



ARMMAN

DELIVERING INDIA'S FUTURE



QUARTERLY IMPACT REPORT

October to December 2025

When Systems, Technology, and Care Come Together



This quarter, we reflect on how partnership and innovation can deepen last-mile impact. In November 2025, ARMMAN signed a Memorandum of Understanding (MoU) with the Integrated Child Development Services Scheme (ICDS) of the Government of Maharashtra to implement the **Swasth Kadam** programme across the state.

While the **MaMitra** chatbot provides real-time, two-way support for women during pregnancy and early motherhood in Maharashtra, we strengthened Kilkari by introducing WhatsApp-based pilots using multimedia content in select geographies, alongside its continued voice-based reach to millions of mothers each year. **We are further** equipping health workers with Artificial Intelligence (AI)-powered support to strengthen clinical decision-making and manage high-risk pregnancies with confidence via the **ANM support chatbot**. AI at ARMMAN is used as a natural step to **make programmes more engaging and effective at scale**, as part of our human-centred, data-driven, evidence-based approaches for better maternal and child health outcomes.

As ARMMAN grows, our work at the intersection of maternal health and AI is gaining wider visibility. From participation in the **Google.org Accelerator** and recognition from the **Koita Foundation** to our exhibit at the **IFRC 2026**, we continue to build momentum. We invite you to learn more about these advancements in the **In the Spotlight** section of this report.

This report captures a quarter in which systems, innovation, and care come together to strengthen support for families and health workers at scale.



