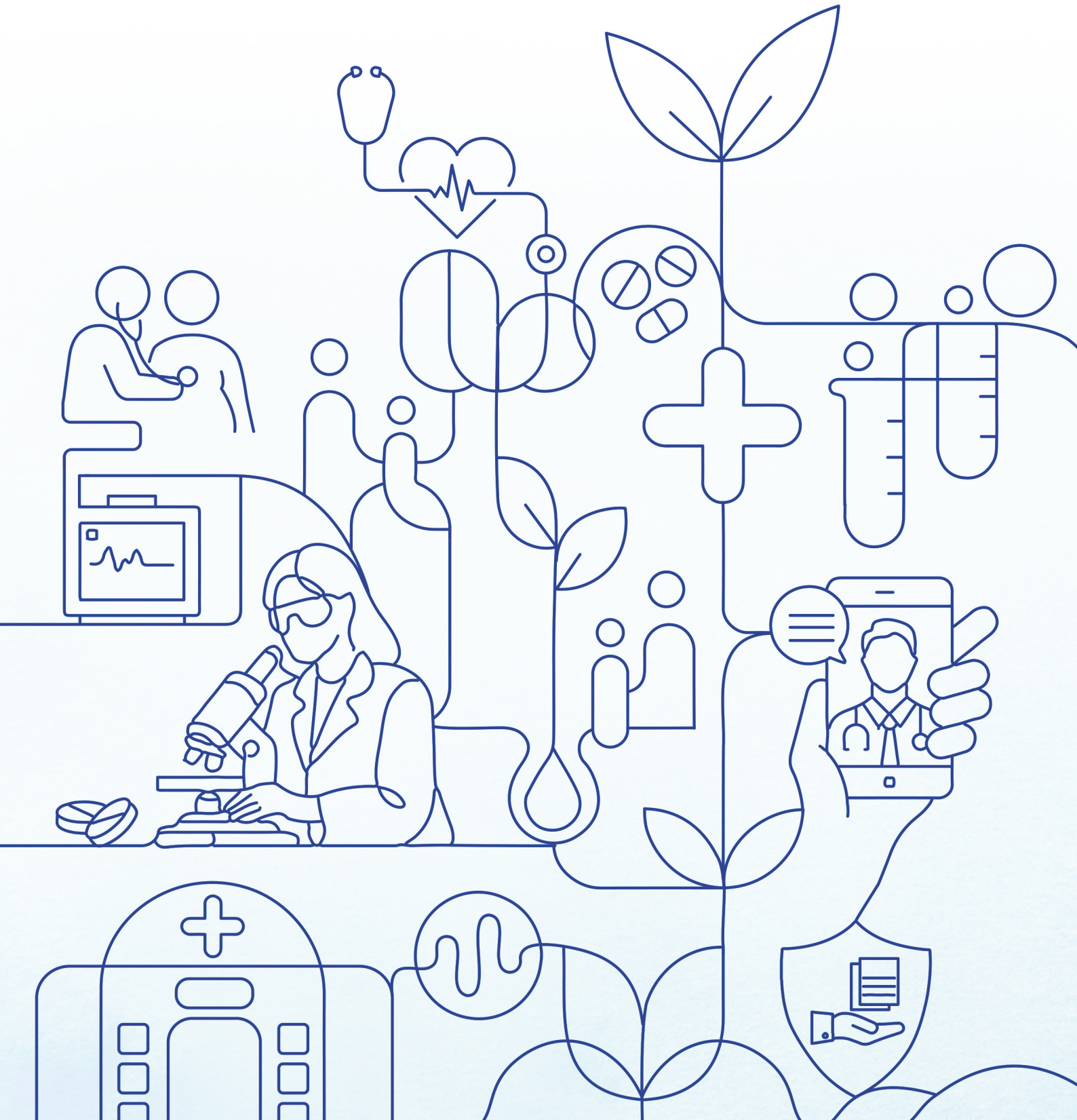
Somerset Indus
Capital Partners

Impact and **Sustainability** Report

2025-26





In this Report

Managing Partners' Message **02**

Impact & ESG at a Glance **04**

About Somerset **06**

Fund Overview 07

Investment Strategy & Sectoral Focus 08

Overview of Somerset's Portfolio Companies 10

Approach to Impact & ESG at Somerset **16**

Impact Philosophy 16

Somerset's Theory of Change 17

Key Assumptions for Somerset's Theory of Change 20

Somerset's Impact Framework 21

ESG Philosophy 22

Key ESG Focus Areas 22

Integration of Impact & ESG in Investment Lifecycle 24

Key Impact & ESG Guidelines and Frameworks Considered 26

Key Affiliations 27

Impact at Somerset **28**

Key Impact Highlights 29

Accessibility 30

Affordability 36

Quality 45

Innovation 52

Improved Health Outcomes 57

Spotlight: Exited Companies & Impact Beyond the Holding Period 60

ESG at Somerset **68**

Key ESG Highlights 69

Environment 70

Energy Efficiency, Conservation & Renewable Energy Adoption 70

Waste Management 73

Water & Wastewater Management 76

Social 79

Job Creation 79

Occupational Health, Safety and Employee Wellbeing 81

Diversity, Equity, and Inclusion 83

Governance 88

Way Forward **90**

Annexures **92**

Abbreviations 92

Disclaimer 94

Methodology of Impact Analysis 95

Assessment Framework 102

Managing Partners' Message

Message from the Founder & Managing Partner



> But capital and gradings are inputs. What they purchase, if we do our work well, is the thing this report actually measures: a patient treated near home, at a price that does not break the household, by an enterprise strong enough to still be there in twenty years.

Fifteen years ago, when we told investors that the future of Indian healthcare lay in its small cities, the polite response was scepticism. The impolite one was that district-town hospitals and government-scheme patients could never support institutional returns. This year, we have seen global investors bid against each other for a single regional hospital chain, development banks lend against PPP diagnostics contracts, and the deepest pools of capital in the world compete to own the very markets we were once questioned for entering. The argument is over. What remains is execution, and that is where Somerset has always lived.

Our own year reflected the shift. We completed the final close of Fund III at USD 288 million, our largest fund to date, with commitments from both long-standing and new LPs who share our conviction that the mass Indian healthcare market is the opportunity of the coming decade. Fund II recorded its first exit, Apex Hospitals, at a 4x return, validating in our second fund what our first had already shown: that quality, affordability and returns are not competing objectives, but the same discipline viewed from three angles. We began deploying Fund III into that discipline, with NU Hospitals and Cyrix Healthcare joining the portfolio. Somerset became a member of the Global Impact Investing Network, and Fund III received CRISIL's Fund Management Grading 1, its highest grading for investment processes and management practices.

But capital and gradings are inputs. What they purchase, if we do our work well, is the thing this report actually measures: a patient treated near home, at a price that does not break the household, by an enterprise strong enough to still be there in twenty years. Every framework we report against, the SDGs, IRIS+, GRI, SASB, the Operating Principles for Impact Management, exist to keep us honest about that single outcome. This year we deepened our impact measurement foundations across the firm so that the measurement of change, not the counting of outputs, drives how we invest and how we report to you.

The pages that follow hold the evidence. We are grateful you continue to hold us to it.

Mayur Sirdesai
Founder & Managing Partner

Message from the Founder Partner



> The true test of an impact investor is not what its portfolio does under its watch. It is what survives its departure.

The true test of an impact investor is not what its portfolio does under its watch. It is what survives its departure. By that test, this was the most instructive year in Somerset's history, because our two earliest investments, both fully exited, spent the year proving that the impact we underwrote a decade ago no longer needs us.

Somerset was formed in 2011 on a simple observation: the large urban centres of India were well served, and the real opportunity, both commercial and social, lay in the Tier 2 and Tier 3 markets where healthcare infrastructure was weak. Our investment in Cygnus Hospitals, made when it was barely USD 6 million in revenues with five hospitals around the NCR region, grew into the Ujala Cygnus network we exited fully in 2024. Two years after our exit, the platform has crossed 26 hospitals and 3,000 beds, entered Punjab through the Amandeep acquisition, and became the largest private hospital network in Jammu and Kashmir, geographies where organised private healthcare has been slowest to go. Its Sehat Chaupal programme, which takes free health camps into thousands of villages each year, received a SKOCH Gold Award this year. Krsnaa Diagnostics, which we backed in 2015 and exited in 2023 at a 12x return, opened India's first PPP cancer and cardiac hospital in Pune this year, delivering radiation therapy at CGHS rates, and won its largest state contract to date in Rajasthan. In both companies, affordability was never a covenant we imposed. It was the business model, and business models outlast shareholders.

This continuity matters beyond the companies themselves. When early capital in affordable healthcare is returned well, through competitive sales in one case and the public markets in the other, successive layers of capital follow it into the same underserved geographies. Blended finance, development bank debt and global growth equity have each arrived where our first cheques went.

The year also sharpened the discipline we hold closely. Models anchored on government payors carry government receivable cycles, and we price that constraint into every B2G exposure. Ayushman Bharat and its state avatars did not exist as a payor mechanism when Somerset began. They are now the most important catalyst for healthcare access in India and investing in companies skilled at executing in an environment reliant to some extent on government payors and their modest pricing, uncompromising quality and extended collections cycles, is the capability that will define the next decade of Indian healthcare investing.

The families in Firozpur, Srinagar and the districts of Rajasthan who received care this year will never read this report. Our aim, as ever, is to keep making investments worthy of them, at returns worthy of our investors.

Avinash Kenkare
Founder Partner

Impact & ESG at a Glance

During FY2025-26, Somerset's portfolio companies advanced healthcare impact across underserved markets while strengthening environmental stewardship and social responsibility, reinforcing the link between sustainable business practices and positive development outcomes. The companies together:

Enabled healthcare delivery infrastructure with

- **22** Hospitals & Clinics
- **2k** Beds
- **3.9k** Health Care Professionals

For serving over

- **0.3mn** Patients Directly
- **89%** from Tier 2 & Tier 3 Cities
- **44%** Women Patients
- **34%** Government Scheme Patients

And contributing to

- An estimated **13.9k** DALYs Averted for AMI Patients
- An estimated **399** QALYs Gained for ESRD Patients
- **424.9M** Estimated Healthcare Reach[1]

Supported availability & functionality of medical devices for

- **16k** Medical Facilities
- **95.6%** from Tier 2 & Tier 3 Cities
- **2.9** Lakh Devices Sold
- Servicing **4.4 Lakh** Devices

[1]FY2025-26 lives reached is an indicative patient-equivalent estimate. Bulk API and MedTech operations have been excluded from this calculation. The Pharma estimate is modelled and should not be interpreted as a verified count of unique patients. Refer to the Methodology section for further details.

Supported availability & accessibility of pharmaceutical raw materials, medicines and packaging for

- **900** Indian & International Pharmaceutical Customers[2]
- **36%** from Tier 2 & Tier 3 Cities in India and **9%** from LMIC
- With **737.9** MT of API

Managed emission intensity

- Scope 1 Emission Intensity **5.2** tCO_2e / USD mn
- Scope 2 Emission Intensity **82.1** tCO_2e / USD mn
- **2,706** MWh Captive Renewable Energy Generated

Managed water consumption and waste generation intensity

- Water Consumption Intensity **1,355** KL / USD mn
- Waste Generation Intensity **8.3** MT / USD mn

Created jobs & promoted inclusivity

- **7.7k** Employment Supported
- **30%** Women Employees
- **79%** Permanent Employees

[2]B2B customers

About Somerset

Somerset Indus Capital Partners ("Somerset") is a healthcare-focused private equity firm founded in 2011 by Avinash Kenkare and Mayur Sirdesai, supported by partners Ramesh Kannan and Vaibhav Doshi. With deep expertise in healthcare and private equity, Somerset is guided by the theme of "Access to Affordable Quality Healthcare", with a particular focus on underserved Tier 2 and Tier 3 geographies in India. Over the past decade, the firm has launched three funds, investing across healthcare delivery (hospitals and clinics), pharmaceuticals, diagnostics, medical technology, wellness, and healthcare financing. Its portfolio companies are closely aligned with government-backed insurance programmes such as Ayushman Bharat, enabling healthcare access for the mass Indian market. Somerset has built a strong track record of backing growth-oriented Indian healthcare companies with the potential to scale and deliver lasting impact.

Vision:

"To become the preferred strategic, operational and financial partner of choice in the healthcare sector in India and to grow to size and scale in predominantly Tier 2, Tier 3 markets"

Mission:

"To partner with healthcare entrepreneurs and help in providing the right impetus operationally and financially, to increase availability, accessibility, affordability and provide quality healthcare to the underserved and underprivileged populations in India, using technology as an enabler"

Key Differentiators:

- A team of investment professionals with deep sector expertise, strong relationships with domestic players, and extensive experience engaging global participants that can introduce new technologies and facilitate access to new markets
- Active handholding as first institutional investors
- Extensive fund engagement with portfolio companies in areas of portfolio expansion, mergers and acquisitions, corporate governance, talent acquisition, introducing ESG practices, Impact measurement and strategy and operational aspects
- Active involvement of external networks to add value to portfolio companies
- Strong focus on ESG and sustainable impact investing across the investment cycle
- Capturing the strong deal flow opportunities of the SME space especially in the recession resistant healthcare sector in India



Fund Overview

2011	**100+** Years	**3**	Total **17**, Active: **9**	USD **216** million
Year Founded	Partners' Cumulative Experience	Total No. of Funds	Companies Funded	Total AUM

Sectors of Investment:

Healthcare Delivery · Diagnostics · MedTech · Pharmaceuticals · Nutrition

Impact Themes:

Accessibility · Affordability · Quality · Innovation · Job Creation

SDGs Served:

Primary

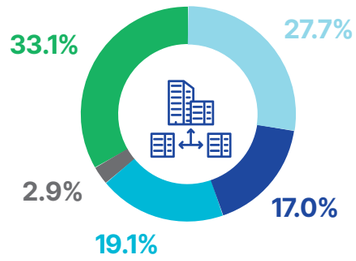


Secondary



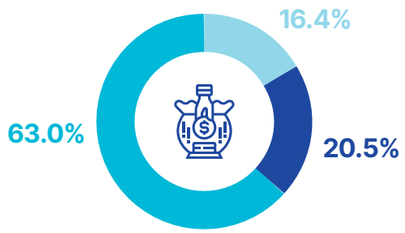


AUM by Sectors



AUM by Sectors*	INR Crores	USD Millions
Healthcare Delivery	526	60
MedTech	323	36
Diagnostics	363	48
Nutrition	55	6
Pharmaceuticals	628	66
Total AUM by Sector	**1,895**	**216**

AUM by Fund



AUM by Fund**	INR Crores	USD Millions
Fund I	673	87
Fund II	842	89
Fund III***	2,599	288
Total AUM by Fund	**4,114**	**464**

*This presents capital deployed across portfolio investments, classified by sector. It does not represent total fund commitments or aggregate AUM and is therefore not directly comparable with the AUM by Fund presented.

**This presents an aggregate AUM or commitments across Somerset's three funds, including capital that may not yet have been deployed. Accordingly, these figures are not expected to reconcile with capital deployed by sector.

***Fund III is currently under deployment.

Investment Strategy & Sectoral Focus

The Problem

Strengthening Healthcare in Tier 2 and Tier 3 Cities: India's healthcare sector continues to expand, but access remains uneven outside metropolitan centres. India's hospital bed density stood at 1.6 beds per 1,000 people[3], almost half the global average, while Government of India data reported 8.18 lakh public-sector beds across PHCs, CHCs, sub-district hospitals, district hospitals and medical colleges[4], amounting to 0.56 public-sector beds per 1,000 population against the National Health Policy benchmark of 2 beds per 1,000 population, indicating a shortfall of roughly 2.11 million public-sector beds. Tier 2 and Tier 3 cities continue to face constraints in healthcare infrastructure, specialist availability and diagnostic depth[5], even as demand for organised healthcare and diagnostic services in smaller cities continues to grow.

This access gap is further compounded by limited financial protection. Nearly 30% of India's population, about 40 Crore people, forms the "missing middle"[6], with inadequate health insurance coverage despite being outside the core public safety net and often unable to afford comprehensive private insurance. Although public health financing has improved, with Government Health Expenditure increasing to 1.84% of GDP and out-of-pocket expenditure declining to 39.4% of total health expenditure in 2021-22[7], affordability remains a key barrier to timely care. Too affluent to rely on government schemes yet unable to afford high-end urban services, this population represents a critical opportunity to expand tertiary care, specialty treatments, and preventive healthcare. Without targeted investment, these regions will continue to lag in tertiary care, speciality treatments, and preventive healthcare, exacerbating health inequities.



[3]Source: Hospital beds (per 1,000 people) - India | Data
[4]Source: PIB: Status of Expenditure on Healthcare Infrastructure
[5]Source: Diagnostics beyond metros: Bridging the gap - Express Healthcare
[6]Source: HealthInsurance-forIndiasMissingMiddle_28-10-2021.pdf

Somerset's Solution

Step 1

Expanding Healthcare Delivery Through Hospitals:

To bridge this gap, investments in multi-speciality hospitals in Tier 2 and Tier 3 cities are crucial. Hospitals provide the core infrastructure and care ecosystem, offering both primary and advanced tertiary care services. By establishing well-equipped facilities, Somerset directly increases healthcare access, improves patient outcomes, and creates a foundation for integrated health services in underserved regions.

Step 2

Enhancing Care Through Diagnostics:

Hospitals alone are not sufficient; timely and accurate diagnostics are essential for effective treatment. By investing in diagnostic networks that serve hospitals and directly reach patients in Tier 2 / 3 cities, Somerset improves disease detection, reduces hospital burden, and enables better clinical decision-making.

Step 4

Equipping Hospitals with Medical Devices & Technology:

Finally, hospitals and diagnostics require modern medical devices, equipment, and technology to operate effectively. India's medical devices market, valued at USD 16.18B in 2025, is projected to reach USD 27.38B by 2034, growing at a 6% CAGR[10]. By supporting hospitals with cutting-edge MedTech devices and device servicing, Somerset ensures high-quality, efficient, and scalable care delivery across Tier 2 and Tier 3 cities.

Step 3

Supporting Hospitals with Pharmaceuticals & Biotechnology:

Reliable access to medicines and speciality therapies is critical to keep hospitals and diagnostics functional. India's pharmaceutical market, valued at USD 60 billion, is expected to reach USD 130 billion by 2030[8], yet it still imports 70% of its API requirements from China[9]. Investments in domestic API and speciality drug production, along with biotechnology innovation, can ensure consistent supply of essential medicines, strengthen local health systems, and reduce supply chain vulnerabilities.

By investing across this end-to-end healthcare ecosystem, Somerset creates resilient, high-quality healthcare infrastructure, reducing urban-rural disparities, and unlocking significant social and economic impact.

[7]Source: PIB: Union Health Ministry releases National Health Accounts Estimates
[8]Source: PIB: India's Pharmaceuticals in Global Healthcare
[9]Source: PIB: APIs Imports from China
[10]Source: India Medical Devices Market Report and Forecast 2025-2034



Overview of Somerset's Portfolio Companies[11]

Healthcare Delivery

NU Hospitals Pvt Ltd

NU Hospitals, founded in 1999, is a leading single-speciality hospital group focused on nephrology and urology, with five centres across India (Bengaluru, Shivamogga, Ambur) and the Maldives (Male). The group delivers advanced surgical care and allied services, including reproductive medicine (Andrology and IVF), supported by cutting-edge technologies such as robotic surgery and Bioclad operating theatres. It is accredited by NABH, NABH Nursing, and NABL, and has received multiple recognitions, including Best Single Speciality Hospital in India (Times of India) and awards from Economic Times and Outlook. Backed by an experienced clinical team and strong academic and research orientation, NU Hospitals continues to expand across established and emerging markets through both organic and inorganic strategies.

Sterling Hospitals

Sterling Hospitals, founded in 2001 and headquartered in Ahmedabad, is Gujarat's largest multi-speciality hospital chain with six hospitals across Ahmedabad, Vadodara, Rajkot, and Gandhidham. The group delivers tertiary care services across key specialties, with a strong focus on oncology (medical, surgical, and radiation) and cardiac sciences, alongside advanced programmes such as organ transplants and critical care. It was the first corporate hospital in Gujarat to receive NABH accreditation, with all its units currently NABH-accredited. With over two decades of operations, Sterling has established a strong regional leadership position, supported by multiple national healthcare awards and a growing presence in medical tourism.

Express Clinics

Express Clinics, headquartered in Pune, is a primary healthcare and diagnostics provider that pioneered an integrated, multi-speciality clinic model in India. The company offers affordable outpatient care, specialist consultations, pathology, diagnostic, and corporate health services through a network of clinics across major Indian cities, with a focus on addressing gaps in access to primary healthcare. Following Somerset's investment, Express Clinics expanded from 9 to 26 centres, enhancing the availability of quality healthcare services in underserved urban communities before its successful exit.

Ujala Cygnus Hospitals

Ujala Cygnus Hospitals, founded in 2011 and headquartered in New Delhi, is a multi-speciality hospital chain focused on delivering tertiary care across North India, particularly in Tier 2 and Tier 3 towns. The network provides a broad range of services including emergency and elective surgeries, with key specialities such as orthopaedics (joint replacement), neuro and spine, trauma care, urology, ophthalmology, ENT, and fertility. Its hospitals are NABH-accredited and positioned to deliver affordable, quality healthcare to underserved communities through standardised, intensive-care-led delivery models. Backed by a doctor-led foundation and a strong regional focus, the platform has built a scalable presence addressing critical gaps in access to advanced healthcare in smaller cities.

Apex Hospitals

Apex Hospitals, headquartered in Jaipur, is a doctor-promoted multi-speciality hospital group delivering primary, secondary, and tertiary care across Tier 2 and Tier 3 cities in Rajasthan. The group offers a wide range of surgical and non-surgical specialties, including neuro, cardiac, orthopaedic, oncology, transplant, and critical care services, supported by strong ICU capabilities. It is accredited by NABH and NABL and has pioneered advanced interventions, including complex kidney tumour surgery involving cardiac extension and early adoption of hybrid cath-lab infrastructure. With a focus on last-mile healthcare delivery, Apex is also expanding into digital health through tele-ICU and telemedicine solutions.

[11]Please note that the exited companies—Sandor Medicaids, Express Clinics, Chayagraphics, and Hexagon Nutrition—are not included in the scope of this report, as they had exited the portfolio before FY 2025–26. Browndove is also not included in the scope.

Legend

- Current
- Exited
- Covered Within the Report
- Not Covered Within the Report



MedTech

GenWorks Health

GenWorks Health, founded in 2015 and headquartered in Bengaluru, is a pan-India MedTech distribution and solutions platform incubated by GE Healthcare, focused on improving access to affordable healthcare in Tier 2 and Tier 3 markets. The company provides a wide portfolio of equipment and solutions across imaging, maternal and newborn care, cardiology, surgical care, oncology, and IVD, combining GE's products with a growing multi-brand offering. With a distribution network spanning 600+ districts and 20,000+ healthcare providers, supported by a 350+ member field force, GenWorks is among India's largest digitally enabled MedTech platforms. It is also expanding into digital health and telemedicine solutions, alongside recent inorganic growth, to further strengthen access to quality diagnostics and care in underserved regions.

Cyrix Healthcare Pvt Ltd

Cyrix Healthcare Pvt. Ltd., established in 2004 and headquartered in Kochi, Kerala, is a leading provider of medical equipment servicing, refurbishment, and lifecycle management solutions. The company specialises in Biomedical Equipment Maintenance Programme (BEMP) under PPP models and private sector servicing, complemented by a growing refurbished equipment portfolio to address cost barriers in healthcare delivery. With a nationwide workforce of ~1,000 biomedical engineers and operations spanning India and international markets (Middle East), Cyrix ensures high equipment uptime (>99%) across underserved Tier 2 and Tier 3 regions. Positioned as a one-stop MedTech solutions provider, the company supports improved healthcare access through scalable servicing capabilities, strong public partnerships, and expanding private market presence.

Sandor Medicaids

Sandor Medicaids, headquartered in Hyderabad, is a medical technology and healthcare distribution company specialising in speciality pharmaceuticals, diagnostic products, medical devices, and point-of-care solutions for critical care settings. Through its extensive pan-India distribution and cold-chain network, the company has enabled broader access to essential healthcare products across hospitals nationwide. Its subsidiary, Sparsh Nephro Care, further contributes to healthcare access through a growing network of dialysis centres, supporting the delivery of critical renal care services across India.

Chayagraphics

Chayagraphics, based in Bengaluru, is a manufacturer and supplier of medical devices and a sister concern of Prognosys, specialising in the distribution of medical imaging consumables, personal protective equipment (PPE), and disinfectants. The company plays an important role in improving healthcare access by supplying imaging consumables and related equipment to Tier 2 and Tier 3 towns across India, supporting the availability of essential diagnostic and healthcare services in underserved markets.

