

# REPORT

## IMPACT ASSESSMENT OF MAX HEALTHCARE INSTITUTE LIMITED CSR PROGRAMS FY 2023- 24



## *Acknowledgement*

We express our heartfelt gratitude to all those who contributed to the successful completion of this impact assessment report of Max Healthcare Institute Limited's CSR initiatives for FY 2023–24.

First and foremost, we sincerely thank the leadership of **Max Healthcare Institute Limited** and the **Max Healthcare Foundation** for their trust, collaboration, and support throughout the evaluation process. Their commitment to inclusive development through strategic CSR interventions has been both inspiring and impactful.

We acknowledge the valuable cooperation and insights provided by various implementation partners, including the **Venzen Impact Foundation**, **Swami Vivekanand Health Mission Society**, and the teams at **Tihar Jail**, **Sewa Dham Vidya Mandir**, **Delhi Police Public School**, and other institutions involved. Your on-ground knowledge and dedication played a critical role in shaping this assessment.

Our deepest appreciation goes to the **beneficiaries, students, teachers, doctors, nurses, patients, caregivers, trainers, inmates, community members, and local governance representatives** who generously shared their experiences, perspectives, and time with us. Your voices form the foundation of this report.

This assessment would not have been possible without the collective effort and commitment of all stakeholders who continue to work towards building a healthier, more inclusive, and empowered society.

## *Abbreviations*

<b>CSR</b>	Corporate Social Responsibility
<b>FGD</b>	Focus Group Discussion
<b>FY</b>	Financial Year
<b>IDI</b>	In-depth Interview
<b>IDI</b>	In-depth Interview
<b>MHIL</b>	Max Healthcare Institute Limited
<b>MSME</b>	Micro, Small, and Medium Enterprises
<b>NCVT</b>	National Council for Vocational Training
<b>NEP</b>	National Education Policy
<b>NGO</b>	Non-Governmental Organization
<b>NSQF</b>	National Skills Qualifications Framework
<b>OPD</b>	Outpatient Department
<b>PRI</b>	Panchayati Raj Institution
<b>SDG 16</b>	Peace, Justice and Strong Institutions
<b>SDG 3</b>	Good Health and Well-being
<b>SDG 4</b>	Quality Education
<b>SDG 6</b>	Clean Water and Sanitation
<b>SDG 8</b>	Decent Work and Economic Growth
<b>SDG</b>	Sustainable Development Goals
<b>THSC</b>	Tourism and Hospitality Sector Skill Council
<b>MSDE</b>	Ministry of Skill Development and Entrepreneurship

## *Executive Summary*

This impact assessment report presents a comprehensive evaluation of Max Healthcare Institute Limited's (MHIL) Corporate Social Responsibility (CSR) initiatives for the financial year 2023–24. The study was designed using a cross-sectional qualitative approach, aligning with the best global practices such as the OECD-DAC evaluation criteria, to assess **the relevance, coherence, effectiveness, efficiency, impact, and sustainability** of the CSR programs.

Max Healthcare's CSR framework focuses on four thematic pillars: **Education Support, Health Awareness, Skill Training, and Water Recharge & Rejuvenation**. The initiatives were implemented in partnership with community institutions and civil society organizations across diverse geographic regions including Delhi, Uttarakhand, Uttar Pradesh, and within the Tihar Jail complex.

### **Key Findings:**

#### *Education Support*

The provision of desks, a school bus, critical care textbooks, and medical scholarships significantly improved access, academic engagement, and motivation among students, especially from marginalized backgrounds. The scholarship initiative, in particular, enabled underprivileged students to pursue medical education with full financial and academic support.

#### *Health Awareness*

In partnership with the Swami Vivekanand Health Mission Society, health camps and OPD services were extended to tribal and underserved populations across the region. The initiative improved healthcare accessibility, promoted preventive health practices, and built trust in formal health systems by employing culturally responsive strategies and inclusive staffing.

#### *Skill Training*

The vocational training program at Tihar Jail emerged as a pioneering correctional reform initiative. Over 1,700 inmates were trained in the Food & Beverage Steward trade, equipping them with market-relevant skills, behavioral competencies, and improved prospects for reintegration and employment post-release.

#### *Water Recharge and Rejuvenation*

The pond rejuvenation project in Rajpura Village, Meerut, addressed longstanding environmental and sanitation challenges. It improved drainage, reduced vector-borne health risks, and fostered environmental awareness and community ownership for sustained upkeep of natural resources.

### **Overall Assessment:**

The CSR interventions were found to be highly relevant to local needs, coherent with national development goals, and effective in delivering intended outcomes. The programs showcased efficient resource utilization, generated positive social and environmental impacts, and exhibited strong sustainability prospects due to community involvement and institutional alignment.

### **Recommendations:**

To enhance long-term impact, the report suggests integrating academic mentorship and digital content in education programs, expanding health services to more remote areas through mobile

units, modularizing vocational training, and scaling the water rejuvenation model to other communities.

**Conclusion:**

Max Healthcare Institute Limited's CSR initiatives exemplify a well-structured, inclusive, and impact-driven approach to corporate responsibility. The assessment underscores their contribution to equitable development and positions these interventions as replicable models for CSR-led social transformation across India.

## Contents

<i>Acknowledgement</i> .....	2
<i>Abbreviations</i> .....	3
<i>Executive Summary</i> .....	4
Chapter 1: Introduction .....	7
1.1 Background on the CSR Scenario in India.....	7
1.2 The Current Scenario in Key Development Sectors in India .....	7
1.2.1 Education.....	7
1.2.2 Skill Training .....	8
1.2.3 Health Awareness.....	8
1.2.4 Environment Rejuvenation .....	8
1.3 Overview of Max Healthcare Institute Limited.....	9
Chapter 2: Research Design, Evaluation Method and Area of Enquiry .....	10
2.1 Research Design .....	10
2.2 Evaluation Method .....	10
2.2.1 Desk Review.....	10
2.2.2 Primary Data Collection .....	11
2.3 Target Respondents .....	11
2.4 Evaluation Framework: OECD-DAC Criteria.....	11
2.5 Area of Enquiry: Thematic Focus and Geographical Scope.....	12
Chapter 3: Key Findings .....	14
3.1 Introduction.....	14
3.2 Domain: Education Support .....	14
3.2 Domain: Education Support .....	14
3.3 Domain: Water Recharge and Rejuvenation.....	17
3.4 Domain: Health Awareness .....	19
3.5 Domain: Skill Training.....	21
Chapter 4: Recommendations and Conclusion .....	24
4.1 Recommendations .....	24
4.1.1 Education Support.....	24
4.1.2 Water Recharge and Rejuvenation .....	24
4.1.3 Health Awareness.....	24
4.1.4 Skill Training .....	25
4.2 Conclusion .....	26
References .....	27

# Chapter 1: Introduction

## 1.1 Background on the CSR Scenario in India

Corporate Social Responsibility (CSR) in India has witnessed a significant transformation since the introduction of the Companies Act, 2013, which made CSR a statutory obligation for certain companies. According to this legislation, companies with a net worth of ₹500 crore or more, turnover of ₹1,000 crore or more, or net profit of ₹5 crore or more are required to spend at least 2% of their average net profit over the last three years on CSR activities. This marked a global first in mandating corporate contribution toward social development.

