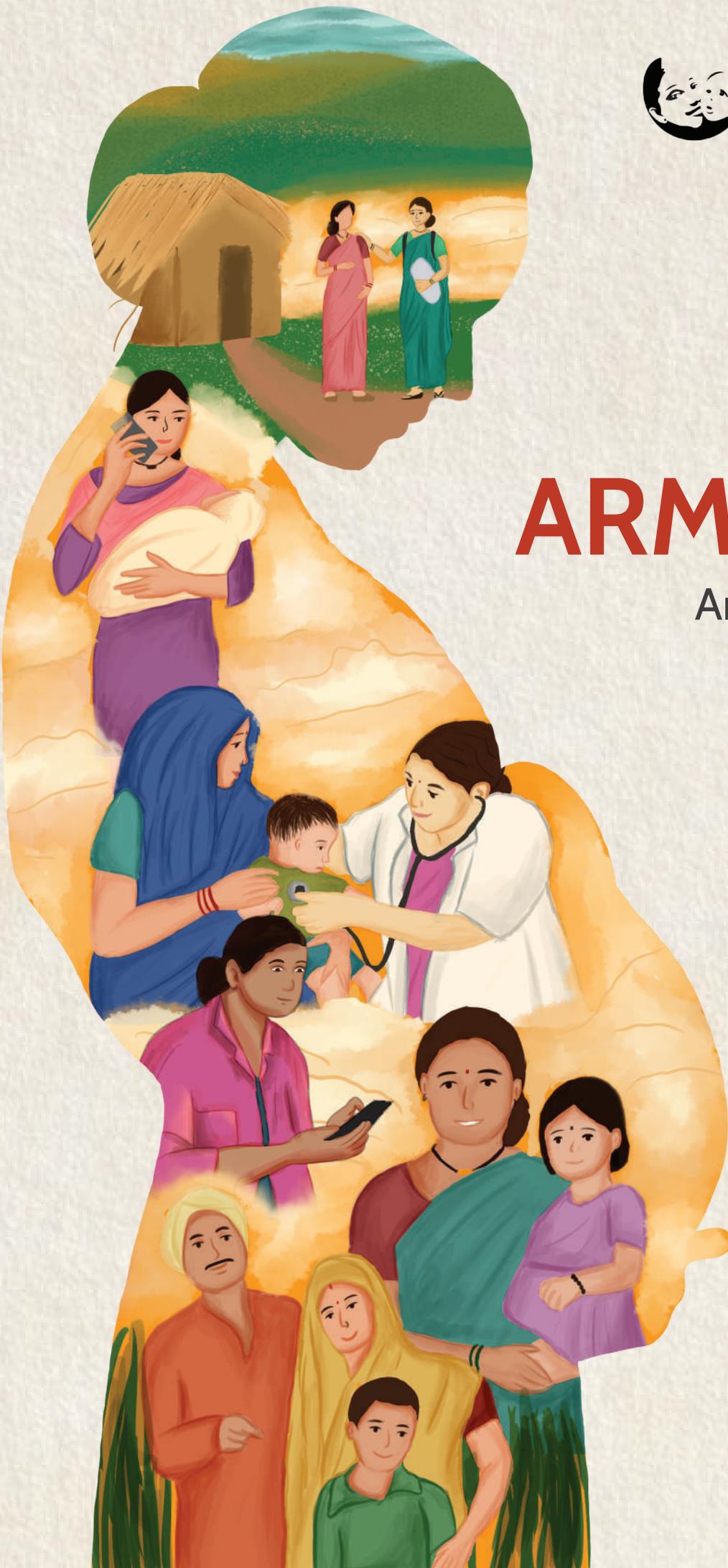




ARMMAN
DELIVERING INDIA'S FUTURE



ARMMAN

Annual Report
2024-2025

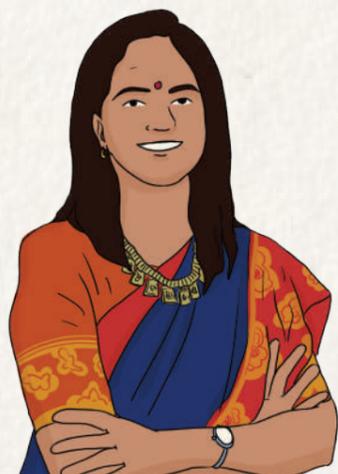
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The illustration shows a woman in a purple sari and a young child in a red shirt and blue shorts walking away from the viewer on a brown dirt path. The path is flanked by green grass and several green trees. The scene is set against a light, hazy background.

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FROM THE FOUNDER'S DESK



This year has been a turning point for ARMMAN—one that has allowed us to pause, reflect, and reimagine how best to serve the women, children, and families who stand at the heart of our mission. Much like a child's journey of growth—taking small steps, learning, stumbling, and rising stronger—ARMMAN too has evolved over the years. From our early beginnings to today, we have steadily expanded our reach, nurtured resilience, and strengthened systems, always guided by the needs of the most vulnerable. Yet, as with every stage of growth, new challenges emerge, reminding us that the journey is ongoing and ever-changing.

India continues to grapple with staggering health inequities. For women and children from marginalised communities, these inequities can be devastating. A mother's health is not only about her own survival but also about the life chances of her children. **According to the latest National Family Health Survey (NFHS-5), 52.2% of pregnant women in India experience the high-risk condition of anaemia.** My own years in the hospital have made this reality painfully clear. I see young mothers with severe anaemia collapse during childbirth, their lives and their babies' lives at risk because care came too late. I have witnessed complications from hypertension, gestational diabetes, and other preventable conditions—each one a stark reminder of how much remains to be done. These experiences continue to guide ARMMAN's path, shaping our focus on early identification and management of high-risk conditions.

These conditions affect pregnant women across the board, but as with wealth and access to health services, the distribution is disproportionately skewed, with women from lower socio-economic groups, Scheduled Castes and Tribes, migrant families, and religious minorities facing higher prevalence of high-risk and significantly worse health outcomes. **At ARMMAN, we realise how critical it is to identify these high-risk conditions at the earliest, and ensure appropriate management and timely referral to healthcare providers and facilities if required.**

Through the Integrated High-Risk Pregnancy Tracking and Management (IHRPTM) programme, we are already working with health workers and doctors to enable early identification and management of high-risk conditions among pregnant women—helping ensure a continuum of care. **We have now integrated high-risk messaging into MaMitra, our mobile health (mHealth) programme in partnership with the Brihanmumbai Municipal Corporation (BMC).**

The programme provides systematic tracking and customised information for pregnant women with high-risk factors, ensuring continuous support during pregnancy and after childbirth. Our Swasth Kadam programme provides live telephonic counselling and months of WhatsApp-based support to caregivers of moderately underweight children, equipping them with knowledge and confidence to act before risks escalate. By embedding gender-transformative approaches, we address the root causes—engaging men, families, and communities to share responsibility and support women's health journeys.

Beyond these medical risks, health inequity itself acts as a high-risk condition—one that determines who is most vulnerable, who gets care in time, and who is left behind. The burdens borne by women from marginalized groups are magnified by social determinants: poverty, discrimination, distance from health facilities, lack of digital access, and entrenched gender norms. These inequities are why ARMMAN designs interventions that are inclusive, accessible, and culturally responsive. We partner with grassroots organisations embedded in vulnerable communities, ensuring our technology does not widen the gap but instead bridges it.

A major milestone in our journey is the launch of our refreshed brand identity — one that captures not just where we began, but also how far we have come and the bold path that lies ahead. It symbolises ARMMAN's evolution: an organisation that embraces cutting-edge technology, while never losing sight of the mother and child at the centre of it all.

As we step into the future, our vision is ambitious yet clear. We are expanding our Kilkari and Mobile Academy programmes to cover every state, scaling our high-risk interventions, and deepening our collaborations with governments and partners to embed equity at the heart of health systems. We will continue to innovate—leveraging Artificial Intelligence, Government and NGO partnerships, and mobile technology—to deliver personalised, preventive care at scale.

But beyond numbers and scale, our true measure will always be the stories of transformation: a mother surviving a complicated pregnancy because she sought care in time; a child thriving because her caregiver had the knowledge and support to act; a health worker feeling empowered to serve her community better.

ARMMAN's refreshed brand identity is a reminder of this promise—a promise to every woman, child, and family that we will not rest until safe motherhood and healthy childhood are a reality for all, regardless of who they are or where they live. Together with our partners, supporters, and communities, we will continue to walk this path—with empathy, resilience, and hope.

Dr. Aparna Hegde
Founder & Managing Trustee,
ARMMAN

CEO'S MESSAGE



The year 2024–25 has been one of remarkable growth, innovation, and a renewed commitment to advancing maternal and child health at ARMMAN. We expanded into new states and reached millions more women and thousands of health workers, embedding our programmes into health systems and sharpening our focus on those at risk. Alongside geographic expansion, we are also growing our state teams and bringing in new talent, ensuring that our work is supported by skilled and passionate people at every level. Growth for us is about ensuring that every woman and child, especially those facing high-risk conditions, receive the timely support they need.

Our programmes, Kilkari and Mobile Academy, one of the largest mHealth interventions of their kind globally, achieved significant scale this year. Kilkari expanded into six new languages, enabling the delivery of critical preventive care messaging to pregnant women and their families across the states of Arunachal Pradesh, Manipur, Mizoram, Nagaland, Karnataka, and Goa, as well as the Union Territory of Dadra and Nagar Haveli and Daman and Diu.