What You'll Find Inside

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

Sustainable Development Goals

03

Good Health and Well Being

05

Gender Equality

02

Zero Hunger

17

Partnership for the Goals



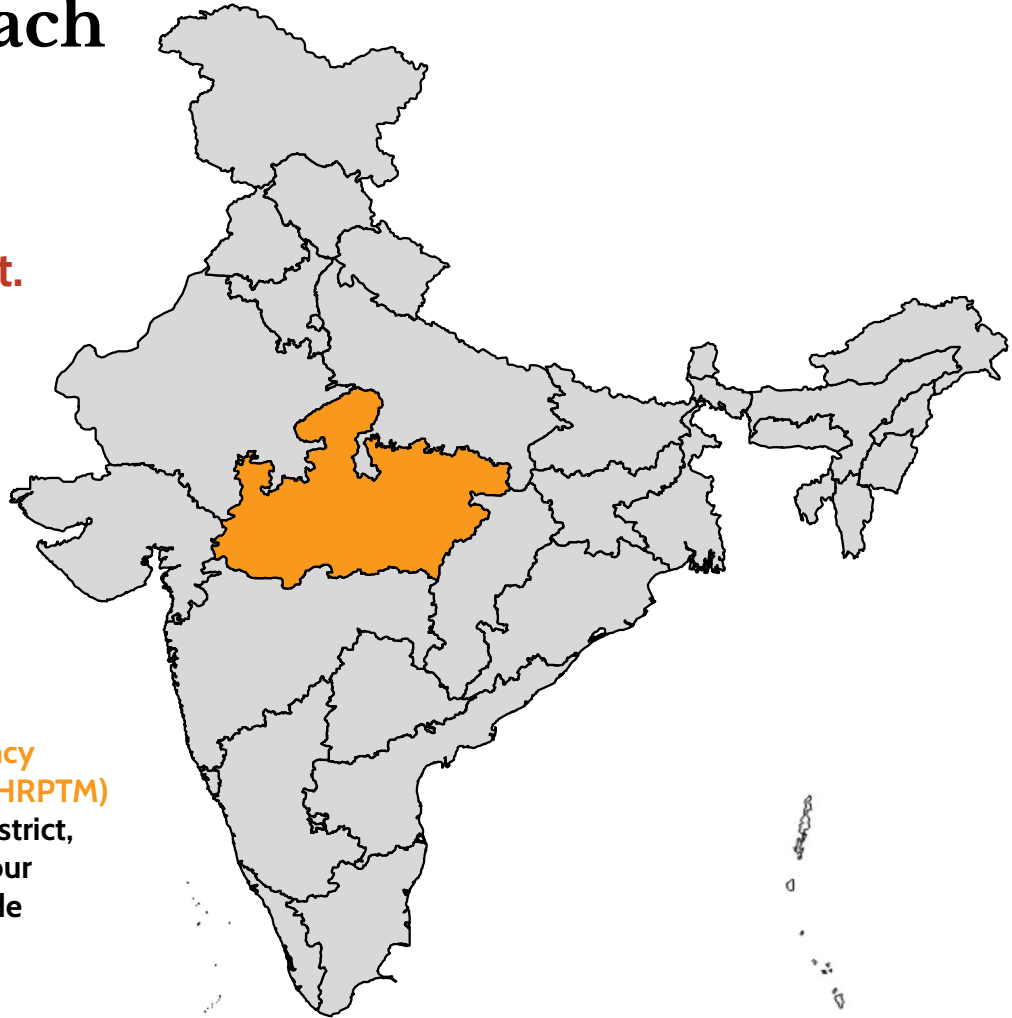
Expanding Our Reach



New regions.

New communities.

Wider reach for stronger impact.






Integrated High Risk Pregnancy Tracking and Management (IHRPTM) programme reaches Betul District, Madhya Pradesh, as part of our integrated approach alongside **Kilkari Health Equity Pilots.**

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.

75+ Million* Women & Children Reached

		Outreach in Q3	Outreach to Date
	Pregnant women & mothers received critical preventive care information	4,845,912	7,28,47,890
	Pregnant women & mothers received critical preventive care information	10,575	29,592
	Pregnant women received targeted messaging on high-risk conditions	4,693	13,357
	Caregivers received personalised counselling on childcare and nutrition through live calls	6,880	21,510
	Caregivers received information on childcare and nutrition via Whatsapp	13,513	60,462

*Includes 3 million women reached via mMitra in previous years



Kilkari on WhatsApp: Deepening Engagement, Learning What Families Need

In Q1, we introduced **Kilkari on WhatsApp** with a clear intent: to build on the scale of Kilkari while offering families a more interactive, accessible, and responsive way to engage with health information, without disrupting access for those who rely on Interactive Voice Response (IVR).

As we end Q3, Kilkari on WhatsApp is live across four states- Uttar Pradesh, Chhattisgarh, Odisha, and Assam, with over **330,000 subscribers**. Early results show strong and sustained engagement. More than **1.5 million core messages were delivered**, out of which **almost 70% were read**, suggesting that women are not just receiving messages, but actively engaging with them. The shift to **multimedia content** (voice notes, videos, quizzes) has made learning more interactive, with **quizzes emerging as a powerful engagement tool**, especially for pregnancy content.

Beyond engagement, WhatsApp is also opening up space for dialogue. During this period, the **Kilkari WhatsApp channel** received nearly **24,000 incoming messages from over 13,500 women**. The queries ranged from concerns about pain in the ninth month of pregnancy to questions about ultrasound timing, government entitlements for girls, benefits for institutional deliveries, and worries about newborn behaviour. These messages offer a clear signal: **when given the opportunity, families are eager to ask questions, seek clarity, and make informed decisions**.

As we continue to learn from Kilkari on WhatsApp, these early insights are shaping how we refine content, manage responses, and strengthen two-way communication. Just as importantly, they push us to keep asking a critical question that guided the programme's design from the start: **who might we still be missing, and how can we reach them better?**



Kilkari Equity Pilots: Bridging the Digital Divide with Offline Kilkari Centres

While Kilkari continues to reach families through voice calls and WhatsApp, we have been careful to ensure that no woman loses access in the process. Women are enrolled on IVR by default and invited to opt into WhatsApp through simple prompts, so those who choose not to move continue to receive the same critical health information through voice calls.

