ANNUAL REPORT 2025

FOUNDATION FOR
MOTHER & CHILD HEALTH
INDIA


2024-25: the year of
EXPERIMENTATION

This year, we have chosen Experimentation as the theme for our annual report because it reflects the phase FMCH is in — trying new approaches, testing ideas, and learning from the process, both on the ground and within the team. We have always believed that timely, clear counselling leads to better health for mothers and children.

Over the years, we have built strong systems around this. But we also realised that to truly reduce malnutrition, we need to strengthen how the system detects it in the first place. That is when we started experimenting with new ways to support Anganwadi Workers and improve growth tracking and early detection. We launched our first WhatsApp chatbot, a major step in using digital tools directly with families. We also tried integrating AI into it to improve the experience for mothers. We ran small pilots to test how women used the chatbot, what kind of support they needed, and what worked best. It helped us learn and improve quickly.

We also expanded to three new districts in Madhya Pradesh through our Anganwadi Accelerator Program and launched our direct intervention program in 2 new locations. Each location gave us a new context to test and adapt our model. Our CEO was selected for the Cocoon initiative, which gave her the space to take a 3 month sabbatical. During this time, the team took ownership, stepped into new roles, and led different parts of the work. It was a moment of learning and growth for everyone.

So this year's theme is about taking small, bold steps to try something new. It is about being okay with not having all the answers, listening to the field, and building better solutions with the community.

Visually, this year's report captures the theme of experimentation. It prominently features watercolor circles, which represent continuous movement and the artistic process of experimentation. While the texture suggests trial and error, the clean, defined shape of the circles signifies that the team's efforts are calculated risks. The color palette incorporates the brand's primary colors, with the addition of orange to specifically symbolize experimentation.

On the cover of the report, the two dragonflies at the center symbolize transformation, adaptability, and agility. They represent the mother and child, the core focus of the foundation's work. The cover design then conveys that all the experiments are undertaken by FMCH to support and protect them.

It is all about experimenting, learning, and moving forward together.

Table of Contents

CEO's note

The Year We Tried Anyway

At FMCH, we believe that change starts with a simple act: trying.
Even when we aren't fully ready.
Even when we're afraid it might not work.
Even when we can't see beyond a few steps.

This year, we doubled down on that belief—with full force. We chose experimentation not because it's easy, but because it's the only way to solve problems where the answers are not at the end of the textbook
.
Last year we launched a WhatsApp chatbot for mothers—not knowing whether they'd engage or even sign up. We expanded into new geographies and grew our team before fully defining roles and responsibilities. We piloted MUAC as a simpler detection tool, fully aware it might not land the first time. And on a personal level, I experimented too—by learning to let go, by stepping back.

Shruthi Iyer
Co-founder & CEO, FMCH

2022-23 was a year of expansion, we started our first out-of-Mumbai project in Chattarpur, Madhya Pradesh and signed several MoUs across India. We expanded within Mumbai to Ullhasnagar. The team head count increased to 100 - and we inducted several senior leaders.

Some of our biggest lessons came from tech. With NuTree and NuTree Lite that we launched in the last couple of years, we had momentum and confidence. By the time we got to the chatbot, we assumed we had it figured out.

We thought content would be the hardest part. But the real friction was in the very first step—onboarding. It reminded us that people, incentives, and systems are a lot more complex than we know. That a few field visits are never enough! And the real test of a tool is whether people come back to it—unprompted. I am as ashamed of our V1 as I am proud of our V4 - that's how we know we launched it at the right time. Because until something lives in the real world, we're just guessing.
Across the team, I saw everyday acts of

The FMCH team retreat

courage. Our Expansion team opened new districts without being asked—that's bias to action. Our product team learned new systems, gave open feedback, and supported one another, learning and using AI - that's learning in the open. Our direct intervention program team led new field offices and held space for the rest of us as we were experimenting.

When job descriptions were fluid and goals unclear, people still chose to show up.
As a leader, I changed too.
I had to make hard decisions - what to focus on and what to keep and what to let go of.
I accepted finitude—the truth that our time, energy, and capacity are not infinite.
For me, that meant stepping back from decisions I'd usually hold close, and trusting others to lead through ambiguity.

Because we don't know how it will turn out, there's always a chance it could go better than we imagine.
Our values were our compass:
Bias to action kept us moving.
A learning mindset kept us honest with the data.
Kindness reminded us to lead like humans.

Kindness does not mean being soft. It is telling the truth as is, for the work to move ahead. It means listening deeply when

things are frustratingly wrong. In one team meeting, we paused a roadmap review just to hold space for someone's exhaustion. That moment changed how we do the next set of experiments.

To our sector: let's experiment more.
The world is changing - fast.
AI will shift how we work. Systems are evolving. Small experiments will lead to big change. And no—it doesn't have to be costly. The best experiments are often scrappy, messy, and quick. Experimentation needs support. It takes time, money, and smart people. We know it's not always easy to fund or explain. But we believe it's the only way to build what lasts.
I hope donors and sector leaders continue to create space for bold, small, live experiments.
Places where we can share, learn, and grow together.
To make boldness less lonely.

To the FMCH team: your courage, humour, and daily grit made all of this possible.
Thank you for showing up—especially on the hard days.
To those who backed FMCH—not just for what we did, but how we did it:
Endless gratitude.

Your belief gave us room to try. And in that trying, we found our way forward. We didn't always get it right. But we kept trying. And in that trying, we moved closer to the future we believe in. 2024 - 25 wasn't a year of perfect answers. It was a year of brave questions.

Shruthi Iyer
Co-founder & CEO, FMCH India

Our Projects

The Direct Intervention Program

A Laboratory for Learning

In 2024–25, our direct intervention program reached over 31,000 families across Mumbai and Bangalore, supported by 77 Field Officers. This program is our on-the-ground lab—a space where we try, learn, and adapt in real-time to understand what works when improving maternal and child health.

Every geography we work in poses different challenges. Every tactic we try—be it community engagement, counseling strategies, or tech integration—offers a new data point in our learning journey.

KALINDI JOSHI - DIRECTOR, PROGRAMS

EXPERIMENTS ACROSS MUMBAI

Kurla and Ulhasnagar

These were our longest-running centres. This year, we began transitioning out. We designed a structured exit protocol:

- Trained Anganwadi Workers (AWWs) to independently track and counsel families using health data.
- Registered families on our NuTree chatbot, ensuring continued access to health guidance.

This was our first experiment in sustainable handover. We're now watching closely: how well does the system sustain without our direct presence?