Our systems strengthening efforts have ensured that it is also now integrated into the Programme Implementation Plans (PIPs) of four states and embedded into the budgets of three others, strengthening its path to sustainability as state governments take more ownership of the intervention. In Madhya Pradesh, completion of the Mobile Academy course has been included as part of Accredited Social Health Activists (ASHAs') performance reviews, making it a part of government processes. These milestones reflect our steady progress in embedding these programmes within government systems and ensuring that more women and health workers benefit from timely, life-saving information.

Innovation has always been at the heart of ARMMAN's approach, and this year we took bold strides to reimagine how technology can transform maternal and child health, especially by addressing high-risk conditions among women and children. This year, we piloted a WhatsApp-based intervention for pregnant women with anaemia in Vasai-Virar, on the outskirts of Mumbai. Women received weekly video messages on nutrition, iron-folic acid adherence, and danger signs, along with interactive nudges and monthly visits from community health workers. The results were encouraging: 79% of participants showed an increase in haemoglobin levels, and 6% achieved complete anaemia reversal. Building on these outcomes, **the intervention has now been scaled under MaMitra, an initiative implemented in partnership with the Brihanmumbai Municipal Corporation (BMC).** MaMitra is now active in 11 hospitals across the city, supporting women with high-risk conditions including hypertension, diabetes, and hypothyroidism ensuring they are continuously guided throughout pregnancy and infancy.

To strengthen on-ground delivery of maternal and child healthcare, we continued to invest in strengthening last mile connectivity by training and equipping frontline health workers (Arogya Sakhis) in underserved rural and tribal areas.

These trained frontline workers perform basic diagnostic tests, screen for high-risk conditions, and enable timely referrals using a tablet-based decision-support app and medical kit. As of this year, 321 Arogya Sakhis have been trained, with 97 currently active in Maharashtra's Palghar and Nandurbar districts, bringing essential maternal and child healthcare directly to the doorstep of those who need it most.

Swasth Kadam, our initiative aimed at preventing the occurrence of severe and acute malnutrition among children under three, grew by leaps and bounds this year. Telephonic counselling was provided to over 8,000 caregivers of underweight infants, and we reached an additional 34,000 children via WhatsApp messages. Field activities were expanded to Gangapur block in Chhatrapati Sambhaji Nagar and Nashik district in Maharashtra. Cutting-edge tools, including an Artificial Intelligence based beneficiary re-profiling model were introduced to enhance the precision of our interventions. Our multilingual, multimodal Artificial Intelligence (AI)-powered chatbot, is strengthening the capacity of Auxiliary Nurse Midwives (ANMs) trained under our high-risk pregnancy programme. Already live in three districts of Uttar Pradesh—Shravasti, Sambhal, and Kaushambi—the chatbot is supporting over 750 ANMs by providing real-time, clinically validated guidance on managing high-risk pregnancies via WhatsApp in Hindi, English, and Hinglish. The results have been highly encouraging: 87% of ANMs returned for a second session, 97% shared positive feedback, and 91% of responses were rated as completely satisfactory by a medical expert, reinforcing the chatbot's role as a trusted, effective decision-support tool in the field.

As our Founder, Dr Aparna Hegde, says growth must have both, scale and impact. **For us, growth is taking our services to more women and children across the country while also responding to the specific needs of the most vulnerable.** This balance is what defines ARMMAN's path forward, and what gives me immense pride as we reflect on this year's journey. By March 2026, we aim to expand Kilkari and Mobile Academy to the nine remaining states, making us the programmes pan-India. Preparations are underway for the launch of Mobile Academy 2.0, with enriched multimedia content delivered across multiple channels. We will use the findings from the health equity pilots to improve our programmes to ensure the programmes reach those who need them most.

We are grateful for the trust and support of our partners and donors, including those who joined the ARMMAN family this year - James Percy Foundation, Jaisinghani Family, Sahachari Foundation, Agency Fund, Optum Global Solutions, K Corp Charitable Foundation, Hamilton Housewares Pvt Limited (Milton), Agency Fund and Brookefields Estates Pvt Ltd. Their support enables us to innovate boldly, scale responsibly, and deepen our impact. None of this progress would have been possible without the dedication of our staff, who bring passion and commitment to their work every single day.

This unwavering belief in our work has sustained us and inspired us to dream bigger. Together, we are building a future where no woman or child is left behind, and where technology and equity go hand in hand to transform maternal and child health outcomes across India.

Ramesh Padmanabhan
CEO, ARMMAN



ABOUT US

ARMMAN (Advancing Reduction In Mortality And Morbidity Of Mothers, Children And Neonates) leverages mobile health (mHealth) technology to create cost-effective, scalable, gender transformative, non-linear, systemic solutions to reduce maternal and child mortality and morbidity in India.

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, and 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.

MISSION

ARMMAN leverages technology, especially mHealth, to enable healthy pregnancy, safe delivery and safe childhood by:

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

We envision a world where every mother is empowered and every child is healthy.

MATERNAL AND CHILD HEALTH IN INDIA

In India, the journey to motherhood and early childhood is filled with challenges that extend far beyond the clinical setting. Imagine a mother navigating her pregnancy with little to no support or access to adequate healthcare. Four out of five women in India do not receive complete antenatal care. Her child, born into a world of vulnerability, faces steep odds from the very start. By the age of five, this child is part of a grim statistic, with over 68% of child deaths being linked to maternal or child malnutrition. Even among those who survive, the road is not easy: For every woman who dies during childbirth, 20 more suffer debilitating mortality and morbidity; only 69% of pregnant women have gone for 4 or more antenatal care (ANC) visits; 52.2% pregnant women are anaemic; 32% of children under five are malnourished and 35.5% are stunted, their physical and cognitive growth forever compromised.

In India, 32% of children under five are malnourished, and 35.5% are stunted, and their physical and cognitive growth is forever compromised.

These are not just numbers; they are stories of inequity, shaped by systemic gaps, delayed identification of high-risk conditions during pregnancy and infancy, irrational or late referrals, and inadequate point-of-care support. Health Workers like Accredited Social Health Activists (ASHAs) and Auxilliary Nurse Midwives (ANMs), the frontline providers of maternal and child care, often operate under immense pressure, with limited training and resources. As a result, preventable deaths, lifelong complications, and poor maternal and child health outcomes persist, particularly in underserved communities.

ARMMAN is committed to transforming this landscape by delivering timely health information to pregnant women, mothers, and children, ensuring a continuum of care, and empowering families towards healthier futures.

Source: National Family Health Survey (NFHS-5), 2019-2021

69%

Pregnant women have gone for 4 or more antenatal care (ANC) visits

52.2%

Pregnant women are anaemic

32%

Children under five are malnourished



Legend

- Kilkari
- mMitra
- Swasth Kadam
- Mobile Academy
- IHRPTM
- Arogya Sakhi



28 States and
Union Territories

GEOGRAPHICAL PRESENCE

ARMMAN's programmes are scaling rapidly, reaching millions of women and children across 28 States & Union Territories in India, delivering critical healthcare information through mobile health (mHealth) technology and strategic partnerships.

HIGHLIGHTS OF THE YEAR



- Our Founder, Dr. Aparna Hegde was named among TIME magazine's 100 most influential people in Health.
- ARMMAN won the Nasscom Foundation TechForGood Awards in the Public and Private Collaboration category. 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.

01

Kilkari

Kilkari 2.0 launched in 6 new languages including Kannada, Konkani, Meitei, Nyishi, and English.

System capacity for Interactive Voice Response (IVR) calls enhanced from 3 million to 12 million subscribers, ensuring real-time call delivery.

Kilkari integrated into the State Programme Implementation Plans (PIPs) of Assam, Chhattisgarh, Haryana, and Odisha.

Kilkari integrated into state budgets of Andhra Pradesh, Bihar, and Jharkhand.

02

MaMitra

Launched MaMitra, in partnership with Brihanmumbai Municipal Corporation (BMC) to improve urban maternal health by monitoring and managing high-risk pregnancies through targeted information and systematic tracking.

Established desks in 11 hospitals to collect essential health data and enrolled women to provide them support. The enrolled women received weekly gestational period-based voice calls, guiding them through pregnancy and infancy. Additionally, identified high-risk cases across 10 hospitals, provided targeted messages to manage these conditions.

03

Mobile Academy

Significant growth in participation, with 150,000+ Accredited Social Health Activists (ASHAs – frontline health workers) completing the Mobile Academy course, three times more than the previous year.

63% of all registered ASHAs nationwide began the Mobile Academy course.

04

Swasth Kadam

Counselled caregivers of moderately and severely underweight infants via telephonic calls and WhatsApp messages, with 64% of moderately underweight children showing health improvement (70% girls and 59.3% boys).

Extended field activities to Gangapur block in Chhatrapati Sambhaji Nagar and Nashik district in Maharashtra, in partnership with Navjeevan Foundation and Nashik Municipal Corporation.

Developed an Artificial Intelligence (AI)-based beneficiary re-profiling model to assess health status and categorise based on severity for tailored counselling.

Missed-call support services and tech features were introduced to refer high-risk cases to health centers with auto-notifications to officials, alongside an early referral system initiated for severely underweight children via ASHAs and Auxiliary Nurse Midwives (ANMs) in Chhatrapati Sambhaji Nagar.