Yet, even with multiple delivery channels, some women remain beyond the reach of personal mobile phones. To address this gap, ARMMAN's **Health Equity Pilots** focus on ensuring that no woman is left behind, regardless of where she lives, who controls access to a phone, or whether she owns one at all. These pilots are culturally responsive maternal and child health interventions designed for pregnant women, new mothers, and infants from historically excluded communities.

This quarter, as part of the equity pilot, ARMMAN introduced the **Kilkari Prasaran Kendra**, community-based hubs that allow women without phones to access Kilkari's stage-based audio health messages. In addition to community mobilisers and support groups sharing Kilkari call recordings with individual beneficiaries, Offline Kilkari corners have been set up at Anganwadi Centres and in the homes of support group members in selected pilot areas. Through these efforts, **over 1,669 women** accessed Kilkari messages offline this quarter.

For some women, continuity of care requires more than a phone or an app. The case story below shows how community-led approaches are helping bridge this gap.

Stories of Change



Bringing Kilkari to the Community: Ensuring No Woman Is Left Behind

In Nuh, Haryana, Kilkari messages reach women not through personal phones, but through shared, community-led spaces- **the Kilkari Prasaran Kendra**. Currently active across four villages, the model is simple and community-led. Women take turns hosting small group sessions in their homes, where they listen together to pre-downloaded Kilkari audio messages. Each session is followed by guided conversations, led by a trained volunteer, on everyday topics such as nutrition, supplementation, family planning, and immunisation.

For **Rani**, a 26-year-old expectant mother from Ranyala village, **these sessions were transformative**. Encouraged by what she learned, she began taking iron and calcium supplements regularly- improving her haemoglobin levels from **6 g/dl to 10 g/dl** during pregnancy.

Implemented with NGO partner **Sukarya**, this ARMMAN-led innovation strengthens peer learning, shared ownership, and community support for maternal and child health in one of India's most underserved districts.



By bringing Kilkari into the community, this equity pilot ensures that lack of digital access does not stand in the way of maternal and child health.

**Representative image*



MaMitra/mMitra: Early Identification and Ongoing Support for High-Risk Women

Following the success of **MaMitra in Mumbai**, **mMitra** was launched in **Pune last quarter** in partnership with the Pune Municipal Corporation (PMC) across five hospitals. By the end of this quarter, **almost 2000 women were enrolled**, with **more than 1200 identified as high-risk** during registration and follow-up.

In Mumbai, at the **11 BMC hospitals** where MaMitra is already active, nearly **30,000 women were enrolled this quarter**, with more than **24,000 identified as high risk**, enabling early follow-up and support.

Further, **MaMitra continued to expand** in partnership with the Brihanmumbai Municipal Corporation (BMC), starting enrollment across **25 maternity homes, one peripheral hospital, and one tertiary hospital**.

Across both cities, **anaemia emerged as a key risk**, with **43% of cases identified** across mild, moderate, and severe categories. Engagement remained strong, with **over half of high-risk women listening to more than 75% of the high-risk IVRS calls** sent to them.

To further support women in navigating pregnancy and early motherhood, the **MaMitra WhatsApp chatbot**, launched last quarter in Mumbai, continued to gain traction. **User engagement grew from 20 to over 1,300 this quarter**. Available in **Hindi and Marathi**, in both text and voice, the chatbot provides **real-time, two-way support**, helping women access timely information and make informed health decisions, with human experts stepping in when questions require additional review.

Click [here](#) to learn more about the MaMitra AI-powered chatbot.



ARMMAN Partners with State Government to Tackle Malnutrition in Maharashtra

In Q3, the programme took a major step toward systems change and reached an important milestone. ARMMAN signed a **Memorandum of Understanding (MoU)** with the **Integrated Child Development Services Scheme (ICDS), Government of Maharashtra**, to implement the **Swasth Kadam programme** across the state. As part of this collaboration, ARMMAN will identify moderately underweight children and their families from Anganwadis (government child care centres) across the state. ICDS teams will facilitate enrolment of these children in the programme, coordinate referrals to Nutrition Rehabilitation Centres, and support data sharing through the **Poshan Tracker App**. For phase 1, 5 districts of Maharashtra- Pune, Mumbai, Nashik, Nagpur and Chhatrapati Sambhaji Nagar districts were selected.

