



ARMMAN

DELIVERING INDIA'S FUTURE

QUARTERLY IMPACT REPORT

April to June 2026



Connecting Care Across the Maternal and Child Health Journey



From pregnancy through early childhood, every stage of a mother and child's journey requires timely, connected and continuous care.

A key milestone this quarter was the re-introduction of **mMitra** as ARMMAN's integrated Maternal, Child Health and Nutrition programme. Built around the first 1,000 days, from pregnancy until a child's second birthday, the programme brings together maternal health, child nutrition and early childhood development into a single continuum of care.

The quarter also marked the nationwide rollout of the Government of India's **JANANI** platform, an important step towards creating a unified digital health record for every mother and child. As a long-standing partner to the Ministry of Health & Family Welfare, ARMMAN supported the rollout by training frontline health workers, facilitating onboarding and helping integrate the platform into routine service delivery, **ensuring that technology translates into better care on the ground.**

Significant progress was also made in ARMMAN's efforts to improve high-risk pregnancy care. The **Integrated High-Risk Pregnancy Tracking and Management (IHRPTM)** programme expanded to **Chhattisgarh**, bringing specialised support to a state where remote tribal communities and difficult terrain can delay timely maternal healthcare. Another important milestone was the launch of ARMMAN's AI-powered High-Risk Pregnancy Chatbot in **Andhra Pradesh**, placing multilingual, on-demand clinical guidance directly into the hands of frontline health workers to support the identification and management of high-risk pregnancies.

Together, these milestones reflect ARMMAN's continued commitment to working alongside governments to ensure that every woman and child receives timely, continuous and quality care, wherever they live.



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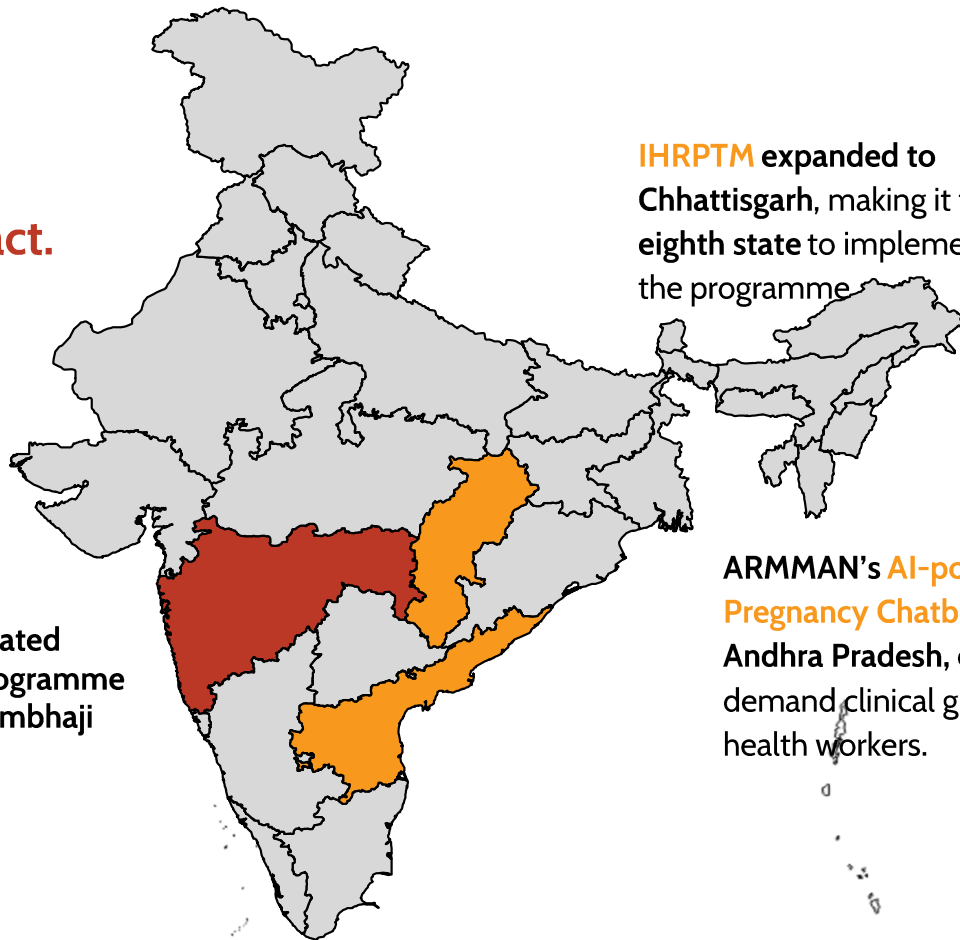
Partnership for
the Goals

