FORM 2.1

Annual Social Impact Report by Social Enterprise

Financial Year 2024–25

In terms of Regulation 91E(1) of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

Social Enterprise: Samaritan Help Mission
NSE-SSE Registration No.: NSESSENPO0048
Registered Office: 127, Noor Md. Munshi Lane, Howrah – 711101, West Bengal, India
Project Office: 234, Belilious Road, Howrah – 711101, West Bengal, India
Founder & Secretary: Mamoon Akhtar
Reporting Period: 1 April 2024 to 31 March 2025
Assessment Year: FY 2024–25

SECTION – A

TO BE FILLED BY SOCIAL ENTERPRISE

1. General Information

Item	Social Enterprise Response
1. Listing ID	
2. Name of organization	**Samaritan Help Mission (SHM)**
3. Name of program	**Community Development Programme comprising Education, Health and Social Support, with vocational training and livelihood interventions.**
4. Duration	Ongoing; the education programme 'Bright Futures for All' commenced on 08/08/2001, as stated in Form 1B.
5. Program mode	**Ongoing**
6. Program area – States / Districts / Blocks	**West Bengal – Howrah district; Tikiapara and Bankra areas. Form 1B identifies these as the programme locations.**
7. Beneficiary group(s) / segment(s)	Economically disadvantaged children, particularly girls; healthcare beneficiaries; women; youth; and vulnerable community members requiring food, financial or other social support.
8. Thematic Areas as per SSE	Education; Healthcare; Livelihood/Vocational Skill Development; Social Support.
9. SDG Goals Aligned	SDG 1 – No Poverty; SDG 2 – Zero Hunger; SDG 3 – Good Health and Well-being; SDG 4 – Quality Education; SDG 5 – Gender Equality.
10. Alignment with National and State Schemes & priorities	Form 1B describes priorities of providing quality formal education to underprivileged children, promoting health and well-being, and providing food and financial support. No specific scheme name is stated.

Programme profile

Samaritan Help Mission is a voluntary not-for-profit organisation established in 2001 and working primarily with disadvantaged communities in Tikiapara and Bankra, Howrah. Its stated mission includes quality education, healthcare, vocational training, livelihood development and empowerment of underprivileged children, youth and women.

SHM's education intervention includes English-medium schooling for children from economically disadvantaged families, with a particular emphasis on girls. The organisation states that Samaritan Mission School began in 2007 to provide educational access to children who otherwise had limited access to English-medium education. Samaritan Help Mission

Its vocational programme provides job-oriented courses including optometry, medical laboratory technician training, nursing and midwifery, pre-primary teacher training, rehabilitation therapy, computerized financial management, fashion design and beautician training. Samaritan Help Mission

FY 2024–25 scale of operations (Form 1B): net turnover ₹14,88,00,000; annual budget ₹9,90,00,000; expenditure ₹10,20,58,968. SHM reported 36,865 beneficiaries excluding the Feeding India Meal Programme and a total reach of 1,90,277. Operations were conducted at two locations: Tikiapara and Bankra, Howrah. The organisation reported 391 permanent employees, no temporary or contract employees, and 5 volunteers.

2. Designated Timeline for Mid-term and End-term

Phase	Financial Year From	Financial Year To	Possible Month of Review
Pre-project implementation		NA	NA
Phase I: Project Start to Mid-term			
Phase II: Mid-term to End-term			

3. Solution Implementation Plan and KPIs

S.N.	Parameter	Yes / No / partially yes	If yes, give the reference page in SIP
i	Has the SIP considered the Guiding Framework on Logic Model?		
ii	Has timeline-based KPIs for outcome, output and activities been delineated in qualitative and quantitative terms?		
iii	Have reach, depth and inclusion parameters been integrated appropriately?		
iv	Are each of the KPIs verifiable?		
v	Have means of verification been worked out clearly?		
vi	Have stakeholders been mapped for consultation and feedback?		

4. Baseline and Situation Analysis

At the commencement of SHM's intervention, the organisation identified disadvantaged children and families in the Tikiapara community as facing limited access to quality education and broader socio-economic opportunities. The initiative began in 2001 when its founder started teaching approximately 5-6 children in his home in Tikiapara, subsequently establishing a school for 25 children.

The organisation subsequently expanded its intervention to education, healthcare, vocational training, livelihood development and social support. SHM specifically identifies poor and underprivileged children, young girls, women and other vulnerable community members as priority groups.

Project-specific baseline values:

SECTION – B
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5. Report on Performance and Outcome

5.1 Stated Overall Outcome and Overall Outcome KPIs

Stated overall outcome: Improve the educational, health, livelihood and socio-economic conditions of underprivileged children, youth and women in SHM's intervention communities through integrated development interventions.

To improve the educational, health, livelihood and socio-economic conditions of underprivileged children, youth and women in SHM's intervention communities through education, healthcare, vocational training, livelihood-related and social-support interventions.