05

Integrated High-Risk Pregnancy Tracking and Management (IHRPTM)

Launched a Learning Management System (LMS) along with the chatbot support in Sambhal and aspirational district of Shravasti in Uttar Pradesh, with 93% of Auxiliary Nurse Midwives (ANMs) actively using the learning app.

Integrated LMS into the Reproductive and Child Health (RCH) portal and AP-ANM Health App, with User Acceptance Testing in progress, in Andhra Pradesh.

Launched a longitudinal tracking system for high-risk pregnancies, now integrated into Telangana's RCH database.

INTERVENTIONS



Largest mobile-based maternal messaging programme in the world in collaboration with Ministry of Health and Family Welfare



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

MaMitra

Free voice-call and messaging service providing preventive care information during pregnancy and infancy, in partnership with Brihanmumbai Municipal Corporation (BMC)

Women and Children

Health Workers And Systems



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



Live telephonic counselling and support for caregivers of moderately underweight (MUW) children, to prevent their decline to acute forms of malnutrition



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

OUR APPROACH

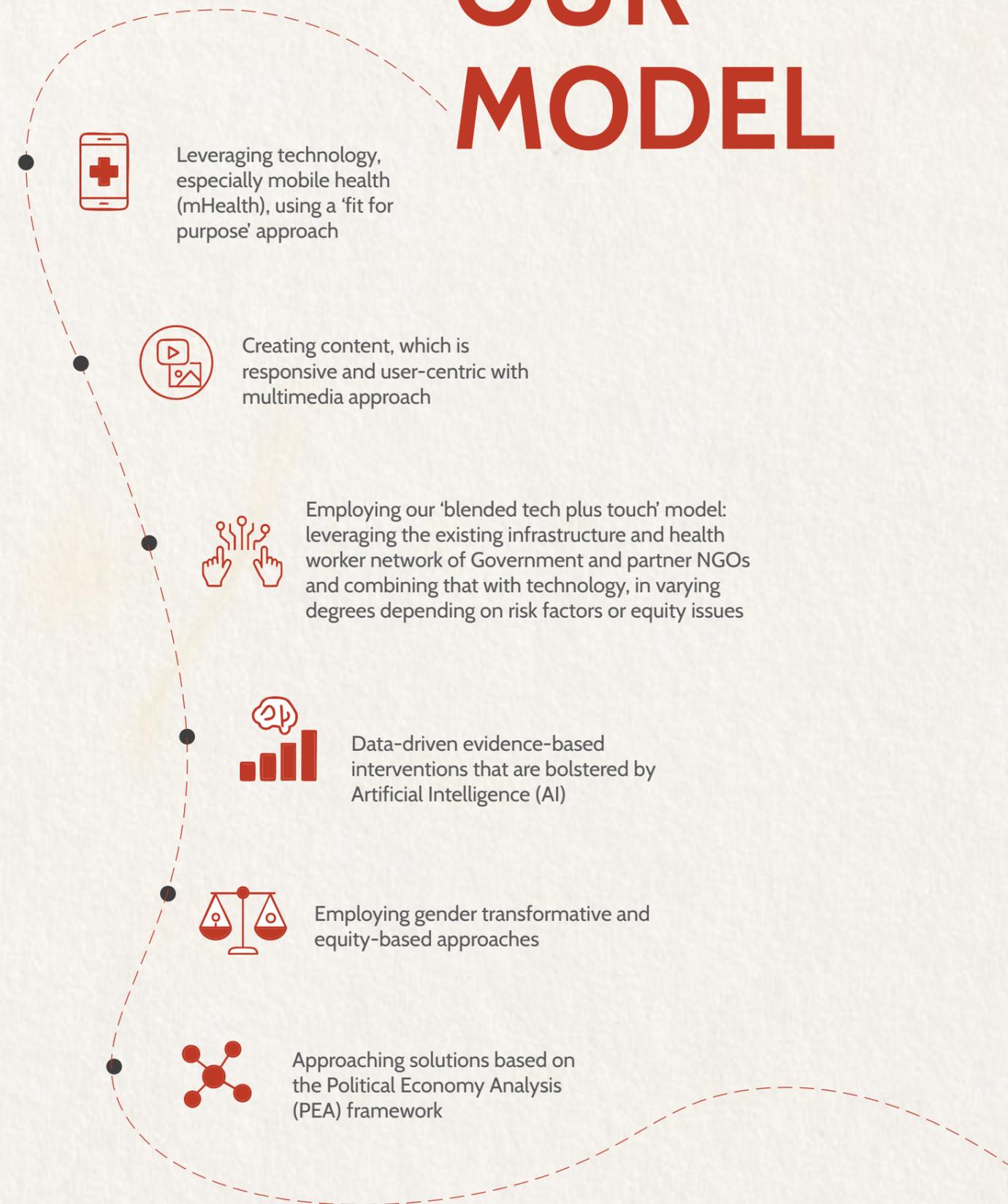
ARMMAN enables health systems change in maternal and child health by creating scalable, cost-effective solutions through a non-linear programme design.

Our Theory of Change is that an informed and empowered woman will adopt better health behaviors and will proactively anticipate problems, decipher danger signs, and seek timely care. Adequately skilled, trained, and empowered frontline health workers will overcome the prevalent asymmetric power and gender dynamics and provide support and reinforce the women's quest for care. They will diagnose high risk factors in time and ensure early referral to higher care facilities.

Our Theory of Change is that informed, empowered women—supported by skilled and empowered frontline health workers—will adopt better health behaviours, recognize risks early, and seek timely, appropriate care.



OUR MODEL



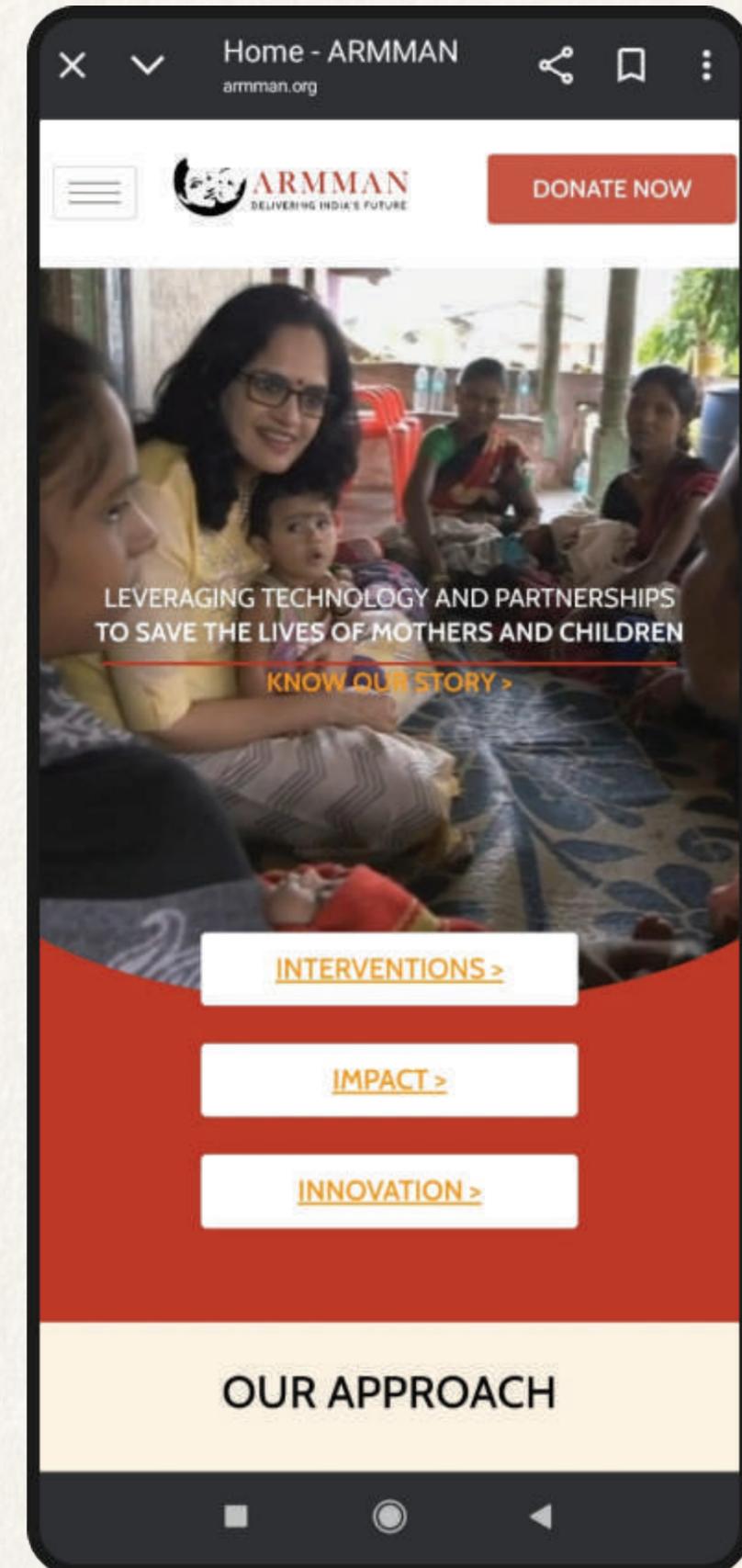
ARMMAN's NEW LOOK

Since our inception in 2008, ARMMAN has grown, evolved, and deepened its commitment to transforming maternal and child healthcare across India. 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's 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.

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.

