

FORM 2.1

Annual Social Impact Report by Social Enterprise

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

Project Concern International (PCI India)
NSE SSE Registration No: NSESENPO00168

Assessment for the Financial Year: 2025-26 (1 April 2025 – 31 March 2026)

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#	Programme	Thematic area (SSE)	FY 2025-26 spend (₹)	% of programme spend	Source
1	JTSP-II Making HN & Gender Integration with JEEViKA	Health and Nutrition	8,35,06,168	9%	Form 1B Sub-Section 1B.2.1
2	Elimination of Lymphatic Filariasis (LF) PHASE - IV	Health and Nutrition	6,60,10,072	7%	Form 1B Sub-Section 1B.2.2
3	Performance Support Unit With Chief Secretary, Zero Poverty Uttar Pradesh Abhiyan	Social Protection	5,89,26,789	6%	Form 1B Sub-Section 1B.2.3
4	North East Health Infrastructure Advancement Program	Health and Nutrition	5,87,52,650	6%	Form 1B Sub-Section 1B.2.4
5	Boosting demand for routine immunization and reducing zero-dose children Uttar Pradesh GAVI	Health and Nutrition	4,82,92,429	5%	Form 1B Sub-Section 1B.2.5
6	Transition & Sustainability of HN in SRLM	Health and Nutrition	4,33,85,578	4%	Form 1B Sub-Section 1B.2.6
7	Decentralised Energy for Women's Economic Empowerment - DEWEE	Climate Protection and WEE & Livelihoods	4,15,36,241	4%	Form 1B Sub-Section 1B.2.7
8	Technical Support Unit for WEE in Bihar and UP	WEE & Livelihoods	3,72,53,426	4%	Form 1B Sub-Section 1B.2.8
9	Ensuring Full Immunization of Zero Dose Children in Bihar	Health & Nutrition	3,32,76,199	3%	Form 1B Sub-Section 1B.2.8
10	Climate Resilient Livelihood Empowering Women	Climate Protection and WEE & Livelihoods	3,18,60,688	3%	Form 1B Sub-Section 1B.2.10
11	Nutrient Dense Take-Home Ration Uttar Pradesh Scale up	Health & Nutrition & WEE & Livelihoods	3,03,05,013	3%	Form 1B Sub-Section 1B.2.11
12	Setup PMU To Facilitate Micro Enterprise Services (GEAPP)	Climate Protection and WEE & Livelihoods	2,79,58,069	3%	Form 1B Sub-Section 1B.2.12
13	Gender Integration in Odisha and Evaluation for WEE	Gender & Adolescents	2,47,68,536	3%	Form 1B Sub-Section 1B.2.13
14	Migration and Family Planning in Bihar & UP: Innovations, Learning and Advocacy	Health & Nutrition	2,28,55,797	2%	Form 1B Sub-Section 1B.2.14
15	Leveraging Public Procurement for Women's Economic Empowerment (WEE)	WEE & Livelihoods	2,22,73,064	2%	Form 1B Sub-Section 1B.2.15
16	Glasses for Livelihoods	WEE & Livelihoods	2,00,09,484	2%	Form 1B Sub-Section 1B.2.16
17	Enhancing incomes for Kolkata urban poor households through cloud kitchens	WEE & Livelihoods	1,80,41,154	2%	Form 1B Sub-Section 1B.2.17



Programme 1: JTSP-II Making HN & Gender Integration with JEEViKA

Source: Form 1B Sub-Section 1B.2.1 (AIR, self-reported) | Thematic area: Health and Nutrition | FY 2025-26 spend: ₹8,35,06,168 (9% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	JTSP-II Making HN & Gender Integration with JEEViKA
4. Duration	2023 – 2026 (3 years); programme start date 1 April, 2023
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	All districts and aspirational blocks of Bihar
7. Beneficiary group(s)/ segment(s)	The programme impacts rural women and their households in Bihar, including pregnant and lactating women, caregivers, children, eligible couples, adolescents, older adults and women entrepreneurs. It also strengthens JEEViKA's community institutions and cadres, frontline health and ICDS workers, and public health facilities. Health and nutrition integration operates across 534 blocks in Bihar, with specific interventions implemented in selected districts and blocks. The emphasis has moved from project-led delivery to government- and community-led implementation.
8. Thematic Areas as per SSE	Health and Nutrition
9. SDG Goals Aligned	SDG 3: Good Health and Wellbeing
10. Alignment with National and State Schemes & priorities	The JEEViKA Technical Support Program aligns itself with State Rural Livelihood Mission (Bihar), Lakshpati Didi, National Health Mission (NHM), and Mission Indradhanush. It contributes to SDG 3: Good Health and Wellbeing.
Donor (Form 1B Table 1a)	Global Communities
Total reach (Form 1B Table 1a)	6,24,505 beneficiaries

2. Designated timeline for Mid-term and End-term (if any)

Phase			Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation			NA			NA			NA		
Phase I: Project Start to mid-term			NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA	NA
			NA			NA			NA		

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the	Partially Yes	NA

4. Baseline and situation analysis

At the beginning of JTSP, health and nutrition interventions needed to be layered into JEEViKA's rural livelihoods platform, with community mobilization, frontline capacity and convergence mechanisms developed over time. The programme progressed from pilot and layering phases to statewide integration. By the end of the previous reporting period, key interventions and systems were functioning under JEEViKA leadership.

Evidence included the Swasthya Mitra model operating across 11 Medical Colleges and 35 District Hospitals, and the parental engagement intervention showing an increase in minimum dietary diversity among children aged 6–18 months from 4.5% at baseline to 80.7% at endline in the intervention group, compared with 3.9% to 44.6% in the comparison group.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

The programme seeks to position JEEViKA as a National Resource Organisation (NRO), assist it in incubating solutions for emerging health and nutrition issues in Bihar, and sustain the integration of health, nutrition, sanitation and gender outcomes within Bihar's rural livelihoods system. Objectives include:

Strengthening community-based convergence mechanisms between JEEViKA, the Health Department and ICDS to improve access to health and nutrition services.

Sustaining behaviour change interventions and improving maternal, child and community health and nutrition outcomes.

Strengthening facility-level support systems to improve access to and experience of public healthcare services.

Promoting health and nutrition enterprises to enhance women's agency, economic participation and access to health and nutrition products and services.

Building institutional capacities and transitioning programme systems, processes and technical capabilities to JEEViKA for long-term sustainability and scale.

Expected outcomes (Form 1B Strategic Intent 1d):

During the project duration, JEEViKA demonstrated its optimum potential to integrate HN, sustain through their internal system and provided support to other states like Uttar Pradesh as and when required. Solutioning for the newer health issues linked with women and children health were incubated under the leadership of JEEViKA. Inter ministerial convergence was another key success in Bihar being led by JEEViKA.

Stated overall KPIs:

- Sustained operation of key interventions within JEEViKA and government systems without external implementation support.
- Swasthya Mitra functioning across 11 Medical Colleges and 35 District Hospitals; cumulative support reported for 10,26,809 OPD patients, 1,91,161 IPD patients and 34,399 post-discharge follow-ups.
- Health and nutrition enterprise models engaged over 2,013 entrepreneurs across 22 districts, supported through cumulative financing of ₹9.32 crore.
- Family Planning Convergence Program reached over 47,000 eligible couples.
- Continued integration of health and nutrition activities across 534 blocks.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Output indicators include number of interventions implemented, timeliness of delivery, and planned versus achieved programmes. Intermediate indicators include awareness and knowledge, attitudes and perceptions, adoption of health and nutrition behaviours,	<ul style="list-style-type: none"> • Increased minimum dietary diversity among children aged 6–18 months: intervention group 4.5% at baseline to 80.7% at endline; comparison group 3.9% to 44.6% (difference-in-differences estimate 35.5 percentage points, $p < 0.01$). • Increased access to care: average waiting time to begin treatment reduced from 10.16 hours to 1.49 hours among the exposed group. • Family planning: mCPR increased from 10.4% to 22.8% in the 	NA	NA	NA

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
	skills and capabilities of cadres and caregivers, and access to resources and services. Overall indicators include sustained behaviour change, improved health and nutrition, improved social and economic conditions, reduced unmet need and improved access to care.	<p>intervention arm; unmet need fell from 58% to 49% among young low-parity women.</p> <ul style="list-style-type: none"> Improved knowledge, caregiving practices, screening and referral, and access to health and nutrition products and services. 			
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	<p>Overall outcomes:</p> <ul style="list-style-type: none"> Sustained operation of key interventions within JEEViKA and government systems without external implementation support. Swasthya Mitra functioning across 11 Medical Colleges and 35 District Hospitals; cumulative support reported for 10,26,809 OPD patients, 1,91,161 IPD patients and 34,399 post-discharge follow-ups. Health and nutrition enterprise models engaged over 2,013 entrepreneurs across 22 districts, supported through cumulative financing of ₹9.32 crore. Family Planning Convergence Program reached over 47,000 eligible couples. Continued integration of health and nutrition activities across 534 blocks. <p>Impact narrative (social, environmental, cultural, economic): Swasthya Mitras supported patient navigation and follow-up, with average waiting time to begin treatment reducing from 10.16 hours to 1.49 hours among the exposed group. Nutrition outcomes improved, with minimum dietary diversity among children aged 6–18 months in the intervention group increasing from 4.5% at baseline to 80.7% at endline. Family planning outcomes improved, with mCPR increasing from 10.4% to 22.8% in the intervention arm. Health and nutrition enterprises engaged over 2,013 entrepreneurs across 22 districts and strengthened women’s economic participation.</p>	NA	NA	NA

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	<ul style="list-style-type: none"> • Number and coverage of interventions and facilities supported • Number of blocks, districts and community platforms covered • Number of frontline cadres and community resource persons trained • Number of patients supported through OPD/IPD and post-discharge follow-up • Number of entrepreneurs and enterprises supported 	₹8,35,06,168 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	Total programme budget: ₹32,86,54,767	<p>The programme evolved from efficacy and effectiveness testing to layering health and nutrition into SHGs, integration within JEEViKA systems, and a sustainable model phase. In the final phase, interventions continued to function under JEEViKA leadership without external implementation support.</p> <p>Available programme results include over 10,26,809 OPD patients and 1,91,161 IPD patients assisted by Swasthya Mitras, 34,399 post-discharge follow-ups, over 2,013 health and nutrition entrepreneurs across 22 districts, and family planning outcomes showing mCPR increasing from 10.4% to 22.8% in the intervention arm.</p>	Spent before FY 2025-26: ₹23,59,88,939 (derived: cumulative ₹31,94,95,107 less FY ₹8,35,06,168)	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	The JEEViKA Technical Support Program aligns itself with State Rural Livelihood Mission (Bihar), Lakhpati Didi, National Health Mission (NHM), and Mission Indradhanush. It contributes to SDG 3: Good Health and Wellbeing.	NA	NA	NA

5.6 Past performance trend

The programme evolved from efficacy and effectiveness testing to layering health and nutrition into SHGs, integration within JEEViKA systems, and a sustainable model phase. In the final phase, interventions continued to function under JEEViKA leadership without external implementation support.

Available programme results include over 10,26,809 OPD patients and 1,91,161 IPD patients assisted by Swasthya Mitras, 34,399 post-discharge follow-ups, over 2,013 health and nutrition entrepreneurs across 22 districts, and family planning outcomes showing mCPR increasing from 10.4% to 22.8% in the intervention arm.

6. Report on risks and unintended negative outcome

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

Key risks include maintaining the quality and continuity of interventions as they transition from project support to routine government and community systems; sustaining frontline capacity and referral linkages; and addressing social perceptions and hesitancy that can affect preventive health-seeking behaviour. These are being mitigated through institutionalizing roles and processes within JEEViKA, continued capacity building, standardized tools and digital MIS, inter-departmental convergence, and engagement with families, community influencers, schools and frontline workers.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

NA

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Implementation learning and stakeholder needs informed adaptation of the programme. JEEViKA's demand for support on mental health led to collaboration on an assessment toolkit and subsequent development of a community-based mental health framework for SHG platforms. Findings from focus group discussions with SHG women and assessment of block programme managers are being used to inform contextually relevant approaches. Programme learning on vaccine hesitancy, parental consent and social perceptions also informed future community engagement strategies.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Programme validation is reflected in service-use data, longitudinal baseline and endline evaluation, facility-level patient support data, and implementation learning. The parental engagement evaluation used two survey rounds and found a 35.5 percentage-point difference-in-differences improvement in minimum dietary diversity ($p < 0.01$). Swasthya Mitra programme data recorded patient support and reduced waiting time. Focus group discussions with 231 SHG women across 12 villages and assessment of 120 Block Program Managers informed mental health programming.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The implementation model combines community-based convergence mechanisms, facility-level support systems, behaviour change campaigns, preventive health initiatives and enterprise models. Sustainability measures include integration into JEEViKA's routine cadre and community platforms, capacity building of nodal persons, inclusion of health and nutrition KPIs in staff and cadre profiles, standardized counselling tools and digital platforms, referral linkages, and collaboration with the Health Department, ICDS, AIIMS Patna and PUSA.

During FY25-26, the focus remained on transition and institutional ownership rather than externally supported implementation.

Relevance and sustainability (Form 1B):

JTSP-II aligns with PCI's vision of "A happy, healthy, safe and sustainable world for all" and its mission to co-create and scale sustainable solutions rooted in community realities. It reflects PCI's focus on community connect, evidence-based programming, collaboration with government and sustainable solutions at scale.

The initiative responds to beneficiaries' needs for accessible and patient-friendly health services, improved maternal and child nutrition, family planning, preventive care and livelihood opportunities.

During the grant, JEEViKA-led systems operated across 534 blocks, and the Swasthya Mitra model supported over 10,26,809 OPD patients and 1,91,161 IPD patients. The continuation of these interventions within routine government and community systems supports sustainability.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

Photographs are included in Form 1B with the following captions: Supporting godbharai for antenatal care; Improved family planning

Applicable in the end-term evaluation; a maximum of 3 impact situations per programme.

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 2: Elimination of Lymphatic Filariasis (LF) PHASE - IV

Source: Form 1B Sub-Section 1B.2.2 (AIR, self-reported) | Thematic area: Health and Nutrition | FY 2025-26 spend: ₹6,60,10,072 (7% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Elimination of Lymphatic Filariasis (LF) PHASE – IV
4. Duration	2025 – 2027; programme start date 1 July, 2025
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	Chhattisgarh – Balod, Baloda Bazar, Bastar, Bilaspur, Gariyaband, Gaurela-Pendra-Marwahi, Janjgir-Champa, Jashpur, Khairagarh Chhuikhadan Gandai, Mahasamund, Mungeli, Raipur, Rajnandgaon, Sarangarh Bilaigarh, Shakti, Surajpur, Surguja; Madhya Pradesh – Chhatarpur, Datia, Katni, Mauganj, Niwari, Panna, Tikamgarh, Umariya; Maharashtra – Bhandara, Chandrapur, Gadchiroli; Odisha – Bargarh, Bolangir, Dhenkanal, Jajpur, Sundargarh; Uttar Pradesh – all districts; West Bengal – Alipurduar, Bankura, Birbhum, Bishnupur HD, Howrah, Jalpaiguri, Kalimpong, Murshidabad, Paschim Bardhaman, Purulia, Uttar Dinajpur. Present in aspirational blocks in each of the six states.
7. Beneficiary group(s)/ segment(s)	<p>The programme targets people at risk of LF in endemic areas and the government health systems responsible for MDA implementation, including national, state, district and block-level Vector Borne Disease (VBD) teams, Community Health Officers (CHOs), Drug Administrators (DAs), supervisors, ASHAs, community mobilizers and local influencers. The proposal targets approximately 125 million individuals at risk in 566 endemic blocks across 115 districts in 11 states.</p> <p>During FY 2025–26, direct programme support covered MDA preparedness in Uttar Pradesh and Odisha for August 2025, and expanded to Chhattisgarh, Odisha, Madhya Pradesh, Uttar Pradesh, Maharashtra and West Bengal for February 2026, with West Bengal support temporarily paused.</p>
8. Thematic Areas as per SSE	Health and Nutrition
9. SDG Goals Aligned	SDG 3 – Good Health and Wellbeing
10. Alignment with National and State Schemes & priorities	The program aligns with SDG 3 – Good Health and Wellbeing, and with national priorities including National Filaria Elimination Programme (NCVBDC, MoHFW), and Annual Nationwide Mass Drug Administration (MDA) Campaign for the Elimination of Lymphatic Filariasis (LF).
Donor (Form 1B Table 1a)	Bill & Melinda Gates Foundation
Total reach (Form 1B Table 1a)	21,00,000 beneficiaries

2. Designated timeline for Mid-term and End-term (if any)

Phase	Financial Year (From)	Financial Year (To)	Possible month of Review
Pre Project implementation	NA	NA	NA
Phase I: Project Start to mid-term	NA	NA	NA
Phase II: Midterm to End term	NA	NA	NA

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

The proposal describes earlier progress in drug compliance and DOT. Across 93 common districts, overall drug compliance increased from 56.4% in 2018 to 65.4% in 2023, while DOT increased from 15.9% to 45.9%. DOT among males increased from 14.5% to 41.8%; DOT among urban populations increased from 32.1% in 2021/22 to 37.6% in 2023. For FY 2025–26, the progress report records state-specific MDA results, including Odisha drug compliance of 74% in August 2025 and 70% in February 2026 according to WHO-evaluated data. State-reported treatment coverage in Odisha was 90% and 93%, respectively. In Uttar Pradesh, refusal conversion reached 76% during February 2026 and refusal generation declined to 7%. These measures are not a like-for-like national trend and should be interpreted by state and round.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

Institutionalization of social mobilization and community engagement legacy in Vector Borne Disease Program (national, state, district and block) to attain the LF elimination in India.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes include improved DOT and drug compliance during MDA; reduced refusals and improved refusal conversion; increased awareness of LF transmission, prevention and MDA drugs; improved skills of CHOs, DAs, supervisors and mobilization teams; stronger inter-sectoral convergence and government ownership; and institutionalization of social mobilization strategies in NHM, VBD and allied ministries. Potential implementation risks include continued refusal or non-consumption, fear of side effects, low risk perception, migration-related gaps and challenges reaching urban and other underserved populations.

Stated overall KPIs:

Overall outcome indicators:

improved MDA compliance, refusal conversion and advancement of some endemic districts or planning units along the TAS pathway.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	<p>Indicators used: % blocks conducting effective BCC meetings before MDA; % blocks with village-level influencer microplans;</p> <p>% blocks conducting DA and supervisor training on refusal conversion at least two weeks before MDA;</p> <p>% blocks with an operational digital refusal-conversion tracker;</p> <p>% districts utilizing at least 80% of allocated IEC budget;</p> <p>percentage of CHOs trained using the refusal-conversion toolkit;</p> <p>number of blocks rated A/B for MDA social mobilization;</p> <p>inter-sectoral convergence meetings;</p> <p>use of the IEC tracker;</p> <p>customized solutions for districts based on preparedness grading;</p>	<p>Intermediate outcome measures include awareness of MDA and LF, drug compliance and DOT, refusal conversion, participation of community and inter-sectoral platforms, and skills/capacity of frontline workers.</p> <p>FY 2025–26 results include Odisha drug compliance of 74% in August 2025 and 70% in February 2026 (WHO-evaluated); refusal conversion of 2,912 out of 7,871 identified cases in Odisha (37%); refusal conversion of 76% in Uttar Pradesh during February 2026; and conversion of approximately 93% of reported refusals in supported districts of Madhya Pradesh.</p>	NA	Key risks/challenges reported in Form 1B – see Section 6.1 below.	Potential implementation risks include continued refusal or non-consumption, fear of side effects, low risk perception, migration-related gaps and challenges reaching urban and other underserved populations.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
	toolkits/SOPs/guidance notes uploaded; and onboarding, training and monitoring of MSG mobilization staff.				
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Overall outcome indicators: improved MDA compliance, refusal conversion and advancement of some endemic districts or planning units along the TAS pathway. Impact narrative (social, environmental, cultural, economic): Social impact reported during the period includes community engagement and awareness activities, training of frontline workers and local influencers, and improved refusal conversion and MDA drug compliance in supported areas.	NA	See Section 6.1.	See Section 6.2.

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	1,203 CHOs deployed in Odisha across 12 districts and 117 blocks; more than 20,000 field visits covering over 61,000 households; 2,694 PRI representatives, 2,260 PDS dealers, 165 religious leaders and over 128,000 students sensitized in Chhattisgarh; and 207 degree colleges involved in Uttar Pradesh’s Youth Engagement Strategy.	₹6,60,10,072 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	Total programme budget: ₹17,21,48,844	The baseline and context reflects low awareness and uneven DOT, particularly among adult males, urban populations, and never-treated populations. The previous phase reported awareness of LF transmission and prevention increasing from 11% in 2018 to 63% in 2023 among at-risk populations in LF-endemic areas. Past phases included implementation of August 2025 and February 2026 MDA rounds, including state-level coverage, mobilization and refusal conversion.	Spent before FY 2025-26: ₹Nil (programme started 1 July 2025) (derived: cumulative ₹6,60,10,072 less FY ₹6,60,10,072)	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	The program aligns with SDG 3 – Good Health and Wellbeing, and with national priorities including National Filaria Elimination Programme (NCVBDC, MoHFW), and Annual Nationwide Mass Drug Administration (MDA) Campaign for the Elimination of Lymphatic Filariasis (LF).	NA	NA	NA

5.6 Past performance trend

The baseline and context reflects low awareness and uneven DOT, particularly among adult males, urban populations, and never-treated populations. The previous phase reported awareness of LF transmission and prevention increasing from 11% in 2018 to 63% in 2023 among at-risk populations in LF-endemic areas. Past phases included implementation of August 2025 and February 2026 MDA rounds, including state-level coverage, mobilization and refusal conversion.

