MAX Healthcare

IMPACT ASSESSMENT REPORT

NIRANT 2

FY 2024 - 25

IMPLEMENTED BY: AMBA CHARITABLE FOUNDATION



PREPARED BY:

SoulAce
Path to Sustainability

SOULACE CONSULTING PVT. LTD.

CONTENTS

Abbreviations 01

Executive Summary 02 - 04
Project Background 02
Project Details 02
Project Activities 03
Key Findings 04
Key Impacts 04

Chapter 1 | Introduction 05 - 06
Need of the Program 05
Objectives of the Program 05
Background 05
About Max Healthcare Institute Limited 06
About Implementation Agency 06

Chapter 2 | Research Methodology 07 - 09
Research Design 07
Objectives of the Study 07
Application of Quantitative Techniques 07
Application of Qualitative Techniques 07
Ensuring Triangulation 08
Sampling Framework 08
Data Collection 08
Stakeholders 09
Commitment to Research Ethics 09

Chapter 3 | Key Findings and Impacts 10 - 15

Chapter 4 | Impact Created at Multiple Level 16 - 18

Chapter 5 | OECD Framework 19 - 20

Chapter 6 | Recommendations 21

Chapter 7 | Conclusion 22

Chapter 8 | Social Return on Investment (SROI) 23 - 34

ABBREVIATIONS

CSR	Corporate Social Responsibility
IDI	In-depth Interview
KII	Key Informant Interview
ACF	Amba Charitable Foundation
SROI	Social Return on Investment
SDGs	Sustainable Development Goals
OPD	Outpatient Department
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
MoSJE	Ministry of Social Justice and Empowerment

EXECUTIVE SUMMARY

PROJECT BACKGROUND

Nirant-2: Amba Charitable Foundation is an old age home project supported by Max Healthcare Foundation in Gandhinagar, Gujarat. The project focuses on providing safe and dignified residential care for senior citizens through elderly-friendly infrastructure, healthcare access, nutritious food, emergency support, social engagement opportunities, and community-based living arrangements aimed at improving the overall well-being and quality of life of elderly residents.

PROJECT DETAILS

Project Duration
FY 2024-25

Implementing Partner
Amba Charitable Foundation

Project Budget
INR 20,000,000

Total Beneficiaries
166

Project Locations
Adalaj, Gandhinagar, Gujarat

Sample Size
50

Alignment with SDGs



PROJECT ACTIVITIES

- Operationalization of Nirant-2 old age home for senior citizens at Gandhinagar, Gujarat.
- Provision of safe, accessible, and elderly-friendly residential infrastructure for residents.
- Arrangement of regular food, nutrition, housekeeping, laundry, and daily living support services.
- Facilitation of healthcare support through on-campus medical facilities, doctor visits, and emergency care access.
- Creation of a community-based living environment promoting dignity, emotional well-being, and social engagement among senior citizens.
- Installation and maintenance of safety and support infrastructure, including CCTV, emergency systems, lifts, and power backup.
- Support for recreational, spiritual, and social activities to improve the quality of life for elderly residents.
- Collaboration with Max Healthcare Foundation for strengthening elderly care services and institutional support.



NIRANT 2 - ENTRANCE GATE 2

KEY FINDINGS

100%
of the respondents reported availability of essential safety, accessibility, and basic living facilities within the old age home.

100%
of the respondents confirmed access to regular nutritious meals with consistent availability of protein-rich food items.

66.0%
of the respondents reported active participation in daily or regular recreational and social engagement activities within the facility.

66.0%
of the respondents stated that staff responded promptly during medical emergencies or assistance requirements.

100%
of the respondents expressed willingness to continue staying at the facility, reflecting overall satisfaction with the living environment and services provided.

KEY IMPACTS

100%
of the respondents experienced a safe and dignified residential environment supported by elderly-friendly infrastructure and care services.

66.0%
of the respondents reported improved social interaction and engagement, contributing to reduced isolation and enhanced emotional well-being.

100%
of the respondents benefited from structured daily routines related to meals, sleep, and medication management after joining the facility.

66.0%
of the respondents experienced reduced family caregiving burden through access to organised residential and support services within the facility.

100%
of the respondents benefited from a stable and supportive community living environment that promoted emotional comfort and a sense of security in old age.

01. INTRODUCTION

NEED OF THE PROGRAM

The need for the Nirant-2 programme emerged from the growing requirement for safe, dignified, and supportive residential care facilities for senior citizens who require assistance, emotional support, healthcare access and community-based living in their later years. Increasing age-related vulnerabilities, social isolation, changing family structures, and the need for regular healthcare and caregiving services have highlighted the importance of organised elderly care institutions. The programme was designed to provide senior citizens with a secure and compassionate environment where their physical, emotional, social, and healthcare needs could be addressed through accessible infrastructure, nutritious food, medical support, safety measures, and opportunities for social and spiritual engagement, thereby improving their overall quality of life and well-being.

OBJECTIVES OF THE PROGRAM



To provide safe, accessible, and dignified residential care facilities for senior citizens.



To ensure regular access to healthcare, emergency support, and caregiving services for elderly residents.



To promote the physical, emotional, and social well-being of senior citizens through community-based living and engagement activities.



To provide nutritious food, daily living support, and elderly-friendly infrastructure for improving the quality of life among residents.



To create a supportive and respectful environment that enhances emotional security, comfort, and dignity in old age.

BACKGROUND

The Nirant-2 project, implemented by Amba Charitable Foundation with support from Max Healthcare Foundation, is an old age home initiative located in Gandhinagar, Gujarat, aimed at providing a safe, dignified, and supportive living environment for senior citizens. The project focuses on addressing the physical, emotional, social, and healthcare needs of elderly residents through accessible residential infrastructure, nutritious food, healthcare support, emergency care access, housekeeping services, and opportunities for social and spiritual engagement. Designed as a community-based elderly care facility, Nirant-2 promotes structured daily living, emotional well-being, and a sense of belonging among residents while ensuring safety, comfort, and respectful care in later stages of life.

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-specialty and super-specialty 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.

ABOUT IMPLEMENTATION AGENCY

The project is being implemented by Max Healthcare Foundation through Amba Charitable Foundation, a non-profit organisation committed to promoting social, spiritual and humanitarian welfare across communities. Amba Charitable Foundation focuses on creating supportive and dignified living environments for individuals in need, particularly senior citizens, through community-based care and service initiatives. Supported by a dedicated volunteer network and institutional partnerships, the Foundation manages Nirant-2 Old Age Home to provide residential care, healthcare access, nutrition, safety, emotional support, and spiritual engagement for elderly residents. Through the support of Max Healthcare Foundation, the initiative strengthens quality elderly care services while promoting dignity, well-being, and social security among senior citizens.



