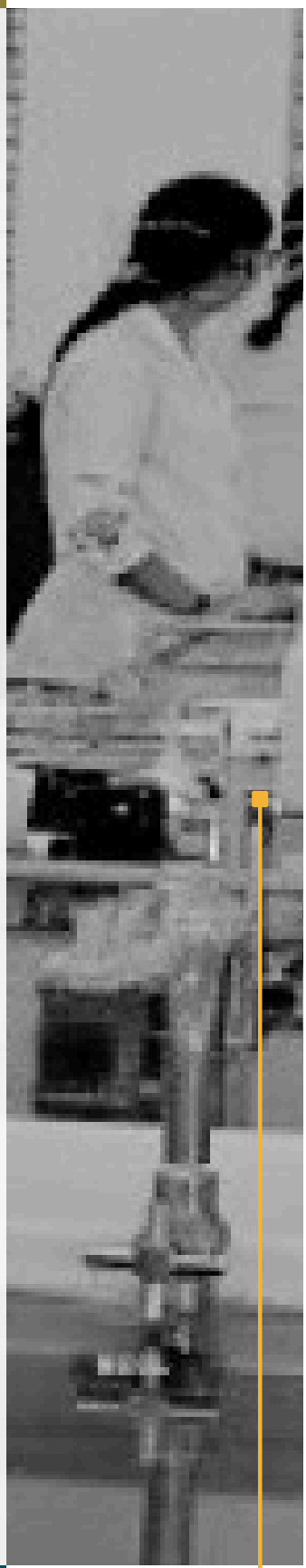
MAX Healthcare

IMPACT ASSESSMENT REPORT

VIDHYARTHEE & SHASHAKT PROGRAMME

FY 2024 - 25

IMPLEMENTED BY: MAX HEALTHCARE INSTITUTE LIMITED



PREPARED BY:

SoulAce
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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ABBREVIATIONS

MVP/ Sashakt	Vidyarthee & Sashakt Programme
MHIL	Max Healthcare Institute Limited
CSR	Corporate Social Responsibility
IDI	In-depth Interview
FGD	Focus Group Discussion
OJT	On-the-Job Training
HR	Human Resource
SDGs	Sustainable Development Goals
IEC	Information, Education and Communication
CSR-HR	CSR and Human Resource Coordination System
OECD	Organisation for Economic Co-operation and Development

EXECUTIVE SUMMARY

PROJECT BACKGROUND

The Max Vidyarthee & Sashakt Programme, a structured healthcare apprenticeship and skill development initiative of Max Healthcare Institute Limited, aims to strengthen youth employability and address the growing demand for skilled healthcare manpower within the healthcare ecosystem. The programme was conceptualised during the COVID-19 pandemic in response to the shortage of trained workforce across medical, operational, and support functions within hospitals. Implemented under the government apprenticeship framework, the programme provided structured on-the-job training, mentorship, and monthly stipend support to youth across multiple hospital functions, including nursing support, patient care, diagnostics, administration, IT, hospital maintenance, housekeeping, and allied healthcare services.

The programme was implemented across Max Healthcare Institute Limited operational locations in India and supported youth from diverse socio-economic backgrounds, particularly first-time workforce entrants seeking formal employment opportunities within the healthcare sector. During the assessment period, approximately 1,525 beneficiaries were enrolled under the Vidyarthee Programme and 1,650 beneficiaries under the Sashakt Programme, while overall enrolment since inception has reached nearly 15,000 candidates across both programmes. The assessment findings indicate that the programme contributed significantly towards enhancing practical skills, workplace readiness, employability, and household income generation among beneficiaries while simultaneously strengthening the healthcare workforce pipeline. The initiative also received national-level recognition for its contribution towards healthcare skill development and alignment with the broader Skill India mission.

PROJECT DETAILS

Project Duration
FY 2024-25

Implementing Partner
Max Healthcare Institute Limited

Project Budget
INR 44,610,787

Total Beneficiaries
- Vidyarthee Programme: 1,541 beneficiaries
- Sashakt Programme: 1,566 beneficiaries

Project Location
PAN India - Max Healthcare Institute Limited

Sample Size

50

Alignment with SDGs



PROJECT ACTIVITIES

- Identification and enrolment of eligible youth for apprenticeship and skill development training.
- Provision of structured apprenticeship opportunities across healthcare and hospital support functions.
- Delivery of hands-on practical training in nursing, patient care, administration, diagnostics, and support services.
- Conduct induction, orientation, and workplace readiness sessions for respondents.
- Assignment of trainers, mentors, and supervisors for continuous guidance and monitoring.
- Disbursement of monthly stipends through direct bank transfer to support respondents financially during training.
- Provision of uniforms, PPE kits, safety equipment, and workplace support facilities.
- Organisation of skill assessments, certification support, and performance review mechanisms.
- Facilitation of placement support, interview exposure, and employment linkage opportunities.
- Continuous monitoring, grievance redressal, and communication support through programme and HR teams.

KEY FINDINGS



72.0%
of the respondents enrolled in the programme were female, indicating strong participation of young women in healthcare-focused skilling initiatives.



84.0%
of the respondents received written programme-related information, reflecting a structured and transparent enrolment process.



84.0%
of the respondents received enrolment confirmation within a short duration, suggesting efficient programme coordination and onboarding.



80.0%
of the respondents were engaged in long-duration apprenticeship training, ensuring sustained exposure to workplace learning.



60.0%
of the respondents maintained near-full attendance during the apprenticeship period, reflecting a strong commitment towards training.



80.0%
of the respondents received extensive daily hands-on practical training exposure within hospital settings.



66.0%
of the respondents reported the ability to independently perform core work-related tasks after training exposure.



92.0%
of the respondents received stipend payments on time, indicating effective programme-level financial disbursement systems.



94.0%
of the respondents reported no workplace-related issues during the apprenticeship period, reflecting a supportive training environment.



96.0%
of the respondents reported no unresolved complaints during the programme period, highlighting responsive programme support mechanisms.

KEY IMPACTS

86.0%
of the respondents started contributing to household income for the first time after joining the programme.

66.0%
of the respondents utilised stipend support to manage family household expenses, reducing economic pressure on families.

64.0%
of the respondents reported no household borrowing for daily expenses, indicating improved financial stability.

62.0%
of the respondents developed personal savings habits through the stipend received during the programme.

56.0%
of the respondents reported that improved household finances supported continuation of sibling education.

40.0%
of the respondents stated that their families were able to manage healthcare related expenses in a better way after programme participation.

20.0%
of the respondents experienced a monthly income increase of more than ₹10,000 after training completion and placement.

12.0%
of the respondents had already secured and joined employment opportunities after completing the programme.

32.0%
of the respondents motivated several other individuals in their neighbourhood or community to consider joining the programme.

46.0%
of the respondents received higher-range stipend support, strengthening their ability to manage educational and personal needs during training.

01. INTRODUCTION

NEED OF THE PROGRAM

The need for the Max Vidyarthee & Sashakt Programme emerged from the growing gap between formal education and employable skills among young people, particularly those from economically vulnerable backgrounds who lacked access to professional training and stable livelihood opportunities. At the same time, the healthcare sector faced an increasing demand for trained and job-ready manpower across clinical, administrative, and support service roles, especially after the COVID-19 pandemic exposed shortages within the healthcare workforce. Many young individuals possessed basic educational qualifications but lacked practical exposure, workplace readiness, communication skills, and financial support required to enter the organised healthcare sector. The programme was therefore designed to bridge this gap by providing structured apprenticeship opportunities, practical hands-on training, mentorship, and stipend support, enabling respondents to develop industry-relevant competencies, improve employability, and achieve greater economic stability while simultaneously strengthening the healthcare workforce ecosystem.

Sources:

1. *International Labour Organization (ILO), India Employment Report 2024*
2. *UNDP India – Apprenticeship and Youth Employment Report 2024*
3. *Human Resources for Health Journal – Healthcare Workforce in India 2012*

OBJECTIVES OF THE PROGRAM

- To provide structured apprenticeship and skill development opportunities to youth from diverse socio-economic backgrounds.
- To enhance employability and workplace readiness among respondents through practical healthcare training.
- To develop industry-relevant technical and soft skills required for healthcare and hospital support services.
- To create sustainable livelihood opportunities through placement support and employment linkages.
- To provide financial assistance through stipends, enabling respondents to continue training with reduced economic stress.
- To strengthen the healthcare workforce by creating a pool of trained and job-ready professionals across multiple healthcare functions.



To improve respondents' confidence, professional exposure, and long-term career aspirations through mentorship and workplace engagement.



To contribute towards household income stability and socio-economic upliftment of respondents and their families.

BACKGROUND

The Max Vidyarthee & Sashakt Programme is a healthcare-focused apprenticeship and skill development initiative implemented by Max Healthcare Institute Limited to enhance employability opportunities among youth from diverse socio-economic backgrounds. The programme was designed to address the growing need for trained healthcare and hospital support professionals by providing structured on-the-job training, practical exposure, mentorship, and financial assistance through stipends. Under the programme, respondents are placed across various hospital departments such as nursing support, patient care, diagnostics, hospital administration, IT support, housekeeping, and food services, where they receive industry-oriented skill training under professional supervision. The initiative also focuses on strengthening workplace readiness, communication skills, and long-term career pathways while contributing to household income generation and financial stability among respondents and their families.

ABOUT MAX HEALTHCARE INSTITUTE LIMITED

Max Healthcare Institute Limited is one of India's leading private healthcare service providers, headquartered in Mumbai, Maharashtra. Established in 2000, the organisation operates a network of multi-speciality and super-speciality hospitals across several cities in India, offering advanced healthcare services in areas such as cardiology, oncology, neurosciences, orthopedics, emergency care, and critical care. Max Healthcare Institute Limited also manages diagnostic, home healthcare, and allied medical service divisions, contributing significantly to the country's healthcare ecosystem. Alongside clinical excellence, the organisation actively undertakes social responsibility initiatives focused on healthcare access, skill development, education support, and youth employability. Through programmes such as Vidyarthee, Sashakt, and the Max Medical Scholarship Programme, Max Healthcare Institute Limited aims to strengthen the healthcare workforce while creating sustainable educational and livelihood opportunities for individuals from economically and socially vulnerable backgrounds.

The programme was implemented directly by Max Healthcare Institute Limited through a self-implementation model involving internal CSR, training, HR, and institutional support systems across its healthcare network.

02. RESEARCH METHODOLOGY

RESEARCH DESIGN

Max Healthcare Institute Limited commissioned SoulAce to conduct an impact assessment study of Max Vidyarthee & Sashakt Programme. The programme is a healthcare-focused apprenticeship and skill development initiative, self-implemented by Max Healthcare Institute Limited to strengthen employability opportunities among youth from diverse socio-economic backgrounds. The programme was designed to address the growing need for trained healthcare and hospital support professionals by providing structured on-the-job training, practical exposure, mentorship, and financial assistance through stipends. Under the programme, respondents are placed across various hospital departments such as nursing support, patient care, diagnostics, hospital administration, IT support, housekeeping, and food services, where they receive industry-oriented skill training under professional supervision.