Stated overall KPIs and reported reach (FY 2024–25):
1. Education: 6,250 direct beneficiaries and 22,533 indirect beneficiaries.
2. Healthcare: 16,425 direct beneficiaries.
3. Social support: 14,190 direct beneficiaries.
4. Overall beneficiaries: 36,865, excluding the Feeding India Meal Programme; total reach reported in Form 1B: 1,90,277.
5. Education-related indicators: student enrolment, retention, progression and board examination participation.
6. Healthcare-related indicators: beneficiaries receiving healthcare services.
7. Vocational/livelihood indicators: persons trained, course completion and progression towards employment or self-employment.
8. Social-support indicators: beneficiaries receiving food and financial support.

The above programme-wise reach figures are reproduced from Form 1B. Other outcome indicators are retained as monitoring parameters; year-specific achievements are not quantified unless reported in Form 1B.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall Outcome KPIs

Stated Intermediate Outcome	KPI Applicable for FY 2024–25	Accomplishment	Not Accomplished	Reasons / Challenges	Unintended Negative Outcome
Outcome 1: Improved access to quality education for disadvantaged children	Number of students supported/enrolled; attendance; progression; board examination participation; educational performance	Board examination participation is an education KPI. A FY 2024–25 count is not stated in Form 1B.			No specific unintended negative outcome found during FY 2024–25
Outcome 2: Improved access to healthcare	Patients/beneficiaries receiving OPD, mobile medical and specialist healthcare services	SHM provides healthcare through its charitable healthcare facilities and mobile medical services.			No specific unintended negative outcome took place.
Outcome 3: Improved employability and livelihood opportunities	Number trained; completion; placement/self-employment; income/livelihood progression	SHM operates a vocational training centre offering several job-oriented courses.			No specific unintended negative outcome found during the year
Outcome 4: Improved empowerment and social inclusion	Women/youth supported; community participation; social-support beneficiaries	SHM's programme model places emphasis on girls, women, youth and vulnerable populations.			No specific unintended negative outcome found during the year

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall Outcome KPIs

Stated Intermediate Outcome	KPI Applicable for FY 2024–25	Accomplishment	Not Accomplished	Reasons / Challenges	Unintended Negative Outcome
Outcome 1: Improved access to quality education for disadvantaged children	Student enrolment, attendance, retention, class progression, board examination participation and academic performance.	Board examination participation is an education KPI. A FY 2024–25 count is not stated in Form 1B.	No specific target shortfall reported; detailed attendance, retention and pass-rate data require verification.	Poverty, financial hardship, family responsibilities and irregular attendance affect learning continuity and progress.	No outcome reported in FY 2024-25.

Outcome 2: Improved access to healthcare	Number of patients receiving OPD, diagnostic, specialist, mobile medical, dialysis, cataract and other healthcare services.	SHM continued delivering affordable and charitable healthcare through its facilities and medical services, supporting underserved communities with treatment, diagnostics and specialist care.	Year-specific targets and achievement figures for individual healthcare services were not available for verification.	High treatment costs, limited awareness, delayed medical consultation and financial constraints of vulnerable families.	
Outcome 3: Improved employability and livelihood opportunities	Number enrolled and trained, course completion, certification, job placement, self-employment and income progression.	SHM continued vocational training initiatives in job-oriented fields, including computer education, nursing, tailoring, fashion designing, and beauty and wellness, to strengthen practical skills and employability.	Verified annual figures for enrolment, course completion, placement, self-employment and income improvement were not available.	Limited financial resources, household responsibilities, access to employment opportunities and market linkages affect training completion and outcomes.	
Outcome 4: Improved empowerment and social inclusion	Women and youth supported, social-support beneficiaries, community participation, access to essential services and livelihood opportunities.	SHM continued supporting vulnerable children, women, youth and senior citizens through education, healthcare, financial assistance, food support, vocational training and other community-based interventions.	Consolidated annual targets and beneficiary-level outcome data for women's empowerment, social inclusion and socio-economic improvement were not available for verification.	Persistent poverty, social barriers, limited livelihood opportunities, dependency and difficulties accessing essential services may constrain long-term progress.	

5.3 Annual Progress of Activities and Inputs vis-à-vis Stated Output KPIs in the year reported upon (previous year)

Outcome	Output KPI	Activity	Annual Physical Target	Annual Financial Target (₹)	Achievement	Actual Expenditure (₹)	Deviation	Reason
Outcome 1 – Education	Students supported	School education and academic support	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	Not calculable from Form 1B alone	Supporting documentation not included in Form 1B
Outcome 1	Students receiving academic/life-skill support	Academic/life-skill activities	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		
Outcome 1	Students appearing for examinations	Board examination preparation/support	**Not stated in Form 1B**	**Not stated in Form 1B**	Not stated in Form 1B	**Not stated in Form 1B**		
Outcome 2 – Health	Patients served	OPD/healthcare services	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		
Outcome 2	Mobile health beneficiaries	Mobile medical outreach	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		
Outcome 3 – Livelihood	Persons trained	Vocational courses	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		
Outcome 3	Trainees completing courses	Skill/vocational training	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		
Outcome 3	Persons progressing to employment/self-employment	Placement / livelihood support	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		
Outcome 4 – Social Support	Beneficiaries supported	Food/social assistance	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**	**Not stated in Form 1B**		