6. Report on risks and unintended negative outcome

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

Key risks include low risk perception of LF, fear of adverse events and side effects, persistent refusals, migration-related coverage gaps, delayed MDA preparation, limited engagement of district and block officials, uneven inter-sectoral convergence, limited IEC resources, shortages of logistics and challenges reaching urban and never-treated populations.

Mitigation measures include targeted communication and refusal-conversion counselling, mapping and prioritization of low-coverage areas, engagement of local influencers and community platforms, training of CHOs, DAs and supervisors, digital monitoring, advance planning and coordination with government departments. In Uttar Pradesh, a post-MDA street survey of nearly 24,000 respondents found 83% were aware of MDA activities; in Odisha, CHOs converted 2,912 of 7,871 identified refusal cases.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential implementation risks include continued refusal or non-consumption, fear of side effects, low risk perception, migration-related gaps and challenges reaching urban and other underserved populations.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Yes. PCI participated in six national-level review and planning meetings and three national-level consultations with medical colleges. State-level examples include inter-sectoral coordination through task force and convergence mechanisms, engagement of SHGs, schools, Panchayats, PDS networks and religious leaders, and use of monitoring data to identify low-coverage and high-refusal areas.

The program includes coordination with NCVBDC, state and district health systems, allied departments and community platforms.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Validation measures include programme monitoring data and WHO-evaluated MDA compliance results, as well as state-reported coverage and refusal-conversion figures.

Examples include Odisha's WHO-evaluated drug compliance of 74% in August 2025 and 70% in February 2026, and a post-MDA street survey of nearly 24,000 respondents in Uttar Pradesh.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

Implementation follows the approved three-objective approach: capacitate VBD teams and CHOs to drive refusal conversion and targeted mobilization; embed social mobilization in NHM, VBD and allied ministry systems; and support states to onboard, train and supervise MSG-approved mobilization teams. Activities include advance MDA planning, customized communication, engagement of community platforms and influencers, training, supportive supervision, use of digital monitoring tools, and development and handover of toolkits, SOPs, guidelines and checklists. Sustainability is to be supported through institutionalization in government systems, transfer of resources and capacity building.

Relevance and sustainability (Form 1B):

Relevance: The initiative aligns with India's national priority to eliminate LF and with PCI's work supporting social mobilization and community engagement through the public health system. At the commencement of the project, 125 million people were at risk across 566 endemic blocks in 115 districts in 11 states.

Sustainability: The project aims to embed social mobilization in NHM, VBD and allied ministry systems, strengthen government capacity, and hand over toolkits, SOPs, guidelines, checklists and digital monitoring resources. During FY 2025–26, examples of implementation included government-led convergence mechanisms, use of SHGs and other existing community platforms, and state-level digital monitoring.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

Photographs are included in Form 1B with the following captions: Training of DMCs, with WHO representative; Orientation of Nursing College and school in Kanpur dehat

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 3: Performance Support Unit With Chief Secretary, Zero Poverty Uttar Pradesh Abhiyan

Source: Form 1B Sub-Section 1B.2.3 (AIR, self-reported) | Thematic area: Social Protection | FY 2025-26 spend: ₹5,89,26,789 (6% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Performance Support Unit With Chief Secretary, Zero Poverty Uttar Pradesh Abhiyan
4. Duration	2024 – 2026; programme start date 27 October, 2024
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26)
6. Program area – States with Districts [aspirational blocks, if any]	All districts and aspirational blocks of Uttar Pradesh
7. Beneficiary group(s)/ segment(s)	The programme covers 12.36 lakh Zero Poverty households enumerated and verified across Uttar Pradesh. Phase 2 places additional focus on children and adolescents, including orphans, single-parent households and girl children, and household needs such as electricity and access to clean drinking water. Six CSO partners collectively selected 6.62 lakh ZP households across 41 districts against a committed target of 7.28 lakh households.
8. Thematic Areas as per SSE	Social Protection
9. SDG Goals Aligned	SDG 1: Zero Poverty
10. Alignment with National and State Schemes & priorities	In addition to contributing to SDG 1: Zero Poverty, the project aligns with Zero Poverty Uttar Pradesh Abhiyan, Pradhan Mantri Awas Yojana and Mukhyamantri Awas Yojana, Swachh Bharat Mission (Grameen) and Jal Jeevan Mission, PMJAY & MMJAY, Old Age Pension, Disability Pension, Kisaan Samman, BoCW Shram Card, Ration Card, PM Ujjwala, Widow Pension, Bal Seva Yojana, Mukya Mantry Kanya Sumangla Yojana.
Donor (Form 1B Table 1a)	Bill & Melinda Gates Foundation
Total reach (Form 1B Table 1a)	49,63,528 beneficiaries

2. Designated timeline for Mid-term and End-term (if any)

Phase			Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation			NA			NA			NA		
Phase I: Project Start to mid-term			NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA	NA
			NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At the start, the programme used four fundamental deprivations to identify ultra-poor households: homelessness, landlessness, daily-wage dependence and food insecurity. Enumeration data for 12,33,222 households showed 65% earning less than INR 1,500 per month, 20% with no income source, 29% without ration cards, 61% without SHRAM cards, 80% without job cards and 81% without Ayushman cards.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To identify ultra-poor households and saturate them with social protection scheme benefits they are eligible for, while addressing multidimensional poverty and household vulnerabilities and building sustainable livelihood opportunities for youth and families.

Expected outcomes (Form 1B Strategic Intent 1d):

The programme aims to improve access to eligible social protection schemes and basic services, ensure saturation of eligible benefits, and build sustainable livelihood opportunities for youth and families.

Stated overall KPIs:

Longer-term outcomes sought include reduced extreme poverty and vulnerability, improved social and economic conditions, sustainable livelihoods and income enhancement, increased resilience to economic shocks, and improved quality of life through access to entitlements, education, housing, health services and employment.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Effectiveness is tracked through household enumeration and verification; the number and proportion of households receiving at least one DBT; number and estimated value of member-level DBTs; scheme-wise eligible households and achievement/saturation; access to housing, ration, pensions, health cover, school enrolment, SHG membership and other entitlements; and progress on skilling, placement, livelihood and enterprise support.	Intermediate indicators include improved access to social protection and basic services; increased enrolment in SHGs; women's access to Revolving Fund and Community Investment Fund; youth identified, trained and placed; and increased access to health cover, housing and education.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Longer-term outcomes sought include reduced extreme poverty and vulnerability, improved social and economic conditions, sustainable livelihoods and income enhancement, increased resilience to economic shocks, and improved quality of life through access to entitlements, education, housing, health services and employment. Impact narrative (social, environmental, cultural, economic): The Zero Poverty Uttar Pradesh Abhiyan strengthened access to social protection for ultra-poor households through	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		convergence across government departments and welfare schemes. The programme prioritised the identification of deprived households and delivery of eligible entitlements, including pensions, ration cards, school enrolment, health coverage and housing support. The initiative also addressed the vulnerabilities of children and adolescents, including orphans, children from single-parent households and girl children, through a multidimensional poverty lens. The Abhiyan strengthened community-level engagement through women's Self-Help Groups (SHGs), civil society organisations, universities and technical institutions. The approach supports the participation of women and vulnerable households in community institutions and livelihood-related interventions. It also strengthened access to government financial benefits and laid the foundation for sustainable livelihoods among ultra-poor households. During the reporting period, efforts focused on linking eligible families with SHGs, skilling and employment opportunities, enterprise development and livelihood support. The initiative also strengthened convergence with government schemes to improve access to social security and economic opportunities for women and youth.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Output indicators include households enumerated and verified; number of welfare schemes tracked and implemented; number of DBT benefits delivered and their estimated value; number of households receiving at least one benefit; scheme-wise saturation against eligible households; number of SHGs/CSOs/universities and technical institutions engaged; and number of youth identified for skilling and employment.	₹5,89,26,789 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	Total programme budget: ₹24,90,20,501	NA (Form 1B)	Spent before FY 2025-26: ₹8,70,99,417 (derived: cumulative ₹14,60,26,206 less FY ₹5,89,26,789)	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	In addition to contributing to SDG 1: Zero Poverty, the project aligns with Zero Poverty Uttar Pradesh Abhiyan, Pradhan Mantri Awas Yojana and Mukhyamantri Awas Yojana, Swachh Bharat Mission (Grameen) and Jal Jeevan Mission, PMJAY & MMJAY, Old Age Pension, Disability Pension, Kisaan Samman, BoCW Shram Card, Ration Card, PM Ujjwala, Widow Pension, Bal Seva Yojana, Mukya Mantry Kanya Sumangla Yojana.	NA	NA	NA

5.6 Past performance trend

NA (Form 1B)

6. Report on risks and unintended negative outcome

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

Key risks include errors in household identification; gaps in scheme eligibility and data integration; delays in housing, health cover, pensions and farmer support; and slower-than-anticipated rollout of some livelihood pathways. Mitigation includes ground verification, Family ID and scheme-data integration, portal-based tracking, government review and escalation, and partnerships to activate parallel livelihood pathways. Operational constraints include land-title and succession-certificate gaps, PM-JAY card-generation slowdown, and delays in the Samaveshi Aajeevika Yojna rollout.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

NA

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Stakeholder feedback and implementation learning have informed adjustments to beneficiary identification, scheme delivery and livelihood support. Ground verification by local CSO partners identified inclusion errors and some exclusion, with issues including the limit of 25 households per Gram Panchayat, lack of clarity and enumerator bias. Findings were shared with the state government and informed plans for further verification. Regular reviews chaired by the Chief Minister, Chief Secretary and Principal Secretary provide an additional mechanism for reviewing progress and resolving delivery gaps.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Beneficiary and stakeholder validation includes ground verification of enumerated households by local CSO partners. This exercise identified a 29% inclusion error rate and some cases of exclusion; findings were shared with the state government and informed plans to scale up verification in remote and bordering districts. Beneficiaries affirmed the value of pensions, ration, housing support and school enrolment.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

Implementation combines a common technology-enabled portal, scheme-wise targets, data integration, government-led reviews and convergence across departments. Sustainability is supported by institutional ownership, a dedicated state budget allocation, government systems and partnerships with SRLM, UPSDM, universities, technical institutions and CSOs. The model has expanded to a multidimensional vulnerability lens and livelihood pathways; the portal is transitioning to government-acquired infrastructure, strengthening government ownership and long-term sustainability.

Relevance and sustainability (Form 1B):

Zero Poverty Uttar Pradesh is relevant to PCI's mission to co-create and scale sustainable solutions to complex development problems, its work on social protection and livelihoods, and its approach of partnering with governments to address the root causes of deprivation. The initiative responds to beneficiaries' documented needs: enumeration data showed 65% of households earned less than INR 1,500 per month, 20% had no income source and 82% had irregular incomes.

By converging eligible households with social protection and livelihood opportunities, it addresses immediate needs as well as pathways to longer-term economic security.

Sustainability is supported by government ownership, convergence across line departments, scheme-wise targets, regular state-level reviews, a common digital platform and partnerships with SRLM, UPSDM, universities, technical institutions and CSOs.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

Photographs are included in Form 1B .

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 4: North East Health Infrastructure Advancement Program

Source: Form 1B Sub-Section 1B.2.4 (AIR, self-reported) | Thematic area: Health and Nutrition | FY 2025-26 spend: ₹5,87,52,650 (6% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	North East Health Infrastructure Advancement Program
4. Duration	2025 – 2027 (15-month phased implementation plan); programme start date 12 December, 2025
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	Assam – Biswanath, Nagaon, Dhemaji, Morigaon; Tripura – West Tripura, Sepahijala, Gomati, South Tripura, Khowai, Dhalai, Unakoti, North Tripura; Sikkim – East Sikkim, West Sikkim, Pakyong. Present in aspirational blocks.
7. Beneficiary group(s)/ segment(s)	The target segment comprises rural, tribal, remote, border and flood-prone communities in Assam, Arunachal Pradesh, Manipur, Tripura and Sikkim, with implementation across at least three states. The intervention focuses on Primary Health Centres (PHCs) and Community Health Centres (CHCs), and on health personnel including medical officers, nurses and ANMs.
8. Thematic Areas as per SSE	Health and Nutrition
9. SDG Goals Aligned	SDG 3 (Good Health and Well-being) through strengthened primary healthcare
10. Alignment with National and State Schemes & priorities	The programme complements the National Health Mission (NHM), Indian Public Health Standards (IPHS) upgrades, eSanjeevani and state health mission efforts. It contributes to SDG 3 (Good Health and Well-being) through strengthened primary healthcare, essential maternal/newborn and emergency services, diagnostics and referrals. It also supports equitable access to services for remote and tribal populations and strengthens public health systems through convergence with state and national priorities.
Donor (Form 1B Table 1a)	HDFC Bank Limited
Total reach (Form 1B Table 1a)	100 PHCs upgraded – Assam (51), Tripura (30), Sikkim (19);

2. Designated timeline for Mid-term and End-term (if any)

Phase	Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation	NA			NA			NA		
Phase I: Project Start to mid-term	NA			NA			NA		
A Phase II: Midterm to End-term	NA		NA	NA		NA		NA	NA
	NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

Primary Health Centres (PHCs) and Community Health Centres (CHCs) across Assam, Tripura, and Sikkim face varying challenges related to infrastructure condition, availability of essential medical equipment, diagnostic capacity, sanitation, electricity, and continuity of healthcare services. These gaps are particularly significant in rural and remote areas, where difficult terrain, geographical isolation, and limited connectivity can constrain access to timely and quality healthcare. Despite improvements in rural health infrastructure, strengthening facility readiness and ensuring the availability of essential services remain important priorities.

In Assam, only 280 of the 920 rural PHCs (30.4%) were functioning on a 24-hour basis, according to Rural Health Statistics 2021–22. The state also faces gaps in specialist availability, diagnostics, and infrastructure upgrades in several rural districts. In Tripura, 93 of 108 rural PHCs (86.1%) were functioning on a 24-hour basis; however, infrastructure and service-readiness gaps persist, including the need for equipment upgrades, improved laboratory capacity, and reliable cold-chain systems. Variability in water, sanitation, and toilet facilities further affects facility readiness. In Sikkim, all 24 rural PHCs were reported to be functioning on a 24-hour basis in the same dataset. Nevertheless, maintaining facility readiness and strengthening diagnostic services, non-communicable disease care, and referral capacity remain important priorities.

These challenges led to the conceptualisation of the PHC/CHC Revival Component under the North-East Health Infrastructure and Access Improvement Project (NE-HIAP). The intervention aims to strengthen healthcare facilities through infrastructure revival and structural repairs, essential civil and electrical upgrades, improvements in sanitation and toilet facilities, biomedical waste management, provision of essential medical equipment, solar lighting, and improved facility accessibility. By addressing structural, functional, environmental, and equipment-related vulnerabilities, the project seeks to improve facility safety, operational continuity, and the reliability of essential healthcare services for rural and underserved communities.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

Restore and strengthen rural PHC/CHC services so that primary care facilities meet IPHS readiness, provide 24x7 essential maternal/newborn and basic emergency services, have reliable diagnostics and referrals, and achieve measurable improvements in utilization and health outcomes.

Expected outcomes (Form 1B Strategic Intent 1d):

The programme aims to reduce maternal and newborn mortality and morbidity through timely stabilisation and referral, improve access to essential health services, and strengthen continuity and quality of care. By the end of 15 months, the project aims to reduce functional vacancy rates below 10%; ensure at least 90% of targeted PHCs have functional labour rooms, WASH, solar backup, basic diagnostics and telemedicine connectivity; and increase institutional deliveries and essential screening rates by at least 25% in targeted districts. Potential unintended risks include delays in infrastructure work or disruption to local services; these will be managed through phased implementation, coordination and local engagement.

Stated overall KPIs:

Overall outcome indicators include functional vacancy rates below 10%; at least 90% of targeted PHCs with functional labour rooms, WASH, solar backup, basic diagnostics and telemedicine connectivity; at least a 25% increase in institutional deliveries and essential screening rates in targeted districts; improved facility vulnerability scores; and stronger continuity of essential health services.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Programme effectiveness will be assessed through facility-level baseline and post-revival vulnerability scoring; completion and certification of civil works; functionality of labour rooms, WASH, solar backup, basic diagnostics and telemedicine connectivity; functional vacancy rates; institutional delivery rates; essential screening rates; and progress against the implementation plan.	Intermediate indicators include improved facility readiness and vulnerability scores; improved availability of essential equipment and diagnostics; increased staff capacity in equipment operation, WASH, infection prevention and control, biomedical waste management and telemedicine; improved community awareness; and increased access to maternal/newborn, emergency, referral and screening services. The program targets an increase of at least 25% in institutional deliveries and essential screening rates in targeted districts.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential unintended risks include delays in infrastructure work or disruption to local services; these will be managed through phased implementation, coordination and local engagement.
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Overall outcome indicators include functional vacancy rates below 10%; at least 90% of targeted PHCs with functional labour rooms, WASH, solar backup, basic diagnostics and telemedicine connectivity; at least a 25% increase in institutional deliveries and essential screening rates in targeted districts; improved facility vulnerability scores; and stronger continuity of essential health services.	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		Impact narrative (social, environmental, cultural, economic): While social impacts are not yet visible since the project is in its initial stage, intended benefits include improved access to essential healthcare for remote and tribal communities, safer and more reliable facility services, strengthened maternal/newborn and emergency care, improved diagnostics and referrals, and better continuity of services through solar backup and WASH improvements.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	NE-HIAP is in its initial implementation period during FY 2025–26. The proposal sets out a 15-month phased implementation plan, with mobilisation and baseline in Months 1–2, civil infrastructure revival in Months 3–8, electrical/solar/equipment strengthening in Months 6–12, capacity-building and service strengthening in Months 10–14, and consolidation and exit in Month 15.	₹5,87,52,650 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	Total programme budget: ₹8,66,59,150	Not applicable (Form 1B)	Spent before FY 2025-26: ₹Nil (programme started 12 December 2025) (derived: cumulative ₹5,87,52,650 less FY ₹5,87,52,650)	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments	The programme complements the National Health Mission (NHM), Indian Public Health Standards (IPHS) upgrades, eSanjeevani and state health mission efforts. It contributes to SDG 3 (Good Health and Well-	NA	NA	NA

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
	(as reported)	being) through strengthened primary healthcare, essential maternal/newborn and emergency services, diagnostics and referrals. It also supports equitable access to services for remote and tribal populations and strengthens public health systems through convergence with state and national priorities.			

5.6 Past performance trend

Not applicable (Form 1B)

6. Report on risks and unintended negative outcome

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

The main risks identified are operational delays due to terrain or logistical barriers; inter-departmental coordination gaps among Health, PWD, Power, Water Supply, Panchayat and Land Revenue departments; and cultural sensitivity risks, including local tensions, protests or disruptions. Mitigation measures include advance site assessments, engaging local contractors with contextual knowledge, phase-wise implementation, appointing a single-point nodal officer, periodic joint review meetings, digital dashboards, regular communication with local leaders and civil society, and equitable distribution of project benefits.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential unintended risks include delays in infrastructure work or disruption to local services; these will be managed through phased implementation, coordination and local engagement.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Not applicable for this reporting period

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Not available as yet

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The implementation plan follows a “Revive–Strengthen–Sustain” framework: immediate repairs and sanitation restoration; equipment, diagnostics and solar power support; and capacity-building, maintenance systems, biomedical waste management and digital reporting. Sustainability measures include handover to State NHM, a sustainability roadmap for the next 24 months, maintenance systems and digital reporting. Implementation includes state-level inception meetings, facility selection, baseline assessments, technical audits, procurement, infrastructure works, equipment installation, staff training, community awareness and third-party evaluation.

Relevance and sustainability (Form 1B):

PCI works to improve health and well-being through evidence-based programming, community partnerships and support to government systems. The project responds to the needs of rural and tribal communities in the North-East, where PHCs/CHCs face infrastructure, WASH, staffing, diagnostic, power and accessibility gaps; baseline assessments indicate deficits across 6–8 of 10 vulnerability domains. Strengthening first-point-of-care services is intended to improve access to timely maternal/newborn care, emergency services, diagnostics and referrals.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

Photographs (if any) are embedded in Form 1B without captions; attach up to 3 impact situations.

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 5: Boosting demand for routine immunization and reducing zero-dose children Uttar Pradesh GAVI

Source: Form 1B Sub-Section 1B.2.5 (AIR, self-reported) | Thematic area: Health and Nutrition | FY 2025-26 spend: ₹4,82,92,429 (5% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Boosting demand for routine immunization and reducing zero-dose children Uttar Pradesh GAVI
4. Duration	2024 – 2026; programme start date 2 August, 2024
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	21 districts of Uttar Pradesh – Aligarh, Ambedkarnagar, Amethi, Amroha, Baghpat, Barabanki, Bijnor, Bulandshahr, Deoria, Etah, GB Nagar, Gorakhpur, Hathras, Kanpur Dehat, Kasganj, Kushinagar, Maharajganj, Meerut, Moradabad, Saharanpur, Sultanpur
7. Beneficiary group(s)/ segment(s)	The project supported 21 districts of Uttar Pradesh, covering rural and urban areas, including 76 blocks, 163 urban wards and a population of 23,01,542. Target groups included vaccine-hesitant families, zero-dose and potential zero-dose children, caregivers and grandparents, frontline health workers, ASHAs, community influencers, community structures and local health/government stakeholders.
8. Thematic Areas as per SSE	Health and Nutrition
9. SDG Goals Aligned	SDG 3
10. Alignment with National and State Schemes & priorities	The project aligns with Routine Immunization under the National Health Mission (NHM), Uttar Pradesh; Mission Indradhanush; UP Government's Vision 2030, along with SDG 3.
Donor (Form 1B Table 1a)	UNICEF
Total reach (Form 1B Table 1a)	29,390 children

2. Designated timeline for Mid-term and End-term (if any)

Phase		Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation		NA			NA			NA		
Phase I: Project Start to mid-term		NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA
		NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

Sl	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

Uttar Pradesh faced significant gaps in Routine Immunization (RI), with a high burden of zero-dose children—those who had not received even a single dose of a diphtheria, pertussis and tetanus (DPT)-containing vaccine. According to NFHS-5 (2019–21), approximately 9.1% of children aged 12–23 months in Uttar Pradesh had not received any DPT dose. Of the 143 districts identified nationally for intensive interventions to address zero-dose children, 60 were in Uttar Pradesh. Zero-dose and under-immunized children were concentrated among marginalized populations, including families living in poverty, households with low maternal education, and communities with limited access to health services in hard-to-reach rural areas, urban slums, peri-urban settlements and migrant communities. Key barriers included lack of awareness, fear of adverse events following immunization, wage loss, gender norms, vaccine hesitancy and challenges in accessing immunization services.