Browndove

Browndove Healthcare, headquartered in Bengaluru and founded in 2015, is a leading Indian manufacturer of renal care consumables and a key player in the dialysis products segment. The company offers a broad product portfolio, including dialyzers, bloodline sets, catheters, and IV solutions under its Pristine and Curum brands, catering to renal care, critical care, cardiology, and diagnostics. It operates fully integrated manufacturing facilities with Class 10,000 clean rooms and Class 100 workstations, ensuring high-quality and compliant production standards. Recognised as India's first exclusive dialysis devices manufacturer, Browndove has built a strong market position, supported by OEM partnerships with global players and a focus on affordable access in Tier 2 and Tier 3 markets.

Prognosys Medical Systems

Prognosys Medical Systems, founded in 2000 and headquartered in Bengaluru, is a US FDA and CE-certified medical technology company specialising in radiology, imaging systems, and telehealth solutions. The company designs and manufactures advanced equipment including digital radiography systems, C-arms, and high-frequency X-ray solutions, complemented by its ProRad™ platform and strong in-house R&D and manufacturing capabilities. Through its carve-out, Prognosys Healthcare, it also delivers cloud-integrated telemedicine, m-health, and digital health solutions, enabling interoperable electronic health records and remote care delivery. With deployments across government and institutional networks, including collaborations with ISRO, Railways, and Defence, Prognosys has established a strong presence in both imaging technology and digital healthcare ecosystems.



Pharmaceuticals

Emil Pharmaceuticals

Emil Pharmaceuticals, founded in 1989 and headquartered in Mumbai, is a contract manufacturing pharmaceutical company producing high-quality formulations for global multinational clients. The company operates two GMP-compliant manufacturing facilities and has capabilities across 200+ formulations spanning 30 therapeutic categories. It serves leading pharmaceutical companies such as Pfizer, Merck, GSK, Abbott, and Novartis, with a strong presence across international markets in Latin America, Africa, Southeast Asia, and CIS countries. With over three decades of experience, Emil has built a reputation for reliable, quality-focused manufacturing supported by adherence to global standards and long-standing partnerships with large pharma companies.

Globela Pharma Pvt Ltd

Globela Pharma, founded in 2006 and headquartered in Surat, is a pharmaceutical formulations and API manufacturing company with a strong presence across 30+ countries. The company manufactures high-quality finished dosages, semi-finished formulations, and APIs across key therapeutic areas including oncology, anti-infectives, gastro, and cardiovascular segments. It is accredited with WHO cGMP, ISO, and FDCA (India) certifications, and operates an in-house DSIR-recognised R&D centre to support product development and innovation. Recognised as a Star Export House by DGFT and a recipient of multiple Pharma Exporter of the Year awards, Globela has built a strong foothold in global markets, with ongoing expansion into regulated markets.

Natural Biogenex Pvt Ltd (NBPL)

Natural Biogenex, incorporated in 2020 and headquartered in Bengaluru, is an API manufacturing company and a wholly owned subsidiary of Natural Capsules Limited, a leading capsule manufacturer in India. The company is focused on producing steroidal APIs such as Prednisolone, Betamethasone, and Dexamethasone and their derivatives at a greenfield facility in Tumkur. The upcoming integrated plant is designed with advanced fermentation and synthesis capabilities and is expected to comply with global regulatory standards including WHO-GMP, USFDA, and EU GMP. Backed by strong parentage and a PLI scheme award for key products, Natural Biogenex is positioning itself as a strategic player in complex API manufacturing.

Printmann Offset

Printmann Offset, founded in 1987 and headquartered in Mumbai, is a leading pharmaceutical packaging solutions provider specialising in cartons, leaflets, labels, and foils. The company operates three state-of-the-art facilities spanning ~130,000 sq. ft., supported by experienced leadership and a professional management team, enabling scalable and high-quality operations. Printmann distinguishes itself through integrated, end-to-end packaging capabilities, strong client relationships, and a focus on innovation, regulatory compliance, and sustainability, including the use of recycled paperboard. Positioned to benefit from growing domestic and export pharma demand, the company is pursuing both organic and inorganic growth to expand its market presence and product offerings.

Diagnostics

Krsnaa Diagnostics

Krsnaa Diagnostics, founded in 2010 and headquartered in Pune, is a NABH and NABL-accredited, pan-India diagnostics company and the largest PPP-based diagnostics provider in India. The company offers integrated radiology and pathology services, including CT, MRI, X-ray, and advanced lab diagnostics, through an extensive network of centres across urban and underserved regions. With a strong focus on affordability and access, it delivers ~1 million CT / MRI scans annually at significantly lower costs, primarily serving patients under government healthcare schemes. Krsnaa has established a leadership position through deep government partnerships, large-scale tele-radiology capabilities, and a scalable, high-impact model improving diagnostic access nationwide.

Nutrition

Hexagon Nutrition

Hexagon Nutrition, headquartered in Mumbai, is a leading nutrition and wellness company that develops and manufactures micronutrient premixes, therapeutic nutrition products, and clinical nutrition solutions aimed at addressing malnutrition and improving health outcomes. Operating in over 70 countries, the company partners with governments, NGOs, and organisations such as GAIN and UNICEF to support food fortification, therapeutic feeding, and nutrition programmes, while expanding access to essential nutritional products across both urban and underserved markets.



Approach to Impact & ESG at Somerset

Impact Philosophy

Impact Goal

Somerset aims to improve access to affordable, quality healthcare for underserved populations in India's Tier 2 and Tier 3 cities.

Somerset's Theory of Change

Somerset Fund III's Theory of Change is anchored in the need to address persistent gaps in access to affordable, quality healthcare across India's Tier 2 and Tier 3 cities, where limited specialist capacity, infrastructure constraints, technology gaps and high out-of-pocket expenditure continue to restrict timely care. Through USD 288 million in growth capital and strategic operational guidance, the Fund seeks to support 7 to 8 small and mid-sized healthcare companies across healthcare delivery, pharmaceuticals, diagnostics, medical devices, insurance / financing and health-tech. The Fund's entry points are designed to expand hospital and speciality care infrastructure, strengthen domestic manufacturing and innovation, improve availability of accurate diagnostics and medical equipment, increase penetration of affordable financing and insurance solutions, and enable digital healthcare delivery. These interventions are expected to generate measurable outputs, including patients served, expansion into aspirational districts, specialties added, products developed or launched, diagnostic tests conducted, previously unavailable medical equipment deployed, low-income insurance products supported, and customers reached through health-tech solutions. Over time, these outputs are expected to translate into improved accessibility for underserved geographies and vulnerable groups, greater affordability through lower patient spending and affordable products, enhanced quality of care and patient experience, locally relevant healthcare innovation, and increased employment opportunities, including in rural areas and for women and low-income groups. Collectively, these outcomes are intended to contribute to broader impact through increased healthcare access for underserved communities, promotion of healthcare innovation and infrastructure, and expansion of India's healthcare manufacturing and export potential, while supporting measurable progress towards SDG 3, Good Health and Wellbeing.

Input–Activity–Output–Outcome–Impact Framework

Inputs	Activities	Outputs		Outcomes	Impact Goals
Capital inputs • USD 288mn equity capital **Financial and operational expertise** • Portfolio management and value creation expertise **Strategic healthcare expertise and networks** • Deep healthcare sector knowledge • Healthcare networks and partnerships • Specialist advisors across pharma, diagnostics, oncology, etc.	**Investment activities** • Invest equity capital in healthcare companies • Integrate impact considerations across investment process (screening, due diligence, structuring) **Portfolio value creation activities** • Provide strategic and operational support • Strengthen governance and financial management • Support leadership recruitment and organisational capability • Improve quality management, compliance and patient safety systems • Build portfolio company capacity to track, verify and report impact data • Monitor portfolio-level impact performance and use insights to support continuous improvement	**Accessibility**	• Patients / users served, disaggregated by gender, age, and health condition • Patients / users served in Tier 2 / 3 cities and aspirational districts • Hospitals / clinics / beds / ambulances / medical facilities added • Medical devices, healthcare products and digital / remote services made available • OPD, IPD, ICU, E-ICU and tele-patients treated	• Increased availability and utilisation of healthcare services among underserved populations	**Primary impact goal** • Improved access to affordable, quality healthcare for underserved populations in India **Supporting impact goals** • Scaled healthcare innovation and infrastructure • More inclusive healthcare businesses with stronger women's representation
		Affordability	• Patients served through government programmes and schemes, including Ayushman Bharat, CGHS and others • Average price differential against comparable market products / services	• Reduced out-of-pocket cost burden for patients / users	
		Quality	• Certified / accredited facilities, labs, products or devices • Patient feedback and satisfaction monitoring systems established	• Improved standards of care and patient / user's quality of life	
		Innovation	• New products / services developed, registered or launched • Patents filed or granted • Technology-enabled solutions operationalised, including AI, tele-health, etc.	• Increased adoption of technology-enabled and innovative care delivery models	
		Inclusion and jobs	• New hires, including persons with disabilities and local hires • Healthcare professionals / specialised workers employed or trained • Representation of women in workforce, senior / technical roles, leadership and boards	• Increased local and skilled healthcare employment, with improved representation of women across the workforce	
Cross-cutting climate lens applied across all healthcare investment themes					
• Climate, ESG and sustainability expertise	• Integrate climate risk, resilience and resource efficiency into due diligence, value creation and portfolio monitoring		• GHG measurement systems established • Resource-efficiency measures adopted • Water, waste and emissions management practices implemented.	• More climate-resilient and resource-efficient healthcare businesses with lower environmental intensity and stronger operational continuity	• Climate-resilient healthcare systems

Key Assumptions for Somerset's Theory of Change

The assumptions below describe the conditions required for each link in the Theory of Change to hold.

Inputs → Activities

- Sufficient capital, sector expertise, governance rights & team bandwidth to support 7–8 companies
- Board participation & promoter relationships allow influence beyond capital
- Promoters willing to engage on strategic execution, governance, quality, ESG & impact

Activities → Outputs

- Impact screening & DD identify relevant opportunities, gaps & risks
- Impact Action Plans, ESAPs & covenants translate intent into measurable actions
- Hands-on support strengthens financial management, governance & execution capacity
- Portfolio companies can build systems to collect reliable quarterly / annual data
- Management commitment exists to implement agreed actions

Outputs → Outcomes

- Tier 2 / 3 & aspirational district reach improves access for underserved geographies
- Govt scheme penetration (Ayushman Bharat, CGHS, ESI) reduces direct cost burden
- OOP & price tracking provides reasonable basis to assess affordability
- Certifications, quality protocols & patient satisfaction indicate improved care
- Innovation addresses clearly defined healthcare gaps
- Local / skilled jobs, especially for women, build inclusive workforce
- Resource management reduces environmental risks & operational disruption

Outcomes → Impact

- Available + affordable + quality-assured care leads to timely access for underserved patients
- Expanded capacity remains relevant to underserved needs
- Innovation & domestic capacity strengthen the broader healthcare ecosystem
- Workforce inclusion supports resilient healthcare businesses
- Increased access does not compromise patient safety or lead to over-treatment

Somerset's Impact Framework

Somerset's Impact Framework is structured around a Define, Measure, Monitor and Report approach to translate the Fund's investment strategy into measurable healthcare impact. Anchored in a Theory of Change, the framework defines the sectoral context, key healthcare challenges, stakeholder groups and relevant reference frameworks, and identifies the Fund's priority impact pathways across the five impact pillars: Accessibility, Affordability, Quality, Innovation, and Inclusion & Jobs, supported by a cross-cutting climate and ESG lens.

The framework then translates this impact thesis into strategic goals, indicators, targets and monitoring arrangements across relevant portfolio segments, including healthcare providers, pharmaceutical and medical device manufacturers, and diagnostics platforms. It also sets out the approach for external impact disclosures, including investor reporting and Annual Impact Reports. Implementation will be led through collaboration between the Impact Manager and investment team, supported by engagement with portfolio companies, investors, healthcare platforms, industry associations and, where relevant, broader healthcare stakeholders.

Define	Measure	Monitor	Report
Impact Thesis & Theory of Change	**Impact Strategy, Goals and Indicators**	**Targets, Roadmap and Investment Integration**	**External Disclosures and Annual Reporting**
The Fund establishes the sectoral context for its impact strategy, including key healthcare challenges, relevant stakeholder groups, regulatory considerations and applicable reference frameworks. This process identifies the Fund's principal entry points for impact across the healthcare ecosystem and articulates how investment activity can contribute to improved access, affordability and quality of healthcare products and services.	Translates the impact thesis into a defined impact strategy, strategic goals and a corresponding set of impact indicators. These indicators are mapped to the five impact pillars (Accessibility, Affordability, Quality, Innovation, Inclusion & Jobs) and cross-cutting climate indicators and are intended to support consistent measurement across relevant portfolio segments, including healthcare providers, payers, pharmaceuticals and medical device manufacturers.	Focuses on setting impact targets, establishing a roadmap for achieving these targets and integrating impact and portfolio value creation activities into the investment appraisal and portfolio management processes. This includes defining the mode and frequency of tracking impact performance, enabling the Fund to assess progress over time and identify areas where further engagement or intervention may be required.	Establishes the approach for external impact disclosures, including investor reporting and public disclosures through Annual Impact Reports. This enables structured communication of the Fund's impact strategy, performance and progress, while supporting transparency and accountability to relevant stakeholders.

Implementation Model

Collaborative execution by the Impact Manager and investment team, supported by structured engagement with portfolio companies, investors and wider healthcare ecosystem and stakeholders

Direct Engagement

Portfolio companies, Investors, Healthcare platforms, Industry associations

Indirect Engagement

Patients, Regulators, Research institutions, Public health organisations

ESG Philosophy

Somerset's ESG philosophy is built on the understanding that environmental, social, and governance considerations are integral to investment decision-making, risk management, and value creation across the investment lifecycle. Somerset aims to invest in and support businesses that operate responsibly, ethically, and sustainably while delivering long-term financial performance.

Key ESG Focus Areas

Environment

Somerset encourages portfolio companies to manage environmental impacts responsibly and improve environmental performance through:

- Energy Efficiency, Conservation & Renewable Energy Adoption
- Waste Management
- Water & Wastewater Management
- Air Emissions and Noise[12]
- Biodiversity[13]

Social

Somerset believes businesses perform better when they foster safe, inclusive, and responsible workplaces and contribute positively to society through:

- Job Creation
- Occupational Health, Safety, and Employee Wellbeing
- Diversity, Equity, and Inclusion
- Labour Practices and Contractor Management[14]

Governance

Somerset believes strong governance is the foundation of responsible and sustainable business practices through:

- Regulatory Compliance and Risk management
- Information Security and Data Protection
- Supply Chain Management
- Stakeholder Consultation and Governance

Through this framework, Somerset seeks to ensure that ESG governance is not limited to policy oversight, but is translated into practical controls, capability building, and continuous monitoring at the portfolio-company level. This approach supports stronger management of ESG risks across healthcare sub-sectors, particularly in relation to patient safety, regulatory compliance, workforce wellbeing, and quality of care.

[12]Emissions and ambient air quality are monitored through stack and ambient air quality monitoring, while noise levels are monitored at designated locations and assessed against CPCB / SPCB permissible limits where applicable. Related risks are evaluated during preliminary screening and ESG due diligence, with mitigation measures implemented and monitored where material risks are identified. These aspects are managed through compliance and risk management processes; therefore, no specific KPIs are currently reported for these aspects.

[13]Note that biodiversity risks are assessed for all investment opportunities during the preliminary screening and ESG due diligence stages. No specific KPIs are reported in this report.

[14]Portfolio companies have policies and processes to promote fair labour practices, comply with applicable labour laws, and support responsible contractor management. These aspects are assessed during ESG due diligence and managed through appropriate mitigation measures. No quantitative KPIs are currently reported for these aspects.

Portfolio Engagement:

Somerset actively engages with portfolio companies to enhance ESG performance through structured and ongoing interactions. This includes site visits, implementation of Environmental and Social Management Systems (ESMS), regular tracking of ESG Action Plans (ESAPs), and timely execution of corrective actions. Engagement meetings with management teams ensure alignment, accountability, and knowledge sharing. Our approach emphasises collaboration and continuous improvement to drive sustainable outcomes across the portfolio.

Site Visits
Conduct on-site assessments to evaluate ESG practices and operations.

ESMS Implementation
Support the implementation of Environmental and Social Management Systems.

ESAP Tracking
Monitor Environmental and Social Action Plans for progress and impact.

Corrective Actions
Identify gaps and drive timely corrective and preventive actions.

Engagement Meetings
Regular meetings to discuss ESG performance and improvement.

Our Approach:

Somerset integrates ESG considerations across the investment lifecycle to drive long-term value creation, mitigate risks, and strengthen ESG performance across its portfolio companies. Our approach focuses on prioritising material ESG issues relevant to our operations and portfolio, while actively collaborating with portfolio companies, management teams, and stakeholders to strengthen ESG performance and share best practices. It emphasises continuous improvement through regular monitoring, performance tracking, and encouraging progressive enhancements across investments. Transparent communication remains central, with consistent disclosures on our ESG approach, activities, and outcomes through structured reporting.

- Investment Screening and Due Diligence
- ESG Integration and Investment
- Portfolio Company Monitoring and Engagement
- ESG Performance and Improvement[15]
- Exit Readiness

[15]Note that ESG integration across performance improvement and Exit Readiness is currently under development and is expected to be formalised during FY2027.

Integration of Impact & ESG in Investment Lifecycle

Stage	ESG Integration	ESG Tools / Templates	Impact Integration	Impact Tools
Deal Identification	• Screen investments against E&S policy and identify material ESG risks and opportunities	• Exclusion List • Preliminary E&S Screening checklist	• Assess accessibility, affordability, and quality of services • Evaluate scalability, reach, and speciality care • Review revenue streams and government programme linkages • Assess certifications, infrastructure, and governance	**Tool 1 – Impact Screening** • Red flags: disqualify deals with critical issues • Amber flags: raise ethical / quality risks needing IC review • Green list: score impact potential from "light" to "dark" green
Due Diligence	• Conduct ESG due diligence in alignment with ESG reference frameworks and develop ESAP based on identified gaps and risks	• Internal ESDD checklist, Terms of Reference for an external consultant conducting ESDD, ESGDD Report Template • ESAP Template	• Baseline impact assessment concurrent with legal / financial DD • Identify gaps in data or practices • Develop an impact-oriented action plan and set targets	**Tool 2 – Impact Baseline & Assessment** • Evaluates accessibility, affordability, quality, scalability, governance • Sets baseline status and gaps • Defines action plan with measurable impact targets
Deal Execution & Agreement	• Integrate ESG findings into investment decisions and legal documentation	• E&S appraisal form, E&S Covenant Template, ESAP tracker	• Embed impact covenants into SHA • Attach quarterly / annual reporting templates • Establish portfolio-level impact targets	**Tool 3 – Covenants & Reporting Templates** • Covenants to ensure accountability • Standard templates for regular impact reporting • Targets aligned at portfolio and fund level
Investment Monitoring	• Monitor ESG performance, ESAP implementation • Monitor and respond to ESG incidents • Site visits	• E&S Monitoring checklist, ESG KPI Reporting Template • ESAP Tracker • Site Visit Report • Reporting templates	• Track progress against impact action plan • Monitor affordability, patient reach, workforce diversity, accreditation • Implement 100-Day Plan post-investment to set priorities and link to funding tranches	**Tool 3 (continued)** • Reporting templates drive structured monitoring • Early capture of risks / non-conformances • Alignment with fund-level targets over 5–10 years
Investment Exit	• Evaluate ESG performance and value creation achieved during the investment period	• ESG Value Creation Report[16]	• Conduct final impact analysis • Measure long-term improvements in accessibility, affordability, quality, innovation, job creation • Capture lessons for future funds	

[16]Note that ESG integration across performance improvement and Exit Readiness is currently under development and is expected to be formalised during FY2027.

Key Impact & ESG Guidelines and Frameworks Considered

Sustainable Development Goals	International Labour Organisation	Global Reporting Initiative	Sustainability Accounting Standards Board
Sustainability Accounting Standards Board	Sustainability Accounting Standards Board	IFC Performance Standards	Principles for Responsible Investment
Asian Infrastructure Investment Bank	Asian Development Bank	New Development Bank	U.S. International Development Finance Corporation
National Investment and Infrastructure Fund	Responsible Investment Standards	Principles for Responsible Financing	

Key Affiliations

GIIN: Somerset Indus Capital Partners is a member of the Global Impact Investing Network (GIIN), the world's leading nonprofit dedicated to increasing the scale and effectiveness of impact investing. GIIN membership reflects Somerset's commitment to advancing global standards, adopting rigorous impact measurement frameworks, and deepening engagement with a diverse network of impact investors worldwide.

Our membership signifies a shared commitment to generating positive, measurable social and environmental outcomes alongside strong financial returns.

IVCA: Somerset Indus Capital Partners is an active member of the Indian Venture and Alternate Capital Association (IVCA), India's apex industry body for private equity and venture capital. Through this platform, Somerset engages with peers, policymakers, and ecosystem partners to advance investment best practices, foster regulatory dialogue, and support the growth of responsible capital in India's healthcare sector and beyond.

IIC: Somerset is also a member of the Impact Investors Council (IIC), a leading industry body dedicated to strengthening India's impact investing ecosystem. By contributing to working groups, participating in industry consultations, and engaging in sector-wide dialogues, Somerset helps shape policy discussions and market development efforts aimed at channelling greater volumes of capital toward inclusive growth and measurable social impact.

AVPN: Somerset Indus Capital Partners is a member of AVPN (Asian Venture Philanthropy Network), Asia's largest network for social impact, bringing together over 700 resource providers, social innovators, and intermediaries across 43 markets to mobilise capital for sustainable development. Through its association with AVPN, Somerset is part of a collaborative ecosystem dedicated to advancing inclusive growth and measurable social impact across Asia. The membership reflects Somerset's commitment to strengthening impact investing practices, fostering strategic partnerships, and contributing to solutions that deliver positive social and environmental outcomes alongside financial returns.



Impact at Somerset



Key Impact Highlights

Somerset's healthcare portfolio continues to deliver measurable impact by strengthening healthcare systems across underserved markets in India and other emerging economies. Through investments spanning Healthcare Delivery, MedTech, and Pharma, portfolio companies contribute to improving the accessibility, affordability, and quality of healthcare products and services, while fostering innovation and supporting broader socio-economic outcomes such as job creation and inclusion[17].

The portfolio's impact is delivered through complementary pathways across the healthcare value chain, ranging from direct patient care and critical healthcare infrastructure to medical technologies, pharmaceutical supply chains, and healthcare manufacturing. During FY2025-26, portfolio companies expanded their reach across Tier 2 and Tier 3 geographies, supported access to underserved populations, strengthened healthcare quality and affordability, and continued to invest in innovation and workforce development.

The table below provides a portfolio-level snapshot of key impact outcomes across Somerset's impact pillars. While these indicators highlight common metrics that can be aggregated and compared across sectors, the nature of impact delivered by Healthcare Delivery, MedTech, and Pharma varies considerably. The sub-sections that follow therefore explore each impact pillar in greater detail, highlighting the sector-specific pathways, outcomes, and contributions through which portfolio companies create impact across the healthcare ecosystem.

Impact Pillar	Indicator	Healthcare Delivery	MedTech	Pharmaceuticals
Accessibility	Total Patients / Customers Served	329,663	15,972	900
	% of Indian Patients / Customers Served	100%	92.7%	63.4%
	% of International Customers / Patient Served	0%	7.3%	36.6%
	% of Tier 2 / Tier 3 Indian Patients / Customers	89.1%	95.6%	36.2%
	% of LMIC Customers / International Customers	NA	100%	25.5%
	% of Govt Hospital Customers	NA	81.1%	NA
Affordability	% Revenue from Government Schemes	26.5%	29.2%	NA
	% Government Linked Customers	34.7%	29.2%[18]	NA
Quality	% of Facilities / Products Certified	81.5%	100%	91.6%
	Patient / Customer Satisfaction Score (100)	82.9	93	96.7[19]
Innovation	Investment in Digital Technology (INR Lakhs)	190.6	513.3	111.7
	Investment in R&D (INR Lakhs)	NA	2.1	568.8

Improved Health Outcomes from Healthcare Delivery

13,972
DALYs Averted for AMI Patients

399
QALYs Generated for ESRD Patients

[17]Kindly note that Job creation and Inclusion is covered in the ESG section
[18]Mostly applicable for revenue from Govt / BEMP customers from Cyrix India.
[19]Excluding Globela

Accessibility

Somerset's healthcare portfolio supports improved access to healthcare products and services across underserved markets through three complementary pathways:

Healthcare Delivery

Expanding access to hospital beds, specialist care, diagnostics, emergency services, critical care, and treatment in underserved geographies.

MedTech

Improving the availability and operational reliability of medical equipment through device distribution, servicing, maintenance, and technical support for healthcare facilities.