NIRANT 2 - BUILDING

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 Nirant-2: Amba Charitable Foundation project supported by Max Healthcare Foundation in Gandhinagar, Gujarat. This approach enabled a balanced understanding of measurable outcomes such as accessibility of elderly care services, quality of residential facilities, healthcare support, safety measures, nutrition, social engagement, and overall well-being of senior citizens, along with experiential insights from residents, caregivers, management representatives, and healthcare support staff. The integration of quantitative and qualitative data supported evidence-based conclusions and practical recommendations for strengthening elderly care services and institutional support systems.

OBJECTIVES OF THE STUDY



To assess the effectiveness of the old age home in providing safe, accessible and dignified residential care for senior citizens.



To understand the social, emotional, and financial impact of institutional elderly care on respondents and their families.



To examine the overall impact of the project on improving the well-being, security, and quality of life of elderly residents.



To evaluate the availability and utilisation of healthcare, nutrition, safety and support services provided within the facility.



To assess respondent satisfaction regarding living conditions, caregiving support, recreational engagement, and healthcare accessibility within the facility.

APPLICATION OF QUANTITATIVE TECHNIQUES

Structured surveys were conducted with 50 respondents selected through simple random sampling from the project implementation area in Gandhinagar, Gujarat. The quantitative analysis focused on key indicators such as age profile, duration of stay, healthcare access, safety and accessibility features, nutritional support, medical care arrangements, recreational participation, financial support systems, social interaction, emotional well-being and overall satisfaction with the old age home facility.

APPLICATION OF QUALITATIVE TECHNIQUES

The qualitative component included 5 in-depth interviews with residents, caregivers and management representatives to capture detailed perspectives on elderly care experiences, healthcare support, quality of living conditions, emotional well-being, caregiving practices, operational systems, and overall impact of the facility on senior citizens and their families. These insights helped validate and enrich quantitative findings by providing contextual understanding of institutional elderly care and resident experiences.

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 residential care quality, healthcare accessibility, emotional well-being, social engagement, safety mechanisms, and the overall impact of the project on elderly respondents and caregivers.

SAMPLING FRAMEWORK



Name of the Project

Nirant-2: Amba Charitable Foundation



Implementing Organisation

Amba Charitable Foundation



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

5



Key Stakeholders

Residents, Caregivers, Management Representatives, Healthcare Support Staff



Location

Gandhinagar, Gujarat

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 residential care, healthcare accessibility, safety provisions, nutrition support, caregiving services, recreational engagement, emotional well-being and overall quality of life within the old age home facility.

STAKEHOLDERS

Key stakeholders included senior citizen residents, caregivers, nursing and support staff, management representatives of Amba Charitable Foundation, and representatives associated with Max Healthcare Foundation. Their participation provided critical insights into service delivery, caregiving systems, healthcare access, operational effectiveness, and the overall impact of the project on elderly well-being.

COMMITMENT TO RESEARCH ETHICS

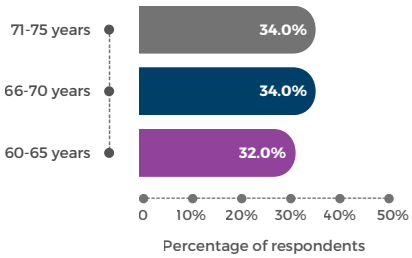
The study strictly followed ethical research principles, ensuring informed consent, confidentiality, voluntary participation, and respect for respondents' rights. Transparency and integrity were maintained throughout the research process to ensure credibility, authenticity and reliability of findings.

NIRANT 2 - OUTDOOR GYM



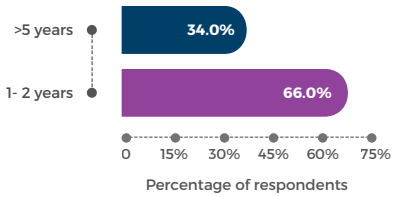
03. KEY FINDINGS & IMPACTS

CHART 1: AGE GROUP DISTRIBUTION OF RESIDENTS



The data indicates that the old age home is catering to respondents across different stages of elderly life, reflecting the need for continuous care, emotional support, and age-sensitive services for senior citizens with varying physical and social needs.

CHART 2: DURATION OF STAY AT THE FACILITY



The study reveals that respondents have developed a sense of stability and belonging within the old age home, while continued family interaction and voluntary preference for community living reflect emotional connectedness, personal dignity, and acceptance of institutional care as a supportive living arrangement.

Resident of Nirant-2 Old Age Home, Gandhinagar, Gujarat

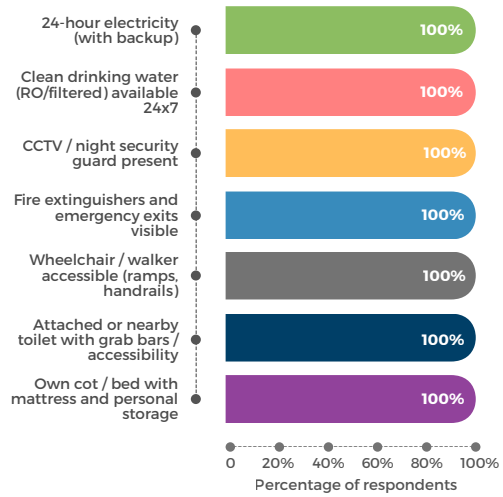
Before coming to Nirant-2, I often felt emotionally disturbed and disconnected because of family disagreements and the difficulties of managing daily life alone at this age. After shifting here, my routine has become more stable and peaceful. I now receive timely meals, support when needed and have opportunities to interact with other residents regularly. The environment here feels respectful and secure, and it has helped me regain a sense of comfort and emotional balance in my day-to-day life.

Mr. Rumit Chandaria, Chief Financial Officer, Amba Charitable Foundation, Gandhinagar, Gujarat

Nirant-2 was created with the belief that senior citizens should be able to spend their later years in a peaceful and spiritually enriching environment without worrying about daily responsibilities or isolation. Many elderly individuals from the Dada Bhagwan spiritual community were looking for a place where they could continue their spiritual journey while living in a caring and family-like atmosphere. Through Nirant-2, we have tried to create a space where residents feel emotionally secure, socially connected, and supported in their day-to-day lives with dignity and respect.