The project addressed these gaps through community engagement and health-system strengthening across 21 districts of Uttar Pradesh. Social mapping and line-listing were undertaken to identify areas with a high burden of Vaccine Avoidance Behaviour (VAB) families, zero-dose children and children who had dropped out of immunization services.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To strengthen Routine Immunization (RI) and reduce the number of zero-dose children through community engagement and health system strengthening.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes included improved knowledge and communication skills among frontline health workers and community influencers; increased awareness and acceptance of routine immunization among caregivers; improved tracking and linkage of vaccine-hesitant, zero-dose and potential zero-dose children with immunization services; and stronger community and health-system support for timely vaccination.

Stated overall KPIs:

Overall outcomes:

improved linkage to routine immunization services, with 16,381 of 18,092 VAB families linked (90.5%);

7,163 of 9,694 identified zero-dose children receiving the first DPT dose (73.9%); and

7,457 of 9,152 targeted potential zero-dose children tracked and vaccinated.

(till the end of the reporting period)

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Indicators included number of interventions implemented; timeliness and planned-versus-achieved activities; number of FLWs, community influencers and community structures trained and engaged; number of social mapping exercises completed; number of communication activities and participants; number and percentage of VAB families linked to RI services; number and percentage of zero-dose children receiving the first DPT dose; number and percentage of targeted potential zero-dose children tracked and vaccinated; and clusters meeting minimum performance benchmarks.	The project successfully tracked and linked children to RI services across key groups — 90.5% from vaccine-hesitant/resistant families, 74% of identified zero-dose children, and 81.5% of targeted PZD children. On-ground mobilization was extensive: 4,316 community influencers and 2,213 community structures were engaged, alongside 509 local barbers and 139 ICRPs. Additionally, 3,370 frontline workers were trained in effective communication, driving 16,847 community-level activities that reached 185,804 participants. These efforts were reinforced by mid-media initiatives, including the Teeka Mitra mobile van, street plays, and community rallies.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	<p>Overall outcomes: Overall outcomes: improved linkage to routine immunization services, with 16,381 of 18,092 VAB families linked (90.5%); 7,163 of 9,694 identified zero-dose children receiving the first DPT dose (73.9%); and 7,457 of 9,152 targeted potential zero-dose children tracked and vaccinated.</p> <p>(till the end of the reporting period)</p> <p>Impact narrative (social, environmental, cultural, economic): Social impact included improved community outreach and linkage of vaccine-hesitant families and children with routine immunization services, alongside engagement of caregivers, grandparents, fathers, religious leaders, local barbers and other community influencers. The program trained and engaged 4,316 community influencers and 2,213 community structures.</p>	NA	See Section 6.1.	See Section 6.2.

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	<p>Output indicators: 1,567/1,568 social mapping exercises completed; 3,357 FLWs received induction training; 4,316 community influencers and 2,213 community structures trained and engaged; 16,847 communication activities conducted, with 1,85,804 participants; and 14,029 activities directly supported by CSO staff. Intermediate outcomes: 16,381/18,092 VAB families linked with RI services (90.5%); 7,163/9,694 identified zero-dose children received the first DPT dose (73.9%); and 7,457/9,152 targeted potential zero-dose children were tracked and vaccinated.</p> <p>These indicators reflect increased access to services and improved skills/capacity.</p>	₹4,82,92,429 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	Total programme budget: ₹7,39,36,808	Not reported in Form 1B	Spent before FY 2025-26: ₹2,22,60,793 (derived: cumulative ₹7,05,53,222 less FY ₹4,82,92,429)	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	The project aligns with Routine Immunization under the National Health Mission (NHM), Uttar Pradesh; Mission Indradhanush; UP Government's Vision 2030, along with SDG 3.	NA	NA	NA

5.6 Past performance trend

Not reported in Form 1B

6. Report on risks and unintended negative outcome

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

High attrition among CSO and Cluster Coordinators, along with shortages of trained human resources in urban areas, posed challenges to continuity and implementation. Capacity-building, mentoring and field-level support were used to strengthen implementation.

Vaccine hesitancy, concerns about adverse events following immunization, family-level resistance and gender-related barriers continued to affect immunization uptake. PCI addressed these through interpersonal communication, home visits, community meetings with hesitant caregivers and grandparents, engagement of community influencers, and experience-sharing between families.

In urban areas, resistance from Resident Welfare Associations (RWAs) and property owners sometimes restricted ASHA outreach. Coordination with local stakeholders and community engagement were important to facilitate access and improve uptake of Routine Immunization services.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

NA

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

PCI worked in coordination with health officials, district and block-level functionaries, UNICEF, and other relevant stakeholders to strengthen implementation of the Zero-Dose Implementation Plan (ZIP). Sensitization meetings, review meetings, and planning exercises supported coordination, monitoring, and follow-up in priority areas.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Review has been conducted with district and block health officials, ANMs, ASHAs, NHM staff, UNICEF and other development partners that records increased turnout at Routine Immunization session sites in several intervention areas and reports that 90.5% of identified VAB families were linked with immunization services.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

PCI adopted a community-based approach to strengthen Routine Immunization (RI) and reduce the number of zero-dose children across 21 districts of Uttar Pradesh. The approach focused on strengthening the capacity of frontline workers (FLWs), mobilizing communities, engaging local influencers, strengthening community structures, and implementing targeted communication interventions to address vaccine hesitancy.

Relevance and sustainability (Form 1B):

Relevance: PCI's mission is to co-create and scale sustainable solutions to complex development problems rooted in community realities. The project reflects its Health and Nutrition focus through community-centred, evidence-based approaches and collaboration with government systems. The need is substantial: NFHS-5 (2019–21) reported that about 9.1% of children aged 12–23 months in Uttar Pradesh had not received any DPT dose.

Sustainability: CETs, monthly meetings under ANM guidance, existing SHG/ICRP-FNHW platforms and handover of family lists and engagement plans to health officials provide mechanisms for continued community outreach.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 6: Transition & Sustainability of HN in SRLM

Source: Form 1B Sub-Section 1B.2.6 (AIR, self-reported) | Thematic area: Health and Nutrition | FY 2025-26 spend: ₹4,33,85,578 (4% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Transition & Sustainability of HN in SRLM
4. Duration	1 December, 2024 – 31 December 2026
5. Program mode (one time/ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	States referenced in the AIR: Assam, Bihar, Rajasthan, Uttar Pradesh. District-level coverage and aspirational blocks are not listed for this programme in Form 1B.
7. Beneficiary group(s)/ segment(s)	Target segment: Women and children of SHG households - the most vulnerable section of rural women - reached through community cadres of the SHG platform (ICRP-FNHW Swasthya Sakhis) in complement to frontline workers of the Health and WCD departments. Affected area: National level - DAY-NRLM and 34 SRLMs (technical assistance across ~925 FNHW immersion sites); Uttar Pradesh - UPSRLM across all 75 districts and 826 blocks. Innovation pilot sites were added in Rajasthan (obesity), Uttar Pradesh (psychosocial well-being) and Assam (alcohol and substance abuse); the NCD pilot covers Aligarh, Agra and Sultanpur; the mental health pilot with SHG women is in Barabanki; a Jan Aushadhi Kendra was established in Tappal, Aligarh; and 13,896 Swasthya Sakhis have been onboarded into the Cadre Management Portal.
8. Thematic Areas as per SSE	Health and Nutrition
9. SDG Goals Aligned	The program objective is aligned with SDG Goal 3 – Good Health & Wellbeing.
10. Alignment with National and State Schemes & priorities	National priorities: The solution is anchored in DAY-NRLM and aligned with the programmes of MoHFW, MoWCD, MoRD and the Ministry of AYUSH. SHGs have been mobilized under national campaigns such as POSHAN Pakhwada and the 100-day TB Elimination Campaign, and the NCD pilot links SHG households with Ayushman Arogya Mandir. State and developmental priorities: HN budgeting is incorporated in the Annual Action Plan of UPSRLM and the HN team provision is approved by MoRD; a joint NHM-UPSRLM letter defines convergence between the two departments. The interventions contribute to Women's Economic Empowerment (WEE) by strengthening access to services, promoting preventive health behaviours, and reducing out-of-pocket expenditures, thereby enhancing the overall well-being, productivity, and financial resilience of SHG households.

2. Designated timeline for Mid-term and End-term (if any)

Phase	Financial Year (From)	Financial Year (To)	Possible month of Review
Pre Project implementation	NA	NA	NA
Phase I: Project Start to mid-term	NA	NA	NA
A Phase II: Midterm to End-term	NA	NA	NA
	NA	NA	NA

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

PCI conceptualized and developed the proof of concept for HN integration in SRLMs with JEEViKA in Bihar, and the Foundation supported its replication in Uttar Pradesh through the Prerna Technical Support Program (PTSP) from November 2019 (baseline 2019; endline 2023), starting with 39 districts and 78 blocks and now covering all 75 districts and 826 blocks. UPSRLM allocated ~3% of its annual budget for HN in FY 24, and 25,319 ICRP-HN had been trained and deployed (4X since 2019). Under TA to NRLM, 1.5% of the NRLM budget was allocated for HN in FY 23-24 as against zero budget in the past, all 34 SRLMs included HN in their Annual Action Plans, and 16 states had more than 50% coverage of FNHW activities. However, there was no budgetary provision from the Health and WCD departments for the services of ICRP-HN, digital systems were yet to be fully adopted by UPSRLM for regular review and monitoring, and consolidation of learning from various states was yet to be done.

At the end of the last reporting period (31 March 2025): INR 145 crore approved for HN in the UPSRLM Annual Action Plan FY 2025-26 (13% increase from INR 128 crore); provision for a full-time HN team at State Mission Management Unit level approved by MoRD; HN MIS fully developed, transitioned to the UPSRLM server and used by the MD UPSRLM and Commissioner Rural Development; draft joint letter shared with NHM; national project lead and technical expert recruited.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To provide technical assistance to UPSRLM and NRLM at the national level to sustain HN integration with SHG platform and drive health and nutrition outcomes from the demand side using the community platform. The project is anchored in two primary objectives: (1) Operational Transition: institutionalize health and nutrition (HN) integration within government systems by formalizing technical partnerships between NRLM and Health, transitioning digital platforms, and ensuring departmental convergence; (2) Knowledge management and strategic visibility: establish a robust communication and learning ecosystem to capture critical insights, disseminate best practices, policy engagement, and elevate successful models for national and global replication.

Expected outcomes (Form 1B Strategic Intent 1d):

Outcomes at the National Level

- DAY-NRLM drives HN interventions with technical support from NHSRC and NIN/Lady Irwin College through the SRLMs across the country
- The SHG platform is integrated into the MoWCD and MoHFW programs on improving RMNCH outcomes through community interventions - reflected in the ministry guidelines, GOs, etc.
- Sustainable financing of HN interventions through the SHG platform through dedicated fund allocation from MoWCD and MoHFW

Outcomes in Uttar Pradesh

- UPSRLM drives HN interventions through its SHG platform with technical support from SIRD
- The data insights through digital technology are being utilized by the senior bureaucratic leadership of the state for review and program augmentation
- Sustainable financing of HN interventions through the SHG platform through dedicated fund allocation from the Dept. of Health and WCD

Stated overall KPIs:

Overall outcome indicators not separately stated in Form 1B (Not reported in Form 1B). Indicators used to evaluate effectiveness and outcomes:

- HN behaviours and practices: Ante-Natal Care, Birth Preparedness, Post Natal Care, Breastfeeding, Complementary Feeding, and Maternal and Child Dietary Diversity (third-party Process and Endline Evaluations, baseline 2019 vs endline 2023, difference-in-differences analysis).
- Systems and institutionalization: HN budget allocation in the Annual Action Plans of UPSRLM and DAY-NRLM; dedicated HN team positions; HN MIS use by UPSRLM leadership; partnerships and MoUs with technical institutions; policy recognition of SHGs in ministry communications and directives.
- Monitoring indicators and MIS framework finalized for standardized data collection, real-time tracking and structured review across national, state and sub-state levels.
- Output and critical milestone status against target dates, with stage-gate outputs.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	<p>Indicators used: - HN behaviours and practices: Ante-Natal Care, Birth Preparedness, Post Natal Care, Breastfeeding, Complementary Feeding, and Maternal and Child Dietary Diversity (third-party Process and Endline Evaluations, baseline 2019 vs endline 2023, difference-in-differences analysis).</p> <ul style="list-style-type: none"> • Systems and institutionalization: HN budget allocation in the Annual Action Plans of UPSRLM and DAY-NRLM; dedicated HN team positions; HN MIS use by UPSRLM leadership; partnerships and MoUs with technical institutions; policy recognition of SHGs in ministry communications and directives. • Monitoring indicators and MIS framework finalized for standardized data collection, real-time tracking and structured review across national, state and sub-state levels. • Output and critical milestone status against target dates, with stage-gate outputs. 	<p>1. Increased awareness or knowledge among the target population: Swasthya Sakhis oriented on NCD prevention, risk factors, early symptoms and referral pathways, and a toolkit developed for creating awareness among SHG members; mental health pilot aims to build mental health literacy and stigma reduction among SHG women. (Earlier PTSP evidence: stronger recall of HN messages amongst PTSP SHG women than non-PTSP SHG women.)</p> <p>2. Changes in attitudes or perceptions:</p> <p>3. Adoption of new behaviours or practices: (Earlier PTSP Endline Evaluation: the odds of practicing better EBF and dietary diversity for children aged 6-23 months are higher with ICRP-FNHW + FLW messaging, showing an additive effect.)</p> <p>4. Improved skills or capabilities: Training of 826 Block Mission Managers and 75 District Mission Staff on the HN MIS; capacity building of Swasthya Sakhis on NCDs and in sales, communication and basic business management; multi-format FNHW toolkits (facilitator guides, flipbooks, counselling materials and IEC content) pilot tested; e-LMS under development.</p> <p>5. Increased access to resources or services: Jan Aushadhi Kendra in a Cluster Level Federation providing access to affordable generic medicines; linkages between SHG households and Ayushman Arogya Mandir for screening, diagnosis and continuum of care.</p>	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	<p>Overall outcomes: Not applicable for the reporting period</p> <p>Impact narrative (social, environmental, cultural, economic): 13,896 Swasthya Sakhis onboarded on the Cadre Management Portal for real-time tracking of field-level activities; Swasthya Sakhis oriented as frontline change agents on NCDs (diabetes, hypertension and oral, breast and cervical cancers) and referral pathways; the mental health pilot seeks to create a sustainable, women-led support system promoting mental health literacy and resilience within the SHG network; a joint NHM-UPSRLM letter strengthens interdepartmental collaboration for improved service delivery. A community-owned Jan Aushadhi Kendra in a Cluster Level Federation (Tappal, Aligarh) provides access to affordable generic medicines, with Swasthya Sakhis contributing to awareness, promotion and product sales; reduced out-of-pocket expenditures support the financial</p>	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		stability and independence of SHG women.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	<p>1. Number of interventions implemented: Technical assistance across ~925 FNHW immersion sites in 34 SRLMs; three innovation pilots (Rajasthan, Uttar Pradesh, Assam); NCD pilot in 3 districts; mental health pilot in Barabanki; Jan Aushadhi Kendra in Tappal, Aligarh; HN MIS training for 826 Block Mission Managers and 75 District Mission Staff; toolkits across 10 priority health themes; 13,896 Swasthya Sakhis onboarded on the Cadre Management Portal.</p> <p>2. Timeliness of intervention delivery: Digital HN-MIS completed on 30-03-2025 against a target of 31-12-2026 (prioritized on the instruction of UPSRLM). Finalization of formal partnerships and implementation frameworks has taken longer than anticipated; several outputs with passed target dates (e.g. outputs 6 and 8, target 30-06-2025) remain ongoing.</p> <p>3. % of planned vs. achieved programmes: Of the 11 originally planned outputs, 2 are completed, 7 ongoing, 1 planned and 1 cancelled; 7 new outputs were added, all ongoing. Of the 8 critical milestones for the reporting period, 5 are achieved and 3 are ongoing.</p>	₹4,33,85,578 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	Third-party evaluations by Sambodhi (Process Evaluations and Endline Evaluation) documented significant improvement between baseline (2019) and endline (2023) on Minimum Dietary Diversity among children, maternal diet diversity, ANC attendance, exclusive breastfeeding (EBF) and complementary feeding practices. Government resources leveraged for HN were to the tune of 14 times that invested by BMGF. UPSRLM HN budget has grown year on year - INR 128 crore, INR 145 crore (FY 2025-26)	NA	NA	NA	NA

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
			and INR 168 crore proposed for FY 2026-27. At the national level, all 34 SRLMs include HN interventions in their Annual Action Plans, about 1.69 lakh CRPs were recruited for HN interventions in FY 23-24, and DAY-NRLM has institutionalized a quarterly review of HN activities.				

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	<p>National priorities: The solution is anchored in DAY-NRLM and aligned with the programmes of MoHFW, MoWCD, MoRD and the Ministry of AYUSH. SHGs have been mobilized under national campaigns such as POSHAN Pakhwada and the 100-day TB Elimination Campaign, and the NCD pilot links SHG households with Ayushman Arogya Mandir.</p> <p>State and developmental priorities: HN budgeting is incorporated in the Annual Action Plan of UPSRLM and the HN team provision is approved by MoRD; a joint NHM-UPSRLM letter defines convergence between the two departments. The interventions contribute to Women's Economic Empowerment (WEE) by strengthening access to services, promoting preventive health behaviours, and reducing out-of-pocket expenditures, thereby enhancing the overall well-being, productivity, and financial resilience of SHG households.</p> <p>The program objective is aligned with SDG Goal 3 – Good Health & Wellbeing.</p>	NA	NA	NA

5.6 Past performance trend

Third-party evaluations by Sambodhi (Process Evaluations and Endline Evaluation) documented significant improvement between baseline (2019) and endline (2023) on Minimum Dietary Diversity among children, maternal diet diversity, ANC attendance, exclusive breastfeeding (EBF) and complementary feeding practices. Government resources leveraged for HN were to the tune of 14 times that invested by BMGF. UPSRLM HN budget has grown year on year - INR 128 crore, INR 145 crore (FY 2025-26) and INR 168 crore proposed for FY 2026-27. At the national level, all 34 SRLMs include HN interventions in their Annual Action Plans, about 1.69 lakh CRPs were recruited for HN interventions in FY 23-24, and DAY-NRLM has institutionalized a quarterly review of HN activities.

6. Report on risks and unintended negative outcome

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

Risks: (1) Delays in formalizing institutional partnerships with NHSRC, WHO, AIIMS and other institutions; (2) complex inter-ministerial convergence processes across MoHFW, MoWCD, MoRD and AYUSH; (3) lag in integration into AAP and resource planning cycles; (4) operationalization challenges at scale across 34 SRLMs due to variations in state readiness and capacity gaps; (5) delays in MIS finalization and integration with LokoS; (6) transition of capacity-building systems to digital platforms; and, as identified at proposal stage, de-prioritization of project components and government leadership transfer.

Mitigation: Fast-track institutional partnerships and finalize MoUs with defined scopes, deliverables and timelines; institutionalize convergence mechanisms through templates, joint planning processes and campaign-based collaboration models; support timely inclusion of HN interventions and budgets within AAP cycles; complete MIS approvals and integrate with LokoS; finalize onboarding of LMS and design agencies and roll out cascade training (ToT > State > Block > Community); institutional memory in terms of meeting minutes and appropriate govt. letters and govt. orders to ensure continuity; PCI's MoU with the Government to ensure continuity amidst leadership transfer.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

None reported in Form 1B for FY 2025-26.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

- Toolkits were pilot tested across multiple states incorporating digital feedback mechanisms, enabling real-time data collection, analysis, and iterative refinement of content based on user experience and field insights.
- The nationwide review-cum-support exercise across all 34 SRLMs identified state-specific priorities, implementation gaps and areas requiring targeted technical support, which informed the immersion site strengthening roadmap; intensive technical support was extended to priority and low-performing states.
- A dip stick assessment at community and facility levels informed the design of the NCD intervention; a Training Needs Assessment (TNA) is identifying capacity gaps among stakeholders to inform targeted capacity-building strategies.
- Monitoring indicators and MIS design frameworks were finalized in consultation with national stakeholders; stakeholder consultations and high-level review meetings supported planning and decision-making.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

- Pilot testing of FNHW toolkits across diverse states with digital feedback mechanisms for real-time data collection and iterative refinement.
- Dip stick assessment at community level (SHG households) and facility level (Ayushman Arogya Mandirs) to understand risk factors, awareness levels, health-seeking behaviour and service readiness.
- Third-party Process Evaluations and Endline Evaluation (Sambodhi) for PTSP; OOE and Training Needs Assessment studies under way; study protocols for implementation research at immersion sites developed and under final approval.
- Nationwide review across all 34 SRLMs and regular national-level reviews and stakeholder consultations with DAY-NRLM and NMMU.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

Implementation plan: Project Initiation Phase (0-6 months) - ownership of HN activities by UPSRLM and concretizing linkages with other line departments; Project Implementation Phase (7-24 months) - concretizing the partnership of DAY-NRLM with NHSRC and nutrition institutes, consolidation of learning from multiple states, development of LMS for cross-learning, and transitioning of digital systems and HN learning and capacities; Exit Phase (24-30 months) - withdrawal of PCI's embedded teams, dissemination workshops, and system level assessment of HN integration.

