



**ARMMAN**

DELIVERING INDIA'S FUTURE



# QUARTERLY IMPACT REPORT

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January to March 2026

# A New Chapter in Connected Care For Mother & Children



This quarter marks the beginning of a new chapter for **ARMMAN**, under the leadership of our **Chief Executive Officer, [Gaurav Shah](#)**. With experience across the corporate and social development sectors, his perspective brings renewed focus on building a more resilient organisation, deepening partnerships, and strengthening systems.

As the **Government of India** moves to **[RCH 2.0](#)** ("**Janani**"), the upgraded version of the national reproductive and child health tracking platform, **ARMMAN**, is supporting **Central and State governments** in enabling a smooth rollout. The effort aims to ensure that healthcare facilities, healthcare providers, pregnant women, new mothers, and infants across the country are registered on the platform. For **Kilkari**, this means better user tracking and improved access to government benefits, even when women migrate across districts or states.

At the same time, **ARMMAN** is moving towards a more integrated approach with the **Integrated Child Development Services (ICDS)**, **Government of Maharashtra** and **[Rocket Learning](#)**, bringing health, nutrition, and early learning under one umbrella to create a more seamless experience for mothers and children during the **first 1,000 days of life**.

In **Nandurbar, Maharashtra**, an aspirational district with a large tribal population and longstanding challenges around migration, terrain, connectivity, and access to healthcare, **ARMMAN** has rolled out the **[AI-powered ANM Support System](#)**. By placing real-time clinical guidance directly in the hands of frontline health workers, the tool is making critical information easier to access and use in one of the country's most underserved regions.



# What You'll Find Inside

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## Sustainable Development Goals

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# Our Reach 2025-2026



**New regions.**

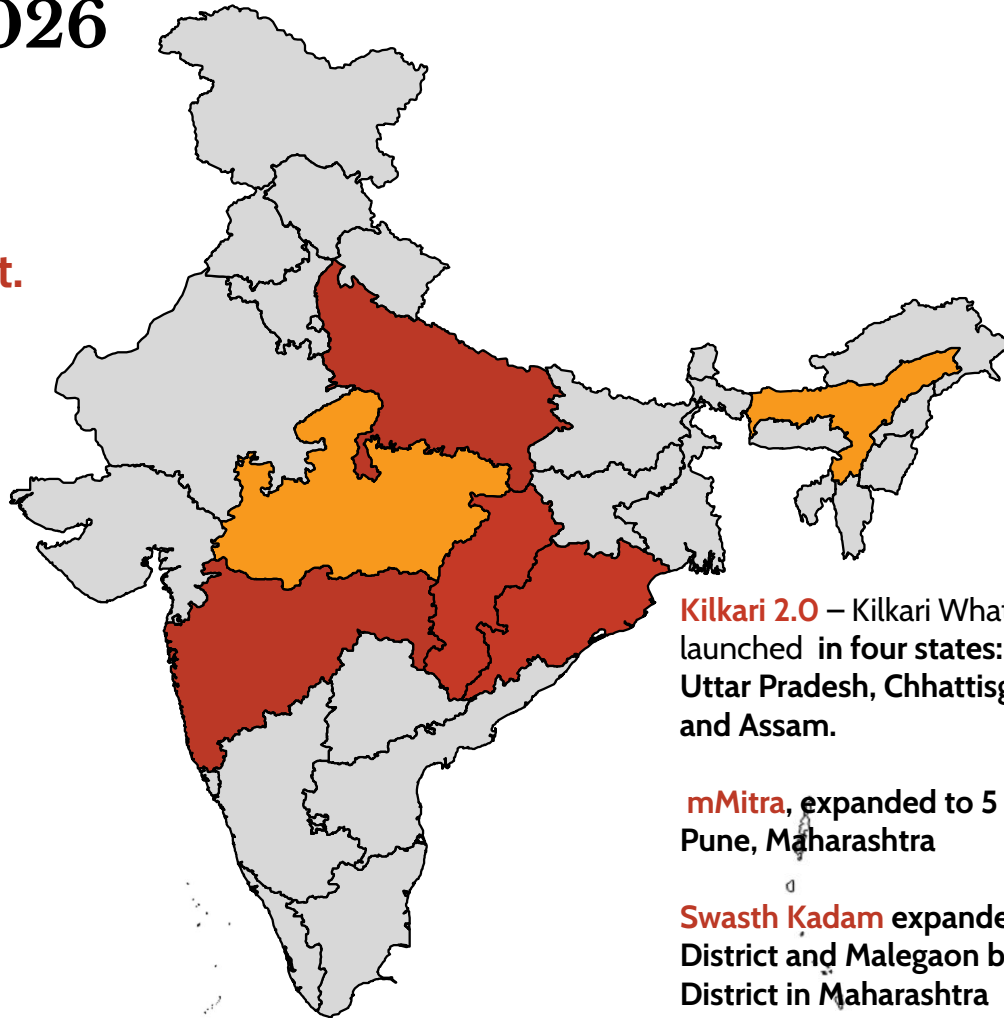
**New communities.**

**Wider reach for stronger impact.**

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

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

**Later this year the program also** expanded to the Betul District, Madhya Pradesh, as part of our integrated approach alongside **Kilkari Health Equity Pilots.**



