



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)

[This Impact Report is to be prepared Annually by **Gramin Adiwasi Samaj Vikas Sansthan** for Social Projects/Programs Funded by Security Listed on SSE of NSE.

Assessment for the Financial Year **April, 2025 to March, 2026**

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INSTRUCTIONS:

All Social Enterprises with currently Listed Securities on the SSE, will prepare an **Annual Social Impact Report in Form 2.1** for each project funded through a listed security on any SSE, with reference to the details provided in the Final Fund Raising Document (FFRD) at the time of listing and the Solution Implementation Plan (SIP) prepared thereafter to implement the project. This requires one Impact Report per currently listed security to be made annually by a Social Enterprise till the security is listed on the SSE. The Social Impact Assessment will be prepared by the Social Enterprise and it will get it assessed by an external Social Impact Assessor who is empaneled with an SRO specified by SEBI.

Form 2.1 has four Sections

Section A: deals with general information, information of project timeline for needful third party evaluation (if any), identifying the presence of KPIs in the solution implementation plan and knowing in very brief about the baseline situation. This needs to be filled by Social Enterprise, project.

Section B: deals with annual progress report to be filled by Social Enterprise prior to the conduct of Social Impact Assessment. It is important to note that Social Enterprises will make entry of the **annual progress that are contextually relevant** for the KPIs set for that particular year as per the Solution Implementation Plan.

Section C: deals with the statement of primary assessment by Assessors based on the entries made by Social Enterprise in the progress report in **Section B**. Social Impact Assessors will provide specific comments on aspects placed in **Section C** of this form in their Social Impact Assessment Report.

Section D: deals with Confirmation by Social Enterprise

Section E: deals with all the supplementary information to be provided in the form of Annexes

Social Enterprise is required to submit the Annual Social Impact Assessment Report in Form 3.1 to the respective SSE.

SECTION -A: To be filled by Social Enterprise

1. General Information

	Item	Social Enterprise Response
1.	Listing ID	NA
2.	Name of the organization	Gramin Adiwasi Samaj Vikas Sansthan
3.	Name of program	District Mental Health Program
4.	Duration	3 years
5.	Program mode: (one time/ ongoing)	Ongoing
6.	Program area - States with Districts [mention aspirational blocks, if any, as covered as per NITI Aayog]	State: Maharashtra District: Nagpur
7.	Beneficiary group(s)/ segment(s)*	Persons with mental illness (PwMIs) and their caregivers.
8.	Thematic Areas as per SSE	Promoting healthcare and sanitation
9.	SDG Goals Aligned	SDG 3: Good Health and Well-being
10.	Alignment with National and State Schemes & priorities	National Health Mission (NHM)

* For Environmental and Cultural Programs/Projects- please state the segment(s)

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
Phase I: Project Start to mid-term	2023-24	2025-26	NA
Phase II: Midterm to End term	NA	NA	NA

**Depending on the length of the project period, the projects/ programs of 3 year or more duration need mid-term evaluation. The mid-term evaluation of 3/5-year project will be co-terminus with of 2nd year / 3rd year annual evaluation cycle. The end-term evaluation is co-terminus with the annual end year project evaluation cycle, unless found necessary to conduct special evaluation exercise beyond the end year project evaluation cycle*

3. Solution implementation plan and KPIs:

SI no.	Parameters	Yes/No/ partially yes	If yes, give the reference page in SIP
	Has the Solution implementation plan (SIP) considered the Guiding framework on Logic Model* for plan preparation?	Partially yes	
	Has timeline based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	Partially yes	
	Have the parameters** of reach, depth and inclusion integrated appropriately in the KPIs in SIP?	Partially yes	
	Are each of the KPIs verifiable?	Partially yes	
	Have the means of verification worked out in clear terms for each KPIs?	Partially yes	
	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	Partially yes	
<p>*Annex-1 of Guiding Framework on Logic Model {Section III (I)} of USIAF</p> <p>** Annex-2 of Guiding Framework on Logic Model {Section III (I)} of USIAF</p>			

4. Baseline and situation analysis

What is the baseline status at the start of the activity, intervention, program or project?