Sustainability measures: A government-led and government-owned model - dedicated HN budget line in the UPSRLM Annual Action Plan; dedicated full-time HN team at SMMU level (recruitment of SPM-HN and PM-HN completed); HN MIS and Cadre Management Portal hosted on the UPSRLM server and used for review; partnerships with NHSRC, WHO, AIIMS and AIIA; e-LMS and Knowledge Hub microsite for standardized, scalable capacity building and cross-learning.

Relevance and sustainability (Form 1B):

i) Relevance: The initiative aligns with PCI's vision of "A happy, healthy, safe and sustainable world for all" and its mission of co-creating and scaling sustainable solutions rooted in community realities; PCI has worked in India since 1998 and is recognized for providing high-quality technical assistance to both national and state governments.

It is relevant to SHG women and children whose health and nutrition needs are dynamic: two-thirds of women in SHG households said ICRP-FNHW was a source of HN messaging, and the ICRP-FNHW is one of the SHG members in close contact with other women in the SHG, complementing frontline workers who are not part of the SHG.

ii) Sustainability: The model is government-led and government-owned - the UPSRLM HN budget rose from INR 145 crore to INR 168 crore proposed for FY 2026-27 (15.8%), government resources leveraged were 14 times those invested by BMGF, and the HN MIS and Cadre Management Portal now sit on the UPSRLM server with a dedicated HN team approved by MoRD to continue the work after the grant.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See Form 1B.

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 7: Decentralised Energy for Women’s Economic Empowerment - DEWEE

Source: Form 1B Sub-Section 1B.2.7 (AIR, self-reported) | Thematic area: Climate Protection and WEE & Livelihoods | FY 2025-26 spend: ₹4,15,36,241 (4% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Decentralised Energy for Women’s Economic Empowerment - DEWEE
4. Duration	Programme start date: 6 November, 2024. End date: 31 December 2026
5. Program mode (one time/ ongoing)	Ongoing (multi-year programme active during FY 2025-26)
6. Program area – States with Districts [aspirational blocks, if any]	States referenced in the AIR: Uttar Pradesh.
7. Beneficiary group(s)/ segment(s)	Our target was rural SHG women-led enterprises in Uttar Pradesh, who belong to poor socio-economic background. We catered 20 districts spread across diverse regions of the state, from the flood-prone Terai belt, to Bundelkhand and the semi-arid plains.
8. Thematic Areas as per SSE	Climate Protection and WEE & Livelihoods
9. SDG Goals Aligned	SDG 7: Affordable & Clean Energy – Reduction in GHG emissions with transition of fossil fuel-based energy to clean renewable energy; SDG 8: Decent Work & Economic Growth - Productive employment of women and youth with decent and equitable pay; SDG 9: Industry
10. Alignment with National and State Schemes & priorities	UPSRLM / DAY-NRLM SHG-led women’s enterprise promotion; Lakhpati Didi

2. Designated timeline for Mid-term and End-term (if any)

Phase		Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation		NA			NA			NA		
Phase I: Project Start to mid-term		NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA
		NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

Frequent power outages and voltage fluctuations were frequently reported by clients, prior to DRE transition. They even incurred production losses, worked extended hours at night to fulfil demand and were forced to use alternate sources of energy (fossil fuel) that were expensive and polluting. At end of last reporting period, the 7779 women entrepreneurs supported had reported ~2x

increase in production and nearly 30% increase in income after switching to clean energy. In most cases, fossil fuel usage was phased out while in some it was being used only for urgent purposes after sunset or as a backup solution in case of a breakdown.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

The DEWEE project is designed with the objective to enhance the livelihoods of 5,000 Self-Help Group (SHG) women entrepreneurs through the adoption and implementation of DRE applications aimed at increasing productivity, reducing operational costs, and contributing to the reduction of carbon emissions for environmental sustainability.

Expected outcomes (Form 1B Strategic Intent 1d):

SHG women-led businesses will start operating the DRE solutions and ensure its adequate maintenance, an increase in productivity of each unit adopting DRE will be evident, which will lead to improvement in the business viability of the enterprise. In several cases, women will report reduction in drudgery as well.

For micro enterprises that have adopted rooftop solar, a portion of their terrace will remain engaged until removed and further construction of floor (if planned in future) will require additional resources.

Stated overall KPIs:

Overall outcome indicators not separately stated in Form 1B (NA). Indicators used to evaluate effectiveness and outcomes:

The following indicators are tracked to assess effectiveness and outcomes: 1) Rise in production/services, 2) Economic Empowerment of Women Entrepreneurs, 3) Reduction in carbon emissions

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: The following indicators are tracked to assess effectiveness and outcomes: 1) Rise in production/services, 2) Economic Empowerment of Women Entrepreneurs, 3) Reduction in carbon emissions	NA	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: NA Impact narrative (social, environmental, cultural, economic): Women contributed on farm but could not manage to operate the irrigation pump as it required a lot of physical labour, now with solarized irrigation pump any woman can operate it with just a finger. Likewise, they need not work until late hours in the night compromising on sleep as operations are completed during day due to regular supply. Each Take Home Ration manufacturing unit supported with solarization led to reduction of 2.9Mt of GHG emissions/month due to phasing out of fossil fuels. Women entrepreneurs adopting DRE technology are being taken more seriously, not just in family, business but also the community as a pioneer, as the energy transition was made	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		possible through the SHG woman. An average of 30% rise in income levels has been reported across the enterprises supported. For flour-cum-oil mills, irrigation pumps, THR manufacturing units this rise in income is much higher as fossil fuel consumption has been drastically minimized and thus the repairs associated with the machines using them.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Mobilizing demand from women-led enterprises for DRE adoption Increased awareness of women-entrepreneurs on solar operations and maintenance Facilitating solarization of willing rural micro-enterprises Knowledge dissemination workshop with all stakeholders Increase in production outputs of the units solarized	₹4,15,36,241 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	Not tracked separately therefore not relevant (Form 1B)	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	UPSRLM / DAY-NRLM SHG-led women’s enterprise promotion; Lakhpati Didi	NA	NA	NA

5.6 Past performance trend

Not tracked separately therefore not relevant (Form 1B)

6. Report on risks and unintended negative outcome

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

Change in govt. priorities: Ours is an agrarian economy predominantly, and irrigation is needed round the year. Under PM-KUSUM, state govt. contribution is also included to maximize the subsidy to beneficiaries, but the entire target was announced and executed in one-go and not spread throughout the year. We were able to mitigate its impact as we were aware of it due to our close coordination with govt bodies, therefore we kept the potential beneficiaries informed about the expected timelines and counselled them on all the major steps and aspects involved. In multiple cases, we aligned our priorities in line with the release of the forms and submission timeline to maximize form submissions. Cases wherein client could not afford to navigate the process and wait were supported to get solar solutions installed from the market after conducting necessary technical assessment.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

None reported in Form 1B for FY 2025-26.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

At the state-level a DRE consultation workshop named DRE Samvaad was held in Lucknow in Aug '25, wherein DRE tech. experts, philanthropy partners, entrepreneurs, senior govt. officials actively participated under the leadership of Hon'ble Dy. Chief Minister Sh. KP Maurya to learn from one another on the challenges and opportunities in this landscape. Locally as well, we have reached out to 337 CLFs (apex body of SHG-network in a block) and ~350 service providers with whom we regularly engage for planning our next action.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

During follow up visits, these are reported directly into the application and MIS. Field team has reported that clients appreciate and are surprised after realizing the value of solar energy in their business. Even those who had to take credit to adopt the solution are able to pay it off before time and are planning to integrate DRE technologies further in their business. Besides, a third-party evaluations have been held, the findings of which are awaited.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The DRE (solar) solution provided is itself long-lasting and efficient to power the required motor load at each enterprise for ~25 years. The break-even is reached in <5 years in all cases supported. As each client is trained in the operations and maintenance function as sites get commissioned, the smooth functioning and sustainability aspect is much taken care of. At the cluster level, our field personnel have been training cadres within the SHG network in carrying out DRE awareness sessions at the CLF. In addition, a network of local service providers has been mapped and any client facing issue can be connected for support, just as the report on call. Over last one year, our implementation model has remained unchanged.

Relevance and sustainability (Form 1B):

i). PCI has a vision to create a happy, healthy, safe and sustainable world for all by co-working with community to solve and scale the complex developmental challenges. We work at the intersection of livelihoods, gender, health and climate action. DEWEE fits perfectly for PCI's body of work – advancing gender inclusion and enabling women to lead the clean energy transition. Majority of the women entrepreneurs supported claim to be 'a first' in not only their family but community or village/business fraternity to have adopted DRE technology and people keep visiting her for learning & replication.

ii). Each site installed has received a 25-year warranty on the solar panel installed by the service provider. Similarly, multiple years' warranty has been provided for inverter and batteries as applicable. Besides, at each enterprise atleast 1 member has been trained in system operations and maintenance and contact details have been shared to reach out in case of breakdown. Additionally, the local field staff conduct follow-up visits to ensure the system is optimally used for longer life. This has been part of the implementation model and adhered in all installations.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

Photographs are included in Form 1B with the following captions: Before After: A flour mill in Unnao

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 8: Technical Support Unit for WEE in Bihar and UP

Source: Form 1B Sub-Section 1B.2.8 (AIR, self-reported) | Thematic area: WEE & Livelihoods | FY 2025-26 spend: ₹3,72,53,426 (4% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Technical Support Unit for WEE in Bihar and UP
4. Duration	Programme start date: 1 November, 2024. End date -31 Oct 2028
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26)
6. Program area – States with Districts [aspirational blocks, if any]	Bihar, Uttar Pradesh
7. Beneficiary group(s)/ segment(s)	The primary target segment is rural women, including SHG members and women-led enterprises in Bihar and Uttar Pradesh. The programme also works with JEEViKA, UPSRLM, government departments, SRLM functionaries, Community Resource Persons, producer groups and market partners.
8. Thematic Areas as per SSE	WEE & Livelihoods
9. SDG Goals Aligned	SDG 5 (Gender Equality); SDG 8 (Decent Work and Economic Growth); SDG 1 (No Poverty); SDG 10 (Reduced Inequalities)
10. Alignment with National and State Schemes & priorities	It supports national and state priorities including the NRLM Lakhpati Didi initiative, women’s economic empowerment, SHG-led livelihoods, entrepreneurship development, PMFME and institutional procurement through women-led enterprises.

2. Designated timeline for Mid-term and End-term (if any)

Phase		Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation		NA			NA			NA		
Phase I: Project Start to mid-term		NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA
		NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At programme initiation, women’s enterprise journeys and income-generation opportunities varied, and the business ecosystem required stronger market linkages, skills, financial literacy, institutional support and convergence. JEEViKA had a large community

platform, but additional technical expertise was required to accelerate women’s economic empowerment and support enterprise growth.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To provide strategic and technical assistance to JEEViKA (BRLPS) and UPSRLM to expand entrepreneurial opportunities for rural women in Bihar and Uttar Pradesh, strengthen women-led enterprises, and support sustainable livelihood and income growth.

Expected outcomes (Form 1B Strategic Intent 1d):

The intended outcomes include improved livelihood and enterprise opportunities for rural women; stronger institutional systems for women-led enterprise development; increased access to markets, government schemes and institutional procurement; improved business and financial literacy; and increased women's income and economic agency. The longer-term project goals include expanding livelihood opportunities for 2.35 million SHG women and increasing annual incomes by 50% or enabling targeted women to achieve annual incomes of at least INR 100,000.

Stated overall KPIs:

Longer-term indicators include increased annual income among targeted SHG women, progress towards Lakhpati Didi status (annual income of at least INR 100,000), improved business performance and market participation, sustainable women-led enterprises, and enhanced economic agency and resilience.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Indicators include number and status of outputs completed, progress against target completion dates, number of women and SHG members reached or trained, number of enterprises and Producer Groups supported, number of market and institutional procurement linkages, and beneficiary coverage under MMRY.	Intermediate indicators include women's awareness and knowledge of enterprise management and financial literacy; number of women and field cadres trained; adoption of standardized enterprise and food safety systems; access to government schemes, finance and markets; formation and strengthening of Producer Groups; and use of digital MIS and evidence for programme planning and decision-making. During FY25-26, 569 Producer Group members were trained in biofloc fish management, and SHG women were linked to PMMSY for a INR 30,000 tank subsidy.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Longer-term indicators include increased annual income among targeted SHG women, progress towards Lakhpati Didi status (annual income of at least INR 100,000), improved business performance and market participation, sustainable women-led enterprises, and enhanced economic agency and resilience. Impact narrative (social, environmental, cultural, economic): Social and economic impact is being pursued through women's participation in enterprise development, training, Producer Groups, market linkages and government livelihood schemes. During FY25-26, 174 women and 35 canteen managers received training and certification on Food Safety Management Systems.	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		In Uttar Pradesh, 2,919 SHG members were mobilized, 154 Producer Groups were formed with 2,004 members, 569 members were trained in biofloc fish management, 133 Producer Group bank accounts were opened, and 388 fish tanks were established, of which 186 were stocked. A tripartite MoU linked UPSRLM, the Directorate of Fisheries and Naturgenix LLP, with buyback of produce at INR 250/kg; SHG women were also linked to the PMMSY scheme for a INR 30,000 tank subsidy.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Outputs tracked include the number of interventions and deliverables implemented, timeliness against planned completion dates, and percentage of planned versus achieved outputs. Examples include training and certification for 174 women and 35 canteen managers on Food Safety Management Systems; MMRY first-tranche transfers to 1,67,01,854 beneficiaries against 1,98,09,380 applications; basic MMRY training for 1,56,51,195 beneficiaries against a target of 1,68,07,234 rural beneficiaries; and in Uttar Pradesh, 154 Producer Groups formed, 569 members trained, 133 group bank accounts opened and 388 fish tanks established.	₹3,72,53,426 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	PCI’s earlier work in Bihar demonstrated the potential of government convergence and women-led enterprise models. During FY25-26, progress included training and certification on Food Safety Management Systems for 174 women and 35 canteen managers through UNICERT; support to MMRY, including the first tranche transfer to 1,67,01,854 beneficiaries against 1,98,09,380 applications; and basic MMRY training rolled out to 1,56,51,195 beneficiaries against a target of 1,68,07,234 rural beneficiaries. In Uttar Pradesh, 2,919 SHG members	NA	NA	NA	NA

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
			were mobilized, 154 Producer Groups formed with 2,004 members, 569 members trained in biofloc fish management, 133 Producer Group bank accounts opened, and 388 fish tanks established, of which 186 were stocked with Singhi fish seeds.				

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	It supports national and state priorities including the NRLM Lakhpati Didi initiative, women's economic empowerment, SHG-led livelihoods, entrepreneurship development, PMFME and institutional procurement through women-led enterprises.	NA	NA	NA

5.6 Past performance trend

PCI's earlier work in Bihar demonstrated the potential of government convergence and women-led enterprise models. During FY25-26, progress included training and certification on Food Safety Management Systems for 174 women and 35 canteen managers through UNICERT; support to MMRV, including the first tranche transfer to 1,67,01,854 beneficiaries against 1,98,09,380 applications; and basic MMRV training rolled out to 1,56,51,195 beneficiaries against a target of 1,68,07,234 rural beneficiaries. In Uttar Pradesh, 2,919 SHG members were mobilized, 154 Producer Groups formed with 2,004 members, 569 members trained in biofloc fish management, 133 Producer Group bank accounts opened, and 388 fish tanks established, of which 186 were stocked with Singhi fish seeds.

6. Report on risks and unintended negative outcome

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

The key risks are changes in senior departmental leadership, which may delay approvals, events and deliverables. Mitigation includes signing MoUs with Bihar and Uttar Pradesh SRLMs to secure institutional commitment and support continuity during political or leadership changes. Evolving programme priorities are managed through review and mutual agreement on changes to the implementation scope.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

NA

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

The programme uses government and stakeholder engagement to refine implementation. The MGNREGA pathway was discontinued after review in view of evolving rural livelihoods and employment priorities, including the introduction of VB-G RAM G, and the change was mutually agreed. The Didi Ki Rasoi and PMFME outputs were added following discussions with JEEViKA.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

A beneficiary survey tool was developed for MMRY, and programme reporting included beneficiary coverage and training data. The reported figures include MMRY first-tranche transfers to 1,67,01,854 beneficiaries against 1,98,09,380 applications and basic training to 1,56,51,195 beneficiaries against a target of 1,68,07,234 rural beneficiaries.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The programme provides technical assistance through embedded teams and works with JEEViKA and UPSRLM to strengthen institutional capacity, standardize systems, build field cadres and Community Resource Persons, develop enterprise models, improve market linkages and use data for decision-making. During FY25-26, support included Didi Ki Rasoi systems strengthening and business expansion, PMFME enterprise support, MMRY programme governance and training, public procurement readiness and systems, and fisheries interventions in Uttar Pradesh. Sustainability is supported through government ownership, capacity building, partnerships, digital systems, resource pools and integration with existing government schemes and platforms.

Relevance and sustainability (Form 1B):

The initiative aligns with PCI's mission to co-create and scale sustainable solutions to complex development problems through government partnership, community realities, evidence-based programming and scalable technical assistance. PCI defines women's economic empowerment as women exercising control over their income-generation choices and productive assets, with autonomy over savings, spending and investment. The project responds to beneficiaries' needs for stronger enterprise skills, financial literacy, access to markets, government schemes and institutional support. During FY25-26, the programme supported MMRY at scale, including first-tranche transfers to 1,67,01,854 beneficiaries against 1,98,09,380 applications, and supported women's enterprise development and fisheries producer groups.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See Form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 9: Ensuring Full Immunization of Zero Dose Children in Bihar

Source: Form 1B Sub-Section 1B.2.8 (AIR, self-reported) | Thematic area: Health & Nutrition | FY 2025-26 spend: ₹3,32,76,199 (3% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Ensuring Full Immunization of Zero Dose Children in Bihar
4. Duration	Programme start date: 16 August, 2024. End date: 1 January, 2026
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	Bihar: Banka, Begusarai, Bhagalpur, Bhojpur, Champaran East, Gaya, Jamui, Munger, Nalanda, Nawada, Patna, Saran, Siwan, Vaishali
7. Beneficiary group(s)/ segment(s)	The project targets children eligible for routine immunization, including Zero-Dose and hesitant/resistant children, and their families in vulnerable and hard-to-reach communities across 15 districts and 66 blocks of Bihar. It also works with ASHAs, ANMs, ASHA facilitators, paid mobilizers, PRI members, community influencers, VHSNCs, health officials and media personnel. The report identifies economically disadvantaged families, migrant populations and poor urban communities among groups facing access barriers.
8. Thematic Areas as per SSE	Health & Nutrition
9. SDG Goals Aligned	SDG 3: Good Health and Well-being
10. Alignment with National and State Schemes & priorities	The project supports India’s and Bihar’s priorities for universal immunization and strengthening public health systems

2. Designated timeline for Mid-term and End-term (if any)

Phase		Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation		NA			NA			NA		
Phase I: Project Start to mid-term		NA			NA			NA		
A	Phase II: Midterm to End-term	NA	NA	NA	NA	NA	NA	NA	NA	NA
		NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At the start, Bihar had persistent immunization gaps among Zero-Dose children and vulnerable groups. NFHS-5 (2019–2021) reported uptake of the first dose of pentavalent vaccine among Zero-Dose children in Bihar at 6.4%.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To strengthen the health system and improve Routine Immunization (RI) coverage by identifying and addressing Zero-Dose immunization gaps, increasing outreach to marginalized communities, strengthening collaboration with local healthcare workers, and contributing to reducing zero-dose children and achieving 95% full immunization coverage in Bihar.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes include improved awareness and knowledge of routine immunization, reduced vaccine hesitancy, improved identification and follow-up of missed and eligible children, stronger capacity of frontline workers and local stakeholders, better micro-planning and community mobilization, increased uptake of immunization services, reduced Zero-Dose cases and progress towards 95% full immunization coverage. Potential risks include continued hesitancy, missed doses due to migration and difficult access, and concerns about adverse effects; these are addressed through counselling, home visits, community engagement and coordination with health services.