This study, conducted by SoulAce Consulting Pvt. Ltd., aimed to provide a comprehensive assessment of the Max Vidyarthee & Sashakt Programme implemented in New Delhi. The assessment critically analysed programme outcomes related to skill enhancement, employability, workplace readiness, stipend utilisation, training exposure, and employment transitions among respondents. The study also captured experiential insights from respondents, trainers, supervisors, and programme stakeholders to understand programme effectiveness, implementation practices, and operational challenges within the healthcare apprenticeship ecosystem.

The study adopted a mixed-method approach integrating both quantitative and qualitative research techniques to ensure a holistic understanding of programme outcomes. This approach enabled the generation of measurable evidence alongside detailed contextual insights, thereby strengthening the reliability and depth of the assessment findings.

OBJECTIVES OF THE STUDY

- To assess the effectiveness of programme activities and measure their impact on respondents.
- To analyse the contribution of the programme towards employability enhancement, skill development, and financial stability among respondents.
- To generate evidence-based recommendations for improving healthcare apprenticeship and youth employability initiatives.
- To evaluate the outcomes of the apprenticeship and skill development intervention within the healthcare sector.
- To identify implementation challenges, operational gaps, and areas for programme strengthening and sustainability.

MIXED-METHOD APPROACH

The study adopted Descriptive and Interpretive Research Design using a mixed-method framework combining quantitative and qualitative approaches. The design enabled systematic assessment of programme outcomes while also capturing detailed stakeholder experiences and perceptions.

APPLICATION OF QUANTITATIVE TECHNIQUES

The quantitative component of the study utilised structured interviews and closed-ended survey tools with predefined response categories. The questionnaire consisted of multiple-choice and categorical response formats covering socio-economic background, training participation, stipend utilisation, skill acquisition, employability outcomes, workplace exposure, and household-level changes. This approach enabled systematic quantification and statistical analysis of programme outcomes.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative component included semi-structured interviews and open-ended interactions with key stakeholders associated with the programme. Stakeholders included respondents enrolled under the programme, trainers, supervisors, programme implementation personnel, and senior management representatives from Max Healthcare Institute Limited. These interactions provided deeper insights into programme delivery, workplace integration, behavioural transformation, mentorship support, employment readiness, operational challenges, and perceived impact at individual and household levels.

ENSURING TRIANGULATION

Quantitative findings were triangulated with qualitative insights to validate key observations and improve the reliability of the assessment. The integration of multiple data sources enabled comprehensive interpretation of programme outcomes and strengthened the evidence base for conclusions and recommendations.

SAMPLING FRAMEWORK

The study employed a stratified random sampling technique for quantitative data collection to ensure representation across different respondent groups enrolled under the programme. For qualitative interactions, purposive sampling was adopted to engage stakeholders possessing direct programme experience and operational knowledge.



Stratified Random Sampling:
A sampling method involving division of the population into distinct groups followed by random selection from each subgroup to ensure balanced representation.



Purposive Sampling:
A non-probability sampling method where specific individuals are intentionally selected based on their relevance, expertise, or involvement in the programme.

SAMPLING FRAMEWORK



Name of the Project

Max Vidyarthee & Sashakt Programme



Implementing Organisation

Max Healthcare Institute Limited



Research Agency
SoulAce Consulting Pvt. Ltd.



Research Design
Descriptive and Interpretive Research Design



Sampling Technique
Stratified Random Sampling and Purposive Sampling



Total Respondents Covered
50 Respondents



Nature of Intervention
Healthcare Apprenticeship and Skill Development Programme



Research Approach
Mixed-Method Approach



Data Collection Methods
Structured Interviews, Semi-Structured Interviews, Qualitative Interactions



Key Stakeholders
Respondents, Trainers, Supervisors, Programme Staff, Senior Management



Location
PAN India - Max Healthcare Institute Limited

DATA QUALITY CONTROL AND ANALYSIS

The study utilised a centralised monitoring mechanism and digital data collection systems to ensure data accuracy, consistency, and quality control throughout the fieldwork process. Collected data were reviewed regularly to identify inconsistencies and undertake corrective actions wherever necessary. Data analysis involved the use of descriptive statistical methods and graphical interpretation techniques to examine trends, patterns, and outcome indicators. Qualitative responses were analysed thematically to derive contextual understanding and stakeholder perspectives related to programme implementation and impact.

STANDARDISED FRAMEWORK FOR EVALUATION

The study applied the OECD-DAC evaluation framework to assess programme performance across internationally recognised evaluation parameters. The framework supported systematic examination of programme relevance, effectiveness, efficiency, impact, and sustainability, thereby strengthening the credibility and analytical rigour of the assessment.

03. KEY FINDINGS & IMPACTS

This chapter presents the major findings and overall impact of the Max Vidyarthee & Sashakt Programme implemented by Max Healthcare Institute Limited based on primary data collected from respondents and key stakeholders in PAN India Max Healthcare Institute Limited. The chapter highlights respondents' socio-economic background, programme participation, skill development outcomes, workplace exposure, financial support, employability improvements, and household-level changes. It also examines the broader impact of the programme on professional readiness, livelihood opportunities, and healthcare workforce development.

DEMOGRAPHIC PROFILE OF RESPONDENTS AND EDUCATIONAL BACKGROUND BEFORE PROGRAMME

TABLE 1: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY GENDER OF RESPONDENT

Gender of Respondent	No. of respondents	% of respondents
Female	36	72
Male	14	28
Total	**50**	**100**

TABLE 2: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY AGE OF RESPONDENT

Age of Respondent	No. of respondents	% of respondents
Less than 20 years	3	6
20–21 years	22	44
22–23 years	14	28
24–25 years	11	22
Total	**50**	**100**

TABLE 3: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY CATEGORY/ SOCIAL GROUP

Category/ Social Group	No. of respondents	% of respondents
General	27	54
OBC	16	32
SC	7	14
Total	**50**	**100**

TABLE 4: HIGHEST EDUCATIONAL QUALIFICATION BEFORE JOINING PROGRAMME

Highest Educational Qualification	No. of respondents	% of respondents
12th pass	29	58
Graduate (BA/BCom/BSc etc.)	13	26
Diploma (GNM)	6	12
MSc (GNM)	2	4
Total	**50**	**100**

CHART 1: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY GENDER OF RESPONDENT

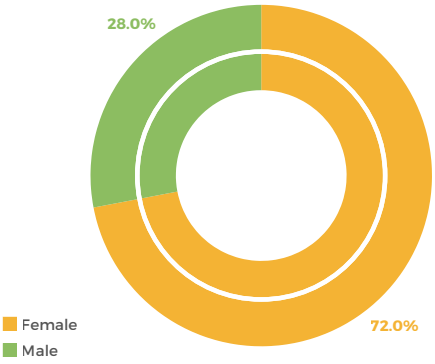


CHART 2: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY AGE OF RESPONDENT

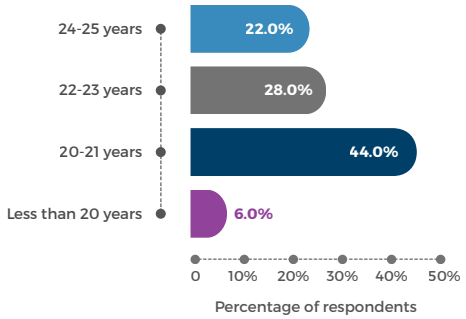


CHART 3: CATEGORY/ SOCIAL GROUP

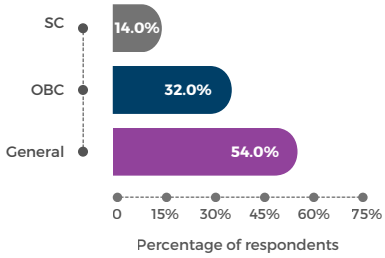
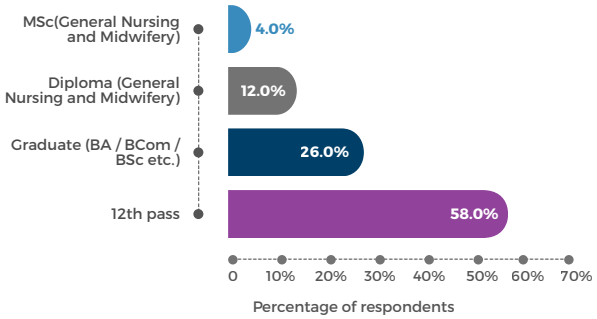


CHART 4: HIGHEST EDUCATIONAL QUALIFICATION BEFORE JOINING PROGRAMME



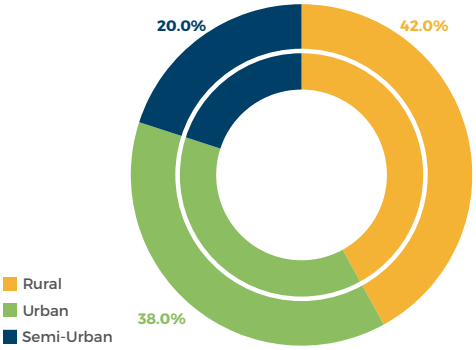
The data indicate that the programme has largely engaged young respondents, with 44% belonging to the 20–21 years age group, reflecting its outreach among youth at an early stage of career development.

72.0%

of the female respondents suggests improved access to apprenticeship and skill-building opportunities for women in the healthcare sector.

The social composition, including respondents from OBC and SC communities, highlights the programme's inclusive reach across different social groups. Further, the educational profile shows that a majority of respondents were 12th pass (58%) prior to joining the programme, indicating the initiative's role in supporting skill enhancement, practical exposure, and employability pathways for respondents with varying educational backgrounds.

CHART 5: TYPE OF AREA OF PERMANENT RESIDENCE



42.0%

of the respondents belonged to rural areas, suggesting the programme's outreach among youth from geographically and economically diverse backgrounds with limited access to structured employment opportunities.

CHART 6: TOTAL NUMBER OF FAMILY MEMBERS IN HOUSEHOLD

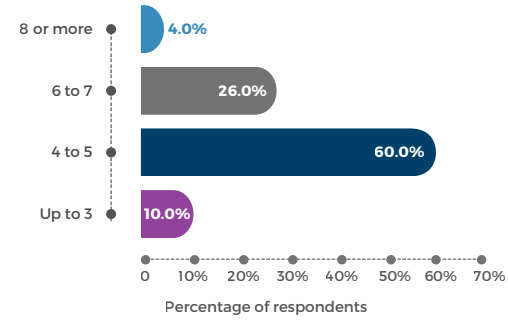
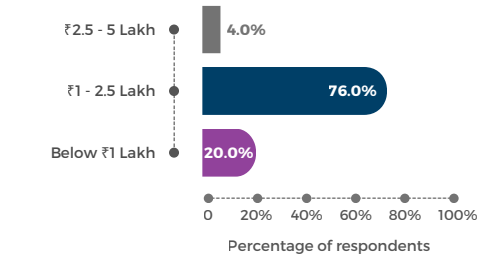


CHART 7: ANNUAL HOUSEHOLD INCOME BEFORE JOINING PROGRAMME



76.0%

of the respondents belonged to households earning between ₹1–2.5 lakh annually, while 60% lived in families with 4–5 members, indicating moderate-income households where additional livelihood support and stable employment opportunities remain important for family sustenance.