By working closely with the government, Swasth Kadam will ensure timely support for families, stronger follow-ups, and deeper integration with public health services. This partnership is a significant step toward systems change.




This quarter, ARMMAN participated in a three-day **Workshop cum Hackathon on Strengthening Community Health and Nutrition Services**, convened by the **Nandurbar District Administration** in collaboration with **Khushi Baby**. The forum brought together government departments, development partners, researchers, and frontline practitioners to jointly identify gaps and co-create practical solutions to improve maternal and child health and nutrition outcomes across the district.

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.

5,70,000 + Health Workers Trained

		Outreach in Q3	Outreach to Date
	Frontline health workers trained	3,921	5,50,639
	Health workers trained on high-risk pregnancy protocols	2,973	20,787
	Frontline health workers trained in home-based care	179	377



Mobile Academy 2.0: Reimagining Learning for Frontline Health Workers

Mobile Academy (MA) is the world's largest mobile-based refresher training program for frontline health workers. Implemented in partnership with the **Ministry of Health and Family Welfare (MoHFW), Government of India**. Reaching **over half a million ASHAs** across the country, the programme has shown that simple, accessible learning delivered through a mobile phone can improve communication, confidence, and practice on the ground.

*In Q1, we shared that MA was set to take on a new avatar. In Q3, that shift became concrete, as ARMMAN received approvals from the **National Human Rights Commission of India (NHRC)** and the **MoHFW** for a **revised three-level Mobile Academy course- Beginner, Intermediate, and Advanced**, each made up of 45-50 lessons, organised into thematic chapters. The updated content will cover essential areas of maternal and child health, including **pregnancy and postnatal care, management of high-risk conditions, newborn and child health, nutrition, family planning, prevention of common illnesses, and the expanded scope of ASHAs' work**. The course will be rolled out in phases, with the flexibility to add topics based on the knowledge and skills required by ASHAs.*

This is a progression towards the **augmented version, MA 2.0**, which includes enhanced content focused on **strengthening ASHA's overall job skills**, expanded delivery channels, two-way communication, and long-term support using emerging technologies such as WhatsApp to improve their learning and engagement during training and service delivery.



IHRPTM: Partnering with The Government of Goa to Strengthen High-Risk Pregnancy Care

Q3 marked a milestone: ARMMAN signed a Memorandum of Understanding with the **Directorate of Health Services (DHS), Goa**, marking the start of IHRPTM implementation in the state. This partnership lays the foundation for embedding high-risk pregnancy protocols within government systems and strengthening referral and follow-up pathways, with the intent to scale statewide over time.

Last quarter, it also extended to the **Betul district in Madhya Pradesh**, where, early this quarter, **Phase 1 trainings with Medical Officers** were initiated to strengthen care for vulnerable women.

While the programme is expanding, our multilingual, multimodal WhatsApp chatbot for ANMs (with a human in the loop) that answers questions about High Risk Pregnancy (HRPs) & antenatal care, and provides a channel for continuous learning and on-the-job support, is growing as well. In Q3, we have **expanded to the Prayagraj district of Uttar Pradesh**, while a limited pilot continues to run successfully in **Telangana**. The chatbot, which was initially available only in Hindi, is now also available in **Telugu** and **Marathi**, reflecting our focus on building tools that work in local languages. With over **1,000 active users** across Uttar Pradesh and Telangana, it is designed to integrate with government health systems and supports ANMs in applying recommended antenatal care practices, improving early identification, and better management of HRPs. More on this in the [Innovations](#) section.



Arogya Sakhi: How Community-Based Support Improves Health Outcomes

The **Arogya Sakhi programme** delivers community and home-based care for pregnant women, new mothers, and infants in underserved parts of Maharashtra.