Stated overall KPIs:

Longer-term indicators include sustained behavioural change, improved immunization coverage, reduction in Zero-Dose children, improved access to routine immunization for marginalized communities, and progress towards 95% full immunization coverage in Bihar.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Effectiveness is monitored through indicators including number and timeliness of interventions, coverage of planned activities, knowledge and perceptions measured through pre- and post-tests, identification and linkage of hesitant/resistant families to RI services, identification and engagement of community influencers, social mapping and headcount-register validation, VHSNC activation, preparation and updating of due lists, RI-session observations, immunization of eligible children and pregnant women, and entry of beneficiary details in U-WIN.	Intermediate outcome indicators include changes in knowledge and perceptions, improved skills of frontline workers and officials, engagement of community influencers, and increased access to RI services. District-level pre- and post-tests showed an 8-percentage-point change in perception on key vaccine mobilization indicators; the share of participants scoring above 80% increased from 54% to 62%. The project also tracks hesitant/resistant families linked to RI, children identified and included in due lists, and immunization delivered during observed sessions.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential risks include continued hesitancy, missed doses due to migration and difficult access, and concerns about adverse effects; these are addressed through counselling, home visits, community engagement and coordination with health services.
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Longer-term indicators include sustained behavioural change, improved immunization coverage, reduction in Zero-Dose children, improved access to routine immunization for marginalized communities, and progress	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		towards 95% full immunization coverage in Bihar. Impact narrative (social, environmental, cultural, economic): Community influencers, PRI members and frontline workers were engaged to improve awareness and mobilization for routine immunization. 2,912 hesitant/resistant families were identified and 77% linked to RI services; 7,768 eligible children were identified and included in due lists during supportive supervision.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Output indicators and achievements through December 2025 include: district-level orientation workshops in 15 districts; block-level orientations across 66 blocks; 723 villages socially mapped; 723 ASHA survey registers validated; communication plans developed for all programme sites; 2,912 hesitant/resistant families identified, of whom 77% were linked to RI services; 1,534 influencers identified; 796 influencers actively mobilizing at least one family; and 112 VHSNC committees activated. Six media sensitization workshops reached 225 participants.	₹3,32,76,199 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	Implementation progressed across the project area during 2025. Social mapping was completed in all 723 villages and 723 ASHA survey registers were validated. Communication plans were developed for all programme sites. A total of 2,912 hesitant and resistant families were identified, and 77% were linked to RI services. By December 2025, 112 VHSNC committees had been activated. 928 RI sessions were observed, with 67% of children and pregnant women on the due list immunized during the observed sessions.	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	The project supports India's and Bihar's priorities for universal immunization and strengthening public health systems	NA	NA	NA

5.6 Past performance trend

Implementation progressed across the project area during 2025. Social mapping was completed in all 723 villages and 723 ASHA survey registers were validated. Communication plans were developed for all programme sites. A total of 2,912 hesitant and resistant families were identified, and 77% were linked to RI services. By December 2025, 112 VHSNC committees had been activated. 928 RI sessions were observed, with 67% of children and pregnant women on the due list immunized during the observed sessions.

6. Report on risks and unintended negative outcome

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

Key risks include vaccine hesitancy and concerns about adverse effects, in- and out-migration disrupting immunization schedules, geographical isolation during floods, limited follow-up and immediate support for adverse reactions, gaps in due-list preparation and record maintenance, and poor network affecting U-WIN data entry. Mitigation measures include targeted counselling, mothers' and fathers' meetings, home visits with influencers and PRI members, social mapping, updating survey registers and due lists, supportive supervision, SBCC materials, and coordination with health officials.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential risks include continued hesitancy, missed doses due to migration and difficult access, and concerns about adverse effects; these are addressed through counselling, home visits, community engagement and coordination with health services.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Stakeholder feedback was incorporated through collaborative development of communication plans with ASHAs, ANMs, community stakeholders and block- and district-level officials. Social mapping and focus group discussions helped identify local barriers, including concerns about adverse effects, lack of follow-up after vaccination and limited access during floods. Community suggestions included displaying ANM and MOIC contact numbers at vaccination sites and having an ANM-staffed health facility in the village.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Validation and stakeholder feedback were gathered through pre- and post-tests during orientation sessions, collaborative social mapping, focus group discussions with community representatives and health officials, field observations during supportive supervision, and feedback from ASHAs and other stakeholders. The district-level pre/post tests showed an 8-percentage-point change in perception on key vaccine mobilization indicators.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The project deploys District Coordinators and Block Coordinators to support government health teams, frontline workers and community stakeholders. Implementation includes training, social mapping, validation of survey registers, locally tailored communication plans, mothers' and fathers' meetings, home visits, Bulawa Tolis, SBCC materials, Disha Chatbot support and supportive supervision. Sustainability is supported by strengthening government systems, building frontline-worker capacity, engaging PRIs and community influencers, and using village-level maps and plans.

Relevance and sustainability (Form 1B):

PCI's mission is to co-create and scale sustainable solutions rooted in community realities, working with governments and development partners to address complex development problems. The GAVI HSS 3.0 project reflects this approach through community-based planning and collaboration with government health systems. It responds to beneficiaries' needs for accessible, reliable immunization services: 2,912 hesitant/resistant families were identified in 723 sites and 77% were linked to RI services. Social mapping and community discussions also identified barriers faced by families in hard-to-reach, flood-affected areas.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

Photographs are included in Form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 10: Climate Resilient Livelihood | Empowering Women

Source: Form 1B Sub-Section 1B.2.10 (AIR, self-reported) | Thematic area: Climate Protection and WEE & Livelihoods | FY 2025-26 spend: ₹3,18,60,688 (3% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Climate Resilient Livelihood Empowering Women
4. Duration	Programme start date: 1 October, 2025. End date: 30 June, 2027
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	States referenced in the AIR: Assam, Meghalaya, Sikkim, Tripura.
7. Beneficiary group(s)/ segment(s)	The project targets women in rural and semi-urban districts of Tripura; banana- and pineapple-producing areas of Meghalaya, including Ri-Bhoi and West Garo Hills; Gyalshing District in Sikkim; and Kamrup District in Assam. It will support women to develop livelihood opportunities through bamboo processing, fibre-based eco-textiles, women-led homestays, eco-guiding, cloud kitchens and cultural experiences. The districts may evolve.
8. Thematic Areas as per SSE	Climate Protection and WEE & Livelihoods
9. SDG Goals Aligned	SDG 5 (Gender Equality); SDG 8 (Decent Work) and SDG 12 (Responsible Consumption and Production)
10. Alignment with National and State Schemes & priorities	The project aligns with SDG 5 (Gender Equality), SDG 8 (Decent Work) and SDG 12 (Responsible Consumption and Production). It supports women’s economic participation, sustainable livelihoods, responsible use of natural resources and environmentally conscious products and services. It also responds to regional livelihood needs by building on local resources, traditional knowledge and community-led approaches.

2. Designated timeline for Mid-term and End-term (if any)

Phase			Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation			NA			NA			NA		
Phase I: Project Start to mid-term			NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA	NA
			NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At the start of the project, the baseline context identified limited livelihood opportunities for women, low value addition to locally available resources, and gaps in processing infrastructure, skills, branding and market access.

In Tripura, despite the state accounting for approximately 21% of India's bamboo stock, around 70% of bamboo is used as raw poles. Women artisans face challenges related to disrupted bamboo flowering cycles, raw material quality, limited product diversification, and inadequate access to branding and direct markets. Engaging 1,000 women in bamboo salt and eco-blind production could generate incomes of ₹5,000–₹8,000 per woman per month.

In Meghalaya, annual pineapple production is reported at approximately 4 lakh MT and banana production at 3 lakh MT, with an estimated 60,000–70,000 MT of combined agro-waste offering potential for fibre extraction. Limited processing infrastructure and underdeveloped value chains constrain its commercial utilisation; at an assumed processed-fibre price of ₹120 per kg, the survey estimates a potential annual revenue opportunity of approximately ₹8.4 crore.

In Meghalaya's tourism sector, tourist footfall reportedly increased from 9 lakh in 2016 to over 14 lakh in 2019. Gaps in community kitchens, public toilets, rest areas, trained local guides and digital tourism information limit local communities' ability to benefit from tourist spending, while women's participation in homestays, local cuisine, cultural experiences, handicrafts and ecoguiding remains constrained by gaps in skills, infrastructure and market access. Dawki's annual tourist footfall is estimated at 2–3 lakh in 2023 which illustrates a potential additional local expenditure of ₹12.5 crore annually if 2.5 lakh tourists each spent an additional ₹500 locally.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To empower women entrepreneurs through diversified, gender-responsive and sustainable livelihood pathways that leverage local resources and traditional knowledge while integrating modern market linkages and skill training.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes include improved skills and capabilities among women, development of women-led micro-enterprises, increased access to markets and livelihood opportunities, and improved income and household resilience. The project also aims to support environmental conservation, convert agricultural waste into value-added products, preserve indigenous knowledge and promote sustainable, community-driven tourism. Potential unintended risks include disruption to local customs or environments through tourism initiatives; these will be mitigated by co-creating tourism experiences with communities and training guides on cultural protocols and eco-ethics.

Stated overall KPIs:

sustained adoption of livelihood practices,
improved social and economic conditions,
increased income and enterprise growth,
enhanced quality of life

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Effectiveness and outcomes will be evaluated through project-specific key performance indicators tracked using digital tools, MIS platforms and field monitoring reports. Relevant indicators include the number of women trained, enterprises created, revenue growth and market access, alongside progress against planned activities and timelines.	Not applicable	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential unintended risks include disruption to local customs or environments through tourism initiatives; these will be mitigated by co-creating tourism experiences with communities and training guides on cultural protocols and eco-ethics.
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: sustained adoption of livelihood practices, improved social and economic conditions, increased income and enterprise growth, enhanced quality of life Impact narrative (social, environmental, cultural, economic):	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		The project is designed to generate social and economic benefits by expanding women's access to skills, entrepreneurship and market opportunities, while supporting environmental benefits through bamboo-based products, fibre extraction from agricultural waste and sustainable tourism. Cultural benefits are expected through community-led tourism and the preservation of indigenous knowledge. As the project is in its initial reporting period, beneficiary-level impact and achieved results are not yet available to report.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	The proposal plans to train 500+ women across bamboo innovation, eco-textiles and community tourism.	₹3,18,60,688 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	NA	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	NA	NA	NA	NA

5.6 Past performance trend

Not applicable (Form 1B)

6. Report on risks and unintended negative outcome

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

Key risks identified are delays in infrastructure setup due to terrain or logistics; low participation or attrition of women due to domestic responsibilities or migration; technical skill gaps; delays in regulatory compliance; cash-flow or working-capital constraints; and possible disruption to local customs or environments through tourism. Mitigation measures include advance site assessments, local contractors, phased implementation, flexible training schedules, community sensitization, family and local-leader engagement, hands-on training, peer mentoring, local master trainers, early compliance processes, access to SHG-based credit and micro-financing, and co-creation of tourism experiences with communities.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential unintended risks include disruption to local customs or environments through tourism initiatives; these will be mitigated by co-creating tourism experiences with communities and training guides on cultural protocols and eco-ethics.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Not available for the present reporting period

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Not available for the current reporting period

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The implementation plan includes practical, market-aligned training for 500+ women across bamboo innovation, eco-textiles and community tourism; development of decentralized processing units; product prototyping and local showcases; digital and hospitality skills; and support for branding, FSSAI registration and onboarding on digital marketplaces and Online Travel Agencies. Sustainability measures include formalization of women-led micro-enterprises and cooperatives, development of a regional umbrella brand, ethical market linkages, geographic expansion, climate-risk assessments and SHG-led digital commerce.

Relevance and sustainability (Form 1B):

Relevance: PCI's mission is to co-create and scale sustainable solutions rooted in community realities. The project reflects this approach by responding to women's need for sustainable income opportunities, skills, market access and support to participate in entrepreneurship, while building on local resources and traditional knowledge. The female workforce participation in the region is 25%, compared with the national average of 30%, and that women remain underrepresented in entrepreneurial roles. The project aligns with PCI's focus on women's economic empowerment and livelihoods, climate action and community-led solutions.

Sustainability: The project plans to support enterprise formalization and cooperatives, ethical market linkages, digital inclusion, climate-resilient practices and replication of successful models. These measures are intended to strengthen the continuity of women-led enterprises beyond the project period.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

NA

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 11: Nutrient Dense Take-Home Ration Uttar Pradesh Scale up

Source: Form 1B Sub-Section 1B.2.11 (AIR, self-reported) | Thematic area: Health & Nutrition & WEE & Livelihoods | FY 2025-26 spend: ₹3,03,05,013 (3% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(ii)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Nutrient Dense Take-Home Ration Uttar Pradesh Scale up
4. Duration	Programme start date: 27 October, 2022. End date: 31 May, 2026
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	Uttar Pradesh: Bahraich, Balrampur, Chandauli, Fatehpur, Shravasti, Siddharthnagar Aspirational blocks covered
7. Beneficiary group(s)/ segment(s)	The programme serves children aged 6 months to 6 years, pregnant and lactating women, adolescent girls and severely acute malnourished (SAM) children through the THR supply chain. It also supports nearly 4,000 rural women associated with 204 SHG-managed THR enterprises across 43 districts of Uttar Pradesh, as well as UPSRLM, ICDS functionaries and other government stakeholders. The focus has shifted from establishing enterprises to improving their efficiency, quality, financial viability and sustainability.
8. Thematic Areas as per SSE	Health & Nutrition & WEE & Livelihoods
9. SDG Goals Aligned	SDG 2 (Zero Hunger); SDG 3 (Good Health and Well-being); SDG 5 (Gender Equality); SDG 7 (Affordable and Clean Energy); SDG 8 (Decent Work and Economic Growth); SDG 12 (Responsible Consumption and Production) and SDG 13 (Climate Action)
10. Alignment with National and State Schemes & priorities	It aligns with national and state priorities under Poshan 2.0, the Supplementary Nutrition Programme, NFSA 2023 and the Government of Uttar Pradesh's decentralised THR initiative, while supporting women's economic empowerment through SHG-led enterprises.

2. Designated timeline for Mid-term and End-term (if any)

Phase		Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation		NA			NA			NA		
Phase I: Project Start to mid-term		NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA
		NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At the start of the initiative, Uttar Pradesh faced persistent malnutrition and challenges in the quality, accessibility and last-mile delivery of supplementary nutrition. The THR initiative was being scaled through 204 decentralised women-led micro-enterprises in 204 blocks across 43 districts. Early implementation highlighted operational losses, low capacity utilisation, procurement inefficiencies, quality-control gaps and limited capacity among SHG members and government staff. By the end of the previous reporting period, the enterprise network had been established and operationalisation, quality improvement and financial sustainability remained key priorities.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To strengthen the state's decentralised, women-led Take-Home Ration (THR) enterprise model to improve maternal and child nutrition through sustainable production and distribution of nutrient-dense THR, while promoting women's economic empowerment through SHG-led food processing enterprises.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes include increased availability of safe, quality-assured and nutrient-dense THR; improved access to supplementary nutrition for eligible beneficiaries; stronger awareness, acceptance and regular consumption of THR; and improved operational and financial performance of women-led SHG enterprises. The programme is also expected to strengthen women's livelihoods, local employment, government systems and supply-chain accountability, while reducing the energy burden and environmental footprint of production through renewable energy. Potential risks include financial losses for enterprises, irregular payments, production or quality gaps, and low beneficiary uptake if awareness and acceptability do not improve.

Stated overall KPIs:

Overall outcomes include:

Improved nutritional access for children, pregnant and lactating women and other eligible beneficiaries; sustained economic opportunities and income for women associated with THR enterprises; improved social and economic conditions in rural communities; stronger government systems for decentralised nutrition delivery; and increased resilience of enterprises through better financial management, quality systems and clean-energy adoption.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Effectiveness is assessed through output, intermediate-outcome and overall-outcome indicators. Output indicators include the number of THR enterprises operational, production efficiency and timeliness of supply, quality and food-safety compliance, training coverage, establishment and performance of CoEs, solarisation progress, and development of digital management systems. Outcome indicators include availability and uptake of nutrient-dense THR, improvements in enterprise viability and women's livelihood opportunities, strengthened institutional capacity, and improved	Intermediate indicators include improved knowledge and practices among SHG members and government functionaries on production, quality assurance, food safety and enterprise management; improved beneficiary awareness and acceptability of THR; stronger adoption of quality-control practices; increased use of digital systems; improved production efficiency; reduced energy costs; and improved access to nutrient-dense supplementary nutrition. Available reporting-period evidence includes all 204 units operational and all three CoEs functioning at more than 85% production efficiency.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential risks include financial losses for enterprises, irregular payments, production or quality gaps, and low beneficiary uptake if awareness and acceptability do not improve.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
	resilience through clean-energy adoption.				
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	<p>Overall outcomes: Overall outcomes include: Improved nutritional access for children, pregnant and lactating women and other eligible beneficiaries; sustained economic opportunities and income for women associated with THR enterprises; improved social and economic conditions in rural communities; stronger government systems for decentralised nutrition delivery; and increased resilience of enterprises through better financial management, quality systems and clean-energy adoption.</p> <p>Impact narrative (social, environmental, cultural, economic): All 204 THR enterprises across 43 districts of Uttar Pradesh remained operational, supporting nearly 4,000 rural women through SHG-led food-processing enterprises. The programme continued to strengthen women’s economic empowerment and improve the availability of safe, nutrient-dense supplementary nutrition for children, pregnant and lactating women, and other eligible beneficiaries. Efforts also focused on enterprise viability, food safety, quality assurance and solarisation.</p>	NA	See Section 6.1.	See Section 6.2.

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	<p>Key output measures include: 204 THR enterprises operational across 43 districts; production efficiency and capacity utilisation; reduction in delays between ICDS demand indents and THR supply; number of SHG/AoP members and government functionaries trained; number of CoEs established and their production efficiency; number of units assessed for food safety; number of units adopting solar energy; and progress in developing THR MIS/ERP and knowledge-management systems.</p> <p>The programme also tracks progress on NFSA 2023-compliant recipe development and implementation.</p>	₹3,03,05,013 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	The programme has progressed from establishing and operationalising enterprises towards strengthening quality, efficiency and sustainability. During the reporting period, all 204 THR enterprises remained operational; three CoEs at Hilauli, Agra and Varanasi demonstrated improved production and enterprise-management practices, with production efficiency above 85%. Food safety and quality capacity-building continued across the THR network, and economic viability analysis across 42 units in 10 districts generated evidence on product-level margins, pricing, payment cycles and working-capital requirements. Solarisation was advanced as a means of reducing operating costs and improving resilience.	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	It aligns with national and state priorities under Poshan 2.0, the Supplementary Nutrition Programme, NFSA 2023 and the Government of Uttar Pradesh's decentralised THR initiative, while supporting women's economic empowerment through SHG-led enterprises.	NA	NA	NA

5.6 Past performance trend

The programme has progressed from establishing and operationalising enterprises towards strengthening quality, efficiency and sustainability. During the reporting period, all 204 THR enterprises remained operational; three CoEs at Hilauli, Agra and Varanasi demonstrated improved production and enterprise-management practices, with production efficiency above 85%. Food safety and quality capacity-building continued across the THR network, and economic viability analysis across 42 units in 10 districts generated evidence on product-level margins, pricing, payment cycles and working-capital requirements. Solarisation was advanced as a means of reducing operating costs and improving resilience.

6. Report on risks and unintended negative outcome

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

Key risks include inadequate enterprise viability due to product-level losses and pricing constraints; delayed or unpredictable ICDS payments and working-capital pressures; uneven food-safety compliance; and gaps in beneficiary awareness, acceptance and regular consumption. These are being mitigated through economic viability analysis and policy dialogue on cost norms, capacity-building and corrective handholding on food safety, CoEs as demonstration and learning sites, stronger enterprise-management and digital systems, and community outreach to improve awareness and uptake. Solarisation is also being pursued to reduce recurring energy costs.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential risks include financial losses for enterprises, irregular payments, production or quality gaps, and low beneficiary uptake if awareness and acceptability do not improve.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Stakeholder feedback has informed recipe reformulation and implementation planning. Beneficiary feedback was generated through field exercises to understand perceptions of existing THR and acceptability of revised formulations.

Engagement with government departments, UPSRLM, ICDS functionaries, SHG members and technical partners informed training, food-safety improvements, enterprise viability analysis and work to improve beneficiary uptake.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Beneficiary and stakeholder feedback has been used to inform recipe reformulation and implementation. Field exercises explored perceptions of existing THR and acceptability of revised formulations. Engagement with SHG members, AoPs, ICDS functionaries, UPSRLM and technical partners informed capacity-building, quality assurance and awareness activities.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

PCI continues to provide techno-managerial support to UPSRLM through strategy co-creation, enterprise and government-system strengthening, capacity building, quality assurance, CoEs and digital management solutions. Measures for sustainability include building the capacity of SHG members and AoPs, strengthening government ownership and systems, supporting policy dialogue on cost norms and enterprise viability, developing CoEs as learning sites, and promoting renewable energy and digital monitoring. No material change to the core implementation model is indicated; the emphasis has increasingly shifted to consolidating the operational network and improving long-term viability.

Relevance and sustainability (Form 1B):

Relevance: The initiative aligns with PCI's mission to co-create and scale sustainable, evidence-based solutions to complex development problems through government and community partnerships. It addresses beneficiaries' needs for reliable access to quality supplementary nutrition while supporting women's agency, livelihood opportunities and participation in local economic activity. The programme has operationalised 204 women-led THR enterprises across 43 districts, engaging nearly 4,000 rural women, and supports nutrition delivery for children, pregnant and lactating women and other eligible groups. This integrated approach reflects PCI's focus on health and nutrition, women's economic empowerment, community-led solutions and scalable technical assistance.