CHART 8: FATHER'S/ GUARDIAN'S PRIMARY OCCUPATION

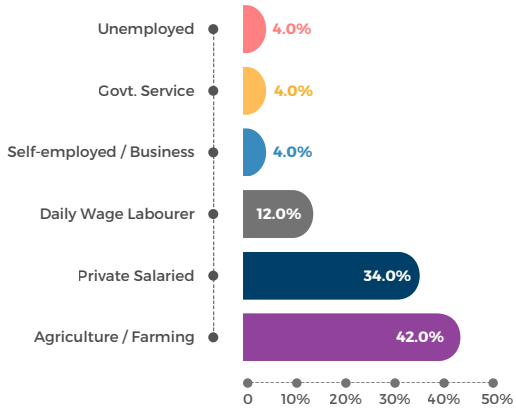
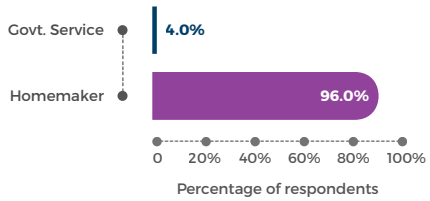


CHART 9: MOTHER'S/ GUARDIAN'S PRIMARY OCCUPATION



42.0%

of the respondents' fathers or guardians were engaged in agriculture/farming, while 96% of mothers or guardians were homemakers, reflecting households with limited and largely single-source income patterns where skill-based employment opportunities can contribute towards greater financial stability.

CHART 10: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY PROGRAMME COMPONENT ENROLLED UNDER

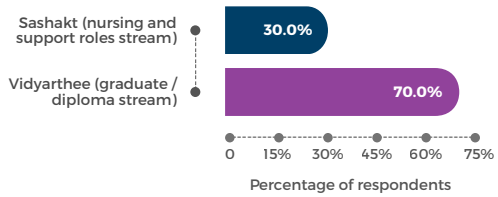
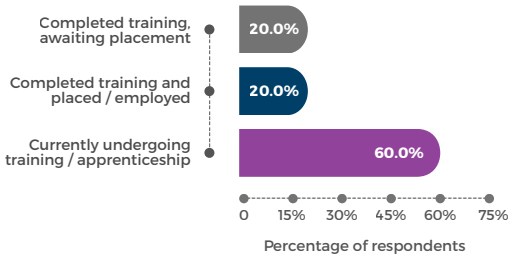


CHART 11: CURRENT STATUS IN THE PROGRAMME



70.0%

of the respondents were enrolled under the Vidyarthee component, while 60% were currently undergoing training or apprenticeship, indicating continued engagement of respondents in structured skill development and healthcare workforce preparation.

AWARENESS, ENROLMENT & SELECTION

CHART 12: SOURCE OF AWARENESS ABOUT VIDYARTHEE/ SASHAKT PROGRAMME

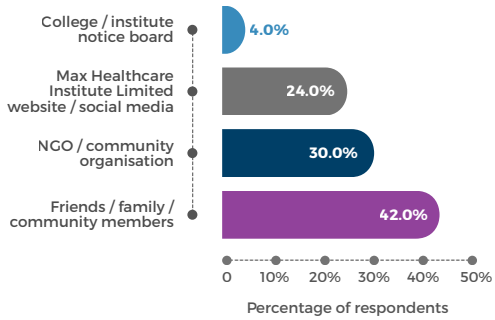
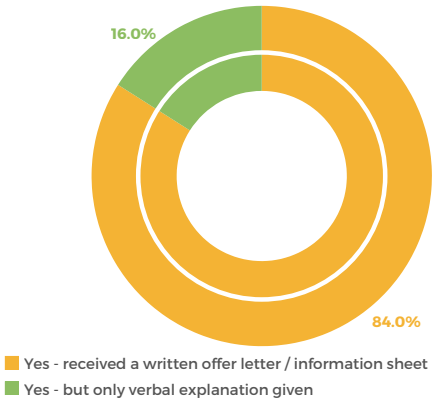


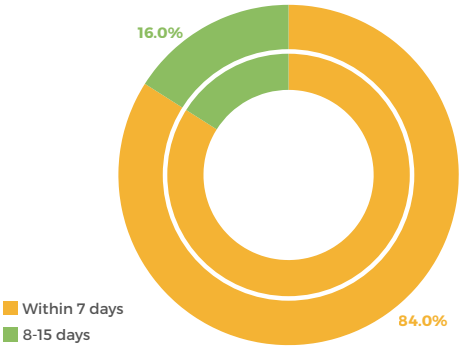
CHART 13: AVAILABILITY OF WRITTEN INFORMATION ABOUT PROGRAMME DETAILS



42.0%

of the respondents became aware of the programme through friends, family, or community members, while 84% received written information or offer letters, reflecting strong community-based outreach and transparent communication during enrolment.

CHART 14: ENROLMENT PROCESS DURATION AND CONFIRMATION TIMELINE



84.0%

of the respondents received enrolment confirmation within 7 days, suggesting an efficient and responsive admission process that helped reduce uncertainty and encouraged timely engagement of respondents in the programme.

CHART 15: EMPLOYMENT/ OCCUPATION STATUS BEFORE JOINING PROGRAMME

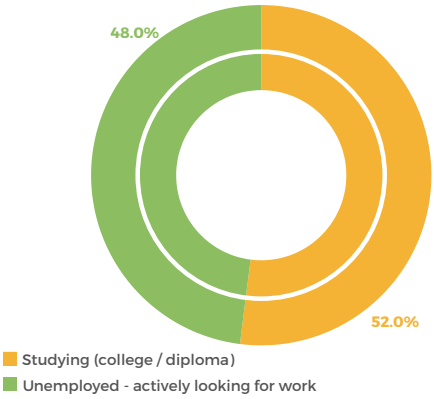
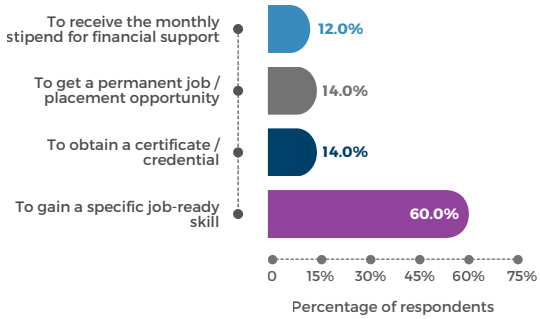


CHART 16: PRIMARY REASON FOR JOINING THE PROGRAMME



52.0%

of the respondents were pursuing education while 48% were unemployed before joining the programme, and 60% joined primarily to gain job-ready skills, indicating the programme's role in supporting youth employability, career readiness, and access to livelihood opportunities among respondents from economically vulnerable backgrounds.

Ms. Mousumi Chakraborty, Max Healthcare Institute Limited CSR Team

One of the most inspiring aspects of the programme is seeing students from modest and underserved backgrounds transform into future medical professionals. When a student from a financially constrained family enters a medical college and receives consistent support, it creates hope not only for that individual but for the entire family and community. These students become role models for younger siblings and neighbourhood youth, changing perceptions around higher education and showing that financial limitations should not define a young person's future.

TRAINING & APPRENTICESHIP DELIVERY

CHART 17: DURATION OF TRAINING / APPRENTICESHIP COMPLETED SO FAR

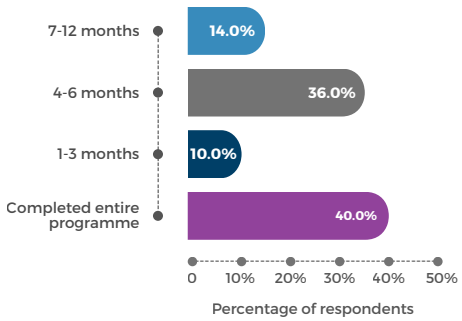
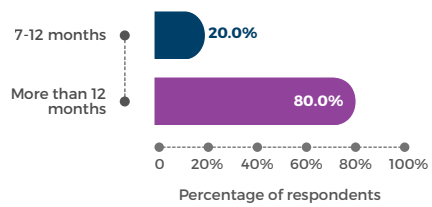


CHART 18: TOTAL DURATION OF TRAINING / APPRENTICESHIP PROGRAMME



80.0%

of the respondents were enrolled in training or apprenticeship programmes lasting more than 12 months, while a considerable proportion had already completed the programme, suggesting sustained engagement and structured long-term skill development support that strengthened respondents' practical learning and workplace preparedness.

CHART 19: ATTENDANCE AT TRAINING/ APPRENTICESHIP SITE IN LAST 30 DAYS

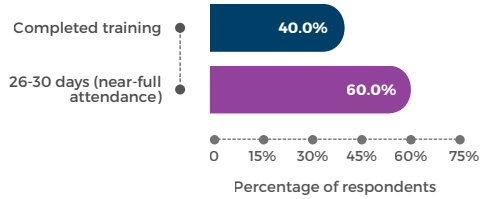
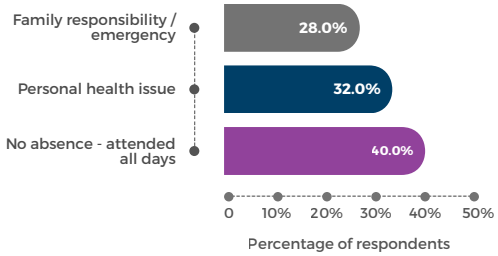


CHART 20: MAIN REASON FOR ABSENCE FROM TRAINING/ APPRENTICESHIP



60.0%

of the respondents maintained near-full attendance during the last month of training, while absences were mainly linked to health concerns and family responsibilities, reflecting strong commitment among respondents despite personal and household challenges.

CHART 21: TYPE OF SKILL/ TRADE UNDER TRAINING

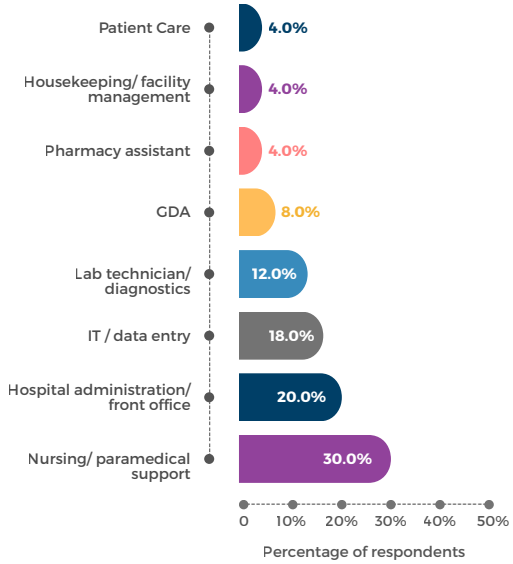
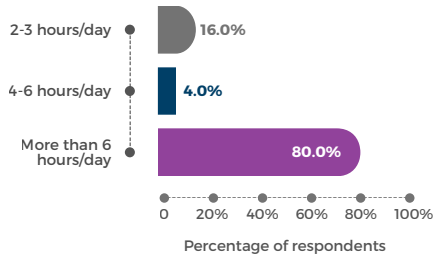


CHART 22: DAILY HOURS SPENT IN HANDS-ON/ PRACTICAL TRAINING



The data shows that respondents were engaged across diverse healthcare and support service trades, with 30% enrolled in nursing and paramedical support roles, while 80% spent more than 6 hours daily in practical training, indicating strong exposure to hands-on learning and workplace-based skill development.