Programme data collected between **April 2023 and December 2025** from Jawhar and Vikramgad blocks of **Palghar** and Dhadgaon block of **Nandurbar** reveal strong and encouraging outcomes.

Nearly **all reported pregnancies resulted in live births**, and **no maternal deaths** were recorded during pregnancy or delivery. Among women followed through the programme, a large majority showed improvements in key risk areas- **haemoglobin levels improved for most women**, while **blood sugar and blood pressure levels normalised for many who were identified at risk**. The programme has also demonstrated strong referral follow-through. **More than nine in ten referred women completed their facility visits**, reflecting trust, counselling quality, and consistent accompaniment by Arogya Sakhis.

Postnatal outcomes show a similar pattern. A high proportion of children identified with nutritional risks, whether severe or moderate, **recovered to normal categories**, and most infants flagged through Mid-Upper Arm Circumference (**MUAC**) screening returned to healthy ranges. **Referral completion among infants remained high**, pointing to effective follow-up during the critical early months of life.

Together, these findings highlight what sustained, community-based support can achieve. By staying close to families, building trust over time, and linking households to health facilities when needed, **Arogya Sakhi continues to strengthen maternal and child health outcomes in areas where access and follow-up are often the hardest.**

Stories of Change



Arogya Sakhi Averts Severe Pneumonia Through Early Detection and Referral

Advik Machhindra Tubanda, a four month old infant from Tumbdepada, a remote tribal village located in the Palghar district of Maharashtra, lived in a community where families often struggle to access timely healthcare. Born with low birth weight and raised in a financially vulnerable household, Advik's early months were marked by risk, made harder by distance, cost concerns, and fear of long delays at government facilities.

Advik was enrolled in ARMMAN's Arogya Sakhi programme in June 2025, ensuring his family received continued monitoring and guidance through trained frontline workers. During a routine field visit on 4 September 2025, Arogya Sakhi Kamal Khutade noticed clear danger signs, breathing difficulty, along with cough, cold, and fever that had persisted for several days. The family had not sought medical help for Advik, worried they would not be able to afford treatment or manage the time and uncertainty involved.

Recognising the seriousness of the symptoms, especially in a low birth weight infant, Kamal immediately escalated the case. When Advik remained untreated the next day, the field supervisor intervened to ensure urgent action. On 6 September 2025, Advik was taken to a child specialist, where doctors confirmed early pneumonia and admitted him right away for treatment.

Because the illness was identified early and the timely referral, Advik received hospital care and responded well to treatment. On 8 September 2025, he was discharged in stable condition, fully recovered and healthy.



This case highlights how timely home-based monitoring, early recognition of danger signs, and swift referral through the Arogya Sakhi programme can prevent complications and save young lives, even in the most resource-constrained settings.

**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.

We are currently undertaking impact studies on Arogya Sakhi and MaMitra, and we look forward to sharing the findings next year.

1. Adoption and User Experience Factors Associated with a Large Language Model-Powered Chatbot for Maternal Health: A Mixed-Methods Study among Pregnant Women in Mumbai - The study is a explanatory, cross-sectional, mixed-methods design, conducted across eleven Brihanmumbai Municipal Corporation (BMC) hospitals with 1300 pregnant women. In addition, 20 in-depth qualitative interviews will be conducted with purposively selected high-engagement users (who asked multiple questions over a period of time) and low-engagement users (who asked one or two questions with no further return) to capture diverse user experiences. In addition to the IDIs, we will conduct 4 FGDs with 5-6 participants in each group.

2. Impact Assessment of the Arogya Sakhi Program in Managing High-Risk Pregnancy in Maharashtra: This will be a mixed method, 'quasi-experimental longitudinal design' with non-equivalent control group. The study will longitudinally follow a same cohort of 2,400 high-risk pregnant women and their infants for approx. 2 years with analysis stratified by intervention and control groups and by districts. The study will overall compare maternal and neonatal outcomes among high-risk pregnant women in the intervention districts: Nandurbar and Palghar against matched control districts: Dhule and Raigad. The qualitative component will cover case studies and In-depth interviews (IDI), with beneficiaries and Arogya Sakhi's, Key Informant Interviews (KII) with medical officers (MO) and Auxiliary nurse midwives (ANM) based at Primary Health Centre (PHC), rural hospital, and civil hospital.