Sustainability: The programme's sustainability is supported by government ownership through UPSRLM and ICDS, the network of 204 operational SHG-managed enterprises, capacity building of AoPs and government functionaries, and the development of CoEs as learning and immersion sites. Economic viability analysis and policy engagement are intended to address pricing, payment and working-capital constraints, while solarisation can reduce recurring energy costs. Digital monitoring and stronger food-safety systems are expected to improve management, accountability and quality over time. Continued financial viability, predictable payments and sustained beneficiary acceptance remain important to long-term impact.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

NA

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 12: Setup PMU To Facilitate Micro Enterprise Services (GEAPP)

Source: Form 1B Sub-Section 1B.2.12 (AIR, self-reported) | Thematic area: Climate Protection and WEE & Livelihoods | FY 2025-26 spend: ₹2,79,58,069 (3% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Setup PMU To Facilitate Micro Enterprise Services (GEAPP)
4. Duration	Programme start date: 1 December, 2024. End date: 31 December, 2026
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	20 districts of Uttar Pradesh
7. Beneficiary group(s)/ segment(s)	Our target was rural SHG women-led enterprises in Uttar Pradesh, who belong to poor socio-economic background. We catered 20 districts spread across diverse regions of the state, from the flood-prone Terai belt, to Bundelkhand and the semi-arid plains.
8. Thematic Areas as per SSE	Climate Protection and WEE & Livelihoods
9. SDG Goals Aligned	SDG 7: Affordable & Clean Energy – Reduction in GHG emissions with transition of fossil fuel-based energy to clean renewable energy; SDG 8: Decent Work & Economic Growth - Productive employment of women and youth with decent and equitable pay; SDG 9: Industry
10. Alignment with National and State Schemes & priorities	Ownership of Solar Shops subsidized under CM-YUVA Udhyaami scheme and forming a hub-and-spoke model with Surya Sakhis for DRE demand mobilization-facilitation in a rural setting, all by the SHG women is an exclusive and unique model.

2. Designated timeline for Mid-term and End-term (if any)

Phase	Financial Year (From)	Financial Year (To)	Possible month of Review
Pre Project implementation	NA	NA	NA
Phase I: Project Start to mid-term	NA	NA	NA
A Phase II: Midterm to End-term	NA	NA	NA
	NA	NA	NA

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

A feasibility scoping study was held prior to initiation of program activities in 88 villages with 758 enterprises in the state. The findings suggested that there is a strong belief among entrepreneurs that solar energy will enhance their income and they are willing to transition to it but high capital cost and lack of knowledge on technicals is a major challenge hindering the switch to

solar. It further informed us that frequent power outages and voltage fluctuations were frequently reported by clients. They even incurred production losses, worked extended hours at night to fulfil demand and were forced to use alternate sources of energy (fossil fuel) that were expensive and polluting.

At end of last reporting period, the 3966 women entrepreneurs supported had reported ~2x increase in production and nearly 30% increase in income after switching to clean energy. In most cases, fossil fuel usage was phased out while in some it was being used only for urgent purposes after sunset or as a backup solution in case of a breakdown.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To enhance the livelihoods of 4,000 Self-Help Group (SHG) women entrepreneurs through the adoption and implementation of DRE applications aimed at increasing productivity, reducing operational costs, and contributing to the reduction of carbon emissions for environmental sustainability.

Expected outcomes (Form 1B Strategic Intent 1d):

SHG women-led businesses will start operating the DRE solutions and ensure its adequate maintenance, an increase in productivity of each unit adopting DRE will be evident, which will lead to improvement in income of the enterprise. At the system-level, there will be increased buy-in by the state govt. on DRE led women economic empowerment along with a scale-up of interventions to benefit other women enterprises in the state.

For micro enterprises that have adopted rooftop solar, a portion of their terrace will remain engaged until removed and further construction of floor (if planned in future) will require additional resources.

Stated overall KPIs:

Overall outcome indicators not separately stated in Form 1B (NA). Indicators used to evaluate effectiveness and outcomes:

The following indicators are tracked to assess effectiveness and outcomes: 1) Rise in production/services, 2) Increase in income of women-led enterprises, 3) Reduction in carbon emissions

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: The following indicators are tracked to assess effectiveness and outcomes: 1) Rise in production/services, 2) Increase in income of women-led enterprises, 3) Reduction in carbon emissions	NA	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: NA Impact narrative (social, environmental, cultural, economic): Women contributed on farm but could not manage to operate the irrigation pump as it required a lot of physical labour, now with solarized irrigation pump any woman can operate it with just a finger. Likewise, they need not work until late hours in the night compromising on sleep as operations are completed during day due to regular supply. Each flour-cum-oil mill supported with solarization led to reduction of GHG emissions due to phasing out of fossil fuels as each such enterprise consumed 1000s of ltrs. of fuel annually. Women entrepreneurs adopting DRE technology are being taken more seriously, not just in family, business but also the community as a pioneer, as	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		the energy transition was made possible through the SHG woman. An average of 30% rise in income levels has been reported across the enterprises supported. For flour-cum-oil mills, irrigation pumps, this rise in income is much higher as fossil fuel consumption has been drastically minimized and thus the repairs associated with the machines using them.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Demand aggregation from women-led enterprises for DRE adoption Orientation of entrepreneurs on solar operations and maintenance Deploying technological solutions for performance tracking of rural micro-enterprises Installation of solar solutions at willing enterprises Knowledge dissemination workshop with all stakeholders and development of knowledge products and financial products Supporting policy framework to promote DRE-enabled women enterprises	₹2,79,58,069 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	Not tracked separately therefore not relevant (Form 1B)	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	Ownership of Solar Shops subsidized under CM-YUVA Udhyaami scheme and forming a hub-and-spoke model with Surya Sakhis for DRE demand mobilization-facilitation in a rural setting, all by the SHG women is an exclusive and unique model.	NA	NA	NA

5.6 Past performance trend

Not tracked separately therefore not relevant (Form 1B)

6. Report on risks and unintended negative outcome

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

Change in govt. priorities: Ours is an agrarian economy predominantly, and irrigation is needed round the year. Under PM-KUSUM, state govt. contribution is also included to maximize the subsidy to beneficiaries, but the entire target was announced and executed in one-go and not spread throughout the year. We were able to mitigate its impact as we were aware of it due to our close coordination with govt bodies, therefore we kept the potential beneficiaries informed about the expected timelines and counselled them on all the major steps and aspects involved. In multiple cases, we aligned our priorities in line with the release of the forms and submission timeline to maximize form submissions. Cases wherein client could not afford to navigate the process and wait were supported to get solar solutions installed from the market after conducting necessary technical assessment.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

None reported in Form 1B for FY 2025-26.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

At the state-level a DRE consultation workshop named DRE Samvaad was held in Lucknow in Aug '25, wherein DRE tech. experts, philanthropy partners, entrepreneurs, senior govt. officials actively participated under the leadership of Hon'ble Dy. Chief Minister Sh. KP Maurya to learn from one another on the challenges and opportunities in this landscape. Locally as well, we have reached out to 337 CLFs (apex body of SHG-network in a block) and ~350 service providers with whom we regularly engage for planning our next action.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

During follow up visits, these are reported directly into the application and MIS. Field team has reported that clients appreciate and are surprised after realizing the value of solar energy in their business. Even those who had to take credit to adopt the solution are able to pay it off before time and are planning to integrate DRE technologies further in their business. Besides, a third-party evaluations have been held, the findings of which are awaited.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The DRE (solar) solution provided is itself long-lasting and efficient to power the required motor load at each enterprise for ~25 years. The break-even is reached in <5 years in all cases supported. As each client is trained in the operations and maintenance function as sites get commissioned, the smooth functioning and sustainability aspect is much taken care of. DEWEE has also supported policymaking at the state level to promote DRE-enabled women enterprises, wherein UPSRLM has provisioned deploying 4 dedicated DRE cadres named Surya Sakhis at the cluster level, our field personnel have been training these cadres within the SHG network in carrying out DRE awareness sessions at the CLF and facilitating repair and maintenance work at the community-level. The state govt. has committed support for 13216 such cadres for a 5-year period and budget has also been allocated for the same. In addition, a network of local service providers has been mapped and any client facing issue can be connected for support, just as the report on call. Over last one year, our implementation model has remained unchanged.

Relevance and sustainability (Form 1B):

i). PCI has a vision to create a happy, healthy, safe and sustainable world for all by co-working with community to solve and scale the solutions identified for complex developmental challenges. We work at the intersection of livelihoods, gender, health and climate action. DEWEE fits perfectly for PCI's body of work – advancing gender inclusion and enabling women to lead the clean energy transition. Majority of the women entrepreneurs supported claim to be 'a first' in not only their family but community or village/business fraternity to have adopted DRE technology and people keep visiting her for learning & replication. This bears true even for a majority of the women trained and deployed as Surya Sakhis in the state.

ii). Each site installed has received a 25-year warranty on the solar panel installed by the service provider. Similarly, multiple years' warranty has been provided for inverter and batteries as applicable. Besides, at each enterprise atleast 1 member has been trained in system operations and maintenance and contact details have been shared to reach out in case of breakdown. Additionally, the local field staff conduct follow-up visits to ensure the system is optimally used for longer life. This has been part of the implementation model and adhered in all installations. Lately, with introduction of Surya Sakhis – a dedicated DRE cadre for a 5-year period fund support by state govt. to promote DRE-enabled women enterprises, the sustainability aspect gets further strengthened.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See Form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 13: Gender Integration in Odisha and Evaluation for WEE

Source: Form 1B Sub-Section 1B.2.13 (AIR, self-reported) | Thematic area: Gender & Adolescents | FY 2025-26 spend: ₹2,47,68,536 (3% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Gender Integration in Odisha and Evaluation for WEE
4. Duration	Programme start date: 1 December, 2022. End date not stated in Form 1B.
5. Program mode (one time/ ongoing)	Ongoing (multi-year programme active during FY 2025-26)
6. Program area – States with Districts [aspirational blocks, if any]	Odisha: Bargarh, Gajapati, Kalahandi, Kandhamal, Keonjhar, Koraput, Malkangiri, Mayurbhanj, Nayagarh, Nuapada, Rayagada, Sambalpur districts Present in aspirational blocks
7. Beneficiary group(s)/ segment(s)	Through convergence with various government departments and continuous engagement with relevant stakeholders, GCRPs have strengthened their institutional recognition, coordination, and effectiveness in addressing gender-based violence (GBV) and rights and entitlement issues among women. Key achievements include: Institutional recognition: 1,141 Gram Panchayats (GPs) have allocated space for GCRPs in their Panchayat offices. Access to legal support: 88 GCRPs are working as Para-Legal Volunteers (PLVs), strengthening access to legal assistance for women and vulnerable communities. Strengthening grassroots governance: Three districts—Sonepur, Ganjam, and Kendrapada—have initiated the engagement of GCRPs as GP Convenors. Police coordination: All GCRPs have visited police stations and strengthened interaction with the police, in line with the directions of the Inspector General (IG) of Police. Convergence with WCD: Joint coordination with the Women and Child Development (WCD) Department has enhanced support and referral mechanisms for addressing gender-related issues among women. Progress in case resolution Through the active engagement, follow-up, and coordination efforts of GCRPs, significant progress has been made in addressing rights, entitlements, and gender-based violence cases. Rights and entitlement cases: 155,629 cases have been received, of which 69,573 have been closed. Gender-based violence (GBV) cases: 11,540 cases have been reported, of which 8,008 have been resolved through the active engagement and follow-up of GCRPs. These achievements demonstrate that convergence with government departments and local institutions has strengthened the role of GCRPs in case resolution, improved access to justice and government entitlements, and enhanced support for survivors of gender-based violence. There has been a formal buy-in among the concerned departments mentioned above for extending support to GFCs via the existing systems and processes.
8. Thematic Areas as per SSE	Gender & Adolescents
9. SDG Goals Aligned	SDG 5
10. Alignment with National and State Schemes & priorities	Mission Shakti, Odisha Livelihood Mission

2. Designated timeline for Mid-term and End-term (if any)

Phase	Financial Year (From)	Financial Year (To)	Possible month of Review
Pre Project implementation	NA	NA	NA
Phase I: Project Start to mid-term	NA	NA	NA
A Phase II: Midterm to End-term	NA	NA	NA
	NA	NA	NA

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At the start of the intervention in 2019, women in Odisha faced persistent gender inequalities, harmful social norms, limited awareness of gender-related rights and entitlements, and barriers to accessing support for gender-based violence (GBV). Existing government efforts had limited effectiveness in improving women's social status. PCI, in partnership with the Odisha Livelihoods Mission (OLM), piloted the Gender Transformative Model (GTM) in 8 Gram Panchayats across 2 districts, introducing Gender Self Learning Programmes (GSLP), Gender Facilitation Centres (GFCs), Gender Forum Meetings (GFMs), and community events.

The programme strengthened women's awareness of gender equality, access to government schemes and entitlements, and support mechanisms for GBV survivors. OLM institutionalised gender interventions through its systems and Annual Action Plans, with government financing supporting implementation. Digital monitoring systems, community-level gender cadres, and inter-departmental convergence mechanisms were strengthened to improve implementation quality, accountability, and sustainability.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To shift harmful social norms and perceptions of gender roles

Expected outcomes (Form 1B Strategic Intent 1d):

The GTM programme is expected to reduce gender-based violence, gender and social norms, gender-related issues, and discrimination against women in society. It will increase women's awareness of their rights, social entitlements, and access to government schemes and services. The programme will promote women's economic advancement, financial independence, empowerment, and participation in decision-making, while strengthening gender equality and social inclusion. Capacity building of GCRPs, strengthened GFCs, community awareness, and convergence with government departments will improve case resolution, access to justice, and support for survivors.

Potential unintended negative outcomes may include confidentiality risks, and possible social backlash against women reporting gender-based violence in some areas. These risks can be mitigated through regular capacity building, institutional support, confidential case management, and effective referral mechanisms.

Stated overall KPIs:

Increased Resilience: Strengthened capacity of women, SHGs, GCRPs, and communities to prevent and respond to GBV, address gender-related challenges, and access timely institutional support.

Sustainable Gender Support Systems: Continued functioning and institutional recognition of GCRPs and GFCs, stronger convergence with government departments, and integration of gender-responsive services into government systems beyond the project period.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: 1. Enhanced rights awareness, access to support services, capacity to respond to GBV, and livelihood opportunities for survivors, promoting economic empowerment and independence. 2. Sustainable financing and convergence for GFCs and beyond. 3. Institutional strengthening through a dedicated gender team. 4. Leveraging digital platforms for scalable impact through government systems (OLM) and Transfer to Technology to OLM	Increased awareness and knowledge: Improved awareness among women and SHG members regarding gender equality, women's rights, social entitlements, government schemes, and available support mechanisms for gender-based violence (GBV). Changes in attitudes and perceptions: Reduced gender stigma, discriminatory social norms, and acceptance of gender-based discrimination, with increased community support for women's rights and gender equality. Adoption of new behaviours and practices: Increased reporting of GBV, timely referral and follow-up of cases, improved access to support services, and greater participation of women in household and community-level decision-making. Improved skills and capabilities: Enhanced capacities of GCRPs to identify, register, refer, and follow up on GBV and rights and entitlement cases, strengthen convergence with government departments, and facilitate women's access to livelihood opportunities.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential unintended negative outcomes may include confidentiality risks, and possible social backlash against women reporting gender-based violence in some areas. These risks can be mitigated through regular capacity building, institutional support, confidential case management, and effective referral mechanisms.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		<p>Increased access to resources and services: Improved access to legal assistance, government schemes, social entitlements, health and protection services, and livelihood opportunities for women and GBV survivors, contributing to economic empowerment and financial independence.</p> <p>Strengthened institutional sustainability: Increased recognition and engagement of GCRPs and GFCs within local governance systems, stronger departmental convergence, and greater adoption of digital platforms for case management and programme monitoring.</p>			
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	<p>Overall outcomes: Increased Resilience: Strengthened capacity of women, SHGs, GCRPs, and communities to prevent and respond to GBV, address gender-related challenges, and access timely institutional support.</p> <p>Sustainable Gender Support Systems: Continued functioning and institutional recognition of GCRPs and GFCs, stronger convergence with government departments, and integration of gender-responsive services into government systems beyond the project period.</p> <p>Impact narrative (social, environmental, cultural, economic): The GTM programme strengthened the social, cultural, and economic empowerment of women across Odisha. Socially, GCRPs and GFCs improved access to justice, government entitlements, and support services, with 8,008 GBV cases resolved and 69,573 rights and entitlement cases closed. Community awareness and gender sensitisation promoted gender equality, challenged discriminatory social norms and stigma, and encouraged women's participation in decision-making. 1,431 GBV survivors were linked to livelihood opportunities, supporting their economic recovery and financial independence. The programme promoted the use of existing Panchayat infrastructure and digital platforms for service delivery and case management, contributing to more resource-efficient programme implementation.</p>	NA	See Section 6.1.	See Section 6.2.

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form	As stated	NA	NA	NA	1. Case Reporting and Livelihood Linkages: A total of 155629 Rights and Entitlement cases and 11540 GBV cases	₹2,47,68,536 (total programme	NA	NA	NA

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
1B “timeline specific output indicators”)					<p>were reported across the GTM-covered geography And 69573 Rights and Entitlement & 8008 GBV Cases closed successfully . Of the GBV survivors, 1,431 were linked to livelihood opportunities to support their economic recovery and empowerment as on Oct 2026.</p> <p>2. Institutional Convergence: 288 GFC spaces allocated through the PR&DW Department, and 68 GCRPs enrolled as Paralegal Volunteers (PLVs) through State Legal Services Authority.</p> <p>3. Institutional Strengthening: Planned capacity-building initiatives in FY 2026–27 to strengthen institutional capacities and improve programme implementation.</p> <p>4. Digital Transition and Sustainability: All EmpowerHer cases are being transferred to the Equal App (under LokyOS) of NRLM, and the LMS will be transferred to OLM following content validation by the Department of WCD.</p>	expenditure, FY 2025-26; activity-wise split not reported)			

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	NA	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	Mission Shakti, Department of WCD, Odisha Livelihood Mission	NA	NA	NA

5.6 Past performance trend

Not reported in Form 1B

6. Report on risks and unintended negative outcome

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

Although convergence with relevant departments has been successful at district level in a few districts, the most challenging part has been the convergence at state level. Via regular follow-ups, the state level coordination committee has been formed by OLM recently to foster state level interdepartmental coordination and convergence which is a good sign for future.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential unintended negative outcomes may include confidentiality risks, and possible social backlash against women reporting gender-based violence in some areas. These risks can be mitigated through regular capacity building, institutional support, confidential case management, and effective referral mechanisms.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Feedback is taken during pre-and post training programs at various levels i.e. From GP to district level training programs and state level programs as well.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

PCI adopted structured feedback and quality assurance mechanisms to validate programme implementation and assess stakeholder experiences. In 2024, feedback was collected from 216 CRP-CMs across 16 districts and 194 villages to assess the effectiveness of the Gender Self-Learning Programme (GSLP). Additionally, feedback from 217 Gender Forum members across 20 districts and 501 CLFs assessed their understanding of gender-related issues and programme processes. The findings highlighted improved awareness of gender roles and rejection of silence around violence, alongside gaps in helpline awareness, legal knowledge, and understanding of programme procedures. Participant feedback was incorporated to improve training content and delivery.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

Dec 2025 till June 2027 is the exit phase of the GTM program where focus has been on three aspects:

Institutional strengthening through dedicated gender teams

Sustainable financing and convergence for GFCs and beyond

Leveraging digital platforms for scalable impact through Government Systems (OLM) by aligning with national platform Equalapp on LokOS

Relevance and sustainability (Form 1B):

The GTM initiative aligns with PCI and Odisha Livelihoods Mission's goals of gender equality, women's empowerment, social inclusion, and economic advancement. It addresses gender-based violence, discrimination, and barriers to women's access to rights and entitlements through GCRPs via GFCs. The programme has expanded from its initial pilot in 2019 to all 30 districts of Odisha, demonstrating its relevance to rural women and SHG communities

The sustainability of GTM will be strengthened through the establishment of a dedicated Gender Fund, convergence with government departments, and integration of GFCs into OLM's institutional and financial systems. The Gender Fund can support essential operational costs, capacity building, case management, referrals, and community awareness activities, helping GCRPs and GFCs continue functioning beyond the project period. Financial support through OLM, GPLFs, and other government resources, along with integration of digital systems such as the Equal App and LMS, can further promote long-term sustainability. Continued government budgetary allocation and clear fund-management mechanisms will be essential to maintain these services and their positive impact.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See Form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 14: Migration and Family Planning in Bihar & UP: Innovations, Learning and Advocacy

Source: Form 1B Sub-Section 1B.2.14 (AIR, self-reported) | Thematic area: Health & Nutrition | FY 2025-26 spend: ₹2,28,55,797 (2% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Migration and Family Planning in Bihar & UP: Innovations, Learning and Advocacy
4. Duration	Programme start date: 1 October, 2023. End date: 31 March, 2026
5. Program mode (one time/ ongoing)	Multi-year programme active during FY 2025-26
6. Program area – States with Districts [aspirational blocks, if any]	Bihar: Gopalganj, Madhubani
7. Beneficiary group(s)/ segment(s)	The project targeted eligible couples aged 18–34 years who had not undergone sterilization or hysterectomy, in high- and low-migration areas of Gopalganj and Madhubani districts, Bihar. Manual line listing covered four blocks: Gopalganj and Baikunthpur in Gopalganj, and Khajauli and Laukaha in Madhubani. A total of 13,865 households were surveyed and 11,063 eligible couples identified.
8. Thematic Areas as per SSE	Health & Nutrition
9. SDG Goals Aligned	SDG 3 (Good Health and Well-being) through reproductive health information and access to contraception; SDG 5 (Gender Equality) by supporting women's agency and informed reproductive choices
10. Alignment with National and State Schemes & priorities	The initiative aligns with India's Family Planning 2030 priorities to improve inclusive access to contraceptive services and address demand- and supply-side barriers, including through innovative communication strategies engaging men, youth, and communities.

