MAX Healthcare

IMPACT ASSESSMENT REPORT

NATIONAL CANCER INSTITUTE, NAGPUR

FY 2024 - 25

IMPLEMENTED BY: DR. AABAJI THATTE SEVA AUR ANUSANDHAN SANSTHA



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SoulAce
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

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ABBREVIATIONS

NCI	National Cancer Institute
MHIL	Max Healthcare Institute Limited
CSR	Corporate Social Responsibility
OPD	Outpatient Department
ICU	Intensive Care Unit
CT Scan	Computed Tomography Scan
MRI	Magnetic Resonance Imaging
PET Scan	Positron Emission Tomography Scan
PHC	Primary Health Centre
CHC	Community Health Centre
OT	Operation Theatre
NGO	Non-Governmental Organisation
IPD	Inpatient Department
GMC	Government Medical College
SDGs	Sustainable Development Goals
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
OECD	Organisation for Economic Co-operation and Development

EXECUTIVE SUMMARY

PROJECT BACKGROUND

With the support from Max Healthcare Foundation to Dr. Aabaji Thatte Seva aur Anusandhan Sanstha, the project focused on strengthening healthcare infrastructure and expanding access to quality oncology care through comprehensive medical facilities and patient support systems. The initiative supports a wide spectrum of cancer care services including diagnostics, radiation oncology, medical oncology, surgical oncology, ICU facilities, and rehabilitation services. The programme particularly aims to improve accessibility for children, youth, and adult patients requiring long-term and specialised cancer treatment support.

The initiative reflects a broader commitment towards strengthening public health infrastructure and improving equitable access to specialised healthcare services for underserved populations.

PROJECT DETAILS

Project Duration
FY 2024-25

Implementing Partner
Max Healthcare Foundation through Dr. Aabaji Thatte Seva aur Anusandhan Sanstha

Project Budget
INR 20,000,000

Total Beneficiaries
2,500

Project Location
Nagpur

Sample Size
50

Alignment with SDGs



PROJECT ACTIVITIES



Infrastructure development support was provided at National Cancer Institute, Nagpur to strengthen specialised cancer care services.



Financial assistance was extended for enhancing advanced diagnostic and treatment infrastructure within the hospital.



Support was provided to improve accessibility of comprehensive cancer care facilities under one roof.



The project contributed towards strengthening radiology, diagnostic, and treatment-related healthcare infrastructure.



The initiative supported improved availability of specialised oncology services for patients from Nagpur and surrounding regions.



Infrastructure support enabled better patient management and continuity of cancer treatment services.



The project contributed towards reducing dependence on distant metropolitan hospitals for cancer treatment.



Support was extended to strengthen patient-centric healthcare facilities and treatment accessibility at the institution.



The initiative helped enhance operational capacity for multidisciplinary cancer care services.



The project supported improved healthcare access for economically and socially vulnerable cancer patients.

KEY FINDINGS



100%
of the respondents reported the availability of OPD consultation services at NCI Nagpur.



100%
of the respondents stated that clean drinking water, toilets, seating, and food facilities were available within the hospital campus.



98.0%
of the respondents completed all major diagnostic tests within NCI Nagpur itself.



94.0%
of the respondents reported that required diagnostic and treatment facilities were available within the expected time frame.



92.0%
of the respondents rated the hospital infrastructure and cleanliness as well-maintained and satisfactory.



84.0%
of the respondents stated that they did not require referral to other hospitals for treatment-related services.



82.0%
of the respondents reported that all prescribed medicines were available at the NCI pharmacy.



76.0%
of the respondents had already recommended NCI Nagpur to other patients seeking cancer treatment.



72.0%
of the respondents reported that treatment was never delayed due to non-functional equipment or infrastructure issues.



68.0%
of the respondents stated that they chose NCI Nagpur based on referral from doctors and healthcare professionals.

KEY IMPACTS

80.0%
of the respondents ranked NCI Nagpur as the best government cancer facility they had experienced.

72.0%
of the respondents started treatment within a short duration after their first visit to the hospital.

68.0%
of the respondents who previously visited other hospitals reported that treatment at NCI Nagpur was significantly more affordable.

64.0%
of the respondents consulted multiple doctors and specialists, reflecting access to multidisciplinary cancer care services.

56.0%
of the respondents had successfully completed treatment and were continuing with follow-up care support.

50.0%
of the respondents observed noticeable reduction in waiting time compared to earlier visits.

50.0%
of the respondents travelled from other districts of Maharashtra, indicating the hospital's wider regional reach and accessibility.

48.0%
of the respondents accessed advanced services such as chemotherapy and ICU care within the same institution.

38.0%
of the respondents, one or more patients were referred to NCI Nagpur, reflecting strong trust in the institution's treatment services.

34.0%
of the respondents received treatment support through Ayushman Bharat or full fee waiver mechanisms, helping reduce financial burden during cancer care.

01. INTRODUCTION

NEED OF THE PROGRAM

The need for the programme emerged from the increasing burden of cancer cases and the growing demand for accessible, affordable, and specialised cancer care services in Maharashtra and nearby regions. Many patients and families, particularly from economically vulnerable backgrounds, faced difficulties in accessing timely diagnosis, advanced treatment facilities, and continuous care due to high treatment costs, long travel distances to metropolitan cities, and limited availability of comprehensive cancer care infrastructure. The programme was therefore initiated to strengthen healthcare infrastructure at National Cancer Institute (NCI), Nagpur, enabling improved access to advanced diagnostic and treatment services under one roof, reducing financial and logistical burden on patients, and supporting quality cancer care closer to their place of residence.

OBJECTIVES OF THE PROGRAM

- To strengthen specialised cancer care infrastructure at the National Cancer Institute (NCI), Nagpur.
- To improve access to advanced diagnostic, treatment, and supportive cancer care services for patients from Maharashtra and nearby regions.
- To reduce the financial, physical, and logistical burden faced by cancer patients and their families during treatment.
- To enhance availability of comprehensive and multidisciplinary cancer treatment facilities under one roof.
- To promote timely, affordable, and patient-centric cancer care services for economically and socially vulnerable populations.

BACKGROUND

The National Cancer Institute (NCI), Nagpur project focused on strengthening specialised cancer care infrastructure through support provided by Max Healthcare Foundation through Dr. Aabaji Thatte Seva aur Anusandhan Sanstha on behalf of MHIL. The initiative aimed to enhance access to advanced diagnostic, treatment, and patient care facilities for cancer patients across Nagpur and surrounding regions. By supporting infrastructure development within the institution, the project contributed towards improving availability of comprehensive cancer care services under one roof, reducing dependence on distant metropolitan hospitals, and enabling timely, affordable, and patient-centric treatment support for individuals and families affected by cancer.

ABOUT MAX HEALTHCARE INSTITUTE LIMITED

Max Healthcare Institute Limited is one of India's leading private healthcare service providers, headquartered in Mumbai. 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, orthopaedics, 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, infrastructure development of the National Cancer Institute 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.

ABOUT IMPLEMENTATION AGENCY

Max Healthcare Foundation, through Dr. Aabaji Thatte Seva aur Anusandhan Sanstha, played an important role in strengthening cancer care infrastructure at the National Cancer Institute (NCI), Nagpur. Max Healthcare Institute Limited Foundation, the social responsibility arm associated with Max Healthcare Institute Limited, focuses on improving access to healthcare, education, and skill development for vulnerable populations across India. Through its partnership with Dr. Aabaji Thatte Seva aur Anusandhan Sanstha, the organisation supported infrastructure development initiatives aimed at enhancing specialised cancer treatment facilities, improving patient access to advanced healthcare services, and promoting affordable and comprehensive cancer care for patients from Nagpur and surrounding regions.



WAITING AREA

02. RESEARCH METHODOLOGY

RESEARCH DESIGN

A Mixed-Method Approach was adopted for this study, integrating both quantitative and qualitative research techniques to provide a comprehensive assessment of the National Cancer Institute (NCI), Nagpur project supported by Max Healthcare Foundation through Dr. Aabaji Thatte Seva aur Anusandhan Sanstha in Maharashtra. This approach enabled a balanced understanding of measurable outcomes such as accessibility of cancer care services, utilisation of healthcare infrastructure, treatment continuity, affordability, patient experience, and healthcare support systems, along with experiential insights from patients, caregivers, hospital staff, and key stakeholders. The integration of quantitative and qualitative data supported evidence-based conclusions and practical recommendations for strengthening specialised cancer care infrastructure and patient-centric healthcare services.

OBJECTIVES OF THE STUDY



To assess the effectiveness of the infrastructure support in improving accessibility to specialised cancer care services at NCI Nagpur.



To understand the financial, physical, and social impact of cancer treatment on respondents and their families.



To examine the overall impact of strengthened healthcare infrastructure on treatment continuity, affordability, and patient experience.



To evaluate the utilisation of diagnostic, treatment, and supportive healthcare facilities by patients and caregivers.



To assess patient satisfaction regarding hospital infrastructure, service delivery, availability of facilities, and quality of care provided by the institution.

APPLICATION OF QUANTITATIVE TECHNIQUES

Structured surveys were conducted with 50 respondents selected through simple random sampling from project implementation areas in Nagpur, Maharashtra. The quantitative analysis focused on key indicators such as socio-demographic profile, healthcare accessibility, referral patterns, utilisation of hospital services, waiting time, treatment continuity, financial burden, patient satisfaction, medicine availability, infrastructure utilisation, and overall healthcare experience at NCI Nagpur.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative component included 10 in-depth interviews with patients, caregivers, hospital representatives, and key stakeholders to capture detailed perspectives on treatment experiences, accessibility of healthcare services, infrastructure utilisation, financial challenges, quality of care, behavioural support, and overall impact of the institution on patients and families. These insights helped validate and enrich quantitative findings by providing contextual understanding of the treatment journey, operational systems, and patient-centric healthcare support mechanisms.

ENSURING TRIANGULATION

Triangulation was used to strengthen the validity and reliability of the study by integrating survey findings, in-depth interviews, and field observations. This approach ensured a holistic understanding of healthcare accessibility, treatment experiences, patient satisfaction, infrastructure utilisation, financial burden, and overall impact of the project on respondents and caregivers.

SAMPLING FRAMEWORK

Name of the Project
National Cancer Institute (NCI), Nagpur

Implementing Organisation
Max Healthcare Foundation through Dr. Aabaji Thatte Seva aur Anusandhan Sanstha

Research Design
Descriptive and Interpretive Research Design

Sampling Technique
Simple Random Sampling

Sample Size
50 Respondents

Qualitative Methods Used
In-depth Interviews

Number of IDIs
10

Key Stakeholders
Patients, Caregivers, Hospital Staff, CSR Team

Location
Nagpur, Maharashtra

DATA COLLECTION

Primary data was collected using structured questionnaires, in-depth interview schedules, and field observations. Standardised tools and systematic procedures were followed to ensure accuracy, consistency, and completeness in capturing respondents' experiences related to healthcare accessibility, treatment procedures, hospital infrastructure, patient support services, financial burden, and overall treatment experience at NCI Nagpur.