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**, is an Artificial Intelligence (AI)–Enabled Support for Pregnant Women & New Mothers was launched last quarter is now being used by more than 1,300 women, providing round-the-clock answers to their health related queries in the language and format of their choice. The Chatbot is contextual to each stage of pregnancy and infancy. Overall 970 messages received including text and audio ones and almost 99% responses were medically accurate and empathetic. Developed in partnership with ARTPARK (Indian Institute of Science), the chatbot will soon be expanded to all MaMitra users across the city.
- 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 5 district of Uttar Pradesh, with almost 1000 active users**. Last quarter, a **Telugu-language version** of the chatbot was launched in Telangana and is now used by nearly **50 active users**. This quarter, the chatbot was further developed to include **Marathi**, expanding language access to new geographies. The chatbot now remembers the context of the last three questions, with response times reduced by **20 seconds for audio** and **16 seconds for text**.
- ARMMAN presented findings on the **combined impact of Learning Management Systems (LMS) and WhatsApp chatbots** at the **International Conference on Family Planning (ICFP) 2025**, held in Bogotá, Colombia. Dr. Devan K. Kuda delivered a virtual presentation on behalf of ARMMAN at the conference and shared in detail how these tools improved the competencies of ANMs managing high-risk pregnancies in two Indian states, Uttar Pradesh and Telangana.

In The Spotlight



Kruti Dalal, Director, Resource Mobilization and Communication, ARMMAN, participated in the [3rd Sukarya International Conference on Public Health and Nutrition \(ICPHN 2025\)](#) held in New Delhi, where she highlighted ARMMAN's tech plus touch approach towards maternal and child health, which lays the foundation for the health and wellbeing of adolescents shaping outcomes during these crucial formative years



ARMMAN Recognized as a Global Impact Performer by 60 Decibels

The following findings place us among the top performers in reaching women who are often left behind and delivering life saving information via Kilkari:

99% of the people we reach are women

95% women said that it was the first time they had ever received timely, reliable maternal and child health information

This recognition is a powerful affirmation that our tech-enabled voice and message-based solutions are making a meaningful difference for those who need them most.



Devex, a leading media platform for the global development community, has featured ARMMAN as one of the five visionary organisations, supported by the prestigious **Kenneth C. Frazier Award for Maternal Health Equity** by **MSD for Mothers**, transforming maternal health. Read the full story on Devex [here](#)

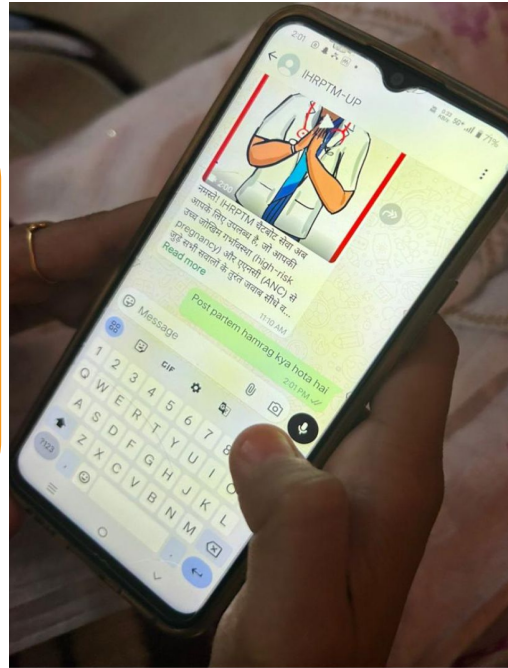
In The Spotlight



Chatbot for Health Workers Featured at the Google.org Accelerator Event



Our founder, [Dr. Aparna Hegde](#), took the stage to present a powerful pitch at the Google.org Demo Day. ARMMAN is the **only organization from India** selected among **20 global nonprofits** to join the Google.org Accelerator: Generative AI programme.