Pharmaceuticals

Enhancing the availability of medicines and healthcare products through pharmaceutical formulations, APIs, and packaging solutions that support resilient healthcare supply chains and improve access for patients across underserved markets.

Across the portfolio, there is a strong focus on underserved geographies, particularly Tier 2 and Tier 3 cities in India and low- and middle-income countries (LMICs) internationally. During the reporting period, Healthcare Delivery companies directly served 329,663 patients, MedTech companies served 15,972 institutional customers, and Pharma companies served 900 customers. Tier 2 and Tier 3 markets accounted for 89.1% of Healthcare Delivery patients, 95.6% of MedTech customers, and 36.2% of Pharma customers, demonstrating the portfolio's commitment to improving healthcare access beyond major metropolitan centres. Internationally, MedTech companies reported that 100% of their international customers were located in LMICs, while 25.5% of Pharma's international customer base was concentrated in LMIC markets, extending the portfolio's impact beyond India into other underserved healthcare systems.

Indicator	Healthcare Delivery	MedTech	Pharmaceuticals
Primary Customer Type	Direct patients receiving consultations, diagnostics, inpatient care, surgeries, and critical care services	Hospitals, clinics, nursing homes, diagnostic centres, laboratories, healthcare providers, and public health institutions	Pharmaceutical companies, healthcare manufacturers, distributors, healthcare providers, and healthcare supply chains
Total Patients / Customers Served	329,663	15,972	900
Indian Patients / Customers Served	100%	92.7%	63.4%
Tier 2 / Tier 3 patients / Customers	89.1%	95.6%	36.2%
International Customers / Patient Served	0%	7.3%	36.6%
International / LMIC Customers[20]	NA	100%	26%

[20]Relevant primarily for MedTech and Pharma.

Hospitals: Healthcare Delivery

Somerset's Healthcare Delivery portfolio strengthens healthcare accessibility by expanding the availability of healthcare infrastructure and services in underserved markets where access to advanced and organised healthcare may otherwise be limited. Through its hospitals, bed capacity, critical care infrastructure, emergency response services, and healthcare workforce, the portfolio enables patients in Tier 2 and Tier 3 geographies to access specialist consultations, diagnostics, inpatient care, emergency treatment, and critical care closer to their communities. By serving diverse patient groups, including women, older adults, new patients, and those requiring treatment for complex conditions, the portfolio helps address geographic, infrastructure, and capacity-related barriers to healthcare access while strengthening local healthcare systems.

Healthcare Infrastructure Breakdown	Sterling Hospitals	Apex Hospitals	NU Hospitals	Total	% Share in Tier 2 & Tier 3 Cities
No. of Hospitals and Clinics	6	7	9	22	68%
Bed Capacity	978	780	275	2,033	80%
ICU Bed Capacity	192	213	24	429	70%
No. of Ambulances	6	6	1	13	83%
No. of Healthcare Professionals	2,093	1,215	642	3,950	NA

Healthcare Patients Breakdown	Sterling Hospitals	Apex Hospitals	NU Hospitals	Total
Total Unique Patients[21]	105,905	189,050	34,708	329,663
% Tier 2 / Tier 3 Patients	84%	100%	45.1%	89.1%
% New Patients	67.6%	81.4%	57.8%	74.5%
% Women Patients	41.5%	46.4%	33.9%	43.5%
% Older Adult Patients (65+ years)	18.8%	14.8%	22.1%	16.9%
% Heart Patients	8.5%	9.3%	NA	8.1%
% Cancer Patients	10.3%	2.5%	NA	4.7%

The Healthcare Delivery portfolio demonstrates a strong contribution to healthcare accessibility, with a clear focus on extending organised hospital care to underserved and emerging markets. The portfolio's patient base reflects meaningful reach across Tier 2 and Tier 3 geographies, supported by critical care services that address both routine and higher-acuity healthcare needs. Its engagement with women and older adults further underscores its role in serving patient groups that may require more regular, proximate and specialised care. By strengthening local hospital capacity and reducing reliance on distant urban healthcare centres, the portfolio supports more timely access, continuity of care and improved healthcare availability for vulnerable and underserved populations.

[21]Total unique patients as reported by the hospitals

MedTech

Somerset's MedTech portfolio contributes to healthcare accessibility by strengthening two critical enablers of service delivery: expanding access to medical technologies and servicing support across a predominantly India-based customer base, with substantial reach into Tier 2 and Tier 3 markets and government healthcare facilities; and supporting more reliable diagnostic, preventive and speciality-care pathways, including areas such as maternal and women's health, where timely equipment availability, functionality and maintenance are essential to serving underserved patient populations.

Customer Breakdown	CYRIX HEALTH CARE PVT LTD [22]	GEN WORKS NEXT GenWorks	Total
Total Customers Served	14,842	1,130	15,972
Indian Customers	92%	99.9%	92.7%
International Customers	8%	0.1%	7.3%
Tier 2 / Tier 3 Customers	97.9%	64.9%	95.6%
%New Customers	26.0%	64.7%	28.7%
%Hospitals	9.3%	57.3%	12.7%
%Govt Hospitals	86.9%	4.3%	81.1%
%Clinic Customers	4.6%	7.5%	4.8%
%Diagnostic Centre Customers	2.9%	26.6%	4.6%
%Nursing Home Customers	0.2%	4.4%	0.5%

The MedTech portfolio demonstrates a strong customer expansion trajectory, with nearly one-third of total customers added as new customers, while continuing to serve a predominantly India-based and Tier 2 / Tier 3 customer base.

Services Breakdown	CYRIX HEALTH CARE PVT LTD [23]	GEN WORKS NEXT GenWorks	Total
Total Devices / Products Sold	287	291,990	292,277
Imaging Devices Sold	32.8%	0.01%	0.04%
Maternal Care Devices Sold	25.4%	0.3%	0.3%
Diagnostic Devices Sold	48.4%	99.7%	99.6%
Treatment Devices Sold	7.7%	0.1%	0.1%
Other Devices Sold	17.8%	0%	0.02%
Total Devices Serviced	425,404	12,909	438,313
Imaging Devices Serviced	8.6%	49.5%	9.8%
Maternal Care Devices Serviced	4.6%	0.3%	4.4%
Diagnostic Devices Serviced	27.8%	49.6%	28.4%
Treatment Devices Serviced	28.6%	0.05%	27.8%
Other Devices Serviced	29.2%	0.6%	28.3%

Somerset plays an enabling role in healthcare accessibility by strengthening the availability and functionality of medical technologies across hospitals, government facilities, clinics, diagnostic centres and nursing homes. Its reach is strongly oriented toward Tier 2 and Tier 3 markets, indicating a meaningful contribution to healthcare delivery in underserved geographies. The portfolio supports both access to new medical devices and continuity of care through servicing and maintenance, helping healthcare providers sustain diagnostic, maternal care, imaging and treatment capabilities. Its engagement with government hospitals further reinforces its role in supporting public health infrastructure and extending critical healthcare services to population groups that may rely on more affordable or publicly accessible care pathways.

[22]Includes data for Cyrix's India and Overseas (Saudi Arabia, Kuwait, and United Arab Emirates) operations.

[23]Includes data for Cyrix's India and Overseas (Saudi Arabia, Kuwait, and United Arab Emirates) operations.



Pharmaceuticals

Somerset's Pharma portfolio strengthens healthcare accessibility by supporting multiple stages of the medicine value chain, from manufacturing of critical pharmaceutical ingredients to the production of finished formulations and healthcare packaging solutions. Together, these businesses help ensure the reliable availability and distribution of essential healthcare products to pharmaceutical companies, healthcare providers, distributors, and patients across India and international markets.

The portfolio maintains a strong focus on the Indian market, particularly Tier 2 and Tier 3 geographies where healthcare systems often depend on reliable pharmaceutical supply chains to ensure uninterrupted access to medicines. Internationally, portfolio companies also serve customers across low- and middle-income countries (LMICs), helping strengthen access to essential medicines in healthcare systems that continue to face supply and affordability constraints.

Pharmaceuticals Total	NBPL	printmann	Globela Pharma Pvt. Ltd.	EMIL	**Total**
Total Customers Served	74	203	550	73	900
% Indian Customers	100%	95.6%	44%	83.6%	63.4%
% International Customers	0%	4.4%	56%	16.4%	36.6%
% Tier 2 / Tier 3 Customers	100%	95.6%	0	0	96.8%
% LMIC Customers	NA	11.1%	23.7%	83.3%	25.5%

The Pharma portfolio demonstrates its accessibility impact by supporting the availability of healthcare products across the pharmaceutical value chain. This contribution begins with the supply of Active Pharmaceutical Ingredients (APIs), a critical input for medicine production. Given India's historical dependence on imported APIs for several therapeutic categories, investments in domestic API manufacturing help strengthen supply chain resilience, reduce vulnerabilities, and support the long-term availability of essential medicines. Companies within the portfolio contribute to this objective by expanding local manufacturing capabilities and supporting pharmaceutical production ecosystems.

The portfolio further enhances accessibility through manufacturing and supply of finished pharmaceutical products across several high-priority therapeutic areas. These include medicines used in the treatment of cardiovascular diseases, oncology conditions, infections, gastrointestinal disorders, and other essential healthcare needs. By supporting the availability of critical and often life-saving therapies, the portfolio contributes to improved access to treatment for patients across both domestic and international markets.

Accessibility is also strengthened through healthcare packaging solutions that enable medicines to be distributed, identified, and used safely by diverse patient populations. Packaging innovations such as multilingual labelling, Braille features, product traceability, and patient-friendly information support the accessibility and safe use of medicines across different geographies and user groups. These solutions play an important role in ensuring that healthcare products reach end users in a manner that is both compliant and inclusive.

Production Breakdown	NBPL	printmann	Globela Pharma Pvt. Ltd.	EMIL	**Total**
Manufacturing Facilities	1	3	3	3	10
Products / SKUs Sold	16	4	12	7	39
Types of Product Sold	API	Packaging	• API • Finished Pharmaceutical Product		

API	NBPL	Globela Pharma Pvt. Ltd.	**Total**
API Production Capacity (MT)	3.5	734.4	737.9

Finished Pharmaceutical Products	Globela Pharma Pvt. Ltd.	EMIL	**Total**
Bottles Produced (Crore unit)	20.0	76.3	96.3
Capsules Produced (Crore unit)	7.0	0.6	7.6
Tablets Produced (Crore unit)	96.0	107.5	203.5
% Revenue from Heart Medicines	3.7%	0%	2.4%
% Revenue from Cancer Medicines	6.0%	0.6%	4.1%
% Revenue from Antibiotics	15.4%	17.3%	16.1%
% Revenue from Essential / Public Health Medicines	7.4%	1.4%	5.4%

Packaging	printmann	**Total**
Leaflets Sold (Crore unit)	26.6	26.6
Cartons Sold (Crore unit)	30.7	30.7
Labels Sold (Crore unit)	53.5	53.5

Overall, the portfolio's customer base reflects a strong orientation towards underserved markets. While the majority of customers are located within India, with a significant presence in Tier 2 and Tier 3 geographies, international operations also maintain a meaningful focus on LMICs. Through its combined contribution across APIs, pharmaceutical formulations, and healthcare packaging, the Pharma portfolio supports more resilient healthcare supply chains and improves access to essential healthcare products for underserved populations in India and beyond.



Affordability

Somerset's healthcare portfolio supports affordability through distinct pathways across the healthcare value chain:

Healthcare Delivery

Affordability is enabled directly through government health schemes, insurance coverage, third-party payment mechanisms, and free or subsidised care that reduce out-of-pocket costs for patients.

MedTech

Affordability is enabled by helping hospitals and public healthcare facilities access medical equipment at lower cost through government procurement, refurbished equipment, maintenance services, and cost-effective technology solutions.

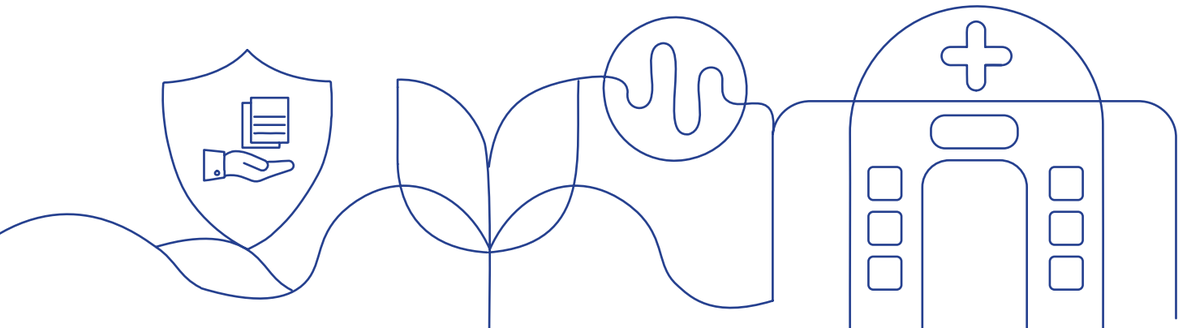
Pharmaceuticals

Affordability is enabled indirectly through domestic API production, generic medicine supply, and resilient manufacturing that support the availability of cost-effective medicines.

Collectively, these complementary models help improve access to healthcare by addressing both the affordability of healthcare services and the affordability of the products and inputs required to deliver care, particularly across underserved populations and geographies.

Revenue from Government Schemes	Healthcare Delivery	MedTech	Pharmaceuticals
% Revenue from Government Schemes	26.5%	29.2%	NA
% Government Linked Customers	34.7%	29.2%[24]	NA

[24]Mostly applicable for revenue from Govt / BEMP customers from Cyrix India.



Hospitals: Healthcare Delivery

Somerset's Healthcare Delivery portfolio improves affordability by reducing financial barriers that often prevent patients from accessing timely and appropriate healthcare. Portfolio hospitals support affordability through three complementary pathways:

1

They **facilitate access to government-sponsored healthcare schemes** such as Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY), which provides health insurance coverage for economically vulnerable families; CGHS, which provides subsidised healthcare access for central government employees and pensioners; ESI, which delivers social health insurance for organised sector workers; and state-level schemes including Rajasthan Government Health Scheme (RGHS), Arogya Bhagya Yojana, Karnataka Arogya Sanjeevini Scheme, and Vajpayee Arogyashree, which expand access to secondary and tertiary healthcare services for eligible beneficiaries.

2

The **portfolio improves affordability through insurance-linked and third-party payment mechanisms**, enabling patients to access healthcare services without bearing the full cost of treatment upfront. These arrangements help reduce out-of-pocket expenditure and improve access to specialised and higher-acuity healthcare services that may otherwise be financially inaccessible for many households.

3

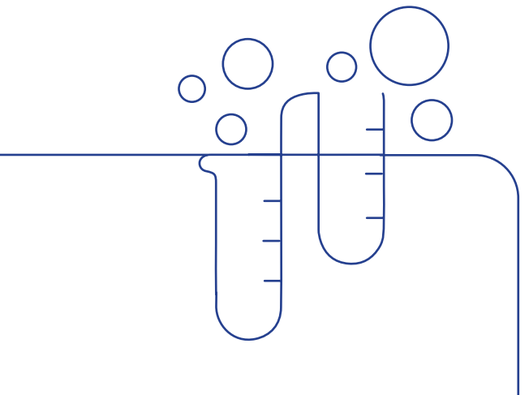
Hospitals complement formal payment mechanisms through **health camps, free consultations, screening programmes, community outreach initiatives,** and selected free or subsidised healthcare services. These initiatives help extend access to preventive and essential healthcare services for underserved populations who may not otherwise engage with the formal healthcare system.



Patients Linked to Government Schemes	Sterling Hospitals	Apex Hospitals	NU Hospitals	Total
Total Patients	105,905	189,050	34,708	329,663
% Patients Linked to Government Schemes	24.1%	46.9%	0.2%	34.7%
Total Patients Linked to Government Schemes	**25,512**	**88,673**	**86**	**114,271**
Ayushman Bharat Patients	25,136	9,730	60	34,926
CGHS Patients	-	5,180	26	5,206
ESI Patients	-	151	-	151
Other Government Schemes Patients (RGHS)	376	73,612	-	73,988

Insurance & Health Camp Patients	Sterling Hospitals	Apex Hospitals	NU Hospitals	Total
Total Patients	105,905	189,050	34,708	329,663
Insurance Patients	33,665	1,896	1,771	37,332
% Insurance Patients	31.8%	1%	5.1%	11.3%
Patients Receiving Free Services	376	543	2,884	3,803
% of Patients Receiving Free Services	0.4%	0.3%	8.3%	1.2%

Revenue from Government Schemes and Insurance Patients	Sterling Hospitals	Apex Hospitals	NU Hospitals	Total
% of Revenue from all Government Schemes	20%	56.0%	0.1%	26.5%
% of Revenue from Insurance Customers	27.5%	6.6%	0%	16.8%



Overall, by combining government reimbursement programmes, insurance partnerships, and community-oriented healthcare initiatives, the portfolio helps ensure that patients can access essential and advanced healthcare services irrespective of their ability to pay upfront. This is particularly important in Tier 2 and Tier 3 markets, where affordability remains one of the most significant determinants of healthcare access and utilisation.

MedTech

Somerset's MedTech portfolio supports affordability by improving access to medical equipment through flexible product, servicing and no-direct-payment models. By combining equipment sales with lifecycle servicing and refurbished equipment solutions, the portfolio helps healthcare providers reduce upfront capital expenditure, extend the useful life of critical devices and maintain continuity in service delivery. This is particularly relevant for providers in Tier 2 and Tier 3 markets, where cost-effective access to reliable medical technology can influence the availability of diagnostic, treatment and patient care services. Through government-linked revenue models, servicing support and refurbished equipment pathways, the portfolio contributes to a more affordable and resilient healthcare delivery ecosystem.

Services Breakdown	CYRIX HEALTH CARE PVT LTD[25]	GEN WORKS NEXT GenWorks	Total
% Government-Linked / No-Direct-Payment Revenue	77.1%	Not applicable	29.2%
Revenue from Devices / Products Sold (INR Crore)	33.47	545.98	579.45
Revenue from Devices Serviced (INR Crore)	265.59	1.90	267.49
Refurbished Equipment Sold	58	142	200
% Refurbished Equipment Sold	20.2%	0.05%	0.1%
Refurbished Equipment Serviced	260[26]	0	260
% Refurbished Equipment Serviced	0.06%	0	0.06%
CAPEX Saving from Refurbished Equipment (INR Crore)	7.14	0	7.14



[25]Includes data for Cyrix's India and Overseas (Saudi Arabia, Kuwait, and United Arab Emirates) operations.
[26]Data for Cyrix's overseas operations.

Case Study

Enabling Affordable Access

How Cyrix Leverages Government Partnerships to Deliver Cost-Effective Solutions at Scale

How the Model Supports Affordability

Cyrix defines affordability in its government-facing work as the ability to deliver reliable, high-quality biomedical equipment maintenance at tender-compliant and cost-effective pricing. The BEMP model shifts public hospitals away from fragmented, reactive maintenance towards a planned, predictable, and programmatic approach. Instead of hospitals individually managing breakdowns, spare parts, vendors, and repair escalations, Cyrix operates as a single service partner.

This creates affordability in three linked ways:

1. Predictable costs for government institutions

Government contracts are structured through competitive tenders and managed service models, allowing public health institutions to plan maintenance costs in advance rather than incur unexpected costs for each breakdown or equipment replacement.

2. Reduced equipment downtime and extended equipment life

Preventive maintenance is central to the BEMP model. Engineers conduct routine checks, follow equipment-specific checklists, replace items identified during preventive maintenance, and prioritise high-use and critical equipment such as dialysis and critical care machines. Cyrix also reports that effective preventive maintenance helps reduce complaints and sustain equipment availability.

3. Avoided replacement burden for hospitals

Where equipment requires longer repair time, Cyrix may provide standby equipment for emergency cases for up to 60 days while repairing the original equipment, reducing disruption to hospital services.

In Kerala, Cyrix's project team noted that before BEMP, hospitals directly handled equipment maintenance, and funding constraints could result in major equipment such as CT or X-ray machines remaining down for two to three months. Under BEMP, maintenance is centrally supported, reducing the burden on individual hospitals.

Access / Affordability Anchor	How Cyrix Delivers It	Impact Relevance
Government tender-based affordability	Cyrix participates in government tenders and delivers services through managed programme contracts with defined pricing and service expectations.	Enables public hospitals to access biomedical maintenance without unpredictable repair-by-repair expenditure.
Preventive maintenance-led service model	Engineers conduct planned preventive maintenance, use checklists, prioritise critical equipment, and replace required parts during maintenance cycles.	Helps reduce breakdown frequency and supports equipment continuity for patient care.
Fast response and escalation systems	Government contracts may allow seven days before penalty, but Cyrix targets faster turnaround, including 24-hour resolution and a six-hour response-time focus in certain contexts.	Supports continuity of diagnostics, treatment, and emergency services in public facilities.
Local and in-house engineer deployment	Engineers are allocated by zone, district, asset load, complaint ratio, and facility criticality. Larger or high-volume hospitals may receive in-house biomedical engineers during duty hours.	Reduces response delays, especially for high-volume public hospitals and critical equipment pools.
Specialist support for critical equipment	Specialist engineers are deployed for modalities such as dialysis, X-ray, and critical care equipment. Cyrix also uses escalation from junior to senior to specialist engineers.	Ensures technically complex equipment remains functional in facilities serving large patient volumes.
Centralised and local spare management	Cyrix uses district-level spare stock, local vendors, credit arrangements, and standby equipment to maintain service continuity despite payment delays or logistics constraints.	Keeps services running even when government payments are delayed or facilities are geographically difficult to reach.
Digital monitoring and complaint tracking	Complaints are registered through a toll-free number and reflected in Cyrix's Mobiliz software, which engineers monitor periodically.	Improves accountability, response tracking, and service visibility.
Training and capacity building	User training is provided in government hospitals, while additional training initiatives such as BLS and fire safety have begun in private BEMP contexts.	Builds safe equipment use and strengthens facility-level readiness.

Reaching Underserved and Hard-To-Reach Communities

Cyrix's impact is ultimately reflected in the improved healthcare experience of patients who depend on public health facilities, particularly those from low-income, rural, tribal, and underserved communities. Through its comprehensive biomedical equipment management programme, Cyrix supports a diverse network of healthcare facilities ranging from tertiary government hospitals and district hospitals to Primary Health Centres (PHCs), Community Health Centres (CHCs), tribal hospitals, and health facilities located in geographically remote regions.

The programme's reach extends to facilities such as Tribal Speciality Hospital Kottathara, FHC Aralam, Tribal Hospital Nallornad, and FHC Noolpuzha in Kerala's Wayanad district, as well as numerous PHCs and CHCs across Uttar Pradesh and Rajasthan. Wayanad, characterised by its tribal population and challenging terrain, exemplifies the value of an integrated biomedical maintenance model. By providing a single-window solution for equipment maintenance and support, Cyrix helps healthcare facilities avoid the operational complexity of engaging multiple original equipment manufacturers (OEMs) for different devices, thereby improving efficiency and continuity of care.

Recognising the challenges of servicing remote healthcare facilities, Cyrix deploys biomedical engineers strategically across service regions rather than assigning personnel exclusively to individual facilities. This approach enables timely response and maintenance support while ensuring coverage across dispersed and hard-to-reach locations.

By maintaining the functionality and reliability of critical medical equipment in rural, tribal, Tier 2, and Tier 3 healthcare settings, Cyrix helps bridge disparities in access to quality healthcare infrastructure. The model ensures that dependable medical technology is available beyond major urban centres, supporting more consistent healthcare delivery and strengthening health system resilience for communities with limited access to alternative care options.

Case Study

Somerset's role in enabling scale and additionality

Somerset's investment has enabled Cyrix to accelerate its growth and expand its reach across both public and private healthcare systems, including large-scale programmes such as the Rajasthan BEMP project and a portfolio of more than 40 private hospitals. Alongside this expansion, Cyrix has strengthened its technical and operational capabilities through investments in specialised repair and refurbishment facilities, including the Revive Lab, advanced repair centres for X-ray tubes and endoscopes, remote diagnostics through Cyrix Expert Link, and enhanced software tools. These investments have improved service efficiency, deepened in-house expertise, reduced reliance on external repair providers, and helped minimise equipment downtime through faster remote troubleshooting and targeted specialist support.

Managing affordability without compromising service continuity

Despite operating in a challenging environment characterised by tight tender pricing, delayed government payment cycles, and complex logistics, Cyrix has maintained continuity of critical biomedical equipment maintenance services across public healthcare facilities. Recognising that uninterrupted equipment functionality is essential for patient care, particularly in government hospitals serving vulnerable communities, the company has developed a resilient operating model centred on preventive maintenance, strategically deployed engineering teams, specialist escalation mechanisms, digital service tracking, remote technical support through Expert Link, and robust spare-parts management. In remote and geographically challenging regions, where transportation delays and adverse weather can extend repair timelines, Cyrix further mitigates service disruption through localised support networks, standby equipment, and flexible sourcing arrangements, helping ensure the continued availability of essential medical technologies for healthcare providers and patients alike.