India's CSR ecosystem has matured with increasing alignment to global frameworks such as the United Nations Sustainable Development Goals (SDGs). CSR strategies have shifted from ad-hoc charity to targeted, thematic interventions rooted in sustainable impact. Corporates now collaborate with NGOs, government agencies, and academic institutions to design evidence-based programs that tackle systemic challenges.

Monitoring and evaluation have become integral to CSR governance, promoting transparency and accountability. Reports and audits increasingly demand data-driven insights, making third-party assessments like this one essential in refining strategies and showcasing impact.

## 1.2 The Current Scenario in Key Development Sectors in India

### 1.2.1 Education

Education remains one of the most pressing development concerns in India. Despite significant progress in increasing enrolment rates at the primary level, quality of education and learning outcomes remain inconsistent, particularly in rural and underserved regions.

Challenges include outdated curricula, inadequate teacher training, infrastructural deficits (such as lack of furniture, safe transport, and digital access), and limited exposure to specialized academic content. These gaps are more pronounced among students from marginalized communities, including tribal and first-generation learners.

Government initiatives such as the National Education Policy (NEP) 2020 aim to address these disparities by promoting holistic, multilingual, and skill-integrated education. However, effective implementation remains a concern.

CSR interventions are increasingly playing a pivotal role in bridging these gaps—by upgrading school infrastructure, providing scholarships, distributing learning materials, and improving digital learning access.

### 1.2.2 Skill Training

India is home to the world's largest youth population, with over 65% of its citizens below the age of 35. To translate this demographic advantage into economic gain, the country has prioritized skill development through schemes like the Pradhan Mantri Kaushal Vikas Yojana and the National Skill Development Mission.

Yet, a mismatch persists between the skills imparted and the demands of the job market. Vocational training often lacks standardization and industry linkage, and many programs fall short of leading to gainful employment.

CSR in this domain is vital. Organizations are designing demand-driven, certified training modules—particularly for marginalized groups such as incarcerated individuals—focusing on both hard and soft skills. This not only improves employability but also fosters rehabilitation, social reintegration, and long-term economic mobility.

### 1.2.3 Health Awareness

India's healthcare infrastructure, while improving, continues to face numerous challenges such as underfunding, workforce shortages, and an uneven urban-rural divide. While government initiatives like Ayushman Bharat are aimed at universalizing healthcare access, significant portions of the population still rely on community health camps and charitable institutions for primary care.

A major concern is the lack of awareness regarding preventive healthcare, nutrition, and chronic illness management. Low levels of health literacy exacerbate the burden of disease, especially in tribal and rural communities.

CSR initiatives are thus critical in addressing these gaps by supporting health infrastructure, conducting awareness drives, organizing camps, distributing medicines, and training local health personnel. Such programs not only bridge access barriers but also promote behavioural change, a key component of sustainable health outcomes.

### 1.2.4 Environment Rejuvenation

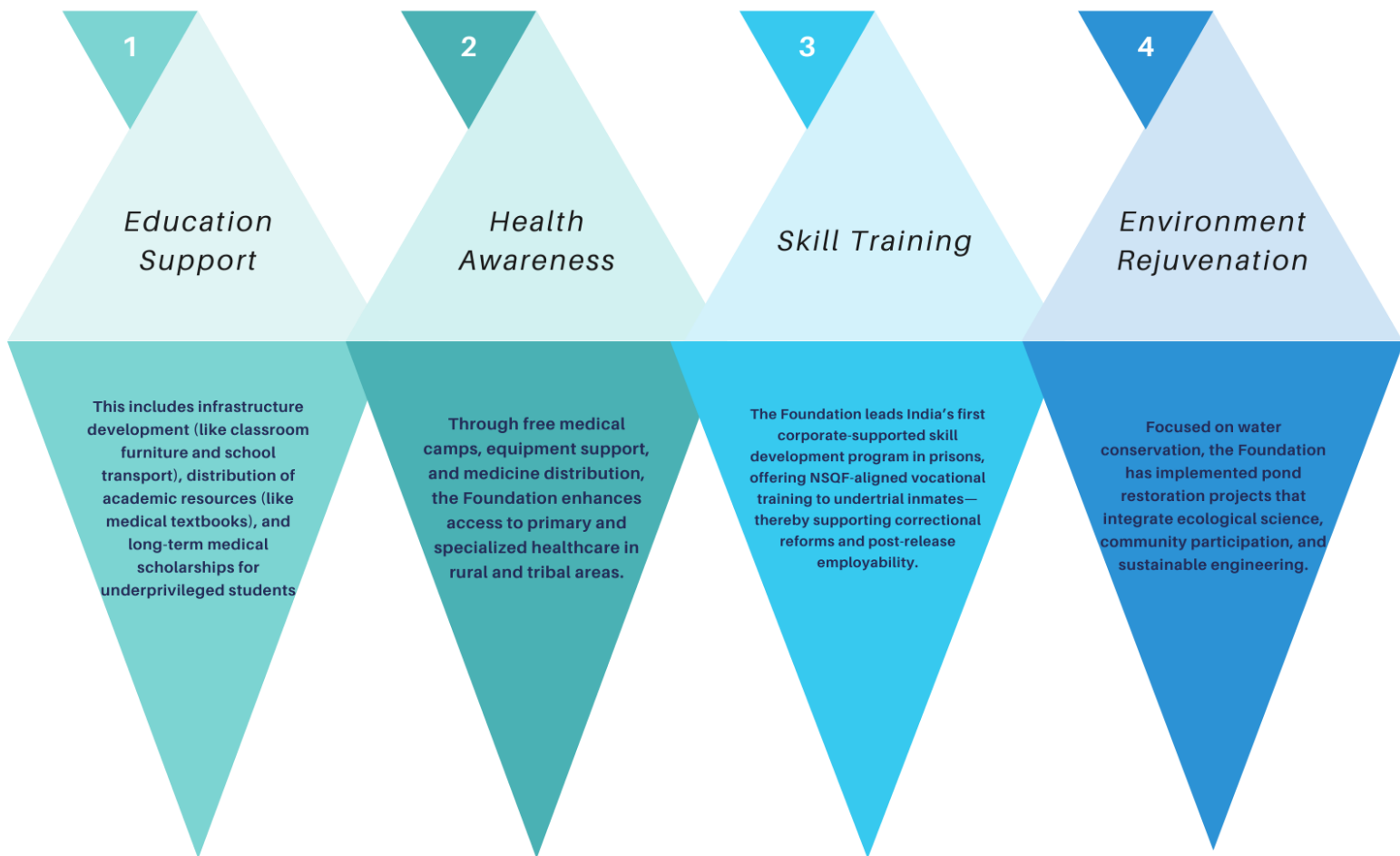
India faces acute environmental challenges including water scarcity, land degradation, loss of biodiversity, and increasing climate variability. Urbanization and industrialization have led to the depletion of natural ecosystems, especially water bodies, which are vital for agriculture, biodiversity, and community well-being.

