

Form 1B.2

Annual Impact Report (AIR)

This section covers the Annual Impact Report (AIR) that should, at a minimum, cover the aspects described below. This should cover at least the top 67 percent of programme spending for the reporting period. For each of the thematic areas the organisation works in, as per the SEBI defined 16 thematic areas, a separate AIR is to be prepared in Form 1B.2.

1B.2(i) List of Programmes funded through Listed Securities on SSE for which Form 2.1 is applicable

Serial No.	Listing ID	Programme/ Project Title	Total Spending in INR on this Programme in this FY	% spending on this Programme/ Project in the FY under review	Form 2.1 Prepared (Yes/No)
1.	Not Applicable	Hope Ek A.S.H.A. has not raised funds through, and does not have, any listed securities on the SSE during FY 2024-25.	-	-	No

1B.2(ii) List of Programmes for which AIR is prepared in this section

Serial No.	Programme/ Project Title	Total Spending in INR on this Programme in this FY	% spending on this Programme/ Project in the financial year under review	Page Nos in this report
1.	Project A.S.H.A. - Affectionate Secured Home for Alzheimer's (Day Care, Residential Care, Home Care, Caregiver Support and Awareness & Advocacy)	Rs. 2,20,37,207.38	100%	As in this Sub-Section 1B.2.1

Please note: Total of 1B.2(i) and 1B.2(ii) should be at least the top 67 percent of programme spending for the reporting period. Project A.S.H.A. is the sole programme of Hope Ek A.S.H.A. and accounts for 100% of the total actual expenditure of Rs. 2,20,37,207.38 incurred in FY 2024-25, thereby satisfying the 67% threshold.



Sub-Section 1B.2.1 Annual Impact Report (AIR) Self-Reported

of Hope Ek A.S.H.A. for the period

from 01.04.2024 to 31.03.2025

For Project A.S.H.A. (Affectionate Secured Home for Alzheimer's) comprising 100% spending in the financial year under review

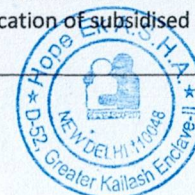
Under Promoting Health Care (including care of persons with dementia/ Alzheimer's and support to their caregivers) SSE Thematic Area

01-04-2024 to 31.03.2027

Programme Objective(s): To improve the quality of life of senior citizens (60+) affected by Alzheimer's disease/dementia (Stages I, II and III) through Day Care, Residential Care and Home Care services, and to provide support, training, counselling and respite to family and professional caregivers, while building community awareness of dementia.

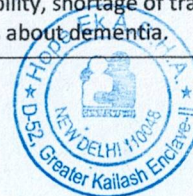
1) Strategic Intent and Planning

Item	S2: More than Rs 1 Cr
a) What is the social or environmental or cultural challenge the organization is addressing in this thematic area? Has this changed in the last year?	Dementia is a rapidly growing public health concern. As per WHO, over 55 million people worldwide live with dementia, with a majority residing in low- and middle-income countries. In India, prevalence among adults aged 60+ is estimated at 7.4%, with Delhi reporting nearly 5% prevalence. A large proportion of cases remain undiagnosed, underscoring the urgent need for early screening, specialised care facilities, and caregiver support. Access to dementia-competent care in India remains limited, particularly outside tertiary healthcare settings, and families who constitute the primary caregiving unit face significant emotional, physical and financial stress, compounded by limited insurance coverage for dementia-related care and a shortage of trained professionals. This core challenge has not changed in the last year.
b) How is the organization attending to the challenge or planning to attend to the challenge in this thematic area? Has this changed in the last year?	Hope Ek A.S.H.A., through Project A.S.H.A. (Affectionate Secured Home for Alzheimer's), delivers an integrated, continuum-of-care model comprising Day Care, Residential Care, Home Care (Hope At Home), caregiver training, memory screening and early-detection camps, individual and family counselling, and mass awareness initiatives through community outreach and media platforms. During FY 2024-25, care was provided to 30 persons through Day Care, 20-23 persons through Residential Care and 8 persons through Home Care, together with structured caregiver training programmes conducted in association with the Home Management and Caregivers Sector Skill Council, NSDC. The organisation is also developing a dedicated Dementia Financial Care Fund (DFCF) with a targeted corpus of Rs. 25 crore to subsidise care for economically vulnerable families. This approach has not materially changed in the last year.
c) Who or what is being impacted (target segment/ affected area)? Has this changed in the last year?	The primary beneficiaries are senior citizens (60+) affected by Alzheimer's disease/dementia (Stages I, II and III) and their family and professional caregivers, most of whom are women. Secondary beneficiaries include healthcare workers, professional caregivers, community volunteers, and partner institutions such as corporate CSR sponsors, Rotary Clubs and metro-based partners. Operations are centred in Delhi NCR, with pan-India outreach through awareness campaigns, publications and advocacy initiatives. This target segment has not changed in the last year.
d) What will be the outcomes of the activities, intervention, programs or project? Disclosure should include positive and potential unintended negative outcomes.	Positive outcomes: improved mood stability and emotional well-being of persons with dementia (PWD); enhanced social engagement and participation; maintenance or slowing of cognitive and functional decline; increased sense of safety, dignity and belonging; reduced caregiver stress and burnout; improved caregiver understanding of dementia and care techniques; enhanced caregiver confidence in managing behavioural challenges; increased community awareness and reduced stigma around dementia; and improved early identification through screenings. Potential unintended outcomes: risk of over-reliance on institutional care if family engagement weakens; challenges in cultural adaptation while scaling services to new regions; and risk of misallocation of subsidised care slots in the absence of robust eligibility screening.