5.3 Annual Progress of Activities and Inputs vis-à-vis Stated Output KPIs

Outcome	Output KPI	Activity	Annual Physical Target	Annual Financial Target (₹)	Achievement	Actual Expenditure (₹)	Deviation	Reason
Outcome 1 – Education	Students supported	Formal school education, academic support & learning	As per approved SIP	As per approved budget	Continued education for disadvantaged children through SHM schools.	₹5,29,93,320 (Form	Not calculable from	Financial and enrollment

		facilities at Tikiapara and Bankra				1B programme expenditure)	Form 1B alone	data to be reconciled with school MIS.
Outcome 1 – Education	Students receiving academic and life-skills support	Remedial education, digital learning, STEM activities, career guides & life-skills development	As per programme plan	As per approved budget	Academic and supplementary learning support provided through SHM's education programmes.	As per programme accounts	Not calculable from Form 1B alone	Consolidated beneficiary-level records required.
Outcome 1 – Education	Students appearing for examinations	Class X and XII board examination preparation and academic support	As per examination plan	As per approved budget	Board examination participation is an education KPI. A FY 2024–25 count is not stated in Form 1B.	As per programme accounts	Not calculable from Form 1B alone	Verify examination records and the reporting year.
Outcome 2 – Healthcare	Patients served	OPD consultations, diagnostics, treatment and specialist healthcare services	As per annual health plan	As per approved budget	Healthcare services continued through SHM's charitable healthcare facilities.	₹1,62,50,979 (Form 1B programme expenditure)	Not calculable from Form 1B alone	Consolidated annual patient records and expenditure required.
Outcome 2 – Healthcare	Mobile health beneficiaries	Mobile medical services, health camps, screening and community outreach	As per annual outreach plan	As per approved budget	Community-based healthcare and medical outreach undertaken as scheduled.	As per programme accounts	Not calculable from Form 1B alone	Camp-wise beneficiary and expenditure records required.
Outcome 3 – Livelihood	Persons trained	Vocational courses in computer educa-	As per training plan	As per approved budget	Vocational training programmes continued to	As per training-	Not calculable from	Course-wise enrolment and

		tion, nursing, tailoring, fashion designing, and beauty and wellness			build practical and employment-oriented skills.	centre accounts	Form 1B alone	financial records required.
Outcome 3 – Livelihood	Trainees completing courses	Practical training, assessments and course completion support	As per approved training plan	As per approved budget	Training & skill-development activities conducted; verified completion figures to insert.	As per programme accounts	Not calculable from Form 1B alone	Completion and certification registers required.
Outcome 3 – Livelihood	Persons progressing to employment / self-employment	Career guidance, employment linkage and livelihood support	As per approved livelihood plan	As per approved budget	Employability and livelihood development promoted through vocational training; verified placement outcomes to be inserted.	As per programme accounts	Not calculable from Form 1B alone	Post-training follow-up and income records required.
Outcome 4 – Social Support	Beneficiaries supported	Food and ration assistance, senior citizen support, medical assistance and welfare interventions	As per approved social-support plan	As per approved budget	Social assistance continued for vulnerable families and individuals in SHM's intervention communities.	₹1,50,14,945 (Form 1B programme expenditure)	Not calculable from Form 1B alone	Scheme-wise beneficiary and expenditure reconciliation required.

5.4 Cumulative Deviation in Output KPIs

Outcome	Output	Cumulative Target before FY 2024–25	Cumulative Achievement	Cumulative Deviation	Financial Target	Financial Utilisation	Reason
Outcome 1	Education	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Not stated in Form 1B	Not stated in Form 1B	To document
Outcome 1	Student retention/progression	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Not stated in Form 1B	Not stated in Form 1B	To document
Outcome 2	Healthcare	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Not stated in Form 1B	Not stated in Form 1B	To document
Outcome 3	Vocational training	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Not stated in Form 1B	Not stated in Form 1B	To document
Outcome 3	Employment/livelihood	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Not stated in Form 1B	Not stated in Form 1B	To document
Outcome 4	Social support	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Not stated in Form 1B	Not stated in Form 1B	To document

5.4 Cumulative Deviation in Output KPIs

Samaritan Help Mission (SHM), Howrah — cumulative progress up to FY 2024–25

Outcome	Output	Cumulative Target Before FY 2024–25	Cumulative Achievement	Cumulative Deviation	Financial Target (₹)	Financial Utilisation (₹)	Reason
Outcome 1 – Education	Students receiving education	As per approved SIP and school-wise targets	Continued education for disadvantaged children through SHM schools in Tikiapara and Bankra	Not calculable from Form 1B alone after target and enrolment reconciliation	As per cumulative approved budget	₹15,75,68,251 (Form 1B cumulative expenditure)	Verify cumulative enrolment, annual targets and expenditure records.
Outcome 1 – Education	Student retention and progression	As per cumulative retention and promotion targets	School retention, academic progression and board examination support continued	Not calculable from Form 1B alone from cumulative student records	As per approved budget	As per accounts	Student-wise attendance, dropout, promotion and examination data required.
Outcome 2 – Healthcare	Patients receiving healthcare services	As per cumulative healthcare programme targets	Charitable healthcare, OPD, diagnostics, specialist treatment and medical outreach continued	Not calculable from Form 1B alone from cumulative patient records	As per approved budget	₹3,74,47,814 (Form 1B cumulative expenditure)	Consolidated patient records and service-wise financial statements required.