Programme Highlights | Expanding Our Reach



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

ARMMAN launched its integrated **mMitra 'First 1,000 Days'** programme in Nashik and Chhatrapati Sambhaji Nagar, Maharashtra.



IHRPTM expanded to Chhattisgarh, making it the eighth state to implement the programme

ARMMAN's **AI-powered High-Risk Pregnancy Chatbot** expanded to Andhra Pradesh, extending on-demand clinical guidance to frontline health workers.



Reintroducing mMitra: An Integrated Continuum of Care for Mothers and Children

For over a decade, **mMitra** has delivered timely preventive healthcare information to women through pregnancy and infancy using free, mobile voice calls, while **Swasth Kadam** has provided telephonic counselling and support to caregivers of children at risk of undernutrition. Together, these programmes reinforced an important reality: mothers and children do not experience healthcare through separate programmes. They experience one continuous journey, from pregnancy and birth to infancy, nutrition, growth and early childhood development. This understanding led ARMMAN to bring these two programmes together and reintroduce **mMitra** as its integrated Maternal, Child Health and Nutrition programme.

The new mMitra brings maternal health, child nutrition and early childhood development together into a single continuum of care, supporting women, children and caregivers from pregnancy until a child's second birthday. Through timely health information, targeted counselling and continuous follow-up, the programme ensures families receive the right support at every stage of this journey. Women with high-risk pregnancies and children at risk of undernutrition receive additional support, enabling **early identification, timely intervention and better continuity of care.**



While the journey remains the same, the challenges families face are **very different across rural and urban communities**. In rural areas, limited access to healthcare, workforce shortages and delays in identifying high-risk mothers and children often prevent families from receiving timely support. Here, mMitra is implemented predominantly through the **Integrated Child Development Services (ICDS)**, with **Anganwadi Centres** serving as the primary point for beneficiary enrolment and follow-up.

In urban areas, the challenge is not the absence of services but the **fragmentation of care**. Families living in slums, informal settlements and migrant communities often move between multiple providers, resulting in missed opportunities for timely health, nutrition and early childhood development interventions. Here, mMitra is implemented predominantly through **Urban Local Bodies**, including **Municipal Corporations**. The programme improves coordination across health and nutrition services, strengthens beneficiary tracking, and helps ensure that women and children receive integrated, continuous care.

While implementation differs across rural and urban settings, both models share the same goal: **ensuring that every woman and child receives the right support at the right time throughout the first 1,000 days of life**.



JANANI: From Platform to Practice

A digital platform is only as powerful as the people using it. It can improve healthcare only when it becomes part of a frontline health worker's everyday routine, helping ensure that no mother or child is missed.

On May 7, 2026, the Government of India launched [JANANI](#) (Journey of Antenatal, Natal and Neonatal Integrated Care), the upgraded Reproductive and Child Health (RCH 2.0) platform. Designed to create a single digital health record for every mother and child, JANANI marks an important step towards a more connected digital health system by strengthening beneficiary tracking across pregnancy, childbirth and early childhood. By integrating national digital health registries, it improves data quality, enables more seamless service delivery and continuity of care, helping ensure women receive uninterrupted government services, timely care and stage-specific health information even when families migrate across districts or states.