**only a brief description of key baseline points in not more than 5 sentences to be given while cross referring to the relevant pages in Solution implementation plan (SIP) where details of the baseline status / situation analysis / context description has been given.*

- At project start, access to mental-health screening, early identification, referral, clinical care and psychosocial support was a key need across Nagpur district. The project focuses on persons with mental illness and caregivers through the District Mental Health Program, aligned with SDG 3 and the National Health Mission.

SECTION -B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs (to be filled by Social Enterprise)

Stated overall outcome:

- Improve access to identification, referral, treatment and continuing support for persons with mental-health conditions in Nagpur district through community-level screening and District Mental Health Program services.

Stated overall KPIs:

- People screened; persons identified with distress/positive screening; clinical and psychosocial interventions delivered; home visits; consultations; Gram Panchayats covered for mental-health literacy; and linkages to employment pathways, day-care schemes and disability certificates. These indicators are drawn from the attached progressive data; formal outcome KPIs from the FFRD/SIP were not attached.

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

Stated Intermediate Outcome/s of the project and their KPIs	KPIs Applicable* * at different Outcome levels (1,2 and 3) for the year reported upon	What has been accomplished in KPIs mentioned at Col. 2 ?	What could not be accomplished mentioned in Col. 2 ?***	Why it could not be accomplished? Any challenges ? ***	Unintended negative outcome, if any
1	2	3	4	5	6
Outcome 1: Improved identification of mental-health needs.	Screening coverage; number of people screened; number of people identified with mental health distress.	A total of 74,884 individuals were screened during FY 2025–26. Among them, 12,955 individuals were identified with mental health distress, including 9,510 with mild/moderate distress and 3,445 with severe distress. This contributed to early identification of individuals requiring mental health support and referral.	The overall planned screening target could not fully achieve during the reporting period. Additional community coverage and screening activities remain necessary.	Field-level operational challenges, geographical accessibility, availability of frontline workers, community mobilization and coordination with local health systems affected the pace of screening activities.	No specific unintended negative outcomes were reported. However, identification of individuals with mental health concerns increased the need for timely clinical assessment, referral and follow-up services.
Outcome 2: Improved access to mental health care and follow-up.	Number of clinical interventions, psychosocial interventions, home visits and new/old	A total of 15,668 interventions were reported, comprising 1,999 clinical interventions, 6,603 psychosocial	Continuous follow-up of all identified beneficiaries and expansion of clinical and psychosocial	Availability of specialized mental health professionals, geographical distance from	Number of clinical interventions, psychosocial interventions, home visits and

	consultations.	interventions and 7,066 home visits. Additionally, the DMHP team reported 28,583 old consultations and 1,999 new consultations during FY 2025–26. These services supported access to clinical care, psychosocial support and continuity of treatment.	services across all targeted geographical areas require further strengthening.	health facilities, follow-up requirements, staff availability and coordination between community workers and government health facilities were key implementation challenges.	new/old consultations.
Outcome 3: Improved community awareness and social support/linkages.	Number of Gram Panchayats covered; mental health awareness and literacy activities; social-protection, employment and government-scheme linkages.	Mental health awareness activities were conducted in 103 out of 750 Gram Panchayats . A total of 58 wall paintings were reported to promote mental health awareness.	Coverage of all 750 Gram Panchayats and expansion of community awareness activities and social-protection linkages could not be completed during the reporting period.	NA	No specific unintended negative outcomes were reported. Community awareness activities generated greater demand for mental health information, services and social-support linkages, requiring continued engagement.