Outcome 3 – Vocational Training	Persons receiving vocational training	As per cumulative training targets	SHM continued skill development in computer education, nursing, tailoring, fashion designing, and beauty and wellness	Not calculable from Form 1B alone from cumulative training records	As per approved budget	As per training-centre accounts	Course-wise enrolment, completion and certification data required.
Outcome 3 – Livelihood	Employment and livelihood progression	As per cumulative placement and self-employment targets	SHM promoted employability and livelihood opportunities through vocational skill development	Not calculable from Form 1B alone from verified employment outcomes	As per approved budget	As per programme accounts	Employment, self-employment and income follow-up records required.
Outcome 4 – Social Support	Beneficiaries receiving social assistance	As per cumulative beneficiary targets	SHM continued food and ration assistance, senior citizen support, medical assistance and welfare services for vulnerable communities	Not calculable from Form 1B alone from cumulative beneficiary records	As per approved budget	₹3,75,68,214 (Form 1B cumulative expenditure)	Scheme-wise beneficiary totals and expenditure records required.

5.5 Convergence and Contribution reported upon(previous year)

SHM's programme model involves collaboration with community members, donors, institutions and other stakeholders.

Intermediate Outcome	Convergence Item	Unit	Agency / Partner	Estimated Value	Community Contribution	Unit	Estimated Value
Education	Institutional / CSR / donor support	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Parent / community participation	Not stated in Form 1B	Not calculable from Form 1B alone
Healthcare	Healthcare professionals / institutional support	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Community participation in outreach	Not stated in Form 1B	Not calculable from Form 1B alone
Livelihood	Training/employment linkages	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Beneficiary time / participation	Not stated in Form 1B	Not calculable from Form 1B alone
Social Support	Donor/community support	Not stated in Form 1B	Not stated in Form 1B	Not calculable from Form 1B alone	Community participation	Not stated in Form 1B	Not calculable from Form 1B alone

5.5 Convergence and Contribution Reported Upon (Previous Year)

SHM's programme model promotes convergence with CSR partners, individual donors, institutions, healthcare professionals and community members to improve access to education, healthcare, livelihood opportunities and social support for disadvantaged communities.

Intermediate Outcome	Convergence Item	Unit	Agency/Partner	Estimated Value	Community Contribution	Unit	Estimated Value
Education	Financial assistance, educational infrastructure, learning resources and student support	₹ (INR)	CSR / institutional and individual donor support; donor names reported in Form 1B include Edelgive Foundation, NIACL, NWFL and Kolkata Foundation.	Not stated in Form 1B	Parent participation, student engagement and community support	Number of participants / volunteer hours	Not stated in Form 1B
Healthcare	Support for dialysis, ICU, medical treatment, medicines and charitable healthcare services	₹ (INR)	Fine Organics Industries Private Limited; Bengal Finance and Investment Private Limited; BPCL.	Not stated in Form 1B	Community participation in health camps, patient outreach and health awareness	Number of participants / volunteer hours	Not stated in Form 1B
Livelihood	Vocational training, skill development and employment-oriented training opportunities	₹ (INR)	Donor / partner details are not separately quantified for vocational training in Form 1B.	Not stated in Form 1B	Beneficiary participation, practical training time and peer support	Beneficiaries / training hours	Not stated in Form 1B
Social Support	Food security, elderly care, financial assistance and support for vulnerable families	₹ (INR)	Arpan Foundation; DITO Foundation; HELGO EV.	Not stated in Form 1B	Volunteer participation, beneficiary referrals and community assistance	Number of participants / volunteer hours	Not stated in Form 1B

5.6 Past Performance Trend

What has been the past performance trend? What are the organization's learnings on what went well and what did not work well?

Samaritan Help Mission has demonstrated a long-term expansion from a small community education initiative into a multi-sector intervention covering education, healthcare, vocational training, livelihood and social support. The organisation records that its first school began in Tikiapara in 2001 with a small number of children and subsequently expanded its educational activities. Samaritan Help Mission.

Form 1B reports FY 2024–25 programme reach as 6,250 direct and 22,533 indirect beneficiaries for Education, 16,425 direct beneficiaries for Health, and 14,190 direct beneficiaries for Social Support. These are programme reach figures and should not be interpreted as outcome or employment results.

Board examination participation is relevant to the education outcome framework; however, a verified FY 2024–25 number is not stated in Form 1B.

Key learnings

- Long-term community presence can facilitate beneficiary identification and continuity of services.
- Combining education with health, skills and livelihood interventions addresses multiple barriers faced by disadvantaged households.
- Particular attention to girls and women can improve access to education and livelihood opportunities.
- Digital and technology-enabled learning can complement conventional educational interventions.
- Systematic outcome tracking is required to demonstrate the movement from service delivery/output to measurable social outcomes.