Ambernath

Launched in January 2024, Ambernath tested our ability to operate amidst low trust from AWWs, widespread domestic violence, and geographic dispersion. Despite hurdles, we met our target—reaching 3626 women. We're now experimenting with multi-stakeholder trust-building strategies to improve depth of engagement.

Kalyan

Our largest site yet, launched July 2024, tested scale:
A team of 25 (Field Officers + Program Staff) covered 6352 families in 9 months.
We're learning how to balance team size, supervision bandwidth, and quality control in a large-format rollout.

EXPERIMENTS ACROSS BENGALURU

Bangalore's unique challenge was reach. AWW centres were further apart, and our Field Officers often had to travel up to 40 kms per day, carrying anthropometry kits for home visits. Staff attrition followed.

To adapt, we tested:

- Flexible hiring models (part-time/locally rooted staff)
- New retention structures
- More field-based workflows

Despite the hurdles, we surpassed our goal of 5,000 families, and brought down SAM/MAM prevalence to under 2% in just two years—thanks to a strong public health infrastructure and an agile team.

WHAT WE ARE LEARNING

The direct intervention program is not just about service delivery—it's about prototyping solutions for the health system. Each centre gave us lessons:

- How to exit responsibly
- How to build trust in new areas
- How to scale teams without losing quality
- How to redesign roles for retention

This year, our Field Officers, Program Associates, and Managers didn't just run programs. They designed experiments and acted as real-time analysts, ensuring that each decision moved us closer to scalable, community-owned models of care.

TEAM VOICE - MUMBAI OPERATIONS

A Year of Growth, Grit, and New Beginnings

This past year at FMCH has been nothing short of transformative—for me, for our team, and for the communities we serve. Experimentation became our compass as we navigated new locations, expanded teams, and deepened our partnerships with the ICDS system.

Each day brought opportunities to test new ideas: supporting field officers in their education journeys, co-creating community events with Anganwadi teachers, and trying fresh approaches to identify and support vulnerable children. With every experiment, we learned. We grew. And we reached over 26,000 families.

Of course, challenges came too — especially as we worked through transitions in government leadership. But we adapted quickly: training our team, rebuilding relationships, and ensuring continuity. A personal highlight was being invited by UNICEF to a meeting where our work was praised by the ICDS Commissioner—a moment that reaffirmed the value of our work.

One image stays with me: a mother, smiling through tears, sharing how her family had started supporting her after an FMCH counseling session. That smile reminded me why we do this.

We may not transform every system overnight. But if we keep experimenting—with courage, care, and keeping our community at the centre—we'll keep making a change. One family at a time.

Shubhangi Bhoite,
Senior Manager – Mumbai Operations

A personal highlight was being invited by UNICEF to a meeting where our work was praised by the ICDS Commissioner—a moment that reaffirmed the value of our work

The magic of personalized care

Litisha, a baby girl from Ulhasnagar was born via C-section on April 5th with a low birth weight of 2.1 kg. Her mother, Laxmi, was first met by an FMCH frontline officer during her eighth month of pregnancy and was registered on the NuTree App.

During the ANC 6 visit, the officer counselled her on the importance of iron and calcium supplements, TT injections, maternal nutrition, and family support.

After delivery, Litisha's weight was 2.24 kg, and she was diagnosed as a SAM (Severely Acutely Malnourished) child. In the subsequent weekly visits scheduled in NuTree, the field officer counselled Laxmi on breastfeeding techniques, maternal diet, hydration, and demonstrated how to practice Kangaroo Mother Care (KMC).Despite the challenges, Laxmi followed the advice sincerely, with her family supporting her KMC efforts.

With every visit, Litisha showed improvement: her weight increased from 2.33 kg to 2.63 kg, then 2.79 kg. By the 6th SAM visit, she had reached 3.3 kg and moved into the healthy category. Laxmi shared, "I did what you taught me, and my family helped too." Today, Litisha is thriving at 1 month and 21 days old.

TESTIMONIAL

RAMESHWAR MUNDE

CDPO (Urban), Kalyan-Dombivli, District Thane

Since 2024, FMCH has partnered with the Child Development Project Office (Urban), Kalyan-Dombivli to improve health and nutrition awareness among families in respective Anganwadis. Their team supports growth monitoring, malnutrition reduction, and effective use of ICDS tools.

FMCH trained 271 Anganwadi workers on malnutrition identification and growth monitoring techniques. Monthly joint visits with workers help track height and weight accurately. WhatsApp groups are used to share home visit plans, ensuring coordinated outreach.

Pregnant women, lactating mothers, and young children now receive timely guidance on nutrition, hygiene, and care. FMCH also supports Mothers' Meetings and other ICDS events with active participation and materials, increasing community engagement.

The Anganwadi Accelerator Programme

Towards a Model That Works

In 2022, we began an experiment: could we support Anganwadi Workers—the frontline of India's nutrition system—to deliver better counselling with the right training and tools?

We started with one tool: a simple app called NuTree Lite, designed to make home visits easier by giving clear, actionable counselling points. Workers used it more. They felt more confident. The quality of services improved.

But it quickly became clear: technology alone wasn't enough.

Over the course of 2023–24, we learned that four components are essential for change:

- *A lightweight app that supports quality counselling by the Anganwadi worker which we had and knew how to roll out*
- *Stronger supervision, especially around identifying malnourished children which we piloted*
- *A chatbot to reinforce information and reduce dependence on workers which we had developed*
- *Community engagement to build awareness and demand*

Each of these works in different measures. But, together, they hold potential for a sustainable, scalable approach to reducing malnutrition through the public system.

Last year, we expanded the programme significantly—training thousands of workers and Supervisors across four districts. Our small training team conducted over 70 sessions in just three months, which pushed us to redesign the rollout process to be more efficient and less exhausting.

We also changed how we engage Supervisors. Initially overlooked, they are now core to our strategy. With simpler formats, regular reviews, and more targeted support, their role is shifting—from passive oversight to active enablement.

What's next?