Key Impact Outcomes

- Improved Availability of Critical Medical Equipment: Reduced equipment downtime, enabling more consistent access to diagnostic, treatment, and life-support services in public healthcare facilities.
- Enhanced Continuity of Patient Care: Strengthened service reliability through preventive maintenance, faster response mechanisms, remote diagnostics, and standby equipment support.
- Reduced Administrative and Operational Burden on Hospitals: Delivered an integrated biomedical equipment management solution encompassing maintenance, calibration, breakdown support, spare parts management, and user training through a single service provider.
- Expanded Access in Rural and Underserved Communities: Maintained the functionality of essential healthcare equipment in rural, tribal, Tier 2, Tier 3, and geographically remote facilities, helping reduce disparities in access to healthcare services.
- Strengthened Readiness of High-Criticality Medical Assets: Provided specialist engineering support for complex and high-utilisation equipment, including dialysis, X-ray, and critical care systems, supporting uninterrupted clinical operations.
- Improved Service Delivery Efficiency in Remote Regions: Enabled healthcare facilities in Wayanad, Kerala, including tribal and hard-to-reach locations, to access a single-window biomedical maintenance solution, reducing dependence on multiple OEM service providers and streamlining equipment support.
- Sustained Delivery of Essential Renal Care Services: Supported uninterrupted operation of approximately 60 dialysis machines at a high-volume public hospital, ensuring continued access to life-sustaining treatment through dedicated dialysis engineering expertise.
- Established a Scalable Biomedical Maintenance Model: Leveraged learnings from large-scale government BEMP programmes to strengthen operational capabilities, improve service quality, and support expansion across both public and private healthcare networks.

> **Cyrix's BEMP model makes affordable access possible by keeping medical equipment functional where it matters most: in public hospitals serving high patient volumes, rural communities, tribal areas, and other underserved populations.**

Pharmaceuticals

Somerset's Pharma portfolio contributes to healthcare affordability primarily through indirect pathways that strengthen the efficiency, resilience, and cost-effectiveness of pharmaceutical supply chains.

A key affordability pathway is the domestic production of Active Pharmaceutical Ingredients (APIs), which are essential raw materials used in medicine manufacturing. Reliable local API production helps reduce dependence on imported inputs, strengthens supply chain resilience, reduces procurement risks, and supports the long-term availability of cost-effective medicines. Portfolio companies operating in the API segment therefore play an important upstream role in enabling affordable pharmaceutical manufacturing.

Revenue from API	Globela Pharma Pvt. Ltd.	NATURAL BIOGENEX PVT LTD	**Total**
Revenue from API (INR Crore)	51	13.5	64.5
% of Revenue from API	12.7%	100%	46.1%

The portfolio also supports affordability through manufacturing and supplying pharmaceutical formulations and contract manufacturing services. By serving pharmaceutical companies, particularly generic medicine producers, portfolio companies help expand the supply of medicines across a range of therapeutic categories. Generic medicines play an important role in improving healthcare affordability by providing lower-cost treatment alternatives while maintaining equivalent therapeutic effectiveness.

Revenue from Generic Medicines	Globela Pharma Pvt. Ltd.	NATURAL BIOGENEX PVT LTD	**Total**
% of Revenue from Generic Medicines	17.2%	85.6%	46.1%

While portfolio companies do not directly determine medicine pricing, their role in strengthening domestic pharmaceutical manufacturing capacity and supporting generic medicine ecosystems helps improve the affordability of healthcare products across India and other underserved markets.



Quality

Somerset's healthcare portfolio supports quality through three complementary pathways:

Healthcare Delivery

Ensuring safe and effective patient care through accredited healthcare facilities, qualified clinical workforce, adequate infrastructure and workforce capacity, patient safety systems, treatment protocols, clinical quality monitoring, and regular patient feedback mechanisms.

MedTech

Ensuring the reliability, safety, and performance of medical equipment through product certifications, preventive maintenance, calibration, servicing, quality management systems, and technical support that help healthcare providers deliver uninterrupted care.

Pharmaceuticals

Ensuring product quality, safety, and regulatory compliance through certified manufacturing facilities, quality management systems, quality control laboratories, product testing, traceability mechanisms, and adherence to national and international manufacturing standards.

Together, these approaches help maintain high standards of care, product quality, and operational reliability across the healthcare value chain, supporting better patient outcomes and customer confidence.

Quality Indicator	**Healthcare Delivery**	**MedTech**	**Pharmaceuticals**
% of Facilities / Products Certified	81.5%	100%	91.6%
Patient / Customer Satisfaction Score (100)	82.9	93	96.7[27]
Customer Complaints	NA	686	136
Product Recalls	NA	0	0



[27]Excluding Globela

Hospitals: Healthcare Delivery

Somerset's Healthcare Delivery portfolio maintains quality through accredited facilities, robust clinical governance systems, regular audits, and ongoing investment in healthcare infrastructure and workforce capacity. Quality is assessed through the adequacy of clinical resources, patient safety and clinical outcome indicators, and patient experience measures, ensuring healthcare services are delivered safely, effectively, and at scale.

Most hospitals are NABH and / or NABL accredited, all facilities undertake periodic internal audits, and no monetary losses arising from quality- or compliance-related proceedings were reported during FY 2025-26.

Certification, Audit & Compliance	Sterling Hospitals	Apex Hospitals	NU Hospitals	**Total**
% of Hospitals NABH / NABL Certified	100%	100%	44.4%	77.3%[28]
Internal Audit for Medical Practices	✓	✓	✓	✓
Monetary losses as a result of legal proceedings associated with medical fraud	0	0	0	0

Workforce and infrastructure adequacy are important determinants of healthcare quality. India has approximately 1 doctor per 811 population and 1 nurse per 476 population[29], with workforce shortages remaining particularly acute across many Tier 2 and Tier 3 markets[30]. Against this backdrop, Somerset's hospital portfolio maintains dedicated clinical capacity through its network of doctors, nurses and allied healthcare professionals. The portfolio's doctor-to-patient and nurse-to-patient ratios compare favourably against national healthcare workforce availability trends, indicating that healthcare professionals are able to provide more focused and timely care to patients. Similarly, infrastructure utilisation levels suggest adequate capacity across hospital and critical care facilities, helping avoid excessive strain on clinical resources and enabling timely access to consultations, diagnostics, treatment, and critical care services.

Infrastructure Adequacy	Sterling Hospitals	Apex Hospitals	NU Hospitals	**Total**
No. of Patients Per Hospital	17,650.8	23,631.3	3,856.4	14,333.2
No. of Patients Per Doctor	485.8	741.4	495.8	607.1
No. of Patients Per Nurse	153.0	420.1	253.3	257.8
Ventilator Utilisation Rate	27.8%	21.7%	23.6%[31]	24.4%
Cath Lab Utilisation Rate	40%	30.7%		35.3%
Operation Theatre Utilisation Rate	27.8%	40.9%		34.4%

[28]Weighted average.
[29]Source: Ministry of Health & Family Welfare, Feb 2026
[30]These national population-to-healthcare-worker ratios provide broader sector context but are not directly comparable with the portfolio's patient-to-doctor ratio.
[31]NU Hospitals currently maintains utilisation rates for all equipment at an overall level.

Patient safety outcomes further reflect the effectiveness of these quality systems. The portfolio monitors key hospital-acquired infection indicators, including CAUTI (Catheter-Associated Urinary Tract Infections), VAP (Ventilator-Associated Pneumonia), CLABSI (Central Line-Associated Bloodstream Infections), HAPU (Hospital-Acquired Pressure Ulcers), and SSI (Surgical Site Infections). These indicators are widely used to assess infection prevention practices, nursing quality, and clinical care standards. The relatively low incidence of these events across the portfolio suggests strong infection control measures, effective clinical governance, and adherence to patient safety protocols. Additionally, an average 97.3% discharge rate indicates that the vast majority of admitted patients successfully complete treatment and are discharged from care, while overall mortality rates reflect the portfolio's ability to manage complex and high-acuity cases across tertiary healthcare settings.

Hospital Quality	Sterling Hospitals	Apex Hospitals	NU Hospitals	**Total**
Hospital-acquired CAUTI (Urinary Catheter Infections) (per 1000 device days)	4.0	0.2	1.3	1.8
Hospital-acquired VAP (Ventilator-Associated Pneumonia) (per 1000 device days)	9.1	1.3	0	3.4
Hospital-acquired CLABSI (Central Line Infections) (per 1000 device days)	1.9	0.5	1.9	1.4
Hospital-acquired HAPU (Hospital-Acquired Pressure Ulcers) (per 1000 patients)	1.9	1.3	0.5	1.2
Hospital-acquired SSI (Surgical Site Infection) (per 100 surgeries)	1.6	0.0	0.4	0.7
% of Admitted Patients Discharged	99%	93%	100%	97.3%
Mortality Rate of the Hospital	5%	1.1%	0.7%	2.3%

Patient experience metrics provide an additional measure of service quality. The portfolio reported an average consultation wait time of 21.8 minutes, alongside a Patient Satisfaction (PSAT) score of 82.9 and a Net Promoter Score (NPS) of 83.3. These results indicate high levels of patient satisfaction across clinical care, service quality, staff interactions, and overall treatment experience.

Patient Satisfaction	Sterling Hospitals	Apex Hospitals	NU Hospitals	**Total**
Average wait time for consultation (mins)	30	10	25.5	21.8
PSAT Score[32] (100)	81.0	72	95.5	82.9
NPS[33] (100)	81.0	69.3	99.6	83.3

Overall, strong patient experience outcomes, combined with low infection rates and positive clinical outcomes, suggest that the portfolio is delivering quality healthcare services while maintaining high standards of patient-centred care.

[32]Unweighted average.
[33]Unweighted average.

Case Study

Embedding Quality at Scale Through Data-Driven Clinical Excellence at NU Hospitals

Impact Pillar: Quality

Background

As a specialised provider of nephrology, urology, dialysis, transplant, oncology, and critical care services, NU Hospitals operates in clinical settings where patient outcomes depend on consistent quality, patient safety, and timely interventions. Over time, the organisation identified opportunities to strengthen quality management beyond NABH requirements, particularly in areas such as infection control, patient safety, care coordination, incident monitoring, and operational efficiency.

A Quality Management System Beyond Compliance:

NU Hospitals has institutionalised quality through a structured governance model that embeds accountability across all levels of the organisation, from frontline employees and department heads to the Quality Team, Associate Medical Director, and Group Medical Director. The system tracks a comprehensive set of performance indicators across:

- Clinical outcomes
- Patient safety
- Clinical documentation and audit compliance
- Operational excellence
- Service quality
- Occupational safety
- Patient satisfaction
- Staff competency and development

Quality monitoring is integrated into day-to-day hospital operations through daily quality and safety rounds, departmental audits, incident reporting systems, patient feedback mechanisms, nursing audits, medical record reviews, and monthly KPI dashboards. Findings are reviewed through multidisciplinary quality committees and translated into corrective and preventive actions (CAPA), creating continuous feedback loops that support ongoing improvement.

Tailoring Quality Systems for High-Acuity Care

Recognising the unique risks associated with specialised healthcare services, NU Hospitals has adapted its quality systems to the needs of different clinical disciplines.

- For dialysis and nephrology services, quality controls include infection prevention audits, water quality monitoring, dialysis machine safety checks, equipment disinfection protocols, and surveillance of hospital-acquired infections.
- Within transplant programmes, specialised protocols focus on infection control, medication management, immunosuppression monitoring, food-drug interactions, and post-transplant patient safety.
- In intensive care units, quality systems extend to real-time patient monitoring, early warning systems, ventilator-associated pneumonia prevention bundles, pressure sore tracking, medication audits, and structured clinical handovers.
- Surgical services are supported through WHO-aligned safety checklists, operating theatre sterilisation protocols, surgical site infection surveillance, equipment safety inspections, and structured pre- and post-operative review processes.

Building A Culture of Quality:

Quality and patient safety are reinforced through structured staff induction, continuous clinical education, competency assessments, and periodic refresher training. Incident reporting, root cause analysis, and CAPA tracking promote accountability and encourage a culture of continuous learning across both clinical and non-clinical teams.

Delivering Measurable Outcomes:

The quality management framework has contributed to meaningful improvements in patient safety, operational performance, and clinical outcomes. Key outcomes include:

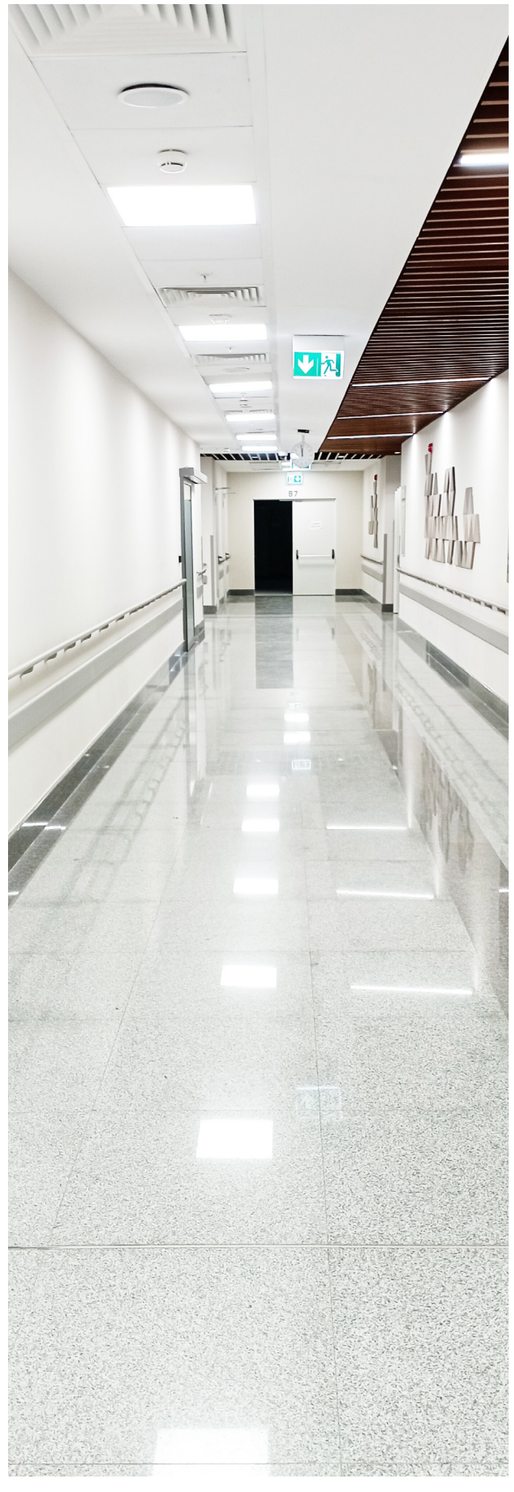
- Zero Hepatitis C seroconversions in dialysis units since 2013, supported by stringent infection prevention and disinfection practices.
- Reduced hospital-acquired infection risks through hand hygiene compliance, antibiotic stewardship programmes, and bundle-based infection prevention practices.
- Improved patient flow and reduced waiting times through dedicated care coordination mechanisms.
- Stronger consistency in clinical practice through structured audits, standardised protocols, and continuous monitoring.

The organisation has also observed broader institutional benefits, including strong patient retention, increased referrals from existing patients and physicians, enhanced staff accountability, and improved operational resilience. Many patients continue receiving care at NU Hospitals for several years, reflecting long-term trust in the quality of clinical services and patient outcomes.

Looking Ahead:

NU Hospitals continues to strengthen its quality journey through digital and technology-enabled initiatives, including AI-supported clinical documentation, online inpatient management systems, telemedicine services, advanced patient monitoring tools, and value-based healthcare metrics.

By embedding quality into governance, clinical care, workforce development, and operational decision-making, NU Hospitals has created a culture of continuous improvement that supports safer care, stronger clinical outcomes, and a superior patient experience.



MedTech

Somerset's MedTech portfolio supports quality by ensuring access to certified medical devices, structured servicing standards and established complaint resolution processes. Quality performance is closely linked to the portfolio's product-and-service model, where device reliability, timely servicing and traceability are critical to maintaining continuity of healthcare delivery. The portfolio's reported absence of recalls, product safety proceedings and monetary losses related to false marketing or servicing claims reflects the presence of quality and safety controls across operations. By combining certified product availability with servicing discipline and customer feedback mechanisms, the MedTech portfolio contributes to reliable medical technology access and supports provider confidence in the equipment used for diagnosis, treatment and patient care.

Services Breakdown	CYRIX HEALTH CARE PVT LTD	GEN WORKS NEXT GenWorks	Total / Average
Certified Devices / Products Sold	100%	100%	100%
Certified Devices Serviced[34]	100%	100%	100%
Customer Complaints	6	680	686
Recalls	0	0	0
Customer Satisfaction Score (100)	96	90	93
Monetary Losses from False Marketing / Servicing Claims (INR)	0	0	0
Monetary Losses from Product Safety Proceedings (INR)	0	0	0



[34]Central Drugs Standard Control Organisation (CDSCO) certified.

Pharmaceuticals

Somerset's Pharma portfolio supports quality through certified manufacturing facilities, robust quality management systems, regulatory compliance mechanisms, and investments in quality assurance infrastructure.

Across the portfolio, manufacturing facilities are certified against nationally and internationally recognised standards covering product quality, pharmaceutical good manufacturing practices (GMP), packaging quality and safety, environmental management, occupational health and safety, and responsible manufacturing practices. These certifications, including ISO 9001, GMP, ISO 15378, BRCGS, integrated ISO management systems, WHO-GMP, EU-GMP, and various international regulatory approvals, provide assurance that products are manufactured, tested, stored, and distributed under controlled conditions that support product quality, safety, traceability, and regulatory compliance.

In addition to maintaining certified facilities, companies continue to invest in laboratory and testing infrastructure to strengthen product quality and regulatory compliance. For example, Globela Pharma expanded its quality control capabilities through investments in laboratory equipment, including three High-Performance Liquid Chromatography (HPLC) systems and one Gas Chromatography (GC) system, supporting enhanced testing, validation, and product quality oversight.

Certification & Compliance	NPL NATURAL BIOGENEX PVT LTD	printmann	Globela Pharma Pvt. Ltd.	EMIL	Total / Average
Certified Facilities	100%	66.6%	100%	100%	91.6%
Quality Control Lab Investment (INR Crore)	0	0	4.5	2.7	7.2
Monetary Losses from False Marketing / Servicing Claims (INR)	0	0	0	0	0
Monetary Losses from Product Safety Proceedings (INR)	0	0	0	0	0

These systems translate into strong quality outcomes across the portfolio. During the reporting period, portfolio companies reported zero product recalls and zero monetary losses associated with false marketing claims and product safety issues. While a limited number of customer complaints were reported within packaging operations, established quality monitoring and corrective action processes were in place to investigate and address issues. Overall, the portfolio maintained strong customer satisfaction levels, reflecting the effectiveness of its quality assurance systems and continued focus on delivering safe, reliable, and compliant pharmaceutical and healthcare packaging products.

Certification & Compliance	NPL NATURAL BIOGENEX PVT LTD	printmann	Globela Pharma Pvt. Ltd.	EMIL	Total / Average
Customer Complaints	3	133	0	0	136
Product Recalls	0	0	0	0	0
Customer Satisfaction Score (100)	100	92.3	NA	98.0	96.7

Innovation

Somerset's healthcare portfolio supports innovation through targeted investments in digital systems, technology-enabled service models, product development and process improvement. Innovation pathways vary across sectors, reflecting the operating models of each business. In MedTech, investments are directed toward digital platforms, traceability, service efficiency and technology-enabled equipment support, strengthening the reliability and responsiveness of healthcare delivery systems. In Pharma, innovation is more closely linked to R&D, product development, process trials and manufacturing-linked technology systems that support product quality, operational efficiency and supply chain resilience. Overall, the portfolio's innovation contribution lies in enabling more efficient, reliable and scalable healthcare products and services across the healthcare value chain.

Innovation Indicator	Healthcare Delivery	MedTech	Pharmaceuticals
Investment in Digital Technology (INR Lakhs)	190.6	513.3	111.7
Investment in R&D (INR Lakhs)	NA	2.1	568.8

Sector	Company	Digital Technology Investment (INR Lakhs)	R&D Investment (INR Lakhs)
Healthcare Delivery	Sterling Hospitals	190.6	NA
	Apex Hospitals	NA	NA
	NU Hospitals	NA	NA
MedTech	CYRIX Healthcare Pvt Ltd	217.8[35]	2.1
	GenWorks – Next GenWorks	295.5	NA
Pharmaceuticals	NBPL – Natural Biogenex Pvt Ltd	13.9	42.6[36]
	Printmann	41.1	2.9[37]
	Globela Pharma Pvt. Ltd.	9.6	500
	EMIL	47	23.3

Theme	Healthcare Delivery	MedTech	Pharmaceuticals
Digital Solutions[38]	• NU Hospitals launched the NU App, enabling patients to book appointments and lab tests, access medical reports, prescriptions and radiology scans, and order pharmacy refills through a single digital platform. It has also expanded digital outreach through social media, increasing awareness of preventive measures for renal disorders.	• Cyrix invested in Salesforce, ERP and operating software platforms; • GenWorks invested in GenWorks Live, Gen V-care and Genserve.	• NBPL uses SAP; • Printmann invested in artwork, print and Braille inspection systems.
Product Service / Innovation[39]	• NU Hospitals is innovating with robotic surgeries.	• Cyrix enhanced its calibration service offering through expanded NABL accreditation across Thermal, Pressure, Acceleration and Speed parameters, as well as OT validation, improving the quality, accuracy and compliance coverage of its services; • GenWorks reported digital platforms, though funding constraints affected R&D investment.	• NBPL reported steroid API development; • Printmann reported trials for cartons, cold seal coating and blister pack development; • Globela Pharma initiated bioequivalence (BE) studies and clinical trials through its R&D investment; • Globela reported 1 new product API development for oncology treatment and 4 new products across oncology, immunosuppression and allergy treatment; • Emil reported 7 new product developments across diabetes, mental health, cardiovascular health, cholesterol management, and pain and fever management.
Scaling Models	• Sterling launched homecare physiotherapy services and expanded its single-speciality hospitals into multispeciality hospitals.	• Cyrix reported private BEMP expansion, Cyrix Academy, regional growth, cross-selling and remote support.	

[35]Digital investment includes Salesforce, ERP and operating platforms.
[36]R&D focused on steroid API development.
[37]R&D includes packaging trials and process development.
[38]Digital systems support operational efficiency, traceability and service quality.
[39]Innovation pathways differ by sector: service and digital models in MedTech, product and process development in Pharma.

Case Study

Innovating for Impact

How Printmann Is Advancing Sustainable and Next-Generation Packaging Solutions

Strengthening pharmaceutical packaging through security, sustainability, and material innovation

Pharmaceutical packaging plays a critical role in protecting product integrity, supporting regulatory compliance, enabling patient safety, and building consumer trust. As market expectations evolve, packaging is increasingly expected to do more than contain a product: it must help prevent counterfeiting, indicate tampering, reduce material burden, support recyclability, and perform reliably across transport, storage, and end-use conditions.

Printmann's innovation efforts respond to these overlapping needs through product-led solutions such as Tecobox, paper-based tamper-evident packaging for Semaglutide pens, and monolayer blister solutions. These innovations are designed to address specific market challenges, including counterfeit or deceptively similar pharmaceutical products, plastic use in tamper-evident formats, recycling limitations in multilayer packaging, and customer demand for packaging that is both functional and sustainability-aligned.

Printmann's innovation process is rooted in customer requirements, product protection, packaging strength, aesthetic presentation, regulatory considerations, and value-added design. During product development, Printmann evaluates factors such as board grammage, stiffness, grain direction, folding properties, machine compatibility, artwork, codes, barcodes, regulatory text, and contamination risk, particularly for pharmaceutical and food products.

How the model supports innovation in packaging

Printmann's innovation model is built around the ability to translate customer, market, and regulatory needs into practical packaging formats that can be manufactured, scaled, and integrated into customer packing lines. This is especially visible across three product areas:

1. Tecobox:

Built-in tamper evidence without add-on plastic labels

- Tecobox introduces tamper evidence into the carton structure itself. Unlike conventional cartons that rely on external tamper-evident labels, tapes, shrink sleeves, holograms, or plastic-based add-ons, Tecobox uses a structural locking mechanism that visibly changes once opened. Once the tuck-in flap is opened, the carton cannot be restored to its original condition, giving consumers and customers a clear indication of tampering.
- The innovation lies not only in the security feature, but also in the reduction of recurring add-on materials and processes. By integrating tamper evidence into the carton, Tecobox can help customers avoid the repeated purchase and application of tamper-evident labels, while reducing related manpower, operating steps, and plastic usage.
- Tecobox is supported through Printmann's technical collaboration with IGB in Italy, whose licensed patented design underpins the concept. The format requires precision tooling, high-quality paperboard, special attachments on die-cutting and gluing machines, and a customer-side modification or machine part to enable locking on packing lines.