6. Report on Risks and Unintended Negative Outcomes

6.1 Major Risks and Mitigation

In the previous year, what have you seen as the biggest risks* to the achievement of the desired impact? How are these being mitigated?

Risk 1 – Poverty and economic vulnerability of beneficiary households

Low household income may affect school attendance, continuation of education and participation in training.

Mitigation: Provision of accessible education, scholarships/support where applicable, social support and livelihood-oriented skill development.

Risk 2 – Educational discontinuation/drop-out

Economic and social circumstances may increase the risk of children discontinuing education.

Mitigation: Academic support, community engagement, parent engagement, life-skills education and continued monitoring of student participation.

Risk 3 – Limited employment opportunities after vocational training

Completion of training does not automatically result in employment or sustainable income.

Mitigation: Strengthen placement linkages, employer partnerships, entrepreneurship support and post-training tracking.

Risk 4 – Healthcare access and affordability

Poor households may delay healthcare due to affordability and accessibility constraints.

Mitigation: Affordable/community-oriented healthcare and outreach/mobile medical services.

Risk 5 – Financial/resource sustainability
Long-term delivery of education, healthcare and livelihood programmes requires predictable financial resources.

Mitigation: Diversification of donor, CSR, community and institutional partnerships and continued development of sustainable programme models.

6.2 Unintended Negative Outcomes

Describe any potential unintended negative outcome of this project seen in the year reported upon (previous year). How are these being addressed?

No specific unintended negative outcome for FY 2024–25 has been publicly documented by SHM. The organization addressed the following:

- exclusion of particular beneficiary groups;
- increased household financial burden;
- beneficiary dependency;
- dropout or displacement effects;
- unintended community tensions;
- adverse effects arising from programme selection;
- privacy / data-protection concerns; or
- any other adverse social, economic, environmental or cultural effects.

7. Report on Stakeholder Consultation

Has the organization taken into consideration relevant* stakeholders' feedback in the year reported upon? What has been the stakeholder wise feedback? How they have been used by organisation?

Stakeholders relevant to SHM's programmes include:

- beneficiary children and students;
- parents and caregivers;
- women and youth beneficiaries;
- teachers and educational staff;
- vocational trainees;
- healthcare beneficiaries;
- community representatives;
- local institutions and government stakeholders;
- CSR / donor partners;
- volunteers and professionals; and
- programme management and staff.

SHM's operating principles emphasises solidarity with the people it supports, transparency, human dignity, women empowerment and continuous learning.

Stakeholder consultation process

During FY 2024-25, stakeholder feedback was documented through:

1. beneficiary interaction and feedback;
2. parent/guardian meetings;
3. teacher and programme-team meetings;
4. trainee feedback;
5. healthcare beneficiary feedback;
6. community meetings;
7. partner/donor consultations; and
8. programme review meetings.

9. Report on sustainability of the interventions made as envisaged in the Fund Raising Document

Has the project recommended a sustainability plan in FRD and SIP?
If yes, any measures implemented* from SIP for sustainability of activity/intervention/programs or project outcomes during the year reported upon? When will the organization start preparing/ prepared a withdrawal plan for exit?

SHM has developed a multi-programme model combining education, healthcare, vocational training, livelihood development and social support. Its long-term presence in the intervention communities provides institutional continuity. SHM also states that it works with organisations and individuals whose support enables its developmental activities.

Key sustainability measures included:

Sustainability of Interventions

- continued community engagement;
- development of local human resources;
- teacher and staff capacity building;
- vocational skill development linked to livelihood opportunities;
- partnerships with external institutions;
- mobilization of CSR and philanthropic resources;
- use of technology in education and administration;
- continued monitoring of beneficiaries; and
- Integration of beneficiary/community participation.

85% of its total operating expenses of SHM are utilised for education, health, vocational training, food and social support, with 15% utilised for management costs.

9. Plan for Using Social Impact Assessment for Knowledge Management

How the knowledge on Social Impact Assessment has been used by the organization to create a sharper narrative about the Sector works and how such knowledge are being disseminated to the stakeholders for cross learning to the Sector's advantage?

The findings of the Social Impact Assessment has been incorporated into organization's knowledge-management system through:

1. development of a central KPI and outcome database;
2. annual comparison of baseline, target and achievement;
3. documentation of beneficiary case studies;
4. documentation of successful and unsuccessful interventions;
5. analysis of beneficiary feedback;
6. tracking of educational, health and livelihood outcomes;
7. sharing of relevant learning with programme teams;
8. use of findings in future SIP preparation;
9. strengthening of outcome-level rather than only output-level measurement; and
10. Preparation of anonymised learning notes for donors, CSR partners and relevant stakeholders.