STAKEHOLDERS

Primary data was collected using structured questionnaires, in-depth interview schedules, and field observations. Standardised tools and systematic procedures were followed to ensure accuracy, consistency, and completeness in capturing respondents' experiences related to healthcare accessibility, treatment procedures, hospital infrastructure, patient support services, financial burden, and overall treatment experience at NCI Nagpur.

COMMITMENT TO RESEARCH ETHICS

The study strictly followed ethical research principles, ensuring informed consent, confidentiality, voluntary participation, and respect for respondents' rights. Transparency and integrity were maintained throughout the research process to ensure credibility, authenticity, and reliability of findings.



INPATIENT DEPARTMENT

03. KEY FINDINGS & IMPACTS

DEMOGRAPHIC PROFILE AND EDUCATIONAL BACKGROUND OF RESPONDENTS

CHART 1: TYPE OF RESPONDENTS

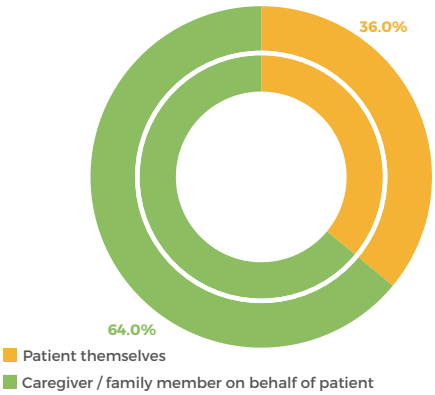


CHART 3: GENDER OF THE PATIENT

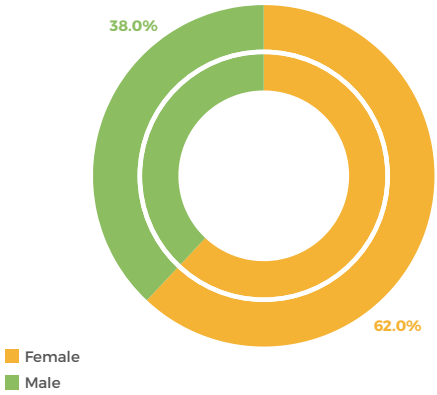


CHART 2: AGE TO THE PATIENT

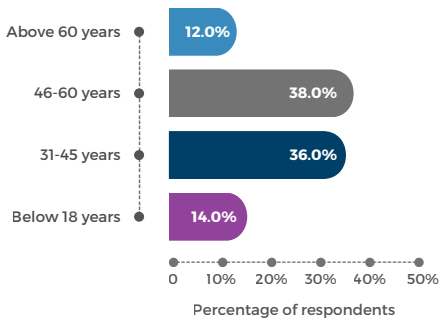
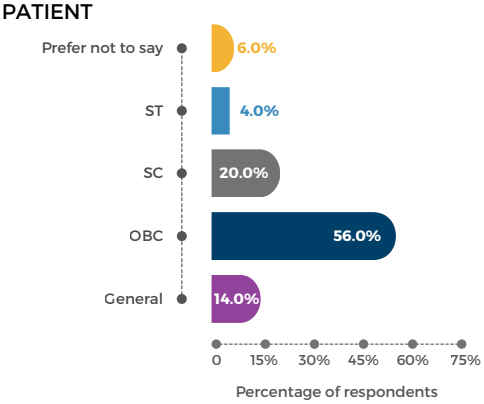


CHART 4: CATEGORY/ SOCIAL GROUP OF THE PATIENT



The data indicates that the institution is serving respondents from diverse social backgrounds, with strong family involvement in patient care and significant healthcare needs among adult and elderly patients requiring continuous medical and emotional support.



Mrs. Pallavi Mahajan (Patient), Nanded, Maharashtra

Our family has spent more than ₹15 lakhs on treatment, medicines, travel, food, and other related expenses so far. Most of our savings have already been exhausted, and we are continuing treatment with support from relatives. Despite the financial pressure, the treatment at NCI has helped improve my health condition and daily functioning. However, affordable food facilities and better travel support for patients coming from distant districts would make a big difference for families like ours who have to visit the hospital regularly for long-term treatment.

CHART 5: DISTRICT AND STATE OF RESIDENCE OF PATIENT

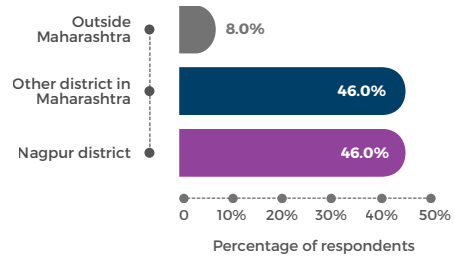


CHART 6: TYPE OF AREA OF PERMANENT RESIDENCE

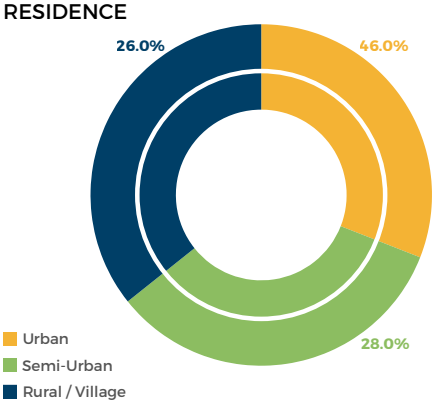
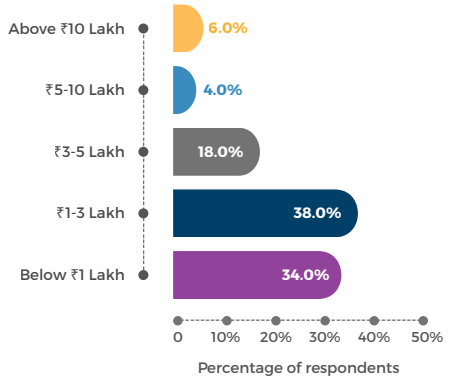


CHART 7: ANNUAL HOUSEHOLD INCOME OF PATIENT'S FAMILY



The study reveals that the institution is catering to respondents from diverse geographical regions and settlement types, while also supporting many economically vulnerable families who may face challenges in accessing affordable and continuous cancer treatment services.

CHART 8: HEALTH INSURANCE/ GOVERNMENT HEALTH SCHEME COVERAGE

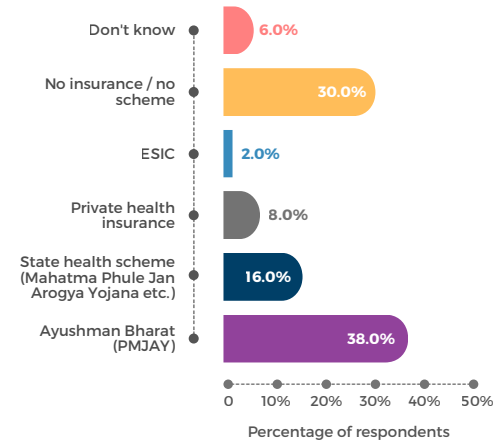
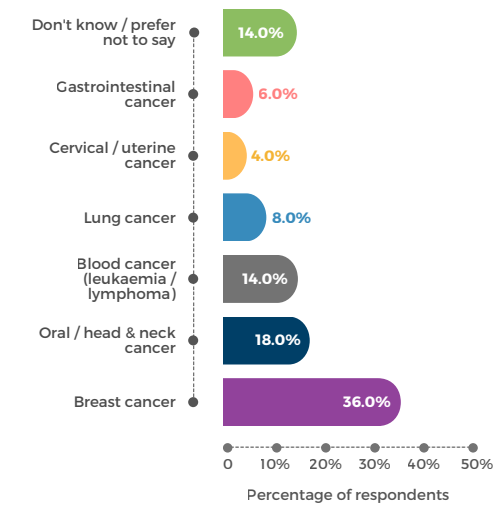


CHART 9: TYPE OF CANCER UNDER TREATMENT



The data indicates that while several respondents were linked to public health insurance schemes, a considerable section still lacked financial protection for treatment, highlighting the continued need for accessible and affordable cancer care support across different types of cancer conditions.

INTERACTING WITH PATIENTS RELATIVES



ACCESS & REFERRAL TO NCI NAGPUR

CHART 10: SOURCE OF AWARENESS ABOUT NCI NAGPUR

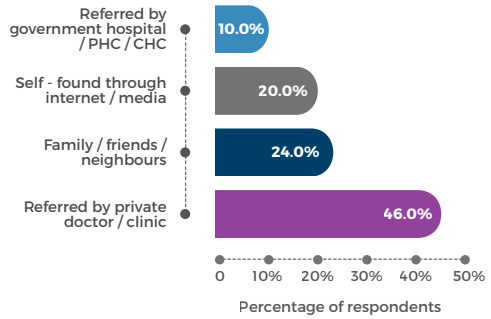


CHART 11: DISTANCE FROM HOME TO NCI NAGPUR

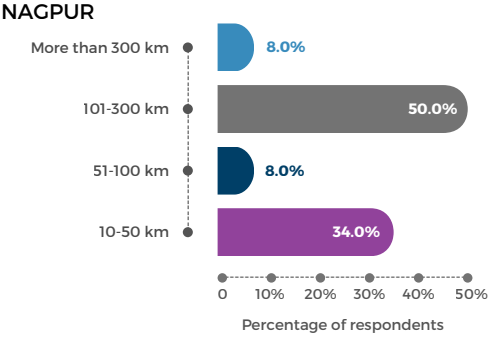
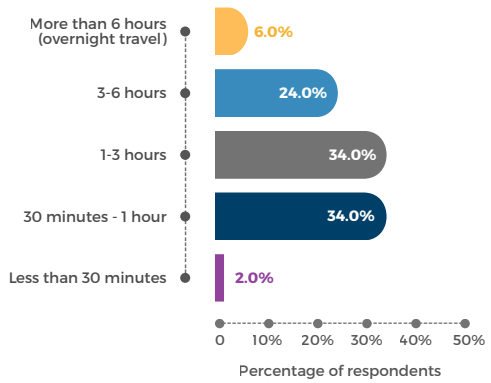


CHART 12: TRAVEL TIME TO REACH NCI NAGPUR



The study reveals that respondents largely accessed the institution through medical referrals and personal networks, while many travelled long distances and spent considerable time reaching the facility, reflecting the institution's wider regional reach and its importance as a specialised cancer care centre.