2) Approach

Item	S2: More than Rs 1 Cr
a) What is the baseline status at the start of the activity/intervention/programs or project and at the end of the last reporting period?	At the start of FY 2024-25, Project A.S.H.A. operated with a sanctioned Service Capacity of 30 persons under Day Care and 20 persons under Residential Care. During the year, the organisation delivered care to 30 beneficiaries through Day Care, 23 through Residential Care and 8 through Home Care (Hope At Home), and associated over 400 direct beneficiaries with the project overall. By the end of the reporting period, the organisation had also conducted 108 memory screenings for senior citizens above the age of 60 years and trained 52 caregivers in two batches, strengthening the base from which the programme operates going into FY 2024-25.
b) What has been the past performance trend? (if relevant)	Beneficiary and caregiver testimonials collected during the year indicate sustained, multi-year engagement and improving outcomes: several persons with dementia have been associated with the Day Care or Residential Care programme for periods ranging from approximately 3 to 7 years, with families reporting improved mood, hygiene, social participation and physical mobility over time. The organisation reached over 16,000 families through awareness, support group and health programmes during the year, and conducted 9 mass awareness programmes, events and health camps.
c) What is the solution implementation plan and the measures taken for sustainability of activity/intervention/programs or project outcomes? Has there been any material change in your implementation model in the last one year?	Sustainability measures include: formalising a partnership pipeline for multi-year CSR grants; introducing modest means-tested user fees for residential/day care to improve financial sustainability while the Dementia Financial Care Fund (DFCF) builds its corpus; and capacity-building for family caregivers to enable community-based aftercare and reduce institutional dependence. The organisation follows a diversified funding model comprising grants and institutional funding, CSR partnerships, project-level user fees, and the planned DFCF (targeted corpus of Rs. 25 crore). There has been no material change to the core implementation model in the last year; the caregiver training vertical (launched under the Home Management and Caregivers Sector Skill Council, NSDC, on 12th August 2024) is a continuation and strengthening of the existing capacity-building approach.
d) Please brief out alignment of solution to Sustainable Development Goals (SDGs)/national priorities/state priorities/ developmental priorities.	The programme is primarily aligned to SDG 3 (Good Health & Well-being) - dementia awareness, screenings and specialised care improve elder health outcomes. It also aligns with national priorities, including the National Programme for Health Care of the Elderly (where applicable), and to CSR objectives for geriatric care under the Companies Act, 2013.
e) How have you taken into consideration stakeholder feedback in this reporting period?	Stakeholder mapping covered caregivers, resident families, donors, volunteers, medics and DFCF committee members. Feedback mechanisms used during FY 2024-25 included structured feedback forms post-service, donor consultations, and two stakeholder roundtables (Q2 and Q4). Family caregivers also share feedback informally and through testimonials, several of which (e.g., from family members of residents and day-care attendees) are documented in the Impact Report 2024-25.
f) In the last year, what have you seen as the biggest risks to the achievement of the desired impact? How are these being mitigated?	Key risks identified: (i) Funding volatility - mitigated via multi-year CSR commitments and fee-based partial recovery; (ii) Quality dilution on scale - mitigated by standardising care protocols, continuous caregiver training and ISO-aligned quality checks (the organisation holds ISO 26000 recognition); (iii) Over-reliance on residential care - mitigated by promoting community and home-based care alternatives and respite models; and (iv) DFCF governance risk - mitigated by implementing an independent donor committee and transparent disbursement rules. Broader challenges include resource constraints and long-term funding sustainability, shortage of trained dementia-care professionals, and persistent social stigma and limited public awareness about dementia.