**Stated intermediate outcome/s and external KPIs meant for Third party evaluation needs to be mentioned from the fundraising document*

***Only timeline based KPI metrics applicable for third party evaluation for the year reported upon needs to be mentioned*

****Stated Assumptions and Risks in the fundraising document also need to be taken into consideration in answering what and why*

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

State overall output KPIs* at each level outcome Unit**	Overall activity target of the project (unit)	Activity target of the year reported upon		Achievement during the year reported upon		Deviation (if any) for the year reported upon		Reasons for deviation
		Physical (unit**)	Financial (Rs.)	Physical (unit**)	Financial (Rs.)	Physical (unit**)	Financial	Physical and/or Financial
1	2	3	4	5	6	7 (Col 5-3)	8 (Col 6-4)	9
Statement of Outcome 1: Improved identification of mental-health needs								
Output 1.1: Screening and identification	74888	73771	259660	74,884 screened	300000	NA	NA	NA
Output 1.2: Distress identification	12965	64541	By Govt. Contributions	12,955 recorded under distress	By Govt. Contributions	NA	NA	NA
Statement of Outcome 2: Improved access to care and follow-up								
Output 2.1: Clinical intervention	interventions were reported, comprising 1,999 clinical interventions, 6,603 psychosocial interventions	11734	By Gov Saide	1,999	By Govt. Contributions	NA	NA	NA
Output 2.2: Home visits	7,066 home visits. Additionally, the	NA	By Govt. Contributions	7,066	By Govt. Contributions	NA	NA	NA
Statement of Outcome 3: Community awareness and social support/linkages								
Output 3.1: GP coverage	Mental health awareness activities were conducted in 103 out of 750 Gram Panchayats . A total of 58 wall paintings were reported to promote mental health awareness.	290	including Output No. 1 head	58 GPs covered	including Output No. 1 head	NA	NA	NA

NOTE: Column no 3,4,5 and 6 should consider only the target and achievement of the year reported upon (previous year)

5.4 Cumulative deviation in output KPIs under each outcome KPI of the previous years before the year reported upon

Outputs at each level of outcome*	Cumulative KPI target and finance provided in previous years before the year reported upon		Cumulative KPI achievement and finance utilized in the previous years before the year reported upon		Cumulative Deviation, if any, in the previous years*		Reasons for deviation, if any
	KPI (unit*)	Financial (Rs.)	KPI (unit**)	Financial (Rs.)	KPI (unit**)	Financial (Rs.)	KPI and /or Finance
1	2	3	4	5	6	7	8
Output 1.1: Screening and identification	242399	300000	73025	257335	NA	NA	NA
Output 1.2: Distress identification	29492	By Govt. Contributions	18735	By Govt. Contributions	NA	NA	NA
Output 2.1: Clinical intervention	7342	By Govt. Contributions	980	By Govt. Contributions	NA	NA	NA
Output 2.3: Home visits	NA	By Govt. Contributions	2309	By Govt. Contributions	NA	NA	NA
Output 3.2: GP coverage	250	including Output No. 1 head	110	including Output No. 1 head	NA	NA	NA

*For details see year on year physical and financial progress of the organization

**Unit to be set as per the physical activity

5.5 Convergence and contribution of the year reported upon (previous year) @

Intermediate outcome wise KPIs at each level	Convergence from the outside the project			Contributions rendered voluntarily by target beneficiaries/community/ entity, if any	
	Convergence items* Unit*****	Agencies***	Estimated money value***** of convergence (Optional)	Contribution items** Units****	Estimated money value of***** contribution (Optional)
1	2	3	4	5	6
Outcome 1 KPIs:	NA				
Outcome 2 KPIs:	NA				

Outcome 3 KPIs:	NA				
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@the applicability of this format will depend from project to project. Wherever applicable is important to assess through this format. Please refer to Annex-1 **Point 8** (Handling convergence, contribution and sustainability by SE) of Guiding Framework on Logic Model for needful guidance.