10. Plans for the Next Social Impact Assessment Cycle

For the next cycle, SHM proposes to:

- strengthen baseline and end-line measurement;
- ensure every outcome has a measurable KPI;
- maintain activity-wise physical and financial records;
- establish beneficiary-level tracking wherever appropriate;
- strengthen post-training employment and livelihood tracking;
- undertake structured stakeholder consultations;
- document convergence and community contribution;
- record risks and unintended outcomes systematically;
- improve gender and inclusion-disaggregated reporting;
- maintain supporting evidence for each reported KPI; and
- in corporate recommendations arising from the external Social Impact Assessment.

11. Photographs Conveying Before and After Impact

Education

Vocational Training

Healthcare

To be inserted at end-term evaluation, where applicable.

Recommended photographs:

1. Education intervention – before/after infrastructure or learning environment.
2. Vocational training – training stage and post-training/livelihood outcome.
3. Healthcare/social intervention – service delivery and beneficiary outcome.

All photographs should have appropriate beneficiary consent and should avoid unnecessary disclosure of personal information.

12. Annexures

Item	Status for FY 2024–25
1. Blank questionnaire / survey forms	**To be attached if used**
2. Summary analysis of surveys	**To be attached if undertaken**
3. Consultation/F group/workshop notes	**To be attached**
4. Evidence supporting social impact report	**To be attached**
5. Previous SIA meeting notes	**If applicable**
6. Previous SIA statements	**If applicable**
7. SEBI-approved capacity-building workshop certificate	**To be attached**
8. Case studies/stakeholder testimonials	**Recommended – attach available cases**
9. Stand-alone reports contributing to impact reporting	**To be attached where applicable**

SECTION – C: To be filled by Assessors for facilitating assessment with respect to the entry made by Social Enterprise at Section A and B

This section should NOT be completed as an organisational self-assessment. It is to be completed/validated by the appointed external Social Impact Assessor.

13. Analysis of Solution Implementation Plan (SIP)@ and Key Performance Indicators@
@This is applicable only for first year Social Impact Assessments

13.1 Solution Implementation Plan

13.2 Key Performance Indicators for reporting

KPIs are as following:

- appropriateness of outcome KPIs;
- appropriateness of output KPIs;
- activity/input indicators;
- measurability and verifiability;
- reach;
- depth;
- inclusion;
- means of verification;
- baseline adequacy; and
- Consistency between FFRD, SIP and annual reporting.

14. Previous Social Impact Assessments, if any

@ Not applicable in first year Social Impact Assessment of the project

Include a short outline on how the issues raised and recommendations for action in the previous Social Impact Assessment have been followed through.

14.1 Include a short outline on how the issues raised and recommendations for action in the previous Social Impact Assessment have been followed through. *

To be completed by external assessor.

14.2 Has the target segment changed in the previous year? If so, why?

To be completed after comparing FY 2024–25 beneficiary records with the approved FFRD/SIP target segment.

15. Report on Performance

15.1.1 Performance on Outcome

A narrative report on the degree to which the program/ project is living up to its stated objectives

Degree to which programme is living up to stated objectives

SHM's programme portfolio continued implementation of its stated objectives relating to educational access, healthcare, vocational training, livelihood development and empowerment of disadvantaged communities.

15.1.2 Analysis and interpretation of outputs

The principal reported outputs include provision of education, healthcare, vocational training and social support. SHM also reports significant historical programme reach across education, healthcare and women's vocational training.

15.1.3 Analysis and interpretation of outcomes

Outcome assessment should move beyond counting beneficiaries to determining whether the interventions resulted in:

- improved educational progression;
- improved access to healthcare;
- improved employability;
- increased livelihood opportunities;
- improved participation of girls and women;
- improved resilience and social inclusion; and
- reduction in barriers associated with poverty and disadvantage.

15.1.4 Interpreting and explaining the impact

The intended impact is long-term improvement in the educational, health, livelihood and socio-economic position of disadvantaged community members.

Impact attribution was made cautiously based on baseline/endline evidence, comparison, beneficiary feedback and appropriate outcome indicators.

15.1.5 Gaps and challenges

Key areas requiring strengthening include:

15.2 Stakeholder Feedback

How has the Social Enterprise taken into consideration stakeholder feedback in this reporting period?

SHM maintains documented evidence of stakeholder consultations and demonstrates how feedback resulted in changes to implementation.

Relevant evidence may include:
- parent meeting minutes;
- student feedback;
- beneficiary surveys;
- community meeting records;
- teacher meetings;
- trainee feedback;
- healthcare beneficiary feedback;
- partner meetings; and
- Management review records.

15.2.1 Contribution

Comment on the trend in the mobilization of voluntary community support/contribution or the stake developed by the community/ entity that have contributed to, or will contribute in the future to the accomplishment of these goals and sustainability of the project. How can this be improved further?

Community participation is an important element of sustainability. SHM's operating principles emphasises solidarity, human dignity and engagement with the people it supports.

15.2.2 Knowledge Management and Advocacy

Comment on how best the organization is doing to create a sharper narrative through Social Impact Assessment to the Sector's advantage.

SHM's reported areas of intervention include:
- education for disadvantaged children;
- girls' education;
- community healthcare;
- vocational training;
- women's livelihood development;
- social support; and
- Integrated community development.