CHART 13: NUMBER OF HOSPITALS VISITED BEFORE NCI NAGPUR

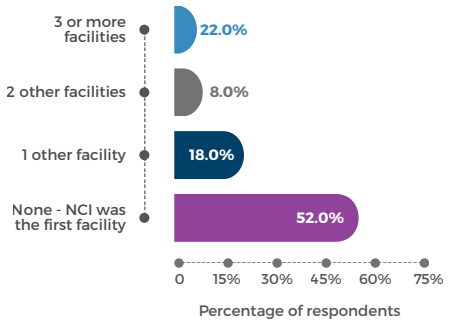


CHART 14: PRIMARY REASON FOR CHOOSING NCI NAGPUR

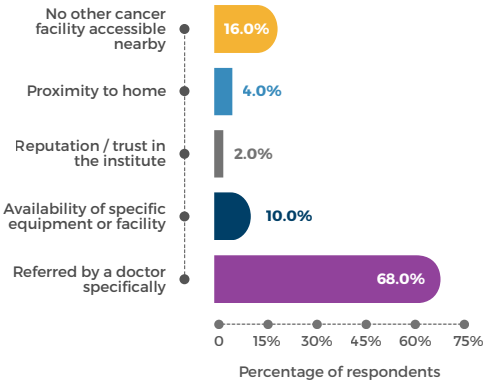
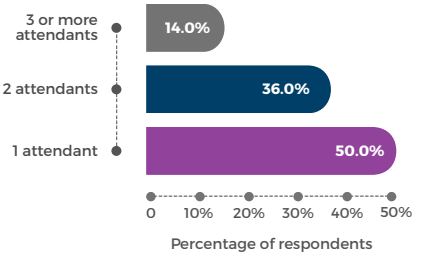


CHART 15: NUMBER OF FAMILY MEMBERS/ ATTENDANTS ACCOMPANYING PATIENT



The data indicates that respondents largely relied on professional medical referrals to access NCI Nagpur, with many approaching the institution as their primary treatment centre and receiving strong family support during the treatment journey.

INFRASTRUCTURE UTILISATION & SERVICE EXPERIENCE

CHART 16: DEPARTMENTS/ UNITS AVAILED AT NCI NAGPUR

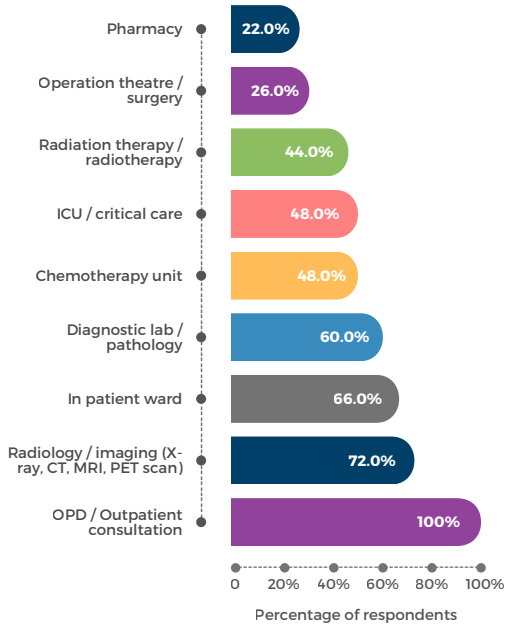
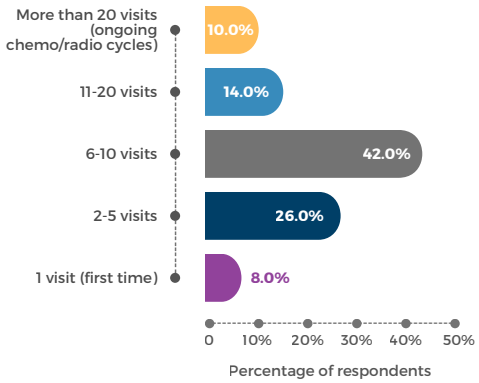


CHART 17: FREQUENCY OF VISITS TO NCI NAGPUR IN LAST 6 MONTHS



The study reveals that respondents extensively utilised multiple specialised departments and services at the institution, with repeated visits reflecting the continuity of treatment, comprehensive care support, and sustained dependence on the facility for cancer management.

Mrs. Pallavi Mahajan (Patient), Nanded, Maharashtra

We chose NCI Nagpur because all major cancer treatment services are available under one roof and the doctors prepare treatment plans very carefully after proper evaluation. Compared to travelling to cities like Mumbai or Pune, treatment here has reduced our travel burden, accommodation expenses, and overall stress. Even though there is some waiting time because of the patient load, the treatment system is well coordinated and the doctors, nurses, and staff have been very supportive throughout the treatment journey.

EMERGENCY DEPARTMENT



CHART 18: WAITING TIME BEFORE CONSULTATION OR PROCEDURE

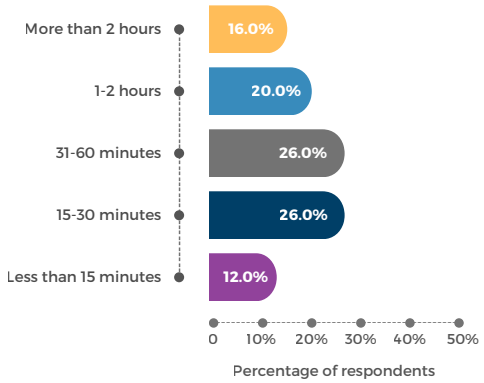
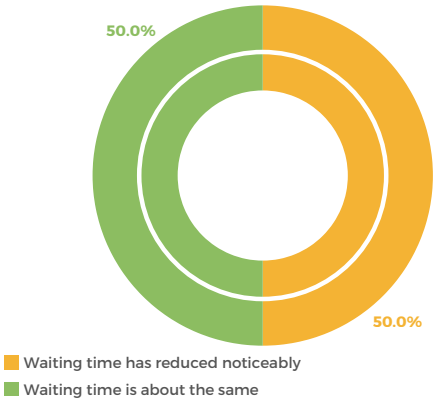


CHART 19: CHANGE IN WAITING TIME COMPARED TO EARLIER VISITS



The data shows that respondents experienced moderate waiting periods for consultations and procedures, while many also observed improvements over time, indicating gradual strengthening of service efficiency and patient management systems at the institution.

CHART 20: AVAILABILITY AND FUNCTIONALITY OF REQUIRED DIAGNOSTIC/ TREATMENT FACILITIES

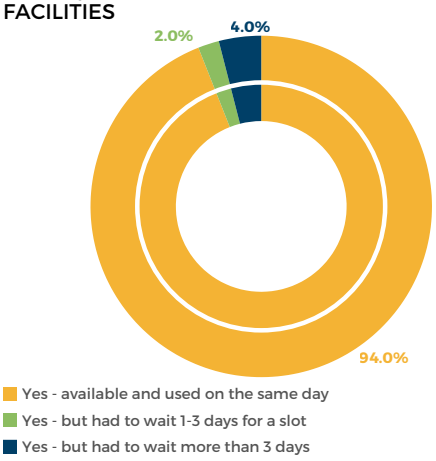
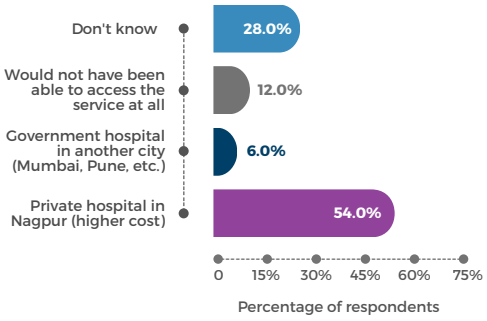


CHART 21: ALTERNATIVE FACILITY USED BEFORE CSR - SUPPORTED INFRASTRUCTURE AT NCI



The study reveals that respondents were able to access required diagnostic and treatment services in a timely manner, while the strengthened infrastructure reduced dependence on costly private facilities and improved access to specialised cancer care for vulnerable patients.

Mr. Pranav Pasari (Caregiver and Son of the Patient), Nagpur, Maharashtra

We came to know about NCI Nagpur through our relatives, who told us that it is one of the best cancer hospitals in the region. Having all major cancer treatment facilities available under one roof in Nagpur itself has helped our family save significant travel time, accommodation expenses, and stress that we would have faced if we had to travel repeatedly to cities like Mumbai or Pune. The organised treatment process, timely appointments, and availability of services have made the treatment journey comparatively easier for our family during such a difficult period.

CHART 22: DURATION OF HOSPITAL ADMISSION DURING RECENT TREATMENT

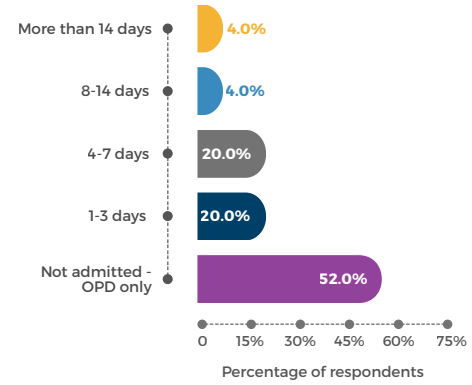
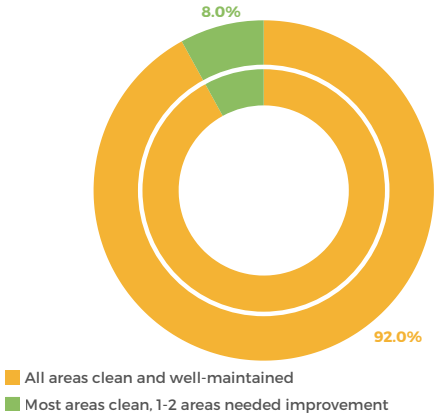


CHART 23: RATING OF HOSPITAL INFRASTRUCTURE AND PHYSICAL FACILITIES



The data indicates that respondents received both outpatient and inpatient care support as per treatment needs, while the institution's clean and well-maintained infrastructure contributed positively to their overall treatment experience and comfort.

CHART 24: AVAILABILITY OF BASIC AMENITIES DURING TREATMENT VISITS

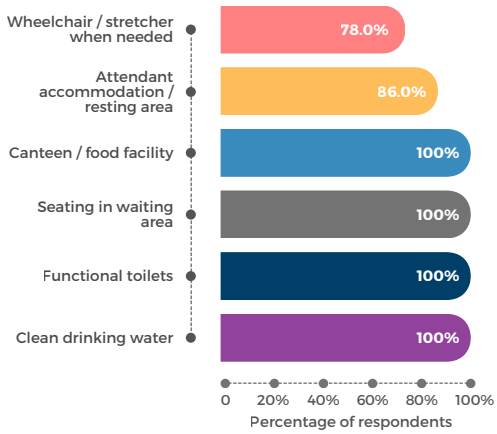
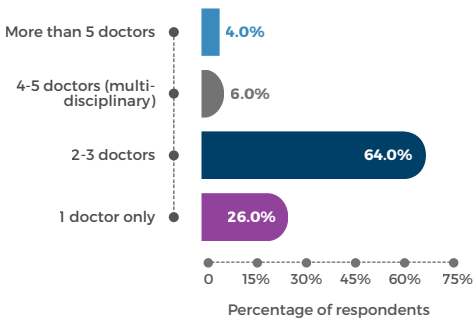


CHART 25: NUMBER OF DOCTORS/ SPECIALISTS CONSULTED AT NCI NAGPUR



The study reveals that respondents had access to essential support amenities and coordinated medical consultation services, reflecting a patient-centric treatment environment focused on comfort, accessibility, and comprehensive cancer care.

Mr. Pranav Pasari (Caregiver and Son of the Patient), Nagpur, Maharashtra

Cancer treatment has created a major financial burden on our family. We have already spent around ₹12 lakhs for treatment and are managing the expenses through loans and other financial arrangements. Along with treatment costs, I spend many days every month accompanying my mother for consultations and follow-up visits, which also affects my regular work and household income. Despite these challenges, the support and guidance provided by the doctors and hospital staff at NCI have given us confidence and hope during the treatment journey.

