ARMMAN

DELIVERING INDIA'S FUTURE

QUARTERLY IMPACT REPORT

July 2025 to September 2025

17 Years of Transforming Maternal and Child Health

From idea to impact: 17 years, 71+ million lives

In September 2025, ARMMAN reached a **17-year milestone in promoting healthy pregnancies and safe childhoods, with a focus on equity-based and gender-transformative approaches to improving maternal and child health** across India. What began as a humble idea from our founder, <u>Dr. Aparna Hegde</u>, has grown into a nationwide movement that has **reached over 71 million women and their children across 28 states** through innovative, 'tech plus touch' solutions.

Our '**fit for purpose**' approach with stratified programming, including **gender-transformative multimedia content and two-way communication**, addresses women's differential access to technology and enhances focus on women with high-risk factors and those belonging to scheduled caste and tribes, religious minorities, and migrant communities. Building on this journey, we went **live with Kilkari on WhatsApp** and advanced our work on **high-risk pregnancies.**

ARMMAN's refreshed brand identity and logo reflects this evolution, capturing the impact we've created over the years and our vision for a healthier, more equitable future.

What You'll Find Inside

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- **Empowering Women and Supporting Children**

- **Training Health Workers and Strengthening Health Systems.**

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Sustainable Development Goals

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Good Health and Well Being

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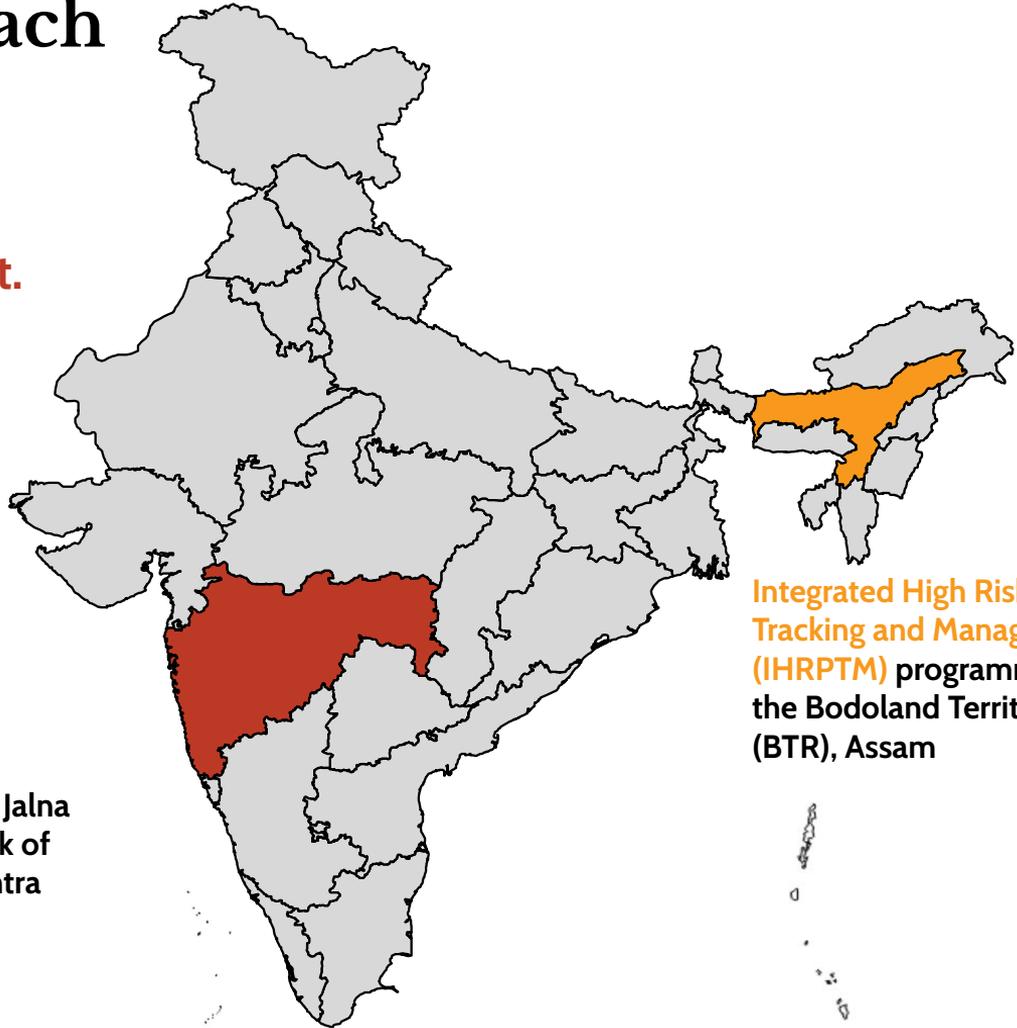Zero Hunger