In this context, the role of CSR in environmental rejuvenation has become more prominent. Projects focused on water recharge and pond restoration are not only environmentally sustainable but also crucial for community health, agriculture, and local economies. These projects often integrate scientific methods with local knowledge, ensuring community engagement and long-term stewardship. Corporate efforts in this space often align with national missions like the Jal Shakti Abhiyan and Swachh Bharat Abhiyan, reinforcing public-private synergy for ecological sustainability.

### 1.3 Overview of Max Healthcare Institute Limited

Max Healthcare Institute Limited (MHIL) is among India’s foremost private healthcare providers, with a presence across Delhi-NCR, North India, and beyond. Known for its medical excellence and patient-centric services, MHIL is also a forerunner in deploying socially responsible healthcare and development initiatives through its CSR arm—**Max Healthcare Foundation**.

The Foundation’s CSR framework is rooted in four key pillars: **Education, Health, Environment, and Livelihoods**. It operationalizes a vision of inclusive development by supporting underserved communities through strategic, localized interventions. Its programs address multidimensional deprivation and aim for systemic change through:



These programs are aligned with national policies and global frameworks like the SDGs. The impact assessment under discussion serves to evaluate these interventions using rigorous methodologies, providing data-driven insights for future strategy and expansion.

## Chapter 2: Research Design, Evaluation Method and Area of Enquiry

### 2.1 Research Design

The Impact Assessment of Max Healthcare Institute Limited's (MHIL) CSR initiatives for FY 2023–24 was structured as a qualitative evaluation, combining in-depth interviews and focus group discussions. The approach was tailored to capture the depth and breadth of the interventions' impacts across four key domains: Education, Health Awareness, Skill Training, and Environment Rejuvenation.

The primary objective of the research design was to assess:

To assess the **relevance** of the interventions to the identified needs of the target population.

To assess the **effectiveness** in delivering intended outcomes.

To assess the **efficiency** of implementation in terms of resource utilization.

To assess the **impact** on socio-economic and behavioural outcomes.

To assess the **sustainability** of the interventions in promoting long-term change.

The research design was aligned with global best practices, particularly the **OECD-DAC (Organisation for Economic Co-operation and Development – Development Assistance Committee) evaluation criteria**, ensuring a standardized and comprehensive framework for assessing development effectiveness.

### 2.2 Evaluation Method

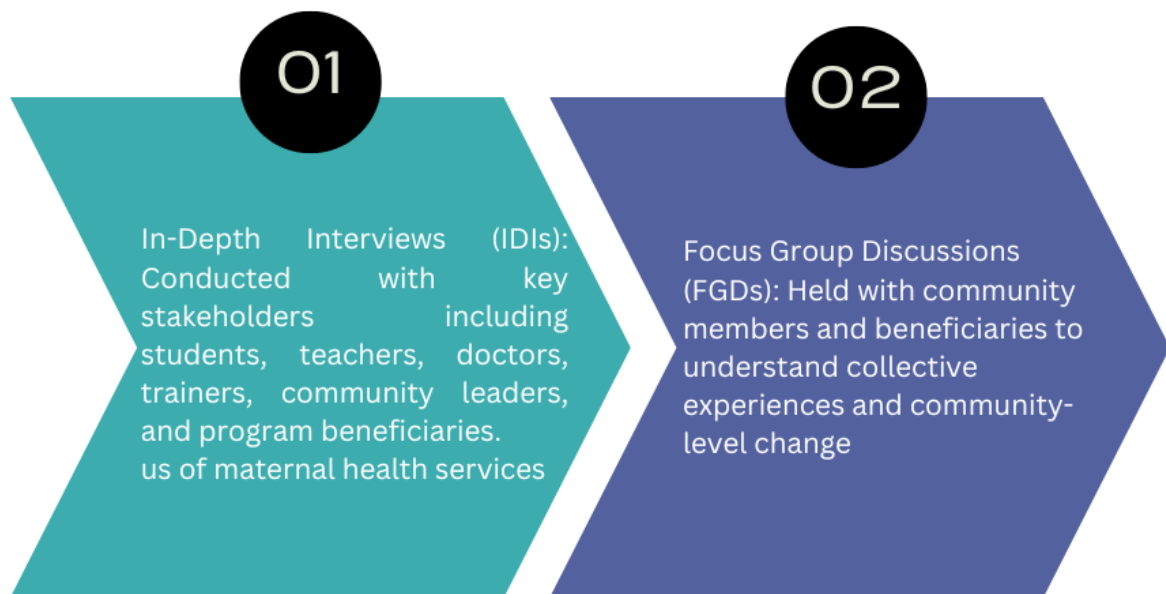
The evaluation methodology was both participatory and data driven. It consisted of two main components:

#### 2.2.1 Desk Review

A systematic review of existing program documentation, proposals, progress reports, expenditure statements, and media content was undertaken to understand the scope, objectives, and evolution of each CSR initiative. This provided a baseline understanding of planned versus actual outputs and outcomes.

## 2.2.2 Primary Data Collection

Primary qualitative data was collected through:



These methods were tailored for each thematic area to ensure relevance and richness of data.

## 2.3 Target Respondents

The study included diverse stakeholders across the program spectrum to ensure multiple perspectives and data triangulation. Key respondent groups were:

- Students and parents
- Teachers and school administrators
- Doctors, nurses, and health staff
- Patients and caregivers
- Trainers and industry partners
- Panchayati Raj Institution (PRI) members
- Community members in intervention zones

This multi-stakeholder approach enriched the findings with contextual insights and verified program claims through direct beneficiary feedback.