FINANCIAL IMPACT - OUT-OF-POCKET COSTS

CHART 26: TOTAL OUT-OF-POCKET EXPENDITURE ON TREATMENT AT NCI NAGPUR

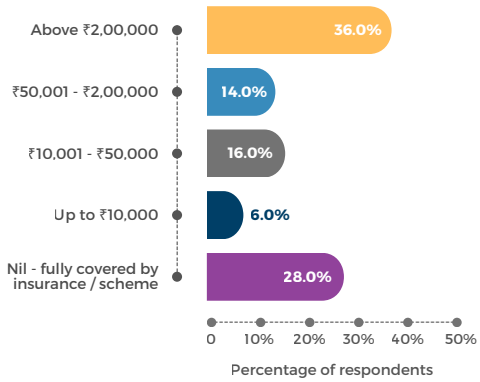
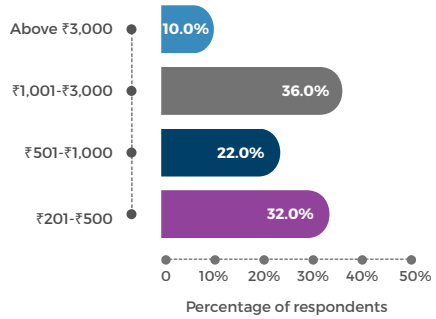


CHART 27: TRAVEL EXPENDITURE PER VISIT



The data indicate that despite support through insurance and treatment facilities, many respondents continued to face substantial out-of-pocket and travel-related expenses, highlighting the broader financial burden associated with long-term cancer care.

CHART 28: FOOD AND LODGING EXPENDITURE PER VISIT

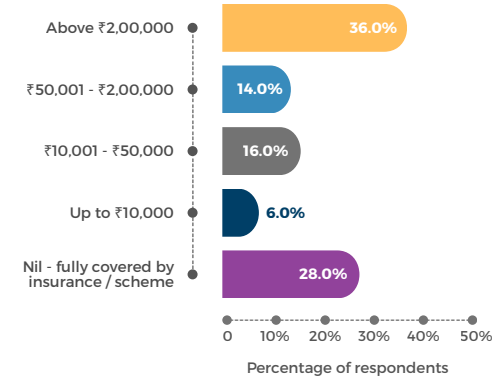
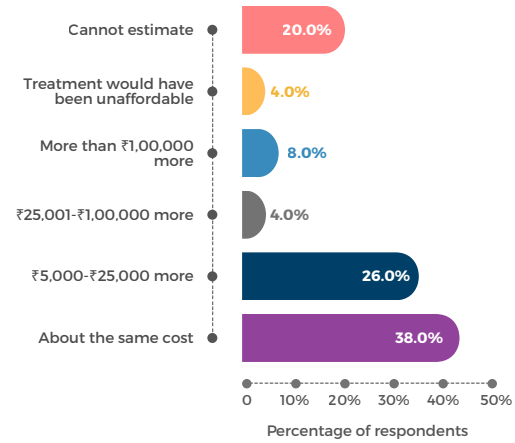


CHART 29: ESTIMATED ADDITIONAL EXPENDITURE IF NCI NAGPUR WAS NOT AVAILABLE



The study reveals that respondents incurred additional food, lodging, and travel-related expenses during treatment, while the availability of services at NCI Nagpur helped reduce the potential financial hardship and improved access to comparatively affordable cancer care.

Mrs. Asma Khan (Caregiver and Mother of the Patient), Nagpur, Maharashtra

Managing cancer treatment has been emotionally and financially challenging for our family. I even had to sell my house to continue the patient's treatment and related expenses. Along with financial pressure, most of my time is spent accompanying the patient for treatment visits and care, which has affected our household responsibilities and income activities. Despite these hardships, the care, cleanliness, and supportive behaviour of the doctors and staff at NCI have given us strength and hope to continue the treatment.

CHART 30: BORROWING OR SELLING ASSETS FOR CANCER TREATMENT

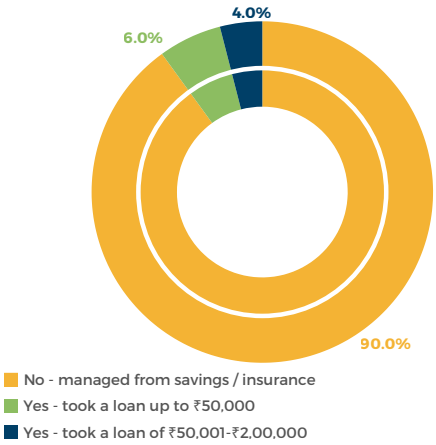
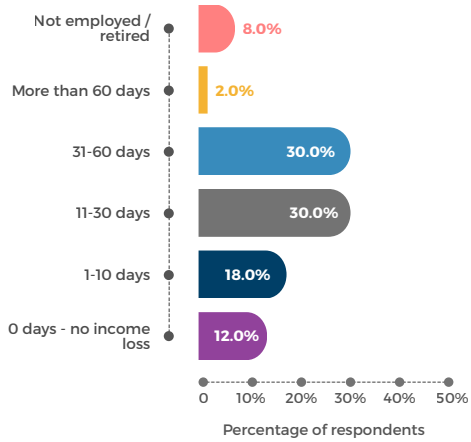


CHART 31: EARNING DAYS LOST DUE TO TREATMENT AND HOSPITAL VISITS



The data shows that while most respondents managed treatment expenses without resorting to severe financial coping mechanisms, cancer treatment and repeated hospital visits still resulted in noticeable income and livelihood disruptions for many families.

Mrs. Asma Khan (Caregiver and Mother of the Patient), Nagpur, Maharashtra

We chose NCI Nagpur because it was financially more affordable and emotionally more supportive for our family compared to travelling to bigger cities for treatment. Receiving treatment within Nagpur reduced our travel expenses, accommodation costs, and physical stress. The doctors, coordinators, and staff guided us properly throughout the treatment process, which made us feel supported during a very difficult time. Having all major services available under one roof has made the treatment journey much easier for both the patient and our family.



CHART 32: FINANCIAL ASSISTANCE OR FEE WAIVER RECEIVED FOR TREATMENT

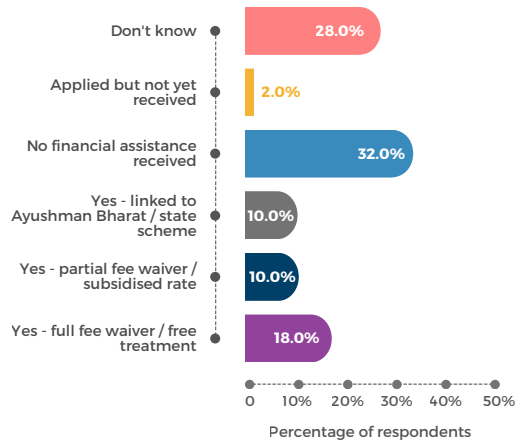
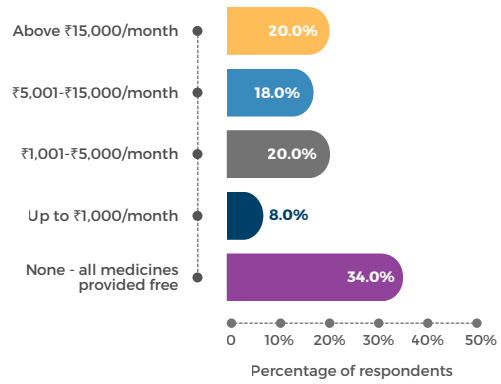


CHART 33: MONTHLY EXPENDITURE ON CANCER - RELATED MEDICINES



The study reveals that financial assistance and subsidised treatment support helped reduce the economic burden for several respondents, though many families continued to face recurring expenditure on medicines and treatment-related needs.

TREATMENT OUTCOMES & PATIENT EXPERIENCE

CHART 34: CURRENT STAGE OF CANCER TREATMENT AT NCI NAGPUR

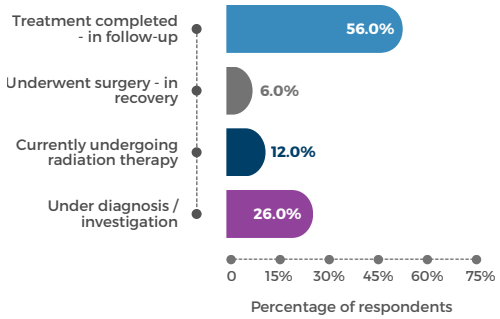
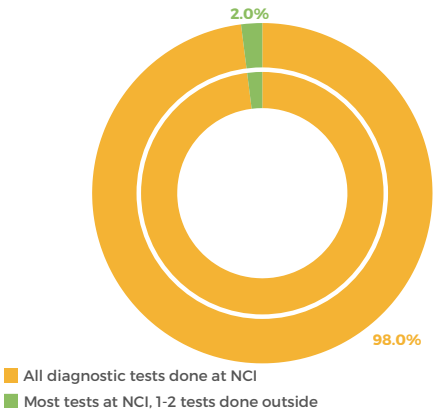


CHART 35: COMPLETION OF DIAGNOSIS AT NCI NAGPUR OR OUTSIDE



The data indicates that respondents were receiving treatment support across different stages of cancer care, while the institution's integrated diagnostic facilities enabled most patients to complete essential investigations within the same centre, ensuring continuity and convenience in treatment.

CHART 36: TIME TAKEN FROM FIRST VISIT TO START OF TREATMENT

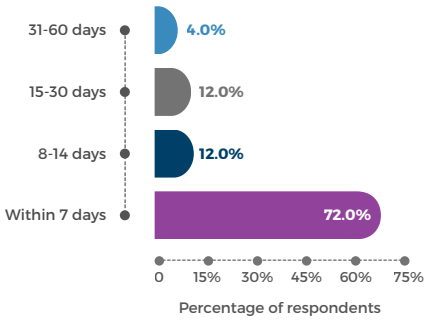


CHART 37: AVAILABILITY OF PRESCRIBED MEDICINES AT NCI PHARMACY

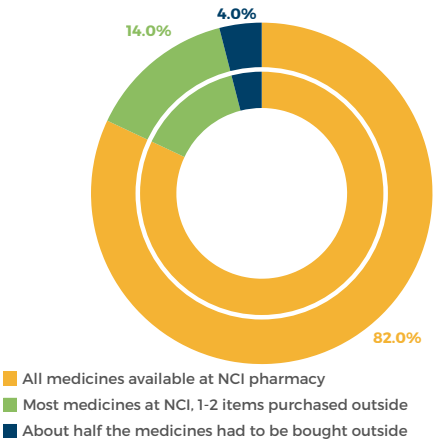
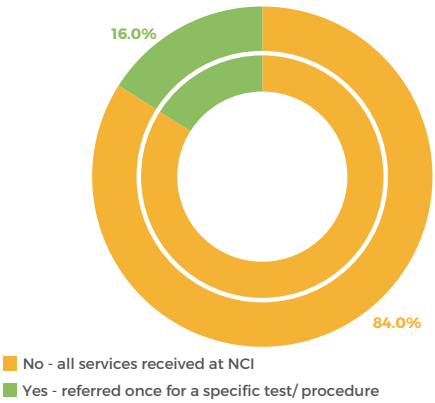


CHART 38: REFERRAL TO OTHER HOSPITALS DUE TO UNAVAILABLE FACILTIES



The study reveals that respondents generally received timely treatment initiation, adequate medicine availability, and access to most required services within the institution, reflecting strengthened healthcare infrastructure and continuity of cancer care support.