**Kilkari 2.0** – Kilkari WhatsApp was launched in four states: Uttar Pradesh, Chhattisgarh, Odisha, and Assam.

**mMitra**, expanded to 5 hospitals in Pune, Maharashtra




**Swasth Kadam** expanded 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.

## 78+ Million\* Women & Children Reached

		Outreach in Q4	Outreach to Date
	Pregnant women & mothers received critical preventive care information	2,783,996	75,631,886
	Pregnant women & mothers received critical preventive care information	15,889	45,456
	Pregnant women received targeted messaging on high-risk conditions	8682	23,624
	Caregivers received personalised counselling on childcare and nutrition through live calls	4,221	24,043
	Caregivers received information on childcare and nutrition via Whatsapp	13,057	73,458

\*Includes 3 million women reached via mMitra in previous years



## RCH 2.0 : The Beginning of a New Phase for Kilkari

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With the rollout of **RCH 2.0** (“Janani”), the **Government of India’s upgraded reproductive and child health tracking portal**, Kilkari implemented by **ARMMAN** in partnership with the **Ministry of Health and Family Welfare** is now integrated with the upgraded platform for beneficiary tracking and service delivery.

For Kilkari, the shift is expected to improve the quality and authenticity of user data over time, helping women receive more timely and relevant information during pregnancy and early childhood. The integration of digital registries such as the Health Facility Registry (HFR) and Health Professional Registry (HPR) further supports stronger planning, monitoring, and service delivery across the health system.

Kilkari’s continued integration within government systems was also reflected in its inclusion in the **Official Annual Report (FY 2024–25) of the Health & Family Welfare Secretariat, Government of Karnataka**. Inclusion in a state annual report helps ensure the programme continues to be reviewed, tracked, and supported as part of the public health system.



## mMitra: Following High-Risk Pregnancies More Closely

In Pune, where mMitra was introduced earlier this year in partnership with the Pune Municipal Corporation (PMC) across **five hospitals**, the programme has reached over **5,000 women** till **March 2026**, with more than **2,400 identified as high-risk**.

In Mumbai, where the programme is implemented in partnership with the Brihanmumbai Municipal Corporation (BMC) under the name MaMitra, it is now **active across 38 public health facilities**, up from 11 hospitals earlier in the year.

The **MaMitra hospital application** is also active across these facilities. The updated application used by our hospital supervisors now has a **new cross-hospital referral feature**. This allows women to be tracked across facilities, helping to better understand care-seeking patterns and gaps in follow-up during pregnancy, including when women seek ANC care outside public facilities.

Alongside this, the **mMitra chatbot** has continued to scale, supporting women with timely, two-way access to information during the critical period of pregnancy and early motherhood.

Click [here](#) to explore the impact of the mMitra AI-powered chatbot.



## Swasth Kadam: Working Towards more Integrated Care for Children

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In the previous quarter, **ARMMAN** signed a partnership with the **Integrated Child Development Services (ICDS)**, Government of Maharashtra. This quarter focused on operationalising that partnership, with the programme initiating expansion across five districts through the Anganwadi network in alignment with a **1,000-day care approach**.

At the same time, **ARMMAN** has partnered with **Rocket Learning** to pilot the **Sangopan Saathi** initiative across **Nashik** and **Nagpur** districts. Implemented in collaboration with ICDS, the initiative supports caregivers of children aged 0–3 years. Through this **partnership**, **ARMMAN** provides health and nutrition support through phone-based counselling and WhatsApp messages, while **Rocket Learning** supports early childhood development and parenting through video content shared directly with families.

*By bringing these elements together under one approach, the programme aims to create a more integrated experience for families while keeping the child at the centre of care.*

# Stories of Change



## Early Support, Stronger Start: Arvin's First 1000 Days Success Story

When **Arvin** Bhikhari Pavara was born in Nandurbar district of Maharashtra, he was identified with low birth weight, placing him at **higher risk during the first 1000 days** - a critical window for survival, growth, and development. In resource-limited rural settings, where families often struggle with poor access to health services, nutrition guidance, and feeding support, low birth weight babies face challenges such as insufficient weight gain and vulnerability to illness.