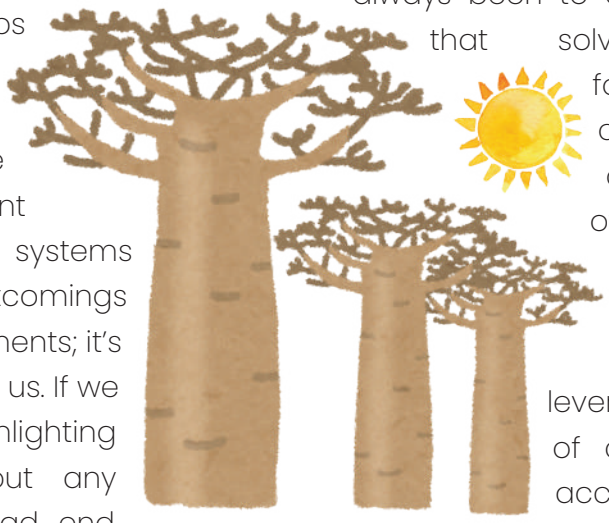
This year is about integration. We are bringing the four components together to build a model that is effective, practical, and government-owned. We're testing new approaches to detection using existing data. We're refining the chatbot content to drive better engagement. We're working more closely with Supervisors and communities. There is no blueprint. No one has done this before.

It's exciting, and it's hard. But if we get it right, we'll have a model that shows how India's public nutrition system can shift—from intent to impact—without adding more to already stretched frontline workers.

UBUNTU: I AM BECAUSE WE ARE

I've been a part of FMCH for about 6 years and I've seen the organization grow from 20 employees and 2 project locations in Mumbai to today, when we have our operations in 5-6 projects in Mumbai and 5-6 districts in Madhya Pradesh (M.P.) and in Karnataka.

The past year has been a year of scaling and expansion to multiple districts in Madhya Pradesh. We were invited by the District Collector of Sagar, Mr. GR Sandeep Sir and Mr. Lokesh Jangid Sir, the District Collector of Niwari to start operations. They also referred us to other districts. Our collaboration with the government began showing fruits as these relationships deepened.



One key learning while working with the government over the years is that the systems are aware of their shortcomings within districts and departments; it's not new to them. It's new to us. If we approach the systems, highlighting their shortcomings without any solutions, we reach a dead end.

What we need are solutions that have been tried and tested in a lab, and could potentially work in existing systems. Our approach has always been to always go with solutions that solve a problem that is alive for the officials. We then co-create and nuance it according to the context offered by district leaders. And that's how we build on existing strength - an existing system, key leverage points and plenty of co-creation. This makes acceptance of any program smooth.

Our approach has always been to always go with solutions that solve a problem that is alive for the officials. We then co-create and nuance it according to the context offered by district leaders.

I'm proud of my team in M.P --- their flexibility, openness to learn and lead, and their past experiences have cemented our base. Additionally, I am in awe of how my team members from all verticals come together when there is a new pilot - from training to tech. When there's a crisis to resolve or an uncertainty we need to navigate. This makes me remember the popular African quote, "Ubuntu: I am because we are."

Jesmina M. Sangma
AAP Senior Team Member

Using technology to provide counselling

Anganwadi Teacher Gayatri Tiwari registered Anita Sahu, during her first trimester. While the delivery went smoothly, Anita gave birth to a baby weighing just 1.9 kg likely due to her own poor health during pregnancy. Post-delivery, Anita struggled with breastfeeding, which began affecting the baby's growth.

Recognizing the need, Gayatri visited Anita at home, used the Nutrilite app to guide her on breastfeeding and nutrition, and introduced her to FMCH's WhatsApp chatbot. With its Hindi videos, photos, and text, Anita was able to understand the information and adopt better care practices. In less than two months, the baby's weight rose to 3.75 kg, now in the healthy range.

Anita shared that she once knew little about breastfeeding or nutrition, but now feels confident and even helps other women. Gayatri sees this as part of a broader effort to train Anganwadi workers to provide reliable health information through technology.

TESTIMONIAL

SEEMA THAKUR

Supervisor | Project Bijawar

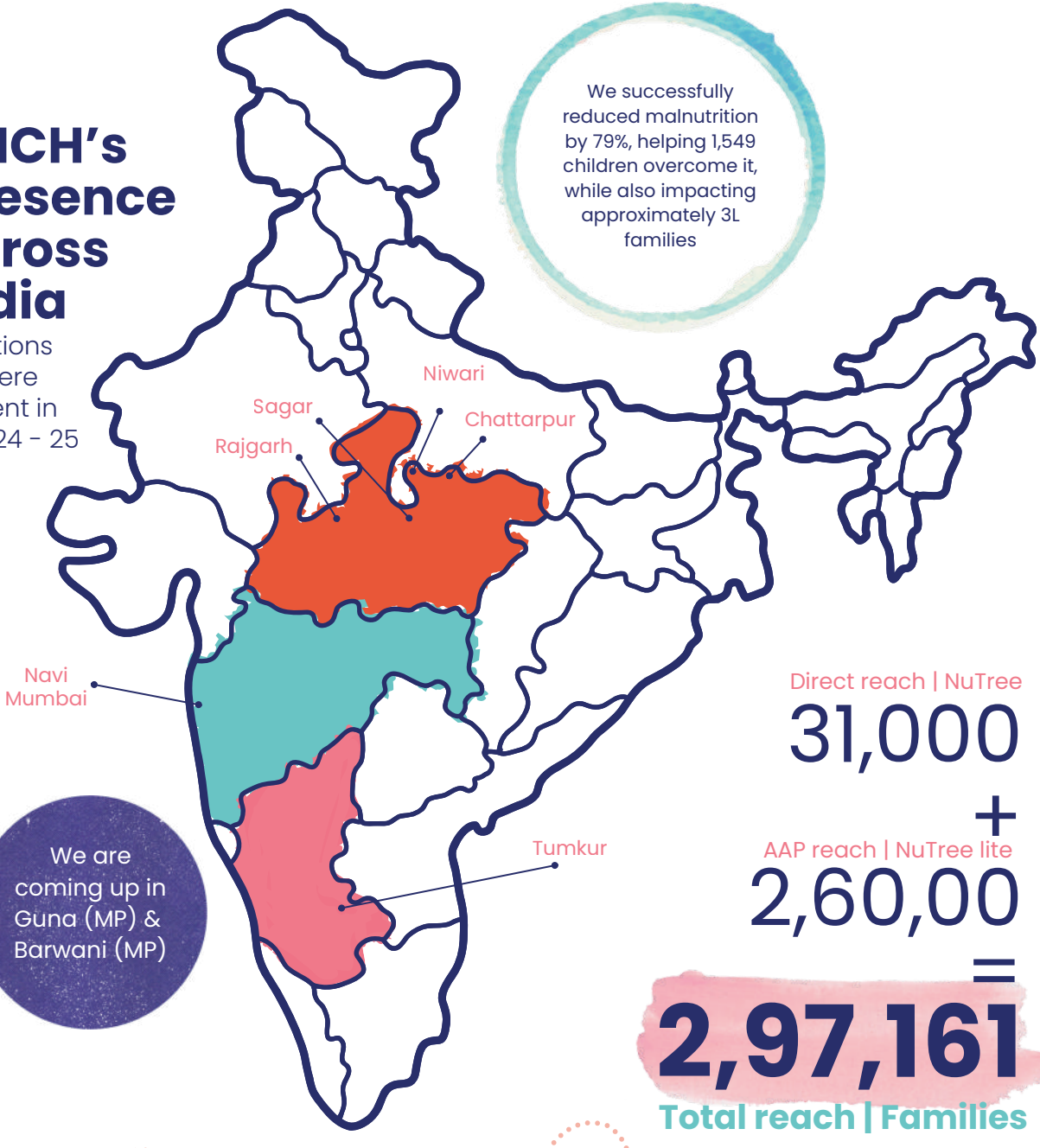
FMCH is truly different from other organizations. Their work has significantly improved nutrition and health among pregnant women and children under 2 years of age. Earlier, families hesitated to weigh their children due to myths like 'nazar lagna' (evil eye) or fear of weight loss. But thanks to FMCH's consistent efforts, we are seeing real change on the ground. The NuTreeLite app has increased awareness among families. Frontline workers no longer need to carry extra materials during home visits, everything they need for counselling is available on the app. Earlier, workers often forgot what to say during counselling. Now, with app-guided questions and responses, they provide accurate information, making their job much easier.