17
Partnership for the Goals

Expanding Our Reach

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

mMitra, expands to 5 hospitals in Pune, Maharashtra

Integrated High Risk Pregnancy Tracking and Management (IHRPTM) programme reaches the Bodoland Territorial Region (BTR), Assam

Swasth Kadam expands to Jalna District and Malegaon block of Nashik District in Maharashtra

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 accessible and engaging for them.

71+ Million* Women & Children Reached			
		Outreach in Q2	**Outreach to Date**
Kilkari	Pregnant women & mothers received critical preventive care information	14,381,909	68,001,978
MaMitra	Pregnant women & mothers received critical preventive care information	9,133	18,472
	Pregnant women received targeted messaging on high-risk conditions	4,147	7,964
SWASTH KADAM	Caregivers received personalised counselling on childcare and nutrition through live calls	11,419	18,040
	Caregivers received information on childcare and nutrition via Whatsapp	12,132	468,69

*Includes 3 million women reached via mMitra in previous years

Kilkari strengthens health systems across states

This quarter, Kilkari continued to focus on **system strengthening**. **A state-level workshop** in **Madhya Pradesh** set the pace, and collaboration with **State Nation Health Mission (NHMs)** deepened through district-level workshops, orientations, and convergence meetings to strengthen implementation and listenership.

State-level coordination remains strong, with a focus on district reviews to improve **Reproductive and Child Health (RCH) - Kilkari linkages. All states that Kilkari is implemented in have achieved over 60% data acceptance in September 2025.** Operational linkages between RCH and Kilkari were reinforced through data-validation drives to support timely registration and enrolment.

Kilkari promotion was woven into **Swasth Nari Sashakt Parivar Abhiyaan** and other campaigns, and taken to health melas, Village Health and Nutrition Day (VHNDs), and Poshan Maah so that more pregnant women and mothers could enrol.

WhatsApp-based Kilkari which uses interactive multimedia, videos, posters, and quizzes to reinforce key health behaviours is available in Assam, Odisha, Chhattisgarh, and Uttar Pradesh.

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 access to technology

Over 2,450 pregnant women and children under the age of 1 from equity-encumbered populations in Nuh, Betul, Mumbai, and Delhi have been **enrolled in the equity pilot** and have access to one or more Maternal and Child Health (MCH) services. **1,760 Reproductive Child Health (RCH) identifications** have been added to the database for **Kilkari calls.**

We have deepened our efforts to reach women who lack consistent access to mobile phones. In addition to community mobilisers and support groups sharing Kilkari call recordings with individual beneficiaries, we have set up **Offline Kilkari corners at Anganwadi Centres** in select pilot areas.

Baseline assessments to evaluate the state of Reproductive, Maternal, Newborn, Child, Plus Adolescent Health (RMNCH+A) have been conducted in all four equity pilot geographies.

As part of our efforts to strengthen the health system, ARMMAN's **Integrated High Risk Pregnancy Tracking & Management** programme has entered into an agreement with the government of Betul to build the capacity of Auxiliary Nurse Midwives (ANMs), Medical Officers (MOs), and Specialist Doctors on high-risk pregnancy tracking, management, and referral in the district.

MaMitra / mMitra, a free weekly messaging service, provides critical preventive care information to women during pregnancy and infancy

This programme aims to improve the tracking and management of high-risk pregnancies, while strengthening health system data. This programme has been launched as **mMitra** in 5 hospitals this quarter, in collaboration with the **Pune Municipal Corporation** (PMC).

MaMitra, implemented in partnership with the **Brihanmumbai Municipal Corporation** (BMC), has registered 9,069 pregnant women this quarter; 6,694 (74%) of whom were identified as high-risk. 6,030 of these women fell under at least one of our six tracked conditions and 86% of them received MaMitra calls during the quarter.

The <u>MaMitra chatbot</u> **was launched** this quarter, to ensure that high-risk women have timely access to essential health information. To further explore the impact of sharing targeted information through interactive formats, we have implemented and are evaluating a **Diabetes WhatsApp group**. Our mid-point check-in telephonic surveys indicate that a mix of general and condition-specific information, and pregnancy stage-specific information are well received, and that there is a need for practical, actionable health advice.