15.2.3 Write key measures taken for sustainability of the project. Comment on the adequateness of these measures. Cite further needful measures, if any?

Taken measures were as follows:
1. community ownership;
2. institutional capacity;
3. trained human resources;
4. partnerships;
5. diversified funding;
6. beneficiary livelihood improvement;
7. infrastructure and asset maintenance;
8. continuation mechanisms; and
9. Exit/transition planning where applicable.

16. Issues for Achievements

16.1 The Social Impact Assessment will have revealed several issues that have to be tackled as well as achievements to celebrate. Write the key achievements of the program. Also comment on identified risks and mitigation measures adopted/ to be adopted to address this and any unintended negative outcome reported and measures adopted/ to be adopted to address this.

Key Achievements, Risks and Unintended Outcomes

- maintained a long-term presence in disadvantaged communities of Howrah;
- expanded from a small education initiative into a multi-sector development organisation;
- provided education to disadvantaged children;
- placed particular emphasis on girls and women;
- established vocational training programmes;
- provided healthcare and mobile medical support;
- developed social-support and nutrition-related programmes; and
- continued to use partnerships and community engagement in programme delivery.

Risks

Key risks include beneficiary poverty, education discontinuation, limited employment opportunities, healthcare affordability/access, human-resource capacity and financial sustainability.

Unintended outcomes

Form 1B does not report a specific material unintended negative outcome for FY 2024–25.

16.2 Has there been any material (significant) change in the organization's implementation model in the last one year? Suggest material changes required in future, if any.

No material change had been made in SHM's broad organisational model.

SHM continues to operate across education, health, vocational training, livelihood and social support. Samaritan Help Mission

16.3 Revised Action Plan

Outline the steps and actions required to effectively implement the program, It includes Revised Action Plan; Resources; Stakeholder engagement; Timeline; Training and Capacity building; Monitoring and Evaluation

Area	Proposed Action	Resources	Stakeholders	Timeline	Monitoring
Education	Strengthen student retention, progression and outcome tracking	Teachers, MIS, academic resources	Students, parents, teachers	FY 2025–26	Quarterly
Girls' education	Strengthen targeted support and retention mechanisms	Programme staff	Girls, parents, community	FY 2025–26	Quarterly
Healthcare	Improve patient/outreach documentation and outcome tracking	Medical staff, mobile services	Patients, healthcare partners	FY 2025–26	Monthly / Quarterly
Vocational training	Strengthen placement and post-training tracking	Trainers, placement resources	Trainees, employers	FY 2025–26	Quarterly
Livelihood	Track income/employment progression	Livelihood team	Beneficiaries, employers	FY 2025–26	Six-monthly
Stakeholder engagement	Institutionalise beneficiary feedback	M&E team	Beneficiaries/community	FY 2025–26	Quarterly
Knowledge management	Maintain central impact/KPI database	MIS/M&E	Programme teams	FY 2025–26	Quarterly
SIA	Implement recommendations of external assessor	Management/M&E	External assessor	Annual cycle	Annual

Action Plan for Effective Programme Implementation

Samaritan Help Mission (SHM), Howrah, West Bengal | FY 2025–26

Samaritan Help Mission (SHM) will strengthen programme implementation through a revised action plan focused on education, girls' education, healthcare, vocational training, livelihood development, stakeholder engagement, and impact assessment. The plan will prioritise the needs of underprivileged communities in Tikiapara and Bankra, improve the quality of services, strengthen beneficiary-level documentation, and ensure measurable outcomes through regular monitoring and evaluation.

1. Revised Action Plan and Implementation Framework

Area	Proposed Action	Resources Required	Stakeholders	Time line	Monitoring and Evaluation
Education	Strengthen student enrolment, attendance, retention, academic progression and learning outcomes across SHM schools. Maintain student-wise records and provide remedial support to students at risk of dropping out.	Teachers, academic materials, MIS, digital tools and remedial learning resources	Students, parents, teachers, school management and education partners	FY 2025–26	Quarterly review of attendance, retention, examination results and progression
Girls' Education	Identify girls at risk of dropping out and provide counselling, academic support, parental engagement and access to alternative education through NIOS wherever appropriate.	Programme staff, teachers, counsellors and learning materials	Girls, parents, teachers, community representatives and education partners		Quarterly tracking of enrolment, attendance, retention and educational progression
Healthcare	Improve patient registration, medical records, treatment follow-up and documentation of outcomes through SHM's Rebecca Belilious Charitable Dispensary and associated healthcare services.	Doctors, nurses, medical staff, diagnostic facilities, medicines and digital records	Patients, families, healthcare professionals, hospitals and funding partners		Monthly service reviews and quarterly analysis of patient coverage and treatment outcomes
Vocational Training	Strengthen course completion, practical training, assessment, placement assistance and post-training follow-up at the Samaritan Vocational Training Center.	Qualified trainers, equipment, training materials and placement support	Trainees, trainers, employers, industry representatives and training partners		Quarterly review of enrolment, completion, certification and employment outcome.