## 2.4 Evaluation Framework: OECD-DAC Criteria

The OECD-DAC evaluation criteria provided the foundation for the assessment, offering structured inquiry under six main headings:

OECD-DAC Evaluation Criteria	Research Questions
<b>Relevance</b>	<ul style="list-style-type: none"> <li>• Was the program aligned with the identified needs of the target population?</li> <li>• Was the intervention designed based on a needs assessment or community feedback?</li> <li>• Did it align with national development priorities and CSR policy guidelines?</li> </ul>
<b>Coherence</b>	<ul style="list-style-type: none"> <li>• Did the CSR programs complement existing government policies, schemes, and local development efforts?</li> <li>• Were there overlaps or synergies with other stakeholders' efforts (NGOs, government bodies)?</li> </ul>
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>• To what extent were the intended outcomes achieved?</li> <li>• How did stakeholders perceive the effectiveness of service delivery?</li> <li>• Were the tools, training, and infrastructure adequate?</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>• Were program resources (financial, human, material) used optimally?</li> <li>• Was the cost-benefit ratio favourable in terms of outcomes versus investments?</li> <li>• Were the activities implemented within the planned timelines?</li> </ul>
<b>Impact</b>	<ul style="list-style-type: none"> <li>• What were the tangible and intangible changes experienced by the beneficiaries?</li> <li>• Did the program contribute to improved access, behaviour, knowledge, or well-being?</li> <li>• Were there ripple effects or unintended positive outcomes?</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>• Are the outcomes likely to sustain beyond the intervention period?</li> <li>• Is there community ownership or local governance support for continuation?</li> <li>• Are the infrastructures, systems, and capacities developed capable of long-term use?</li> </ul>

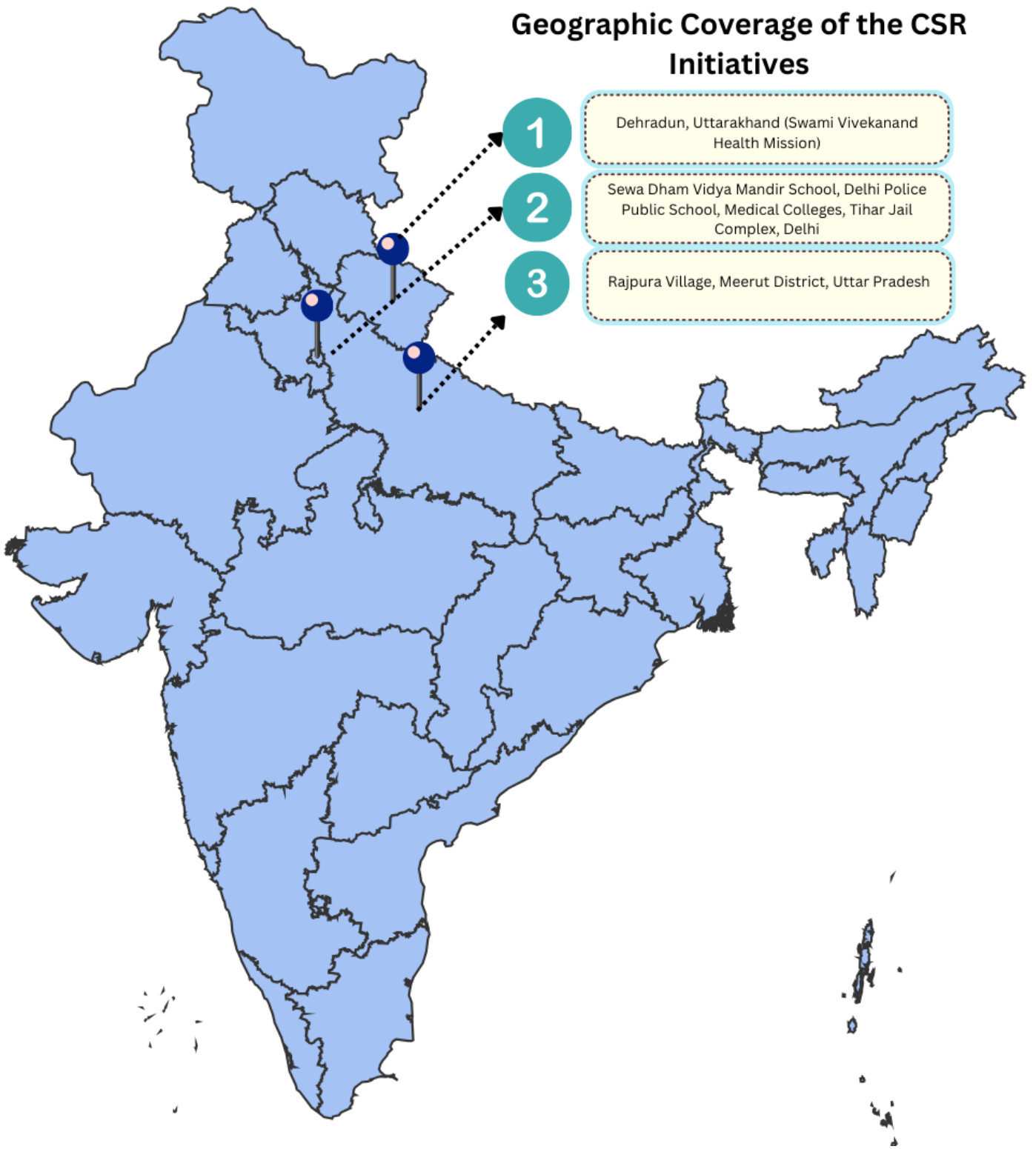
## 2.5 Area of Enquiry: Thematic Focus and Geographical Scope

The impact assessment was conducted across four thematic pillars:

1. **Education Support** – Delhi (Sewa Dham Vidya Mandir, Delhi Police Public School, Medical Colleges)
2. **Skill Training** – Tihar Jail Complex, Delhi
3. **Health Awareness** – Dehradun, Uttarakhand (Swami Vivekanand Health Mission)
4. **Water Recharge & Rejuvenation** – Rajpura Village, Meerut District, Uttar Pradesh

Each area was selected to represent a different socio-economic and geographic context, allowing for nuanced insights into the CSR strategy's adaptability and outreach.

## Geographic Coverage of the CSR Initiatives



## Chapter 3: Key Findings

### 3.1 Introduction

This chapter presents the detailed findings of the impact assessment, organized domain-wise according to the OECD-DAC evaluation criteria: **Relevance, Coherence, Effectiveness, Efficiency, Impact, and Sustainability**. The findings are grounded in primary data collected through interviews and focus group discussions with direct beneficiaries and stakeholders, as well as a desk review of program documentation.

### 3.2 Domain: Education Support

#### Overview

The Education Support domain included four key interventions:

1. **Installation of 150 desks** at Sewa Dham Vidya Mandir (East Delhi)
2. **Provision of a school bus** to Delhi Police Public School (East Delhi)
3. **Distribution of 2,000 copies** of the “Principles of Critical Care” book to students and libraries
4. **MAX Medical Scholarship** for 44 underprivileged medical students, including tuition, living allowances, laptops, and mentorship

These interventions were aimed at improving access, learning infrastructure, academic performance, and motivation among students from disadvantaged backgrounds.