2. Designated timeline for Mid-term and End-term (if any)

Phase			Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation			NA			NA			NA		
Phase I: Project Start to mid-term			NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA	NA
			NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

Formative research conducted by the Population Council in 2019 found that the migration environment and community norms were significant drivers of contraceptive behaviour. Women with resident husbands in high-migration areas reported lower modern contraceptive prevalence than women with migrant husbands in low-migration areas. Six socio-behavioural barriers were identified. By the end of the reporting period, 13,865 households had been surveyed and 11,063 eligible couples identified; MIS analysis of 8,992 households after removal of outliers found that approximately 21% (1,890 individuals) reported current family-planning use.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To foster a supportive environment for improved reproductive health, rights, choices, and decision-making among women and couples in high-migration areas, and to generate evidence on interventions that address socio-behavioural barriers to contraceptive use.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes included improved fertility-cycle knowledge and planning, increased preparedness for contraceptive use, greater spousal dialogue on family planning, improved access to emergency contraception, and more efficient identification and follow-up of eligible households by ASHAs. Potential risks include stigma, myths about contraceptives, and concerns about side effects.

Stated overall KPIs:

Overall outcome indicators include sustained family-planning behaviour, modern contraceptive use, improved reproductive health choices and agency, and improved access to services. MIS data indicated that approximately 21% (1,890 individuals) of the surveyed population reported current family-planning use. The endline evaluation report had not yet been shared with PCI; sustained behavioural or longer-term outcomes therefore cannot be confirmed from the available reporting-period data.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Effectiveness and outcomes were monitored through implementation and MIS data, household visits, tool distribution, service-use indicators, and five key success metrics: knowledge of fertility cycles, usage of the mirror tool, preparedness for contraceptive use during a husband's return, spousal communication regarding family planning, and ASHA efficiency in reducing households being left out.	Intermediate outcome indicators included fertility-cycle knowledge, usage and consistency of Mera Apna Aaina, preparedness for contraceptive use, spousal dialogue about family planning, access to Ezy Pill, ASHA visit coverage, and ASHA efficiency in identifying and prioritizing households. MIS data showed 59% of respondents reported an ASHA visit in the previous two months, 3.5% reported Ezy Pill use in the previous two months, and over 99% of women had received Mera Apna Aaina.	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential risks include stigma, myths about contraceptives, and concerns about side effects.
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Overall outcome indicators include sustained family-planning behaviour, modern contraceptive use, improved reproductive health choices and agency, and improved access to services. MIS data indicated that approximately 21% (1,890 individuals) of the surveyed population reported current family-planning use. The endline evaluation report had not yet been shared with PCI; sustained behavioural or longer-term outcomes therefore cannot be confirmed from the available reporting-period data.	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		<p>Impact narrative (social, environmental, cultural, economic):</p> <p>The project engaged eligible couples and frontline health workers to address stigma and improve access to reproductive health information and services. Mera Apna Aaina supported private fertility-cycle tracking and discussions about contraception; ASHA Darpan supported more targeted household visits.</p> <p>The project also addressed cultural and community norms, including son preference and stigma related to contraceptive access.</p>			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Output indicators: 13,865 households surveyed; 11,063 eligible couples identified; 39 Community Coordinators and 52 ASHAs trained/oriented; 9,465 Mera Apna Aaina tools distributed; household visits tracked through MIS, with a peak of 5,658 visits in November 2025.	₹2,28,55,797 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	Implementation activity increased during the monitored period, from 205 household visits in July 2025 to a peak of 5,658 visits in November 2025. MIS analysis indicated an average of 3.23 visits per household in the outlier-free dataset; 59% of respondents reported an ASHA visit in the previous two months, and 3.5% reported using Ezy Pill in the previous two months. Over 99% of women had received Mera Apna Aaina. The implementation phase concluded in November 2025.	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	The initiative aligns with India's Family Planning 2030 priorities to improve inclusive access to contraceptive services and address demand- and supply-side barriers, including through innovative communication strategies engaging men, youth, and communities; Population Council	NA	NA	NA

5.6 Past performance trend

Implementation activity increased during the monitored period, from 205 household visits in July 2025 to a peak of 5,658 visits in November 2025. MIS analysis indicated an average of 3.23 visits per household in the outlier-free dataset; 59% of respondents reported an ASHA visit in the previous two months, and 3.5% reported using Ezy Pill in the previous two months. Over 99% of women had received Mera Apna Aaina. The implementation phase concluded in November 2025.

6. Report on risks and unintended negative outcome

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

Key risks included social stigma around contraceptive access, lack of preparedness before a husband's return, son preference, limited spousal communication and female agency, underestimation of pregnancy risk, and fear of contraceptive side effects.

The project responded through discreet fertility tracking, household-level counseling, ASHA and Community Coordinator capacity building, myth-focused SBC counseling, digital mapping to prioritize visits, and access to Ezy Pill with a remedy protocol and frontline-worker contact details.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential risks include stigma, myths about contraceptives, and concerns about side effects.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Stakeholder and user feedback informed iterative refinement of the solutions. Mera Apna Aaina was simplified from a system of pegs and coloured rings into a rotating calendar integrated into a compact mirror after users found the initial design cumbersome. ASHA Darpan was refined to include household-head names and unique IDs after ASHAs experienced difficulty locating beneficiaries using paper-based tools. Discussions with officials from the State Health Society, Bihar, and community engagement also informed solution development. A donor field visit on 2 September 2025 observed ASHA efficiency and beneficiary engagement.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Beneficiary and stakeholder feedback was incorporated through iterative field testing and discussions with users and State Health Society, Bihar officials. Feedback led to simplification of Mera Apna Aaina into a compact mirror with a rotating calendar and refinement of ASHA Darpan to include household-head names and unique IDs. A donor field visit on 2 September 2025 noted high ASHA efficiency and beneficiary engagement.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The project developed and field-tested three solutions through an iterative HCD process. During implementation, 39 Community Coordinators and 52 ASHAs received capacity-building support; 9,465 Mera Apna Aaina tools were distributed with household counseling. ASHA Darpan supported geotagged visualization and prioritization of household visits, while the fertility-awareness mirror enabled private cycle tracking and Ezy Pill provided a remedy for unprotected encounters. Sustainability measures included strengthening frontline-worker digital literacy and SBC communication skills, developing tools that may be adopted by the public health system, and planning advocacy with the State Health Society, Bihar.

Relevance and sustainability (Form 1B):

Relevance: PCI mission is to co-create and scale sustainable solutions rooted in community realities. This project responded to the needs of women and couples in high-migration areas, where stigma, limited preparedness, and community norms can constrain informed contraceptive choices. It developed practical, user-centred solutions and strengthened frontline-worker capacity. During implementation, 13,865 households were surveyed, 11,063 eligible couples identified, and 9,465 fertility-awareness tools distributed.

Sustainability: The project built the capacity of 39 Community Coordinators and 52 ASHAs, used a digital household-mapping tool and a discreet fertility-awareness tool, and developed solutions that may be institutionalised by the State Health Society, Bihar. PCI planned to support dissemination of evaluation findings and advocate for adoption of the full suite or selected functions by the state health system.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

NA

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 15: Leveraging Public Procurement for Women’s Economic Empowerment (WEE)

Source: Form 1B Sub-Section 1B.2.15 (AIR, self-reported) | Thematic area: WEE & Livelihoods | FY 2025-26 spend: ₹2,22,73,064 (2% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Leveraging Public Procurement for Women’s Economic Empowerment (WEE)
4. Duration	Programme start date: 15 September 2024. End date: 31 May, 2025
5. Program mode (one time/ ongoing)	One time
6. Program area – States with Districts [aspirational blocks, if any]	Bihar, Delhi, Uttar Pradesh
7. Beneficiary group(s)/ segment(s)	The primary target segment is women entrepreneurs associated with Self-Help Groups (SHGs), producer groups and women-led enterprises, alongside SRLMs, NRLM and government institutions that enable public procurement. The project covered Bihar and Uttar Pradesh, with national-level engagement with NRLM and stakeholders.
8. Thematic Areas as per SSE	WEE & Livelihoods
9. SDG Goals Aligned	SDG 5 (Gender Equality); SDG 8 (Decent Work and Economic Growth); SDG 10 (Reduced Inequalities) and SDG 17 (Partnerships for the Goals)
10. Alignment with National and State Schemes & priorities	It supports national priorities around women’s economic empowerment, rural livelihoods, non-farm enterprise development, SHG strengthening and the DAY-NRLM/Lakhpati Didi agenda. Public procurement is used as a pathway to connect women-led enterprises with institutional markets and strengthen local livelihoods.

2. Designated timeline for Mid-term and End-term (if any)

Phase			Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation			NA			NA			NA		
Phase I: Project Start to mid-term			NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA	NA
			NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

At the outset, women-led enterprises had limited integration into formal public procurement despite the scale of SHGs and WLEs. Barriers included complex documentation, limited technical and digital literacy, financial constraints, inconsistent market linkages and limited capacity in compliance, MIS, sales and marketing. By the end of the project, 53 Didi Ki Rasoi units had been operationalized against a target of 52, engaging 1,884 women against a target of 1,040. In Bihar, 94 housekeeping and laundry enterprises were established and 1,369 women engaged. In Uttar Pradesh, a community kitchen was established at Lalitpur District Hospital. A national repository, three sectoral playbooks and a public procurement microsite were developed/launched.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

To strengthen and scale women-led enterprises through integration into public procurement systems, thereby enhancing sustainable livelihoods and institutional capacities.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes include increased access to institutional markets and regular demand, enhanced and diversified livelihood opportunities, improved income stability, stronger business and entrepreneurship skills, and greater participation of women in non-traditional sectors. Institutional outcomes include stronger SRLM systems, improved convergence with government institutions, and standardized tools for replication. Potential risks include dependence on institutional procurement, administrative delays, uneven state readiness and the need for continued capacity building; these may affect enterprise continuity and scale.

Stated overall KPIs:

Overall outcomes include regular and enhanced income opportunities, diversified livelihoods, reduced dependency on informal labour, increased women's decision-making and leadership, improved dignity and recognition, stronger SRLM systems, better convergence with government institutions and standardized tools for replication.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: Effectiveness is assessed through output and outcome indicators including number of enterprise units established/operationalized; number of women entrepreneurs engaged; achievement against planned targets; establishment of procurement linkages and model kitchens; development of playbooks, SoPs, repository and microsite; and evidence of institutional adoption and replication.	<i>The project demonstrated progress beyond planned targets in key enterprise outputs. Food enterprise scaling achieved 53 kitchens against 52 planned, with 1,884 women engaged against 1,040 planned. Housekeeping and laundry achieved 94 enterprises against a target of 50 and engaged 1,369 women against 780 planned. At the national level, three playbooks were developed against a deliverable of two, alongside a national repository and microsite. These outputs indicate strong uptake of the models, particularly in Bihar.</i>	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	Potential risks include dependence on institutional procurement, administrative delays, uneven state readiness and the need for continued capacity building; these may affect enterprise continuity and scale.
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: Overall outcomes include regular and enhanced income opportunities, diversified livelihoods, reduced dependency on informal labour, increased women's decision-making and leadership, improved dignity and recognition, stronger SRLM systems, better convergence with government institutions and standardized tools for replication. Impact narrative (social, environmental, cultural, economic): The program expanded access to institutional demand and opportunities for regular income and diversified livelihoods.	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		Social impact includes stronger leadership and entrepreneurship skills, greater decision-making and improved dignity and recognition. It also strengthened SRLM systems, improved convergence with government institutions and increased adoption of SHG-led service models. The project also contributed to policy discourse and developed standardized tools for replication.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Food enterprise units: target 52; achieved 53. Women engaged through Didi Ki Rasoi: target 1,040; achieved 1,884. Housekeeping and laundry enterprises: target 50; achieved 94. Women engaged in housekeeping and laundry: target 780; achieved 1,369. Uttar Pradesh: community kitchen/model kitchen established at Lalitpur District Hospital. National-level outputs: one repository developed and shared; three sectoral playbooks developed; public procurement microsite launched.	₹2,22,73,064 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	The project demonstrated progress beyond planned targets in key enterprise outputs. Food enterprise scaling achieved 53 kitchens against 52 planned, with 1,884 women engaged against 1,040 planned. Housekeeping and laundry achieved 94 enterprises against a target of 50 and engaged 1,369 women against 780 planned. At the national level, three playbooks were developed against a deliverable of two, alongside a national repository and microsite. These outputs indicate strong uptake of the models, particularly in Bihar.	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	It supports national priorities around women's economic empowerment, rural livelihoods, non-farm enterprise development, SHG strengthening and the DAY-NRLM/Lakhpati Didi agenda. Public procurement is used as a pathway to connect women-led enterprises with institutional markets and strengthen local livelihoods.	NA	NA	NA

5.6 Past performance trend

The project demonstrated progress beyond planned targets in key enterprise outputs. Food enterprise scaling achieved 53 kitchens against 52 planned, with 1,884 women engaged against 1,040 planned. Housekeeping and laundry achieved 94 enterprises against a target of 50 and engaged 1,369 women against 780 planned. At the national level, three playbooks were developed against a deliverable of two, alongside a national repository and microsite. These outputs indicate strong uptake of the models, particularly in Bihar.

6. Report on risks and unintended negative outcome

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

Key risks included administrative approvals, variability in state readiness and the need for continuous capacity building. These were addressed through government and SRLM engagement, demonstration models, standardized SoPs and playbooks, training and handholding. For sustained impact, continued mentoring, stronger working-capital access, digital integration and diversification into private/open markets are required.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential risks include dependence on institutional procurement, administrative delays, uneven state readiness and the need for continued capacity building; these may affect enterprise continuity and scale.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Stakeholder engagement and consultation with NRLM, State Rural Livelihood Missions (SRLMs), government departments, development partners and SHG enterprises informed implementation and knowledge products. The National Learning & Dissemination Workshop held on 17 February 2026 in New Delhi brought together stakeholders from the Ministry of Rural Development, DAY-NRLM, SRLMs, development partners and SHG enterprises. Discussions highlighted the need for institutional convergence, digital integration including GeM, working capital and continuous capacity building.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Stakeholder validation is reflected in consultations with NRLM/SRLMs, government departments, development partners and SHG enterprises, and in the National Learning & Dissemination Workshop held on 17 February 2026. Workshop discussions highlighted the importance of institutional convergence, digital integration, working capital and continuous capacity building.

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

Implementation followed a three-tier strategy: enterprise scaling through SHG and federation structures; demonstration-based replication through model kitchens and stakeholder exposure; and system strengthening and policy integration through SoPs, playbooks, a repository and engagement with NRLM/SRLMs. Sustainability measures include standardized operating protocols, quality assurance, institutional procurement linkages, enterprise handholding and knowledge products for replication. Continued mentoring, financial management support, digital integration and private-market linkages are important for sustaining results.

Relevance and sustainability (Form 1B):

Relevance: PCI's vision is a happy, healthy, safe and sustainable world for all, and its mission is to co-create and scale sustainable solutions rooted in community realities. The ZEE Project advances this mission by connecting SHG-led women's enterprises to formal institutional markets and public procurement. Women face barriers such as complex documentation, limited digital and technical literacy, financial constraints and weak market linkages, while public procurement offers potential for assured demand and scale. Project results include 53 Didi Ki Rasoi units engaging 1,884 women and 94 housekeeping and laundry enterprises engaging 1,369 women in Bihar, alongside a model kitchen in Uttar Pradesh and national knowledge products.

Sustainability: The initiative promotes sustainability by integrating women-led enterprises (WLEs) into formal public procurement systems, enabling access to regular institutional demand and creating sustainable livelihood opportunities. In Bihar, 53 Didi Ki Rasoi units were operationalised against a target of 52, engaging 1,884 women entrepreneurs against the planned 1,040. Additionally, 94 housekeeping and laundry enterprises were established, engaging 1,369 women. Standard operating procedures, sectoral playbooks, and a national repository have been developed to support replication across states. Continued convergence with government institutions, capacity building, and diversification of market linkages can strengthen enterprise viability and enable the initiative to sustain its positive impact beyond the project period.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

NA

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 16: Glasses for Livelihoods

Source: Form 1B Sub-Section 1B.2.16 (AIR, self-reported) | Thematic area: WEE & Livelihoods | FY 2025-26 spend: ₹2,00,09,484 (2% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Glasses for Livelihoods
4. Duration	Programme start date: 1 August, 2025. End date: 30 September, 2027
5. Program mode (one time/ongoing)	Ongoing (multi-year programme active during FY 2025-26)
6. Program area – States with Districts [aspirational blocks, if any]	Bihar
7. Beneficiary group(s)/ segment(s)	Women aged 35–60 years in SHGs across 15 cluster-level federations in Bihar, with screening beginning at age 35.
8. Thematic Areas as per SSE	WEE & Livelihoods
9. SDG Goals Aligned	SDG 3 and SDG 8
10. Alignment with National and State Schemes & priorities	It contributes to JEEViKA's mission by enhancing earning potential.

2. Designated timeline for Mid-term and End-term (if any)

Phase			Financial Year (From)			Financial Year (To)			Possible month of Review		
Pre Project implementation			NA			NA			NA		
Phase I: Project Start to mid-term			NA			NA			NA		
A	Phase II: Midterm to End-term	NA		NA	NA		NA	NA		NA	NA
			NA			NA			NA		

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

Baseline assessment (March 2026): 506 women aged 35–60 years across the two models. Overall, 94.07% reported difficulty reading small print or threading a needle; 87.94% faced difficulty doing close work; and 36.56% experienced headaches or eye strain often after near work. Average daily working hours were 4.4 in the free distribution model and 4.3 in the revenue model; average monthly income was ₹3,599 and ₹3,113 respectively.

It also indicated substantial unmet need for near vision correction. Only 45.26% had their eyes tested before; 40.71% reported currently using spectacles apart from the camp. Of those currently using spectacles, 55.83% had used them for more than 12 months.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

Providing eyeglasses to improve near-vision functioning, daily productivity, and livelihood outcomes for women in low-resource settings.

Expected outcomes (Form 1B Strategic Intent 1d):

Expected outcomes include improved near-vision functioning, fewer difficulties with close work, improved daily productivity and livelihood outcomes, and reduced barriers of distance, cost, awareness and access to vision services. The programme update describes the ₹100 pair of glasses as a production tool that can prevent costly errors and drop-out from high-precision micro-enterprises.

Stated overall KPIs:

sustained improvement in near-vision functioning,

improved productivity and livelihood outcomes,

improved social/economic conditions and quality of life.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	Indicators used: number of vision camps and women reached; number of glasses distributed/sold; number of CRPs and Vision Entrepreneurs trained; number of women screened; near-vision functioning and difficulty with close work; headaches or eye strain after near work; daily working hours; working days per month; monthly income; vision satisfaction; workplace confidence/self-efficacy; and stigma.	345 vision camps organized, 70969 women reached, 70565 glasses distributed, 18500 glasses sold by 40 vision entrepreneurs	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	NA
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	Overall outcomes: sustained improvement in near-vision functioning, improved productivity and livelihood outcomes,	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		improved social/economic conditions and quality of life. Impact narrative (social, environmental, cultural, economic): The intervention responds to a documented need: 94.07% of baseline respondents experienced difficulty reading small print or threading a needle and 87.94% faced difficulty doing close work. The programme models include free access and a subsidized ₹100 Vision Enterprise model.			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B “timeline specific output indicators”)	As stated	NA	NA	NA	Number of vision camps conducted and women reached Number of CRPs and Vision Entrepreneurs trained; Number of glasses distributed/sold;	₹2,00,09,484 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	NA	NA	NA	NA	NA

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	SHG Platform, JEEViKA	NA	NA	NA

5.6 Past performance trend

Not Applicable (Form 1B)

6. Report on risks and unintended negative outcome

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

Not available

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

None reported in Form 1B for FY 2025-26.

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Not available

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Beneficiary/stakeholder validation through surveys: the March 2026 baseline assessment used a quasi-experimental, two-arm design among women aged 35–60 years in SHGs across 15 federations. The sample included 257 respondents in the free distribution model and 249 in the revenue model

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The programme design combines immediate access and long-term sustainability: free eye check-ups and reading glasses for women aged 35+ through CRPs, SHGs and local institutions; and a revenue-based Vision Enterprise with trained rural women selling glasses at ₹100 and reinvesting revenue into a revolving corpus. There is a proposed transition to joint operation and audit with CLF Federations, followed by CLF-managed restocking.

Relevance and sustainability (Form 1B):

The initiative aligns with improving access to affordable vision correction for women whose livelihoods depend on close, precision-based work. The March 2026 baseline found that 94.07% of respondents had difficulty reading small print or threading a needle, highlighting the relevance of the intervention. The programme combines free distribution for women facing financial or access barriers with a women-led revenue model selling glasses at ₹100. The programme update proposes a revolving corpus and CLF-led management to sustain local availability.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See Form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

Programme 17: Enhancing incomes for Kolkata urban poor households through cloud kitchens

Source: Form 1B Sub-Section 1B.2.17 (AIR, self-reported) | Thematic area: WEE & Livelihoods | FY 2025-26 spend: ₹1,80,41,154 (2% of programme spending)

SECTION A: To be filled by Social Enterprise

1. General Information

Item	Social Enterprise Response
1. Listing ID	Not applicable – programme not funded through a security listed on SSE (Form 1B §1B.2(i)). NSE SSE Registration No: NSESENPO00168.
2. Name of the organization	Project Concern International (PCI India)
3. Name of program	Enhancing incomes for Kolkata urban poor households through cloud kitchens
4. Duration	Programme start date: 10 August, 2024. End date: 31 March, 2027
5. Program mode (one time/ ongoing)	Ongoing (multi-year programme active during FY 2025-26)
6. Program area – States with Districts [aspirational blocks, if any]	West Bengal: Kolkata, North 24 Parganas
7. Beneficiary group(s)/ segment(s)	The target segment of the program are women from poor socio-economic backgrounds and poor male youth members of the marginalized communities. The project is still working with the same target segment and focus has not changed.
8. Thematic Areas as per SSE	WEE & Livelihoods
9. SDG Goals Aligned	Goal 1: No Poverty Significant increase in income with sustainable employment opportunities ;; Goal 1: No Poverty Significant increase in income to pull the target families out of income and other deprivations ;; Goal 8: Decent Work & Economic Growth Establishment and stabilization of 5 value added and labor-intensive enterprises through innovation, market diversification and digital interventions. ;; Goal 8: Decent Work & Economic Growth Productive employment of the target group women and youth with decent and equitable pay ;; Goal 9: Industry, Innovation and Infrastructure Integration with the food service value chain and its growing markets in urban spaces and facilitate linkages for affordable credit through government schemes and institutional mechanisms ;; Goal 10: Reduced Inequality Achieve and sustain income growth of the target participants/ families at the bottom of the pyramid
10. Alignment with National and State Schemes & priorities	National Urban Livelihoods Mission

2. Designated timeline for Mid-term and End-term (if any)

Phase	Financial Year (From)	Financial Year (To)	Possible month of Review
Pre Project implementation	NA	NA	NA
Phase I: Project Start to mid-term	NA	NA	NA
A Phase II: Midterm to End-term	NA	NA	NA
	NA	NA	NA

Form 1B does not specify mid-term / end-term evaluation points. Projects of 3+ years require a mid-term evaluation co-terminus with the 2nd/3rd year annual cycle.