TREATMENT OUTCOMES & PATIENT EXPERIENCE

CHART 34: CURRENT STAGE OF CANCER TREATMENT AT NCI NAGPUR

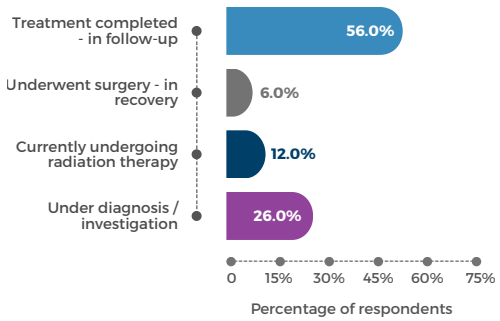
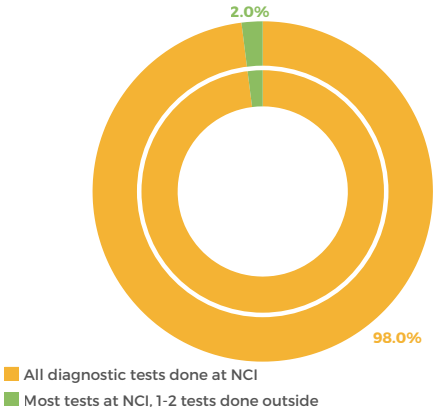


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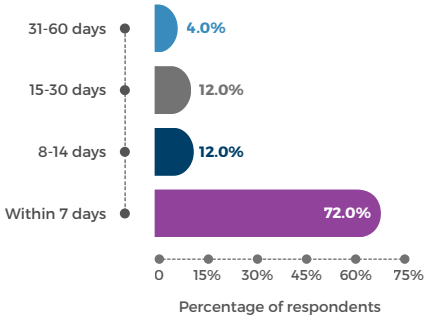


CHART 37: AVAILABILITY OF PRESCRIBED MEDICINES AT NCI PHARMACY

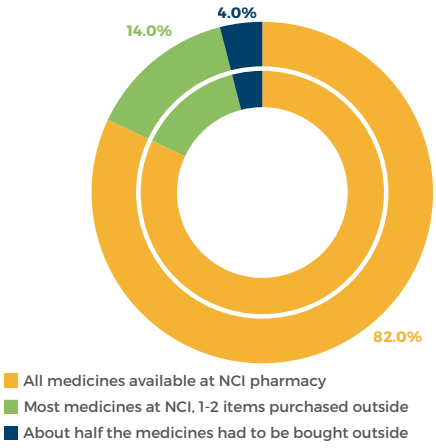
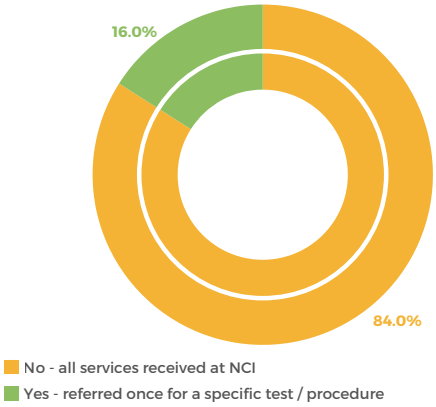


CHART 38: REFERRAL TO OTHER HOSPITALS DUE TO UNAVAILABLE FACILTIES



The study reveals that respondents generally received timely treatment initiation, adequate medicine availability, and access to most required services within the institution, reflecting strengthened healthcare infrastructure and continuity of cancer care support.

Mrs. Shubhangi Kalmegh (Patient), Nagpur, Maharashtra

Although the treatment has started recently, managing cancer care has already created financial and emotional pressure on our family. We had to break an LIC policy and also take a loan to manage treatment-related expenses. Most of our time is now spent attending hospital visits, investigations, and follow-up procedures, which has affected our routine work and household responsibilities. Despite these challenges, the guidance, counselling, and respectful behaviour of the doctors and staff at NCI have given us confidence and hope during the treatment process.

CHART 39: NUMBER OF FOLLOW-UP VISITS AFTER TREATMENT CYCLE

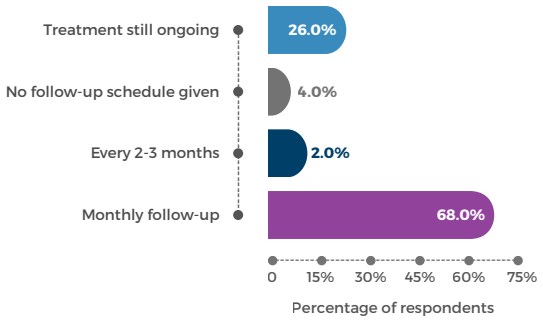
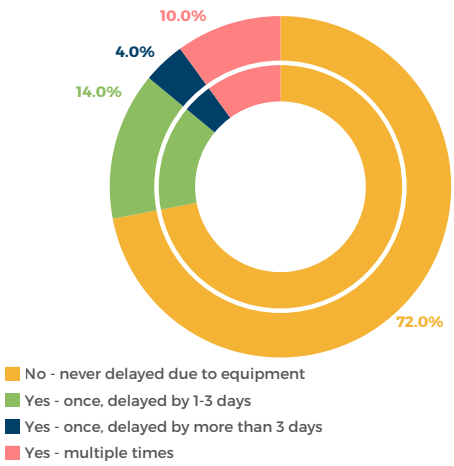


CHART 40: TREATMENT DELAYS DUE TO NON-FUNCTIONAL EQUIPMENT



The data indicates that respondents were regularly connected to follow-up care services, while minimal treatment disruptions due to equipment issues suggest improved operational efficiency and continuity in cancer treatment delivery.



COMPARISON WITH ALTERNATIVE FACILITIES

CHART 41: PREVIOUS CANCER TREATMENT AT OTHER HOSPITALS

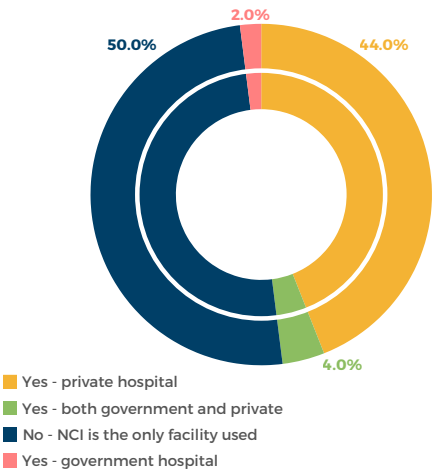


CHART 42: COMPARISON OF OUT-OF-POCKET COSTS WITH OTHER HOSPITALS

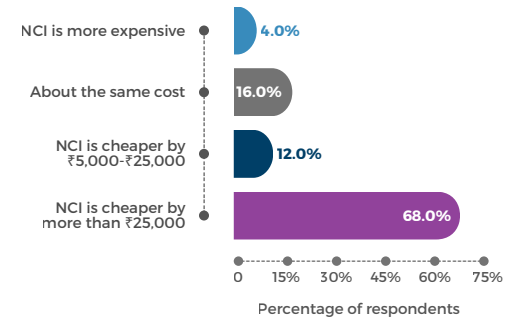
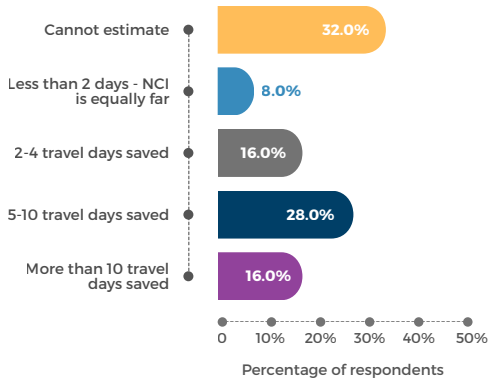


CHART 43: TRAVEL TIME SAVED BY RECEIVING TREATMENT AT NCI NAGPUR



The study reveals that respondents perceived NCI Nagpur as better equipped and comparatively more affordable than other healthcare facilities, while also reducing travel-related burden and improving access to specialised cancer treatment services.

AWARENESS OF CSR SUPPORT & OVERALL ASSESSMENT

CHART 44: AWARENESS ABOUT CSR SUPPORT BY MAX HEALTHCARE INSTITUTE LIMITED AT NCI NAGPUR

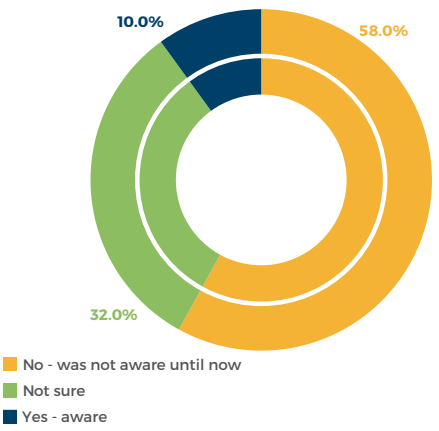
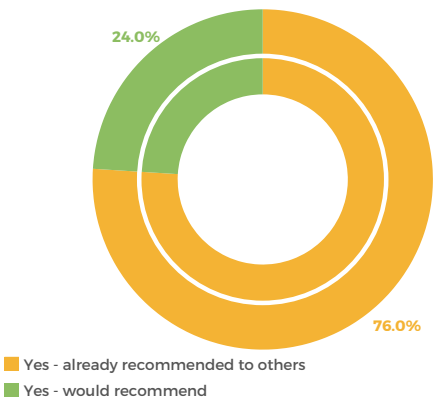


CHART 45: LIKELIHOOD OF RECOMMENDING NCI NAGPUR TO OTHERS



The data indicates that although awareness about CSR support remained limited among respondents, the institution generated strong trust and satisfaction, as reflected in their willingness to recommend NCI Nagpur to others seeking cancer care services.