### 3.2 Domain: Education Support

The Education Support interventions under Max Healthcare Institute Limited’s CSR initiatives encompassed a holistic set of measures to enhance learning infrastructure, access, and academic performance for students from marginalized backgrounds. The four key initiatives included the installation of 150 full-size desks at Sewa Dham Vidya Mandir in East Delhi, the provision of a dedicated school bus to Delhi Police Public School, the distribution of 2,000 copies of the medical textbook *Principles of Critical Care* to government colleges and libraries, and a comprehensive five-year scholarship program for 44 economically disadvantaged students pursuing medical education. These projects addressed critical barriers in the educational journey of underprivileged learners and aimed to create enabling environments for sustained academic success.

Findings from stakeholder interviews and focus group discussions indicate that these interventions were highly **relevant** to the needs of the beneficiaries. Students previously struggled with physical discomfort and concentration issues due to inadequate seating, which negatively impacted their academic engagement. Teachers highlighted how the new desks enhanced classroom discipline and facilitated more effective teaching. Parents expressed greater trust in the education system after the introduction of the school bus, which ensured reliable and secure transportation. Medical students praised the scholarship program for covering essential needs—including tuition, books, accommodation, and laptops—thus allowing them to focus on their studies without financial stress. Additionally, the distributed textbook on

critical care was widely appreciated for its clarity, concise format, and direct applicability to clinical practice, addressing a significant gap in available academic resources.

*“Yes, parents now feel very assured about their children's safety. The school provides buses, and children reach on time. Things have improved a lot. Earlier, private buses were used, and parents didn't trust them. But now, the school bus system has built that trust.”*

**-IDI, Teachers**

*“Sir, I was provided with a scholarship amount which has been very helpful in paying my fees. I also receive a monthly stipend that covers my regular expenses. Academically, I attend lectures and have been given the necessary books, which I use for self-study. **Additionally, I was provided with a laptop, which I use to attend online lectures. All of this support has been extremely helpful.”***

**-IDI, Medical students**

From a **coherence** perspective, the Education Support programs align strongly with India's National Education Policy (NEP) 2020 and Sustainable Development Goal 4 (SDG 4), which emphasize equitable and inclusive education. The interventions complemented existing school and college systems, supported institutional goals, and were implemented in partnership with academic stakeholders, including the Venzen Impact Foundation for the scholarship program. This alignment with broader educational objectives and the integration of CSR efforts into the formal education infrastructure highlight the thoughtful and strategic design of these initiatives.

*“**The book is actually very good, ma'am. It's well-organised and specifically tailored to what we're looking for. Often, when we refer to standard textbooks, there's a lot of extra content before reaching the final conclusion, which can be overwhelming at times. When you're in the practice phase and have already studied the basics, you need material that's concise and easy to revise quickly. This book allows you to pick a topic, like a disease, and go through it efficiently without having to sift through unnecessary information. Its concise format makes it ideal for quick reference and revision.**”*

**-IDI, Doctors**

In terms of **effectiveness**, the initiatives achieved their intended results with significant positive outcomes. Students demonstrated improved focus, motivation, and performance after the infrastructural upgrades. Teachers were able to provide more personalized attention due to better classroom layouts. The provision of a bus increased attendance and reduced the physical and emotional strain on young students commuting from distant locations. Scholarship recipients reported increased academic stability and enhanced learning experiences, supported by digital and printed study materials. Feedback from medical students confirmed that the textbook contributed to their preparedness for clinical scenarios, improved revision efficiency, and strengthened their confidence during practical sessions.

*“We spend most of our daily routine at school, including self-study sessions in the morning, afternoon, and evening. Earlier, sitting on the floor for long hours made it difficult to concentrate and study comfortably. **However, ever since the desks were provided, it has made a big difference—we're now able to sit properly and focus better throughout the day, which has improved our overall learning experience.**”*

**-FGD, Students**

Regarding **efficiency**, the interventions were cost-effective and impactful. The physical infrastructure—desks and buses—delivered long-term benefits with minimal ongoing investment. The one-time distribution of textbooks created lasting academic value, enabling repeated use by multiple cohorts of students. The scholarship program efficiently bundled academic, technological, and financial support, with students actively utilizing the provided resources for studies and research. The program’s design, which includes performance monitoring and mentorship, further ensures efficient use of funds and maximized student outcomes.

*“It’s 99.9% the same as before—just as effective. This initiative will definitely continue to benefit students. **The academic section of Max Healthcare is among the best in India.**”*

**-IDI, Doctors**

The **impact** of the Education Support initiatives extended beyond immediate academic metrics. There were visible improvements in student confidence, behaviour, and learning habits. Teachers observed a cultural shift in the classroom—students came to class better prepared, participated more actively, and stayed focused for longer durations. Parents noted that the bus system brought structure and discipline into students’ daily routines, reducing tardiness and absenteeism. The scholarship program, especially for first-generation learners, has not only improved access to higher education but is also seen as a pathway to breaking the cycle of poverty and enabling future contributions to society in the field of medicine.

*“Yes, significant changes have taken place. The students’ academic performance has improved noticeably. Since this is a residential school, attendance was never a major issue—students were physically present, but often not mentally engaged. Earlier, sitting on unstable desks affected their focus. Now, with proper, well-structured desks, students feel more motivated to study and are able to concentrate better in class. **With the improved classroom environment, they are steadily progressing—moving from zero to ten, then twenty, and beyond. The new desks have truly made a positive impact on their learning.**”*

**-IDI, Teachers**

Finally, the initiatives demonstrated strong **sustainability**. The desks and bus are durable assets expected to benefit several future batches of students with limited maintenance requirements. The distributed books remain part of institutional libraries, continuing to support academic growth over time. The scholarship program’s model of sustained academic support—paired with regular reviews and alumni engagement—builds a foundation for long-term educational and

professional success. Moreover, the interventions fostered a sense of ownership and pride among students, teachers, and school management, enhancing the likelihood of continued institutional commitment and resource stewardship.

### 3.3 Domain: Water Recharge and Rejuvenation

The Water Recharge and Rejuvenation intervention undertaken by Max Healthcare Institute Limited in Rajpura Village, Kharkhauda Block, Meerut, Uttar Pradesh, aimed to restore the ecological health and functionality of a deteriorated pond ecosystem. Implemented through a combination of scientific filtration techniques, biodiversity conservation, and community engagement, the project was designed as a model for integrated water resource management. The primary objective was to enhance groundwater recharge, address sanitation issues, and mitigate environmental hazards such as waterlogging, vector breeding, and poor drainage. This initiative reached and positively impacted approximately 2,450 residents of the village.

In terms of **relevance**, the intervention directly responded to long-standing environmental and public health challenges faced by the Rajpura community. Prior to the rejuvenation, the pond area had become a site for water overflow, garbage accumulation, and pest infestations, including snakes and disease-carrying insects. These conditions posed significant risks to both health and agriculture. Community members, including local panchayat leaders, confirmed that the water system was previously unmanaged and highly unsanitary. The project's focus on introducing functional drainage, filtration, and habitat restoration aligned closely with the priorities and lived experiences of the residents, highlighting its strong contextual relevance.