FACILITY ADEQUACY & SAFETY

CHART 3: AVAILABILITY OF SAFETY, ACCESSIBILITY AND BASIC FACILITY FEATURES



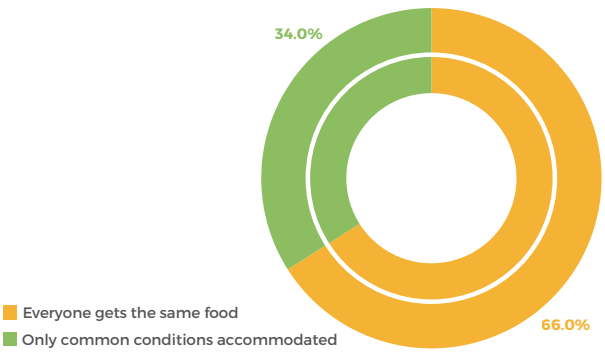
The data shows that the old age home has created a safe, accessible, and resident-friendly living environment that supports the dignity, comfort, and day-to-day well-being of respondents through adequate infrastructural and safety provisions.

Representative, Amba Charitable Foundation / Nirant-2 Management, Gandhinagar, Gujarat

Nirant-2 was created with the vision of providing senior citizens a peaceful and spiritually fulfilling environment where they can live with dignity, comfort, and emotional security. We have tried to build not just an old age home, but a family-like community supported by healthcare, safety systems, and daily care services. Facilities such as emergency calling bells, anti-skid flooring, elevators, RO drinking water, CCTV surveillance, medical support and regular maintenance have been developed to ensure that elderly residents feel safe, respected, and cared for at every stage of life.

FOOD & NUTRITION

CHART 4: AVAILABILITY OF SPECIAL DIET ACCOMMODATION FOR RESIDENTS



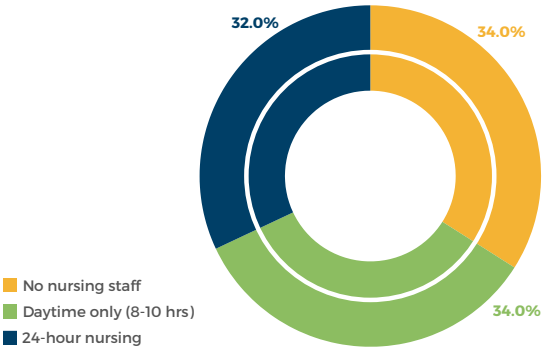
The study reveals that respondents are receiving regular and nutritionally adequate meals, reflecting the institution's commitment towards ensuring food security and physical well-being, while also addressing common dietary needs among elderly residents.

Family Member of Resident, Gandhinagar, Gujarat

My father chose to stay at this old age home on his own because he felt comfortable living in a community environment. We stay within the same campus, so I regularly see the care and support being provided. The facility takes care of his food, medicines, nursing support, and laundry services in a very organised manner. We are especially satisfied with the medical support available through the hospital and health centre within the campus. Knowing that immediate healthcare support is accessible gives our family a sense of relief and confidence about his well-being.

HEALTH & MEDICAL CARE

CHART 5: AVAILABILITY AND SUPPORT OF NURSING STAFF



The data indicate that respondents have access to regular medical attention and varying levels of nursing support, reflecting ongoing efforts to address the healthcare and caregiving needs of elderly residents within the facility.

Resident of Nirant-2 Old Age Home, Gandhinagar, Gujarat

Living at Nirant-2 has given me a sense of safety and dignity that is very important at this stage of life. The staff members are supportive, and help is available whenever required. Even though there are areas where more medical support and recreational activities could further improve the experience of residents, the overall environment remains caring and respectful. I feel more secure staying here and would prefer to continue living in this facility because it provides stability, companionship and peace of mind.

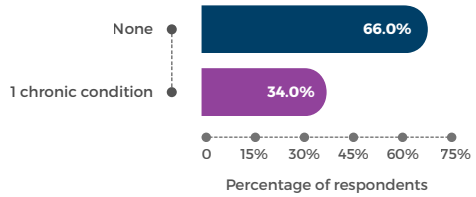
Caregiver / Nursing Staff, Nirant-2 Old Age Home, Gandhinagar, Gujarat

Working with elderly residents requires patience, emotional sensitivity and constant attentiveness because many residents depend on us not only for physical assistance but also for emotional reassurance and companionship. Since Amba Health Centre and Hospital are situated within the same campus, we are able to respond quickly whenever residents require medical attention or emergency support. The infrastructure available within the facility, including accessibility features and supportive living arrangements, has made it easier for us to provide timely and dignified care to senior citizens in their daily routines.

Mr. Rumit Chandaria, Chief Financial Officer, Amba Charitable Foundation, Gandhinagar, Gujarat

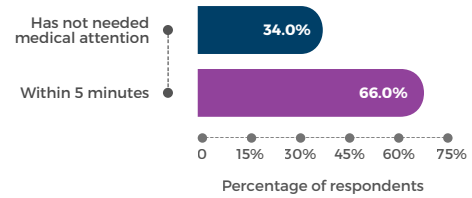
Although Nirant-2 is not designed as a hospital or intensive care facility, we have ensured that residents have immediate access to healthcare support whenever required. The presence of Amba Hospital within the same campus has been extremely important in providing timely consultations, emergency care and ongoing medical assistance to senior citizens. Along with dedicated staff members and volunteers who support daily operations, our effort is to create an environment where elderly residents feel safe, cared for, and comfortable in every aspect of their daily lives.

CHART 6: NUMBER OF CHRONIC HEALTH CONDITIONS AMONG RESIDENTS



The findings suggest that a considerable proportion of respondents are living without major chronic health conditions, while those with existing health concerns continue to require regular monitoring and supportive elderly care services.

CHART 7: STAFF RESPONSE TIME DURING MEDICAL EMERGENCIES AND ASSISTANCE NEEDS



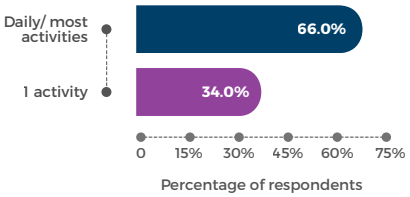
The data reveals that respondents receive timely support during medical emergencies and assistance needs, reflecting the presence of attentive caregiving mechanisms and a responsive support system within the old age home.

NIRANT 2 - PRAYER HALL



SOCIAL ENGAGEMENT & DIGNITY

CHART 8: PARTICIPATION IN RECREATIONAL AND ENGAGEMENT ACTIVITIES



The study reveals that respondents are actively engaged in recreational activities, indicating opportunities for social interaction, emotional well-being, and meaningful participation that contribute to a sense of dignity and belonging within the facility.

Caregiver / Nursing Staff, Nirant-2 Old Age Home, Gandhinagar, Gujarat

Many residents come from emotionally difficult situations or experience loneliness due to age-related challenges, so respectful communication and compassionate care become extremely important in maintaining their dignity and confidence. We try to ensure that residents feel heard, comfortable, and supported during everyday activities such as medication support, mobility assistance, meals, and personal care. Although staff retention and manpower availability remain ongoing challenges, the collective support from staff members, volunteers, and the healthcare system within the campus helps create a caring and stable environment for elderly residents.