** Convergence Items consists of assets/expertise/capacities or any other support mobilized through partnerships, networks and influence from the stakeholders within and outside the project.*

*** Any agreed upon voluntary contribution time, money, materials, or labour to the project (social/ environmental/ cultural) activities by the target community/entity, or stake undertaken by the target community/entity to sustain the project with considerations for reach, depth, inclusion.*

**** Agencies could be any government or any non-government partner institutions and individuals who has a stake in the project or whose stake need to be developed in the interest of the Project.*

*****Unit to be set as per the convergence/ contribution item.*

******Giving this information is optional, but this will be very useful in creating narrative on stakeholders' participation/contribution in tangible terms. This should be provided only if the organization has a reasonable basis of calculation to provide this information.*

5.6 Past performance trend

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

**Write your inference on key past performance trends on activity, intervention, program using the reference to entries made in Col 6,7 and 8 of table 5.4 (Cumulative deviation in outcome-wise output KPIs till previous years before the year reported upon).*

- The progressive data indicates substantial screening and service delivery across Nagpur district. In FY 2025-26, 74,884 people were screened, 12,955 were recorded under distress categories, and 15668 intervention contacts were reported. GP coverage was 58 of 750. The school mental-health program sheet reports 478 sessions achieved against a target of 50 for April 2025–January 2026; this unusually high variance should be validated. Learning: maintain block-wise tracking, document follow-up and referrals, and reconcile targets, unique beneficiaries and service contacts. Financial targets/expenditure and prior-year comparable KPI tables were not provided, so cumulative deviations cannot be calculated.

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 could be internal risk such as organizational and HR capacity risks or external risk such as unfavorable change in market and/or policy framework conditions.*

** This needs to be analyzed in the context of assumptions and risks noted for the period reported upon (previous year) as per Fund Raising Document and Solution implementation Plan (SIP) prepared using Guiding Framework on Logic Model {Section III (I)} of USIAF*

	Key risks inferred from the progress data are uneven block-level GP coverage, follow-up/continuity challenges (the workbook includes lost-to-follow-up and irregular follow-up categories), and incomplete target/financial reporting. Mitigation: strengthen PHC/DMHP coordination, track referrals and follow-up, review block-wise performance monthly, and maintain complete target-versus-achievement and expenditure records. These are operational risks inferred from the attached workbook; the FFRD/SIP risk register was not provided.
6.2	<p>Describe any potential unintended negative outcome of this project seen in the year reported upon (previous year). How are these being addressed?</p> <p><i>*This needs to be analyzed in the context of potential unintended negative outcome noted in the Solution implementation document for the year reported upon (previous year) prepared as per Fund Raising Document and Solution implementation Plan (SIP) prepared using Guiding Framework on Logic Model {Section III (I)} of USIAF</i></p> <p>The attached data does not explicitly document unintended negative outcomes. Continue monitoring stigma, confidentiality, consent, missed follow-up and barriers to accessing care; record any incidents and corrective action through the project monitoring system.</p>

7. Report on stakeholder consultation

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

**relevant stakeholders mean those mapped out in the SIP for taking feedback during the period reported upon.*

Stakeholder-wise Feedback and Actions Taken	
Stakeholders	Feedback Received
District Health Authorities (Civil Surgeon, District Health Officer and DMHP Officials)	Suggested strengthening coordination between community-level screening and facility-based mental health services, improving programme monitoring, and ensuring timely reporting.
Regional Mental Hospital and Mental Health Professionals	Recommended improving clinical assessment, referral mechanisms, follow-up services, and continuity of care for persons with severe and common mental health conditions.
ASHA Workers and Community Health Workers (CHWs)	Highlighted the need for practical training, supportive supervision, simplified screening processes, and guidance on identifying people experiencing mental health concerns in the community.
Block Coordinators and Programme Staff	Suggested improving field coordination, activity planning, data quality, documentation, and regular review of programme targets and achievements.
Gram Panchayats and Community Leaders	Emphasized the importance of community awareness, reducing stigma and discrimination, and increasing participation in mental health activities.
Beneficiaries and Caregivers	Expressed the need for accessible mental health services, counselling, psychosocial support, information about available services, and regular follow-up.
Implementation Partners and Technical Experts	Recommended strengthening programme quality, improving session content, enhancing staff capacity, and ensuring evidence-based implementation.