Visit our website at www.armman.org



KILKARI



Largest mobile-based maternal messaging programme in the world that sends timed and targeted critical preventive care information to women in India through pregnancy and infancy. The programme is implemented in partnership with the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI).



Uses Interactive Voice Response (IVR) and WhatsApp to deliver time-sensitive information via multimedia, directly to pregnant women and mothers' mobile phones.



Calls in 12 languages - Hindi, Bihari, Odia, Assamese, Bengali, Telugu, Marathi, Gujarati, Kannada, Konkani, Meitei, and English.



Toll-free number to hear the calls again (14423).



Implemented in 27 States/ Union Territories.

Data for FY 2024-25

66M+

Women and children reached till date

16,100,561

Women and children reached

38%

Calls with >50% of content listened to by women

76%

Subscribers on Kilkari platform picked up at least 1 call per month

Voices from the field:

Kilkari helps Meena nurture her first child with confidence

Inside a modest rented room in the urban slums of Nashik, (Maharashtra), 22-year-old Meena beams as her 11-month-old son takes his first steps. Originally from Buldhana district in Maharashtra, Meena moved to Nashik after marrying her husband in an inter-faith, inter-state love marriage. With both families disapproving of their union, the couple was left to build their life, raising their first child on their own. "I was just 20 years old when we got married," Meena recalls.

"Everything was new. Before we could even settle down, I got pregnant. My mother and mother-in-law were far away and not on good terms. I had no idea what to expect as a new mother"

During her pregnancy, Kilkari hadn't yet been launched in Maharashtra. With limited support, Meena leaned on the health workers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA), during routine checkups for any advice she could get.

Just before her delivery, the ASHA registered her in the Government's Reproductive and Child Health (RCH) portal and updated Meena's mobile number. Soon after, she began receiving weekly voice calls through Kilkari. "Dr. Anita (the fictitious character who addresses the women in the Kilkari calls) became my guide," she says. "Every week, I waited for the call." Meena found the messages easy to understand and full of useful tips to care for her baby, from exclusive breastfeeding and timely vaccinations to introducing solid foods and tracking developmental milestones. The reminders about giving Oral Rehydration Solution (ORS) in case of diarrhoea, spotting danger signs in newborns, and the importance of handwashing were especially helpful.

Kilkari filled the gap left by the absence of experienced elders. "It became like my digital *dadi ma* (paternal grandmother)," Meena says. Her husband also became a regular listener. "We started listening together," she shares. "Then we would sit and talk about the messages and decide what to do. It brought us closer and made both of us more confident parents."



With no elders to guide me, the Kilkari calls have been invaluable. Dr. Anita explains everything about pregnancy and infancy so clearly. It's like having a trusted guide with me every step of the way.

MaMitra



Enhancing urban maternal health outcomes by improving the management, monitoring, and engagement of high-risk pregnant women through tailored information dissemination and systematic tracking in partnership with Brihanmumbai Municipal Corporation (BMC) in Mumbai (Maharashtra).



● Uses Interactive Voice Response (IVR) and WhatsApp to deliver critical preventive care information with a focus on high risk conditions, directly to pregnant women and mothers' mobile phones.

● System strengthening through identification of data gaps and streamlining of processes to ensure accurate records of women in the Reproductive and Child Health (RCH) portal.

● Implemented in 11 BMC-run hospitals across Mumbai, Maharashtra.

Data for FY 2024-25

24,450

Pregnant women enrolled

5,145

Women with high risk conditions enrolled

Voices from the field:

MaMitra Supports Pranjal Through a High-Risk Pregnancy

Pranjal, a 31-year-old homemaker from Mulund (Mumbai, Maharashtra), was diagnosed with gestational diabetes in the seventh month of her pregnancy after her blood sugar levels were found to be elevated (Fasting: 186 mg/dL; Postprandial: 156 mg/dL). Given the risk, she was referred to Rajawadi Hospital in Ghatkopar East, where she was introduced to MaMitra.

These guided her on maintaining a nutritious, balanced diet, getting adequate rest, taking timely medication, monitoring her sugar levels, attending routine check-ups, and preparing for delivery and newborn care.

Pranjal delivered a healthy baby girl via C-section at Rajawadi Hospital, and the baby weighed 2.860 kg at birth.

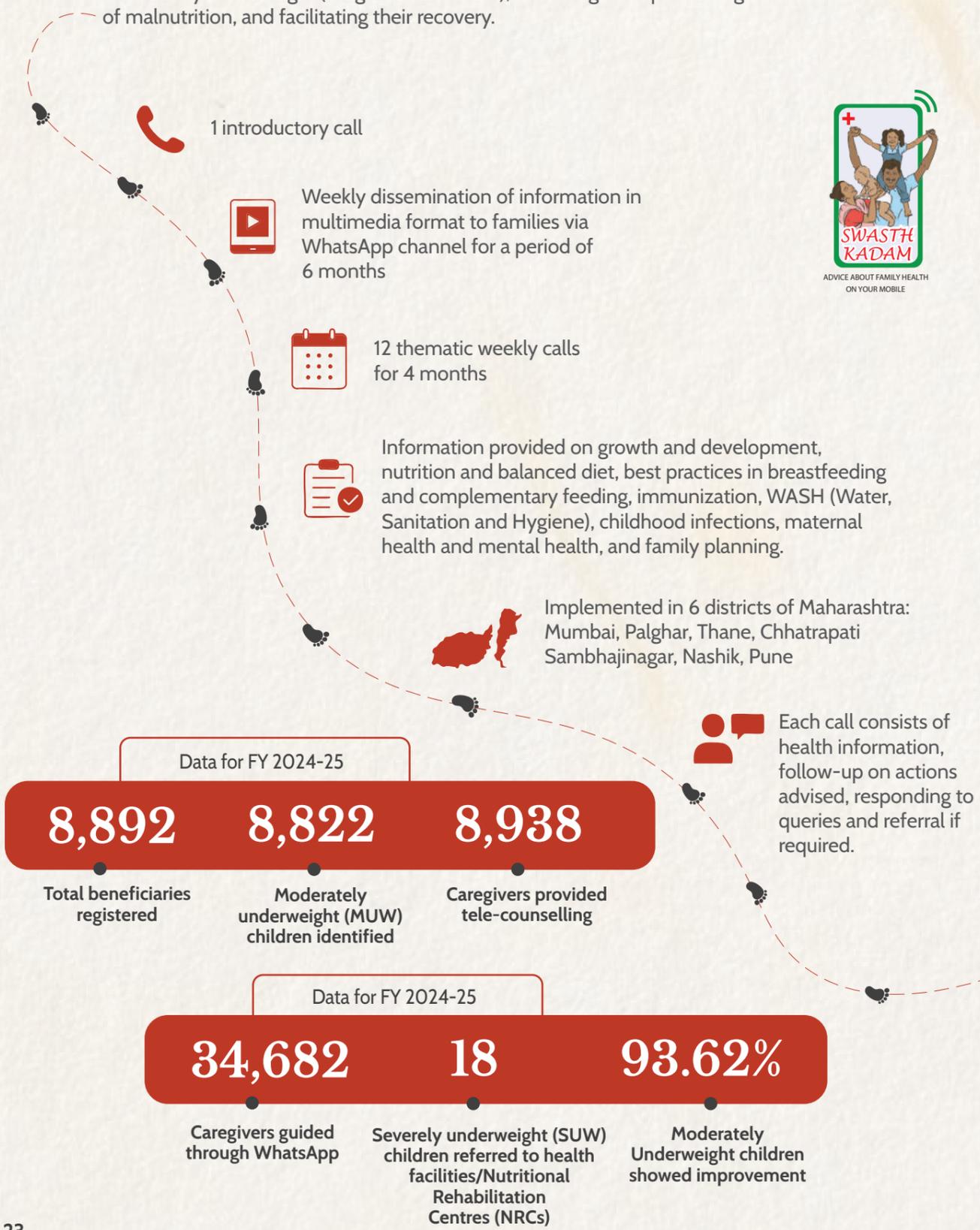
As her pregnancy was classified as high-risk, Pranjal began receiving regular MaMitra voice calls and informative WhatsApp videos.



MaMitra calls helped me understand how to control my sugar levels and take better care of myself. Since my mother lives far away, the calls felt like someone was looking after me—just like my own mother.

SWASTH KADAM

Live telephone counselling and support for caregivers of infants aged 0-36 months experiencing moderately underweight (a high-risk condition), with the goal of preventing decline to severe forms of malnutrition, and facilitating their recovery.