CHART 46: NUMBER OF PATIENTS REFFERED TO NCI NAGPUR BY RESPONDENT

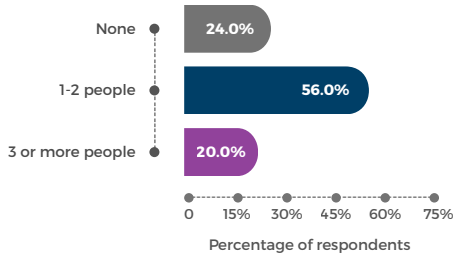


CHART 47: MOST IMPORTANT IMPROVEMENT NEEDED AT NCI NAGPUR

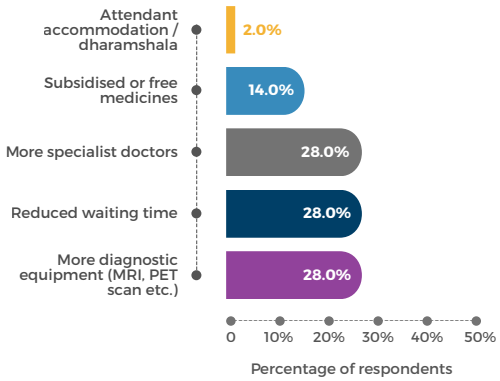
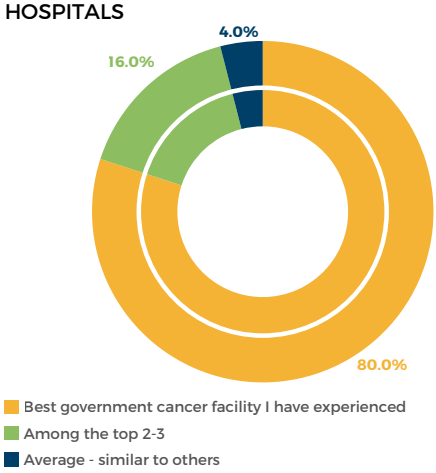


CHART 48: OVERALL RANKING OF NCI NAGPUR COMPARED TO OTHER GOVERNMENT CANCER HOSPITALS



The study reveals strong respondent satisfaction and trust in NCI Nagpur, reflected through peer referrals and positive institutional ranking, while also highlighting the need for further strengthening of diagnostic facilities, specialist availability, and patient support services.

FLOOR CHART



04. IMPACT CREATED AT MULTIPLE LEVEL

INDIVIDUAL LEVEL

Improved access to specialised cancer diagnosis, treatment, and follow-up care among respondents.

Reduced physical stress and travel burden for respondents receiving treatment closer to their place of residence.

Improved patient confidence and emotional support through guidance provided by doctors, nurses, and hospital staff.



Strengthened treatment continuity through availability of multiple healthcare services under one roof.

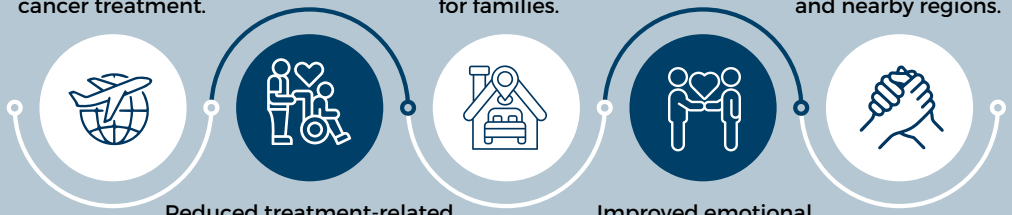
Enhanced treatment experience through better hospital infrastructure, cleanliness, and patient amenities.

HOUSEHOLD LEVEL

Reduced financial and logistical burden associated with travelling to metropolitan cities for cancer treatment.

Lowered expenditure on repeated travel, accommodation, and external diagnostic services for families.

Strengthened family support systems through easier accessibility of treatment within Nagpur and nearby regions.



Reduced treatment-related uncertainty among caregivers through integrated and organised healthcare services.

Improved emotional reassurance and confidence among families regarding availability of quality cancer care.

INSTITUTIONAL/ HEALTHCARE SYSTEM LEVEL

Improved availability of integrated diagnostic, consultation, pharmacy, and treatment facilities within one institution.

Enhanced efficiency in patient management and continuity of treatment through multidisciplinary care systems.

Reduced dependency on external hospitals for diagnostic investigations and specialised procedures.



Strengthened healthcare infrastructure and operational capacity for specialised cancer treatment services at NCI Nagpur.

Strengthened the institution's credibility and trust among patients and caregivers across multiple districts and states.

REGIONAL/ STATE LEVEL

Improved accessibility of advanced cancer care services for patients from Maharashtra and nearby regions.

Enhanced regional availability of patient-centric and affordable cancer care services.

Strengthened regional healthcare infrastructure for cancer diagnosis, treatment, and supportive care services.



Reduced dependence on metropolitan cities such as Mumbai and Pune for specialised cancer treatment.

Supported equitable healthcare access for economically and socially vulnerable patients across urban and rural areas.

NATIONAL LEVEL

Contributed towards strengthening specialised cancer care infrastructure in India's healthcare system.

Strengthened institutional capacity for integrated and multidisciplinary cancer care delivery.

Contributed towards improving healthcare accessibility and reducing inequalities in cancer treatment services.

Contributed towards strengthening specialised cancer care infrastructure in India's healthcare system.

Promoted decentralisation of advanced cancer treatment services beyond metropolitan healthcare centres.



05. OECD FRAMEWORK



★★★★½

RELEVANCE

The project addressed the growing need for accessible and comprehensive cancer care services in Maharashtra and nearby regions, where many patients face financial, geographical, and logistical barriers in accessing treatment. The study findings reveal that several respondents travelled long distances for treatment and relied on NCI Nagpur because of the availability of multiple services under one roof, affordability, and reduced dependence on metropolitan cities such as Mumbai and Pune.

★★★★½

COHERENCE

The project demonstrates strong alignment with SDG 1 (No Poverty), SDG 3 (Good Health and Well-Being) by strengthening specialised cancer care infrastructure and improving access to diagnostic and treatment services. It also aligns with SDG 10 (Reduced Inequalities) through support for accessible and comparatively affordable treatment services for vulnerable patients travelling from different districts and states. The initiative further contributes to SDG 9 (Industry, Innovation and Infrastructure) by enhancing healthcare infrastructure and integrated cancer care facilities at NCI Nagpur.



★★★★½

EFFECTIVENESS

The project has been effective in improving access to timely and integrated cancer care services for respondents. Most respondents reported that diagnostic tests, consultations, medicines, and treatment services were available within the institution itself, reducing delays and improving continuity of care. Respondents also expressed high satisfaction with hospital infrastructure, cleanliness, patient amenities, and the supportive behaviour of doctors and staff.

★★★★½

EFFICIENCY

The strengthened infrastructure and integrated healthcare systems at NCI Nagpur contributed towards efficient service delivery and patient management. Respondents highlighted that most required services were available within the expected time frame and treatment initiation occurred within a short duration after the first visit. The availability of consultations, diagnostics, pharmacy, and treatment facilities within one campus also reduced the need for multiple referrals and repeated travel.

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



IMPACT

The project has positively impacted respondents by improving access to specialised cancer treatment closer to their place of residence and reducing financial and logistical burden associated with treatment in distant cities. Respondents perceived NCI Nagpur as a well-equipped and trusted cancer care institution offering comprehensive services under one roof. The project also contributed towards improved treatment continuity, patient convenience, and strengthened confidence among patients and caregivers during the cancer treatment journey.



SUSTAINABILITY

The project has created long-term value by strengthening institutional healthcare infrastructure capable of supporting ongoing and future cancer care needs. The availability of advanced facilities, multidisciplinary care systems, and organised treatment processes can continue benefiting patients beyond the project period. The institution's growing trust and regional reach, reflected through patient referrals and follow-up visits, further indicate the sustainability and continued utilisation of the supported infrastructure.



06 CONCLUSION

The impact assessment findings indicate that the infrastructure support provided at National Cancer Institute (NCI), Nagpur by Max Healthcare Foundation through Dr. Aabaji Thatte Seva aur Anusandhan Sanstha has significantly strengthened access to specialised cancer care services for patients from Nagpur, other districts of Maharashtra, and nearby regions. The institution has emerged as an important regional cancer care centre offering comprehensive diagnostic, consultation, treatment, pharmacy, and supportive care services under one roof. Respondents highlighted the availability of timely treatment, integrated healthcare facilities, and multidisciplinary medical support, which contributed to continuity and convenience in the treatment process.

The study further reveals that the strengthened infrastructure has reduced dependence on distant metropolitan cities and costly private healthcare facilities for cancer treatment. Many respondents reported that treatment at NCI Nagpur helped reduce travel burden, accommodation expenses, and logistical stress for both patients and caregivers. The availability of advanced diagnostic facilities, medicines, and specialised treatment services within the institution improved treatment accessibility and reduced delays in care. Respondents also expressed satisfaction with the cleanliness, patient amenities, staff behaviour, and overall quality of healthcare services provided by the institution.

At the same time, the assessment highlights that cancer treatment continues to create financial and emotional challenges for several families due to recurring expenditure on medicines, travel, and long-term care requirements. Despite these challenges, respondents demonstrated strong trust in the institution through positive referrals and recommendations to other patients. The findings suggest that the project has played an important role in improving patient-centric cancer care infrastructure and enhancing access to affordable and quality treatment services. Continued strengthening of diagnostic capacity, specialist availability, affordable support services, and patient assistance mechanisms can further enhance the institution's ability to support vulnerable cancer patients and their families in the future.

07. SOCIAL RETURN ON INVESTMENT (SROI)

HEALTHCARE INFRASTRUCTURE DEVELOPMENT AT NATIONAL CANCER INSTITUTE, NAGPUR

EXECUTIVE SUMMARY

The National Cancer Institute (NCI), Nagpur, operated by Dr. Aabaji Thatte Seva aur Anusandhan Sanstha, is a tertiary cancer care institution serving patients across Maharashtra and adjoining regions. In FY 2024–25, Max Healthcare Foundation, the CSR arm of Max Healthcare Institute Limited, invested ₹2,00,00,000 to strengthen the physical infrastructure at NCI Nagpur, enabling expanded OPD capacity, improved diagnostic facilities, and enhanced inpatient care. The intervention was designed to improve access to cancer care for patients who face significant geographic, financial, and systemic barriers to treatment.

This Social Return on Investment (SROI) analysis assesses the measurable social and economic value generated through this infrastructure investment during the reporting year. The analysis is grounded in primary data from focus group discussions with patients and caregivers, stakeholder interviews, and field observations, conducted at NCI Nagpur, which captured treatment access patterns, travel burdens, out-of-pocket expenditures, waiting times, referral rates, and caregiver workday loss.

The valuation adopts a single-year conservative approach, covering FY 2024–25 only. Six monetisable outcomes were identified across patients, caregivers, and families, spanning reduced travel expenditure, reduced out-of-pocket treatment costs, reduced productivity loss, reduced waiting time, avoided referral expenditure, and reduced caregiver workday loss. All outcomes are adjusted for deadweight, attribution, and displacement in accordance with Social Value International SROI principles.

Programme Coverage	Key Outcomes Observe
• **Annual patient base: ~2,500 patients** • **Location: Nagpur District, Maharashtra** • **Intervention type: Physical infrastructure CSR** • **CSR investment: ₹2,00,00,000 (FY 2024–25)**	• Six monetisable outcomes identified patients from outside Nagpur district, confirmed lower OOP costs at NCI • Patients reported reduced waiting times • Patients received all services at NCI (no external referral)

SURVEY INSIGHT

Surveyed patients and caregivers consistently reported that prior to the CSR-supported infrastructure upgrade, long waiting times, frequent external referrals, and high out-of-pocket expenditure were significant barriers to sustained treatment at NCI Nagpur.