COST-AVOIDANCE & FINANCIAL IMPACT (SROI)

CHART 9: CURRENT COST-BEARER FOR RESIDENT STAY

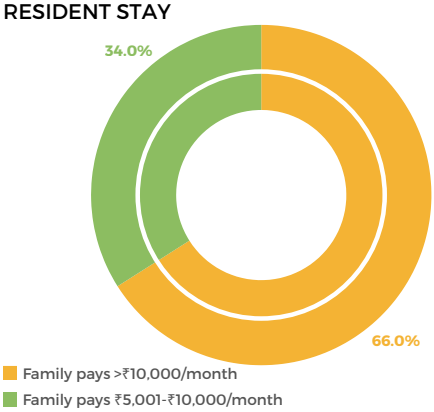
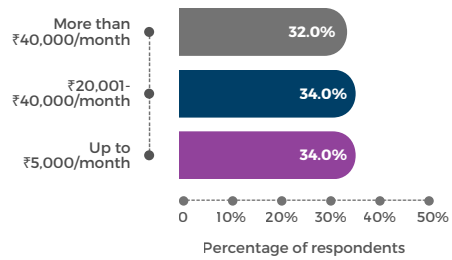


CHART 10: ESTIMATED MONTHLY COST OF EQUIVALENT CARE OUTSIDE THE FAMILY



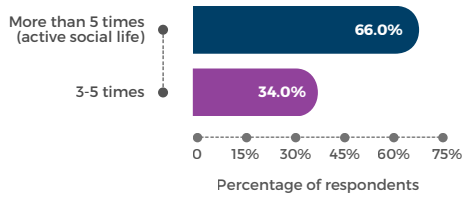
The data indicates that the old age home is helping to reduce the financial burden associated with elderly care by providing comparatively affordable residential support, while ensuring access to essential care and living services for respondents.

Representative, Amba Charitable Foundation / Nirant-2 Management, Gandhinagar, Gujarat

The support received through CSR contributions has strengthened the overall living environment and helped us maintain quality residential and healthcare-related services for senior citizens. Along with support from multiple donors, these contributions have enabled us to provide essential facilities such as healthcare access, ambulance services, housekeeping, security, power backup, and recreational spaces within the campus. Our aim is to ensure that elderly residents experience a stress-free and respectful life in a supportive community setting, while also maintaining the long-term sustainability of the facility.

SOCIAL ENGAGEMENT & DIGNITY

CHART 11: FREQUENCY OF DAILY SOCIAL INTERACTIONS AMONG RESIDENTS



The findings suggest that the old age home has positively influenced the overall well-being of respondents by promoting structured daily living, stronger social engagement, emotional comfort, and sustained satisfaction with the care and support environment.

Family Member of Resident, Gandhinagar, Gujarat

The overall environment of the old age home is peaceful, respectful and supportive for elderly residents. The staff members treat my father with patience and dignity, and all his daily needs are taken care of properly. Even though he prefers a quiet routine and does not actively participate in social activities, he feels comfortable and secure staying here. As a family member, I feel satisfied seeing that he is living in a safe and caring environment without any major difficulties or concerns.

NIRANT 2 - INDUSTRIAL WASHING MACHINE AND PRESS



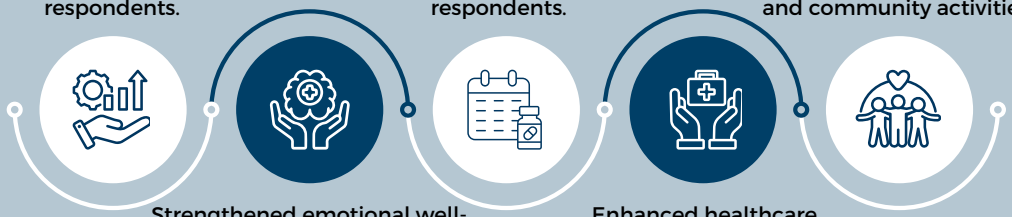
04. IMPACT CREATED AT MULTIPLE LEVEL

INDIVIDUAL LEVEL

Improved access to safe, dignified, and elderly-friendly residential care services among respondents.

Improved daily routine management related to meals, sleep, medication, and personal care among respondents.

Increased social interaction, companionship, and emotional comfort through participation in recreational and community activities.



Strengthened emotional well-being and sense of security through community-based living and supportive caregiving systems.

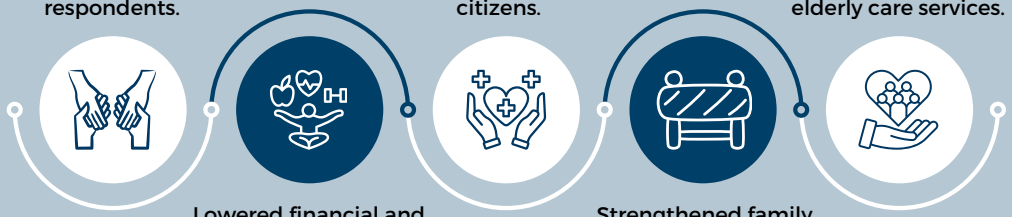
Enhanced healthcare accessibility through regular medical support and availability of emergency care services within the campus.

HOUSEHOLD LEVEL

Reduced caregiving burden on family members through organised residential and support services for elderly respondents.

Reduced concerns related to emergency healthcare support and daily assistance needs of senior citizens.

Improved emotional reassurance among family members through availability of structured and dignified elderly care services.



Lowered financial and logistical stress associated with arranging continuous elderly care and healthcare support at home.

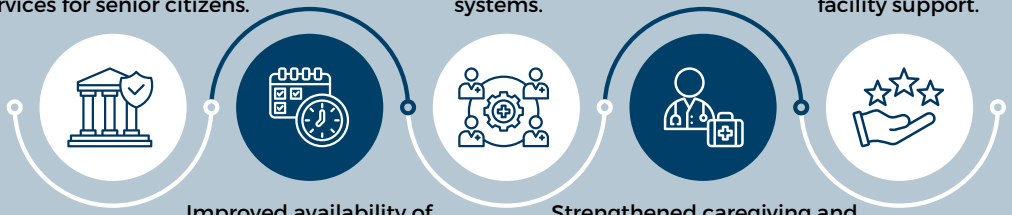
Strengthened family confidence regarding the safety, healthcare access, and well-being of elderly family members.

INSTITUTIONAL LEVEL

Strengthened institutional capacity for providing integrated residential, healthcare, and support services for senior citizens.