Data for FY 2024-25

8,892

Total beneficiaries registered

8,822

Moderately underweight (MUW) children identified

8,938

Caregivers provided tele-counselling

Data for FY 2024-25

34,682

Caregivers guided through WhatsApp

18

Severely underweight (SUW) children referred to health facilities/Nutritional Rehabilitation Centres (NRCs)

93.62%

Moderately Underweight children showed improvement

Voices from the field:

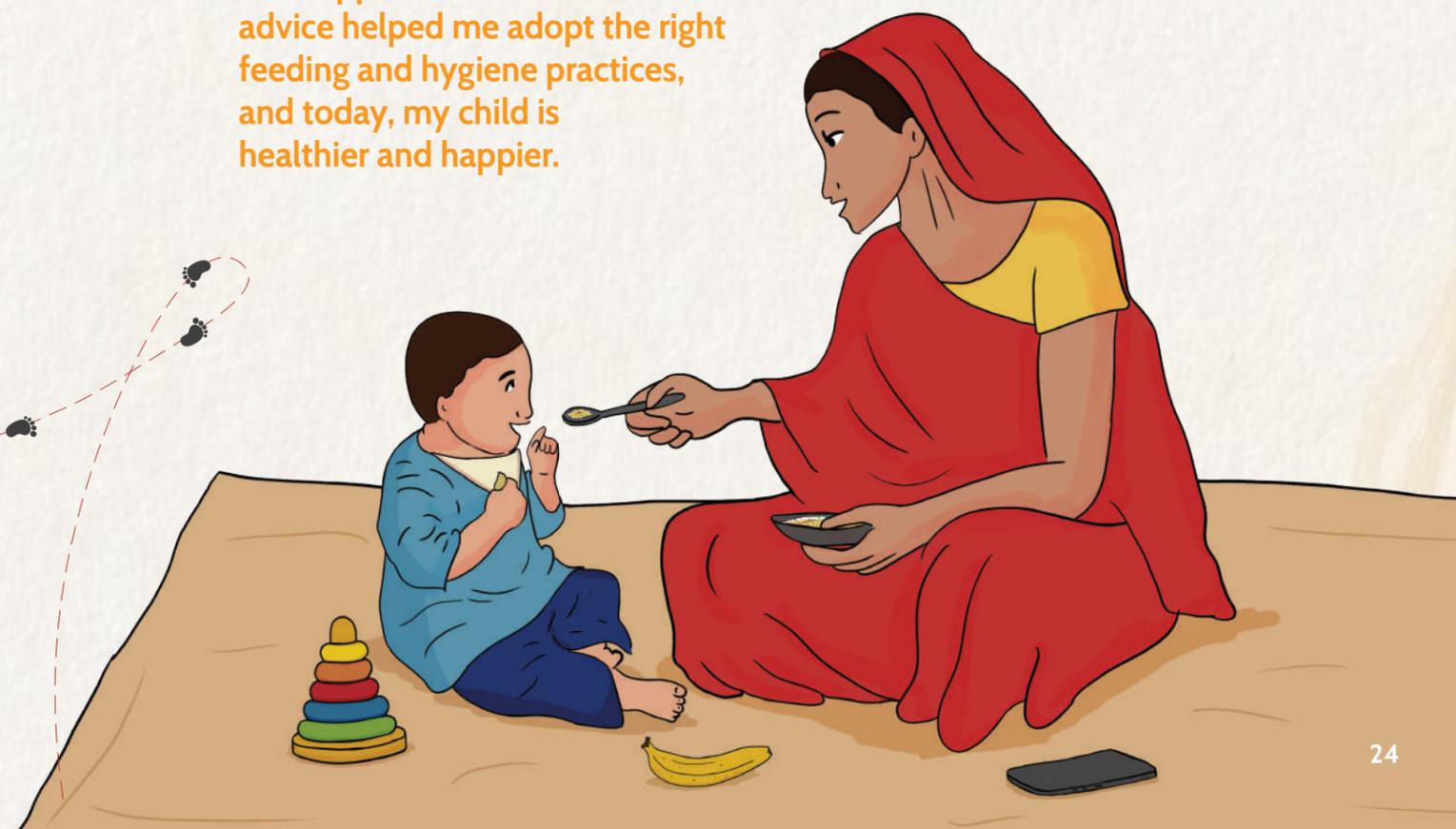
Swasth Kadam's guidance pushes Kunal towards a healthier future

When two-year-old Kunal was enrolled in the Swasth Kadam programme, he weighed only 7 kg. His mother was deeply worried as he often fell ill and, being a first-time parent, she was unsure about the right healthcare practices to follow. She was feeding him only rice and dal water, which did not provide adequate nutrition, and his weight gain remained poor. After speaking with a Swasth Kadam counsellor, she learnt about the importance of a nutritious diet and began introducing semi-solid foods into Kunal's meals. During a follow-up call, she shared that Kunal had developed fever and an allergy, and despite giving him medicines, his health was not improving.

The counsellor advised her to maintain cleanliness at home, ensure proper hygiene, feed him on time, and also referred her to another doctor. In the next call, the mother happily reported that these steps, along with the doctor's treatment, had helped Kunal recover much faster.



As a first-time parent, I was anxious and unsure how to care for my son. Swasth Kadam became my guide and support. The counsellor's advice helped me adopt the right feeding and hygiene practices, and today, my child is healthier and happier.



MOBILE ACADEMY



Largest mobile-based refresher training programme in the world for frontline health workers (Accredited Social Health Activists - ASHAs) in collaboration with Ministry of Health & Family Welfare. The programme aims to strengthen ASHAs' knowledge of life-saving preventative health behaviors, and improve the quality of their engagement with new and expecting mothers and their families.



Uses Interactive Voice Response (IVR) technology



Covers 33 Months



Divided into Chapters with quizzes with a pass/fail score



Handset-Independent ,Audio-Based Technology Accessed Via a Simple Voice Call



Available in 5 languages (Hindi, Odia, Assamese, Bengali, Telugu)



Implemented in 17 States/ Union Territories

Data for FY 2024-25

506,600+

ASHAs trained till date

133,926

ASHAs started the course

150,867

ASHAs completed the course

Voices from the field:

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

Kavita has been working as an Accredited Social Health Activist (ASHA – frontline health worker) at DGD Mundka in West Delhi since 2010.

Reflecting on her experience after completing the Mobile Academy course, Kavita shared that learning through her phone was entirely new for her. She particularly appreciated the review questions at the end of each chapter. The bookmarking feature, which allowed her to easily resume from where she left off, stood out as especially helpful. Kavita believes the course has significantly improved her approach to her work.

Before taking the course, she often struggled to recall key health messages during home visits and mostly focused on high-priority campaigns, such as Polio and TB Mukht Bharat (Government campaign against tuberculosis), as instructed by her supervisors. However, since completing the Mobile Academy course, she now consistently shares essential health messages, including the importance of Antenatal Care (ANC), birth preparedness, family planning, and exclusive breastfeeding.

Earlier, Kavita found it challenging to discuss family planning, especially with male members of the community.



The course boosted my confidence, helping me to speak openly and encourage couples to adopt family planning methods. I also urge women in my area to listen to Kilkari calls for additional information and support.



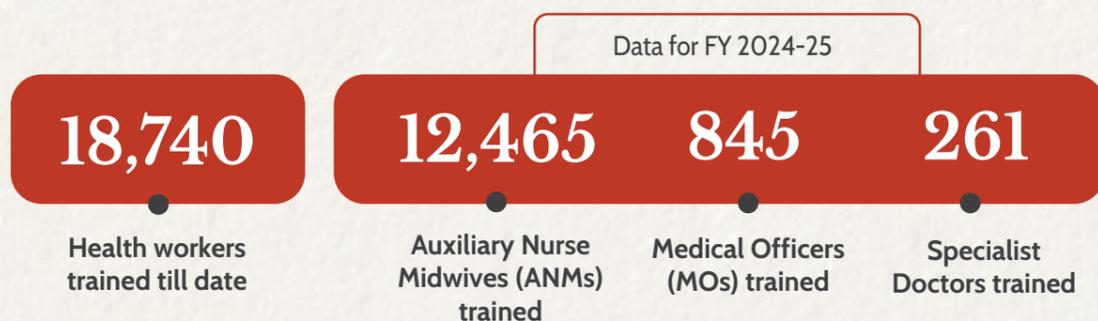
INTEGRATED HIGH RISK PREGNANCY TRACKING AND MANAGEMENT (IHRPTM)



Training and supporting Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs) and Specialist Doctors on high risk pregnancy tracking, management and referral, to provide 'continuum of care' to women, in collaboration with the Telangana, Andhra Pradesh and Uttar Pradesh State Governments and the UNICEF.

A research paper on the impact of our Integrated High-Risk Pregnancy Tracking and Management (IHRPTM) programme, titled 'Changes in Knowledge and Management Skills of ANMs To Screen, Manage and Refer Pregnant Women with Five High-Risk Conditions: Results from A Pre-Post-Training and A Six-Month Follow-Up Assessment in Telangana, India,' was published in the International Journal of Clinical and Medical Education Research.

The study highlights that training improves Auxiliary Nurse and Midwives' (ANMs) skills in identifying and managing high-risk pregnancies by 8-17%. Further, it establishes that effective referral systems are crucial for timely access to appropriate care for pregnant women with high-risk conditions, emphasising the need for strengthened linkages between community-based health workers and healthcare facilities. [Read the full research article here.](#)



Voices from the field:

Staff nurse's efforts help Suma successfully navigate a high-risk pregnancy

Suma, a 31-year-old woman, from Telangana, was in the third month of her second pregnancy when she visited her local Health Sub-Centre. Following an initial assessment by the Auxiliary Nurse Midwife (ANM), she was referred to the Primary Health Centre (PHC) for a more comprehensive evaluation.