Testimonial from the training team

When apprentices join the programme, many are hesitant and unfamiliar with the discipline of a hospital environment. With continuous practical exposure, mentorship, and rotational learning across departments, they become more confident and professional. They learn to handle workplace responsibilities with sincerity and gain a better understanding of the healthcare system, preparing them for long-term career opportunities.

CHART 23: RECEIPT OF CERTIFICATION/ SKILL ASSESSMENT DURING PROGRAMME

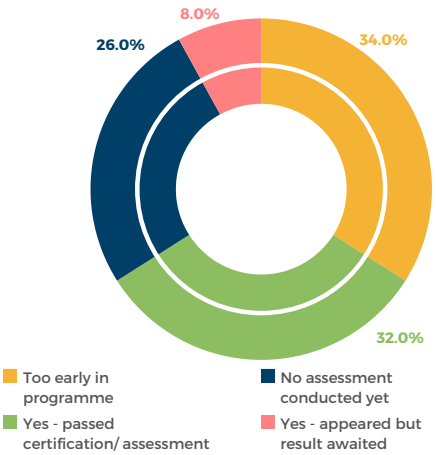
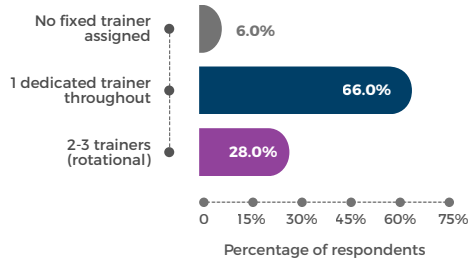


CHART 24: NUMBER OF TRAINERS/ SUPERVISORS WORKED UNDER



32.0%

of the respondents passed certification assessments, and 66% had one dedicated trainer, indicating effective mentorship and structured guidance in enhancing technical skills and learning continuity.

STIPEND & FINANCIAL SUPPORT

CHART 25: MONTHLY STIPEND RECEIVED UNDER PROGRAMME

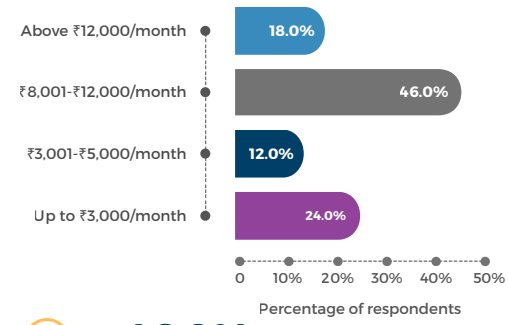
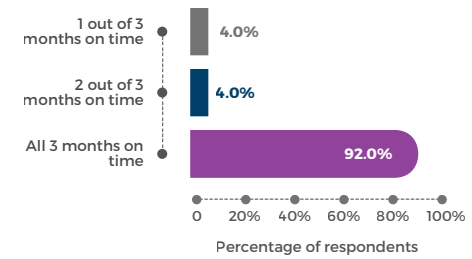


CHART 26: TIMELINESS OF STIPEND PAYMENT



46.0%

of the respondents received a monthly stipend between ₹8,001–₹12,000, and 92% reported receiving stipend payments on time, highlighting the programme's role in providing reliable financial support and reducing economic stress during training.

Mr. Manoj Kumar Tyagi, Representative, Max Healthcare Institute Limited

One of the most important outcomes of the programme is the social change it creates within families and communities. When young people from modest backgrounds begin earning, supporting their households, and working in respected healthcare institutions, it changes how families view vocational education and skill training. We have seen apprentices become role models for siblings and neighbourhood youth, encouraging others to pursue skilling and employment opportunities. The programme is creating long-term impact not only through employment, but also through dignity, confidence, and aspiration among young people.

CHART 27: AVERAGE DELAY IN STIPEND PAYMENT

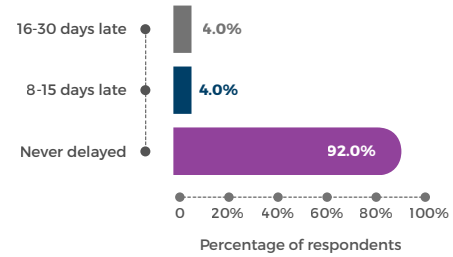
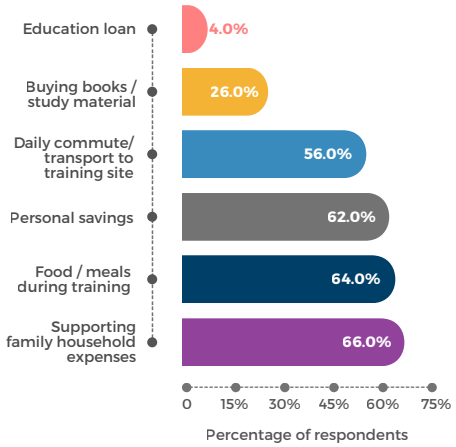


CHART 28: PRIMARY USE OF STIPEND AMOUNT



92.0%

of the respondents experienced no delay in stipend payments and all received the amount through direct bank transfer, while the stipend was mainly used for household expenses, food, savings, and travel, indicating its contribution towards financial stability and continuity of training among respondents.

SKILL DEVELOPMENT & EMPLOYABILITY

CHART 29: NUMBER OF NEW JOB-RELEVANT SKILLS LEARNED

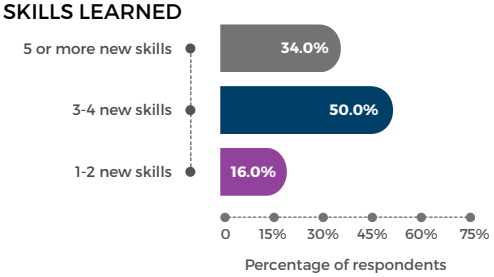
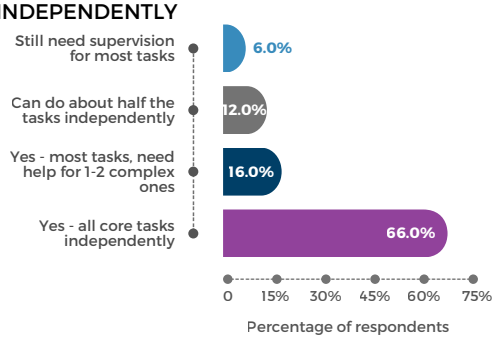


CHART 30: ABILITY TO PERFORM CORE TASKS INDEPENDENTLY



50.0%

of the respondents learned 3–4 new job-relevant skills and 66% were able to perform core tasks independently, suggesting improved technical competence, workplace confidence, and readiness for employment among respondents.

Mr. Manoj Kumar Tyagi, Programme Head, Max Healthcare Institute Limited

The Vidyarthee and Sashakt programmes were created during the COVID-19 period when the healthcare sector realised the urgent need for trained and job-ready manpower. What began as a response to a crisis has now evolved into a large-scale skill development initiative that is preparing youth for meaningful careers across healthcare services. Many apprentices who joined with limited exposure are today working confidently in nursing, patient care, operations, and support roles. The programme is not only strengthening hospital systems but also creating professional pathways for young individuals who may otherwise have remained outside the formal workforce.

CHART 31: NUMBER OF JOB INTERVIEWS/ EMPLOYER INTERACTIONS THROUGH PROGRAMME

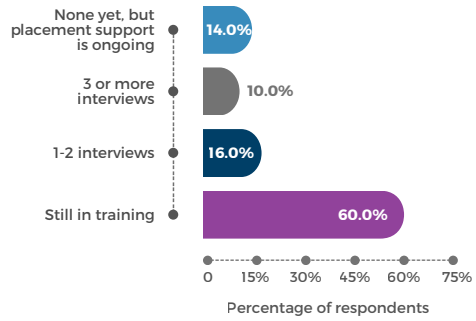
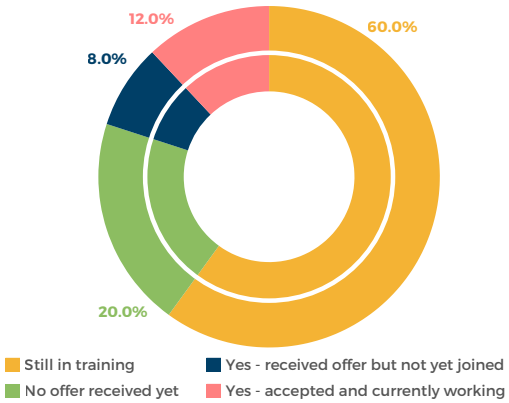


CHART 32: RECEIPT OF WRITTEN JOB OFFER/ EMPLOYMENT CONFIRMATION



60.0%

of the respondents were still undergoing training, several respondents had already participated in job interviews and received employment offers, indicating gradual transition towards workforce integration and positive employability outcomes through the programme.

Testimonial from the training team

This programme is not only creating employment opportunities but also giving young people a sense of dignity and direction in life, as many become financially responsible for the first time and support their families while building long-term career aspirations. Strengthening communication skills, career guidance, and financial support further can make it even more impactful for youth from vulnerable backgrounds.

CHART 33: MONTHLY SALARY AFTER PLACEMENT

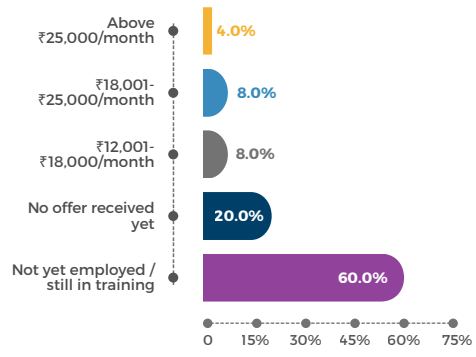
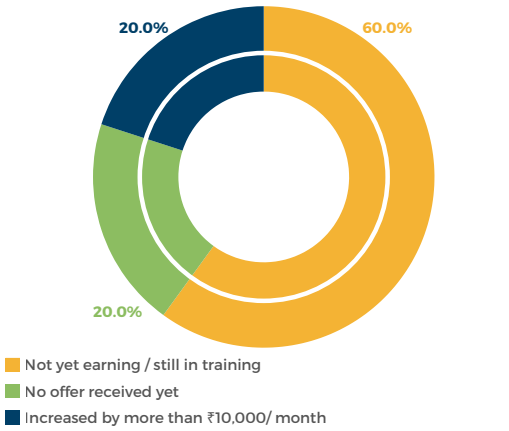


CHART 34: CHANGE IN MONTHLY INCOME AFTER TRAINING/ PLACEMENT



The data indicates that respondents who secured placements reported monthly salaries ranging from ₹12,001 to above ₹25,000, while 20% experienced an income increase of more than ₹10,000 per month, reflecting the programme's positive contribution towards financial empowerment and livelihood improvement.