2. Paper-based tamper-evident packaging for Semaglutide

- Printmann's paper-based tamper-evident solution for Semaglutide responds to two intersecting needs: product security and sustainability. Semaglutide pens are costly products and are exposed to counterfeiting / duplication risks as more companies target the anti-diabetes and weight-loss segment following patent expiry. Printmann's design applies a Tecobox-like tamper-evident concept to manually packed pen packaging, while also helping avoid plastic HDPE packaging.
- This creates a more sustainable and cost-conscious alternative by embedding tamper evidence into a paper-based packaging format rather than relying on plastic-heavy solutions. The design is already stated to be well-set and acceptable for some customers in similar markets.

3. Monolayer blister solutions:

Moving toward simpler recyclability

- Traditional blister formats combine PVC with printed aluminium foil. While both materials may be recyclable independently, separation after sealing is difficult. Printmann's monolayer PVC blister concept eliminates the aluminium foil layer and uses a single-material structure, allowing both the printed part and cavity part to be made from the same material. This simplifies recycling and reduces separation challenges.
- The monolayer format also reduces material complexity by eliminating the foil layer, while maintaining reliable sealing for products that do not require high barrier protection. Printmann has noted that aluminium foil cannot be fully replaced where high barrier performance is required, including WVTR, MVTR, and light protection. Therefore, the monolayer solution is targeted at products that can remain on shelf without requiring high levels of barrier protection.

Key innovation anchors of Printmann's packaging solutions

Innovation Anchor	How Printmann Delivers It	Impact Relevance
Built-in tamper evidence	Tecobox integrates the tamper-evident function into the carton locking structure rather than relying on external labels, tapes, or shrink sleeves.	Strengthens brand protection and helps consumers identify whether a product has been opened or interfered with.
Plastic reduction in tamper-evident packaging	Tecobox and paper-based tamper-evident designs reduce dependence on plastic tamper-evident labels, shrink bands, or HDPE-based solutions.	Supports sustainability by reducing add-on plastic components and related processes.
Operational efficiency for customers	Tecobox eliminates recurring label application requirements, reducing label cost, application effort, manpower, and process steps.	Helps customers evaluate innovation through total cost of operation rather than only unit product cost.
Single-material recyclability	Monolayer blister solutions use the same material for the printed and cavity portions, avoiding separation of PVC and aluminium foil.	Simplifies recycling and supports circularity-oriented packaging design.
Regulatory and patient-safety alignment	Printmann considers regulatory requirements such as font size, barcodes, licence details, pharma codes, and applicable customer or market requirements during design.	Helps ensure packaging supports compliance across pharmaceutical markets.
Contamination-conscious design	Printmann evaluates contamination risks such as penetration, odour, surface contact, chemical reaction, ink, coating, and material suitability, especially for pharmaceutical, ophthalmic, and food products.	Supports product safety and patient protection.
Precision manufacturing capability	Tecobox requires precision tools, high-quality paperboard, machine attachments, and specialised know-how linked to the IGB design and logo incorporation.	Makes the format harder to replicate quickly and supports differentiation.
Customer-led innovation process	Printmann develops packaging based on client requirements, product fit, brand protection, logistics needs, machine compatibility, and mock-up validation.	Ensures innovations are commercially relevant and production-ready.

Key Innovation Outcomes

- Enhanced product authenticity and brand protection: Tecobox and paper-based tamper-evident cartons help consumers identify whether a package has been opened or interfered with.
- Reduced dependence on add-on plastic security features: Tecobox reduces the need for external tamper-evident labels or tapes, while Semaglutide packaging offers an alternative to plastic HDPE packaging.
- Improved recyclability through mono-material design: Monolayer blister packaging avoids separation challenges associated with PVC-aluminium combinations.
- Operational efficiencies for customers: Tecobox can reduce recurring label cost, application effort, manpower, and changeover complexity.
- Stronger compliance readiness: Printmann integrates regulatory requirements, such as text size, barcode requirements, pharma codes, licence information, and market-specific norms, into packaging design.
- Sustainability with performance discipline: Printmann targets monolayer solutions only where product protection needs allow aluminium foil replacement, helping balance recyclability with safety and shelf-life requirements.
- Early momentum in customer adoption: Tecobox has seen successful early supply, Semaglutide designs have been accepted by some customers in similar markets, and monolayer solutions are seeing acceptance among European customers.

> **Printmann's packaging innovation strategy is focused on solving practical market problems: making pharmaceutical packaging harder to tamper with, easier to recycle where feasible, less dependent on plastic add-ons, and more aligned with evolving customer and regulatory expectations.**

The portfolio's innovation contribution is reflected in MedTech's investment in digital operating and service platforms, and Pharma's investment in product development, process improvement, inspection systems, and manufacturing-linked digital tools. While innovation indicators are not uniformly available across sectors, the current dataset indicates that MedTech and Pharma are using technology and R&D in ways that are aligned with their respective operating models: digitally enabled service delivery in MedTech and product, process, and quality-linked innovation in Pharma.

Improved Health Outcomes

Building on the assessment of accessibility, affordability, quality and innovation of healthcare products and services presented in the preceding sections, Somerset continues to strengthen its impact measurement framework by evaluating the health outcomes generated through its healthcare investments. This enables a deeper understanding of how improvements in accessibility, affordability, quality and innovation translate into enhanced patient outcomes, including improved survival, reduced disease burden and better quality of life.

To assess improved health outcomes, Somerset has applied internationally recognised health outcome metrics that are appropriate for different disease conditions. Somerset introduced Disability-Adjusted Life Years (DALYs) averted in FY 2024–25 to assess outcomes for Acute Myocardial Infarction (AMI). A DALY represents one year of healthy life lost due to premature death or disability; consequently, DALYs averted quantify the healthy years of life preserved through effective medical intervention by comparing patient outcomes with and without treatment.

Building on this methodology, in FY 2025–26, Somerset expanded its health outcomes assessment to include Quality-Adjusted Life Years (QALYs) for patients with End-Stage Renal Disease (ESRD) undergoing kidney transplantation. QALYs combine both the quantity and quality of life into a single metric and are widely used by health technology assessment agencies and healthcare systems globally to evaluate the effectiveness of medical interventions.

Together, these metrics provide a more comprehensive understanding of how Somerset's healthcare investments contributed to meaningful improvements in patient health beyond operational indicators.

Improved Health Outcomes for Acute Myocardial Infarction (AMI)

Acute Myocardial Infarction (AMI), commonly referred to as a heart attack, remains one of India's most significant public health challenges. Cardiovascular diseases (CVDs) are a major contributor to mortality in the country, with Ischaemic Heart Disease (IHD) being the leading cardiovascular cause of death. In 2021, IHD had an estimated mortality rate of 110.8 deaths per 100,000 population in India[40]. CVDs also contribute substantially to premature mortality, accounting for approximately 45% of deaths among Indians aged 40–69 years[41]. Early diagnosis and rapid access to specialised cardiac care are hence critical, as delays in treatment substantially increase the risk of death, heart failure, and long-term disability. Despite improvements in healthcare infrastructure, access to advanced cardiac care remains uneven across Tier 2 and Tier 3 cities, where shortages of catheterisation laboratories, interventional cardiologists, and emergency cardiac services continue to affect patient outcomes.

Somerset's healthcare portfolio companies, including Apex and Sterling, operate multi-speciality hospitals with established emergency cardiac care capabilities. These hospitals provide comprehensive AMI management through 24×7 emergency departments, rapid diagnosis using ECG and cardiac biomarkers, primary percutaneous coronary intervention (PCI), thrombolytic therapy where appropriate, intensive cardiac care units (ICCUs), and post-discharge cardiac rehabilitation and follow-up. By delivering timely reperfusion therapy and evidence-based cardiac care closer to patients' homes, particularly in underserved cities, these hospitals reduce treatment delays and improve survival while minimising long-term complications associated with AMI.

[40] WHO Statistics, 2023
[41] WHO, Cardiovascular Diseases

During FY 2025–26, Somerset's portfolio hospitals treated 2,834 patients presenting with Acute Myocardial Infarction. Based on observed mortality outcomes and established DALY estimation methodology, these interventions are estimated to have averted 13,972 Disability-Adjusted Life Years (DALYs), representing healthy years of life preserved that would otherwise have been lost due to premature mortality or disability.

Hospital	AMI Patients Treated	In Hospital Mortality Rate[42]	DALYs With Treatment	DALYs Without Treatment	DALYs Averted[43]
Apex Hospitals	16	4%	34.7	160.8	126.1
Sterling Hospitals	2,818	7.8%	9,225.6	23,071.1	13,845.5
Total	**2,834**	**7.8%**	**9,260.3**	**23,231.8**	**13,971.6**

Based on the stated methodology and comparator assumptions, treatment delivered by portfolio hospitals is estimated to be associated with approximately 13,972 DALYs averted.

These outcomes demonstrate that the portfolio's impact extends beyond increasing healthcare access—it contributes directly to reducing premature mortality and disability from one of India's leading causes of death. By strengthening advanced cardiac care in cities where specialised services remain limited, Somerset's investments help address critical gaps in the country's cardiovascular care ecosystem while improving both the length and quality of patients' lives.

Improved Health Outcomes for End-Stage Renal Disease (ESRD)

End-Stage Renal Disease (ESRD) represents one of the fastest-growing causes of chronic illness globally, with India carrying one of the world's largest disease burdens. It is estimated that over 220,000 new patients develop kidney failure each year[44], while only a small proportion receive a kidney transplant because of limited organ availability and access to specialised transplant centres. As a result, the majority of patients remain dependent on lifelong dialysis, which is associated with high mortality, frequent hospitalisation, reduced functional capacity and significantly impaired quality of life.

Although dialysis is a life-sustaining therapy, kidney transplantation remains the clinical gold standard for eligible patients. Compared with long-term dialysis, transplantation substantially improves long-term survival, restores physical functioning, enables patients to return to work and daily activities, and significantly enhances overall quality of life. Consequently, QALYs are an appropriate metric for evaluating the long-term health benefits generated through kidney transplantation, as they capture both the additional years of life and the improvement in health status experienced by transplant recipients.

NU Hospitals is one of India's leading super-speciality nephrology and urology hospital networks, with dedicated expertise in kidney transplantation and comprehensive renal care. The hospital provides the full continuum of care for patients with chronic kidney disease, including advanced diagnostics, haemodialysis and peritoneal dialysis services, living and deceased donor kidney transplantation, transplant surgery, immunosuppressive therapy management, and long-term post-transplant follow-up. By enabling eligible patients to transition from long-term dialysis to successful kidney transplantation, NU Hospitals significantly improves both patient survival and long-term quality of life.

To estimate this impact, Somerset compared the expected health outcomes of kidney transplant recipients against a comparator scenario in which patients remained on maintenance dialysis. The assessment incorporates differences in life expectancy, health-related quality of life (EQ-5D utility scores), and long-term survival probabilities for transplant recipients and dialysis patients.

During FY 2025–26, NU Hospitals performed 30 kidney transplants. Based on the QALY methodology, each successful kidney transplant generated an estimated 13.3 incremental QALYs compared with continued dialysis treatment. Collectively, these procedures resulted in an estimated 399.2 Quality-Adjusted Life Years gained, reflecting the substantial improvement in both life expectancy and quality of life delivered through transplantation.

[42]Hospital mortality used as proxy for 30-day mortality
[43]Detailed Methodology, Assumptions, Data Sources and Limitations Provided in Annexures
[44]Source: Ministry of Health & Family Welfare, PMNDP

Indicator	NU Hospitals
Kidney Transplants Performed	30
Comparator	Maintenance Dialysis
Incremental QALY Gain per Transplant	13.3
Total Annual QALYs Generated[45]	399.2

The analysis demonstrates that the health impact of kidney transplantation extends well beyond the immediate surgical intervention. By enabling patients with end-stage renal disease to transition from lifelong dialysis to a functioning kidney transplant, NU Hospitals substantially improves survival, restores health-related quality of life and reduces the long-term burden of chronic kidney disease. The estimated 399 Quality-Adjusted Life Years generated during FY 2025–26 underscore the significant and lasting health outcomes created through Somerset's investment in advanced renal care.



[45]Detailed Methodology, Assumptions, Data Sources and Limitations Provided in Annexures.

Spotlight: Exited Companies & Impact Beyond the Holding Period

Somerset's exited healthcare investments demonstrate how impact can continue beyond the fund's ownership period when access, affordability, quality and innovation are embedded into the core business model. Ujala Cygnus Healthcare Services, Krsnaa Diagnostics Limited, and Prognosys Medical Systems illustrate complementary approaches to healthcare access by expanding affordable hospital care in underserved cities, and by scaling price-controlled diagnostics through public-private partnerships.

The experience of Ujala Cygnus, Krsnaa Diagnostics, and Prognosys Medical Systems indicates that affordability, access and quality improvements can continue where they are embedded in the operating model, pricing structure and institutional partnerships.

Ujala Cygnus HEALTHCARE SERVICES

Investment & Exit Profile

Somerset first invested in Cygnus Medicare in 2013 as its first institutional investor. The company was later merged with the Amar Ujala Group's healthcare arm to form Ujala Cygnus. Somerset fully exited in April 2024 through a sale to General Atlantic. At exit, the company operated 21 hospitals across 17 cities in five states, with over 2,500 beds.

Impact Focus

Expanding affordable secondary and tertiary hospital care in Tier 2 and Tier 3 cities of North India, where access to specialists, critical care and advanced procedures has historically been limited.

krsnaa DIAGNOSTICS LET'S DO GOOD...

Investment & Exit Profile

Somerset invested in Krsnaa Diagnostics in 2015, with a follow-on investment in 2017. The company listed on NSE / BSE in August 2021, enabling a partial exit, and Somerset completed its full exit in May 2023. The investment returned 12x, as publicly stated by the firm.

Impact Focus

Scaling affordable radiology, pathology and tele-radiology services through a PPP model located within government hospitals, with tests priced 45% to 60% percent below prevailing market rates.

Prognosys Medical Systems

Investment & Exit Profile

Somerset invested in Prognosys Medical Systems in February 2014, followed by an additional investment in January 2017, supporting the company's expansion in medical imaging and digital healthcare solutions. The investment also led to the creation of two carve-outs, Prognosys Healthcare and Chayagraphics, both of which were subsequently fully exited. In February 2023, Molbio Diagnostics acquired a 70% stake in Prognosys. Somerset subsequently completed its full exit from Prognosys in April 2026.

Impact Focus

Scaling access to affordable digital radiology and telemedicine solutions across government facilities, Tier 2 markets and remote communities, supported by integrated medical devices and cloud-based healthcare technologies.

Why These Investments Mattered

Ujala Cygnus

Expanding affordable hospital care beyond metropolitan centres

Ujala Cygnus addressed a structural gap in healthcare access in Tier 2 and Tier 3 cities of North India. In these markets, patients requiring advanced care, including cardiac intervention, neurosurgery, oncology or critical care, often need to travel to metropolitan centres, leading to treatment delays, travel costs and wage-loss burdens. The company's model sought to reduce this gap by converting existing small-city hospitals into accredited, multi-speciality facilities rather than building new greenfield hospitals.

The model combined leased hospital conversions, geographic clustering, shared specialist capacity, NABH accreditation, salaried doctors, pooled procurement and affordable pricing. Services were positioned at approximately 20 percent of metropolitan private rates, with additional access supported through Ayushman Bharat PM-JAY and state scheme empanelment. This made Ujala Cygnus relevant not only as a hospital chain, but as a platform for improving local availability of quality care in underserved regions.

Krsnaa Diagnostics

Bringing diagnostics closer to public-health patients

Krsnaa Diagnostics addressed the limited availability of affordable diagnostics within government hospitals. While government hospitals serve large patient volumes, many historically lacked adequate radiology and pathology infrastructure. Krsnaa's PPP model bridged this gap by installing and operating diagnostic capacity within public hospitals, allowing patients to access testing at the point of care they already used.

The company's model was designed around affordability and scale. State PPP contracts provided rent-free premises, long-tenor concessions and built-in price escalation, while tests were priced 45% to 60% below market rates. A centralised tele-reporting hub in Pune, supported by over 240 radiologists, enabled remote and rural diagnostic centres to receive timely reporting despite specialist shortages.

Prognosys Medical Systems

Enabling point-of-care diagnostic infrastructure for TB elimination

Prognosys addressed a critical constraint in tuberculosis elimination: the ability to detect patients early, including those who are asymptomatic or unable to access facility-based diagnostics. Through its ProRad Atlas platform, an ultraportable, AI-enabled handheld digital X-ray manufactured in India, Prognosys supported the shift from passive, symptom-led diagnosis to active, community-based screening in high-risk populations.

The relevance of the model lies in its ability to take diagnostic imaging closer to the patient, particularly in rural, underserved and non-laboratory settings. The ProRad Atlas, weighing approximately 2.8 kilograms and capable of producing diagnostic-quality chest images in seconds, forms part of a broader screen-and-confirm architecture with Molbio's Truenat platform, enabling presumptive TB screening and molecular confirmation within a single field encounter. From an impact perspective, Prognosys demonstrates how indigenous medical technology manufacturing can support public-health scale deployment.

Together, these investments reflect Somerset's broader healthcare thesis: that access and affordability can be advanced through business models where cost structure, pricing discipline and institutional partnerships are aligned from the outset.

Case Study

Prognosys Medical Systems

An Impact Case Study on Tuberculosis Elimination

Prognosys Medical Systems is a Bengaluru-based medical technology manufacturer specialising in digital radiology and imaging solutions under the ProRad brand. The company was a Somerset Indus Healthcare Fund I portfolio investment from 2015. In February 2023, Molbio Diagnostics acquired a majority stake in Prognosys, establishing an integrated platform for point-of-care tuberculosis screening and confirmation. The combined platform has subsequently been deployed at scale within the Indian National TB Elimination Programme.

Parameter	Detail
Sector	MedTech manufacturing. Digital radiology and imaging.
Geography	Headquartered in Bengaluru. Deployments across India and select export markets.
Fund	Somerset Indus Healthcare Fund I.
Investment period	2015 to 2017, full exit in Apr 2026.
Exit	Strategic acquisition by Molbio Diagnostics. February 2023. 70% stake.
Regulatory standing	US FDA and CE certified. ~30,000 sq. ft. Bengaluru manufacturing facility.
Brand	ProRad. Digital X-ray, C-arm, fluoroscopy, mobile and ultraportable imaging.

The Structural Problem: Detection, Not Treatment

Tuberculosis is curable. The constraint on elimination is finding the patient before transmission has propagated. India accounts for 25% of global TB cases and 32% of global multi-drug-resistant TB cases, both the largest single-country shares (WHO Global TB Report 2025). Of an estimated 27 lakh incidence cases in India in 2024, the residual missing cases (patients with active disease unknown to the health system) have fallen below one lakh, from 15 lakh a decade earlier. India's TB mortality rate has declined from 28 per lakh population in 2015 to 21 per lakh in 2024.

That trajectory is the result of a deliberate strategic shift inside the National TB Elimination Programme (NTEP). The shift has two components:

Diagnostic upgrade:

Replacement of sputum smear microscopy with rapid molecular testing as the first-line diagnostic. Microscopy misses too many cases to support an elimination target.

Case-finding model:

Movement from passive case finding among symptomatic patients to active screening of entire high-risk populations.

The second shift is the more consequential. India's most recent National TB Prevalence Survey (2019 to 2021) found that 52 per cent of bacteriologically positive TB patients reported no symptoms when questioned. A further 17 per cent had symptoms but had not sought care. A symptom-led system was therefore leaving the majority of active disease undetected and transmitting. Both shifts depend on diagnostic technology that can be deployed outside laboratory infrastructure, on battery power, and at the point of need.

The Diagnostic Architecture: Screen, Confirm, Link To Care

The diagnostic stack assembled around this strategy combines two indigenous, regulator-grade, battery-operated, point-of-care technologies. Both are deployed inside a Nikshay Vahan mobile diagnostic van, which travels to high-risk geographies. A field team screens the population using the AI-enabled handheld X-ray and confirms presumptive cases on Truenat in the same visit.

ProRad Atlas:

Manufactured by Prognosys Medical Systems in Bengaluru. An ultraportable handheld digital X-ray weighing approximately 2.8 kilograms, with AI-enabled computer-aided detection for tuberculosis and other pulmonary conditions. The system produces a diagnostic-quality chest image in seconds and flags presumptive TB without requiring a radiologist on site. Validated by the Indian Council of Medical Research.

Truenat:

Manufactured by Molbio Diagnostics in Goa. A portable, IoT-enabled real-time PCR platform delivering sample-to-result confirmation in under one hour. Detects *Mycobacterium tuberculosis* and rifampicin resistance, the latter being the indicator for multi-drug-resistant disease. Endorsed by the World Health Organisation in 2020 for initial diagnosis of TB, following ICMR validation in 2017. More than 3,500 community health centres and primary health centres have been equipped with Truenat under NTEP. India today operates 9,391 rapid molecular testing facilities, described by the Government of India as the world's largest TB laboratory network.

Detection, confirmation, and treatment linkage compress from weeks to a single field encounter.

National Deployment: The 100-Day Campaign

Between 7 December 2024 and 24 March 2025, the Government of India ran the 100-day TB Mukt Bharat campaign. Initially covering 347 districts and subsequently expanded, the campaign screened 12 Crore people from high-risk groups inside a 100-day window.

Indicator	Target / Outcome
People screened in the 100-day window	Over 12 Crore (120 million)
Asymptomatic TB cases identified during the campaign	2.85 lakh
Districts covered (initial)	347
AI-enabled handheld chest X-ray units operational (Nov 2025)	More than 500, with 1,500 further units in procurement
Rapid molecular testing facilities nationally (NAAT network)	9,391
Pradhan Mantri TB Mukt Bharat Abhiyan total detected (cumulative)	24.5 lakh, including 8.61 lakh asymptomatic

The clinically significant outcome is not the screening volume alone, although that is unprecedented. It is an asymptomatic detection. The campaign identified 2.85 lakh patients with active tuberculosis who had no symptoms at the point of screening. These are patients who would not have presented to the system, who would not have been caught by symptom-based screening, and who would have continued transmitting until clinical disease forced a hospital visit.

The Prognosys ProRad Atlas, with AI computer-aided detection, is one of the validated handheld X-ray platforms deployed in the campaign. The clinical pathway these systems operate within (point-of-care AI imaging followed by point-of-care molecular confirmation) is the operational expression of the original Prognosys product thesis: take diagnostics to the patient.

International Extension

The same architecture is now operating outside India:

- **Nigeria:** In December 2024, the largest rollout of Truenat and ProRad AI-enabled X-rays on the African continent was launched.
- **Truenat global footprint:** Deployed in more than 90 countries.
- **Multi-country diagnostic accuracy validation:** Conducted across India, Peru, Ethiopia, and Papua New Guinea.
- **Lancet primary care impact study:** Tanzania and Mozambique deployments published in The Lancet.

The Indian-developed point-of-care diagnostic stack is now a global TB elimination instrument, not a domestic one.

Recognition

In October 2025, Molbio Diagnostics was awarded the Kochon Prize 2024 by the Stop TB Partnership in Manila. The Kochon Prize is the largest award specifically devoted to tuberculosis and has been conferred annually since 2006. Molbio is the first private innovator company worldwide to receive it. The award explicitly recognises the Truenat platform for revolutionising TB diagnostics in low-resource settings. WHO endorsement in 2020 and ICMR validation in 2017 preceded this recognition. The combined Prognosys and Molbio platform has been cited in Indian government policy communications as a working example of indigenous diagnostic technology in service of a national elimination target.

Somerset's Contribution Pathway

- **Underwriting (2015):** Somerset Indus Fund I underwrote Prognosys on the conviction that an indigenous manufacturer could deliver FDA-grade radiology at a price point that opened the public sector and the long tail of Tier 2 and Tier 3 facilities.
- **Product output:** The portfolio that emerged from that conviction included the ProRad Atlas, the first ultraportable X-ray manufactured in India.
- **Exit (February 2023):** Somerset's exit, structured as a strategic acquisition by Molbio, did not retire the impact thesis. Molbio combined the ProRad Atlas with its own Truenat PCR to build the screen-and-confirm architecture.
- **Public-health outcome:** The Indian government has subsequently scaled the combined platform into one of the world's largest active TB case-finding efforts.

Impact Summary

A single Fund I investment, made on a private-equity hold horizon, has become part of the operational infrastructure of India's TB elimination programme and is now exporting that capability to the rest of the high-burden world.