3) Impact Indicators

Item	S2: More than Rs 1 Cr
a) What are the indicators used to evaluate the effectiveness and outcomes of programmes	Number of families reached through awareness, support groups and health programmes; number of beneficiaries served through Day Care, Residential Care and Home Care; number of caregivers trained; number of memory screenings conducted; number of mass awareness programmes/events/health camps conducted; caregiver stress and burnout levels; and mood stability, functional and cognitive status of persons with dementia, tracked through daily activity logs, behavioural observations and periodic assessments.
i) Timeline specific output indicators from inception to end of project (1) Number of interventions implemented (2) Timeliness of intervention delivery (3) % of planned vs. achieved programmes	Implementation period: April 2023 to March 2024. Key outputs achieved: 16,000+ families reached; 4 partnerships with community organisations, institutions, news and media platforms; 30 Share & Caregiver's meets of family caregivers; 30 beneficiaries through Day Care; 23 beneficiaries through Residential Care; 8 beneficiaries through Home Care; 52 caregivers trained in two batches; 1 book published (100 FAQs on Alzheimer's); 400+ direct beneficiaries associated with the project; 108 memory screenings for senior citizens above 60 years; 1 award granted; 3 media hits recorded; 9 mass awareness programmes, events and health camps conducted. Achieved : 100%
ii) Intermediate outcomes indicators (1) Increased awareness or knowledge among the target population (2) Changes in attitudes or perceptions (3) Adoption of new behaviours or practices (4) Improved skills or capabilities (5) Increased access to resources or services	1. Yes - reflected in 16,000+ families reached through awareness and health programmes. 2. Yes - reduced stigma around dementia reported at community level. 3. Yes - families adopting structured daily routines, hygiene and dietary practices recommended by caregivers. 4. Yes - 52 caregivers trained in two batches under the NSDC-affiliated skill council. 5. Yes - 108 senior citizens screened for memory-related concerns; 400+ direct beneficiaries associated with the project.
iii) Overall outcome indicators (1) Behavioural change sustained over time (2) Improved social or economic conditions (3) Reduced rates of negative outcomes (e.g., poverty, disease, crime) (4) Enhanced quality of life (5) Increased resilience to future challenges	1. Yes - case studies document sustained improvement in mood, hygiene, appetite and mobility over multi-year engagement. 2. Yes - reduced caregiver stress and improved family well-being reported. 3. Partially - improved early identification and management of dementia-related decline through screening and structured care; not directly measured against poverty/disease/crime metrics. 4. Yes - improved emotional well-being, dignity and social participation of persons with dementia, as documented in beneficiary testimonials and case studies. 5. Yes - trained family and professional caregivers report greater confidence and capability in managing future behavioural challenges.

4) Relevance and Sustainability

(Please share in 3-5 sentences with a supporting fact/data point)

Item	S2: More than Rs 1 Cr
i) Relevance: Explain with a supporting fact/data point how the initiative aligns with the organization's values and goals and is relevant to the target audience	As per WHO, over 55 million people worldwide live with dementia, and in India prevalence among adults aged 60+ is estimated at 7.4% (nearly 5% in Delhi), with a large proportion of cases remaining undiagnosed. Hope Ek A.S.H.A.'s mission - to give care to those who cannot care for themselves - is directly aligned to this under-served need, and Project A.S.H.A. was recognised as the 'Best Dementia Care Facility' in the reporting period, underscoring the



	relevance of its integrated Day Care, Residential Care, Home Care and caregiver-support model.
ii) Sustainability: Explain with a supporting fact/data point how the initiative is sustainable and if it can continue to make a positive impact in the future.	The project is supported by a diversified funding model, including two international stakeholders (The Hans Foundation, USA, and Rural India Supporting Trust (RIST), USA) and five national stakeholders (Rotary Club of Delhi (Central), PNB Housing Finance Limited/Pahal Foundation, SMC Global Financial Services Pvt. Ltd., Harish C. Khosla & Company, and GAIL India), together with the planned Dementia Financial Care Fund (targeted corpus of Rs. 25 crore) to subsidise care for economically vulnerable families on an ongoing basis.

a) Briefly include narratives of Social, Environmental, Cultural and Economic impact on target segment(s) in the reporting period.

Social impact: Increased social engagement and participation of persons with dementia through group activities, festival and birthday celebrations, and reduced social isolation; strengthened community of caregivers who share and support each other through quarterly Share & Care meets.

Cultural impact: Reminiscence, music, art and spiritual activities (e.g., singing bhajans, festival celebrations) tailored to residents' backgrounds have helped preserve dignity and cultural identity while reducing agitation and withdrawal.

Economic impact: Respite provided to family caregivers (predominantly women) has reduced the economic and opportunity cost of full-time informal caregiving; means-tested and subsidised care planned under the DFCF is intended to extend this benefit to economically vulnerable families.