APPRENTICESHIP QUALITY & WORKING CONDITIONS

CHART 35: DAILY WORKING/ TRAINING HOURS AT APPRENTICESHIP SITE

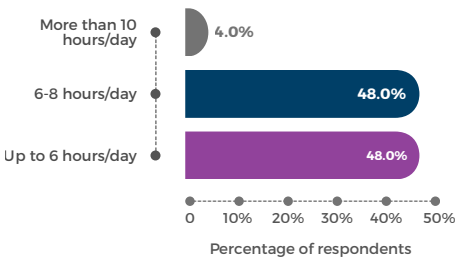
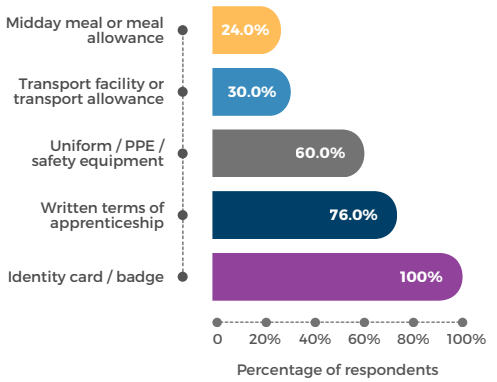


CHART 36: FACILITIES AND SUPPORT PROVIDED AT TRAINING/ APPRENTICESHIP SITE



The data shows that most respondents spent up to 8 hours daily at apprenticeship sites and all respondents received identity cards, while many were also provided with written apprenticeship terms and safety equipment, indicating a structured and supportive training environment that promoted workplace safety and professional engagement.

CHART 37: FREQUENCY OF STRUCTURED FEEDBACK FROM SUPERVISORS

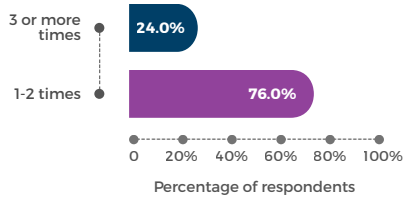
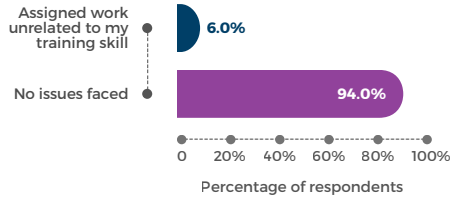


CHART 38: ISSUES FACED AT APPRENTICESHIP SITE





76.0%

of the respondents received structured feedback from supervisors and 94% reported facing no major issues at the training site, suggesting supportive supervision and a positive apprenticeship environment conducive to skill development and learning continuity.

PROGRAMME SUPPORT & COMMUNICATION

CHART 39: FREQUENCY OF CONTACT/ VISITS BY PROGRAMME TEAM

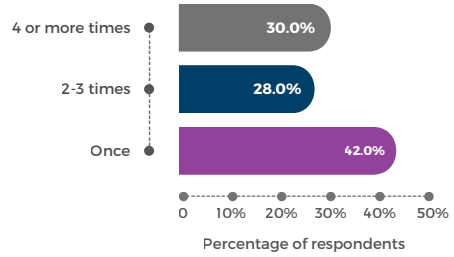
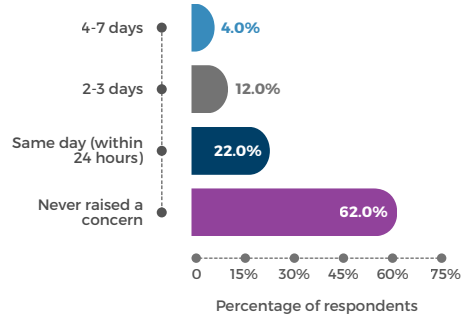


CHART 40: RESPONSE TIME FOR PROGRAMME QUERIES OR CONCERNS



The data indicates that respondents received regular follow-up and visits from the programme team, while most respondents either never faced concerns or received timely responses to their queries, reflecting accessible programme support and effective communication mechanisms.

CHART 41: NUMBER OF COMPLAINTS REPORTED AND RESOLVED

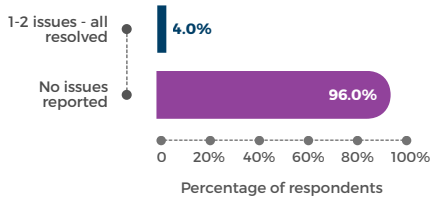
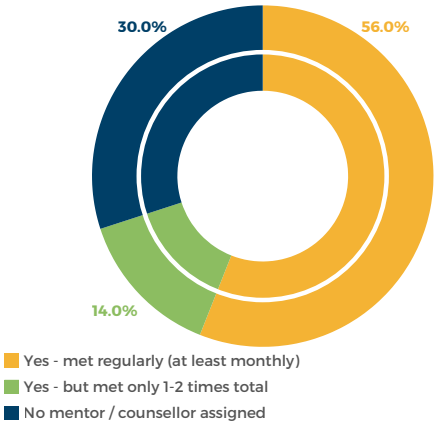


CHART 42: AVAILABILITY OF DEDICATED MENTOR OR COUNSELLOR



96.0%

of the respondents reported no major complaints and more than half had regular interaction with a dedicated mentor or counsellor, suggesting a supportive learning environment with effective grievance resolution and guidance mechanisms.

IMPACT ON FAMILY & FINANCIAL STRESS

CHART 43: REDUCTION IN FAMILY EXPENDITURE DUE TO PROGRAMME PARTIPATION

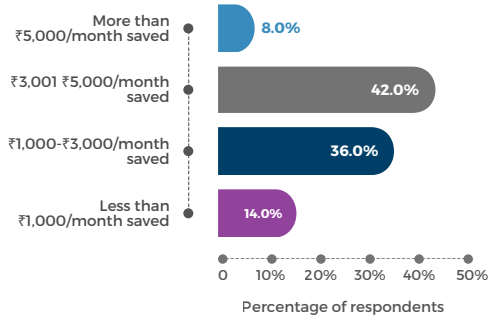


CHART 44: FREQUENCY OF HOUSEHOLD BORROWING FOR DAILY EXPENSES

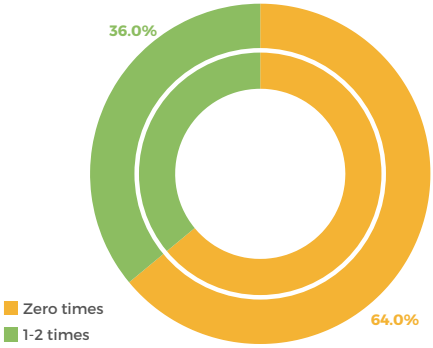
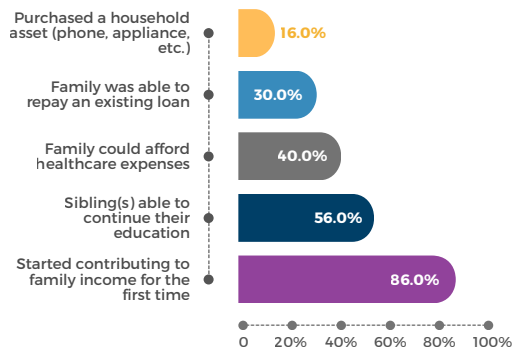


CHART 45: HOUSEHOLD CHANGES AFTER JOINING THE PROGRAMME



42.0%

of the respondents reported saving ₹3,001–₹5,000 in family expenditure and 64% reported no household borrowing for daily expenses, while 86% started contributing to family income for the first time, indicating improved financial stability and positive household-level changes through programme participation.

Testimonial from the training team

One of the most encouraging parts of the programme is watching apprentices grow from uncertain learners into confident professionals — many now work as Front Office Coordinators and support staff. We regularly introduce current apprentices to these alumni, which motivates them to take their training seriously and build a professional mindset.

Testimonial from the training team

For many apprentices, the stipend is more than financial support — it brings dignity and independence, especially for those from low-income families where even small delays affect their savings and daily expenses. As apprentices start earning and contributing at home, we see families grow more supportive of education and skill development, building both livelihood and social confidence among youth.

SUSTAINABILITY, CAREER OUTLOOK & RECOMMENDATIONS

CHART 46: INFLUENCE ON OTHERS IN NEIGHBOURHOOD OR COMMUNITY TO JOIN THE PROGRAMME

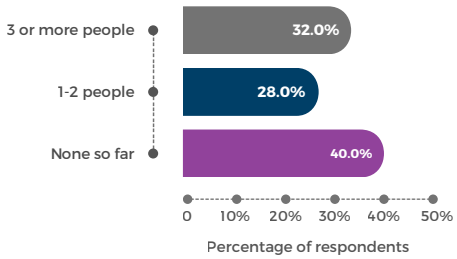
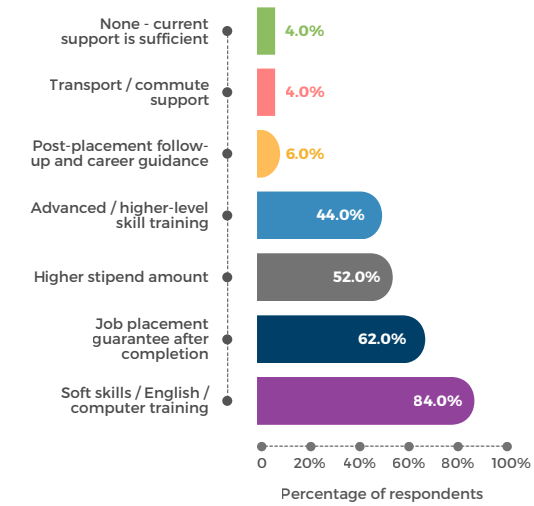


CHART 47: ADDITIONAL SUPPORT NEEDED BY BENEFICIARIES



The study reveals that several respondents influenced others in their neighbourhood or community to join the programme, while 84% expressed the need for additional soft skills, English, and computer training, indicating both the programme's positive community outreach and the continuing aspiration among respondents for enhanced employability support.

04. IMPACT CREATED AT MULTIPLE LEVEL

INDIVIDUAL LEVEL

Strengthened workplace readiness and confidence, as 66% of respondents reported performing all core tasks independently.

Enhanced practical exposure through hands-on learning, with 80% of respondents spending more than 6 hours daily in practical training.

Increased financial independence through stipend support, with 46% of respondents receiving monthly stipends between ₹8,001–₹12,000.



Improved job-relevant technical skills and practical understanding of healthcare service delivery among respondents, with 50% learning 3–4 new job-relevant skills and 34% learning 5 or more skills.

Improved employability outlook through structured apprenticeship exposure, with respondents participating in interviews and receiving placement opportunities during or after programme completion.

HOUSEHOLD LEVEL

Strengthened household economic stability, as 64% of respondents reported no household borrowing for daily expenses.