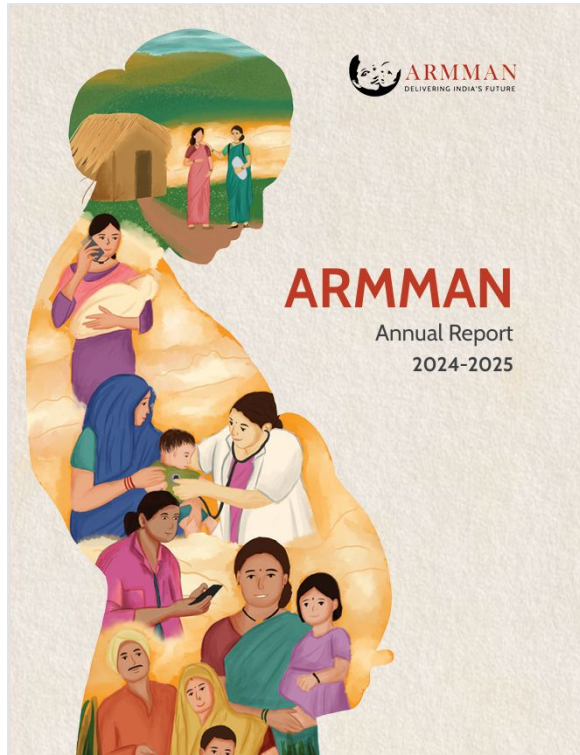


We are thrilled to share that **ARMMAN** has been shortlisted for the **Koita Foundation Tech Awards 2025 – Artificial Intelligence (AI) for Social Impact!**

ARMMAN Spotlighted at the LGT Venture Philanthropy Event



ARMMAN participated in “Reimagining Family Philanthropy: From Generosity to Lasting Impact”, a convening hosted by LGT Venture Philanthropy, LGT Wealth India, and GivingPi in Mumbai. The convening brought together over **40 leaders from family and institutional foundations**, to explore trusteeship, governance, and patient capital for sustainable change.



This quarter, **ARMMAN launched** its **Annual Report 2024–25**, reflecting on a year of learning, resilience, and renewed commitment to strengthening maternal and child health systems. Rooted in empathy, driven by equity, and powered by innovation, the report traces how ARMMAN has deepened its integration with public health systems while expanding reach to the most underserved women and children.

*We share the **Annual Report** [here](#), along with a [short video](#), and invite you to explore the journey and impact of the year gone by.*

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. [Product Manager- Mumbai/Delhi](#)
3. [Senior Data Analyst - Delhi](#)
4. [Senior Data Engineer - Delhi](#)
5. [State Program Coordinator - Andhra Pradesh](#)



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



What's Next at ARMMAN?



- From next quarter, **MaMitra chatbot**, will be extended to all women identified with anaemia, automatically linking them to timely WhatsApp messages, two-way support, and automated nudges.
- **IHRPTM capacity building in Goa** will begin with Training of Trainers and Phase 1 trainings for Medical Officers in Q4, while **Phase 3 trainings in Telangana** are scheduled to begin in mid-January 2026.
- Following the development of the **ANM Support System in Marathi**, the chatbot is planned to launch in **Maharashtra** in the upcoming quarter.
- With approvals for 3- level MA course now in place, the **Mobile Academy 2.0** is planned for rollout in the coming year.

Looking ahead, we continue to strengthen public systems and frontline health workers, using technology thoughtfully so that families receive better care.

Financial Highlights (in USD)



	FY 2025-26 Budget (April '25 - March '26)	Q3 Utilisation (October '25 - December '25)	9M Utilisation (April '25 - December '25)
Direct Costs	6,832,849	1,584,061	3,843,711
Indirect Costs	473,539	103,302	325,416
Total	8,402,713	1,687,364	4,813,598

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.



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

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