As JANANI **rolls out** nationwide, ARMMAN **supports** the Ministry of Health & Family Welfare and State governments **by training** health workers supporting onboarding and application installation, resolving technical challenges, and strengthening coordination across all levels of the health system to embed JANANI into routine service delivery. ARMMAN also supported the Ministry in developing the official [JANANI film](#), unveiled at the **10th National Summit on Good and Replicable Practices and Innovations in Public Health Systems**.

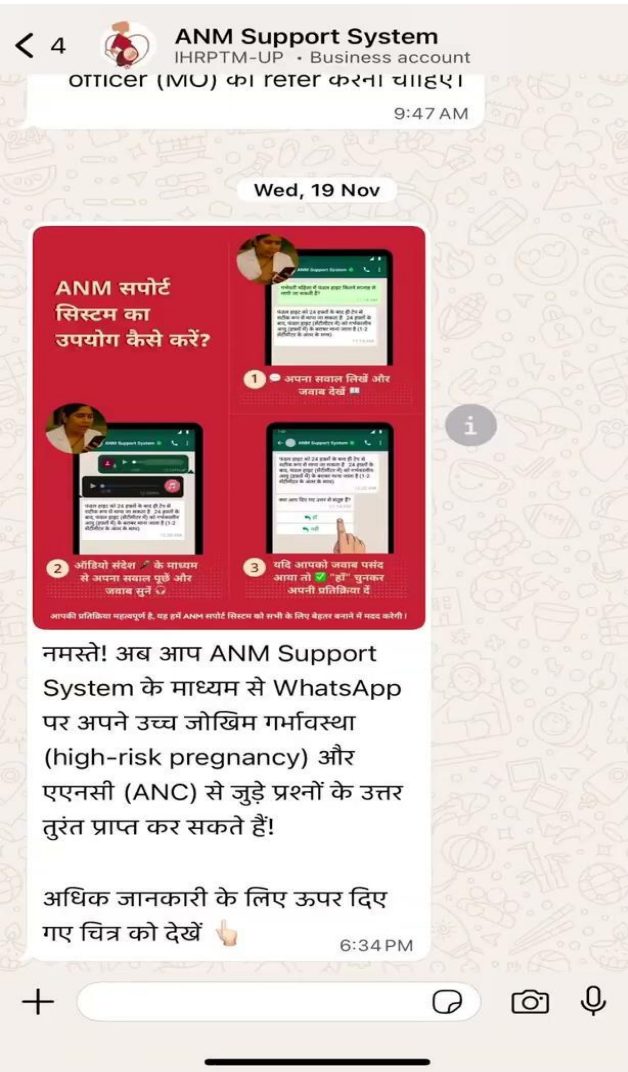
The launch of JANANI is an important milestone, but its success will depend on how effectively it is adopted on the ground. In his [blog](#), **Kumar Madhusudan, Senior Director – Programmes**, reflects on ARMMAN's experience supporting the nationwide rollout and why technology alone cannot transform healthcare. As he writes, the true success of JANANI will not be measured by the technology it introduces, but by the lives it helps improve.



IHRPTM- Advancing High-Risk Pregnancy Care

Where a woman lives should never determine the quality of care she receives during pregnancy. Yet in states like **Chhattisgarh**, remote tribal communities, difficult terrain, and limited access to healthcare can delay the identification and management of high-risk pregnancies, increasing the risk of preventable complications. The Infant Mortality Rate (IMR) in Chhattisgarh is 36 to 37 deaths per 1,000 live births according to recent Sample Registration System (SRS) reports, placing it among the highest state rates in India. Chhattisgarh is one of the high burden areas- India's Infant Mortality Rate (IMR) stands at 24 to 25 deaths per 1,000 live births

This quarter, ARMMAN expanded its **Integrated High-Risk Pregnancy Tracking and Management (IHRPTM)** programme to **Chhattisgarh**, making it the eighth state in India to implement the programme. Through its partnership with the Government of Chhattisgarh, ARMMAN is strengthening the capacity of Auxiliary Nurse Midwives (ANMs), Medical Officers and Specialist Doctors to identify, track, manage and refer high-risk pregnancies. By improving early detection, timely referrals and follow-up within the public health system, the programme helps ensure that women with high-risk pregnancies receive the care they need before complications become emergencies.