Enhanced coordination between residential care services and on-campus healthcare support systems.

Improved quality of elderly care services through organised operational systems and continuous facility support.



Improved availability of elderly-friendly infrastructure, safety measures, and accessibility features within the facility.

Strengthened caregiving and support mechanisms through involvement of volunteers, healthcare providers, and support staff.

COMMUNITY LEVEL

Promoted awareness regarding the importance of organised and dignified elderly care services within the community.

Strengthened community trust towards institutional elderly care and support services.

Encouraged community-based and spiritually supportive living environments for elderly populations.



Strengthened social support systems for senior citizens requiring assisted living and caregiving support.

Improved access to safe residential care options for senior citizens experiencing social isolation or age-related vulnerabilities.

REGIONAL/ STATE LEVEL

Improved accessibility of organised elderly care and residential support services in Gandhinagar, Gujarat.

Supported inclusive and dignified ageing for senior citizens across urban and nearby regions.

Enhanced regional availability of safe and supportive care environments for elderly populations.



Strengthened regional support systems for ageing populations requiring healthcare, caregiving, and emotional support services.

Promoted development of integrated elderly care models combining healthcare access, residential support, and community living.

NATIONAL LEVEL

Contributed towards strengthening institutional elderly care support systems within India's social welfare ecosystem.

Promoted community-based and integrated models of elderly residential care and support services.

Contributed towards improving social security, emotional well-being, and quality of life among senior citizens.



Supported national priorities related to healthy ageing, elderly well-being, and dignified living for senior citizens.

Strengthened awareness regarding the need for organised elderly care infrastructure and healthcare accessibility for ageing populations.

05. OECD FRAMEWORK



RELEVANCE

The project addresses the growing need for organised elderly care support among senior citizens who require safe accommodation, healthcare access, emotional support, and community living arrangements. The findings indicate that respondents benefited from structured daily routines, regular healthcare access, and safety-oriented infrastructure, highlighting the relevance of the intervention in addressing age-related vulnerabilities and social isolation.

COHERENCE

The Nirant-2 project is well aligned with SDG 3 (Good Health and Well-being), SDG 10 (Reduced Inequalities), and SDG 11 (Sustainable Cities and Communities) through its focus on elderly care, healthcare access, dignified living, and inclusive support systems for senior citizens. The initiative complements broader social welfare and healthy ageing priorities by creating a safe and supportive residential environment for elderly respondents.



EFFECTIVENESS

The project has been effective in creating a resident-friendly environment with adequate food, healthcare support, accessibility features, and timely assistance mechanisms for elderly respondents. The study findings show that respondents expressed overall satisfaction with the facility and reported improved daily routine management, social interaction, and emotional comfort after joining the old age home.

EFFICIENCY

The project demonstrates efficient utilisation of available infrastructure and institutional support systems through integration with on-campus healthcare facilities, emergency support services, and volunteer engagement mechanisms. The availability of safety features, healthcare access, and organised residential services within a single campus has contributed towards streamlined service delivery and continuous support for respondents.

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

IMPACT

The project has contributed towards improving the overall well-being, dignity, and emotional security of elderly respondents by providing a stable and supportive living environment. The findings reveal that respondents experienced better social engagement, regular daily routines, timely support during emergencies, and a greater sense of comfort and safety within the facility, reflecting positive changes in their quality of life.

SUSTAINABILITY

The project has contributed towards improving the overall well-being, dignity, and emotional security of elderly respondents by providing a stable and supportive living environment. The findings reveal that respondents experienced better social engagement, regular daily routines, timely support during emergencies, and a greater sense of comfort and safety within the facility, reflecting positive changes in their quality of life.



06. RECOMMENDATIONS



Introduce more regular doctor visits, periodic health check-up camps, and stronger nursing support within the facility to address the evolving healthcare needs of elderly residents.

Expand recreational programmes, group activities, outings, and community interaction opportunities to improve emotional well-being, reduce isolation, and encourage active ageing among residents.

Develop strategies for recruiting, training, and retaining caregiving staff, including skill development, supportive work environments, and volunteer integration, to ensure consistent and quality elderly care.

Move towards more personalised meal planning and care support for residents with specific health conditions such as diabetes, hypertension, or mobility limitations, while maintaining overall nutritional adequacy.

07 CONCLUSION

The impact assessment of Nirant-2: Amba Charitable Foundation indicates that the initiative has played a significant role in creating a safe, supportive, and dignified living environment for senior citizens in Gandhinagar, Gujarat. Implemented by Max Healthcare Foundation through Amba Charitable Foundation, the project has enabled elderly residents to access structured residential care, nutritious food, healthcare support, emergency assistance, and elderly-friendly infrastructure within a secure community setting. The facility has contributed towards improving the quality of life of residents by addressing both their physical and emotional well-being needs in old age.

The findings further suggest that the project has helped promote regular daily routines, emotional comfort, and stronger social engagement among respondents. Residents reported satisfaction with the living environment, timely support during medical needs, and opportunities for community interaction within the facility. The availability of healthcare access through the on-campus medical ecosystem, along with safety measures and supportive caregiving services, has strengthened respondents' sense of security and stability. The project has also contributed towards reducing caregiving pressure on families by ensuring organised and continuous elderly care support.

Nirant-2 reflects a meaningful CSR-supported elderly care model that integrates residential support, healthcare access, dignity, and community living for senior citizens. The collaboration between Max Healthcare Foundation, and Amba Charitable Foundation has strengthened institutional care services for elderly populations while promoting compassionate and respectful ageing. While areas such as staffing and enhanced recreational support may require continued attention, the project demonstrates a positive and sustainable approach towards improving elderly well-being and social care support systems.



08. SOCIAL RETURN ON INVESTMENT (SROI)

NIRANT-2: AMBA CHARITABLE FOUNDATION
OLD AGE HOME OPERATIONALISATION – GANDHINAGAR, GUJARAT

EXECUTIVE SUMMARY

Max Healthcare Foundation invested ₹2,00,00,000 as a one-time CSR capital grant towards the operationalisation of Nirant-2, a residential old age home in Gandhinagar, Gujarat, managed by the Amba Charitable Foundation. The facility provides 166 senior citizens with safe residential care, nutritious meals, healthcare support, and a structured spiritual community environment across 104 fully furnished rooms.

This SROI analysis assesses the measurable social and economic value generated through the facility during the assessment period. 7 monetisable outcomes are identified across three stakeholder groups — senior citizens, families, and government. All outcomes are individually adjusted for deadweight, attribution, and displacement in accordance with Social Value International SROI principles.