Tuberculosis is the world's leading killer from a single infectious agent, and India carries the largest absolute share. The patient population that benefits most from the screen-and-confirm stack Prognosys is part of (the asymptomatic, the rural, and the unwilling or unable to self-present) is precisely the population that traditional healthcare delivery does not reach. The investment thesis Somerset wrote in 2015 has resolved, ten years later, into a measurable national-scale public health outcome. That is what a successful impact-aligned exit looks like in practice.

Impact Continuity After Exit

A key test of impact durability is whether the access created during the investment period continues after exit. In both cases, the evidence indicates that the companies continued to expand after Somerset's ownership period, suggesting that the impact was embedded in the operating model rather than dependent solely on investor oversight.

Ujala Cygnus: Continued expansion of affordable hospital care

At the time of Somerset's full exit in April 2024, Ujala Cygnus operated 21 hospitals across 17 cities in five states, with over 2,500 beds. Following the sale to General Atlantic, the platform continued to expand, including through the acquisition of Amandeep Hospitals in 2025, which added five super-speciality hospitals and over 800 operational beds across Amritsar, Pathankot, Firozpur and Srinagar. By 2026, the network was reported to include 26 hospitals, over 3,000 operational beds and more than 800 doctors.

This expansion is significant from an impact perspective because it indicates continuity in the company's core access proposition: bringing affordable, quality hospital care closer to underserved and smaller-city populations. The company's continued focus on scheme-linked treatment, affordable pricing and regional expansion suggests that the model retained its relevance under new ownership.

The post-exit period also saw continued emphasis on community outreach through Sehat Chaupal, Ujala Cygnus's village and neighbourhood health camp programme. The programme provides consultations, screening, basic diagnostics, free medicines and health education, with referrals into the nearest network hospital where eligible patients can access scheme-linked or lower-cost treatment. Its recognition through the SKOCH Gold Award in June 2026 further indicates the continued institutionalisation of outreach within the company's operating model[46].

Krsnaa Diagnostics: Scaling price-controlled diagnostics

Krsnaa Diagnostics continued to scale following Somerset's exit. As of December 2024, the company had 5,156 diagnostic centres across 18 states and union territories, and by FY 2025-26 it reported revenue of INR 772.8 Crore with an EBITDA margin of 28%. Its PPP model continued to be anchored in public-health settings, where affordable diagnostics can directly support patients who may otherwise face availability or price barriers.

The model's impact relevance lies in its ability to locate diagnostic infrastructure inside government hospitals, reducing the need for patients to seek costlier private alternatives or delay diagnosis. Its contractual pricing, typically 45% to 60% percent below market rates, makes the affordability proposition more structurally verifiable than many healthcare access claims.

Post-exit, Krsnaa also extended its PPP approach into higher-acuity care through the Apulki Medical Centre in Pune, a 150-bed cancer and cardiac hospital developed with the Pune Municipal Corporation. The facility is designed around CGHS-rate pricing, scheme coverage and long-tenor public-private collaboration, indicating an attempt to apply the same affordability logic beyond diagnostics into tertiary care.

[46]Certain post-reporting-period developments have been included to demonstrate continuity of impact beyond the reporting cut-off of 31 March 2026. The SKOCH Gold Award was received in June 2026.

Prognosys: Continued integration into national and global TB screening infrastructure

Following Somerset's exit in February 2023 through Molbio Diagnostics' acquisition of a 70% stake in Prognosys, the company's impact thesis continued through an integrated point-of-care diagnostic platform combining ProRad Atlas AI-enabled X-ray screening with Truenat molecular confirmation. This post-exit integration enabled the platform to be deployed at scale within India's National TB Elimination Programme.

The durability of impact is reflected in the platform's role in India's 100-day TB Mukt Bharat campaign, which screened over 12 Crore people from high-risk groups and identified 2.85 lakh asymptomatic TB cases. Prognosys' ProRad Atlas is identified in the case study as one of the validated handheld X-ray platforms deployed in this campaign, supporting active case finding among populations that may not otherwise have presented to the health system.

The impact pathway also extended beyond India. The same diagnostic architecture has been deployed internationally, including the December 2024 rollout of Truenat and ProRad AI-enabled X-rays in Nigeria, described in the document as the largest such rollout on the African continent. This indicates that the post-exit platform retained and expanded the original investment thesis: using portable, indigenous diagnostic technology to strengthen access to early TB detection in high-burden and underserved settings.

Somerset's Impact Approach & Lessons from the Exits

Impact embedded in business models:

The companies addressed access and affordability through their core operating models, rather than through standalone CSR or grant-funded activities.

Capital efficiency of access:

Ujala Cygnus used leased hospital conversions, while Krsnaa used public-hospital premises under PPP contracts, allowing capital to be directed toward capacity, equipment and service delivery.

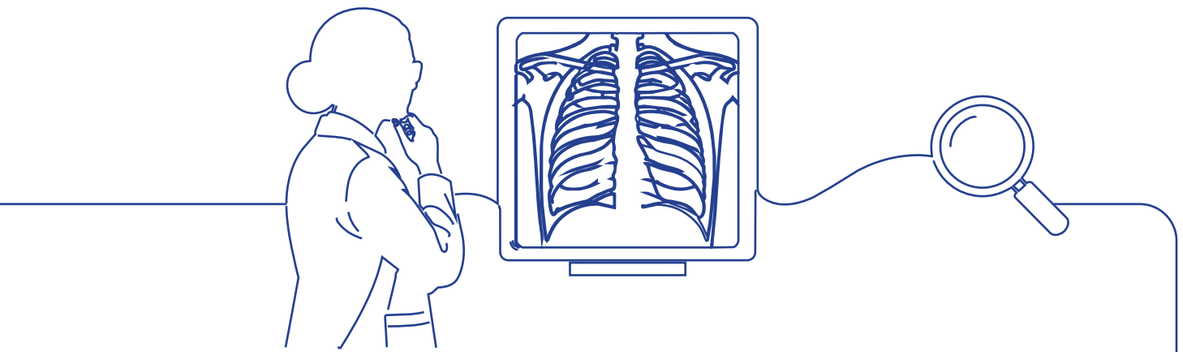
Affordability by design:

Pricing discipline was supported by structural features, including scheme-linked demand, lower-cost operating models and contractually controlled prices.

Responsible exit and impact continuity:

Both companies continued to expand after Somerset's exit, suggesting that well-structured impact investments can create platforms capable of sustaining and scaling outcomes under subsequent ownership.

Together, Ujala Cygnus, Krsnaa Diagnostics, and Prognosys Medical Systems demonstrate that responsible exits can preserve, and in some cases extend, the impact created during the investment period. Their post-exit growth reinforces Somerset's investment thesis that healthcare access, affordability and quality can be advanced through commercially viable models when impact is built into the economics of delivery.





ESG at Somerset

ESG remains an integral component of Somerset's value creation approach, helping portfolio companies strengthen operational resilience, manage sustainability risks, and support long-term stakeholder value. During FY 2025-26, portfolio companies continued to advance environmental stewardship, workforce wellbeing, diversity and inclusion, and governance practices while supporting the delivery of affordable and accessible healthcare solutions. Progress during the year included initiatives to improve resource efficiency, strengthen occupational health and safety performance, increase employment opportunities, enhance women's participation in the workforce, and reinforce responsible business practices. The following section highlights key ESG outcomes and performance trends across Somerset's portfolio.



Key ESG Highlights

Environment

Indicator	Healthcare Delivery	MedTech	Pharmaceuticals
Total Emission Generation Intensity (tCO_2e / USD mn)	115.6	3.2	145.3
Scope 1 Emission Generation Intensity (tCO_2e / USD mn)	3.9	0.6	12
Scope 2 Emission Generation Intensity (tCO_2e / USD mn)	111.7	2.6	133.4
Rooftop Solar Installed Capacity (kW)	3.3[47]	-	305.6[48]
Captive Solar Energy Generated (MWh)	29.0[49]	-	2,677.2[50]
Reduction in Scope 2 Emissions (tCO_2e)	20.6[51]	-	1,900.8[52]
Waste Generation Intensity (MT / USD mn)	5.5	0.2	21.2
Water Consumption Intensity (KL / USD mn)	2,644.1	84.9[53]	1,190.4

Social

Indicator	Healthcare Delivery	MedTech	Pharmaceuticals
Jobs Created	4,374	1,318	2,044
% of New Hires*	35%	42%	30%
% of Women Employees	30%	12%	26%
Remuneration Ratio of Women to Men	0.6	0.7	0.8
Cumulative Hours of Training Provided on H&S	57,517	1,028	3,731
Employee / Workforce Fatalities Recorded	0	0	0

Governance

Indicator	Healthcare Delivery	MedTech	Pharmaceuticals
Employee Code of Conduct	100%	100%	100%
Supplier Code of Conduct	100%	100%	100%

*Represents total workforce.

[47]Considering only Sterling and NU Hospitals
[48]Considering only Emil and Globela
[49]Considering only Sterling and NU Hospitals
[50]Considering only Emil and Globela
[51]Considering only Sterling and NU Hospitals
[52]Considering only Emil and Globela
[53]Considering only Cyrix and excluding Cyrix's Kuwait's operations and excluding GenWorks

Environment

Energy Efficiency, Conservation & Renewable Energy Adoption

As a healthcare-focused investor, Somerset recognises that climate change is both an environmental and public health challenge. While portfolio companies play a critical role in improving healthcare access and outcomes, their operations also generate greenhouse gas (GHG) emissions through energy consumption, facility operations, and manufacturing activities. Building on its FY2024-25 initiative to establish a baseline for Scope 1 and Scope 2 emissions, Somerset expanded GHG emissions measurement during FY2025-26 to cover all companies within the reporting scope. Somerset therefore encourages portfolio companies to measure, monitor, and manage their emissions footprint through energy efficiency, resource optimisation, sustainable infrastructure development, and climate-conscious operational practices.

In FY 2025-26, the pharmaceuticals portfolio reported the highest emissions intensity, followed by healthcare delivery, while MedTech recorded the lowest emissions intensity. These differences reflect the underlying operating models of each sector.

GHG Emissions Intensity (tCO_2e / USD mn)	Healthcare Delivery	MedTech	Pharmaceuticals
Total Emission Intensity	115.6	3.2	145.3
Total Scope 1 Emission Intensity	3.9	0.6	12
Total Scope 2 Emission Intensity	111.7	2.6	133.4

Pharmaceutical companies operate energy-intensive manufacturing facilities, including production processes, controlled environments, utilities, and, in some cases, API manufacturing that relies on fuel combustion in boilers and process heating systems. Healthcare delivery companies operate hospitals and critical care infrastructure that require continuous energy consumption for clinical equipment, HVAC systems, and patient care services. In contrast, the MedTech portfolio is primarily focused on equipment servicing, maintenance, and distribution activities, resulting in comparatively lower energy requirements.

At the company level, emissions profiles reflected differences in operational scale, facility footprint, energy requirements, and manufacturing processes. Alongside emissions measurement, portfolio companies continued to implement mitigation initiatives focused on renewable energy adoption, resource efficiency, sustainable infrastructure, and alternative fuels to manage their environmental footprint.

Healthcare Delivery	Sterling Hospitals	Apex Hospitals	NU Hospitals Pvt. Ltd.
Total Emission (tCO_2e)	8,671.0	2,711.9	649.9
Scope 1 Emission (tCO_2e)	153.5	188.5	63.9
Scope 2 Emission (tCO_2e)	8,517.5	2,523.4	585.9

MedTech	Cyrix Healthcare Pvt Ltd	8GEN Works
Total Emission (tCO_2e)	211.7	82.3
Scope 1 Emission (tCO_2e)	56.1	2.2
Scope 2 Emission (tCO_2e)	155.6	80.1

Pharmaceuticals	EMIL	Globela Pharma Pvt. Ltd.	Natural Biogenex Pvt Ltd	Printmann
Total Emission (tCO_2e)	282.3	2,628.1	5,378.9	3,561.8
Scope 1 Emission (tCO_2e)	282.3	213.1	461.2	20.0
Scope 2 Emission (tCO_2e)	0	2,415.0	4,917.7	3,541.8



	Key Emission Drivers	Key Mitigation Measure
Healthcare Delivery	Within healthcare delivery, Sterling Hospitals reported the highest emissions due to its larger multi-site hospital network, including several tertiary-care facilities with substantial electricity requirements for HVAC systems, critical care units, diagnostics, and clinical equipment. NU Hospitals recorded the lowest emissions within the sector, primarily due to its more limited hospital footprint and the use of captive solar generation at certain facilities	Sterling Hospitals generated approximately 13 MWh of captive renewable electricity across its facilities and complemented this with initiatives such as STP / ETP monitoring, rainwater harvesting, and groundwater recharge. NU Hospitals generated approximately 16 MWh of captive solar power at its three facilities, namely, Rajajinagar, Shivamogga, and Ambur, supporting reductions in grid electricity consumption.
MedTech	Within MedTech, Cyrix reported higher emissions than GenWorks, driven by its wider network of offices, warehouses, testing and calibration facilities, and overseas operations. In contrast, GenWorks' emissions were largely limited to its office and warehouse operations, reflecting the comparatively asset-light nature of medical equipment servicing and distribution activities.	GenWorks and Cyrix maintained comparatively low emissions profiles through the inherently less energy-intensive nature of operations. Emissions management efforts were primarily focused on efficient utilisation of office, warehouse, and service infrastructure.
Pharmaceuticals	Within pharmaceuticals, NBPL reported the highest emissions driven by electricity-intensive manufacturing operations and API production processes, which require substantial energy inputs and process-related fuel consumption. Globela's emissions reflected a combination of API and pharmaceutical manufacturing activities, purchased process steam, refrigerant losses, and process energy requirements. In contrast, Printmann's emissions were primarily associated with electricity-intensive printing and packaging operations. Additionally, Emil reported zero Scope 2 emissions as its manufacturing facilities receive electricity through the Tarapur MIDC distribution network, which is supplied from a nuclear power generation source.	Globela generated over 2,500 MWh of captive renewable electricity and utilised biomass-based fuels at its Bharuch facility, reducing reliance on conventional energy sources. Emil Pharmaceuticals generated approximately 173 MWh of captive renewable electricity and utilised biofuels within its manufacturing operations. Printmann continued to advance sustainable packaging practices through the use of recyclable materials, waste reduction measures, and resource-efficiency initiatives.

As portfolio companies continue to grow, Somerset remains committed to supporting emissions reduction through strengthened monitoring, renewable energy adoption, resource-efficiency measures, and continuous ESG engagement across the portfolio.

Waste Management

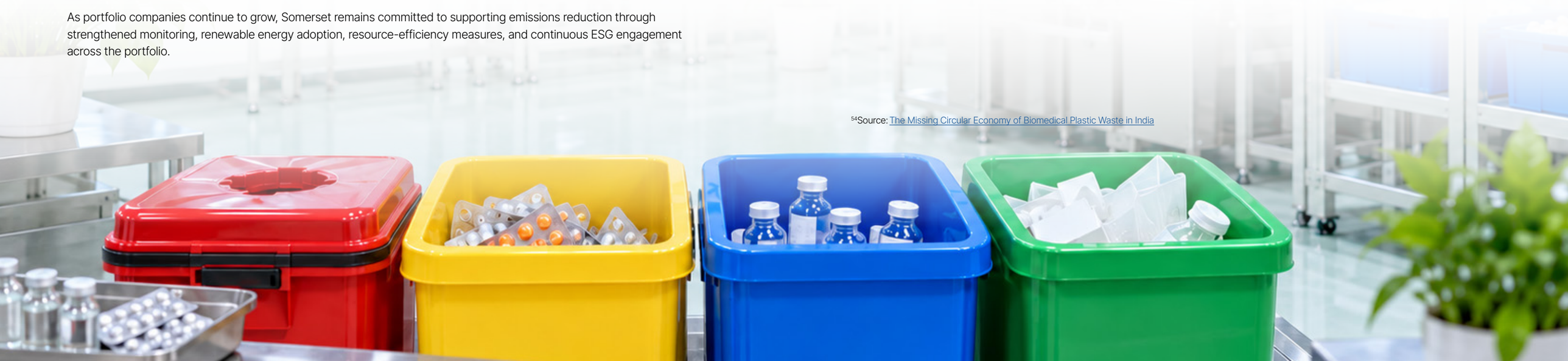
Responsible waste management is essential to minimising environmental impacts and safeguarding public health across Somerset's portfolio. Portfolio companies generate a range of waste streams including biomedical waste, hazardous waste, plastics, packaging waste, e-waste, and general solid waste, requiring robust segregation, treatment, recycling, and disposal systems. According to the Central Pollution Control Board (CPCB), India generated approximately 743 tonnes of biomedical waste per day in 2024, underscoring the importance of effective waste management practices across healthcare and pharmaceutical operations[54].

Through its ESG engagement approach, Somerset encourages portfolio companies to strengthen waste management practices through source segregation, adherence to regulatory compliance, recycling, resource recovery, and waste minimisation initiatives. During FY2025-26, portfolio companies continued to enhance waste management systems, increase the use of authorised recyclers and treatment facilities, and promote circularity through recycling and material reuse initiatives.

Waste Generation	Healthcare Delivery	MedTech	Pharmaceuticals
Total Waste Generation Intensity (MT / USD mn)	5.5	0.2	21.2
Total Waste Generated (MT)	569.4	21.4	1,727.8

Within healthcare delivery, the primary waste streams comprise biomedical waste, general solid waste, plastic waste, e-waste, battery waste, and limited quantities of hazardous waste associated with hospital operations. Within pharmaceutical manufacturing, waste streams include hazardous waste, process waste, packaging waste, biomedical waste, plastic waste, and e-waste arising from manufacturing and laboratory activities. The MedTech portfolio generates comparatively lower volumes of waste, primarily consisting of e-waste, plastics, packaging materials, and office-related waste associated with servicing, warehousing, and distribution operations.

[54]Source: The Missing Circular Economy of Biomedical Plastic Waste in India



To manage these waste streams, portfolio companies have implemented a range of waste reduction, recycling, and responsible disposal measures, as summarised below.

Healthcare Delivery	Sterling Hospitals	Apex Hospitals	NU Hospitals Pvt. Ltd.
Total Waste Generation Intensity (MT / USD mn)	8.8	1.0	2.1
Total Waste Generated (MT)	499.9	30.0	39.5

MedTech	Cyrix Healthcare Pvt Ltd	8GEN Works
Total Waste Generation Intensity (MT / USD mn)	0.6	0.01
Total Waste Generated (MT)	21.1	0.3

Pharmaceuticals	EMIL	Globela Pharma Pvt. Ltd.	Natural Biogenex Pvt Ltd	Printmann
Total Waste Generation Intensity (MT / USD mn)	2.0	6.6	43.9	81.8
Total Waste Generated (MT)	43.1	276.7	61.3	1,346.3

	Waste Sources	Waste Management Strategies
Healthcare Delivery	Biomedical waste, general waste, plastic waste, e-waste, battery waste and hazardous waste	• Sterling Hospitals segregates waste into dedicated streams including biomedical, hazardous, e-waste, battery and general waste, with disposal managed in accordance with CPCB and state pollution control board requirements. • Apex Hospitals oversees biomedical waste management through its Hospital Infection Control (HIC) Committee, which regularly reviews handling practices and identifies improvement opportunities. • NU Hospitals segregates waste at source, utilises trained housekeeping teams for collection, channels waste through authorised vendors, and promotes recycling of paper and cardboard through authorised recyclers.
MedTech	E-waste, packaging waste, plastic waste and office waste	• Maintains CPCB-compliant Extended Producer Responsibility (EPR) systems, and manager e-waste. • Cyrix strengthened its waste management practices during the year by transitioning to disposal of e-waste exclusively through authorised recyclers, improving compliance and waste traceability.
Pharmaceuticals	Hazardous waste, process waste, biomedical waste, e-waste, packaging waste and plastic waste	• NBPL maintains pollution control board authorisation for hazardous waste management, dedicated storage facilities, and SOPs covering waste generation, storage and disposal. • Emil Pharmaceuticals utilises authorised vendors for disposal of hazardous, non-hazardous, biomedical and e-waste streams. • Globela sends biomedical waste to authorised common treatment facilities and plastic waste to authorised recyclers. • Printmann segregates hazardous and non-hazardous waste at source, recycles paper and plastic waste through authorised recyclers, and promotes circularity through ink reuse and raw material optimisation initiatives.

Collectively, these initiatives demonstrate a growing focus across Somerset's portfolio on responsible waste management, regulatory compliance, recycling, and circular resource use. As the portfolio expands, Somerset will continue to monitor waste management performance through its ESG engagement process and support portfolio companies in advancing resource efficiency, waste reduction, and responsible disposal practices across the portfolio.



Water & Wastewater Management

Water is a critical resource across healthcare, pharmaceutical, and MedTech operations, supporting patient care, sanitation, manufacturing processes, laboratory activities, cooling systems, and facility maintenance. Effective water stewardship is therefore essential to reducing environmental impacts, strengthening operational resilience, and ensuring sustainable resource use. India is among the world's most water-stressed countries, with an estimated 600 million people facing high to extreme water stress and water demand projected to exceed available supply by 2030[55].

Recognising the importance of responsible water management, Somerset encourages portfolio companies to improve water-use efficiency, strengthen wastewater treatment systems, expand water recycling and reuse, and adopt conservation measures that enhance long-term resource resilience. Continuing in FY2025-26, several portfolio companies continued water stewardship practices through rainwater harvesting, groundwater recharge structures, wastewater recycling, and Zero Liquid Discharge systems.

Water consumption patterns varied across sectors based on operational requirements and facility characteristics.

Water Consumption	Healthcare Delivery	MedTech	Pharmaceuticals
Total water Consumption Intensity (KL / USD mn)	2,644.1	84.9[56]	1,190.4
Total Water Consumed (KL)	275,155.4	2,886.4	97,065.5

Within healthcare delivery, water consumption was largely associated with patient care, sanitation, housekeeping, laundry, cooling systems, and landscaping. Within pharmaceutical manufacturing, water demand was driven by manufacturing processes, cleaning operations, utility systems, quality control laboratories, and cooling requirements. The MedTech portfolio reported comparatively lower water consumption, reflecting the service-oriented nature of equipment servicing, warehousing, testing, and distribution activities.

Healthcare Delivery	Sterling Hospitals	Apex Hospitals	NU Hospitals Pvt. Ltd.
Total Water Consumption Intensity (KL / USD mn)	3,418.6	1,441.7	2,138.2
Total Water Consumption (KL)	194,208.0	41,589.2	39,358.2

MedTech	Cyrix Healthcare Pvt Ltd	GenWorks
Total Water Consumption Intensity (KL / USD mn)	84.9	0[57]
Total Water Consumption (KL)	2,886.4	0[58]

Pharmaceuticals	EMIL	Globela Pharma Pvt. Ltd.	Natural Biogenex Pvt Ltd	Printmann
Total Water Consumption Intensity (KL / USD mn)	2,329.0	717.2	1,896.8	811.5
Total Water Consumption (KL)	51,135.0	29,931.5	2,650.0	13,349.0

[55]Source: NITI Aayog | Composite Water Management Index
[56]Considering only Cyrix and excluding Cyrix's Kuwait's; excluding GenWorks.
[57] Data not reported by GenWorks.
[58] Data not reported by GenWorks.



	Key Water Consumption & Wastewater Sources	Water Management Strategies
Healthcare Delivery	Patient care, sanitation, housekeeping, utility systems, cooling, landscaping, domestic wastewater and clinical wastewater	• Sterling Hospitals implemented low flow tap aerators and enhanced rainwater harvesting infrastructure at select facilities. Five hospitals operate STP / ETP systems, with treated wastewater reused for flushing and gardening purposes. • Apex Hospitals utilises treated STP water for landscaping, operates STPs across facilities, maintains ETP systems at Bikaner and Sri Ganganagar facilities, and is expanding wastewater treatment infrastructure at Malviya Nagar. • NU Hospitals established a groundwater recharge structure at its Padmanabhanagar facility to support aquifer replenishment and long-term water security. Domestic and trade effluents are treated through wastewater systems or discharged to municipal sewer systems in accordance with applicable requirements.
MedTech	Domestic water consumption, sanitation facilities, office operations and limited process-related wastewater	• Cyrix promotes employee awareness on responsible water use and conservation. Water consumption across the MedTech portfolio remains relatively low due to the service-oriented nature of operations.
Pharmaceuticals	Manufacturing processes, equipment cleaning, utilities, laboratories, cooling systems, domestic wastewater and industrial effluent	• NBPL has installed rainwater harvesting systems and implemented a Zero Liquid Discharge (ZLD) system that enables wastewater recycling and reuse within the facility. • Globela operates a ZLD system and reuses treated water within production processes, gardening, cooling tower operations, and other facility requirements. Wastewater is treated through ETP systems prior to reuse and recycling. • Emil Pharmaceuticals operates STP and ETP systems across its facilities, with ZLD systems installed at two manufacturing units. Treated wastewater is reused for gardening and toilet flushing. • Printmann monitors water consumption through dedicated metering systems, implements leak prevention and water-saving practices, promotes employee awareness, and sends treated effluent to a Common Effluent Treatment Plant (CETP) for further treatment.