Environmental impact: Not a primary focus area of this programme; no material environmental impact narrative is available in the source Impact Report for this reporting period.

b) Beneficiary/Stakeholder Validation through surveys and other feedback mechanism

The organisation has documented several beneficiary and stakeholder testimonials during FY 2024-25, including from family members of Day Care and Residential Care beneficiaries (e.g., families of Mrs. Kiran Sarna, Mr. Babu Ram Heta, Dr. S. S. Uppal, Dr. Anand, Mrs. Meena Sud and Mrs. Nishat Ahmed), and from institutional stakeholders including Mrs. Anuradha Thakur, IAS, Additional Secretary, Ministry of Corporate Affairs, Government of India (dated 29.09.2024), Shri Amit Kumar Ghosh, IAS, Additional Secretary, Ministry of Social Justice and Empowerment, Government of India, and Mr. Arvind Kanaujia, Past President, Rotary Club of Delhi Vasant Valley. Stakeholder feedback was also gathered through structured feedback forms post-service, donor consultations, and two stakeholder roundtables held in Q2 and Q4 of the reporting period.

5) Photographs conveying before and after impact of the Programme

(a maximum of 3 impact situations may be shared per Programme)

Before-and-after photographs and progress narratives for three beneficiaries –

Mrs. Usha Bhargava (Residential Care, admitted 2021, diagnosed 2017)

Mrs. Kavita Gupta (Day/Residential Care, diagnosed 2018 - Frontotemporal Dementia)

Mrs. Kusum Lata Maherisaria (diagnosed 2016 - Frontotemporal Dementia) –

The above are documented in the Case Studies section (pages 12-18) of the Impact Report 2024-25 of Hope EK A.S.H.A



6) Annexures

Item	NA	Yes	No
1. Blank copy of any questionnaire or survey forms used	✓		
2. Summary analysis of surveys undertaken	✓		
3. Impact Map linking outputs and outcomes to activities	✓		
4. Copies of other consultation details (such as focus group write-ups, workshop notes, etc.)	✓		
5. Copies of evidence summarised or quoted in the social impact report		✓	
6. Notes of the previous social impact assessment meetings (when applicable)	✓		
7. Past Social Impact Assessment Statements for the projects funded by the Listed Security (when applicable)	✓		
8. Completion certificate of approved mandatory capacity building workshops	✓		
9. Case Studies/ Stakeholder Testimonials		✓	
10. All stand-alone reports and that have contributed to the organisation's impact reporting for this period		✓	

Use Sub-Section 1B.2 format for each Programme Report with Title Prefixed by Sub-section 1B.2.2, 1B.2.3, 1B.2.4, 1B.2.5 and so on for reporting additional projects totalling to 67 percent of total programme expenditure in the financial year under review mentioned at 1B.2(ii).

Hope Ek A.S.H.A. operates a single programme (Project A.S.H.A.), which alone constitutes 100% of programme expenditure; no further Sub-Sections are required.



Form 1B.3**Declaration**

S1: Upto Rs1 Cr	S2: More than Rs1 Cr
	yes

I hereby certify that all the information provided in this report are correct and that all documents submitted by our organisation are true copies.

For Hope Ek A.S.H.A.

Date: 27/08/2026

Place: New Delhi

Harish C. Chawla
Secretary General



Form 1B.4**Statement of Compliance**

I, Harish Chawla, Secretary General, of Hope Ek A.S.H.A., certify that:

- a. All activities undertaken by the Social Enterprise are in conformity with the objectives as stated in the relevant constitution documents and aligned to the vision, purpose and mission of the Social Enterprise.
 - b. Activities reflect primacy of Social intent in the functioning of the Social Enterprise as per SEBI Act and regulations made thereunder that at least 67 percent of our organisation's activities cover target population segments/entities that are under-served or less privileged or live in regions recording lower performance in the development priorities of central or state governments (immediately preceding 3-year average of revenues/expenditure/total customer base and/or total number of beneficiaries).
- c. I have reviewed the financial statements prepared by the Social Enterprise for the year ended **31.03.2025** and to the best of my knowledge and belief these Statements do not contain any materially untrue statement or omit any material fact or contain statements that might be misleading. Further, these Statements together present a true and fair view of the Social Enterprise's affairs and are in compliance with the relevant Accounting Standards, applicable laws and regulations.
- d. To the best of my knowledge and belief, no transactions entered into by the Social Enterprise during the year ended **31.03.2025** are fraudulent, illegal or violative of the laws, regulations and policies and procedures of the Social Enterprise. The Social Enterprise has complied with all applicable laws and regulations as applicable for the Social Enterprise.
- e. I accept responsibility for establishing and maintaining internal controls for operations as well as financial reporting and the Social Enterprise has implemented and evaluated the effectiveness of internal control systems of the Social Enterprise in the conduct of operations and reporting thereon.
 - f. I am not aware of any instance during the year of significant fraud with involvement therein of the management or any employee having a significant role in the Social Enterprise's internal control systems.

For Hope Ek A.S.H.A.

Date: 27/08/2026

Place: New Delhi


Harish C. Chawla

Secretary General