IMPACT

FMCH's presence across India

Locations we were present in in 2024 - 25

We successfully reduced malnutrition by 79%, helping 1,549 children overcome it, while also impacting approximately 3L families



We are coming up in Guna (MP) & Barwani (MP)

Direct reach | NuTree
31,000
+
AAP reach | NuTree lite
2,60,00
=
2,97,161
Total reach | Families

We've taken a big leap forward!

We are in 5 new districts in MP, 1 in Maharashtra

- **1,808** CHATTARPUR (MP)
- **2,440** RAJGARH (MP)
- **495** SAGAR (MP)
- **479** NIWARI (MP)
- **562** TUMKUR (MP)
- **100** NAVI MUMBAI (MH)

Number of Anganwadi visits in various districts

We have consistently exceeded the performance of NFHS-5 at both the national and district levels across all IYCF indicators.

All values in percentage %	India	Mumbai	Thane	2020-21	2021-22	2022-23	2023-24	2024-25	FMCH 2024-25
Institutional Deliveries	88.6	98.1	93.6	99.3	80	90	95	99.1	99.3
Early Initiation of Breastfeeding	41.8	56.8	54.3	53.8	59	74	71.8	84.9	81.6
ANC Visits (>4)	58.1	72.2	70.2	74.6	36	73	91.5	97.5	99.2
IFA Tablets 100 tablets	44.1	54.8	54.9	58.8	NA	98	89	98.6	99
Complementary feeding on time	45.9	NA	NA	NA	63	70	65	73.8	71

79% or 4 out 5 of Children recover from malnutrition

1,549 Number of children who were malnourished

1,224 Number of children who recoverd

However, recovery requires twice the usual number of Anthro visits

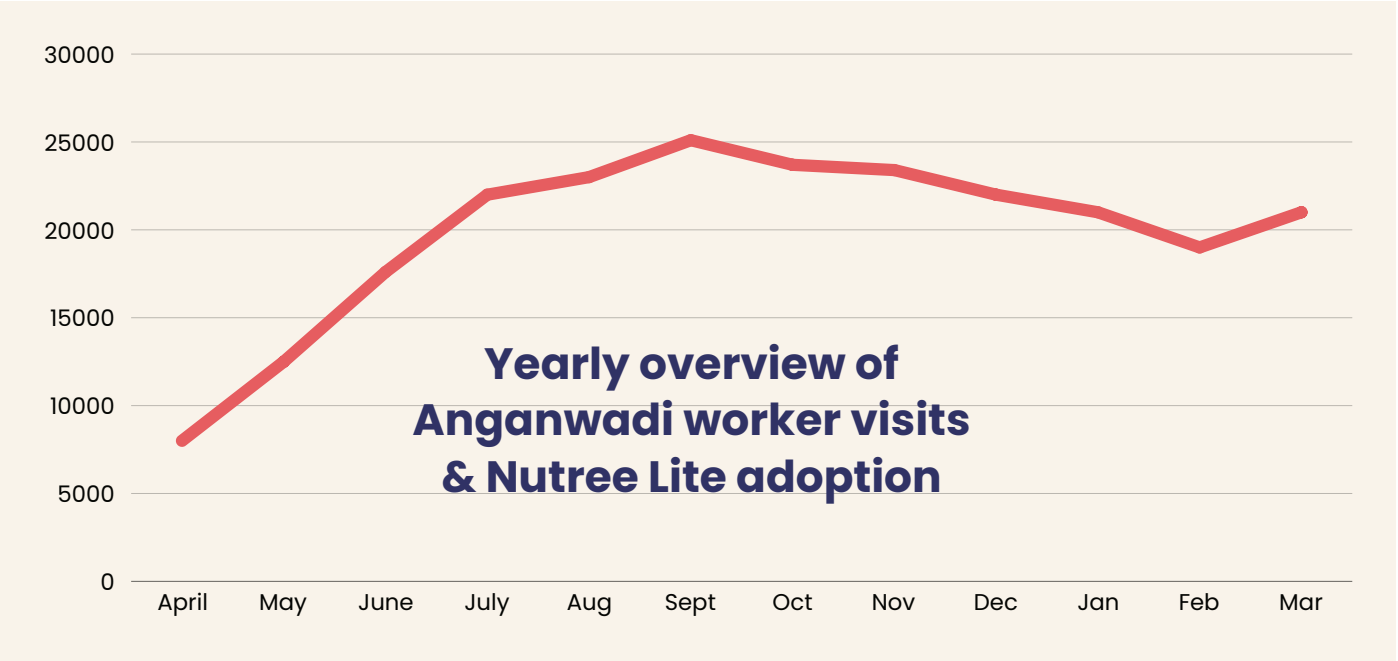
11 Average anthro visits per SAM child

10 Average anthro visits per MAM child

5 Average anthro visits per well child

5 Average counselling visits for children who moved out of malnutrition

5 Average counselling visits for children who are well



NuTree bot was launched in March 2024, to leverage technology to improve child and maternal health outcomes, particularly in low-resource settings across India. This user-friendly WhatsApp chatbot provides personalised, professional nutrition care directly to families, with a focus on child and maternal health. Accessible in multiple languages, it offers a convenient way for caregivers to access accurate and reliable information on immunisation schedules, child nutrition, maternal health, and overall child well-being.