Improved educational continuity within families, as 56% reported that siblings were able to continue education due to improved household finances.

Increased contribution towards family income, with 86% of respondents contributing to household income for the first time.



Reduced financial burden on families, with 42% of respondents reporting monthly household savings between ₹3,001–₹5,000 after joining the programme.

Enhanced access to healthcare and financial recovery, with families becoming more capable of managing healthcare expenses and repaying existing loans.

COMMUNITY LEVEL

Created positive community influence, with respondents motivating peers and neighbourhood youth to join the programme.

Improved acceptance of skill-based healthcare careers among economically vulnerable communities.

Strengthened confidence among families regarding vocational education and apprenticeship pathways.



Encouraged youth participation in formal training and employment opportunities through visible success stories of respondents.

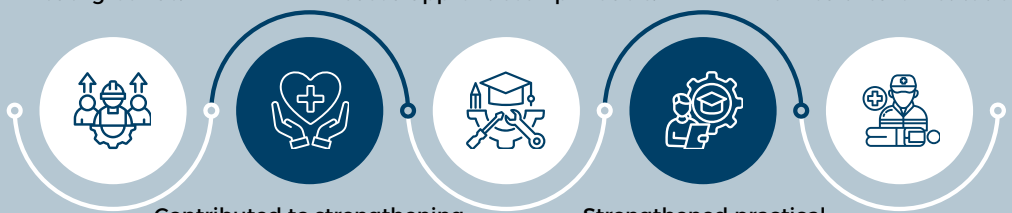
Promoted awareness regarding healthcare-sector employment opportunities through community-level outreach and peer networks.

STATE LEVEL

Supported skill development and employability enhancement for youth from rural, urban, and semi-urban backgrounds.

Improved alignment between industry requirements and vocational skill training through structured hospital-based apprenticeship models.

Supported state-level workforce preparedness by creating trained and work-ready respondents for healthcare institutions.



Contributed to strengthening the healthcare workforce pipeline through training in nursing, hospital administration, diagnostics, IT support, and patient care services.

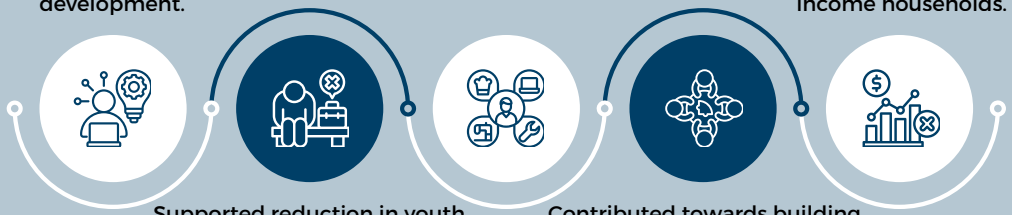
Strengthened practical healthcare training systems through long-duration apprenticeship exposure, with 80% enrolled in programmes lasting more than 12 months.

NATIONAL LEVEL

Contributed to national Skill India and youth employability goals through structured apprenticeship and healthcare-sector skill development.

Promoted industry-linked vocational education through practical, hospital-based learning models and certification processes.

Strengthened inclusive workforce development by creating opportunities for economically disadvantaged respondents from low-income households.



Supported reduction in youth unemployment by enabling transition from education and unemployment towards formal employment opportunities.

Contributed towards building a skilled healthcare support workforce aligned with national healthcare service needs and employment generation priorities.

05. OECD FRAMEWORK



★★★★½

RELEVANCE

The Max Vidyarthee & Sashakt Programme is highly relevant in addressing the growing demand for skilled healthcare professionals and the challenge of youth unemployment among economically vulnerable households. At the national level, India continues to face shortages of trained healthcare and allied workforce, particularly in hospital support, patient care, diagnostics, and administrative functions. The programme responds directly to this gap by providing structured apprenticeship-based training linked with real workplace exposure in hospital settings. The study findings indicate that many respondents belonged to low-income households, with a large proportion reporting annual family income between ₹1 lakh and ₹2.5 lakh prior to joining the programme. Additionally, respondents joined the programme primarily to gain job-ready skills and improve employment opportunities, reflecting the strong need for accessible livelihood-oriented skilling pathways among youth.

★★★★½

COHERENCE

The programme demonstrates strong coherence with national development priorities and key Sustainable Development Goals, particularly SDG 3: Good Health and Well-being, SDG 4: Quality Education, SDG 5: Gender Equality, SDG 8: Decent Work and Economic Growth, and SDG 10: Reduced Inequalities. The initiative aligns closely with national skilling and employability priorities by strengthening industry-linked vocational learning within the healthcare ecosystem. The programme is also aligned with apprenticeship and workforce development frameworks promoted under India's skill development ecosystem, as it combines practical exposure, mentorship, certification, and placement support. Study findings further reveal that respondents received structured supervision, written programme information, regular feedback, and practical workplace learning opportunities, indicating strong alignment between programme design, implementation processes, and healthcare sector workforce requirements.



Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low



EFFECTIVENESS

The programme has been effective in achieving its core objectives related to skill development, workplace readiness, and employability enhancement among respondents. The findings indicate that respondents acquired multiple job-relevant skills across areas such as nursing support, hospital administration, diagnostics, IT support, and patient care services. A majority of respondents reported the ability to independently perform core workplace tasks after training, reflecting significant improvement in technical competence and confidence. The programme also ensured strong engagement through regular attendance, long-duration practical exposure, and structured mentoring mechanisms. In addition, some respondents had already secured employment opportunities or received placement offers, while others were actively undergoing apprenticeship training with ongoing placement support, demonstrating positive progress toward workforce integration and livelihood generation.



EFFICIENCY

The programme demonstrates strong operational efficiency through its structured implementation systems, hospital-based apprenticeship model, and effective coordination mechanisms. The enrolment process was completed within a short duration for most respondents, reflecting efficient mobilisation and onboarding systems. The apprenticeship approach enabled respondents to gain hands-on exposure within existing healthcare infrastructure, ensuring practical learning without requiring separate training facilities. Findings also suggest that stipend payments were largely received on time through direct bank transfer systems, reducing financial uncertainty for respondents. Regular interaction with trainers, programme teams, mentors, and supervisors further strengthened monitoring and learning support. The programme efficiently utilised institutional resources, workplace infrastructure, and supervisory systems to simultaneously address skill development needs and healthcare workforce requirements.



IMPACT

The programme has generated substantial positive impact at individual, household, and workforce levels. At the individual level, respondents experienced improved technical skills, professional discipline, workplace confidence, and employability within healthcare settings. At the household level, the programme contributed to reduced financial stress, increased contribution to family income, improved support for sibling education, and reduced dependence on borrowing for daily expenses. Respondents utilized stipend support for food, transportation, savings, educational materials, and household needs, highlighting socio-economic benefits. The program increased awareness of vocational careers in healthcare, fostering aspirations for long-term professional growth and enhancing the availability of trained healthcare support within hospitals.



SUSTAINABILITY

The sustainability of the programme is reflected in its industry-integrated training structure, emphasis on long-term employability, and continued development of practical workplace skills. The apprenticeship model promotes sustained behavioural and professional transformation by exposing respondents to real healthcare environments, workplace discipline, and structured mentorship over an extended duration. The programme has also contributed to stronger confidence among families regarding skill-based careers and professional education pathways. Respondents gained practical knowledge, industry exposure, and transferable healthcare skills that can support long-term livelihood opportunities beyond the programme period. In addition, the structured involvement of trainers, mentors, hospital departments, and programme teams strengthens institutional ownership and creates a sustainable ecosystem for continued workforce development within the healthcare sector.



06. RECOMMENDATIONS



Strengthen soft skills, English communication, and workplace behaviour training during the initial phase of the programme, as a large proportion of respondents and trainers identified communication and professional readiness as key gaps affecting workplace adaptation.

Introduce a structured pre-induction orientation module focusing on hospital culture, workplace discipline, patient interaction, and role expectations to reduce adjustment challenges and improve retention during the early months of apprenticeship.

Enhance post-training placement support through stronger employer linkages, placement tracking, and career counselling, as several respondents had completed training but were still awaiting employment opportunities or placement confirmation.

Improve mentorship and counselling mechanisms by ensuring that every respondent is regularly connected with a dedicated mentor or counsellor, particularly to support respondents facing personal, financial, or workplace-related challenges during the apprenticeship period.

Review and strengthen stipend-related support, including timely disbursement coordination and periodic revision of stipend amounts, as respondents reported using stipends for household expenses, transportation, food, and educational needs, indicating its critical role in sustaining programme participation.

07 CONCLUSION

The assessment findings indicate that the Max Vidyarthee & Sashakt Programme by Max Healthcare Institute Limited has emerged as an effective initiative for strengthening youth employability within the healthcare sector. The programme provided respondents from economically vulnerable households with structured apprenticeship opportunities, practical exposure, mentorship, and workplace learning across various healthcare support functions. Regular supervision, hands-on training, and coordinated programme support contributed to improved workplace readiness and skill development among respondents.

The study further highlights that the programme contributed towards enhanced confidence, employability, and financial stability among respondents and their families. Many respondents reported learning multiple job-relevant skills, contributing to household income for the first time, and reducing financial stress through stipend support. The programme also positively influenced household well-being through support for education, daily expenses, and reduced dependence on borrowing.

Overall, the programme demonstrates a strong model of integrating skill development with real workplace exposure in the healthcare sector. By addressing both industry needs and youth livelihood challenges, the initiative contributed towards building a more skilled, confident, and employment-ready workforce while promoting long-term socio-economic mobility among respondents.



08. SOCIAL RETURN ON INVESTMENT (SROI)

MAX VIDYARTHEE & SASHAKT
APPRENTICESHIP & EMPLOYABILITY PROGRAMME

EXECUTIVE SUMMARY

Max Healthcare Institute Limited implements two structured apprenticeship programmes — Max Vidyarthee and Sashakt — as part of its CSR commitment to youth employability and healthcare workforce development. In FY 2025–26, Max Healthcare Institute Limited invested ₹4,46,10,787 in the form of monthly stipends to 3,107 apprentices across both programmes. The programmes provide structured workplace training, monthly stipend support, insurance coverage, healthcare access, and welfare benefits to youth from socially marginalised and economically vulnerable backgrounds.

This Social Return on Investment (SROI) analysis assesses the measurable social and economic value generated through these two programmes during the assessment period, April 2025 to March 2026. The analysis is grounded in programme-level data, Indian labour market benchmarks, and insurance actuarial data. Seven monetisable outcomes were identified for each programme across beneficiary apprentices and their families, spanning post-placement income uplift, insurance protection, healthcare access, and in-kind welfare support. All outcomes are individually adjusted for deadweight, attribution, displacement, and drop-off in accordance with Social Value International SROI principles.

The valuation adopts a single-year, conservative approach, covering FY 2025–26 only, anchored to confirmed programme data. The combined net social value generated across both programmes is estimated at ₹23.46 crore against a total investment of ₹4.46 crore, yielding a combined SROI ratio of 5.26:1.