Soon after delivery at the sub-district hospital, ARMMAN's team enrolled Arvin's mother, Imali Bhikhari Pawara, into the **Swasth Kadam** programme, and she started **receiving structured counselling and regular follow-up support**. Through phone-based sessions and home visits, she was guided on exclusive breastfeeding, correct positioning and attachment, feeding every two hours, maintaining hygiene, keeping the baby warm, and improving her own diet to enhance milk production.

*With continuous counselling and encouragement, Imali began following these practices with confidence. By three months, Arvin's weight had reached nearly 5kg, showing steady improvement and moving him closer to a healthier growth range for his age.*



*Arvin's story highlights how early identification, timely counselling, and continuous follow-up can help vulnerable newborns thrive in the first 1000 days, preventing their decline into severe malnutrition and supporting a healthy recovery.*




*\*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.

## 580,000+ Health Workers Trained

		Outreach in Q4	Outreach to Date
	Frontline health workers trained	3,566	554,205
	Health workers trained on high-risk pregnancy protocols	7,386	28,173
	Frontline health workers trained in home-based care	179	364



## Mobile Academy: Learning That Stays With Health Workers

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Even as we work on building on the next phase of Mobile Academy with more detailed content and interactive multimedia formats, the current IVR (Interactive Voice Response) based programme continues to support frontline health workers through simple, accessible information that strengthens their knowledge and increases their confidence.

Chameli Suryawanshi, an ASHA from Chhattisgarh, has been serving her community for over 21 years. Reflecting on her experience with Mobile Academy, she shares:

*“I have been working as an ASHA for so long and sometimes in the course of time, we forget some bits of the knowledge we gained initially. It is important to upgrade ourselves as ASHA workers to do our work better, which is where the Mobile Academy course helps us. For me, it served as a good refresher to my knowledge on maternal and child health care. After doing the course, I feel confident while addressing women and their families at community events and I am also able to clarify doubts women have about pregnancy and child care.”*

Her experience reflects how refresher-based learning continues to support frontline workers long after their initial training helping them stay confident, trusted, and effective in their day-to-day work.



## IHRPTM: Supporting High-Risk Pregnancies in Hard-to-Reach Communities

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The **Artificial Intelligence (AI)-powered WhatsApp chatbot**, which provides frontline health workers with real-time clinical guidance on high-risk pregnancies, was rolled out in **Nandurbar, Maharashtra** this quarter. Nandurbar, an aspirational district, faces long-standing challenges including high migration, difficult terrain, limited access to health services, and low literacy levels, **contributing to poor maternal and child health outcomes**. Making the **chatbot available in Marathi** is helping frontline workers access and use critical clinical guidance more easily while managing high-risk pregnancies in one of the state's most underserved regions.

In **Telangana**, the chatbot continued to expand and is now being used across **30 out of 33 districts**, reflecting growing adoption within the public health system. *More on this in the [Innovations](#) section.*

Alongside this, implementation of the **Integrated High-Risk Pregnancy Tracking and Management (IHRPTM)** programme continued across Telangana, Andhra Pradesh, Goa, Maharashtra (Nandurbar), Madhya Pradesh (Betul), Uttar Pradesh, and the Bodoland Territorial Region (Assam), **supporting improved identification, tracking, and management of high-risk pregnancies**.



## **Arogya Sakhi: Improving the health outcomes in tribal regions through last-mile care**

In underserved and hard-to-reach communities of **Palghar and Nandurbar districts**, hilly terrain, forested regions, limited infrastructure, and low trust in formal healthcare continue to affect access to services. In these communities, Arogya Sakhis are **ensuring that women and children are not missed** by bringing consistent, home-based care, early risk identification, and timely referrals closer to where families live.

Each Arogya Sakhi is equipped with an Android-based mobile application developed by ARMMAN. The application supports real-time data capture, early identification of high-risk cases, and timely follow-up, strengthening continuity of care and supporting field-level decision-making.

The strength of this model is reflected in its outcomes. During FY 2025–26, the programme achieved **99% live births** and **98% institutional deliveries**, alongside **improvements in the management of high-risk conditions and child nutrition**. These outcomes reflect sustained engagement with families, early identification of risks, and timely referrals to health facilities.