*“They initially built a structure for the filter, but it didn’t work. Then **they created another structure, which is now working successfully.**”*

**-IDI, Pradhan**

From a **coherence** perspective, the project aligned well with government priorities on water conservation, including the Jal Shakti Abhiyan and the broader Sustainable Development Goals (particularly SDG 6: Clean Water and Sanitation). The intervention also supported rural development objectives by addressing infrastructure and environmental hygiene. By involving the local community and governance structures in planning and maintenance, the initiative harmonized with existing efforts to promote decentralized and sustainable resource management. The use of environmentally friendly technologies further ensured that the intervention was aligned with contemporary ecological norms and sustainability frameworks.

*“Yes, there is a noticeable change in the environment—everything is much cleaner now. Earlier, there was no cleanliness at all. It is our responsibility to maintain this cleanliness.”*

**-IDI, Pradhan**

The intervention was notably **effective** in achieving its intended objectives. Villagers reported that post-intervention, flooding of agricultural lands and residential areas had ceased, and the water body had become visibly cleaner and more secure. The filtration system, initially flawed, was promptly redesigned and now functions effectively, filtering out solid waste and preventing garbage from entering the pond. The once-frequent water stagnation and drainage blockages were resolved, which in turn eliminated the entry of snakes and insects into homes. These

changes indicate not only infrastructural improvements but also behaviour change and environmental awareness among residents. Community members also observed cleaner surroundings, improved safety, and greater pride in local environmental upkeep.

*No, the garbage doesn't enter the tank, only water goes in. **The water is filtered, and when there is too much garbage, it is cleaned out.** The waste is removed from the tank and properly disposed of.*

**-FGD, Community Members**

Regarding **efficiency**, the project demonstrated adaptive problem-solving and optimal resource use. For example, the early failure of the original filtration structure was quickly corrected with a redesigned mechanism that is now fully functional. This responsiveness in implementation avoided prolonged delays and showcased cost-effectiveness. The use of local knowledge and community participation further reduced dependence on external manpower and costs. Instead of completely rebuilding water infrastructure, the project optimized and upgraded existing systems, ensuring efficient delivery of outcomes. The initiative stands as an example of how modest investments, when effectively managed and targeted, can yield high-impact environmental results.

*“Yes, there is no problem now. All the water is properly collected here. Earlier, when water used to overflow into the fields, snakes and insects would enter people's homes, we witnessed it many times. But now, that issue is completely resolved. There are no more snakes, insects, or thorns. With proper cleanliness and water management, all those problems have disappeared.”*

**-IDI, Pradhan**

In terms of **impact**, the project brought about significant improvements in health, hygiene, environmental aesthetics, and overall quality of life in the village. The elimination of waterlogging and sanitation issues has reduced the risk of vector-borne diseases, improved road conditions, and restored the usability of the pond area. Farmers no longer fear agricultural losses due to flooding, and families feel safer and more comfortable in their homes. The project has also contributed to improved environmental awareness and a sense of shared responsibility, with residents actively participating in the upkeep of the restored water body. The intervention thus created tangible environmental and social benefits, many of which extend beyond the initial scope of work.

*“**The water facility has improved significantly.** I'm referring to the past, not the present. Earlier, water used to collect in potholes, and there were no proper drainage systems..... Previously, there was no such system, so garbage would block the drains, causing water to overflow.”*

**-FGD, Community members**

Finally, the intervention demonstrated substantial **sustainability**. Community members—including the local Pradhan—expressed a strong sense of ownership over the rejuvenated pond, committing to maintain its cleanliness and functionality. This behavioural shift is critical for the long-term success of environmental projects. The design of the filtration and drainage system, based on low-maintenance technologies, also enhances the likelihood of continued use without the need for intensive external support. Moreover, the involvement of local governance structures in the implementation process helps institutionalize the intervention and integrate it into village-level planning and resource allocation. These factors collectively ensure that the project's benefits are likely to endure over time, setting a replicable precedent for similar efforts in other water-stressed regions.

### 3.4 Domain: Health Awareness

The Health Awareness intervention by Max Healthcare Institute Limited, implemented in partnership with the Swami Vivekanand Health Mission Society in Dehradun, Uttarakhand, aimed to enhance the quality, accessibility, and inclusivity of healthcare services in underserved and tribal communities. The initiative focused on strengthening outpatient services, organizing free medical camps, ensuring the continuous supply of essential medicines, and improving diagnostic and treatment infrastructure. With the hospital's outpatient department handling approximately 15,000 to 16,000 patient visits each month and ten health camps being conducted monthly, the project reached a diverse population of over 500,000 people across multiple states, including Uttarakhand, Uttar Pradesh, Himachal Pradesh, and Haryana.

From the lens of **relevance**, the intervention addressed the deeply felt needs of communities with limited access to affordable healthcare. Patients and caregivers interviewed during the assessment expressed appreciation for the timely availability of essential medical services and medicines, particularly in areas where public health facilities are scarce or overburdened. The inclusion of tribal and rural populations in the outreach—without any requirement for identification documents or income proof—ensured that the services reached the most marginalized segments. Additionally, the project's approach to integrate tribal staff into the healthcare delivery system was particularly well-received, fostering trust and improving communication between patients and providers. Doctors and patients alike described the program as a vital lifeline for populations otherwise excluded from mainstream healthcare access.

*“If you want to reach out to the community, we also conduct community camps and programs among them, as they are an integral part of our work. In fact, around 50–60% of our staff comes from the tribal community. **Sir, with the funds we receive for medicines, we organize health camps and provide medicines, especially to support the poor.**”*

**-IDI, Doctors**

In terms of **coherence**, the intervention was well-aligned with national health goals, particularly under the National Health Mission and the broader objectives of Ayushman Bharat, which emphasize universal health coverage. The CSR support complemented public health infrastructure, bridging service delivery gaps without duplicating efforts. Furthermore, the initiative's alignment with Sustainable Development Goal 3 (Good Health and Well-being) is evident in its focus on preventive healthcare, free access, and community-based outreach. The

program also promoted equity by embedding cultural responsiveness into its operational model, with over half the staff belonging to the tribal communities they served.

*"It is genuine. But one thing is very clear—no one is ever turned away due to lack of money. **Whatever medicines or facilities a person needs, they will receive them.** We never deny treatment because of financial constraints—that is certain. And I would like to repeat, we do not ask for any certificates. Currently, all services are free for the tribal population."*

**-IDI, Doctors**

The initiative proved highly **effective**, as reflected in high patient satisfaction rates and the growing trust in the health facility. Feedback from patients revealed that they were not only able to receive timely diagnoses and treatments but also experienced respectful and professional behaviour from the hospital staff. Health camps organized under this intervention were tailored to local health issues, providing checkups, basic diagnostics, and referrals when necessary. Importantly, surgeries and treatments were offered free of charge, removing significant financial and logistical barriers. The health services' structure, which combined in-hospital care with community-based outreach, ensured that both preventive and curative needs were addressed, ultimately resulting in improved health-seeking behaviour among the beneficiaries.