Collectively, these initiatives demonstrate a growing focus across Somerset's portfolio on water stewardship, wastewater recycling, and responsible water management. As portfolio companies continue to grow, Somerset will continue to monitor water and wastewater performance through its ESG engagement process and support the adoption of practices that enhance water conservation, resource efficiency, wastewater reuse, and long-term operational resilience.

Social

Job Creation

Somerset's portfolio companies continue to generate employment across healthcare delivery, pharmaceutical manufacturing, and MedTech sectors, supporting a diverse workforce comprising healthcare professionals, manufacturing personnel, engineers, technicians, sales and service teams, administrative staff, and support workers. Employment generation across the portfolio reflects continued growth in healthcare infrastructure, manufacturing capacity, and medical technology services, contributing to both economic development and improved healthcare access.

Employment patterns varied across sectors based on operational requirements and business models.

Job Creation	Healthcare Delivery	MedTech	Pharmaceuticals
Total Workforce	4,374	1,318	2,044
% of Permanent Workers	79%	93%	69%
% of Contract Workers	21%	7%	31%
% of New Hires	35%	42%	30%
% of Employees Provided Skill Development Training	76%	75%	45%

The healthcare delivery portfolio remained a significant source of employment, driven by the need for doctors, nurses, allied healthcare professionals, technicians, and hospital support staff required for continuous patient care. The pharmaceutical portfolio supported employment across manufacturing, quality assurance, laboratory operations, engineering, supply chain, and corporate functions, while the MedTech portfolio generated employment through equipment servicing, warehousing, testing, technical support, distribution, and sales activities.

The portfolio workforce was predominantly composed of permanent employees, reflecting the specialised skills, operational continuity, and institutional knowledge required across healthcare and pharmaceutical operations. In addition, portfolio companies maintained a strong focus on workforce capability building, with a substantial proportion of employees receiving technical and skill development training during the year. These programmes focused on enhancing job-specific competencies, technical proficiency, and operational effectiveness, supporting productivity, service quality, and long-term workforce development.





Healthcare Delivery	Sterling Hospitals	Apex Hospitals	NU Hospitals Pvt. Ltd.
Total Workforce	2,264	1,468	642
% of Permanent Workers	71%	82%	100%
% of Contract Workers	29%	18%	0%
% of New Hires	34%	33%	42%

MedTech	Cyrix Healthcare Pvt Ltd	8GEN Works
Total Workforce	1,088	230
% of Permanent Workers	95%	82%
% of Contract Workers	5%	18%
% of New Hires	40%	53%

Pharmaceuticals	EMIL	Globela Pharma Pvt. Ltd.	PL NB Natural Biogenex Pvt Ltd	printmann
Total Workforce	959	593	181	311
% of Permanent Workers	58%	78%	69%	84%
% of Contract Workers	42%	22%	31%	16%
% of New Hires	36%	28%	48%	2%

Overall, Somerset's portfolio companies continue to create quality employment opportunities while investing in workforce skills and capability enhancement. The combination of a predominantly permanent workforce and continued focus on technical skill development reflects a commitment to building a skilled, stable, and future-ready workforce capable of supporting long-term growth across the healthcare ecosystem.

Occupational Health, Safety and Employee Wellbeing

Ensuring safe and healthy workplaces is a critical priority across Somerset's portfolio, particularly given the diverse operational risks associated with healthcare delivery, pharmaceutical manufacturing, and MedTech services. Employees may be exposed to a range of occupational hazards, including clinical and biological risks, chemical handling, machinery operation, electrical work, field servicing activities, and ergonomic hazards. Portfolio companies continue to strengthen workplace safety through health and safety management systems, employee training, emergency preparedness measures, incident reporting processes, and safe work practices tailored to their operational risk profiles.

During FY2025-26, portfolio companies delivered over 62,000 health and safety training hours, supporting employee awareness, competency development, and proactive risk management. No workforce fatalities were reported during the reporting period.

Health & Safety	Healthcare Delivery	MedTech	Pharmaceuticals
Cumulative Health & Safety Training Hours Provided	57,517	1,028	3,731
Total Recordable Incidents	0	16	1
Serious Injuries Recorded	0	0	0
Near Misses Recorded	62	0	2
Employee / Workforce Fatalities Recorded	0	0	0



Healthcare Delivery	Sterling Hospitals	Apex Hospitals	NU Hospitals Pvt. Ltd.
Total Recordable Incidents	0	0	0
Serious Injuries Recorded	0	0	0
Near Misses Recorded	62	0	0
Employee / Workforce Fatalities Recorded	0	0	0

MedTech	Cyrix Healthcare Pvt Ltd	8GEN Works
Total Recordable Incidents	16	0
Serious Injuries Recorded	0	0
Near Misses Recorded	0	0
Employee / Workforce Fatalities Recorded	0	0

Pharmaceuticals	EMIL	Globela Pharma Pvt. Ltd.	Natural Biogenex Pvt Ltd	Printmann
Total Recordable Incidents	0	1	0	0
Serious Injuries Recorded	0	0	0	0
Near Misses Recorded	1	1	0	0
Employee / Workforce Fatalities Recorded	0	0	0	0

Overall, safety performance across the portfolio was monitored through established safety management practices. The reported incidents were limited to four companies: Sterling Hospitals, Cyrix Healthcare, Emil Pharmaceuticals, and Globela Pharma. No serious injuries were recorded across the portfolio. A nearby facility incident resulted solely in property damage at Globela.

As portfolio companies continue to grow, Somerset will continue to support improvements in Occupational Health & Safety through ongoing ESG engagement, workforce training, incident reporting, and proactive risk management measures aimed at fostering a strong safety culture across the portfolio.

OHS is supported through workplace risk assessments, health and safety training, and emergency preparedness. Where applicable, measures such as infection prevention and control and radiation safety practices further support safe working environments, particularly within healthcare operations. Beyond Occupational Health and Safety, portfolio companies are encouraged to promote employee wellbeing and respectful, inclusive workplaces through measures such as Compliance with the Prevention of Sexual Harassment (POSH) requirements and grievance mechanisms.

Diversity, Equity, and Inclusion

Somerset is committed to promoting a diverse, equitable, and inclusive workplace and expects portfolio companies to uphold equal opportunity, non-discrimination, and inclusive employment practices.

Women's Inclusion

Promoting women's participation in the workforce is critical to strengthening diversity, expanding access to economic opportunities, and building resilient organisations. This is particularly relevant within the healthcare sector, where women constitute a significant share of the global health and care workforce and play a central role in healthcare delivery and related services[59]. As portfolio companies continue to grow, advancing women's participation across operational, technical, managerial, and leadership roles remains an important component of Somerset's broader approach to inclusive growth.

Women's representation across Somerset's portfolio reflected the underlying workforce characteristics of each sector.

Women's Inclusion	Healthcare Delivery	MedTech	Pharmaceuticals
No. of Women Employees	1,610	159	538
% of Women in Total Workforce	37%	12%	26%
% of Women in Permanent Workers	37%	12%	19%
% of Women in Contract Workers	36%	12%	44%
No. of Women in Senior Management	30	10	10
Total Women Founders	1	0	3
Remuneration Ratio of Women to Men	0.6	0.7	0.8

The healthcare delivery portfolio reported the highest female workforce participation, supported by the strong presence of women across nursing, allied health, diagnostics, patient care, and administrative functions. In contrast, the pharmaceutical and MedTech portfolios generally reported lower female representation, reflecting the greater concentration of manufacturing, engineering, servicing, warehousing, and technical field roles, which have traditionally exhibited lower female workforce participation.

The data also indicates that several portfolio companies reported women founders, women in senior leadership positions, and female board representation, demonstrating ongoing progress toward more gender-diverse leadership structures. In addition, remuneration indicators suggest that most portfolio companies maintain relatively balanced gender pay ratios, while simultaneously reflecting the need for sustained efforts to address gender pay disparities, and promote equitable compensation across the portfolio.

[59]Source: Female health workers drive global health

Healthcare Delivery	Sterling Hospitals	Apex Hospitals	NU Hospitals Pvt. Ltd.
No. of Women Employees	878	382	350
% of Women in Total Workforce	39%	26%	55%
% of Women in Permanent Workers	42%	21%	55%
% of Women in Contract Workers	31%	50%	NA
No. of Women in Senior Management	7	2	21
Total Women Founders	0	1	0
Remuneration Ratio of Women to Men	0.8	1.0	0.4

MedTech	Cyrix Healthcare Pvt Ltd	8GEN Works
No. of Women Employees	117	42
% of Women in Total Workforce	11%	18%
% of Women in Permanent Workers	11%	19%
% of Women in Contract Workers	11%	14%
No. of Women in Senior Management	6	4
Total Women Founders	0	0
Remuneration Ratio of Women to Men	0.6	0.8

Pharmaceuticals	EMIL	Globela Pharma Pvt. Ltd.	Natural Biogenex Pvt Ltd	printmann
No. of Women Employees	310	157	46	25
% of Women in Total Workforce	32%	26%	25%	8%
% of Women in Permanent Workers	23%	19%	26%	5%
% of Women in Contract Workers	46%	52%	25%	26%
No. of Women in Senior Management	2	7	0	1
Total Women Founders	2	1	0	0
Remuneration Ratio of Women to Men	0.8	0.9	0.4	1.0

While performance varies across sectors and companies, the overall trends indicate that women are increasingly represented across core business functions and leadership pipelines within the portfolio. Continued focus on recruitment, leadership development, and equitable pay for women will be important to sustaining this progress over time.

Overall, Somerset's portfolio demonstrates meaningful participation of women across healthcare delivery, pharmaceutical manufacturing, and MedTech operations. As portfolio companies continue to scale, Somerset will continue to encourage inclusive workplace practices, equitable opportunities for career progression, and increased representation of women across technical, managerial, and leadership roles, supporting both business performance and broader social impact.



Case Study

Gender Inclusion

Advancing Gender Inclusion in Healthcare through Representation, Leadership and Employee Support at NU Hospitals

Context

Women represent a significant share of the healthcare workforce globally yet remain underrepresented in leadership and decision-making positions. Recognising that diverse and inclusive teams contribute to better patient care, employee engagement, and organisational performance, NU Hospitals has adopted a structured approach to advancing gender inclusion across clinical, operational, and leadership functions.

Building an Inclusive Workforce

NU Hospitals has fostered an inclusive workforce, with women represented across clinical, nursing, technical, administrative, and leadership roles. Women constitute 55% of the organisation's overall workforce, reflecting its continued focus on equitable employment opportunities and gender diversity across functions.

Gender inclusion extends beyond workforce participation. Women hold key roles across patient care, quality management, infection control, counselling, transplant coordination, healthcare technology, operations, human resources, and patient experience functions. The organisation has also seen increasing female representation in managerial and leadership positions through merit-based recruitment, transparent performance management, leadership development, mentoring, and succession planning.

Strengthening Women's Leadership

NU Hospitals has made deliberate efforts to strengthen women's participation in decision-making and leadership roles across the organisation.

Key highlights include:

- 50% of Clinical Heads of Department (HODs) are women
- 47% of Enterprise HOD positions are held by women
- Strong female representation in patient-facing and operational functions, including Nursing, Nutrition & Dietetics, Patient Engagement, CRM, and Facility Management
- Women are encouraged to lead projects, participate in committees, and undertake cross-functional assignments that support career advancement

These efforts have helped create a strong pipeline of women leaders while ensuring that leadership opportunities are based on competence, performance, and potential.

Creating an Enabling Workplace

NU Hospitals supports gender inclusion through a range of employee-centric policies and support systems designed to promote safety, wellbeing, and career continuity.

Key initiatives include:

- Merit-based recruitment, learning, promotion and career progression practices
- Leadership development, mentoring, and cross-functional exposure for all employees
- Flexible work arrangements and work-from-home options for eligible non-clinical roles
- Comprehensive maternity benefits and structured return-to-work support
- Internal Committee constituted under the POSH Act and a zero-tolerance approach towards workplace harassment
- Multiple confidential grievance reporting channels and awareness programmes on workplace conduct and inclusion

Notably, NU Hospitals achieved a 100% return-to-work rate following maternity leave, reflecting the effectiveness of its maternity support and employee retention initiatives.

Business & Social Impact

NU Hospitals has observed several organisational benefits arising from a more gender-diverse and inclusive workplace:

- Stronger employee engagement and workforce stability
- Improved retention of women professionals
- Greater collaboration, communication, and team effectiveness
- Enhanced patient experience through stronger empathy and patient-centred care
- Broader perspectives in leadership discussions and decision-making
- More inclusive organisational culture and workplace environment

Teams with high female representation, particularly in Nursing, Patient Engagement, CRM, and Facility Management, have demonstrated strong patient-centric capabilities that contribute to service excellence and patient satisfaction.

Recognition for Advancing Women's Inclusion

NU Hospitals' efforts have been recognised through several national awards:

- Ranked among the Top 10 of India's Best Workplaces for Women (Great Place to Work), 2023
- Ranked among India's Best Workplaces for Women (Great Place to Work), 2024
- Ranked among India's Best Workplaces for Women (Great Place to Work), 2025
- Best Organisation for Women Empowerment, 2019 by the Great Indian Women's League

Looking Ahead

NU Hospitals views gender inclusion as a continuous journey. The organisation aims to further strengthen women's representation in managerial and leadership roles through enhanced leadership development, mentoring, succession planning, and employee support programmes. It is also exploring opportunities to create dedicated employment pathways for women and persons with disabilities in functions such as Customer Relationship Management and Patient Engagement, supporting both workforce diversity and enhanced patient experience.



Governance

Strong governance remains a key pillar of Somerset's ESG approach, supporting ethical business conduct, regulatory compliance, responsible supply chain management, and stakeholder trust. During FY2025-26, portfolio companies continued to strengthen E&S governance systems through employee codes of conduct, supplier management processes, data privacy measures, cybersecurity controls, grievance mechanisms, and workforce-related policies. All companies within the reporting scope maintained employee codes of conduct, while supplier codes of conduct and supplier requirements incorporating environmental and social considerations were widely adopted across the portfolio. In addition, portfolio companies provided over 5,300 hours of code of conduct training and over 6,200 hours of human rights training, reinforcing awareness of ethical business practices and responsible conduct.



Stakeholder Category	Policy	Sterling	Apex	NU Hospitals	Cyrix	GenWorks	Emil	Globela	NBPL	Printmann
Customer	Customer data privacy and integrity	✓	✓	✓	✓	✓	✓	✓	X	✓
	Cyber-security policy	✓	✓	✓	✓[60]	✓	✓	✓	✓	✓
Supplier	Supplier code of conduct	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Supplier code of conduct with environmental and social clauses	✓	✓	✓ (Included in purchase orders)	✓	✓	✓	✓	✓	✓
Employees	OHS-MS	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Policy for workers' rights to freedom of association and collective bargaining	X	✓	✓	✓	✓	✓	✓	✓	✓
	Child-labour policy	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Surveys to measure employee satisfaction relating to job roles, work environment and management quality	✓	✓	✓	✓	✓	✓	✓	X	✓
	Employee grievance redressal policy	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Employee code of conduct	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Maternity leave / benefit policy	✓	✓	✓	✓	✓	✓	✓	✓	✓

Training Hours	Healthcare Delivery	MedTech	Pharmaceuticals
Cumulative Code of Conduct Training Hours Provided	4,202	480	648
Cumulative Human Rights Training Hours Provided	4,750	757	780

Governance performance was supported by continued ongoing compliance monitoring across the portfolio. During the reporting period,

- No monetary losses were incurred from legal proceedings associated with false marketing claims, corruption and bribery, or medical fraud.
- Portfolio companies reported two instances of non-compliance with respect to Air and Water Acts and Biomedical Waste Management Rules. Both incidents were subsequently closed following the implementation of appropriate corrective actions.

Overall, the portfolio has governance mechanisms in place, including relevant policies, employee training, supplier oversight processes, and compliance management systems. Somerset will continue to work with portfolio companies to further strengthen governance practices, particularly in areas such as data privacy, cybersecurity, responsible supply chain management, and human rights due diligence.

[60]Only present for Cyrix overseas operations

Way Forward

As Somerset's impact management approach continues to mature, the next phase will focus on strengthening the systems, tools and thematic capabilities required to translate impact priorities into more systematic fund-level and portfolio-level practice. Building on its evolving impact strategy, Somerset will advance a set of targeted initiatives aimed at improving readiness, deepening ESG integration, and enhancing the management of emerging climate, gender and workplace-related risks across the investment lifecycle.

Somerset is currently working towards alignment with the Operating Principles for Impact Management (OPIM). An OPIM alignment and readiness strategy is being developed to assess current practices, identify gaps and establish a phased roadmap for strengthening impact management systems across the investment lifecycle.

Somerset will also undertake a fund-level climate risk assessment and climate technical assistance assignment. The assignment is intended to build Somerset's capacity as a Fund III manager to identify, assess and disclose climate-related risks at the fund level. It will also support the application of a structured climate-health framework to better understand how climate risks interact with healthcare investment outcomes and embed a climate risk screening tool into Somerset's pipeline and deal origination process.

In parallel, Somerset will continue to advance its gender-focused impact agenda through a dedicated Gender Action Plan focused on strengthening gender-responsive practices across the portfolio. This workstream is expected to support more structured integration of gender considerations across relevant investment and portfolio management processes, aligned with Somerset's broader focus on inclusive healthcare delivery and responsible business practices.

Somerset also intends to strengthen portfolio-level safeguards through the integration of gender-based violence and harassment monitoring mechanisms, starting with Fund III companies and to be eventually extended across portfolio companies, as part of the ESG framework. This may include periodic review of workplace policies, grievance mechanisms, incident reporting trends, awareness and training programmes, and the implementation of prevention measures.

Together, these initiatives represent Somerset's next step in moving from impact measurement towards more embedded impact management, where climate resilience, gender inclusion and workplace safeguards are progressively integrated into fund operations, investment processes and portfolio engagement.



Annexures

Abbreviations

AI	Artificial Intelligence
AMI	Acute Myocardial Infarction
API	Active Pharmaceutical Ingredient
AUM	Assets Under Management
AVPN	Asian Venture Philanthropy Network
B	Billion
BE	Bioequivalence
BII	British International Investment
BEMP	Biomedical Equipment Maintenance Programme
BRCGS	Brand Reputation through Compliance Global Standards
CAGR	Compound Annual Growth Rate
CAP	College of American Pathologists
CAPA	Corrective and Preventive Action
CapEx	Capital Expenditure
CAUTI	Catheter-Associated Urinary Tract Infection
CEA	Central Electricity Authority
CETP	Common Effluent Treatment Plant
CGHS	Central Government Health Scheme
CHC	Community Health Centre
CLABSI	Central Line-Associated Bloodstream Infection
CO_2	Carbon Dioxide
CPCB	Central Pollution Control Board
CSR	Corporate Social Responsibility
CT	Computed Tomography
DALY	Disability-Adjusted Life Year
DG	Diesel Generator
DH	District Hospital
DSIR	Department of Scientific and Industrial Research
E&S	Environmental and Social
ECG	Electrocardiogram
EPR	Extended Producer Responsibility
EQ-5D	EuroQol Five-Dimension Questionnaire
ERM	Environmental Resources Management
ERP	Enterprise Resource Planning
ESAP	Environmental and Social Action Plan
ESG	Environmental, Social and Governance
ESI	Employees' State Insurance
ESMS	Environmental and Social Management System
ESRD	End-Stage Renal Disease
ETP	Effluent Treatment Plant
EU GMP	European Union Good Manufacturing Practice
FY	Financial Year
GBD	Global Burden of Disease
GC	Gas Chromatography
GE	General Electric
GHG	Greenhouse Gas
GIIN	Global Impact Investing Network
GIIN IRIS+	Global Impact Investing Network Impact Reporting and Investment Standards-plus
GRI	Global Reporting Initiative
GWSO	GenWorks Solutions OEM
H&S	Health and Safety
HAPU	Hospital-Acquired Pressure Ulcer
HD Catheter	Haemodialysis Catheter
HDPE	High-Density Polyethylene
HFC	Hydrofluorocarbon
HIC	Hospital Infection Control
HOD	Head of Department
HPLC	High-Performance Liquid Chromatography
HVAC	Heating, Ventilation and Air Conditioning
ICCU	Intensive Cardiac Care Unit
ICH	International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
ICMR	Indian Council of Medical Research
ICU	Intensive Care Unit
IFC PS	International Finance Corporation Performance Standards
IHD	Ischaemic Heart Disease
IIC	Impact Investors Council
INR	Indian Rupee
IoT	Internet of Things
IPCC	Intergovernmental Panel on Climate Change
IPD	Inpatient Department
ISO	International Organization for Standardisation
IVCA	Indian Venture and Alternate Capital Association
IVD	In Vitro Diagnostics
IVF	In Vitro Fertilisation
KL	Kilolitre
kW	Kilowatt
LMIC	Low- and Middle-Income Country
LPG	Liquefied Petroleum Gas
MC	Medical College
MedTech	Medical Technology
MIS	Management Information System
Mn	Million
MRI	Magnetic Resonance Imaging
MT	Metric Tonne
MWh	Megawatt-hour
MVTR	Moisture Vapour Transmission Rate
NAAT	Nucleic Acid Amplification Test
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
NBPL	Natural Biogenex Private Limited
NCD	Non-Communicable Disease
NPS	Net Promoter Score
NTEP	National Tuberculosis Elimination Programme
OEM	Original Equipment Manufacturer
OHS	Occupational Health and Safety
OHS-MS	Occupational Health and Safety Management System
OOP	Out-of-Pocket
OPD	Outpatient Department
OpEx	Operating Expenditure
OPIM	Operating Principles for Impact Management
OT	Operation Theatre
PCR	Polymerase Chain Reaction
PCI	Percutaneous Coronary Intervention
PFC	Perfluorocarbon
PHC	Primary Health Centre
PLI	Production Linked Incentive
PM-JAY	Pradhan Mantri Jan Arogya Yojana
PPE	Personal Protective Equipment
PPP	Public-Private Partnership
PSAT	Patient Satisfaction Assessment Tool
PVC	Polyvinyl Chloride
QA	Quality Assurance
QALY	Quality-Adjusted Life Year
QC	Quality Control
R&D	Research and Development
RGHS	Rajasthan Government Health Scheme
SASB	Sustainability Accounting Standards Board
SDG	Sustainable Development Goal
SHA	Shareholders' Agreement
SIFEM	Swiss Investment Fund for Emerging Markets
SKU	Stock Keeping Unit
SME	Small and Medium Enterprise
SOP	Standard Operating Procedure
SPCB	State Pollution Control Board
SSI	Surgical Site Infection
STEMI	ST-Elevation Myocardial Infarction
STP	Sewage Treatment Plant
TB	Tuberculosis
tCO_2e	Tonnes of Carbon Dioxide Equivalent
UN SDG	United Nations Sustainable Development Goals
US FDA	United States Food and Drug Administration
USD	United States Dollar
VAP	Ventilator-Associated Pneumonia
WHO	World Health Organization
WHO GMP	World Health Organization Good Manufacturing Practice
WVTR	Water Vapour Transmission Rate
YLD	Years Lived with Disability
YLL	Years of Life Lost
ZLD	Zero Liquid Discharge

Disclaimer

This report (the "Report") has been prepared by Somerset Indus Capital Partners ("Somerset Indus") in relation to alternative investment funds ("AIF"s) managed or sponsored by Somerset Indus ("Somerset Funds") including AIFs registered with the Securities and Exchange Board of India.

The information contained herein, including but not limited to impact, sustainability, and environmental, social and governance ("ESG") related statements, assessments, metrics, or outcomes, is provided for general informational purposes only and should not be construed as investment advice, offer, solicitation, or recommendation to buy or sell any securities or to invest in any AIF.

The data, analysis, and conclusions presented in this Report are based on information available as of 31 March 2026, unless otherwise stated. Nothing in this Report should be construed as implying that the information contained herein remains accurate, complete, or current after such date. This Report may contain estimates, assumptions, qualitative assessments, and third-party information provided by Somerset Funds' portfolio companies. Such information has not been independently verified, and no representation or warranty, express or implied, is made as to its accuracy, completeness, or reliability.

Somerset Indus does not undertake to update or correct any information herein. No representation or warranty, express or implied, is made or assurance given by Somerset Indus and, without prejudice to any liability for, or remedy in respect of, fraudulent misrepresentation, no responsibility or liability or duty of care is, or will be, accepted by Somerset Indus: (a) as to the fairness, accuracy, completeness, currency, reliability or reasonableness of the information or opinions contained in this Report; or (b) for updating this Report or correcting any inaccuracies herein. Neither Somerset Indus nor any of its affiliates, partners, directors, officers or employees shall be liable for any loss (direct, indirect or consequential) or damage suffered by any person as a result of relying on any statement in, or omission from, this Report.