3. Solution implementation plan and KPIs

Sl	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
i	Has the SIP considered the Guiding framework on Logic Model for plan preparation?	No	NA
ii	Have timeline-based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	No	NA
iii	Have the parameters of reach, depth and inclusion been integrated appropriately in the KPIs in SIP?	No	NA
iv	Are each of the KPIs verifiable?	Yes	NA

SI	Parameter	Yes/No/ Partially yes	Reference page in SIP / Form 1B evidence
v	Have the means of verification been worked out in clear terms for each KPI?	No	NA
vi	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially Yes	NA

4. Baseline and situation analysis

The primary objective of the baseline assessment was to assess the effectiveness of the Cloud Kitchen initiative in facilitating economic empowerment for women associated with SHGs in urban slums. While the comprehensive evaluation necessitates an exploration of the economic viability and operational challenges of the enterprise development model, the assessment specifically focused on the targeted beneficiaries. The baseline assessment sought to scrutinize how these women attain economic empowerment and experience improvements in softer aspects such as confidence, skills, identity, pride, and perspective, with a particular focus on gender dynamics.

When the baseline assessment was undertaken for the Kolkata Cloud Kitchen Project, it had a single unit with active participation of five women. The baseline assessment mostly relied on a qualitative survey conducted with these five participating women. A round of Focus Group Discussion (FGD) was conducted with these women at the restaurant from where they operate. The group discussion lasted for about two hours. Before engaging with them in the FGD, a round of interaction took place with three staff members for better understanding of the context and the background of the kitchen. Besides the FGD, the women were asked to respond to a few structured questions individually. The FGD took place 3 months after the kitchen became functional.

SECTION B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs

Stated overall outcome:

1. To improve income generation opportunities for women by setting up community kitchens and outlets under a common brand identity owned and operated by women from urban poor households
2. To strengthen and scale women-led kitchen units through improved operational systems, business planning, digital integration, branding, and sustainable revenue generation mechanisms.
3. To enhance the entrepreneurial, technical, and leadership capacities of women through structured trainings, mentorship, and continuous operational handholding support.
4. To create a community-based ecosystem that supports women entrepreneurs through networking, local sourcing, digital engagement, and long-term enterprise development.
5. To build a strong and recognizable brand identity that promotes affordable, hygienic, and quality home-style meals while supporting women's economic empowerment.

Expected outcomes (Form 1B Strategic Intent 1d):

The project is expected to improve women's incomes by giving them a regular, dignified source of earnings through women-owned and women-run food enterprises. Over time, this should make households more financially secure and less dependent on irregular, low-paid work.

Beyond income, the project aims to strengthen women's economic agency and entrepreneurial capacity. Training, mentoring and hands-on experience in running a kitchen build women's skills in costing, inventory, bookkeeping, vendor negotiation, customer service, digital tools and food safety compliance. As they gain these skills, women take on more decisions in their enterprises and households, contribute financially to their families and build confidence, leadership and a sense of ownership. The aim is for them to move from being workers to entrepreneurs who can run, grow and sustain a business independently.

At the community level, the project is expected to create wider benefits. It supports local suppliers through neighbourhood sourcing, offers affordable and hygienic meals to local residents, and provides visible role models for other women. As the Heshel brand and its market linkages grow, this can build a replicable, community-based ecosystem of women-led enterprises that creates lasting livelihoods and promotes inclusive urban economic growth.

Potential unintended negative outcomes:

Macro-economic shocks, such as rise in LPG prices can reduce the income earned by women through the kitchen

Stated overall KPIs:

Overall outcome indicators not separately stated in Form 1B (The project is currently active.). Indicators used to evaluate effectiveness and outcomes:

Number of participants trained on entrepreneurship

% increase in household income ;; Number of participants trained on entrepreneurship

% increase in household income ;; Number of participants trained on culinary skills

% increase in household savings ;; Number of participants trained in food safety and hygiene

% change in number of women with improved household decision making ;; Number of kitchens established

% change in number of women whose attitude towards gender norms has improved ;; Number of kitchens registered

% change in number of women whose knowledge related to catering industry has improved ;; Number of kitchens with bank accounts

;; Number of kitchens with compliances in place

;; Number of women actively participating in kitchen operations

;; Number of kitchens are operating beyond breakeven maintaining sustainable profits

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
Intermediate outcome(s) – mid-term to end-term	<p>Indicators used:</p> <p>Number of participants trained on entrepreneurship</p> <p>% increase in household income ;;</p> <p>Number of participants trained on entrepreneurship</p> <p>% increase in household income ;;</p> <p>Number of participants trained on culinary skills</p> <p>% increase in household savings ;;</p> <p>Number of participants trained in food safety and hygiene</p> <p>% change in number of women with improved household decision making</p> <p>;; Number of kitchens established</p> <p>% change in number of women whose attitude towards gender norms has improved ;;</p> <p>Number of kitchens registered</p> <p>% change in number of women whose knowledge related to catering industry has improved ;;</p> <p>Number of kitchens with bank accounts</p> <p>;; Number of kitchens with compliances in place</p> <p>;; Number of women actively participating in kitchen operations</p> <p>;; Number of kitchens are operating beyond breakeven maintaining sustainable profits</p>	<p>The key indicator in the project is the increase in income of the women which will be determined in the endline assessment. The reported average monthly income of the women at the end of FY25-26 was Rs. 4670.</p> <p>One of the medium-term indicators of the project is on building autonomy in the women and slowly reduce the handholding by the PCI field team. Women in kitchens have shown notable development in culinary, hospitality and kitchen operations skills. They are also able to discuss pricing, create plans for the month, manage customers and introduce new products in the menu according to the season and market preferences. However, they require support in managing bookkeeping digitally, compliances and online marketing.</p> <p>In terms of building the brand, Heshel currently manages strong presence on Instagram, with regular posts, reels and engagement. Instagram remains one of the key social media platforms for Heshel with 3413 followers and 273 posts till date.</p> <p>Ads were run on Instagram, LinkedIn and online aggregator platforms to boost the reach of the posts and increase the reach, and we have seen marked increase in number of views on posts.</p>	NA	Key risks/challenges reported in Form 1B – see Section 6.1.	<p>Potential unintended negative outcomes:</p> <p>Macro-economic shocks, such as rise in LPG prices can reduce the income earned by women through the kitchen</p>
Overall outcome(s) – end-term and beyond	Overall outcome indicators (as stated above at 5.1).	<p>Overall outcomes: The project is currently active.</p> <p>Impact narrative (social, environmental, cultural, economic):</p> <p>The project has built women's confidence, voice and standing in</p>	NA	See Section 6.1.	See Section 6.2.

Stated intermediate outcome(s) and KPIs	KPIs applicable for the year reported upon	What has been accomplished (Col 2)	What could not be accomplished	Why not accomplished / challenges	Unintended negative outcome, if any
		<p>their households and communities. Women have reported financial independence in making small expenses for the household and the family, women are increasingly making business decisions independently, managing vendors and keeping financial records. Women are earning an average income of ₹4,670 per month, with some women now earning up to ₹8,000. Some kitchens are operating above breakeven. Local vendors and suppliers also benefit from the kitchens' stable demand. Heshel is positioned as an authentic Bengali, home-style cuisine brand ("A Taste of Home"), with its name and menus rooted in the local food culture. This turns women's traditional cooking skills into recognized, dignified enterprise. The brand has 3,300+ Instagram followers, a 4.8 Google rating and local press coverage, and a Bengali TV actress has promoted it, which raises the visibility and social standing of the women running the kitchens.</p>			

5.3 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical	FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
Output KPIs achievements (Form 1B "timeline specific output indicators")	As stated	NA	NA	NA	The deadline for the interventions were met consistently as per schedule	₹1,80,41,154 (total programme expenditure, FY 2025-26; activity-wise split not reported)	NA	NA	NA
					Output indicator	Total target			
					Beneficiaries mobilized	150			
					Members trained in business skills, planning and management	100			
					Members trained in culinary skills	50			
					Members trained in food safety and hygiene	50			

Output KPIs at each level of outcome	Unit	Overall activity target	FY target – Physical	FY target – Financial (₹)	FY achievement – Physical			FY achievement – Financial (₹)	Deviation – Physical (Col 5-3)	Deviation – Financial (Col 6-4)	Reasons for deviation
					Women trained on Digital Kitchen Management System	25	19	76%			
					Number of kitchens established	5	5	100%			
					Kitchens tied up with Swiggy/Zomato	5	5	100%			
					Kitchens with FSSAI, LLP registration and bank account	5	5	100%			
					Number of women actively participating in kitchen operations	100	22	22%			
					Number of kitchens are operating beyond breakeven maintaining sustainable profits	5	2	40%			

5.4 Cumulative deviation in output KPIs of the previous years before the year reported upon

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
Programme level (all outputs)	NA	NA	<p>Women engaged in Heshel are earning an average of ₹4,670 per month</p> <p>On revenue, the 5 active kitchens collectively generated ₹26.88L across the financial year compared to 3.87L generated in the last financial year</p> <p>The project was able to set up 3 kitchens in FY25-26, taking the total to 5 kitchens as planned at the beginning of the project. These kitchens have been set up in key areas of Kolkata, to ensure market access. The kitchens were provided support with capital and operational</p>	NA	NA	NA	NA

Outputs at each level of outcome	Cumulative KPI target (unit)	Cumulative finance provided (₹)	Cumulative KPI achievement	Cumulative finance utilised (₹)	Cumulative deviation – KPI	Cumulative deviation – Finance (₹)	Reasons for deviation
			<p>expenditure across refurbishments, kitchen equipment, digital infrastructure, rent support and raw material support.</p> <p>A total of 75 participants received training in FY25-26 in various aspects of running a business, such as EDP, Culinary training and FOSTAC training to improve their business and sectoral skills. The trainings have resulted in women taking initiatives in running kitchens with little handholding support for older kitchens and has fostered decision making abilities and hard skills required to run the kitchens.</p> <p>Marketing and promotions across online and offline platforms have helped increase the revenue, while establishing Heshel as a strong brand for authentic Bengali cuisine. Heshel currently has over 3300 followers on Instagram. The offline promotion efforts like leaflet distribution and newspaper insertions have helped the offline sales.</p> <p>Heshel was supported with compliance requirements in terms of filing regular GST returns, licenses such as FSSAI, Trade license and Fire licenses.</p>				

5.5 Convergence and contribution of the year reported upon

Intermediate outcome-wise KPIs	Convergence items	Agencies	Estimated money value (optional)	Community contribution items	Estimated money value (optional)
All outcomes	Alignment and linkage with government schemes/ departments (as reported)	NA	NA	NA	NA

5.6 Past performance trend

Women engaged in Heshel are earning an average of ₹4,670 per month

On revenue, the 5 active kitchens collectively generated ₹26.88L across the financial year compared to 3.87L generated in the last financial year

The project was able to set up 3 kitchens in FY25-26, taking the total to 5 kitchens as planned at the beginning of the project. These kitchens have been set up in key areas of Kolkata, to ensure market access. The kitchens were provided support with capital and operational expenditure across refurbishments, kitchen equipment, digital infrastructure, rent support and raw material support.

A total of 75 participants received training in FY25-26 in various aspects of running a business, such as EDP, Culinary training and FOSTAC training to improve their business and sectoral skills. The trainings have resulted in women taking initiatives in running kitchens with little handholding support for older kitchens and has fostered decision making abilities and hard skills required to run the kitchens.

Marketing and promotions across online and offline platforms have helped increase the revenue, while establishing Heshel as a strong brand for authentic Bengali cuisine. Heshel currently has over 3300 followers on Instagram. The offline promotion efforts like leaflet distribution and newspaper insertions have helped the offline sales.

Heshel was supported with compliance requirements in terms of filing regular GST returns, licenses such as FSSAI, Trade license and Fire licenses.

6. Report on risks and unintended negative outcome

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

1. Increasing the involvement of more women in kitchens contributes significantly to the social objective of livelihood generation and women's economic empowerment. However, during the initial and growth stages of the enterprise, higher participation of women impacts revenue distribution and profitability. As the initiative is designed to create inclusive livelihood opportunities, income generated by the kitchens is often distributed among a larger number of women engaged in cooking, preparation, packaging, cleaning, and support activities. While this increases the number of beneficiaries and expands livelihood access, reduces the individual share of earnings available per person if sales volumes do not increase proportionately

2. Kitchens face intense competition from low-cost food vendors and eateries in the local market. This intensified price competition and influenced customer purchasing behaviour, particularly among price sensitive consumers. In response, efforts are being made to strengthen customer retention through improved menu offerings, enhanced branding, localized promotions, combo meals, and targeted outreach to nearby offices and residential communities

3. One of the major operational challenges faced by kitchens is the continuous increase in LPG prices. Since food preparation activities depend heavily on regular cooking operations, LPG forms a significant portion of the daily operational expenditure. Frequent price hikes directly increase the cost of meal production, especially in kitchens managing high order volumes. The prices have moved from Rs. 1800 in December to Rs. 3500 within a span of few months. As the kitchens focus on providing affordable home-style meals, it becomes difficult to transfer the increased fuel costs entirely to customers through higher menu pricing. This affects overall profit margins and financial sustainability. In addition, fluctuations in LPG costs make budgeting and operational planning more challenging for women entrepreneurs managing the kitchens.

5. Food delivery platforms play an important role in increasing market access and customer reach for kitchens. However, dependence on food aggregators also results in significant operational costs. Aggregator platforms typically charge commissions on each order, along with additional expenses related to promotions, discounts, packaging standards, and delivery services. These deductions substantially reduce the final earnings received by the kitchens. In highly competitive food markets, kitchens are often required to participate in platform discounts and promotional campaigns to maintain visibility and customer traffic, which further impacts profitability. Heshel has adopted differential pricing approach for online platforms, with hiked prices to cover the extra costs incurred.

6.2 Potential unintended negative outcomes seen in the year reported upon and how these are being addressed

Potential unintended negative outcomes: / Macro-economic shocks, such as rise in LPG prices can reduce the income earned by women through the kitchen

7. Report on stakeholder consultation

Stakeholder feedback and its use (Form 1B Approach 2e):

Project reports and progress were submitted and discussed quarterly with the donor and the feedback on the program was incorporated.

Beneficiary / stakeholder validation through surveys and other feedback mechanisms (Form 1B Relevance & Sustainability b):

Not reported in Form 1B

8. Report on sustainability of the interventions

Solution implementation plan and sustainability measures; material changes in the last year (Form 1B Approach 2c):

The project is being implemented in Kolkata based on the learning that is being generated from other cloud kitchen project (Delhi-NCR, Bengaluru, and Hyderabad). The success of the project in Kolkata Metropolitan Area has tremendous potential for replication and scale-up to other urban settlements in the state. It will also boost PCI's efforts to establish a pan-India model for the service enterprise with decentralized production and supply chain units (MSMEs) under an institutional umbrella for aggregating, marketing, and digital enabling. This pyramid of small units (like cloud-kitchens) owned and run by urban SHG women & youth converging to city-based cluster level bodies would be an institutional response to the needs of urban workers, executives, students, and even senior citizens (B2C), apart from institutional tie-ups (B2B).

After the initial project support, all the units are expected to operate with a clear financial viability roadmap and gradually grow and diversify into larger scale operations creating more employment and decent income opportunities for the urban/peri-urban poor families.

Relevance and sustainability (Form 1B):

1) The initiative aligns with PCI's mission of transforming lives at scale by solving complex social issues in partnership with communities and governments, and with its focus on women's economic empowerment (WEE). It applies the cloud kitchen model PCI has already

run with women-led enterprises in Delhi-NCR, Bengaluru and Hyderabad, and it works through government systems (NULM/SULM, municipal corporations) and community institutions such as SHGs to identify and mobilize women. The results show the model is delivering on this goal: sales grew from ₹3.87L in FY24-25 to ₹26.88L in FY25-26, and 5 women-run kitchens now operate under the Heshel LLP, with FSSAI licences and bank accounts.

The initiative is relevant to the target audience because it responds to the needs of urban poor women. They face irregular, low-paid work and few entrepreneurship opportunities, in a city where roughly a third of the population (about 1.5 million people) live in slums. It also builds on a skill most of these women already have, cooking, and adds the business, food safety and digital skills they lack. The income gains reflect this. Women earn an average of ₹4,670 per month, with some now earning up to ₹8,000 per month.

2) The initiative is designed to taper PCI's support while the kitchens become self-sustaining. The grant budget falls from Year 2 to year 3 significantly, with reduction in direct support and field staff. Meanwhile, the kitchens' own revenue is growing and two kitchens are operating above breakeven. The remaining kitchens are not there yet so PCI will keep supporting them while they build up sales. The enterprises are also set up to outlast the grant. They are registered under Heshel LLP, hold FSSAI licences, bank accounts and ISO certification, and run on the Petpooja platform. Their sales are diversifying beyond dine-in into B2B and bulk orders, and 5 kitchens are already onboarded on Swiggy and Zomato.

The positive impact is likely to continue because the women are building skills and ownership, not just receiving wages. Kitchens with more than 9 months of support now run with minimal handholding, women manage vendor relationships, including credit terms on their own, and top earners are moving toward ₹8,000 per month. Some risks remain. LPG prices rose from ₹1,800 to ₹3,500; aggregator commissions reduce margins. PCI plans to address these through differential online pricing, B2B linkages, localized promotion and continued mobilization. It also plans to hire centralized resources for the brand and add more women as sales grow, so the model can scale beyond the project period.

9. Plan for using Social Impact Assessment for Knowledge Management

NA

10. Plans for the next Social Impact Assessment Cycle

NA

11. Photographs conveying before and after impact of the Programme

See Form 1B

12. Annexures

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

For above section kindly refer Annex-2 of form 1B

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

Project Concern International (PCI India) is registered with the NSE Social Stock Exchange but is not listed on the NSE. Therefore, Section C is not applicable to our organisation.

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

Comment on the alignment of SIP with the Guiding Framework on Logic Model and alignment of plan preparation with the format* placed therein? Do the included KPI metrics address reach, depth and inclusion parameters** in objectively verifiable terms? If not objectively verifiable, please suggest modification.

**Annex-1 of Guiding framework on logic model (Section III(I)) of USIAF*

***Annex-2 of Guiding framework on logic model (Section III(I)) of USIAF*

13.2 Key performance indicator for reporting

Comment on the appropriateness of Key Performance Indicators (KPI) on outcome, output, activities and input placed in SIP in achieving impact? Is there any modification required to make these indicators more objectively verifiable? Are the means of verification of KPIs clear and sufficient?

14. Previous Social Impact Assessments, if any@

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

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

15. Report on Performance

a. Performance on outcome

15.1.1	A narrative report on the degree to which the program/ project is living up to its stated objectives
15.1.2	Analysis and interpretation of the outputs

15.1.3	Analysis and interpretation of the outcomes
15.1.4	Interpreting and explaining the impact
15.1.5	Gaps and challenges identified

This should be with reference to the baseline and KPI narratives kept in FFRD and SIP, and the information provided in **Section B in relation to the identified KPIs*

** This will include any appropriate calculations and interpretations. The report on project objectives should consider the social, environmental, cultural and economic dimensions of performance and impact as appropriate.*

**Refer Unified Social Impact Assessment Framework for this exercise*

b. Stakeholder feedback

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

**The report shall include the details of stakeholders consulted and how the organization has used their feedback in program implementation.*

i. 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?

Refer to the details provided under at **point 5.5 of Section-B for answering these points*

ii. 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.

Refer to the details provided under at **point 9 of Section-B for answering these points.*

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

Reference may be drawn from the comments given at **point 8 and **sub-points under 14***

**Towards the end year of the project, take reference of withdrawal plan prepared by the project for making exit.*

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.

** Internal risks are organizational and HR capacity issues and external risks are conditions such as unfavorable changes in market and/or policy framework conditions.*

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.

**Material changes means any pertinent change including organizational changes that significantly affect the decision of the stakeholders and also affect the way of carrying out of the project/ program.*

16.3 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

SECTION – D Confirmation by Social Enterprise

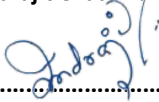
I, Indrajit Chaudhuri on behalf of Project Concern International, confirm that the social impact assessment process was carried out as per the terms of reference of the engagement and the draft report was shared with us and our responses heard. The minutes of the Social Impact Assessment Meetings capture our responses and the points for action. These minutes are maintained in our records. Feedback as appropriate will be incorporated for review in the next social impact assessment cycle.

Remarks, (if any):

Authorised Representative of Project Concern International



Name: Indrajit Chaudhuri

Signed:.....

Date: 31st October 2026

Place: New Delhi