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

Has the project recommended a sustainability plan in FRD and SIP?

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

** Organisation may state what is being done in stakeholder consultations, convergence initiatives, community contribution and stake development; and in the collaboration & advocacy front for effective handing over and sustainability of the project. Any other needful measures adopted beyond above points may also be mentioned.*

1. **Government Collaboration and Convergence:** UDAAN has continued working in coordination with the Public Health Department, District Health Authorities, Civil Surgeon, District Health Officer, Regional Mental Hospital and other government health institutions to integrate mental health activities into existing public health services.
2. **Strengthening Government Health Systems:** The programme has supported the delivery of mental health services through existing government healthcare facilities, including Primary Health Centres (PHCs), Rural Hospitals (RHs) and Sub-District Hospitals (SDHs). Clinical consultation, referral, follow-up and psychosocial support linkages are being strengthened to ensure continuity of care.
3. **Capacity Building and Knowledge Transfer:** Regular training, mentoring and supportive supervision are provided to ASHA workers, Community Health Workers and other frontline health personnel. This helps strengthen their capacity to identify mental health concerns, conduct community-level screening, provide basic psychosocial support and facilitate referrals.
4. **Community Ownership and Participation:** The programme promotes community participation through Gram Panchayats, community leaders, PLA sessions, village-level awareness activities, mental health camps and caregiver engagement. These initiatives encourage communities to recognize mental health as an important component of overall health and continue supporting individuals requiring care.
5. **Integration of Mental Health Services:** Community-based screening, early identification, awareness generation, psychosocial interventions and referral services are being linked with the existing government healthcare delivery system. The programme is also strengthening coordination with Tele-MANAS and other available mental health services.
6. **Institutional Strengthening and Documentation:** Standard operating procedures, training materials, screening and referral processes, monitoring formats, programme reports and implementation experiences are being documented to support knowledge transfer and facilitate future implementation by government stakeholders.
7. **Advocacy and Stakeholder Consultation:** Regular review meetings and consultations with district and state-level government authorities are conducted to discuss programme progress, implementation challenges, resource requirements and strategies for continuing mental health services through government systems.

9. Plan for using Social Impact Assessment for Knowledge Management

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

**It could involve publishing the executive summary of the Social Impact Assessment on the Organization's website or discussing on the uniqueness of the organization's impact assessment experience to uncover certain issue-based realms that could be spread for cross-learning to the Sector's advantage.*

- UDAAN – District Mental Health Programme (DMHP), Nagpur recognizes the importance of measuring the social impact, effectiveness and long-term outcomes of community-based mental health interventions.
- During the reporting period, the programme initiated a process of third-party evaluation and Social Impact Assessment in collaboration with the **National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru**. The objective is to assess the programme's implementation, effectiveness, reach, outcomes and contribution towards reducing the mental health treatment gap through community-based interventions and strengthening government mental health services.
- The assessment process is currently underway. The findings and recommendations will help the organization develop an evidence-based understanding of the programme's impact and identify areas for further improvement.

10. Plans for the next Social Impact Assessment Cycle* - NA

**to be filled by the Social Enterprise after receiving the comments on Annual Impact Report from Assessors at Section C and before the final draft*

11. Photographs conveying before and after impact of the Programme @ - NA

@ applicable in the end term evaluation

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

12. Annexures

		If applicable	
Item	NA	Yes	No
1) Blank copy of any questionnaire or survey forms used	NA		No
2) Summary analysis of surveys undertaken	NA		
3) Copies of other consultation details (such as focus group write-ups, workshop notes, etc.)			
4) Copies of evidence summarised or quoted in the social impact report	NA		
5) Notes of the previous social impact assessment meetings (when applicable)	NA		
6) Past Social Impact Assessment Statements for the projects funded by the Listed Security (when applicable)	NA		
7) Completion certificate of SEBI approved mandatory capacity	NA		

building workshops 8) Case Studies/ Stakeholder Testimonials 9) All stand-alone reports and that have contributed to the organisation's impact reporting for this period	NA	Yes	
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SECTION – C: To be filled by Assessors for facilitating assessment with respect to the entry made by Social Enterprise at Section A and B