*"The **patient's treatment is good, and the nurses, staff, and doctors** here are all very supportive and professional."*

**-IDI, Patients**

The **efficiency** of the intervention was evident in its outreach scale, resource utilization, and cost-effectiveness. By leveraging existing hospital infrastructure and recruiting staff from within the target communities, the program maximized its operational footprint while keeping costs manageable. The community camps allowed early detection and management of health issues, reducing the long-term burden on hospital systems. Furthermore, the non-requirement of documentation minimized administrative overhead, making services more accessible and time efficient. Stakeholders noted that services were delivered consistently and effectively, often exceeding community expectations in terms of both responsiveness and professionalism.

*"He underwent surgery here and mentioned that **the treatment was very good.** That's when I found out about the facility. I used to have some minor health issues, and my son also had a problem. We brought him here as well, and **he was successfully treated.**"*

**-IDI, Patients**

In terms of **impact**, the project has made significant strides in improving community health outcomes and awareness. The provision of regular medical camps and consistent medicine supply has reduced the prevalence of untreated illnesses and encouraged early intervention. Patients shared that the quality of care received at the facility had led to word-of-mouth promotion, bringing more individuals from nearby states to seek treatment. Beyond medical outcomes, the program also fostered social impact—strengthening community trust in

institutional healthcare systems and increasing the involvement of local governance in public health issues. These ripple effects, including enhanced local awareness on hygiene, nutrition, and disease prevention, signify the intervention's broad and lasting influence.

*“The camps are well-aligned with the specific needs of the local population. Patients visiting the facility come from states like Himachal Pradesh, Uttar Pradesh, Haryana, and Uttarakhand, and they have been significantly benefiting from these services. The surgical session, in particular, have been highly impactful. Additionally, our teams also visit villages to provide free medical services directly to the community.”*

**-IDI, Doctors**

The intervention also demonstrated robust **sustainability**, particularly due to its inclusive design and local engagement strategy. The integration of tribal staff into medical service delivery not only built capacity within the community but also ensured cultural compatibility and continuity. Regular community engagement through outreach camps and the facility's open-door policy has laid the foundation for ongoing relationships between the health system and its beneficiaries. The program's non-reliance on complex infrastructure or costly technology also supports long-term operational viability. Institutional sustainability is further supported by the program's alignment with the broader health mission of the Swami Vivekanand Health Mission Society, indicating strong prospects for future expansion or integration with government systems.

### 3.5 Domain: Skill Training

The Skill Training initiative undertaken by Max Healthcare Institute Limited, in partnership with its implementing agency at Tihar Jail, Delhi, represents one of India's first and largest corporate-backed correctional reform programs. The initiative aimed to rehabilitate and empower undertrial inmates through certified vocational training in the Food & Beverage Steward trade, aligned with NSQF Level 4 standards. Delivered across nine jails—including specialized support for 60 women in Jail 6—the program provided structured 6–8-week training modules using NCVT-certified curricula and THSC as the certifying authority. Over 1,700 inmates were trained under this initiative, which also included job fairs and behavioural skills modules to enhance post-release employability and reintegration into society.

From a **relevance** standpoint, the program was strategically designed to address the dual challenges of correctional reform and unemployment among marginalized populations. Inmates—many of whom are first-generation learners or economically disenfranchised—often lack access to formal education or work experience. The skill development curriculum was co-designed with industry stakeholders, ensuring that it matched real-world employment needs and was suited to the urban hospitality sector, particularly in and around Delhi NCR. Trainers and facilitators noted that the inclusion of soft skills such as workplace communication, discipline, and professional demeanour made the training highly relevant not only for employment but also for personal development and behavioural reform.

*"Absolutely. **Around 20 to 30 percent of the course content focuses on behavioural skills.** It trains individuals on how to communicate effectively, conduct themselves professionally, and develop proper mannerisms. It's not that they entirely lack these qualities but reinforcing them through training is always beneficial—after all, good behaviour is an essential part of any professional training."*

**-IDI, Trainers**

The program demonstrated strong **coherence** with national and institutional objectives. It aligned with the Government of India's Skill India Mission and the broader goals of the Ministry of Skill Development and Entrepreneurship (MSDE). Additionally, the use of NCVT-approved modules ensured integration with the national vocational qualification framework, enhancing recognition and transferability of the certification. The intervention also supported prison department goals of correctional rehabilitation and social reintegration, establishing itself as a model of public-private collaboration in the criminal justice system. By addressing systemic gaps in inmate education and livelihood pathways, the program contributed to the SDG 8 (Decent Work and Economic Growth) and SDG 16 (Peace, Justice and Strong Institutions).

In terms of **effectiveness**, the initiative achieved significant short-term and medium-term outcomes. Trainees developed industry-ready skills and were found to be confident, disciplined, and prepared for post-release employment. Facilitators reported marked improvements in inmate behaviour and interpersonal conduct during and after the training sessions. The availability of certified training, delivered on-site by skilled professionals, ensured high-quality learning in a controlled environment. The structure of the program allowed continuous feedback from employers and training agencies, making it responsive and adaptable to changing skill market demands. Inmates expressed a strong willingness to use their training to secure jobs upon release, with many identifying hospitality and retail sectors as key employment avenues.

*"These skill training programs have helped employers better understand their workforce needs. That's why we develop qualifications in close collaboration with them. **Every qualification we create undergoes a thorough process that includes stakeholder consultations and industry validation before it is submitted to NCVT for approval.**"*

**-IDI, Trainers**

The intervention was notably **efficient** in its use of resources. Training was delivered using existing infrastructure within the jail premises, minimizing capital expenditure. The use of local trainers and standardized curricula reduced operational costs and administrative complexity. Proximity-based employment support further improved the cost-effectiveness of the intervention, reducing the need for relocation or additional transition services post-release. Stakeholder consultations revealed that the partnership with industry actors helped streamline course content and reduce the mismatch between training outcomes and market expectations, minimizing the need for retraining or supplemental education.

The **impact** of the Skill Training initiative was both tangible and transformative. Beyond vocational learning, the program contributed to positive changes in inmate mindset, behaviour, and self-esteem. Many participants reported feeling more confident and optimistic about their future, noting that the training gave them a sense of purpose and identity. This shift in personal outlook

also positively influenced interpersonal relationships within the prison environment. Additionally, the availability of certified training increased the likelihood of successful reintegration into society and reduced recidivism risks. The initiative also had a broader social impact, signalling the potential of correctional education programs to serve as instruments of systemic change within India's justice system.