The assessment adopts a single-year, conservative approach. The monetised outcomes are generated through continuous service delivery and are realised only during the period in which services are provided. The total net social value is estimated at ₹2,99,42,333 against an investment of ₹2,00,00,000, yielding an SROI ratio of 1.50:1

Programme Coverage	Key Outcomes
• **Nirant-2 Old Age Home** • 166 residents | 104 furnished rooms *Gandhinagar, Gujarat* • **CSR Investment: ₹2,00,00,000**	• 7 monetisable outcomes across 3 stakeholder groups • 166 senior citizens in direct residential care • 249 family beneficiaries (caregiving relief)

NIRANT 2 - OPENING 2



SROI METHODOLOGY FRAMEWORK

The SROI methodology applied in this analysis is aligned with the principles of Social Value International and follows a structured five-phase 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 operationalisation of Nirant-2, an old-age home in Gandhinagar, Gujarat, managed by the Amba Charitable Foundation, supported by a one-time CSR capital grant of ₹2,00,00,000 from Max Healthcare Foundation. The assessment covers the current operational year and is limited to outcomes that are directly evidenced through programme data and published Indian benchmarks.

A single-year SROI approach has been adopted. The monetised outcomes — residential care, nutrition, healthcare support, mental well-being, and family caregiving relief — are generated through continuous service delivery and are realised only during the period in which services are provided. As there is no evidence that these benefits persist independently beyond the assessment year, a single-year approach is the most appropriate and conservative methodology. The total CSR investment assessed is ₹2,00,00,000, representing the confirmed one-time capital contribution by Max Healthcare Foundation.

Stakeholder Identification

STAKEHOLDER	NATURE OF CHANGE
Senior Citizens (166 Residents)	Free residential accommodation (furnished rooms with anti-skid flooring, emergency bells, 24x7 power and water). Three cooked meals daily. On-site doctor, Amba Hospital tie-up, and ambulance access. Structured spiritual community environment (satsang, Trimandir access, volunteer engagement). Improved physical safety and mental well-being.
Families/ Caregivers (249 Beneficiaries)	Relief from hands-on caregiving responsibilities, freeing time for employment, personal activities, and rest. Reduction in direct elder-care expenditure on domestic help, medicines, and care logistics. Based on 166 households × 1.5 adult family members (India Ageing Report 2021
Government/ Public System (166 Residents)	Reduced fiscal burden on public residential welfare schemes (IPOP/MoSJE: ₹2,000/month per resident). Reduced utilisation of public PHCs and CHCs for routine elderly care consultations.

Stakeholders excluded from valuation:

The following stakeholders were considered but excluded from monetisation: (1) Other capital donors — institutional value of co-funding is acknowledged but not valued to avoid double-counting with direct beneficiary outcomes. (2) Community and neighbourhood residents — spillover benefits are acknowledged but cannot be robustly attributed or monetised without primary community survey data. (3) Volunteers and spiritual workers — meaning and purpose derived from service work is not valued due to a lack of primary data. (4) Future residents/waiting list applicants — not yet admitted and cannot be reliably valued.

Phase 2
MAPPING OUTCOMES

Patient and Caregiver Outcomes

TANGIBLE OUTCOMES

- Free accommodation (market rental equivalent).
- Free food and nutrition (institutional meal cost).
- Reduced out-of-pocket healthcare expenditure.
- Improved mental well-being and reduced loneliness.
- Family caregiver time savings (opportunity cost).
- Reduced burden on public residential welfare (IPOP).
- Reduced burden on public health facilities (PHC).

INTANGIBLE OUTCOMES (NOT MONETISED)

- Enhanced dignity, self-esteem, and sense of purpose.
- Spiritual well-being and religious participation.
- Improved community cohesion and social support systems.
- Reduced emotional stress and anxiety for families.
- Long-term health trajectory improvements.
- Career and livelihood benefits for facility staff.

DE-DUPLICATION NOTE

All 7 outcomes are valued for distinct, non-overlapping dimensions of benefit. The accommodation proxy captures residential and utilities value only — not food or medical services. The food proxy covers caloric provision only — not healthcare supplements. Healthcare OOP saving captures resident-level expenditure avoided — not family expenditure (excluded from this model). Mental well-being captures subjective/psychological value only — not physical health, which is captured in the healthcare proxy. Family time savings captures the opportunity cost of caregiver time — not cash expenditure. Government outcomes cover separate budget heads (MoSJE IPOP and NHM) with no overlap. No beneficiary is counted twice across any two outcomes.

Phase 3
GROSS SOCIAL VALUE (BEFORE ADJUSTMENTS)

This phase quantifies outcomes from Phase 2 into financial values using Indian data. Conservative proxy values are derived from lower bounds where applicable. Only measurable, directly attributable, and non-duplicative outcomes are included, resulting in Gross Social Value before adjustments in Phase 4.

FREE ACCOMMODATION

Nirant-2 provides 166 senior citizens with fully furnished rooms featuring attached toilets, anti-skid flooring, emergency calling bells, 24x7 power and water supply, RO drinking water, CCTV security, elevator and stretcher lift access, housekeeping, and industrial laundry, along with access to an on-campus bank, supermarket, library, barber, food court, and private vehicle service.

Field observation and interactions with residents and management confirmed that the residential environment substantially exceeds what residents could independently afford or arrange. Residents highlighted purpose-designed safety features, full utility provision, and continuous housekeeping as meaningful improvements to their daily quality of life that would not have been available in standard rental accommodation or informal family care. The monetary value assigned reflects the annual market replacement cost of equivalent accommodation and utilities in the Gandhinagar area.

GROSS SOCIAL VALUE – FREE ACCOMMODATION

₹1,69,32,000

FREE FOOD AND NUTRITION

The facility provides three cooked, balanced, hygienic, vegetarian meals daily to all 166 residents under institutional management. The KII confirmed that meals are pure, hygienic, and tasty, prepared in an industrial kitchen with FSSAI-compliant standards. This represents a substantial and continuous welfare benefit, particularly for elderly people who would otherwise face nutritional inadequacy due to mobility constraints and limited cooking capacity.

Residents and management confirmed during interactions that regular, nutritious meals represented one of the most tangible improvements in daily living. Residents noted that irregular meal patterns, dependence on family for cooking, and limited mobility had adversely affected their nutrition prior to admission. Management confirmed that institutional meal provision ensures consistency regardless of individual residents' physical capacity or family support. The monetary value assigned reflects the annual cost of providing three managed meals per day to each resident — equivalent to independently arranging meals of comparable quality and regularity outside the facility.