As ARMMAN expands its Integrated High-Risk Pregnancy Tracking and Management (IHRPTM) programme across more states, providing frontline health workers with continuous, on-demand clinical guidance is critical to supporting high-risk pregnancy care. This quarter, in partnership with the **Government of Andhra Pradesh**, ARMMAN launched its AI-powered High-Risk Pregnancy Chatbot in the state. The rollout began in two districts, with more than **800 ANMs onboarded** and **1,500+ queries** already received, marking the first phase of a statewide rollout that aims to reach over **18,000 ANMs**.

Frontline health workers should never have to navigate complex clinical decisions alone. India's first-of-its-kind AI-powered High-Risk Pregnancy Chatbot supports the identification and management of high-risk pregnancies by providing **instant, multilingual and multimodal clinical guidance through WhatsApp**.

The chatbot is now active across **Uttar Pradesh, Telangana, Andhra Pradesh and Maharashtra**. To date, it has processed over **43,000 queries**, with **98% positive user feedback** and **90–97% of responses rated satisfactory by domain experts**. As more states adopt the innovation, it has the potential to strengthen frontline health worker capacity and improve the identification, management and referral of high-risk pregnancies across India's public health system.



Understanding Maternal Near-Miss Cases

Severe complications during pregnancy and childbirth can become life-threatening for both mothers and newborns. To better understand **what contributes to these complications and what enables women to survive them**, ARMMAN undertook a Maternal Near-Miss Case Review at Government Maternity Hospital, Hyderabad.

Between February 2025 and January 2026, the study reviewed **9,891 delivery case sheets**, identifying **372 maternal near-miss cases and 21 maternal deaths** for further analysis of the causes, care received and maternal and newborn outcomes.

The findings point to critical areas for high-risk pregnancy care. Severe pre-eclampsia and eclampsia were involved in **68.5% of maternal near-miss cases**, while anaemia (34.4%) and previous caesarean section (24.7%) were important contributory factors. Maternal near-miss cases also had **3 times higher odds of preterm birth, 4–8 times higher odds of stillbirth and 4 times higher odds of perinatal death**, compared with all deliveries reviewed.

The study highlights the importance of **timely diagnosis and management of high-risk conditions**, particularly hypertension, haemorrhage and anaemia, as well as continued follow-up beyond delivery. These findings provide evidence on where greater attention is needed to improve care for women experiencing severe pregnancy complications and their newborns.

From Learning to Better Care



For the past 14 years, **Babita Kashyap** has served as an ASHA in Bastar, Chhattisgarh, where remote tribal communities, scattered settlements and limited transport can make timely access to healthcare challenging. For frontline workers like Babita, regular counselling and follow-up are critical to helping women seek care before complications escalate.

“Women usually came to me only when there was a serious problem. By then, it was often late,” says Babita.

Babita completed **Mobile Academy**, ARMMAN's audio-based refresher training programme for ASHAs, implemented in partnership with the Ministry of Health & Family Welfare. The training helped increase her knowledge of maternal and child health, including identifying danger signs, guiding women through antenatal and postnatal care, and supporting immunisation, breastfeeding and newborn care.

Today, Babita says she can recognise risks sooner and act faster. Pregnant women in her community are registering earlier, attendance at Village Health and Nutrition Day check-ups has improved, and she has identified high-risk symptoms such as hypertension and supported timely referrals.