Programme Coverage	Key Outcomes
Max Vidyarthee Programme • **1,541 apprentices | Avg stipend ₹13,750/month** • **Graduates, diploma & non-graduates from socially marginalised backgrounds** **Sashakt Programme** • **1,566 apprentices | Avg stipend ₹20,700/month** • **Nursing and healthcare support-role trainees** Combined Investment: ₹4,46,10,787 (FY 2025–26)	• 7 monetisable outcomes identified per programme • 3,107 apprentices covered under insurance, OPD, meals & uniform

SROI METHODOLOGY FRAMEWORK

The SROI methodology applied in this analysis is aligned with the principles of Social Value International and follows a structured five-stage framework:



Phase 1
Establishing Scope and Identifying Stakeholders



Phase 2
Mapping Outcomes



Phase 3
Evidencing Outcomes and Assigning Value



Phase 4
Establishing Impact



Phase 5
Calculating the SROI

Phase 1
ESTABLISHING SCOPE AND IDENTIFYING STAKEHOLDERS

Scope of the SROI Analysis

This SROI analysis covers the Max Vidyarthee and Sashakt apprenticeship programmes implemented by Max Healthcare Institute Limited during FY 2025–26, covering the period April 2025 to March 2026. Both programmes provide structured 12-month apprenticeships with monthly stipend support, workplace-based training, insurance coverage, healthcare access, and in-kind welfare benefits to youth from socially marginalised and economically vulnerable backgrounds.

The assessment is limited to a single reporting year (FY 2025–26). While placement-linked income benefits may continue beyond Year 1, only Year 1 outcomes are directly evidenced through programme data and are therefore included in the primary SROI calculation. The total CSR investment assessed is ₹4,46,10,787, representing the total stipend disbursed across both programmes during the assessment period. The scope includes all measurable, non-duplicative outcomes directly resulting from programme participation, while excluding long-term compounding effects and outcomes not attributable to the programme in the reporting year.

Stakeholder Identification

Stakeholders included in valuation:

STAKEHOLDER IDENTIFICATION

APPRENTICES & FAMILIES (MAX VIDYARTHEE)

Post-placement income uplift above the counterfactual informal wage. Medical, accident, and term life insurance cover. OPD healthcare access. Subsidised meal support. Uniform provision. Improved employability and economic security for first-generation earners from marginalised communities.



TRAINEES & FAMILIES (SASHAKT)

Post-placement income uplift reflecting the healthcare sector wage premium. Full insurance package. OPD access within a hospital setting. Subsidised meals and uniform support. Structured pathway into formal healthcare employment — a career-defining transition for nursing and support-role trainees.

Stakeholders excluded from valuation:

The following stakeholders were considered but excluded from monetisation: (1) Max Healthcare Institute Limited as employer — institutional value of trained workforce not valued to avoid double-counting with beneficiary income outcomes. (2) Government and public system — reduction in unemployment burden on NAPS/NSDC is acknowledged, but beyond the scope of available data. (3) Dependent household members beyond direct family insurance benefit — indirect welfare gains are material but not quantifiable from available evidence. (4) Community-level spillover effects — positive externalities of increased household income on local economies are acknowledged but not monetised.

Phase 2
MAPPING OUTCOMES

Apprentice and Family Outcomes

TANGIBLE OUTCOMES

- Incremental income uplift post-placement (primary driver).
- Accident insurance cover (₹5 Lakh – premium equivalent).
- OPD healthcare support (cost of outpatient visits avoided).
- Uniform support (in-kind, one-time provision).
- Medical insurance cover (₹2 Lakh – actuarial premium equivalent).
- Term life insurance cover (₹5 Lakh – premium equivalent).
- Subsidised meal support (canteen saving per working day).

INTANGIBLE OUTCOMES

- Increased confidence and workplace readiness.
- Improved household stability through formal employment.
- Reduced social vulnerability through institutional affiliation.
- Reduced financial anxiety for first-generation earners.
- Enhanced career trajectory and professional identity (Sashakt – healthcare).
- Improved treatment adherence and health outcomes through OPD access.

DE-DUPLICATION NOTE

De-duplication: All 7 outcomes are valued for distinct, non-overlapping dimensions of benefit. The stipend paid (the programme investment) is NOT valued as an outcome – income uplift measures only the additionality above the counterfactual informal wage. Insurance, OPD, meals, and uniforms are valued through separate, non-overlapping proxies (actuarial premiums, visit cost avoidance, canteen savings, and uniform market cost, respectively). No beneficiary is counted twice across any two outcomes. Household income contribution is not separately valued as it is captured within the income uplift figure.

Phase 3
GROSS SOCIAL VALUE (BEFORE ADJUSTMENTS)

This phase converts the outcomes identified in Phase 2 into quantifiable financial values using programme data as the primary evidence base, supported by Indian market benchmarks. All proxy values are derived conservatively using lower bounds where ranges are available. Only measurable, directly attributable, and non-duplicative outcomes are included. The resulting figures represent Gross Social Value, before impact adjustments are applied in Phase 4.

Max Vidyarthee Programme

INCREMENTAL INCOME UPLIFT POST-PLACEMENT

The Max Vidyarthee Programme enabled apprentices to transition from low-income, informal, or unskilled employment pathways into structured apprenticeship and formal employment opportunities. Stakeholder interactions and discussions with beneficiaries indicated that the programme significantly improved access to stable monthly earnings, workplace exposure, and formal-sector livelihood opportunities.

Based on programme data, approximately 80% of apprentices were assumed to transition into employment after completion of the apprenticeship period. The valuation considered the incremental income gained over likely counterfactual earnings from informal or low-skilled occupations. The monetary value assigned under this outcome reflects the annual income enhancement attributable to programme-supported employability generation.

The gross social value generated under this outcome is estimated at ₹8,50,08,000.

MEDICAL INSURANCE COVERAGE

Apprentices enrolled under the programme received medical insurance coverage, reducing the financial vulnerability associated with healthcare expenditure. Discussions with beneficiaries and field observations highlighted that access to employer-supported health insurance significantly reduced anxiety related to medical emergencies and out-of-pocket treatment expenses.

The monetary value for this outcome was derived using the equivalent annual value of comparable group health insurance coverage available in the market. Since all apprentices were covered under the programme, the valuation reflects the aggregate annual welfare protection extended to beneficiaries and their households.

The gross social value generated under this outcome is estimated at ₹55,47,600.

ACCIDENT INSURANCE COVERAGE

The programme also provided accident insurance coverage to apprentices, creating an additional layer of economic protection for beneficiaries and their families. Beneficiary interactions suggested that such coverage was particularly valuable for first-generation earners and youth from economically vulnerable households who otherwise lacked access to formal financial protection mechanisms.

The monetary value assigned under this outcome reflects the annual market-equivalent value of accident insurance coverage provided to programme participants.
The gross social value generated under this outcome is estimated at ₹23,11,500



TERM LIFE INSURANCE COVERAGE

The provision of term life insurance created long-term financial security for apprentices and their dependent family members. Focus group discussions indicated that many beneficiaries belonged to households without any formal insurance protection, making employer-supported life insurance an important welfare benefit.

The valuation for this outcome was derived using the annual market-equivalent monetary value of comparable term life insurance coverage available for young working adults.
The gross social value generated under this outcome is estimated at ₹36,98,400.



OPD HEALTHCARE SUPPORT

The programme enabled apprentices to access outpatient healthcare consultations without incurring significant personal expenditure. Beneficiary interactions and field observations indicated that free or subsidised healthcare consultations reduced out-of-pocket healthcare spending and improved access to timely medical support.

The monetary value assigned under this outcome reflects the avoided expenditure associated with outpatient consultations that beneficiaries would otherwise incur through private healthcare access.
The gross social value generated under this outcome is estimated at ₹15,41,000.



SUBSIDISED MEAL SUPPORT

Subsidised meal support emerged as an important livelihood and welfare benefit under the programme. Beneficiaries reported that access to subsidised workplace meals reduced daily food expenditure and prevented diversion of stipend income toward routine consumption costs. This was particularly significant for apprentices residing away from home or supporting themselves independently during the apprenticeship period.

The monetary value assigned under this outcome reflects the annual savings accrued through subsidised meal provision during the apprenticeship duration.
The gross social value generated under this outcome is estimated at ₹2,31,15,000.



UNIFORM SUPPORT (IN-KIND)

The programme provided work uniforms to apprentices, reducing the initial financial burden associated with workplace participation. Stakeholder consultations suggested that this support was especially beneficial for youth from socially and economically marginalised backgrounds who may otherwise struggle to bear upfront professional clothing expenses.

The monetary value assigned under this outcome reflects the replacement cost of work uniforms provided to apprentices during programme participation.
The gross social value generated under this outcome is estimated at ₹30,82,000.

TOTAL GROSS SOCIAL VALUE - MAX VIDYARTHEE PROGRAMME

₹12,43,03,500

Sashakt Programme



INCREMENTAL INCOME UPLIFT POST-PLACEMENT

The Sashakt Programme enabled nursing and healthcare trainees to access structured employment opportunities within the healthcare sector, resulting in significant livelihood enhancement and improved earning potential. Stakeholder consultations and beneficiary discussions indicated that institutional apprenticeship exposure and healthcare-sector certification substantially improved employability outcomes and wage levels compared to pre-programme livelihood conditions.

Based on programme assumptions, approximately 85% of trainees were considered successfully placed within healthcare-related employment pathways. The valuation considered the incremental income gained over likely counterfactual semi-skilled earnings prior to programme participation.

The gross social value generated under this outcome is estimated at ₹17,09,00,400.



MEDICAL INSURANCE COVERAGE

Healthcare trainees under the Sashakt Programme received medical insurance coverage that reduced financial vulnerability arising from medical expenditure. Beneficiary interactions suggested that access to institutional insurance support was particularly important given the occupational exposure associated with healthcare-sector roles.

The monetary value assigned under this outcome reflects the annual equivalent value of comparable group medical insurance coverage available in the market.

The gross social value generated under this outcome is estimated at ₹56,37,600.



ACCIDENT INSURANCE COVERAGE

The programme also extended accident insurance coverage to trainees, strengthening economic protection for beneficiaries and their families. Stakeholder consultations highlighted that accident protection was particularly relevant for healthcare workers due to occupational risk exposure during institutional engagement.

The valuation for this outcome reflects the annual market-equivalent value of accident insurance coverage provided under the programme.

The gross social value generated under this outcome is estimated at ₹23,49,000.



TERM LIFE INSURANCE COVERAGE

The provision of term life insurance enhanced household-level financial security for trainees and dependent family members. Beneficiary interactions indicated that such formal insurance coverage represented a significant welfare benefit, especially among first-generation earners from economically vulnerable households.

The monetary value assigned under this outcome reflects the annual equivalent market value of comparable term insurance protection.

The gross social value generated under this outcome is estimated at ₹37,58,400.



OPD HEALTHCARE SUPPORT

Trainees under the programme benefited from institutional access to outpatient healthcare consultations, thereby reducing routine healthcare expenditure. Discussions with trainees suggested that access to healthcare support improved affordability and encouraged timely medical consultation.