*At the core of this approach is the role Arogya Sakhis play in bridging the gap between communities and the formal health system, ensuring that care continues beyond the facility through follow-up, counselling, and recovery.*

# Innovation in Action

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ARMMAN continues to strengthen its use of Artificial Intelligence (AI) to make health information more accessible, responsive, and useful for both women and frontline health workers. This quarter reflects a shift from early deployment to deeper, more consistent engagement with these tools on the ground.

Since its launch earlier this year, the **mMitra chatbot** has rapidly scaled from **20 users to over 6,500 pregnant women and new mothers**, improving access to timely health information, particularly for those at higher risk. Strong engagement is reflected in **59% repeat queries**, while **14% of queries received via audio** highlight its accessibility for women with varying literacy levels.

**The ANM Support System**, continued to evolve as a real-time support tool for frontline health workers trained through our IHRPTM programme. This quarter, the system was enhanced to enable **contextual, back-and-forth conversations**, taking into account previous queries, allowing ANMs to ask follow-up questions and receive more relevant responses. This shift has made interactions more intuitive and useful in real-world settings, leading to significant increase in the user engagement.

**Improvements in onboarding and engagement further strengthened adoption and regular use.** A simplified onboarding flow, including **QR-based access**, made it easier for ANMs to get started and begin interacting with the system. In parallel, **quizzes and user education nudges** helped ANMs better understand what questions they can ask, while also encouraging continued engagement.

*Click [here](#) to explore more about Innovation at ARMMAN.*

# ARMMAN at the Forefront of AI Innovation for Maternal and Child Health



**DR. APARNA HEGDE**

From Algorithms to ASHAs:  
Implementing Impactful AI at the Grassroots

[WATCH NOW](#)

ARMMAN's  
AI-powered ANM  
Support System,  
recognised at the  
Koita Foundation  
Tech Awards 2025



ARMMAN at the [India AI Impact Summit 2026](#)

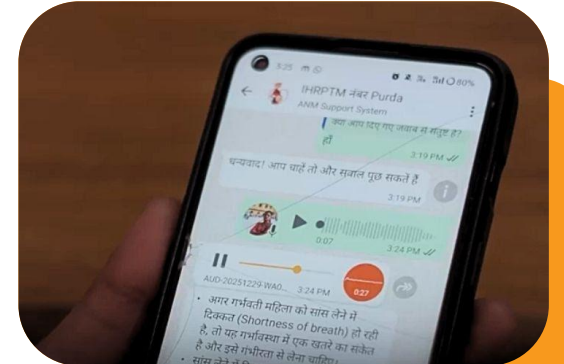


**AMRITA MAHALE**

Women at the Frontline of AI:  
Reimagining Skilling for India's  
Community Health Workforce

[WATCH NOW](#)

GIZ highlights  
ARMMAN's efforts  
in multilingual AI  
for healthcare.  
Read the GIZ feature  
[here](#).



# ARMMAN Leads Conversations on Nutrition, Caregiving, and Early Childhood Care



ARMMAN at the National Conclave on Nutrition and Climate Goals 2026



Highlighting the Importance of the First 1000 Days at Udaan 2026



# 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. [Technical Manager/Sr. Manager - Delhi](#)
2. [Product Manager Tech - Delhi](#)
3. [State Program Coordinator - Imphal, Manipur](#)

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





# What's Next at ARMMAN?



- As part of our continued efforts to address child malnutrition more holistically, ARMMAN will adopt an integrated “1,000-day approach,” focused on the critical period from pregnancy through early childhood. By bringing together mMitra and Swasth Kadam under a continuum of care framework, the programme aims to strengthen early intervention and support for women and children during the most vulnerable stages of life.
- The **mMitra chatbot** will expand across all 38 hospital in Mumbai and 5 hospitals in Pune, extending support to **all enrolled users and reaching over 60,000 women** improving access to timely health information,
- Under **IHRPTM**, efforts will focus on strengthening frontline support through the introduction of **bite-sized learning modules within the ANM Support System**, and the development of a **high-risk pregnancy tracking app** to enable more structured management within public health facilities.

*Together, these efforts will continue to strengthen integrated, timely care for women and children across public health systems.*

# Financial Highlights (in USD)



	<b>FY 2025-26 Budget (April '25 - March '26)</b>	<b>Q4 Utilisation (January '26 - March '26)</b>	<b>FY Utilisation (April '25 - March '26)</b>
<b>Direct Costs</b>	<b>6,832,849</b>	<b>2,261,172</b>	<b>6,749,353</b>
<b>Indirect Costs</b>	<b>473,539</b>	<b>125,246</b>	<b>450,663</b>
<b>Total</b>	<b>8,402,713</b>	<b>2,386,418</b>	<b>7,200,016</b>

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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