GROSS SOCIAL VALUE – FREE FOOD AND NUTRITION

₹73,04,000



REDUCED OUT-OF-POCKET HEALTHCARE EXPENDITURE

The facility provides on-site doctor visits, a formal tie-up with Amba Health Centre and Hospital, ambulance availability, and access to all necessary hospital services, confirmed in the KII.

The KII confirmed that primary consultations, health monitoring, and ambulance support are available to all residents at no additional charge. Management indicated that without these arrangements, residents with limited mobility and financial resources would either forgo treatment or incur significant out-of-pocket expenditure. The facility's healthcare infrastructure was specifically noted as critical for managing chronic conditions prevalent in the elderly population.

The monetary value assigned reflects the annual out-of-pocket healthcare expenditure avoided by residents as a direct result of on-site care and the hospital tie-up.

GROSS SOCIAL VALUE – REDUCED OUT-OF-POCKET HEALTHCARE EXPENDITURE

₹36,52,000



IMPROVED MENTAL WELL-BEING AND REDUCED LONELINESS

The facility provides a structured spiritual community environment — daily satsang, Trimandir access, volunteer-led peer interaction, festival celebrations, and organised outings — confirmed through the KII and field observation.

Management confirmed that many residents had experienced significant social isolation, loneliness, and loss of purpose prior to admission. Residents were observed actively participating in communal prayer and social activities. The combination of spiritual programming, a full-time volunteer workforce, and community living was confirmed as producing a consistent and meaningful improvement in residents' emotional and psychological well-being.

The monetary value assigned reflects the annual well-being benefit from structured community living and spiritual engagement, valued using a conservative subjective well-being approach.

GROSS SOCIAL VALUE – IMPROVED MENTAL WELL-BEING AND REDUCED LONELINESS

₹29,88,000



FAMILY CAREGIVER TIME SAVINGS

Families of Nirant-2 residents benefit from relief of hands-on caregiving responsibilities. The beneficiary count is 249, based on 166 households at a conservative 1.5 adult family members per household with prior caregiving involvement.

Management confirmed that families consistently express relief at the comprehensive care provided by the facility, which removes the need for daily tasks, including meal preparation, medication management, bathing assistance, and medical accompaniment. The full-time residential care model — with dedicated volunteers, on-site healthcare, and structured routines — relieves families of these responsibilities on a continuous basis.

The monetary value assigned reflects the annual opportunity cost of caregiver time freed, based on hours that family members can redirect toward employment or other activities.

GROSS SOCIAL VALUE – FAMILY CAREGIVER TIME SAVINGS

₹59,76,000



REDUCED BURDEN ON PUBLIC RESIDENTIAL WELFARE (IPOP)

The 166 residents at Nirant-2 represent individuals who would otherwise potentially require placement under the Government of India's Integrated Programme for Older Persons (IPOP), managed by MoSJE.

The KII confirmed that the facility admits elderly persons requiring institutional care, meals, healthcare, and safety support — the exact target population of government residential welfare schemes. The facility operating at full capacity confirms that demand for subsidised elderly residential care exceeds public sector supply in Gandhinagar, and that Nirant-2 is absorbing a portion of that unmet demand at no cost to the exchequer.

The monetary value assigned reflects the annual per-beneficiary residential welfare cost the government is relieved of, based on the official IPOP grant norm of ₹2,000 per month published by MoSJE.

GROSS SOCIAL VALUE – REDUCED BURDEN ON PUBLIC RESIDENTIAL WELFARE (IPOP)

₹39,84,000

REDUCED BURDEN ON PUBLIC HEALTH FACILITIES

The on-site healthcare infrastructure and Amba Hospital tie-up reduce routine elderly patient utilisation of public PHCs and CHCs in Gandhinagar, confirmed through the KII and field observation.

The KII confirmed that on-site consultations and institutional referrals are the primary healthcare pathways for residents. Management indicated that in the absence of facility-based care, residents would utilise public PHCs for routine consultations, chronic disease management, and minor illness treatment. Field observation confirmed that the medical room and hospital linkage are active, supporting the conclusion that public health consultations are meaningfully avoided across the resident cohort each year.

The monetary value assigned reflects the annual public health system cost avoided through diversion of routine elderly consultations from public PHCs to the facility's own healthcare infrastructure.

GROSS SOCIAL VALUE – REDUCED BURDEN ON PUBLIC HEALTH FACILITIES

₹9,96,000

TOTAL GROSS SOCIAL VALUE

₹4,18,32,000

Phase 4

ESTABLISHING IMPACT

To ensure methodological rigour, three deduction factors 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 based on the specific characteristics and evidence base of each outcome.

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

Factor	Definition
Deadweight	The proportion of the outcome that would have occurred without the intervention. Reflects the counterfactual scenario — what would have happened anyway in the absence of Nirant-2.
Attribution	The percentage of the outcome attributable to other organisations or external factors rather than solely to Max Healthcare Institute Limited's CSR contribution. Reflects the multi-donor funding structure confirmed in the KII.
Displacement	The extent to which the programme's positive outcomes for one stakeholder create negative effects for others. Assessed as 0% for most outcomes as Nirant-2 creates new capacity rather than displacing existing provision.

Factor	Definition
Drop-off	Not applied in this assessment. A single-year SROI approach is adopted; outcomes are continuously delivered through ongoing service provision and do not erode within the assessment year.

Deadweight

Deadweight rates ranging from 5% to 25% are applied across outcomes based on the availability of alternative support in the counterfactual:

- A lower deadweight of 5% is applied to accommodation and food outcomes, reflecting the unique assisted-living standard of the facility and full occupancy, confirming unmet demand. A 5% rate also applies to mental well-being, where the structured spiritual community environment is not replicable elsewhere.
- A deadweight of 10–15% is applied to healthcare and family outcomes, reflecting partial counterfactual access through Gujarat's Ma Vatsalya and Ayushman Bharat schemes, and some families' pre-existing non-caregiving arrangements.
- A higher deadweight of 25% is applied to the public welfare burden outcome, reflecting genuine uncertainty about the proportion of residents who would have sought government residential placement in the counterfactual.

Attribution

Attribution rates of 20–25% are applied across all outcomes. The KII explicitly confirms that the Max Healthcare Institute Limited CSR contribution was a one-time fund forming part of a broader pool of capital received from multiple donors. Ongoing operations are sustained through annual donations and other funding sources independent of Max Healthcare Institute Limited. The 20–25% attribution rates represent Max Healthcare Institute Limited's proportionate contribution within this multi-stakeholder funding ecosystem.

A higher attribution of 25% is applied to healthcare and public welfare outcomes, where the clinical delivery (Amba Hospital) and government scheme substitution are more distinctly separable from what Max Healthcare Institute Limited's infrastructure grant directly enabled.