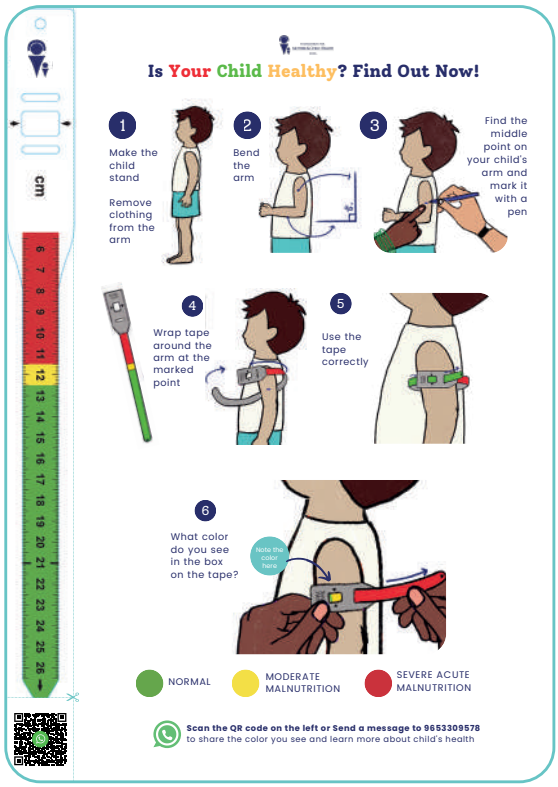
In the coming years, we look forward to create meaningful change by integrating a supportive bot into the social support ecosystem for women

- Launched in 2024 as an innovative channel to deliver content directly to mothers.
- Designed as a trusted space where mothers can return to ask questions and engage in meaningful conversations.
- Conducted pilot tests using Health Indicator Tape and AI features on the chatbot

HIT Pilot + Chatbot Implementation

We ran a six-week pilot in Rajgarh and Navi Mumbai with 200 families, who used a color-coded tape to assess their child's health status and shared the result via a bot, which then guided them on next steps.

AWARENESS TO ACQUISITION	Overall %
Activated (sent a msg)	88.6
Completed registration	41.8
Submitted tape reading	58.1
Submitted Anthro	44.1



Chatbots hold a lot of potential in our programs. However, due to limitations of access and time poverty for women, the penetration of our chatbot has not been high. This year, we will work on further bridging the gap between the potential and the benefits achieved by the chatbot.

~~Anganwadi teacher training conducted by FMCH~~

TESTIMONIAL

SUDHIR PANDEY

District Coordinator| Poshan Tracker

FMCH is implementing innovative programs using the NuTreeLite app and Poshan Sakhi chatbot, integrating artificial intelligence technology in a highly commendable way. Their use of new tools is helping identify malnutrition with greater accuracy, enabling targeted interventions. The organization's problem-solving approach using modern tech is impressive and sets a strong example in the development space.

LOOKING BACK:

Leadership Retreat & Board Engagement

In October, our senior leadership came together for a three-day retreat to align on our priorities for the rest of the year. It was an opportune moment to pause, reflect, connect deeply, to lead better.

Transforming health, one step at a time

Nasreen Khan, 25, was in her second trimester when FMCH's frontline officer Tarannum first met her. It was Nasreen's third pregnancy, but she was struggling. Her haemoglobin was low (10), blood pressure had dropped to 90/60, and her meals were inconsistent. Living in a nuclear family with two small children and no regular support, Nasreen often skipped breakfast, surviving on chai and biscuits. Her water intake was poor, and she lacked the motivation to care for herself.

Tarannum registered Nasreen on the NuTree App and began regular follow-ups. She explained the importance of hydration, timely meals, and regular intake of iron and calcium during her home visits. Nasreen was hesitant at first, but with her sister-in-law's support and with simple tips from Tarannum like setting phone alarms for medicines, she began to build a routine. Slowly, she introduced protein-rich foods like eggs, black chana, and bananas into her diet. When a scan showed low fetal weight, Tarannum advised her to increase her intake of lemon water, coconut water, and other nourishing, high-protein foods to support fetal growth.

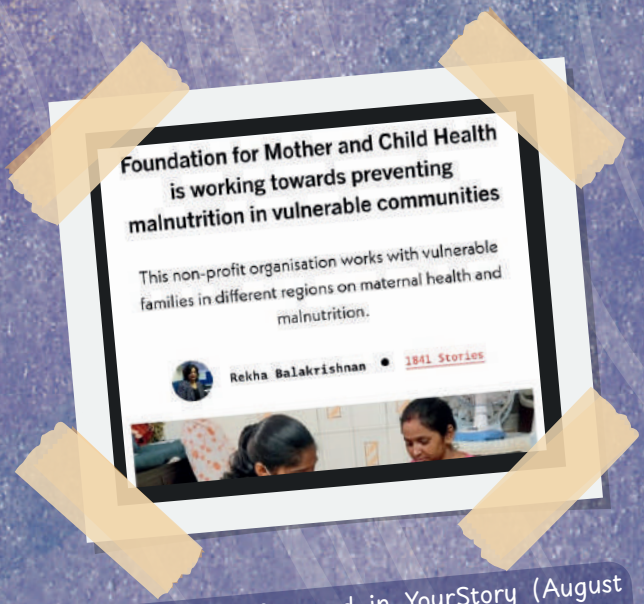
Over time, Nasreen's haemoglobin improved to 10.9, her blood pressure stabilised, and fetal growth picked up. On February 21, 2024, she delivered a healthy 3.5 kg baby girl.

Nasreen's journey is a testament to how timely, trusted support from FMCH's frontline workers can transform the health of mothers and babies in vulnerable communities.

Recognition

This year has been one of recognition, momentum, and meaningful validation for FMCH's work to end preventable malnutrition

Celebrating milestones and partnerships that fuel our mission



FMCH was featured in YourStory (August 2024) for our tech-enabled efforts to tackle malnutrition in vulnerable communities. The story highlights how our frontline workers, supported by the Nutree app, are making a tangible difference during the first 1,000 days.

We were also profiled by India Development Review for our thoughtful approach to nonprofit technology adoption, balancing digital innovation with empathy and human connection.