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

This quarter, Swasth Kadam expanded its footprint to Jalna District and Malegaon block, Nashik District in collaboration with the District Health Department and a local NGO partner.

Across programme geographies, **13,423 children under the age of 3 were screened**. Of these, 3,652 Moderately Underweight (MUW) children were enrolled for tele-counselling and 12,132 beneficiaries were reached through WhatsApp.

We developed a **growth-tracking tool for children with Severe Acute Malnutrition** in **Nandurbar**, and designed and introduced a **Growth Chart Calendar** which aims to promote active caregiver engagement in monitoring child growth and enhancing understanding of nutrition and developmental milestones. Created to be used by a child's caregivers, the calendar is a visual, interactive aid that enables families to regularly record their child's weight and track progress over time. The chart also includes guidance on age-appropriate feeding, hygiene, and stimulation practices, linking daily caregiving routines to long-term child growth and development.

Stories of Change

How Kilkari Empowered an Expectant Mother in North Goa

Sonal, a 30-year-old expectant mother from Sodiem Siolim, North Goa, was six months into her pregnancy when she registered for Antenatal Care (ANC) at the North Goa District Hospital. Since then, she has been an active listener of Kilkari's weekly, stage-based voice messages that provide vital information tailored to each phase of her pregnancy.

Each week, Kilkari calls remind Sonal of important steps for her health and her baby's well being. One such call highlighted the importance of maternal vaccination in protecting both mother and her unborn child from infections. Motivated by this, Sonal visited the District Hospital and received her Tetanus-Diphtheria (TD) vaccine - an important milestone in her pregnancy journey.

Sonal shares that the Kilkari messages are simple, clear, and easy to follow, helping her take timely action. For Sonal, Kilkari has become more than just a phone call; it is a trusted companion that keeps her informed, reassured, and connected to the right care.

The greatest challenge in maternal health is not always due to lack of services, but the absence of timely, credible information that cuts through daily distractions and hesitation. Sonal's experience perfectly illustrates how Kilkari bridges this gap.

"The calls remind me what to do and when to do it. They make me feel confident and supported, even when I'm unsure."

Representative image

Training Health workers, Strengthening Health Systems

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

560,000+ Health Workers Trained			
		Outreach in Q2	Outreach to Date
	Frontline health workers trained	22,272	546,718
	Health workers trained on high-risk pregnancy protocols	1,192	18,770
	Frontline health workers trained in home-based care	123	321

72% of Accredited Social Health Activists (ASHAs) in 17 states have started the Mobile Academy course

ASHAs who are the first point of contact for pregnant women and young mothers use Mobile Academy's **structured, easy-to-access learning modules** to reinforce counselling on safer pregnancies, institutional deliveries, and newborn care.

To date, 546,718 ASHAs (**72% of ASHAs** in the 17 states that Mobile Academy course is implemented in) have **started the course**, and 481,925 (**over 63% of ASHAs**) have **completed the course**. **Uttarakhand, Andhra Pradesh, and Delhi** show particularly strong performance, with 99.8%, 94.5%, and 93.5% of ASHAs respectively in these states having completed the course.

To keep motivation high, **certificates are distributed and top-performing districts are recognised**. ARMMAN also works with the public health system to **increase reach in regions with low Mobile Academy participation**. In Bihar, targeted district-level reorientation sessions were conducted in Jamui and Khagaria using micro-planning and peer mentoring, resulting in an improvement in Mobile Academy course completion rates. In Uttarakhand, 104 Call Centres were utilized for calling low listeners in Champawat and Rudraprayag, leading to an 8 to 10% increase in number of ASHAs engaging with the content.

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

The Integrated High-Risk Pregnancy Tracking & Management (IHRPTM) programme was **launched** in the **Bodoland Territorial Region (BTR), Assam** - a region with some of the poorest Maternal and Child Health indicators in the country. A Training of Trainers session was conducted for 16 healthcare professionals (specialist gynaecologists, medical officers, nurses) from four BTR districts. Plans to implement IHRPTM as part of an **integrated approach alongside other ARMMAN interventions that seek to reach marginalised populations (Kilkari Health Equity Pilots)** in **Betul district, Madhya Pradesh** were also finalised this quarter.

A two-day training on high-risk pregnancy protocols was conducted in **Nandurbar**, an aspirational district in Maharashtra. A total of 58 Medical Officers (MOs), 13 representatives from the nonprofit Khushi Baby, and two National Institution for Transforming India (NITI) Aayog fellows from the District Collector's office participated in this training session.