The valuation under this outcome reflects the avoided out-of-pocket expenditure associated with outpatient healthcare access.

The gross social value generated under this outcome is estimated at ₹15,66,000.



SUBSIDISED MEAL SUPPORT

Subsidised meal support contributed significantly toward reducing daily consumption expenditure for trainees, particularly those engaged in long-duration healthcare shifts and institutional training schedules. Beneficiary discussions indicated that subsidised food support improved financial stability and reduced pressure on monthly earnings.

The monetary value assigned under this outcome reflects the estimated annual savings generated through subsidised meal provision during programme participation.

The gross social value generated under this outcome is estimated at ₹2,34,90,000.



UNIFORM SUPPORT (IN-KIND)

The programme provided healthcare uniforms to trainees, reducing the financial burden associated with mandatory professional attire required for institutional practice. Stakeholder consultations indicated that such support improved workplace readiness and reduced initial participation barriers among economically vulnerable trainees.

The monetary value assigned under this outcome reflects the replacement cost of healthcare uniforms provided under the programme.

The gross social value generated under this outcome is estimated at ₹31,32,000.

TOTAL GROSS SOCIAL VALUE – SASHAKT PROGRAMME

₹21,08,33,400

COMBINED PROGRAMME – TOTAL GROSS SOCIAL VALUE

₹33,51,36,900



Phase 4
ESTABLISHING IMPACT

To ensure methodological rigour, four deductions are applied to each gross outcome value to remove the portion of benefit that cannot be directly and exclusively attributed to the programme. Each deduction rate is set individually per outcome — not applied as a uniform block — based on the specific characteristics and evidence base of each outcome.

Net Value = Gross Value × (1 − Deadweight) × (1 − Attribution) × (1 − Displacement) × (1 − Drop-off)

Factor	Definition
Deadweight	The proportion of the outcome that would have occurred without the programme. Reflects the counterfactual scenario — what would have happened anyway.
Attribution	The percentage of the outcome attributable to other organisations or external factors, rather than solely to this programme.
Displacement	The extent to which the programme's positive outcomes create negative effects for others outside the programme.
Drop-off	The reduction in the impact of an outcome within the measurement year due to attrition, non-utilisation, or diminishing effect.

Deadweight

A deadweight ranging from 10% to 15% was applied across outcomes to account for the possibility that some beneficiaries may have independently accessed limited employment opportunities, public welfare schemes, or basic insurance coverage without programme support.

- A lower deadweight of 10% was applied to welfare-related outcomes such as insurance coverage, OPD support, subsidised meals, and uniform support, as these benefits were largely programme-specific and additional.
- A comparatively higher deadweight of 15% was applied to selected employability and medical insurance outcomes where limited alternative access may have existed.

Attribution

An attribution range of 10% to 15% was applied to account for the limited contribution of external stakeholders such as government apprenticeship frameworks, insurers, certification systems, and labour market conditions.

- A higher attribution of 15% was applied to income uplift and insurance outcomes.
- A lower attribution of 10% was applied to institutionally delivered benefits such as OPD support, meals, and uniform support.

Overall, Max Healthcare Institute Limited remained the primary delivery and enabling institution across both programmes.

Displacement

Displacement was retained at 0% across all outcomes, as the programmes expanded livelihood opportunities, welfare access, and healthcare workforce participation without reducing benefits available to other groups.

Drop-off

A drop-off ranging between 0% and 10% was applied depending on the nature of the outcome.

- A drop-off of 10% was applied to income uplift outcomes, considering possible employment discontinuation or attrition.
- A lower drop-off of 5% was applied to insurance and OPD-related benefits due to relatively stable access during programme participation.

No drop-off (0%) was applied to one-time or fully delivered benefits such as subsidised meals and uniform support.



Phase 5
CALCULATING THE SROI

Consolidated Monetised Outcomes Table

The following table presents the complete, non-duplicative set of monetised outcomes for both programmes with all impact adjustments applied. Each outcome is counted once, for a distinct dimension of benefit.

Outcome	Beneficiaries	Financial Proxy (INR)	DW (%)	AT (%)	DP (%)	DO (%)	Net Adjusted Value (INR)
Income Uplift (Post-Placement)	1,232	₹69,000 pa	15%	15%	0%	10%	₹5,52,76,452
Medical Insurance	1,541	₹3,600 pa	15%	15%	0%	5%	₹38,07,734
Accident Insurance	1,541	₹1,500 pa	10%	15%	0%	5%	₹16,79,883
Term Life Insurance	1,541	₹2,400 pa	10%	15%	0%	5%	₹26,87,812
OPD Healthcare Support	1,541	₹1,000 pa	10%	10%	0%	5%	₹11,85,800
Subsidised Meals	1,541	₹15,000 pa	10%	10%	0%	0%	₹1,87,23,150
Uniform Support	1,541	₹2,000 (one-time)	10%	10%	0%	0%	₹24,96,420
							₹8,58,57,250
Income Uplift (Post-Placement)	1,331	₹1,28,400 pa	10%	15%	0%	10%	₹11,76,64,925
Medical Insurance	1,566	₹3,600 pa	15%	15%	0%	5%	₹38,69,508
Accident Insurance	1,566	₹1,500 pa	10%	15%	0%	5%	₹17,07,136
Term Life Insurance	1,566	₹2,400 pa	10%	15%	0%	5%	₹27,31,417
OPD Healthcare Support	1,566	₹1,000 pa	10%	10%	0%	5%	₹12,05,037
Subsidised Meals	1,566	₹15,000 pa	10%	10%	0%	0%	₹1,90,26,900
Uniform Support	1,566	₹2,000 (one-time)	10%	10%	0%	0%	₹25,36,920
							₹14,87,41,843
							₹23,45,99,093

SROI Calculation

Programme	Total Investment (INR)	Net Social Value (INR)	SROI Ratio
Max Vidyarthee	₹1,76,30,602	₹8,58,57,250	
Sashakt	₹2,69,80,185	₹14,87,41,843	
COMBINED PROGRAMME	**₹4,46,10,787**	**₹23,45,99,093**	**5.26x**

For every ₹1 invested by Max Healthcare Institute Limited in the Max Vidyarthee programme and the Sashakt programme, ₹5.26 of net social value was generated for apprentices, trainees, and their families during FY 2025–26.

Sensitivity Analysis

A sensitivity analysis is conducted to assess the robustness of the base-case SROI ratio under conservative and optimistic assumptions. The analysis is warranted given that three material parameters — placement rate, income uplift per month, and deadweight/attribution rates — together drive the primary value driver (income uplift, 73.7% of net value). Secondary benefits (insurance, OPD, meals, uniform) are held constant across all scenarios as they are contractually fixed programme benefits.

Assumption/ Variable	Conservative Case	Base Case (Confirmed)	Optimistic Case	Rationale for Range
Vidyarthee placement rate	65%	80% (1,232 placed)	90%	Stressed: higher dropout/ Optimistic: hospital network absorbs more
Sashakt placement rate	70%	85% (1,331 placed)	92%	Stressed: market saturation/ Optimistic: acute nursing shortage absorbs all
Vidyarthee income uplift/month	₹4,500	₹5,750	₹6,500	Stressed: wage compression/ Optimistic: above minimum wage placement
Sashakt income uplift/month	₹8,500	₹10,700	₹12,500	Stressed: lower-acuity roles/ Optimistic: ICU/OT specialist placements
Deadweight — income	25%	V:15%/ S:10%	5%	Stressed: more informal alternatives/ Optimistic: strong additionality confirmed
Attribution — income	25%	15%	10%	Stressed: external factors more prominent/ Optimistic: Max sole mechanism

Scenario Results

Programme	Conservative Net Value	Conservative SROI	Base Case Net Value	Base Case SROI	Optimistic Net Value	Optimistic SROI
Max Vidyarthee	₹5,79,45,636		₹8,58,57,250		₹11,37,69,904	
Sashakt	₹8,76,71,618		₹14,87,41,843		₹19,72,88,918	
Combined	₹14,56,17,254	3.26x	₹23,45,99,093	5.26x	₹31,10,58,822	6.97x

The sensitivity analysis confirms that even under the most conservative assumptions — placement rates of 65%/70%, income uplift compressed by approximately 22%, and both deadweight and attribution raised to 25% — the combined SROI remains above 3x, well above the threshold for demonstrating strong social value. The base case ratio of 5.26x is the recommended figure for all CSR disclosures and is grounded in programme data and conservative, individually-justified assumptions. The SROI ratio remains positive and above 1.0 in all tested scenarios, confirming model stability.

Interpretation of the SROI Ratio

The assessment estimated a total gross social value of ₹33,51,36,900 and a net adjusted social value of ₹23,45,99,093 against a combined CSR investment of ₹4,46,10,787 across both programmes, resulting in a final evidenced SROI ratio of 5.26:1 for the combined programme in FY 2025–26.

This indicates that every ₹1 invested by Max Healthcare Institute Limited in structured apprenticeship and employability support generated approximately ₹5.26 of measurable social value for apprentices, trainees, and their families.

PROGRAMME-LEVEL FINDINGS

The Max Vidyarthee Programme generated a net social value of ₹8,58,57,250. The largest contributor was income uplift post-placement (64.4% of Vidyarthee net value), reflecting the additionality of structured placement for socially marginalised youth who would otherwise remain in informal, low-wage employment.

The Sashakt Programme generated a net social value of ₹14,87,41,843. The income uplift for Sashakt trainees (₹10,700/month) is nearly double that of Vidyarthee (₹5,750/month), driven by the certified nursing and clinical support skills that command higher wages in a sector facing acute workforce shortages. Income uplift accounts for 79.1% of Sashakt net value.

Conclusion

The SROI assessment of the Max Vidyarthee and Sashakt programmes demonstrates that Max Healthcare Institute Limited's investment in structured apprenticeship and employability support generated substantial, measurable social and economic value for youth beneficiaries, healthcare trainees, and their families during FY 2025–26.

Against a total CSR investment of ₹4,46,10,787, the programmes generated an estimated gross social value of ₹33.51 crore and a net adjusted social value of ₹23.46 crore, resulting in a final evidenced SROI ratio of 5.26:1.

The primary driver of social value was post-placement income uplift, accounting for 73.7% of combined net social value. Secondary welfare benefits — insurance coverage, OPD healthcare access, subsidised meals, and uniform provision — provided meaningful additional economic protection to all 3,107 programme beneficiaries throughout the apprenticeship period.

The sensitivity analysis confirmed the robustness of the model, with the SROI ratio remaining positive and above 3x across all tested scenarios. The assessment adopts a conservative valuation approach throughout. All proxy values are sourced from established Indian labour market and insurance benchmarks (PLFS 2023-24, NSSO, IRDAI, NHA). Long-term income continuation, career progression, and broader household welfare effects have not been monetised; accordingly, the reported SROI ratio is likely to represent a conservative estimate of the full social value generated by both programmes.

The single-year SROI ratio of 5.26:1 is recommended as the headline reported figure for all CSR disclosures, board presentations, and external reporting. It is fully evidenced by programme data for the assessment period, methodologically audit-defensible, and aligned with Social Value International principles.