Displacement

Displacement is set at 0% for all outcomes except healthcare expenditure and public health burden, where a nominal 5% is retained. Nirant-2 creates 104 new residential units in Gandhinagar, representing new capacity rather than the substitution of existing provision. For healthcare outcomes, the reduction in PHC load represents a positive externality for other patients; however, a nominal 5% is retained as a precautionary deduction for potential routing effects at Amba Hospital.

Drop-off

Drop-off is not applied in this assessment. A single-year SROI methodology has been adopted. Accommodation, food, healthcare, mental well-being, and caregiving relief outcomes are continuously and actively delivered throughout the assessment year. There is no mechanism by which benefits produced in the assessment year erode within that same year. The 3.5% social discount rate applicable to multi-year analyses is not relevant in a single-year framework.

Phase 5
CALCULATING THE SROI

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 dimension of benefit.

#	Benef.	Proxy (₹ p.a.)	Gross Value (₹)	DW (%)	AT (%)	DP (%)	Net Adj. Value (₹)
Senior Citizens O1 Free accommodation	166	₹1,02,000	₹1,69,32,000	5%	20%	0%	₹1,28,68,320
O2 Free food & nutrition	166	₹44,000	₹73,04,000	5%	20%	0%	₹55,51,040
O3 Reduced healthcare OOP	166	₹22,000	₹36,52,000	10%	25%	5%	₹23,41,845
O4 Mental well-being	166	₹18,000	₹29,88,000	5%	20%	0%	₹22,70,880
Families O5 Family time savings	249	₹24,000	₹59,76,000	15%	20%	0%	₹40,63,680
Government O6 Public welfare burden	166	₹24,000	₹39,84,000	25%	25%	0%	₹22,41,000
O7 Public health saving	166	₹6,000	₹9,96,000	20%	20%	5%	₹6,05,568

TOTAL NET SOCIAL VALUE

₹2,99,42,333

SROI Calculation

Programme	Total Investment (₹)	Net Social Value (₹)	SROI Ratio
Nirant-2: Amba Charitable Foundation	₹2,00,00,000	₹2,99,42,333	1.50x

For every ₹1 invested by Max Healthcare Foundation in the operationalisation of Nirant-2, ₹1.50 of net social value was generated for senior citizens, families, and the government during the assessment period, after conservative deductions for deadweight, attribution, and displacement.

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 the multi-donor attribution uncertainty confirmed in the KII, the absence of primary beneficiary survey data, and the reliance on proxy benchmarks for key outcomes. The accommodation proxy (O1) is the primary driver, accounting for 43% of total net social value. Secondary outcomes (food, healthcare, mental well-being, family savings, government outcomes) are adjusted proportionately.

Assumption/ Variable	Conservative Case	Base Case (Confirmed)	Optimistic Case
Proxy values	–15% of base	As sourced (published Indian data)	+10% (CPI inflation, rising market rates)
Deadweight	+5pp across all	As assessed (5%–25%)	–5pp across all
Attribution	+5pp across all	As assessed (20%–25%)	–5pp across all
Accommodation proxy	₹86,700/year	₹1,02,000/year (NHB Residex 2024)	₹1,12,200/year
Food proxy	₹37,400/day	₹44,000/year (ICMR + CPI)	₹48,400/year

Scenario Results

Programme	Conservative Net Value	Base Case Net Value	Optimistic Net Value
Nirant-2: Amba Charitable Foundation	₹2,25,33,917	₹2,99,42,333	₹3,69,40,391
SROI Ratio	1.13x	1.50x	1.85x

The sensitivity analysis confirms that even under the most conservative assumptions — proxy values reduced by 15%, deadweight and attribution each increased by 5pp — the SROI remains above 1.0x, confirming positive social return under all tested scenarios. The base case ratio of 1.50x is the recommended figure for all CSR disclosures and is grounded in published Indian data (NHB Residex 2024, ICMR 2023, NSSO 75th Round, MoSJE IPOP norms, NHM unit costs) with conservative, individually justified deduction rates. The SROI ratio remains positive and above 1.0x in all tested scenarios, confirming model stability.

Interpretation of the SROI Ratio

The assessment estimated a total gross social value of ₹4,18,32,000 and a net adjusted social value of ₹2,99,42,333 against a CSR investment of ₹2,00,00,000, resulting in a final evidenced SROI ratio of 1.50:1 for the assessment period.

This indicates that every ₹1 invested by Max Healthcare Foundation in the operationalisation of Nirant-2 generated approximately ₹1.50 of measurable net social value for senior citizens, families, and the government.

Outcome - Level Findings

The largest contributor to net social value is free accommodation (₹1,28,68,320), which accounts for 43.0% of total NSV. This reflects the central role of the physical residential infrastructure — funded through capital contributions, including Max Healthcare Institute Limited's CSR grant — in delivering the primary benefit to senior citizens. The NHB Residex 2024-validated proxy of ₹8,500 per month is benchmarked conservatively below the private senior care market rate of ₹10,000–15,000 per month in Gujarat.

Free food and nutrition (₹55,51,040) are the second largest contributor (18.5% of NSV), reflecting three daily institutional-quality meals for 166 residents. Family time savings (₹40,63,680) account for 13.6% of NSV, reflecting the caregiving relief extended to 249 family members across 166 households.

Healthcare savings (₹23,41,845), mental well-being (₹22,70,880), and public welfare burden (₹22,41,000) each contribute approximately 7.5–8% of total NSV. Public health saving (₹6,05,568) contributes 2.0%, reflecting a conservative 6 avoided PHC consultations per resident per year.

Conclusion

The SROI assessment of Nirant-2 demonstrates that Max Healthcare Foundation's investment in the operationalisation of a residential old age home generated substantial, measurable social and economic value for senior citizens, families, and the public exchequer during the assessment period.

Against a total CSR investment of ₹2,00,00,000, the facility generated an estimated gross social value of ₹4,18,32,000 and a net adjusted social value of ₹2,99,42,333, resulting in a final evidenced SROI ratio of 1.50:1.

The primary driver of social value is free residential accommodation, accounting for 43% of net social value and reflecting the assisted-living standard of care provided. Secondary benefits — nutritional provision, healthcare access, mental well-being, family caregiving relief, and government welfare offsets — provide meaningful additional economic and social value to all 166 residents and 249 family beneficiaries.

The sensitivity analysis confirmed the robustness of the model, with the SROI ratio remaining positive and above 1.0x across all tested scenarios. Long-term health trajectory improvements, career effects for facility staff, community spillover benefits, and the spiritual and dignity dimensions of care have not been monetised; accordingly, the reported SROI ratio is likely to represent a conservative estimate of the full social value generated by this intervention.

The single-year SROI ratio of 1.50:1 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.