Our Large Language Model (LLM) powered [WhatsApp chatbot](#) **for ANMs has expanded to another district - Ghaziabad, Uttar Pradesh.**

Over 3,000 mothers and infants in remote rural and tribal areas received home-based care through the <u>Arogya Sakhi</u> program this quarter

ARMMAN has signed an agreement with the **Nandurbar District Collector's Office** to strengthen maternal and child health across the district. The signing was attended by Dr. Aparna Hegde and the Arogya Sakhi team, alongside **District Collector Dr. Mitali Sethi** and district officials. Through this partnership, ARMMAN will provide **technical support** to: enhance **community-level screening and tracking** of high-risk pregnancies and underweight children, **build the capacity** of frontline health workers, and **strengthen systematic tracking and management** of high-risk pregnancies district-wide.

Over the last quarter, the Arogya Sakhi programme has demonstrated notable impact in advancing maternal and child health outcomes through community and home-based care in **Jawhar & Vikramgad blocks of Palghar, and Dhadgaon block of Nandurbar, Maharashtra**.

- **123 trained Arogya Sakhis** delivered **home-based care** to **3,360 pregnant women and 5,496 children**, with a focus on early identification of high-risk conditions through screening.

- Among **pregnant women** who delivered between April 1 and September 30, 2025, under the Arogya Sakhi programme, **over 41% of women with anaemia**, over **68% of women with hypertension**, and **over 79% of women with diabetes** experienced an improvement in their respective conditions.
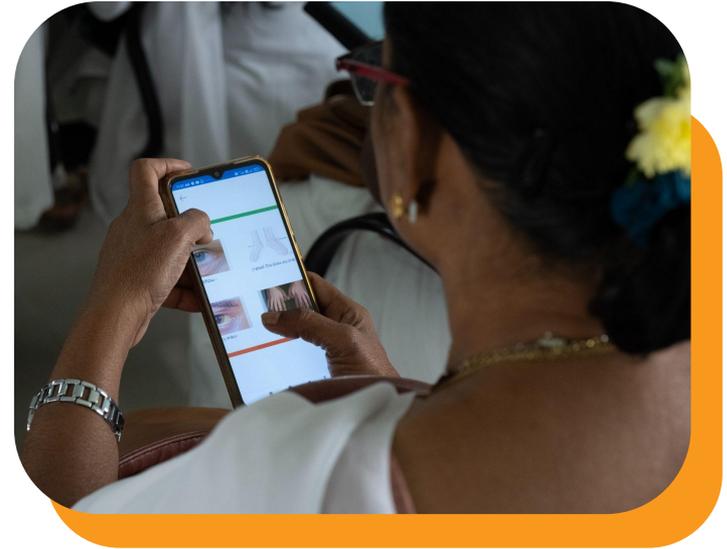
Stories of Change

In Sambhal, Uttar Pradesh, a young mother, Yasmeen, carried the weight of a complicated pregnancy. At 22, her hopes for motherhood were clouded by a dangerous rise in blood pressure and the terrifying knowledge that her baby lay breech – a dangerous position for childbirth.

Reeta, the ANM providing care to Yashmeen, had learned to recognize the perilous signs of pregnancy-induced hypertension and the dangers of a malpresentation through IHRPTM training. She knew immediate referral to the Community Health Centre was critical.

Though convincing Yasmeen's anxious family proved a challenge, Reeta, strengthened by her training, patiently allayed their fears, using her newfound confidence to explain the urgent need for specialized care. With compassionate understanding, she built trust, gradually chipping away at their hesitation.

Finally, the family consented to the referral. It was a turning point. Reeta's swift action, fueled by her enhanced skills and unwavering dedication, set in motion a chain of events that saved Yashmeen and her baby.

This case story showcases how technology and training can empower healthcare workers, turning them into heroes, saving precious lives, and strengthening communities one family at a time

Representative image; Names altered to maintain confidentiality

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.

Baseline assessments have been conducted through the Health Equity Pilots to evaluate the state of Reproductive, Maternal, Newborn, Child, Plus Adolescent Health (RMNCH+A) in four equity-encumbered communities based in the following pilot geographies - Nuh district, Haryana; Betul district, Madhya Pradesh; Mumbai, Maharashtra; and East Delhi, Delhi NCR.

Findings from these assessments indicate that:

❖ Community hesitancy to participate in RMNCH+A initiatives, and a lack of male engagement are both challenges that are present in all four pilot areas.