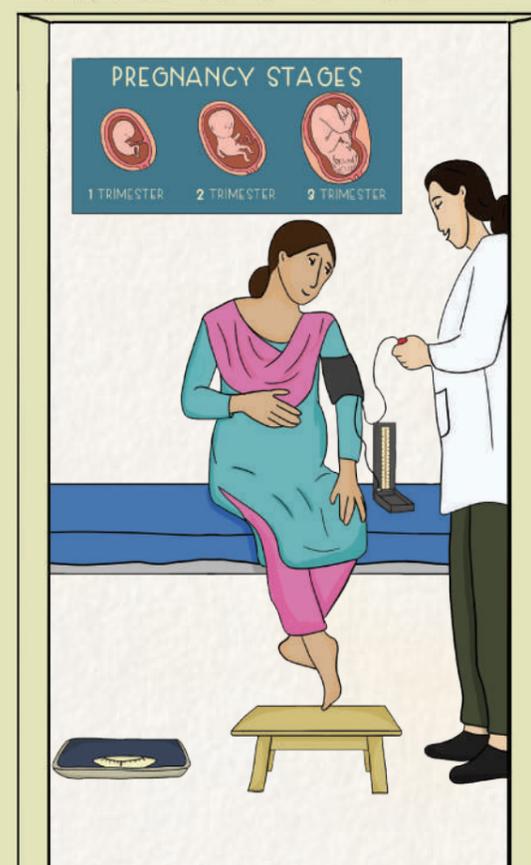
At the PHC, the Staff Nurse recorded an elevated blood pressure of 140/100 mmHg and identified thyroid irregularities through routine testing. In response, Suma was prescribed appropriate medication to manage both hypertension and thyroid function, along with nutritional counselling. A TIFFA scan was also recommended to assess foetal growth and development.

Beginning in the eighth month, Suma came under the supervision of an Obstetrics and Gynaecology specialist. She received regular examinations, including blood pressure monitoring. Her haemoglobin levels dropped to 11 g/dL, prompting a prescription of two Iron Folic Acid (IFA) tablets daily. In addition, doppler scans and fetoscope assessments were performed to ensure the ongoing health and well-being of the baby.

Suma was eventually admitted to MCH Medak, a District Hospital, where she gave birth to a healthy baby. Both mother and child are doing well, thanks to timely intervention and consistent care across all levels of the healthcare system.

“ I had a healthy and safe delivery because of timely guidance and support of the ANM and the Staff Nurse. They supported all through my pregnancy and helped me manage my blood pressure. ”

Antenatal Care



AROGYA SAKHI HOME-BASED ANTENATAL AND INFANCY CARE PROGRAMME



Training of women leaders (Arogya Sakhis) 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, fetal doppler and anthropometric measurements
- Equipped with a Tablet-based decision-support application to record the test results and screen for high-risk symptoms
- Have tablets embedded with informative animation videos on pregnancy and infancy to aid effective counselling



321

Arogya Sakhis trained till date

5,617

Pregnant women supported with doorstep diagnostic and counselling services

6,211

Children supported with doorstep diagnostic and counselling services

97

Arogya Sakhis currently active in Palghar and Nandurbar in Maharashtra

Data for FY 2024-25

Voices from the field:

Arogya Sakhi Ensures a Healthy Recovery for Pallavi's Newborn

Pallavi Bharat Wagh, a 23-year-old woman, lives in the hillside village of Nehale in Jawhar, Palghar district, Maharashtra, with her husband. Her family faces severe financial hardships. Pallavi's husband, a fisherman, is away for half the year, leaving her to manage the household alone. Due to their financial situation, the family often relies on traditional remedies and a local black magic practitioner (Bhagat) for health concerns, as they cannot afford proper medical care. The long distance to the nearest health center further limits their access to essential healthcare services.

In October 2024, Pallavi gave birth to a baby through normal delivery at Jawhar Sub-District Hospital (SDH). However, the newborn weighed only 1.4 kg, prompting doctors to recommend immediate admission to the Neonatal Intensive Care Unit (NICU) for specialized care.

Unfortunately, the family initially refused treatment due to a lack of funds.

This is when the Arogya Sakhi, supported by ARMMAN, stepped in to assist. Financial help was provided to cover both travel and treatment costs. After the baby's weight increased to 2.3 kg, doctors discharged the newborn. However, the family couldn't afford the tonic prescribed to aid further weight gain. Once again, ARMMAN supported them by providing the necessary tonic.

Vaishali Tai, the dedicated Arogya Sakhi, regularly counselled Pallavi on the importance of breastfeeding and Kangaroo Mother Care (KMC) to keep the baby warm and promote healthy weight gain. Thanks to her consistent guidance and the family's cooperation, the baby's weight increased to 3.935 kg by the fifth month and is now in good health.



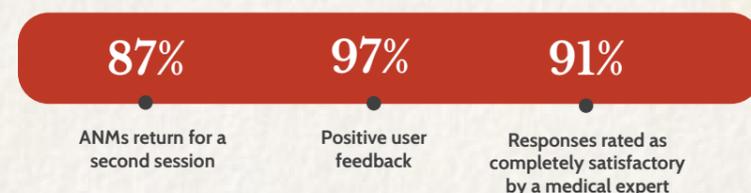
When my baby was born weak, I felt helpless. ARMMAN supported me financially and emotionally during a very crucial time. Today, my baby is healthy, active, and full of life.



INNOVATIONS

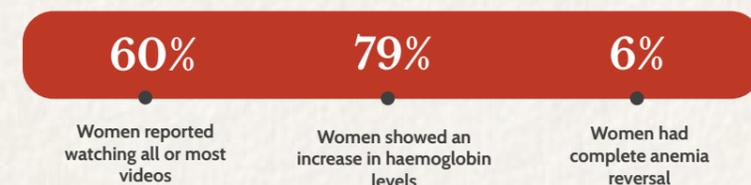
ARMMAN is at the forefront of digital innovation in healthcare, harnessing technology to close critical gaps in service delivery. Our initiatives include Artificial Intelligence (AI)-driven solutions and personalized health content delivered through WhatsApp, all aimed at improving healthcare outcomes.

- ARMMAN has developed a multilingual, multimodal AI-powered chatbot in collaboration with ARTPARK, with support from the Gates Foundation and Google.org Generative AI Accelerator grant. Integrated into the ANM support system of the IHRPTM programme, the chatbot was launched and is now live in three districts of Uttar Pradesh—Shravasti, Sambhal, and Kaushambi—where over 750 ANMs are accessing real-time, clinically validated guidance on managing high-risk pregnancies. Available in Hindi, English, and Hinglish via WhatsApp, the co-pilot delivers personalised support, empowering frontline workers to deliver timely, informed care and improving maternal and child health outcomes.



- A pilot was conducted in Vasai-Virar, on the outskirts of Mumbai, to support pregnant women identified with moderate to severe anemia. Participants received weekly WhatsApp video messages focused on Iron and Folic Acid (IFA) adherence, nutrition, danger signs, and other key topics, along with interactive nudges to encourage positive behavior change. To support continuity of care, community health workers were trained to visit participants every 30 days, measure haemoglobin levels, and deliver counselling.

Key results from the pilot:

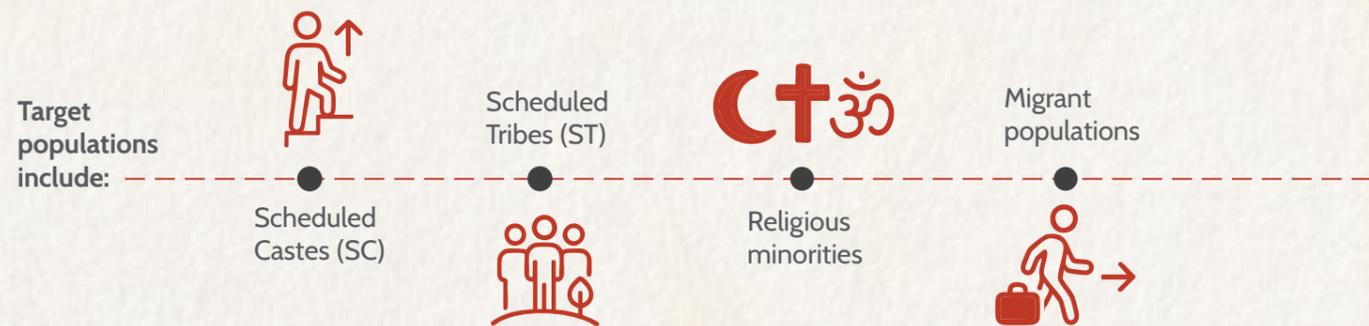


Building on the success of this pilot, the programme has now been scaled in partnership with the Brihanmumbai Municipal Corporation (BMC) under the MaMitra initiative to 11 BMC Hospitals. It now includes five additional high-risk conditions, hypertension, diabetes, hypothyroidism, poor obstetric history, previous Lower Segment Cesarean Section (LSCS), and delivers tailored messages to help women better manage their high-risk pregnancies.



HEALTH EQUITY

The Health Equity Pilots focus on pregnant women, mothers, and children from marginalized communities. The objective is to adapt ARMMAN's programmes to address the specific needs of these groups. Through culturally responsive interventions and partnerships with grassroots NGOs, the pilots aim to improve access to essential preventive care information.



Strategic Partnerships

To effectively reach vulnerable communities, ARMMAN has partnered with organisations with proven experience in these geographies:

- Gram Bharti Mahila Mandal (GBMM) – Betul, Madhya Pradesh (Scheduled Tribes population)
- Sukarya – Nuh, Haryana (Rural religious minorities)
- Centre for Advocacy and Research (CFAR) – East Delhi (Migrant populations)
- Apnalaya – M East Ward, Mumbai (Slum populations)

Key Activities:

- Baseline assessments were initiated to evaluate the status of Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCH+A) in Nuh (Haryana), Betul (Madhya Pradesh), Mumbai (Maharashtra) and Delhi NCR region.
- Capacity Building of Frontline Workers (FLWs) and Community Mobilizers to strengthen their knowledge and skills on topics like Antenatal Care (ANC), Postnatal Care (PNC), Infant & Young Child Feeding (IYCF) and care during the first 1000 days of a child's life, through workshops conducted in the four intervention regions.