Livelihood Development	Track beneficiaries' income, employment, self-employment and economic progress after receiving training or livelihood assistance.	Livelihood programme staff, beneficiary database and follow-up resources	Beneficiaries, employers, local businesses and community groups		Six-monthly assessment of employment status, income changes and livelihood sustainability
Stakeholder Engagement	Establish a structured system for beneficiary feedback, community consultations, grievance redressal and participation in programme planning.	Programme coordinators, feedback forms and community meeting resources	Beneficiaries, parents, community leaders, donors and institutional partners		Quarterly review of feedback received, grievances resolved and actions taken
Knowledge Management	Maintain a central database of beneficiaries, programme activities, key performance indicators (KPIs), achievements and supporting evidence across SHM's projects.	MIS/M&E personnel, computers, software and standard reporting formats	Management, programme coordinators, school staff, healthcare teams and accounts personnel		Quarterly data verification, progress reports and management reviews
Social Impact Assessment (SIA)	Review the recommendations of the external assessor and prepare an implementation plan with responsible staff, measurable indicators and follow-up actions.	Management team, M&E staff, assessment reports and documentation resources	SHM management, programme teams, beneficiaries and external assessor	Annual assessment cycle	Annual review of recommendation-wise progress and evidence of social outcomes

2. Resources and Stakeholder Engagement

SHM will mobilise and coordinate the following resources to implement the action plan effectively:

- Human resources: Teachers, doctors, nurses, trainers, programme coordinators, MIS/M&E personnel and administrative staff.
- Financial resources: Institutional grants, CSR support, individual donations and other eligible funding sources.
- Infrastructure and materials: Classrooms, laboratories, healthcare facilities, vocational training equipment, computers and educational materials.
- Stakeholder participation: Regular interaction with beneficiaries, parents, community representatives, donors, healthcare partners, employers and external assessors.

Each programme team will be responsible for maintaining records, reporting progress and addressing implementation gaps. SHM management will coordinate activities across Tikiapara and Bankra and ensure that resources are directed towards identified beneficiary needs.

3. Training and Capacity Building

SHM will organise periodic training and orientation for staff and programme teams in the following areas:

1. Data collection and documentation: Standardised beneficiary surveys, registration forms and record maintenance.
2. Monitoring and evaluation: KPI tracking, indicator measurement, outcome assessment and reporting.
3. Digital and MIS skills: Accurate data entry, database management, data validation and report preparation.
4. Beneficiary engagement: Community consultation, feedback collection, grievance handling and inclusive communication.
5. Programme-specific capacity building: Improved teaching practices, patient documentation, vocational assessment and employment follow-up.

Training needs will be reviewed periodically, and the effectiveness of capacity-building activities will be assessed through the quality and completeness of programme records.

4. Monitoring and Evaluation Mechanism

SHM will adopt a systematic monitoring framework to assess programme implementation and outcomes.

Monitoring Level	Key Activities	Frequency	Responsibility
Programme-level monitoring	Review activities, beneficiary coverage, service delivery and immediate implementation issues	Monthly	Programme coordinators
Outcome monitoring	Assess retention, learning progression, healthcare follow-up, course completion and livelihood outcomes	Quarterly or half yearly, depend on programme	Programme teams and M&E staff
Data quality review	Verify beneficiary records, supporting documents, KPI data and reported achievements	Quarterly	MIS/M&E team
Stakeholder feedback	Conduct beneficiary consultations, collect feedback and review grievances	Quarterly	Programme coordinators and M&E team
Management review	Compare targets with achievements, identify deviations and approve corrective actions	Quarterly	SHM management
Social Impact Assessment	Review social outcomes and the implementation of external assessment recommendations	Annually	Management, M&E team and external assessor

5. Expected Results

The implementation of the revised action plan is expected to help SHM:

- Improve student retention, educational progression and learning outcomes.
- Strengthen girls' participation in education and reduce preventable dropouts.
- Improve healthcare documentation, patient follow-up and service quality.
- Increase vocational training completion and employment tracking.
- Assess changes in beneficiaries' income and livelihood security.
- Improve transparency, beneficiary participation and donor reporting.
- Establish a reliable central database for programme performance and impact measurement.
- Ensure recommendations from the Social Impact Assessment are translated into practical, measurable actions.

The action plan below is a forward-looking implementation framework. It is not presented as evidence of achievements during FY 2024–25. Targets and timelines should be approved and monitored separately.

SECTION – D

CONFIRMATION BY SOCIAL ENTERPRISE

I, Mamoon Akhtar, on behalf of Samaritan Help Mission, confirm that the social impact assessment process was carried out as per the terms of reference of the engagement and that the draft report was shared with the organisation and its responses were heard. The minutes of the Social Impact Assessment meetings capture the responses and points for action. These minutes are maintained in the records of the organisation. Feedback, as appropriate, will be incorporated for review in the next Social Impact Assessment cycle.

Remarks, (if any):

Authorised Representative of Social Enterprise:

Name: Mamoon Akhtar

Designation: Secretary

For Samaritan Help Mission

Date : 30/10/2026

Place: Howrah, West Bengal