Our work with the Anganwadi system through the Anganwadi Accelerator Program (AAP) was featured in Sagar Dinkar. The article covered our meeting with District Collector G.R. Sandeep Sir, where we shared early insights from the program. With tech tools, training, and frontline support, AAP is building stronger foundations for maternal and child nutrition.

Global Recognition

We were selected as one of the awardees of the Acumen Angels Program, joining a global network of social innovators.

Our CEO, Shruthi Iyer, was nominated to attend TED 2025, recognizing her leadership and FMCH's impact in maternal and child health.

FMCH received a one-year Catalyst Grant from the Mulago Foundation, backing our continued innovation and our work toward a scalable, system strengthening model.

ANNUN BHILALA

Supervisor | Project Bijawar

FMCH works in close coordination with both the community and each Anganwadi center. They pay attention to even the smallest details and provide thoughtful, practical guidance.

The NuTreeLite app has been a great support for us in conducting effective, home-based counselling with families. Because of FMCH's continuous support, we are now seeing better responses and stronger cooperation from the families in our area.

MESSAGE FROM THE BOARD

Reflections on Courage and Community

When I first got to know FMCH, I was struck by how clear they were about what they were solving—malnutrition - and how open they were about how they were still figuring it out. Over the past year, I've had the privilege of watching this team experiment with courage. Not flashy, reckless bets - but thoughtful, humble, community-rooted innovation. The kind that doesn't always make headlines, but quietly moves the needle.

I saw a chatbot built and rebuilt—not to showcase tech, but to reach mothers with empathy. I saw tough calls made about team alignment—not for optics, but because values mattered more than comfort. I saw leadership that acknowledged its own limits while holding space for others to grow.

What moved me most was the honesty. This wasn't a team trying to look perfect. It was a team trying to get better. A team that was learning out loud, sharing what didn't work, and asking harder questions of themselves and the systems they work within. In a sector that often rewards certainty, FMCH stood out for embracing not-knowing—and still moving forward.

If you've supported FMCH this year, I want to thank you. Not just for funding the work, but for funding the way they work—with curiosity, care, and conviction.

I'm proud to stand with them, not just as a board member/donor, but as a fellow learner.

Mala Srivastava

If you've supported FMCH this year, I want to thank you. Not just for funding the work, but for funding the way they work—with curiosity, care, and conviction.

TESTIMONIAL

NEHA JAIN

Project Officer, Naugaon-02, Chhatarpur District

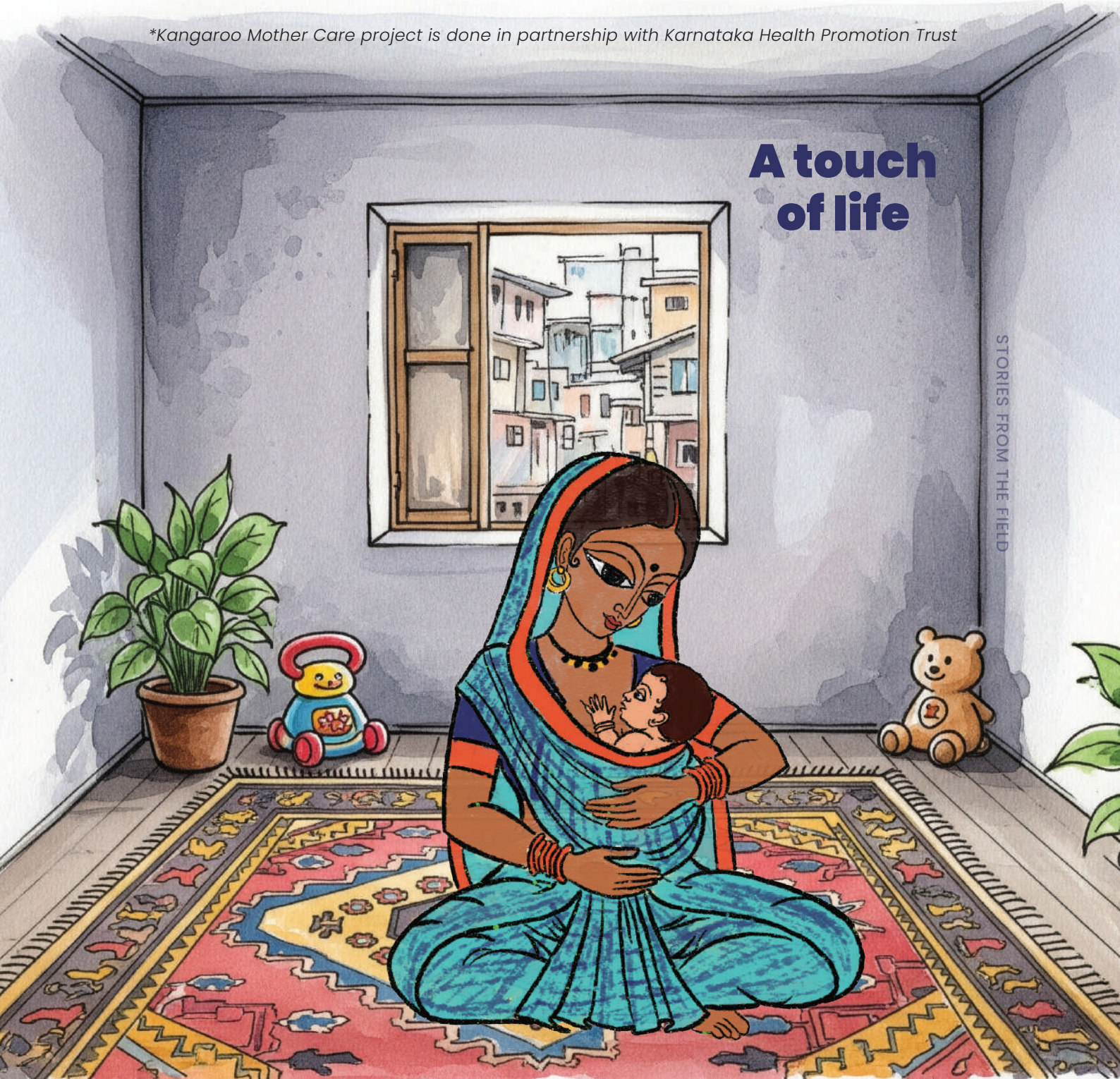
FMCH is working with a well-thought-out strategy against malnutrition in Chhatarpur. The current ICDS reporting system does not always capture an accurate picture of malnutrition among mothers and children. FMCH's efforts are helping identify the ground reality and work towards meaningful solutions. The Detection Pilot Project is an innovative approach, and I believe it will help us look at malnourished children through a new lens and improve their health outcomes.