Voices from the Ground:

ARMMAN-CFAR team helps Arti access healthcare services in time

Arti, a homemaker from Shastri Mohalla (East Delhi), lives with her husband and two children. She is currently three months pregnant with her third child. In the early stages of her pregnancy, Arti was unaware of the government services available to pregnant women. As a result, she did not register at any Anganwadi centre (government-run childcare and maternal health centre).

Her hesitation stemmed from confusion—her house fell under the jurisdiction of two different Anganwadi centres, leaving her uncertain about where to register for maternal benefits. During this period, Arti came into contact with the ARMMAN-CFAR* team while they were conducting a baseline survey in Shastri Mohalla. She met community mobilizer Ms. Vimla Devi and shared her concerns regarding the registration process. Vimla Devi immediately assisted Arti in completing her registration at appropriate Anganwadi Centre and guided her through each step.

She also introduced her to frontline health worker (ASHA – Accredited Social Health Activist) Radha and Anganwadi worker (AWW) Geeta. With their combined support, Arti's details were successfully uploaded onto the Government's Reproductive and Child Health (RCH) portal. Further, the Auxiliary Nurse Midwife (ANM) instructed the ASHA worker to register Arti's phone number for the Kilkari programme, ensuring she receives regular, vital information on maternal and child health through mobile calls.

Today, Arti is accessing essential services at the Anganwadi centre and visits regularly for maternal and child healthcare support. The guidance and assistance she received has helped her feel informed, confident, and well-supported in her pregnancy journey.

*Centre for Advocacy and Research (CFAR) is ARMMAN's on-ground NGO partner for the equity pilot in New Delhi.



“ I was not aware of the Government schemes that I could avail. The support and guidance from Vimla didi, helped me and my family access necessary healthcare during pregnancy. ”

VIRTUAL OPD

The Virtual Outpatient Department (V-OPD) was launched during the COVID-19 pandemic to provide virtual consultations with obstetricians and pediatricians to 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 the lockdown. The need for the Virtual OPD continues even post the pandemic as women find it easier to get basic medical advice and counselling via a phone call. We additionally provide counselling via WhatsApp.



Inferences of Patient Usability Survey (sample of 221 users)

- 93.6% of beneficiaries reported that the V-OPD service was useful
- 89.8% beneficiaries reported the service to be easy to use
- 88.6% of beneficiaries reported that V-OPD provides sufficiently good quality of care
- 96.4% beneficiaries were satisfied with the V-OPD service

Inferences of Patient Usability Survey of patients counselled through WhatsApp (sample of 1304 users)

- 86.3% beneficiaries found WhatsApp more useful than telephonic consultations
- 92.24% found it more easy to take consultation using WhatsApp over telephonic consultations
- 95.89% felt that the doctor could understand the health condition better through WhatsApp calls
- 95.39% were more comfortable using WhatsApp over telephonic or physical consultations

Voices from the Ground:

V-OPD helps Anita manage severe anaemia during pregnancy

Anita, in the eighth month of her pregnancy, reached out to ARMMAN's Virtual OPD (V-OPD) with concerns about her low hemoglobin levels, which had dropped to 7g/dL. With just a month left for her delivery, she was anxious about possible complications and wanted to know what could be done. The V-OPD team confirmed whether she was attending regular Antenatal Care (ANC) check-ups and requested her medical reports. Anita, who was registered with Community Health Centre (CHC) Manglur, Haridwar (Uttarakhand), promptly shared her medical and sonography reports along with her medications.

Our V-OPD doctor reviewed the documents and recommended three doses of iron infusion on alternate days. Alongside treatment, then team counseled Anita on dietary practices to improve her condition.

She was encouraged to include iron-rich foods such as green leafy vegetables, pulses, and jaggery, add a few drops of lemon to meals, cook in iron vessels whenever possible, stay hydrated with 7-8 glasses of water daily, eat small frequent meals, rest adequately, and most importantly, take her prescribed injections on time. She was also advised to discuss her delivery plan with her treating doctor.

During a follow-up, Anita's husband shared that she had received four iron injections before delivery. Anita went into labor at home. An ambulance was called and expected within 10 minutes, but it failed to arrive for over half an hour. As her pain intensified, the family sought the help of a trained dai (midwife) from the village. Anita safely delivered a healthy baby girl weighing 2.5 kg. Both mother and baby were stable.

“When I called the V-OPD toll-free number, I was feeling anxious. The doctor patiently listened to me and addressed all my concerns. This is a wonderful service provided by ARMMAN.”



MEDIA PRESENCE

- 01** ● Our founder Dr. Aparna Hegde was named in the TIME 100 Most Influential People 2025 in global health. This recognition acknowledged the impact of our Artificial Intelligence (AI) - powered model, developed in partnership with Dr. Aparna Taneja and her team at Google DeepMind, which identifies the women most at risk of dropping out of ARMMAN's mobile health (mHealth) interventions and enables us to intervene early to ensure the continuum of care.

[Read the article](#)



- 02** ● The Elevate Prize Foundation captured ARMMAN's Journey in the 'Nevertheless' Series.

[Watch the Video](#)

- 03** ● BMC allocates Rs 7,380 for public health: Focus on infra upgrade, cancer care.

[Read the article](#)

- 04** ● Supriya Balakrishnan, Investment Director and India Head at LGT Venture Philanthropy (LGT VP), credited ARMMAN as a key contributor to addressing gender equity, and encouraging involvement of the father and other family members in child care in the 'Unusual Suspects' podcast by GivingPi and MoneyControl.

[Listen to the Podcast](#)

- 05** ● The Times Of India featured ARMMAN's malnutrition programme, highlighting how the intervention focuses on educating caregivers of infants aged 0-36 months about the best healthcare practices.

[Read the article](#)



- 06** ● Kilkari, the largest mobile-based maternal messaging programme in the world, was showcased at the Indian parliamentary session by the Minister of State for Health & Family Welfare, Ms. Anupriya Patel, emphasizing the significance of the Interactive Voice Response (IVR) calls and WhatsApp messages, in supporting women during pregnancy and infancy.

[Watch the video](#)

- 07** ● Dr. Aparna Hegde, the founder of ARMMAN, was interviewed by the Centre for Effective Governance of Indian States (CEGIS) on the impact of civil society and government collaborations on citizens' access to quality services as part of their 'Why Governance Matters' series.

[Watch the video](#)

- 08** ● Dr Aparna Hegde and ARMMAN was featured in the Times of India article 'A Mom for the Mothers'. The article was published in all editions of the national daily.

[Read the article](#)

- 09** ● CNBC-TV18 highlighted ARMMAN's partnership with Google Research to develop an Artificial Intelligence (AI)-based model that predicts which women are likely to drop out of our voice call service in this video: 'NGO ARMMAN Joins Force With Google To Help Expecting & New Mothers'. This model enables targeted follow-ups to ensure that women continue receiving critical maternal and child health information during pregnancy and infancy.

[Watch the video](#)

- 10** ● ARMMAN Founder Dr. Aparna Hegde and CEO Ramesh Padmanabhan were featured by the Skoll Foundation. While Dr. Hegde highlights the vision behind setting up ARMMAN, Ramesh speaks about the use of Artificial Intelligence in our interventions.

[Watch the Video](#)

- 11** ● ARMMAN's work with Google India to build AI-based models was showcased by **The Indian Express** and **India Today**. Prof. Milind Tambe, Director "AI for Social Good" Google Research, highlights the effectiveness of the Restless Multi-Armed Bandits (RMABs) model, which we developed to identify listenership patterns and prevent subscribers from dropping out of ARMMAN's mMitra programme. This model was created in partnership with Google Research India, which was then transitioned to ARMMAN for further scale up.

[Read the article](#)



FUTURE FOCUS AREAS



FY 2024–25 marked a year of accelerated growth and scale, inspiring us to be more ambitious in reaching women, children, and families from the most vulnerable and marginalised communities. As we prepare to expand Kilkari and Mobile Academy to the remaining states by March 2026—making them truly pan-India—we continue to strengthen the government’s Reproductive and Child Health (RCH) portal, which powers both programmes. A stronger database ensures more women receive timely preventive health information and more health workers access updated knowledge. Alongside scale, we are improving listenership and engagement, while embedding these programmes within government systems to ensure long-term sustainability.



Innovation remains central to our approach. We are enhancing our technological solutions through Large Language Models, Artificial Intelligence, and emerging platforms. Pilots using WhatsApp to deliver audio-visual messages have improved reception and retention of Kilkari content; we aim to scale this nationwide. Preparations are also underway for the launch of Mobile Academy 2.0 in two states, with enriched multimedia content—videos, digital posters, audios, quizzes, and notifications—delivered via multiple channels including WhatsApp and IVR, to elevate the learning experience for health workers.



Meanwhile, our flagship mMitra programme has evolved into MaMitra in Mumbai, in partnership with the Brihanmumbai Municipal Corporation. MaMitra delivers targeted information to 17,000 pregnant women with high-risk conditions. At the same time, mMitra itself is being strengthened to address high-risk conditions and expanded to new geographies such as Pune.