❖ Physical inaccessibility of households and displacement of families are issues in rural Betul and Nuh, and in Delhi where demolition of settlements have occurred.

❖ A lack of up-to-date documentation (required to access RMNCH+A government services, including Kilkari) is a particular issue in Mumbai.

These baseline findings are being used to improve and enhance our programme activities, to better reach women from marginalised communities. Our analysis of RMNCH+A in these communities will continue in a midline study to be conducted in December 2025.

Research Driving Real-World Change

- A research paper authored by the Integrated High-Risk Pregnancy Tracking & Management (IHRPTM) team, entitled **"Impact of a multi-component intervention to build capacity of public health workers to make algorithmic diagnosis and management of high-risk pregnancies: Protocol for a matched-control, before-after quasi-experimental study with a mixed- method design in Uttar Pradesh, India**" – has been accepted for publication in the Journal of Medical Internet Research (JMIR).

- The IHRPTM team is in the process of conducting an **analysis of the programme in Telangana to compare diagnosis, management, and referral practices followed by health workers prior to and after the introduction of complete package of interventions on high-risk pregnancy conditions.** Initial findings indicate that the diagnosis, referrals, and management of moderate and severe anaemia cases by ANMs have improved post training.

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.

- **The MaMitra chatbot was launched in this quarter,** and 20 users have been onboarded so far. In the upcoming year, we will onboard more users, begin A/B testing, implement nudge techniques, and begin tracking escalation and response quality metrics to inform model improvement.

- **The IHRPTM Large Language Model (LLM) powered multilingual, multimodal chatbot for ANMs** that answers text and voice-based questions about high-risk pregnancy conditions and antenatal care topics is **now live in another district of Uttar Pradesh - Ghaziabad - where it has reached approximately 305 ANMs. A small-scale formal pilot of the Telugu-language version of this chatbot has also been launched** in two health centres of Telangana, with 46 ANMs currently engaged through the chatbot. Initial findings indicate an 82% resolution rate, with 256 out of 311 queries successfully resolved.

- **Kilkari 2.0 has now reached over 220,000 subscribers on WhatsApp** in Uttar Pradesh, Chhattisgarh, Odisha, and Assam. We have further refined this service by sorting messages into categories and subcategories through a Large Language Model (LLM) powered automated process.

In The Spotlight

THE ECONOMIC TIMES | SME
English Edition ▾ | Today's ePaper

When tech meets empathy: Inside ARMMAN's AI-driven maternal care model

Synopsis
Through Kilkari and mMitra, Mumbai-based ARMMAN, in collaboration with Google DeepMind, is leveraging AI to better maternal health outcomes in India.

Aparna Hegde with beneficiaries of ARMMAN's programs

The Kilkari pilot and mMitra health impact study, in partnership with Google DeepMind, were featured in prominent media publications.

- Google India blog
- YourStory
- The Economic Times

Kilkari and mMitra were also featured in an article by the Times of India (TOI), which highlighted our use of Google DeepMind's AI support to optimize call times, improve participant adherence, and achieve significant, data-driven results in maternal health programmes.

The Kilkari training conducted in Khandwa district, Madhya Pradesh, was featured by Doordarshan, India's national public service broadcaster known for its expansive reach across rural and remote regions.

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. **Senior Content Manager- Delhi**

3. **Product Manager- Mumbai**

4. **Senior Data Analyst - Delhi**

Click **HERE** to learn more about careers at ARMMAN

What's Next at ARMMAN?

Kilkari will scale to **seven new states and union territories** – Punjab, Kerala, Lakshadweep, Ladakh, Puducherry, Sikkim, and Meghalaya – in the upcoming quarters.

MaMitra will be implemented in another 17 Brihanmumbai Municipal Corporation (BMC) hospitals.

Mobile Academy will scale up in **three new states** – Maharashtra, Gujarat, and Karnataka.

IHRPTM will commence Phase I trainings in the Bodoland Territorial Region, Assam, and in Betul, Madhya Pradesh. We will also complete Phase II & III trainings in Andhra Pradesh, and advance to Phase III trainings in Telangana upon state approval.

Financial Highlights (in USD)

	FY 2025–26 Budget (April '25 – March '26)	Q2 Utilisation (July '25 – September '25)	H1 Utilisation (April '25 – September '25)
Direct Costs	6,832,849	1,452,507	2,904,120
Indirect Costs	473,539	116,927	222,114
Total	**8,402,713**	**1,569,434**	**3,126,234**

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.

ARMMAN
DELIVERING INDIA'S FUTURE

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

Contact Us

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