In her ninth month of pregnancy, Lakshmi experienced a sudden drop in blood pressure, leading to an emergency Caesarean on April 22, 2024. Her baby, born at just 2.2 kg, required incubator care. Despite medical support, the baby's weight gain was slow.

Kangaroo Mother Care (KMC)* was initiated in the hospital—starting with six hours and increasing to eight—but Lakshmi didn't continue it at home. During a follow-up, peer educator Mona stepped in, gently reminding her of KMC's benefits and offering practical tips. With encouragement and her husband's support, Lakshmi began practicing KMC consistently. The results were remarkable. The baby's weight increased to 3 kg by the next visit, and continued to grow steadily reaching 7.3 kg by eight months.

On December 27, 2024, Lakshmi and her family proudly attended the Survivor Day celebration. Her journey is a testament to the power of informed care, family support, and the quiet strength of mothers.

Kangaroo Mother Care project is done in partnership with Karnataka Health Promotion Trust



TESTIMONIAL

ISWAR KHANDARE

Father, Valmiki Nagar Community, Ulhasnagar

I regularly visit the Anganwadi with my daughter. With the support of Asha Nikam from FMCH and the Anganwadi worker, I've learned how to track my child's height, weight, and overall health status.

I now understand the importance of proper nutrition and timely vaccination. I want to encourage all fathers to visit the Anganwadi and take an active role in their child's health and development.

CHAIRPERSON'S MESSAGE

GROWING With Curiosity and Courage

This past year, FMCH chose courage over comfort—and experimentation over certainty.

As a Board, we witnessed the team take bold, thoughtful risks in service of their mission. Whether it was launching a new digital tool, entering a new district, or making difficult team decisions, they led with integrity and grounded optimism.

What stood out was not just the innovation—but the values with which it was carried out: action without haste, learning without ego, and kindness in difficult conversations.

We are proud of the progress made—not just in program outcomes, but in the building of a culture that believes in reflection, iteration, and systemic change.

To our partners, funders, and community members: thank you for backing this journey of bold questions and better answers. Your belief made room for FMCH to grow with curiosity and courage.

With deep gratitude,
Dorothy Wagle

We are proud of the progress made—not just in program outcomes, but in the building of a culture that believes in reflection, iteration, and systemic change

TESTIMONIAL

DR. SHASHIKANT DODE

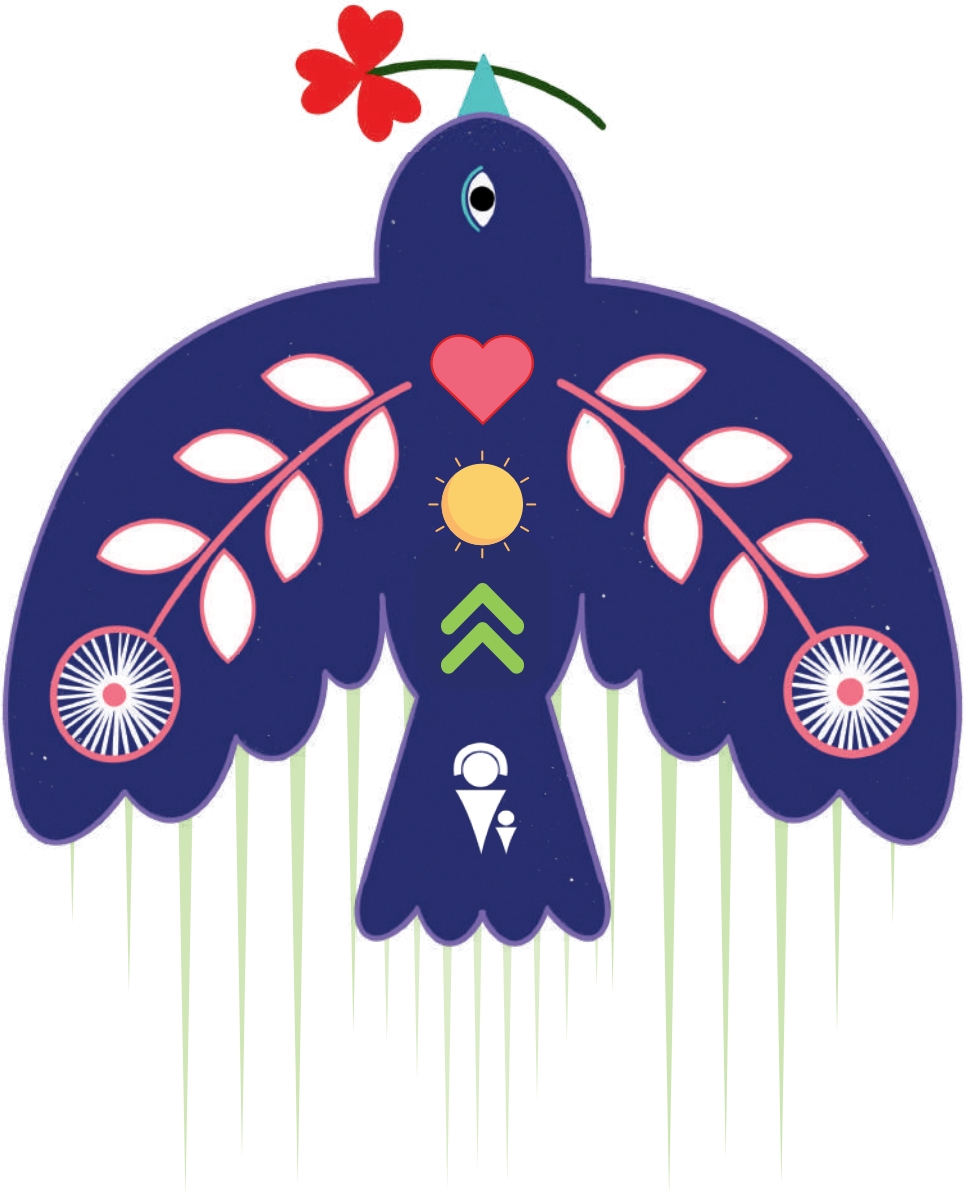
Medical Superintendent |
Government Maternity Home and Dispensary

Since we started KMC with support from FMCH, we've seen positive changes. Awareness about KMC has increased, underweight babies are gaining weight better, and more mothers are participating in the sessions. We've also observed a reduction in neonatal deaths. We're thankful to FMCH for their continued support.

We are kind

We have a learning mindset

We are action oriented



we are **FMCH**

Together, we are building a nation free from malnutrition, one family at a time.