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

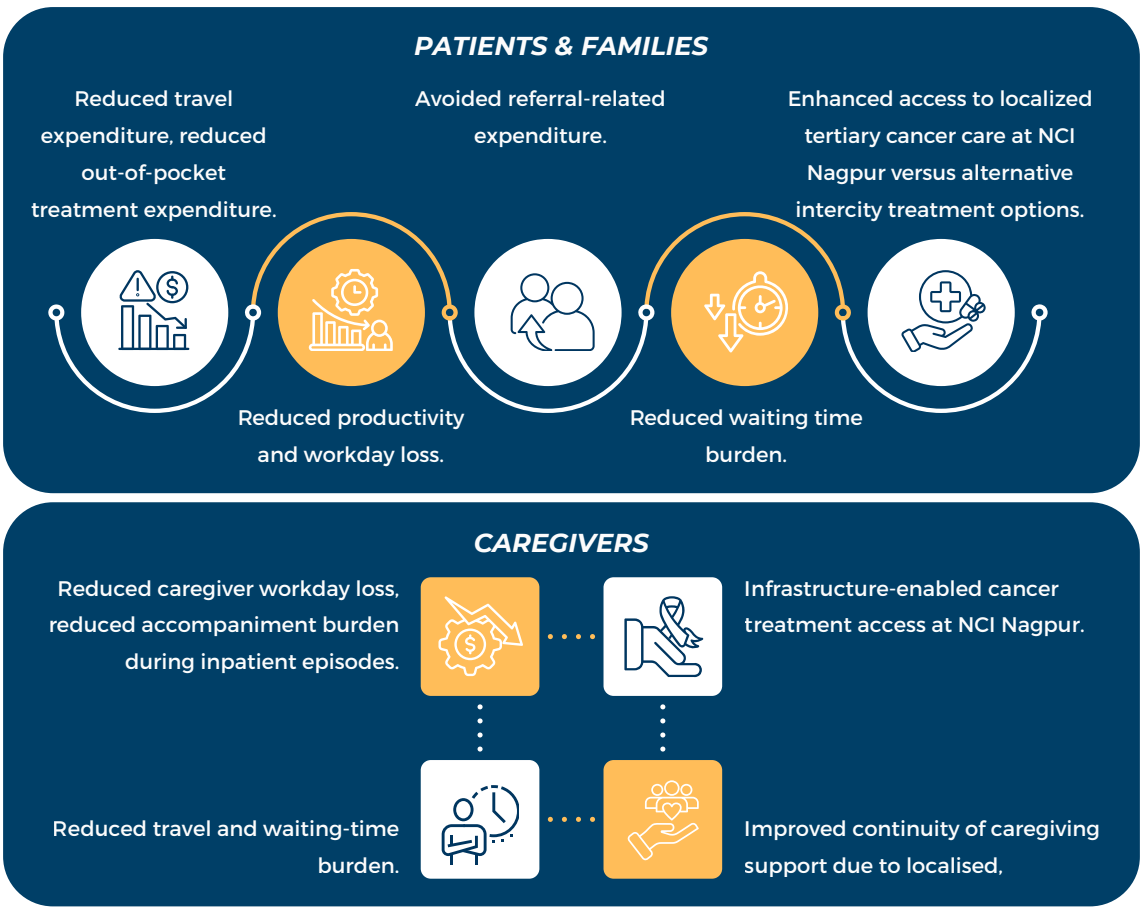
Scope of the SROI Analysis

This SROI analysis covers the healthcare infrastructure development project implemented by Dr. Aabaji Thatte Seva aur Anusandhan Sanstha at the National Cancer Institute, Nagpur, during FY 2024–25, with financial support from Max Healthcare Foundation under its CSR programme. The intervention strengthened tertiary cancer care infrastructure, including OPD capacity, diagnostic equipment, and inpatient facilities, thereby improving the quality, speed, and accessibility of cancer treatment services for patients across the Vidarbha region and beyond.

The assessment is limited to a single reporting year (FY 2024–25). While the infrastructure investment has a 10–15-year asset life and will continue to generate social value well beyond this period, only Year 1 outcomes have been included to maintain a conservative valuation approach. The total CSR investment assessed is ₹2,00,00,000. The scope includes all measurable outcomes directly resulting from improved infrastructure, while excluding long-term compounding effects, clinical health outcomes, and benefits to community members not directly receiving treatment at NCI during the reporting period.

Stakeholder Identification

Stakeholders included in valuation:



Stakeholders excluded from valuation:

Patients who could not access care at all as a separate outcome — these patients are already included in the beneficiary base of all seven outcomes; a separate access valuation would constitute double-counting.

Clinical and health outcomes (survival rates, quality of life, DALYs) — present and material but not monetised without longitudinal health data; the model does not claim clinical impact.



Government and institutional actors — system-level value, including reduced burden on the public health system, is beyond the scope of available survey data.

Community spillover beneficiaries — positive externalities on the local economy and the healthcare ecosystem are acknowledged but not quantifiable from the evidence base.



Phase 2
MAPPING OUTCOMES

Patient and Caregiver Outcomes

TANGIBLE OUTCOMES

- Reduced travel expenditure per hospital visit.
- Reduced out-of-pocket treatment expenditure.
- Reduced income loss from productive days saved.
- Caregiver workday savings during inpatient episodes.
- Time value of reduced OPD waiting time.
- Avoided referral-related expenditure.

INTANGIBLE OUTCOMES

- Enhanced confidence and reduced anxiety with access to local tertiary care
- Reduced distress from treatment delay and long-distance travel.
- Improved treatment adherence through reduced logistical burden.
- Reduced financial vulnerability for cancer-affected households
- Improved family stability through localised care access.

Infrastructure and System-Level Outcomes

TANGIBLE OUTCOMES

- Reduced referral burden on receiving hospitals.
- Shorter inpatient stays due to infrastructure efficiency.
- Higher OPD throughput with reduced per-patient waiting time

INTANGIBLE OUTCOMES

- Improved quality and continuity of tertiary cancer care in the Vidarbha region.
- Strengthened the position of NCI as an accessible, affordable cancer care institution.
- Reduced dependence on Mumbai or Pune for advanced oncology services in eastern Maharashtra.

DE-DUPLICATION NOTE

All 6 outcomes are valued for distinct, non-overlapping patient and caregiver sub-groups. Travel expenditure (O1) is measured for the same non-Nagpur cohort but represents different dimensions of value — per-visit cost saving and aggregate overnight days saved, respectively — and does not overlap. Patient productivity (O3) and caregiver workday loss (O4) apply to different individuals. No patient or caregiver is counted twice across any two outcomes.

WAITING AREA



Phase 3
GROSS SOCIAL VALUE (BEFORE ADJUSTMENTS)

This phase converts the outcomes identified in Phase 2 into quantifiable financial values using the field-level data as the principal evidence base. 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.

Patient and Travel Outcomes

REDUCED TRAVEL EXPENDITURE

The strengthened infrastructure at NCI Nagpur enables patients from outside Nagpur district to access tertiary cancer care locally, thereby avoiding repeated intercity travel to Mumbai or Pune for treatment. Primary survey data confirmed that respondents originated from outside Nagpur district, representing approximately 1,350 patients annually.

Patient interviews, FGDs, and field observations indicated that intercity treatment typically involved transport costs, local travel, food expenditure, and attendant travel burden. Based on survey responses, a conservative proxy value of ₹2,500 per visit cycle was adopted. The outcome was annualised using 18 treatment visits per year. Gross benefit generated under this outcome is estimated at ₹6,07,50,000.

REDUCED OUT-OF-POCKET TREATMENT EXPENDITURE

NCI Nagpur's affordable treatment ecosystem, supported by government schemes and charitable support mechanisms, reduces direct medical expenditure for patients compared to alternative tertiary oncology facilities. Primary survey data showed that respondents explicitly reported higher treatment expenditure at other facilities, representing approximately 950 patients annually.

Proxy values were derived using patient-reported treatment expenditure differentials collected during interviews and FGDs, supported by field interactions with hospital stakeholders and secondary oncology treatment-cost benchmarks for Nagpur. A conservative lower-bound proxy value of ₹50,000 per patient was adopted. Gross benefit generated under this outcome is estimated at ₹4,75,00,000.

REDUCED PATIENT PRODUCTIVITY LOSS

Localised treatment access reduces productive workdays lost due to repeated intercity travel, prolonged treatment visits, and additional treatment-related absence from work. Survey findings and stakeholder interactions confirmed that a significant proportion of patients were active earners experiencing income loss during treatment cycles.

Based on respondent interviews and field observations, an estimated 10 productive workdays annually were considered preserved due to localised access to treatment at NCI Nagpur. A conservative daily wage benchmark of ₹450, aligned with Maharashtra's minimum wage estimates, was used for valuation. Gross benefit generated under this outcome is estimated at ₹72,00,000.

Efficiency and Access Outcomes



REDUCED CAREGIVER WORKDAY LOSS

Improved infrastructure and localised treatment access reduce caregiver absenteeism and workday loss associated with accompanying patients during inpatient treatment and repeated hospital visits. FGDs with caregivers and inpatient families highlighted significant reductions in accompaniment burden and overnight travel requirements.

The valuation conservatively assumes 5 caregiver workdays saved annually for caregiver-accompanied households. A proxy value of ₹450 per day was adopted using Maharashtra's minimum wage benchmarks and validated through stakeholder interactions. Gross benefit generated under this outcome is estimated at ₹27,00,000.



REFERRAL-RELATED EXPENDITURE AVOIDED

Expanded infrastructure and improved diagnostic availability at NCI Nagpur reduce the need for external referrals for diagnostics and procedures. Survey respondents and hospital stakeholders reported reduced dependence on external facilities following infrastructure strengthening.

Each avoided referral episode was valued at ₹2,500, including repeat travel expenditure, registration charges, repeat diagnostics, and incidental expenses. Proxy values were derived through patient interviews, stakeholder consultations, and field observations supported by secondary healthcare benchmarking data. Gross benefit generated under this outcome is estimated at ₹11,87,500.



REDUCED WAITING TIME VALUE

Improved infrastructure and operational efficiency at NCI Nagpur reduced patient waiting duration before consultations and procedures. Half of all respondents explicitly reported reduced waiting times following infrastructure strengthening.

The economic value of reduced waiting time was conservatively monetised at ₹37 per visit using discounted hourly wage-equivalent calculations supported by patient interviews and field observations. Gross benefit generated under this outcome is estimated at ₹8,32,500.

TOTAL GROSS SOCIAL VALUE

₹12,01,70,000

Sum of all 6 outcome gross benefits before impact adjustments

Phase 4
ESTABLISHING IMPACT

To ensure methodological rigour, deductions were applied to each gross outcome value to remove the portion of benefit that cannot be directly and exclusively attributed to the CSR-funded infrastructure investment.

Three deductions are applied using the formula:
Net Value = Gross Value × (1 – Deadweight) × (1 – Attribution) × (1 – Displacement).

Deadweight reflects the proportion of outcomes likely to occur without the CSR-supported intervention. Since the intervention involved specialised tertiary healthcare infrastructure expansion, deadweight remained relatively low across outcomes.

Attribution captures the contribution of parallel actors such as government schemes, hospital management systems, clinical staff, and existing institutional infrastructure. Infrastructure-linked outcomes with high dependency on localised tertiary access were assigned lower attribution rates, while treatment-cost and waiting-time outcomes involving broader ecosystem actors were assigned relatively higher attribution.