*"Now, people no longer need to travel far for employment. **Jobs are available within a 20-kilometer radius.** For example, in Delhi, if you're trained in Okhla, you can find work in Nehru Place. Similarly, those trained near Tihar in Janakpuri can find jobs in areas like Tashim Bihar and Rajouri Garden. Various parts of Delhi, the NCR, and other cities are rapidly emerging as employment hubs."*

**-IDI, Trainers**

Lastly, the program exhibited strong **sustainability**. Its institutional anchoring within the prison system, alignment with national skill frameworks, and ongoing collaboration with industry stakeholders positioned it well for long-term continuation and scalability. Trainers and facilitators reported that the modular nature of the curriculum allowed it to be easily adapted for different sentence durations and literacy levels. Furthermore, the inclusion of behavioural training ensured that the benefits extended beyond technical proficiency to encompass holistic development. There is also significant potential for replication across other correctional facilities in India, and recommendations have been made to enhance post-training support through resume-building workshops, mock interviews, and linkages with microfinance institutions or small enterprises for self-employment.

## Chapter 4: Recommendations and Conclusion

### 4.1 Recommendations

#### 4.1.1 Education Support

To enhance the long-term impact of the education support initiatives, it is recommended that infrastructural interventions be coupled with academic support strategies. For instance, the provision of desks at **Sewa Dham Vidya Mandir can be expanded into an integrated classroom upgrade program including better lighting, ventilation, storage solutions, and whiteboards** to create a holistic learning environment. Regular maintenance checks and user feedback mechanisms from students and teachers should be institutionalized to ensure the continued usability of infrastructure.

For the book distribution initiative, future versions of the *Principles of Critical Care* could be **supplemented with digital content such as interactive e-learning modules and expert-led video lectures**. Engaging with faculty members to embed the book into formal medical curricula or practical assessments would ensure greater usage and academic relevance. A basic tracking system in institutional libraries possibly through barcode-based checkouts—can help monitor usage and inform future distribution efforts.

In the scholarship program, the introduction of structured mentorship from senior healthcare professionals and alumni of the Max Medical Scholarship scheme would support the academic and professional development of recipients. Incorporating wellness and mental health support into the program would further help scholars manage the pressures of medical education. Establishing an alumni network and offering internship opportunities within the Max Healthcare system can enhance real-world exposure and career readiness for students.

#### 4.1.2 Water Recharge and Rejuvenation

To further strengthen and scale the Water Recharge and Rejuvenation intervention in Rajpura, it is advisable to replicate the model in other villages facing similar challenges. The success of this initiative provides a clear framework for expansion into regions with comparable drainage, waterlogging, and sanitation issues.

To reinforce the infrastructure, additional features such as protective fencing, proper drainage channels, and natural vegetation buffers around the pond should be considered. These measures can prevent encroachment, contamination, and maintain biodiversity.

At the community level, the establishment of formal waste segregation and disposal systems can prevent future pollution of water bodies. Localized awareness campaigns focusing on hygiene, vector control, and water safety can reinforce positive behaviors and further reduce public health risks. These campaigns should include school outreach and involve local governance for sustained engagement.

#### 4.1.3 Health Awareness

In order to broaden the reach and effectiveness of the health awareness program, the frequency and geographic coverage of medical camps should be increased, particularly in tribal and remote regions. Deploying mobile health vans can ensure access to underserved populations in distant hamlets and reduce travel barriers for patients.

Health education should be formally embedded into OPD routines or outreach camps through group sessions on hygiene, nutrition, maternal care, and non-communicable diseases such as diabetes and hypertension. These sessions can be delivered by community health workers or trained nurses and tailored to local needs and language preferences.

The medicine supply chain should be strengthened through the maintenance of buffer stocks to ensure uninterrupted availability during high-demand periods or outreach events. Establishing a formal referral linkage between primary services and secondary/tertiary hospitals would improve care continuity for patients requiring advanced treatment and surgical intervention.

#### 4.1.4 Skill Training

To enhance the effectiveness and scalability of the prison-based skill training initiative, the curriculum should be modular and adaptable to different literacy levels and sentence durations of inmates. This would allow for more inclusive participation and improved learning outcomes.

To increase accessibility, digital learning content and recorded sessions should be made available for inmates who are unable to attend live training sessions due to institutional constraints. Developing a blended learning model can support continuity and revision.

Stronger linkages with local employers, industries, and micro-enterprises should be cultivated to ensure real-time alignment of training with market demand. Partnerships with MSMEs can create opportunities for both employment and self-employment upon release.

Finally, a structured post-release transition program should be instituted. This could include resume-building workshops, mock interviews, soft skills refreshers, and access to vocational toolkits or microfinance. Follow-up monitoring can help track employment outcomes and support reintegration.

## 4.2 Conclusion

Max Healthcare Institute Limited's CSR programs represent a well-rounded and deeply strategic approach to inclusive development, spanning critical domains of education, healthcare, skill development, and environmental sustainability. The initiatives demonstrated high levels of relevance, effectiveness, and impact across all thematic areas, with clear alignment to national priorities and international development goals.

The education projects addressed infrastructural gaps and learning inequalities with tangible improvements in classroom environments, academic motivation, and professional readiness. Health interventions provided life-saving services and improved health-seeking behaviour among marginalized communities. The skill training program, focused on correctional reform, equipped inmates with practical and behavioural competencies, opening pathways to rehabilitation and livelihood. The water rejuvenation project restored ecological balance and improved sanitation while fostering community ownership and environmental consciousness.

Key success factors across these interventions included targeted beneficiary engagement, integration with public systems, adaptability to local contexts, and efficient resource utilization. Looking ahead, Max Healthcare's CSR efforts have the potential to scale further by leveraging digital innovation, forging deeper partnerships, and institutionalizing best practices into public policy and sectoral frameworks.

Through this impact assessment, it is evident that Max Healthcare's CSR initiatives have not only delivered measurable outcomes but have also laid a strong foundation for sustained community development and systemic change.

## References

1. Companies Act. (2013). *The Companies Act, 2013*. Ministry of Corporate Affairs, Government of India. <https://www.mca.gov.in/>
2. Ministry of Corporate Affairs. (2021). *Report on CSR compliance and practices in India*. Government of India.
3. Ministry of Education. (2020). *National Education Policy 2020*. Government of India. <https://www.education.gov.in/en/nep>
4. Ministry of Jal Shakti. (2020). *Jal Shakti Abhiyan – Catch the Rain campaign*. Government of India. <https://jalshakti-ddws.gov.in/>
5. Ministry of Skill Development and Entrepreneurship. (2023). *Skill India Mission guidelines*. Government of India. <https://www.skillindia.gov.in/>
6. Organisation for Economic Co-operation and Development. (2019). *Better criteria for better evaluation: Revised evaluation criteria definitions and principles for use*. <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>