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*

- The Solution Implementation Plan is partially aligned with the Guiding Framework on Logic Model. It addresses the key aspects of reach, depth and inclusion by focusing on persons with mental illness (PwMIs) and their caregivers. The programme covers screening, early identification, clinical interventions, psychosocial support, home visits, consultations and community awareness activities.
- The programme has demonstrated substantial progress in reaching the target population. However, the SIP can be further strengthened by establishing clearly defined, measurable and time-bound indicators with annual and cumulative targets. It is also recommended to strengthen the means of verification through beneficiary-level records, referral documentation, treatment follow-up records and outcome assessments.

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?

The selected KPIs are relevant to the programme objectives of improving mental-health identification, access to treatment and community-based support. Indicators such as the number of people screened, persons identified with mental-health distress, clinical interventions, psychosocial interventions, home visits and Gram Panchayats covered are appropriate.

It is recommended that the organisation:

- Establish clearly defined annual and cumulative targets for each KPI.
- Differentiate unique beneficiaries from repeat service contacts.
- Maintain systematic documentation and supporting evidence for all reported achievements.
- Introduce indicators to measure treatment adherence, referral completion, recovery and improvement in beneficiaries' quality of life.
- Strengthen monitoring mechanisms to assess the depth and effectiveness of

services delivered.

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

15. Report on Performance

15.1 Performance on outcome

15.1.1	A narrative report on the degree to which the program/ project is living up to its stated objectives ➤ Based on the progressive data, the programme is delivering district-wide screening, clinical and psychosocial services, home visits, consultations and community-level awareness/linkage activities. Formal FFRD/SIP targets were not attached, so achievement against approved objectives cannot be conclusively rated.
15.1.2	Analysis and interpretation of the outputs ➤ FY 2025-26 data reports 1,454,395 people screened; 125,750 recorded under distress categories; 11,007 clinical interventions; 12,267 psychosocial interventions; 18,870 home visits; and 19,380 consultations (18,071 old and 1,309 new). GP coverage is 542/750 (72.3%). Verify whether counts represent unique people or service contacts.
15.1.3	Analysis and interpretation of the outcomes ➤ The data demonstrates service outputs but does not independently establish changes in recovery, functioning, quality of life or treatment adherence. Outcome measurement would require follow-up assessments and documented patient-level outcome indicators.
15.1.4	Interpreting and explaining the impact ➤ The programme plausibly contributes to improved access to mental-health identification and care in Nagpur district. Impact attribution cannot be established from service-volume data alone; use baseline/endline measures and comparison or follow-up data where available.
15.1.5	Gaps and challenges identified ➤ Approved annual targets and financial expenditure are absent from the attached workbook; some sheet totals/categories need validation, and follow-up status indicates continuity should be monitored. Block-wise GP coverage varies, requiring targeted support to lower-coverage blocks.

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*

15.2 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.*

- The programme engages with District Health Authorities, DMHP officials, government healthcare institutions, ASHA workers, community health workers, Gram Panchayats, beneficiaries and caregivers. Stakeholder feedback highlights the importance of strengthening community-level screening, timely referrals, clinical consultations, psychosocial support and regular follow-up services. The organisation has been working towards improving coordination with government health institutions and strengthening community participation.

15.2.1 Contribution

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

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

- Community participation through screening activities, awareness programmes, home visits and support to persons with mental illness and their caregivers is an important component of the programme.
- The organisation should further strengthen voluntary community participation by engaging ASHA workers, caregivers, community leaders and Gram Panchayat representatives. Documenting community contributions in terms of time, resources, participation and local support would help demonstrate community ownership and long-term sustainability.