Displacement was assessed as negligible across all outcomes because NCI Nagpur expands tertiary cancer care access rather than diverting patients from an equivalent local provider.

The following deductions were applied:

Impact Adjustment Framework

OUTCOME TYPE	DEADWEIGHT	ATTRIBUTION	DISPLACEMENT
Direct infrastructure-linked outcomes (travel, productivity, caregiver burden, referrals)	5%	10%	0%
Treatment expenditure and waiting-time outcomes	10%	15%	0%

Consolidated Monetised Outcomes Table

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

Outcome	Stakeholder	No. of Beneficiaries	Quantity	Value per Unit (₹)	Gross Benefit (₹)	Deadweight (%)	Attribution (%)	Displacement (%)	Adjustment Factor	Net Benefit (₹)
Reduced Travel Expenditure	Patients & Caregivers	1,350	18 Visits	2,500/ visit	6,07,50,000	5%	10%	0%	0.86	19,41,250.00
Reduced Out-of-Pocket Treatment Expenditure	Patients & Families	950	1 treatment episode	50,000/ patient	4,75,00,000	10%	15%	0%	0.77	3,63,37,500.00
Reduced Patient Productivity Loss	Patients & Caregivers	1,600	10 workdays	450/day	72,00,000	5%	10%	0%	0.86	61,56,000.00
Reduced Caregiver Workday Loss	Patients (Previously Excluded)	1,200	5 workdays	450/day	27,00,000	5%	10%	0%	0.86	23,08,500.00

Outcome	Stakeholder	No. of Beneficiaries	Quantity	Value per Unit (₹)	Gross Benefit (₹)	Deadweight (%)	Attribution (%)	Displacement (%)	Adjustment Factor	Net Benefit (₹)
Referral-Related Expenditure Avoided	Patients & Families	475	1 Referral episode avoided	2,500/ episode	11,87,500	5%	10%	0%	0.86	10,15,312.50
Reduced Waiting Time Value	Patients & Caregivers	1,250	18 Visits	37/visit	8,32,500	10%	15%	0%	0.77	6,36,862.50
TOTAL					12,01,70,000					9,83,95,425.00

TOTAL NET SOCIAL VALUE (AFTER ALL DEDUCTIONS)

₹9,83,95,425.00

After Deadweight, Attribution, and Displacement adjustments across all 6 outcomes



Phase 5
CALCULATING THE SROI

Component	Value
Total Gross Social Value	₹12,01,70,000
Total Net Social Value (After Deductions)	₹9,83,95,425.00
Total CSR Investment	₹2,00,00,000
SROI RATIO	**4.92: 1**

For every ₹1 invested by Max Healthcare Foundation, ₹4.92 of measurable, adjusted social value was created across cancer patients, their families, and caregivers within the FY 2024–25 reporting year.

Rationale for Deadweight, Attribution and Displacement

All monetised outcomes were adjusted for deadweight, attribution, and displacement to estimate the net social value directly attributable to the CSR-supported infrastructure investment at NCI Nagpur.

A deadweight of 5% was applied to infrastructure-led outcomes such as reduced travel expenditure, reduced productivity loss, caregiver workday savings, and referral-related expenditure avoided, as these benefits were unlikely to occur without localised tertiary oncology infrastructure. A higher deadweight of 10% was applied to treatment expenditure reduction and waiting-time reduction, acknowledging that some improvements may also arise from broader healthcare ecosystem developments and operational efficiencies.

An attribution rate of 10% was applied to infrastructure-driven outcomes where the availability of localised cancer care infrastructure was the primary enabling factor. A slightly higher attribution of 15% was applied to reduce out-of-pocket expenditure and reduce waiting-time value, considering the supporting role of government health schemes, hospital systems, and clinical operations.

Displacement was retained at 0% across all outcomes, as the intervention expanded access to tertiary cancer care rather than diverting benefits from another equivalent healthcare provider.

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 — the annual patient base (2,500), the O1 counterfactual travel cost (₹2,500 per visit), and the O2 OOP saving per patient (₹50,000) — together drive over 80% of total net social value. While these parameters are supported by primary survey data and secondary benchmarks, their variation under different assumptions is tested here to confirm the model's stability.

Variable	Conservative Case	Base Case (Final)	Optimistic Case
Annual Patient Base	2,000	2,500	3,200
O1 Counterfactual Travel Cost (₹/visit)	₹2,000	₹2,500	₹3,200
O2 OOP Saving per patient (₹)	₹37,000	₹50,000	₹65,000
Deduction Rates (DW + ATT)	DW: 10% | ATT: 20% (for O1, O3, O4, O5) DW: 15% | ATT: 25% (for O2, O6)	DW: 5% | ATT: 10% (for O1, O3, O4, O5) DW: 10% | ATT: 15% (for O2, O6)	DW: 2% | ATT: 5% (for all outcomes)

Scenario Results

Scenario	Gross Benefit (₹)	Net Adjusted Value (₹)	Investment (₹)	Gross SROI	Net SROI
Conservative Case	₹7,65,36,000	₹5,27,31,075	₹2,00,00,000	3.83x	2.64x
Base Case	₹12,01,70,000	₹9,83,95,425	₹2,00,00,000	6.01x	4.92x
Optimistic Case	₹19,38,30,400	₹18,04,56,102	₹2,00,00,000	9.69x	9.02x

The sensitivity analysis confirms that even under the most conservative assumptions — a smaller patient base, lower travel and OOP savings, and higher deduction rates — the project delivers a positive social return of ₹3.83 for every rupee invested. The base-case ratio of 4.92:1 is the recommended figure for reporting, grounded in primary survey data cross-validated against secondary benchmarks and conservatively adjusted throughout. The SROI ratio remains positive and above 1.0 in all tested scenarios, confirming that the model is stable and that the social value generated materially exceeds the CSR investment under all realistic assumptions.

Multi-Year SROI Projection

The Year 1 SROI ratio of 4.92:1 represents the directly evidenced and conservatively measured social value generated during FY 2024–25. However, the CSR investment supported physical healthcare infrastructure with an estimated operational life of 10–15 years. As the investment is primarily one-time in nature, the upgraded infrastructure is expected to continue generating social value over multiple years with limited additional CSR expenditure. To assess the long-term sustainability of value creation, a supplementary multi-year SROI projection was undertaken using the base-case annual benefit value. The analysis assumes that the upgraded infrastructure continues operating at similar utilisation levels, while applying a conservative annual drop-off of 15% from Year 2 onwards in line with SROI Network UK guidance for infrastructure-linked benefit projections.

Year	Annual Gross (₹)	Drop-off Factor	Adjusted Gross (₹)	Deduction (14.5% wtd avg)	Annual Net (₹)	Cumulative Net (₹)	Cumulative Investment (₹)	Cumulative SROI
Year 1	12,01,70,000	None	12,01,70,000	14.6%	9,83,95,425	9,83,95,425	2,00,00,000	4.92x
Year 2	12,01,70,000	15%	10,21,44,500	14.6%	8,36,36,111	18,20,31,536	2,00,00,000	9.10x
Year 3	12,01,70,000	28%	8,68,22,825	14.6%	7,10,90,695	25,31,22,231	2,00,00,000	12.66x
Year 4	12,01,70,000	39%	7,37,99,401	14.6%	6,04,27,090	31,35,49,321	2,00,00,000	15.68x
Year 5	12,01,70,000	48%	6,27,29,491	14.6%	5,13,63,027	36,49,12,348	2,00,00,000	18.25x

The projection demonstrates that the infrastructure investment continues generating substantial social value beyond the reporting year. Under the base-case scenario, the cumulative SROI ratio increases from 4.92:1 in Year 1 to 12.66:1 by Year 3 and 18.25:1 by Year 5, highlighting the long-term value-generation potential of tertiary healthcare infrastructure investments.

However, only Year 1 outcomes are directly evidenced through primary data collection, FGDs, stakeholder interactions, and field observations conducted during the assessment period. Accordingly, the Year 1 SROI ratio of 4.92:1 is recommended as the headline reported figure, while the multi-year projection should be treated as a supplementary long-term value assessment for strategic and sustainability reporting purposes.

Interpretation of the SROI Ratio

The assessment estimated a total gross social value of ₹12.01 crore and a net adjusted social value of ₹9.84 crore against a CSR investment of ₹2.00 crore, resulting in a final evidenced Year 1 SROI ratio of 4.92:1. This indicates that every ₹1 invested in strengthening healthcare infrastructure at NCI Nagpur generated approximately ₹4.92 of measurable social value for cancer patients, caregivers, and families during FY 2024–25.

The largest contributors to social value were reduced travel expenditure (₹5.19 crore net benefit) and reduced out-of-pocket treatment expenditure (₹3.63 crore net benefit), reflecting the substantial financial protection created through localised tertiary cancer care access. Additional value was generated through reduced productivity loss, caregiver workday savings, reduced referral-related expenditure, and improved service efficiency.

As the intervention involved long-term physical infrastructure, a supplementary multi-year projection was also undertaken. Under the base-case scenario with a conservative 15% annual drop-off from Year 2 onwards, the cumulative SROI increases to 12.66:1 by Year 3 and 18.25:1 by Year 5, highlighting the long-term value-generation potential of the infrastructure investment. However, only Year 1 outcomes are directly evidenced through primary data collection and therefore 4.92:1 is recommended as the headline reported SROI ratio.

The analysis adopts a conservative valuation approach throughout. All proxy values were primarily derived through patient and caregiver FGDs, stakeholder consultations, and field observations, supported by secondary healthcare benchmarks where required. Long-term clinical outcomes, mortality reduction, and broader health-system strengthening benefits have not been monetised; accordingly, the reported SROI ratio likely represents a conservative estimate of the overall social value generated through the intervention.

Conclusion

The SROI assessment of the healthcare infrastructure intervention at the National Cancer Institute (NCI), Nagpur, demonstrates that the CSR investment made by Max Healthcare Foundation generated substantial social and economic value for cancer patients, caregivers, and families during FY 2024–25.

Against a total CSR investment of ₹2.00 crore, the project generated an estimated gross social value of ₹12.01 crore and a net adjusted social value of ₹9.84 crore, resulting in a final evidenced SROI ratio of 4.92:1. The intervention significantly reduced treatment-related financial and access burdens through lower travel expenditure, lower out-of-pocket treatment costs, reduced productivity loss, reduced caregiver burden, lower referral dependence, and improved service efficiency.

The sensitivity analysis confirmed the robustness of the model, with the SROI ratio remaining positive across all tested scenarios. In addition, the multi-year projection demonstrates that the infrastructure investment is expected to continue generating long-term value beyond the reporting period, with cumulative SROI projected to increase to 12.66:1 by Year 3 and 18.25:1 by Year 5 under the base-case scenario.

The assessment adopts a conservative valuation approach throughout. All proxy values were primarily derived through patient and caregiver FGDs, stakeholder consultations, and field observations, supported by secondary healthcare benchmarks where necessary. Long-term clinical outcomes, mortality reduction, and broader health-system strengthening impacts have not been monetised. Accordingly, the reported SROI ratio is likely to represent a conservative estimate of the broader long-term social value created through the infrastructure investment at NCI Nagpur.