The impact and ESG performance indicators, baselines, or outcomes described herein (including those at the time of investment, during the holding period, or at exit) are subject to change based on various internal and external factors and should not be regarded as guarantees or commitments of future performance. Past or reported impact results are not indicative of future outcomes.

This Report may contain forward-looking statements that are inherently subject to risks, uncertainties, and assumptions, many of which are beyond the control of the Somerset Funds or Somerset Indus. Actual results may differ materially from those expressed or implied. Readers are cautioned not to place undue reliance on such statements.

Nothing contained herein shall override or modify the disclosures, terms, and risk factors set out in the private placement memoranda or other offering documents of the Somerset Funds, which should be referred to for definitive information of the respective Somerset Funds.

Assurance Statement

The impact analysis presented in this report has been subject to internal review and quality assurance processes undertaken by Somerset Indus. However, as of the date of this report, the analysis and associated disclosures have not been independently verified or assured by an external third party. Accordingly, no external assurance opinion is expressed in relation to the reported impact data, methodologies, findings, or conclusions.

Methodology of Impact Analysis

The methodology for this assessment was designed to strengthen Somerset's impact framework and Management Information System (MIS) by aligning with internationally recognised approaches, including the Impact Management Project (IMP) framework, the UN Sustainable Development Goals (SDGs), and GIIN's IRIS+ metrics. The process was structured across three phases: design, data collection and analysis, and reporting. Complementary methodologies were developed for health impact (DALY & QALY calculations) and GHG emissions accounting, ensuring comparability with global best practice standards.

The FY 2025-26 assessment provides full reporting coverage for nine portfolio companies: NU Hospitals, Sterling Hospitals, Apex Hospitals, Cyrix Healthcare, GenWorks Health, Natural Biogenex, Printmann Offset, Emil Pharmaceuticals and Globela Pharma. Krsnaa Diagnostics, Ujala Cygnus Hospitals and Prognosys Medical Systems are included only as case studies to illustrate impact continuity and outcomes associated with exited investments. Browndove Healthcare remained within Somerset's investment portfolio during the reporting period but was excluded from the assessment scope.

Phase 1: Design

- **Framework refinement:** Reviewed Somerset's impact framework and MIS to identify gaps and opportunities for alignment with global standards
- **Outcome focus:** Incorporated outcome-level measures across five IMP themes: accessibility, quality, affordability, innovation, and job creation
- **Standards mapping:** Indicators mapped to relevant IRIS+ metrics and SDG targets to ensure international comparability
- **Sampling & tools:** Developed sampling protocols and data collection tools. The sample covered a cross-section of 12 portfolio companies spanning healthcare providers, diagnostics, pharmaceuticals, and health-tech
- **MIS strengthening:** Refined requirements to enhance tracking of outcome indicators and integration of Scope 1 and Scope 2 emissions data

Phase 2: Data Collection and Analysis

1. Qualitative and Quantitative Data

- Conducted interviews with employees and healthcare providers using purposive sampling across 3–4 subsectors (2–3 interviews each)
- Transcribed and thematically analysed interviews; triangulated insights with MIS data to build case studies

2. Analytical Framework

- Applied IMP's five dimensions:
  - **What:** Outcomes being generated
  - **Who:** Stakeholders affected and their needs
  - **How much:** Scale, depth, and duration of impact
  - **Contribution:** Additionality from Somerset's support
  - **Risk:** Likelihood of deviations from expected impact

3. MIS Data Integration

- Consolidated portfolio-level inputs / outputs.
- Calculated Scope 1 and Scope 2 GHG emissions using the refined MIS and cross-verified with company data.

4. DALY Methodology and Approach

Scope of Engagement

ERM was engaged to create a standardised approach for estimating the health impact of Somerset's hospital portfolio in terms of Disability-Adjusted Life Years (DALYs) averted, with a focus on ischemic heart disease (IHD), specifically Acute Myocardial Infarction (AMI), across Apex and Sterling hospitals.

Key Definitions

- DALYs = YLL (Years of Life Lost) + YLD (Years Lived with Disability)
- DALYs averted = healthy life years saved due to treatment compared to no treatment

Data Inputs

- **Hospitals:** Number of AMI patients, demographics (mean age), in-hospital / 30-day mortality

External sources:

- Life expectancy at mean age: (SRS Abridged Life Tables 2019–2023, Government of India)
- Disability weights (GBD 2019: Stable Angina = 0.07; post-MI heart failure = 0.21)
- Mortality without treatment (~20% at 30 days, Indian STEMI Registry)
- Complications prevalence (with treatment: ~20% angina, 15% heart failure; without: 40% angina, 25% heart failure)

Calculation Approach

- Define cohorts: AMI patients = treatment group
- Estimate outcomes with treatment (from hospital data)
- Estimate outcomes without treatment (counterfactual, using Indian STEMI registry + GBD)
- Calculate YLL = deaths × life expectancy
- Calculate YLD = survivors with complications × disability weight × 5 years (fixed duration)
- Total DALYs = YLL + YLD (with vs. without treatment)
- DALYs averted = counterfactual DALYs – treatment DALYs

Assumptions & Limitations

- Counterfactuals based on national datasets; may not reflect local catchments
- Disability duration fixed at 5 years for comparability
- Hospital mortality used as proxy for 30-day mortality
- India life tables preferred over global averages
- Scope limited to AMI cases (other services excluded)

5. QALY Methodology and Approach

Scope of Engagement

ERM was engaged to develop a standardised approach for estimating the health impact of kidney transplantation provided by Somerset's hospital portfolio, using Quality-Adjusted Life Years (QALYs). The analysis compares the estimated health outcomes associated with kidney transplantation with a dialysis comparator, using NU Hospitals' patient characteristics and transplant volumes alongside external life expectancy, treatment-specific remaining-life and health-related quality-of-life estimates.

Key Definitions

- QALY (Quality-Adjusted Life Year): One year of life adjusted for the quality of health experienced during that year.
- QALY utility score: A value between 0 and 1 representing health-related quality of life, where 1 represents full health and 0 represents a health state equivalent to death.
- Incremental QALY: The difference in estimated QALYs between the kidney transplant and dialysis treatment pathways.

Data Inputs

Hospitals: For NU Hospitals: Average age of dialysis patients: 59.0 years, Average age of kidney transplant patients: 38.2 years, Annual kidney transplants: 30

External sources:

- General-population remaining life expectancy at the relevant patient ages: SRS Abridged Life Tables 2019–2023, Government of India.
- Treatment-specific remaining-life multipliers Dialysis (31%) and Functioning Kidney Transplant (53%): European Renal Association (ERA) Registry.
- EQ-5D utility for dialysis, 0.56: Liem et al. (2008), "Preference-Based Quality of Life of Patients on Renal Replacement Therapy: A Systematic Review and Meta-Analysis".
- EQ-5D utility for stable kidney transplant, 0.82: Wyld et al. (2012), "A Systematic Review and Meta-Analysis of Utility-Based Quality of Life in Chronic Kidney Disease Treatments".

Calculation Approach

- Define cohorts: Kidney transplant recipients = treatment group; dialysis patients = comparator group.
- Calculate survival-adjusted life years: Remaining life expectancy × treatment-specific multiplier.
- Calculate QALYs: Survival-adjusted life years × EQ-5D utility weight.
- Calculate incremental QALYs: Transplant QALYs – dialysis QALYs.
- Estimate annual impact: Incremental QALYs per patient × annual kidney transplants.
- Result: Estimated ~13.3 incremental QALYs per transplant patient and ~399 incremental QALYs annually.

Assumptions & Limitations

- QALYs are estimated using a simplified lifetime calculation rather than a year-by-year health-state model.
- ERA Registry-derived treatment specific remaining-life multipliers are based on European renal registry data and are applied as an international benchmark in the absence of comparable India-specific treatment-specific remaining-life estimates.
  - The analysis combines India-specific general-population life expectancy with European treatment-specific remaining-life estimates; therefore, the resulting QALYs are modelled estimates rather than directly observed Indian patient outcomes.
  - The treatment-specific remaining-life multiplier is assumed to remain applicable throughout the estimated remaining lifetime.
- The dialysis and transplant cohorts differ materially in age (59.0 vs. 38.2 years); incremental QALYs therefore reflect both treatment and age differences and are not causal estimates.
- EQ-5D weights are assumed constant over the modelled lifetime.
- Graft failure, return to dialysis, re-transplantation and changes in health state are not explicitly modelled
- Sex, comorbidities, disease severity and other patient-level characteristics are not explicitly adjusted for.
- The model does not account for time spent on dialysis while awaiting transplantation or differences in pre-transplant dialysis duration.
- The estimated QALY gain is assumed to apply uniformly across the 30 transplant patients

6. GHG Methodology and Approach

Scope of Engagement

ERM developed a standardised GHG emissions inventory for Fund II and Fund III portfolio companies, covering healthcare delivery, MedTech manufacturing, diagnostics, and pharmaceuticals. Scope 1 and Scope 2 emissions were quantified using the GHG Protocol, with reference to ISO 14064-1:2018.

Scope 1 Emissions (direct)

- Stationary combustion: boilers, generators, furnaces
- Mobile combustion: company-owned vehicles
- Fugitive emissions: refrigerant leaks from HVAC / cooling
- Gases included: CO_2, CH_4, N_2O (IPCC AR6 GWPs applied)
- Emission factors: IPCC 2006 Guidelines, updated with AR6 GWPs; supplemented with local factors where required

Scope 2 Emissions (indirect)

- Electricity purchased from the grid
- Steam purchased externally for heating / cooling.
- Emission factors:
  - CEA (India) grid average factor for electricity
  - Worldsteel CO_2 Data User Guide used for purchased-steam emission factors in a healthcare and pharma portfolio

Calculation Approach

- Stakeholder engagement: Facility managers and sustainability leads consulted
- Data collection: Customised templates captured monthly fuel, electricity, and steam usage
- Validation & cleaning: Units standardised; errors corrected; conservative assumptions applied for data gaps (e.g., default R-32 refrigerant for Apex, Emil and Globela)
- Emissions calculation:
  - Scope 1 = activity × emission factors × GWPs
  - Scope 2 = purchased energy × emission factors
- Documentation: Assumptions, data sources, and results systematically recorded; results reported in tCO_2e, disaggregated by source

Assumptions & Limitations

- Only Scope 1 and 2 emissions included; Scope 3 excluded in this phase.
- Data gaps addressed via conservative assumptions.
- Reliance on company self-reporting introduces potential margin of error.
- R-32 refrigerant assumption for three facilities.

Lives Reached Approach

Finished Formulations and Unique Hospital Patients Approach

The FY 2025-26 estimate combines two portfolio segments: Hospitals and Pharma. For Hospitals, the methodology uses the total number of unique patients reported by portfolio companies. For Pharma, it estimates treatment-equivalent reach using reported finished-formulation production comprising tablets, capsules and bottled formulations.

Bulk API production and MedTech operations are excluded from this methodology. The resulting estimate combines verified unique hospital patients with modelled Pharma treatment-equivalents and should therefore not be interpreted as a fully deduplicated count of unique individuals.

A. Hospital Unique Patients Methodology

A.1 Approach

For Healthcare Delivery, reach is based on the total number of unique patients reported by Sterling Hospitals, Apex Hospitals and NU Hospitals during FY 2025-26. No additional conversion or utilisation assumptions have been applied.

A.2 Input Data Used

Hospital	Unique Patients
Sterling Hospitals	105,905
Apex Hospitals	189,050
NU Hospitals	34,708
Total Unique Hospital Patients	329,663

A.3 Estimated Hospital Reach

Total unique hospital patients: 329,663, equivalent to approximately 0.33 million.

B. Pharma Treatment-Equivalent Methodology: Finished Formulations Only

B.1 Scope and Exclusions

The Pharma calculation includes only reported finished-formulation production comprising tablets, capsules and bottled formulations.

Bulk API production of 737.9144 MT has been excluded because converting API volumes into patient-facing pill-equivalents requires assumptions regarding dosage strength, formulation yield and actual conversion into consumed medicines.

Printmann has also been excluded because its operations relate to pharmaceutical packaging and do not directly translate into medicine consumption or patient reach.

B.2 Input Data and Conversions Used

Component	Reported Production	Conversion Used
Tablets	203.5 crore	1 tablet = 1 dose-equivalent
Capsules	7.5855 crore	1 capsule = 1 dose-equivalent
Bottles	96.28 crore	30 doses per bottle
API	737.9144 MT	Excluded

B.3 Conversion Assumptions

The following assumptions were used to convert reported finished-formulation volumes into standardised pill or dose-equivalents:

Product Type	Conversion Assumption
Tablets	1 tablet per dose-equivalent
Capsules	1 capsule per dose-equivalent
Bottles	30 doses per bottle
API	Excluded
1 crore	10,000,000 units

B.4 Pill or Dose-Equivalent Calculation

Component	Pill / Dose-Equivalents
Tablets	2,035,000,000
Capsules	75,855,000
Bottles × 30 doses	28,884,000,000
API	Excluded
Total Pharma Pill / Dose-Equivalents	30,994,855,000

B.5 Allocation by Treatment Category

The total pill or dose-equivalents were allocated across three assumed treatment categories based on differences in consumption intensity.

Treatment Category	Allocation	Allocated Equivalents
Short-course	40%	12.398 billion
Chronic	40%	12.398 billion
Multi-pill	20%	6.199 billion
Total	100%	30.995 billion

B.6 Estimated Pharma Treatment-Equivalent Reach

Estimated reach was calculated by dividing the allocated pill or dose-equivalents by assumed annual consumption per patient.

Category	Allocation	Allocated Equivalents	Consumption Assumption	Estimated Reach
Short-course	40%	12.398 billion	30 per course	413.3 million
Chronic	40%	12.398 billion	1,460 per year	8.49 million
Multi-pill	20%	6.199 billion	2,190 per year	2.83 million
Total Pharma Treatment-Equivalent Reach	100%	30.995 billion		424.6 million

Pharma treatment-equivalent reach, based on finished formulations only: approximately 424.6 million.

C. Final FY 2025-26 Reach Estimate

Segment	Basis Used	Estimated Reach
Hospitals	Unique patients reported by portfolio hospitals	329,663
Pharma, excluding Printmann and API	Finished-formulation treatment-equivalent methodology	424,600,000
MedTech	Not considered	Not applicable
Total FY 2025-26 Estimated Reach	Hospitals + Pharma	approximately 424.9 million

Final FY 2025-26 estimate: approximately 424.9 million

The total combines 329,663 unique hospital patients with approximately 424.6 million modelled Pharma treatment-equivalents. Since the Pharma figure is presented in rounded form, the consolidated total is also indicative.

Key Assumptions and Limitations

Hospitals

- Hospital reach is based on unique patient figures reported by Sterling Hospitals, Apex Hospitals and NU Hospitals for FY 2025-26.
- The hospital figures are accepted as reported and have not been independently verified.
- The methodology assumes that each hospital has applied a consistent definition of a unique patient.
- Potential duplication across hospitals has not been assessed. The same individual may have received care from more than one portfolio hospital.
- Hospital patients may also have consumed pharmaceutical products represented in the Pharma estimate. Therefore, overlap may exist between the Hospital and Pharma segments.

Pharmaceuticals

- The calculation includes only finished formulations comprising tablets, capsules and bottled formulations.
- The 40:40:20 allocation between short-course, chronic and multi-pill treatment is a modelling assumption rather than a verified therapeutic mix.
- The assumption of 30 doses per bottle materially influences the estimate and does not represent observed product-level dosage.
- Tablets and capsules are assumed to represent one dose-equivalent per unit.
- The calculation assumes that all reported finished-formulation production translated into medicines available for consumption during FY 2025-26.
- The calculation does not adjust for inventory, exports, manufacturing losses, wastage, rejected batches, expiry, returns or recalls.
- Short-course, chronic and multi-pill users are treated as separate patient groups. Actual unique reach may be lower if the same individual uses multiple medicines or treatment categories.
- Bulk API production of 737.9144 MT has been excluded because API-to-patient conversion requires assumptions regarding dosage strength, formulation yield and actual consumption.
- Printmann has been excluded because pharmaceutical packaging volumes do not directly translate into medicine consumption or patient reach.
- The Pharma estimate represents modelled treatment-equivalents, not verified or deduplicated unique patients.

MedTech

- No MedTech companies, devices, products, servicing activities or customers have been considered in this methodology.
- MedTech has been excluded because company-disclosed unique patient reach and sufficiently granular device-level utilisation data were not available.
- Accordingly, the estimate should not be presented as the total reach of the complete portfolio.

Consolidated Estimate

- The consolidated figure combines two different measures: reported unique hospital patients and modelled Pharma treatment-equivalents.
- The two segment estimates are not directly equivalent and should not be presented as a fully verified count of unique individuals.
- Potential overlap between hospital patients and pharmaceutical users has not been removed.
- The total should therefore be described as an indicative portfolio reach estimate or combined unique-patient and treatment-equivalent estimate, rather than “unique lives touched”.
- The total of 424.9 million is based on the rounded Pharma estimate of 424.6 million. Accordingly, the preferred reported figure is approximately 424.9 million.



Phase 3: Reporting and Design

- Developed a detailed wireframe for the Impact Report, ensuring each theme was supported by data and case studies
- Final outputs included: portfolio overview, methodology, results across five IMP themes, SDG / IRIS+ mapping, GHG analysis, and stakeholder case studies

Cross-Cutting Features

- Global alignment: Ensured credibility and comparability with international standards
- Triangulation: Strengthened robustness through multiple data sources (MIS, interviews, emissions, registries)
- Stakeholder-centred: Focused on outcomes for directly affected populations, especially underserved groups

Limitations and Caveats

- Purposive sampling may not fully represent all stakeholder experiences.
- Reliance on self-reported company data introduces reporting bias risks.
- Limited interviews conducted due to availability constraints.
- Desk-based limited analysis has been undertaken for Krsnaa Diagnostics, Prognosys Medical Systems Private Limited, and Ujala Cygnus as part of exited companies.
- Emissions assessment restricted to Scope 1 & 2; Scope 3 not included.
- External factors (policy, market dynamics, health system constraints) may influence outcomes, limiting direct attribution to Somerset.
- Exited companies (Sandor Medicaids, Express Clinics, Chayagraphics, Hexagon Nutrition) excluded from scope.
- All data is reported as of 31 March 2026.

Assessment Framework

Indicative Impact Assessment Framework

Sector	Impact Area	Sample Indicators (Illustrative)	Reference Frameworks (IRIS+, SDGs, GRI, SASB, AIMM, LP)
Healthcare Delivery (Hospitals)	**Accessibility**	No. of patients served; share of patients from Tier 2 / 3 cities & rural areas; women & child patients; bed & ICU capacity	IRIS+ PI4060, PI6845, PI8330; SDG 3, 5; GRI 203; SASB HC-DY; AIMM Health
	Affordability	Patients treated under govt. schemes (Ayushman Bharat, CGHS, ESI); free health camps; cost savings per patient	IRIS+ OI8115, PI9622; SDG 3; GRI 203; SASB HC-DY; LP Qs
	Quality	Certified hospitals (NABH / JCI); audit & compliance mechanisms; patient satisfaction & wait times; readmission rates	IRIS+ PI3863; SDG 9; GRI 416; SASB HC-DY, HC-BP; AIMM Health
	Jobs & Workforce	No. of caregivers; proportion women & persons with disabilities; training hours provided	IRIS+ OI3160, OI2444; SDG 3, 5, 8, 10; GRI 401, 405
	Outcomes	Patients completing treatment; surgeries without complications; mortality rates	IRIS+ PI5060, PI3902; SDG 3; AIMM Health
MedTech	**Accessibility**	Devices produced & sold; share of customers in Tier 2 / 3 cities & LMICs; outreach programmes	IRIS+ PI1290, PI7098; SDG 3, 10; GRI 203; SASB HC-BP
	Affordability	Share of devices sold under govt. / NGO programmes; refurbished / leased equipment supplied; cost-saving measures	IRIS+ PI6050; SDG 3, 9; GRI 416; LP Qs
	Quality & Safety	Certified devices; recalls & customer complaints; product traceability systems	IRIS+ PD2756, PI4128; SDG 9; GRI 416, 417; SASB HC-BP, HC-DI
	Jobs	No. of employees; share of women & staff with disabilities; specialised jobs to underserved groups	IRIS+ OI3160, OI4038; SDG 5, 8, 10; GRI 401, 405
	Outcomes	Clinical improvement rates; time to intervention vs. benchmarks	SASB HC-MS; AIMM Health
Pharmaceuticals	**Accessibility**	Volume / value of medicines produced & sold; share in Tier 2 / 3, LMICs; WHO-prequalified medicines	IRIS+ PI1263, PI7098; SDG 3, 9, 10; GRI 416; SASB HC-BP
	Affordability	Pricing of generics vs branded; % of revenue from affordable / subsidised products; govt. tender participation	IRIS+ PI8454; SDG 3, 10; GRI 203; LP Qs
	Quality & Safety	Certified facilities; audit results; adverse drug events; recalls	IRIS+ PI3863, PI4128; SDG 9; GRI 416, 417; SASB HC-BP
	Jobs	Employees hired; women & persons with disabilities in workforce; share of local jobs	IRIS+ OI3160, OI2444; SDG 5, 8, 10; GRI 401, 405
	Outcomes	Treatment adherence rates; DALYs averted / QALYs gained averted	AIMM Health

Indicative ESG Assessment Framework

Pillar	Impact Areas	Representative Indicators	Reference Frameworks (Sample)
Environment	**Certifications & Resource Management**	% of facilities ISO 14001 certified; total hazardous & non-hazardous medical waste; % of waste treated (incinerated, recycled, landfilled); product take-back & recycling (MedTech)	SASB HC-DY-150a.1; IRIS+ OI7442, OI1346
Social – Workforce	**Health, Safety & Training**	Serious injuries, fatalities, lost workdays; H&S training hours; human rights / Code of Conduct training; workforce diversity (gender, disability); turnover by role (execs, managers, physicians, practitioners, etc.)	SASB HC-DY-320a.1; HC-BP-330a.2; IRIS+ OI6525, OI3757, OI7877; GRI 403
Social – Equity & Inclusion	**Workforce Composition & Development**	Gender balance (women / men in workforce, senior management, founders); remuneration equity; parental leave; incidents of discrimination / harassment; skill development training; internal & external grievances; women-focused products / services	GRI 401, 405, 406; IRIS+ workforce metrics
Social – Patients & Customers	**Data Security & Customer Welfare**	Policies on patient data security; number & severity of breaches (personal vs. health data); pricing transparency in healthcare; serious reportable events (Diagnostics); fatalities linked to products (MedTech, Pharma)	SASB HC-DY-230a.3; HC-DY-270a.1; HC-MS-250a.3; HC-BP-250a.2
Governance	**Ethics, Compliance & Transparency**	Monetary losses from fraud, corruption, bribery, false marketing, clinical trial violations; counterfeit drug actions; product / service misrepresentation	SASB HC-BP-270a.1; HC-BP-510a.1; HC-BP-250a.5; HC-BP-260a.3
Supply Chain & Sector-Specific	**Supplier Oversight & Sectoral Metrics**	% of facilities & Tier 1 suppliers under third-party audits (MedTech, Pharma Rx-360); inspections of clinical trial safety; # of drugs in portfolio & R&D pipeline (Pharma); # of facilities / beds & occupancy	SASB HC-MS-430a.1; HC-BP-430a.1; HC-BP-210a.2; HC-BP-000.B; HC-DY-000.A

Indicative GHG Assessment Framework

Asset Type	Parameter	Unit of Measure (UoM)	Impact (Scope)
✓ Healthcare Delivery (Hospitals) ✓ MedTech ✓ Pharmaceuticals	Diesel in DG sets	litres	Scope 1
	Diesel (company-owned vehicles)	litres	Scope 1
	Petrol (company-owned vehicles)	litres	Scope 1
	LPG in canteens	kg	Scope 1
	Refrigerants (HFCs / PFCs)	kg	Scope 1
	Purchased Electricity (excl. Renewable)	MWh	Scope 2
	Purchased Renewable Electricity	MWh	Scope 2
	Purchased Nuclear Electricity	MWh	Scope 2
	Captive Renewable Electricity	MWh	Scope 2
	CO_2 in fire extinguishers	kg	Scope 1
	Other fuels / sources / biofuels (if any)	kg or litres	Scope 1

Somerset Indus Capital Partners

Knowledge Partner:

ERM

Design Partner:

cygnus ADVERTISING

Somerset Healthcare Investment Advisors Private Limited

Corporate Address: 1501, 15th Floor, Lodha Supremus, 4, Dr Elijah Moses rd,
Near Geeta Talkies, Worli Naka, Worli, Mumbai - 400018

Email: amishra@somersetinduscap.com | athacker@somersetinduscap.com | Website: https://somersetinduscap.com