“Now I can recognise risks sooner and act faster. When I refer a mother, I understand where she will go and what care she will receive,” she says



Babita's experience reflects the larger role of continuous learning in supporting frontline health workers. **Since the programme's inception, almost 500,000 ASHAs across 17 states have successfully completed Mobile Academy..**

**Representative image*

Renewed Partnerships, Continued Trust



This quarter, three long-standing partners continued their support for ARMMAN, reflecting the trust they place in our work and our shared commitment to improving maternal and child health. These partnerships provide critical support to advance innovation, strengthen organisational capacity and deepen our impact.

Skoll Foundation- A new two-year grant extends a partnership that began with the 2020 Skoll Award for Social Entrepreneurship and continued through COVID-19 response support. The renewed partnership will help advance AI-powered innovations and strengthen public health systems.

LGT Venture Philanthropy- Marking the seventh year of partnership, LGT VP has renewed its support for ARMMAN's work across technology, maternal and child health, and early childhood development. The partnership continues to strengthen innovation, institutional capacity and government-led scale.

Jasmine Social Investments- Jasmine Social Investments has renewed its support for ARMMAN through its annual renewal process, reaffirming confidence in our mission and long-term impact. This flexible funding enables innovation, organisational strengthening and continued programme growth.

ARMMAN at Skoll World Forum 2026



Dr. Aparna Hegde, Founder, ARMMAN

Spoke on “**Stronger Together: The Funder-Doer ECD Collective**”, hosted by India Impact House and [**LGT Venture Philanthropy**](#), in partnership with Khushi Baby, Rocket Learning and ARMMAN.



Gaurav Shah, CEO, ARMMAN

Spoke on “**Catalysing Systems Change: The Role of Intermediaries**” and was later featured in a related [**blog**](#) by the London School of Economics and Political Science (LSE).



Kruti Dalal, Director-Resource Mobilization and Communication, ARMMAN

Co-led the discussion “**Core and Unrestricted Funding: Paying for What It Really Takes**”, hosted by [**The Sidebar**](#).

ARMMAN in the Spotlight



Hosting Panel

**Beyond the Principles:
Operationalising Responsible AI
for Social Impact**

digital
futures
lab

This panel draws on experience from India's social impact ecosystem — one of the most active and complex testing grounds for AI in development contexts globally, where scale, diversity, and institutional constraint make the challenges of responsible deployment particularly salient.

Moderator



Sasha John
Digital Futures Lab

Speakers



Tanisha Kedia
ARMMAN



Jigar Rathi
ARMMAN



Bhavish Aggarwal
ARMMAN



Sakshi Khurana
ARMMAN



Amrita Mahale
ARMMAN

Amrita Mahale, Director-
Product & Innovation, ARMMAN
Joined the panel discussion
“Beyond the Principles:
Operationalising Responsible AI
for Social Impact”, hosted by
[Digital Futures Lab.](#)



ARMMAN's [AI-enabled High-Risk Pregnancy Chatbot](#) was featured by [Panorama Strategy](#), highlighting its role in providing on-demand clinical guidance and learning support to frontline health workers. Read the article [here](#).



Gaurav Shah, CEO
Represented ARMMAN at the [Punjab Early Childhood Development Conclave 2026](#), which brought together government leaders, experts and practitioners to strengthen Punjab's vision for early childhood through evidence, innovation and collective action.

Careers at ARMMAN



This quarter, **ARMMAN** revived its **monthly Town Halls**, creating a regular forum for colleagues across the organisation to come together, share key updates, learn from one another and engage in meaningful conversations.

Designed to be **informative, interactive and inclusive**, the Town Halls create space for everyone to stay connected with ARMMAN's work and with each other.

Interested in being part of our team? Explore our open roles:

1. [Principal Architect-Digital Health Platform](#)
2. [Technical Lead-Digital Health Platform](#)
3. [Sr. Executive- IT](#)

Click [HERE](#) to learn more about the open positions at ARMMAN



Financial Highlights (in USD)



	FY 2026-27 Budget (April '26 - March '27)	Q1 Utilisation (April '26 - June '26)
Direct Costs	7,784,363	1,519,641
Indirect Costs	422,250	8,288
Total	9,673,806	1,527,928

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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