15.2.2 Knowledge management and advocacy

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

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

- The organisation has generated useful programme-level information through mental-health screening, identification, clinical interventions, psychosocial support and community outreach.
- This information provides an opportunity to develop evidence-based case studies, learning documents and programme reports. Sharing the findings with government departments, healthcare institutions and other development organisations can strengthen advocacy for accessible and community-based mental-health services.
- The ongoing Social Impact Assessment process, in collaboration with NIMHANS, Bengaluru, is a positive step towards strengthening evidence-based programme planning and knowledge management.

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

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.*

- The programme's collaboration with the District Mental Health Programme and government healthcare facilities provides a strong foundation for sustainability. Capacity building of ASHA workers and community health workers, community participation and integration of mental-health services into existing public health systems are important sustainability measures.

The organisation should further strengthen:

- Institutional coordination with district and block-level health authorities.
- Capacity building of frontline health workers and community-level stakeholders.
- Community ownership through Gram Panchayats and caregiver participation.
- Referral and follow-up mechanisms through government healthcare facilities.
- Documentation of programme processes, outcomes and learning.
- A clear sustainability and exit strategy to ensure continuity of services beyond the project period.

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.*

The programme has demonstrated significant progress in improving access to mental-health services during FY 2025–26.

Key achievements include:

- Screening of 74,884 individuals for mental-health concerns.
- Identification of 12,955 individuals experiencing mental-health distress.
- Delivery of 15,668 clinical and psychosocial intervention contacts.
- Conducting 7,066 home visits to support beneficiaries and ensure continuity of care.
- Strengthening access to DMHP consultations and government mental-health services.
- Conducting community awareness activities in 103 Gram Panchayats and completing 58 wall paintings to promote mental-health awareness.

Key risks and mitigation measures:

- Service continuity: Strengthen regular follow-up and referral tracking for beneficiaries.
- Geographical accessibility: Improve coordination with government health facilities and community-level workers to reach remote areas.
- Human resource capacity: Provide regular training, supportive supervision and capacity building for programme staff and frontline workers.
- Data management: Introduce systematic beneficiary-level tracking and regular data validation.
- Community awareness: Expand awareness activities to uncovered Gram Panchayats and strengthen community participation.

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.*

- No significant change in the programme's implementation model has been reported during the assessment period. The programme continues to focus on community-based identification, screening, referral, clinical consultations, psychosocial support and coordination with DMHP services.
- In the future, the organisation should consider strengthening digital beneficiary tracking, improving block-wise performance monitoring, enhancing community-level awareness and increasing convergence with government healthcare institutions to improve programme effectiveness and sustainability.

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

- Resources: Ensure adequate human resources, financial allocation and operational support for programme implementation.
- Stakeholder Engagement: Strengthen coordination with DMHP teams, CMHOs, government health facilities, ASHA workers and Gram Panchayats.
- Training and Capacity Building: Provide regular training to community workers and programme staff on mental-health screening, counselling, referral and follow-up.
- Monitoring and Evaluation: Introduce beneficiary-level tracking, maintain accurate records of unique beneficiaries and service contacts, and document treatment adherence, recovery and social protection linkages.

SECTION – D Confirmation by Social Enterprise

I, **Vijay Dhawle** on behalf of **Gramin Adiwasi Samaj Vikas Sansthan**, 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 Gramin Adiwasi Samaj Vikas Sansthan

Name: Vijay Dhawle

Signed:



Date: 30/10/2026

Place: Sausar



Seal of the Social Enterprise

Section E: deals with all the supplementary information to be provided in the form of Annexes

Reply: NA

Authorised Representative of *Gramin Adiwasi Samaj Vikas Sansthan*

Name: Vijay Dhawle

Signed:



Date: 30/10/2026

Place: Sausar



Seal of the Social Enterprise

Reply: NA