We are also doubling our focus on high-risk conditions during pregnancy and infancy—empowering women and families with critical information, and equipping health workers to detect, manage, and refer cases in time.



With results from our Health Equity baseline study expected next year, we aim to expand equitable access to health information among Scheduled Castes, Scheduled Tribes, religious minorities, and migrant populations—ensuring our programmes reach those who need them most and strengthen health-seeking behaviours.



Our Integrated High-Risk Pregnancy Tracking and Management programme is set to expand to two new states, with an enhanced chatbot to support Auxiliary Nurse Midwives (ANMs) by answering queries in real time.



TEAM ARMMAN

Total Number of Employees as on 31st March' 25	MALE	FEMALE
TOTAL - 289	117	172

Recruitment (New employees in FY 2024-25)		
Total Hired (Payroll + Consultant + Third Party)	MALE	FEMALE
TOTAL - 125	56	69

Key Additions to the team	Designation
Dr. Anuja Jayaraman	Chief Impact Officer
Shreya Deb	Sr. Consultant
Dr. Varada Madge	Director - Research

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 and Spiritual seeker

Mrs. Chanda Neeraj Kathuria
Retired Professor

Mr. Arindam Mukherjee
Entrepreneur

Dr. Janhavi Sanjay Raut
Principal Research Scientist

Mr. Anant Bhagwati
Entrepreneur

Dr. Dayashankar R. Maurya
Physician and Professor

Mr. Paresh Parasnis
Executive Director & COO

OUR FUNDERS

- Ankita & Bharat Jaisinghani
- Biotechnology Industry Research Assistance Council (BIRAC)
- Blue Star Foundation
- Brookefields Estates Private Limited
- Citius Tech Healthcare Technology Pvt Ltd
- Cognizant Foundation
- Co-impact
- Dasra
- Dovetail Impact Foundation
- Fidelity Asia Pacific Foundation
- Agency Fund (via GDI Solutions)
- GEP Solutions Pvt Ltd
- Glenmark Foundation
- Google IT Solution Services Pvt Ltd
- The Goradia Foundation
- Ishwar Vijay Charitable Trust
- Hamilton Housewares Pvt Ltd. (Milton)
- 3 Anonymous Donors
- James Percy Foundation
- Jester 003 Charitable Trust
- K. Corp Charitable Foundation
- Kotak Mahindra Trustee Company Limited
- Laerdal Foundation
- LGT Venture Philanthropy Foundation
- Khorakiwala Family
- MSD For Mothers
- Netri Foundation
- Optum Global Solutions (India) Pvt. Ltd
- Pfizer
- Raiden Infotech India Private Limited
- Rippleworks Inc
- Sahachari Foundation
- Skoll Foundation
- The Elevate Prize Foundation, Inc.
- Jasmine Social Investments
- Tides Foundation

OUR PARTNERS

Government Partners

- Ministry of Health & Family Welfare
- State Government of Telangana
- State Government of Andhra Pradesh
- State Government of Uttar Pradesh

Technology Partners

- Beehyv Software Solutions Private Limited
- DataFlask Private Limited
- Hungama Digital Media Entertainment Private Limited
- Turn.io PBC
- Riddhi Technology
- Exotel
- NTT Global Data Centers & Cloud Infrastructure India Private Limited (formerly Netmagic IT Services Pvt. Ltd.)
- Byasa Tech Solutions Pvt. Ltd

Innovation Partners

- ARTPARK
- Google Deepmind

Research Partners

- Mind field Research Services, New Delhi
- Google Research India, AI for Social Good
- Sigma Research & Consultancy Pvt. Ltd., New Delhi Acknowledgement: Members of ARMMANs Scientific Review Board, Members of ARMMANs Ethics Review Board

Technical Partners

- Federation of Obstetrics & Gynaecological Societies of India / National Neonatology Forum / FRHS

Strategic Partners

- Dasra

Partner NGOs

- GBMM (Gram Bharti Mahila Mandal) Betul, Madhya Pradesh
- Sukarya , Nuh, Haryana
- Apnalaya, M ward, Mumbai
- CFAR (Centre for Advocacy and Research), East Delhi, Delhi
- Navjeevan World Peace & Research Foundation, Nashik
- Saheli Sanstha, Mumbai
- SNEH Foundation, Pune

Partner Hospitals

- Lokmanya Tilak Municipal General Hospital & Medical College, Sion, Mumbai
- Tyagmurti Ramabai Bhimrao Ambedkar Maternity Home, Parel, Mumbai
- B.Y.L. Nair Hospital, Mumbai Central, Mumbai
- Sheth V.H.Gandhi & M.A.Ora Municipal General Hospital, Ghatkopar (E), Mumbai
- Matoshri Ramabai Ambedkar Maternity Home, Chembur Naka, Mumbai
- K.B. Bhabha Hospital, Bandra (W), Mumbai
- KEM Hospital, Parel, Mumbai (King Edward Memorial Hospital and Medical College)
- M.W. Desai Hospital, Malad (W), Mumbai
- Bharat Ratna Dr. Babasaheb Ambedkar Municipal & General Hospital, Kandivali (W), Mumbai

FINANCIALS

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 2025
(All amounts are in Indian Rupees)

FUNDS AND LIABILITIES	Note	As at 31 March 2025	As at 31 March 2024	PROPERTY AND ASSETS	Note	As at 31 March 2025	As at 31 March 2024
Trust Funds				Property, plant and equipment	10		
Corpus fund	3	471,550	471,550	Balance at the beginning of the year		4,197,814	2,803,128
Other earmarked fund (Created under the provisions of the trust-deed or Scheme or out of the income.)				Add: Assets purchased during the year		3,422,126	3,634,656
Unspent grant	4	253,918,206	247,367,152	Less : Depreciation		(2,632,148)	(2,239,970)
Deferred income - Property, plant and equipment	5	4,987,792	4,197,814	Total		4,987,792	4,197,814
Reserve fund (Refer Note no 2.6)	6	155,936,282	127,579,783	Loans	11	135,000	10,000
		415,313,830	379,614,299	Grant receivables	12	2,820,329	2,776,964
Liabilities				Cash and bank balances	13	482,740,321	416,163,562
For Trade payable	7	8,008,841	6,099,451	Deposits and advances	14	4,808,496	14,635,866
For Expenses	8	5,453,246	2,459,958	Other current assets	15	7,639,230	8,593,464
For Statutory dues	9	1,115,825	1,487,884			498,143,376	442,179,856
For Contribution to charity commissioner office (Refer Note 27)		55,149,481	43,205,060				
		69,727,393	53,252,353				
Income and Expenditure Account							
Balance as per last balance sheet		13,509,018	17,899,421				
Add/(Less): Surplus or deficit as per Income and Less : Appropriation to Reserve fund		24,580,927	23,362,882				
		(20,000,000)	(27,753,285)				
		18,089,945	13,509,018				
TOTAL		503,131,168	446,377,670	TOTAL		503,131,168	446,377,670

The accompanying notes including summary of significant accounting policies and other explanatory information forms an integral part of the financial statements. 1-31

This is the Balance Sheet referred to in our report of even date.

For Walker Chandlok & Co LLP
Chartered Accountants
Firm's Registration No: 001076N/NS00013

Jayakar

Armaity Alaap Jayakar
Partner
Membership No: 134739

Place: Mumbai
Date: 23 September 2025



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

Ah Hegde

Dr Aparna Hegde
Trustee

Place: Mumbai
Date: 23 September 2025

Srinivas V. Sirigeri

Srinivas V. Sirigeri
Trustee



Ah Hegde

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 2025
(All amounts are in Indian Rupees)

EXPENDITURE	Note	For the year ended 31 March 2025	For the year ended 31 March 2024	INCOME	Note	For the year ended 31 March 2025	For the year ended 31 March 2024
To Establishment expenses	16	74,058,431	53,871,324	By Interest -Accrued	20	25,232,456	23,322,851
To Remuneration to trustee	17	2,400,000	2,400,000	-Realized		7,639,230	8,593,464
To Audit fees	18	1,367,675	1,489,403	By Donations	21	172,783	361,728
To Depreciation on Property, plant and equipment	10	2,632,148	2,239,970	By Grant income	22	556,144,658	456,834,046
To Expenditure on objects of trust (classification is as certified by trustees)	19			By Miscellaneous income	23	13,753	-
(a) Religious		-	-				
(b) Educational		-	-				
(c) Medical and poverty relief		-	-				
(d) On other objects of the trust		476,524,469	397,155,046				
To Surplus transferred to balance sheet		24,580,927	23,362,882				
TOTAL		581,563,650	480,518,625	TOTAL		581,563,650	480,518,625

The accompanying notes including summary of significant accounting policies and other explanatory information forms an integral part of the financial statements. 1-31

This is the Statement of Income and Expenditure referred to in our report of even date.

For Walker Chandlok & Co LLP
Chartered Accountants
Firm's Registration No: 001076N/NS00013

Jayakar

Armaity Alaap Jayakar
Partner
Membership No: 134739

Place: Mumbai
Date: 23 September 2025



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

Ah Hegde

Dr Aparna Hegde
Trustee

Place: Mumbai
Date: 23 September 2025

Srinivas V. Sirigeri

Srinivas V. Sirigeri
Trustee





ARMMAN Office

Second Floor, Advance House, Plot-A, ARK Industrial Estate Compound, Makwana Rd, Marol Naka, Andheri East, Mumbai, Maharashtra 400059.

Designed by Simit Bhagat Studios