FOUNDATION FOR MOTHER & CHILD HEALTH INDIA

The Bombay Public Trusts Act, 1950

SCHEDULE VIII [Vide rule 17(1)]

FOUNDATION FOR MOTHER AND CHILD HEALTH

Registration no. F - 31760(Mumbai)

BALANCE SHEET AS AT 31ST MARCH 2025

As at 31.03.2024	FUNDS AND LIABILITIES		As at 31.03.2025	As at 31.03.2024	PROPERTY AND ASSETS		As at 31.03.2025
	Trust Funds or Corpus				**Immovable properties**		
239,500	Balance as per last Balance Sheet	239,500			Balance as per last Balance Sheet	-	
	Adjustment during the year	-			Additions during the year	-	
239,500		239,500	239,500		Less : Sales during the year	-	
				-	Depreciation up to date	-	-
	Other Earmarked Funds						
	Depreciation Fund	-		-	**Investments**		-
	Sinking Fund	-					
	Reserve Fund	-			**Furniture & Fixtures**		
34,082,715	Any Other Fund	44,954,737	44,954,737		Balance as per last Balance Sheet	4,264,895	
					Additions during the year	2,271,964	
					Less : Sales during the year	-	
	Loans (Secured or Unsecured)			4,264,895	Depreciation up to date	-1,884,216	4,652,643
-	From Trustees		-				
-	From Others		-		**Loans**		
				-	Loans Scholarships		-
	Liabilities			-	Other Loans		-
1,115,853	For Expenses		470,881				
-	For Advances		-		**Advances**		
-	For Rent & Other Deposits		-	-	To Trustees		-
-	For Sundry Credit Balances		-	-	To Employees		52,614
				-	To Contractors		-
				-	To Lawyers		-
				475,000	To Others		598,510
					Income Outstanding		
	Income And Expenditure Account			-	Rent		-
14,294,348	Balance as per last Balance Sheet	19,365,643		-	Interest		-
	Less : Appropriation, if any	-		-	Other Income		-
5,071,295	Add : Surplus as per Income and Expenditure Account	(955,768)		49,629,147	**Cash and Bank Balances** (a) In Current Account with -		58,306,911
	Less : Deficit as per Income and Expenditure Account	-		431,572	In Fixed Deposit Account with		461,222
				-	(b) With the Trustee		-
19,365,643			18,409,876	3,097	(c) With the Manager		3,095
54,803,711	**TOTAL RS**		**64,074,994**	**54,803,711**	**TOTAL RS TOTAL RS**		**64,074,994**

The above Balance Sheet to the best of our belief contains a true account of the Funds and Liabilities and of the property and Assets of the Trust.

AS PER OUR REPORT OF EVEN DATE

FOR S. P. GUPTA & ASSOCIATES

CHARTERED ACCOUNTANTS

Firm Reg no 103445W

(Preeti Parasrampuria)

Partner

Membership No 131204

Mumbai

Date: 27/09/2025

FOR FOUNDATION FOR MOTHER AND CHILD HEALTH

Trustee Trustee Trustee

The Bombay Public Trusts Act, 1950 SCHEDULE IX [Vide rule 17(1)]

FOUNDATION FOR MOTHER AND CHILD HEALTH

Registration no. F - 31760(Mumbai)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2025

2023-24	EXPENDITURE		2024-25	2023-24	INCOME		2024-25
	To Expenditure in respect of properties				**By Rent**		
-	Rates , Taxes , Cesses		-		Accrued	-	
-	Repairs and Maintenance		-	-	Realised	-	-
-	Salaries/Honorarium		-				
-	Insurance		-		**By Interest (accrued & realised)**		
-	Depreciation		-		On Securities	-	
	(by way of provision of adjustments)				On Loans	-	
-	Other Expenses		-	1,391,023	On Bank account	1,431,316	1,431,316
4,861,787	**To Establishment Expenses**		3,121,260				
				-	**By Dividend**		-
-	**To Remuneration ToTrustees**		4,117,138				
				41,815,109	**By Donation**		44,124,147
-	**To Remuneration** (in the case of a math)		-				
	to the head of the match, including his			-	**By Donations In Cash or Kind**		-
	household expenditure, if any						
				-	**By Grant**		-
-	**To Legal Expenses**		-				
				78,356	**By Income from other source**		1,800
-	**To Audit Fees**		-				
				-	**By Transfer from Reserve**		-
-	**To Contribution and Fees**		-				
	To Amounts Writeen off				**By Deficit**		
	(a) Bad Debts	-					
	(b) Loans Scholarships	-					
	(c) Irrevocable Rents	-					
-	(d) Other items	-	-				
-	**To Miscellaneous expenses**		-				
1,744,670	**To Depreciation**		1,884,216				
-	**To Amount transferred to Reserve or**		-				
	Specific Funds						
	To Expenditure on objects of the trust:-						
	(a) Religious	-					
	(b) Educational	-					
	(c) Medical Relief	-					
	(d) Relief of Poverty	37,390,416					
	(e) Other Charitable Objects	-					
31,606,736		37,390,416	37,390,416				
5,071,295	**Excess of Income Over Expenditure Carried to Balance Sheet**		**-955,768**				
43,284,488	**TOTAL RS**		**45,557,263**	**43,284,488**	**TOTAL RS**		**45,557,263**

AS PER OUR REPORT OF EVEN DATE
FOR S. P. GUPTA & ASSOCIATES
CHARTERED ACCOUNTANTS
Firm Reg no 103445W

FOR FOUNDATION FOR MOTHER AND CHILD HEALTH

(Preeti Parasrampuria)
Partner
Membership No 131204
Mumbai
Date: 27/09/2025

Trustee Trustee Trustee

Our Partners

Acumen

APOTEX
Canadian-Based
Global Health Company

BLUE STAR

Wadia Hospitals

KOITA
FOUNDATION

SFF San Francisco Foundation

MULAGO

Reliance
Foundation

wipro

MCKS TRUST FUND
The Will to Create Change

PhoenixARC

give
INDIA

kotak
Kotak Mahindra Bank

RODDENBERRY
FOUNDATION

Tiger
Analytics

KHPT
engage, innovate, empower

www.fmch-india.org

contact@fmch-india.org

+91-9101069135

Foundation for Mother and Child Health India,
Safed Pool, Tanaji Nagar, Sai Krupa Rahiwasi Society,
Jarimari, Kurla West, Mumbai 400 072

@indiafmch

Foundation for Mother and Child Health India