Paediatric Cancer Support Project

Impact Assessment Report

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Prepared by : NuSocia

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Impact. Evident.

Prepared for : Kotak Securities Limited (KSL)

kotak Securities

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Informed consent:

The interviews were done after the respondents gave their consent. Even after the interviews were completed, their permission was sought to proceed with their responses.

Confidentiality:

The information provided by participants has been kept private. At no point were their data or identities disclosed. The research findings have been quoted in a way that does not expose the respondents' identities.

Comfort:

The interviews were performed following the respondents' preferences. In addition, the interview time was chosen in consultation with them. At each level, respondents' convenience and comfort were considered.

Right to reject or withdraw:

Respondents were guaranteed safety and allowed to refuse to answer questions or withdraw during the study.

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Executive Summary

CSR Project "Paediatric Cancer Support"

Project Overview

The Paediatric Cancer Support (PCS) Project was designed to address critical gaps in paediatric oncology care, ensuring that children diagnosed with cancers receive uninterrupted and comprehensive treatment. The project was implemented by Kasturba Medical College (KMC) to provide financial assistance, emergency medical support, central line funding, and palliative care. It targeted underprivileged families who were ineligible for government schemes like Ayushman Bharat. The project aimed to eliminate treatment abandonment, which is a major challenge in India due to high out-of-pocket expenses, limited insurance coverage, and financial distress, among low income families. Project followed a structured and simple selection process, ensuring that support reached the most deserving beneficiaries by verifying socio-economic condition and financial need assessments.

Key achievements of the project

- It ensured full financial support for 54 children battling paediatric cancer (during FY 2022-23), covering their entire treatment cycle including diagnostics, chemotherapy, medications, and nutrition support.
- It provided treatment adoption support for 18 children, ensuring uninterrupted medical care for up to 2.5 years for those who lacked financial aid from government schemes.
- The project supported 56 emergency medical interventions such as ICU transfers, severe infections, and critical antibiotic treatments, preventing life-threatening complications[1].
- It supported 4 children with central line funding, enabling pain-free chemotherapy and safer drug administration.
- Paediatric cancer treatment earlier saw high dropout rate (~8%) at KMC due to financial hardship and lack of awareness, hindering survival. The project reduced this to ~2% due to treatment completion.
- Prior to the project, survival in the region was ~30%[2], matching India's average. The project improved the survival rate to 80-90%[3], giving children a much greater chance of recovery.
- The project was aligned with government healthcare schemes such as Ayushman Bharat, bridging gaps in existing financial aid programs.
- It provided psychological and emotional counselling to families, ensuring that parents and caregivers received the support needed to cope with the challenges of long-term cancer treatment.
- The project maintained gender equitability in paediatric cancer care, with 37% of the beneficiaries being girls, helping to address gender-based healthcare disparities.
- The project received positive feedback from parents and caregivers, many of whom credited the project for saving their child's life and giving them hope for the future.

These achievements reflect the PCS Project's success in bridging financial gaps, improving survival rates, and ensuring equitable access to quality cancer care, making it a model for paediatric oncology support in India.

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[1] Based on the project completion report submitted by KMC.
[2] www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf
[3] Based on the project completion report submitted by KMC.

1. Introduction

1.1 Background

Kotak Securities Limited (KSL) is one of the oldest and trusted equity brokerage firms in India. It was established in 1994 as a subsidiary of Kotak Mahindra Bank Ltd. It offers comprehensive investment services across various asset classes such as equity, debt, mutual funds, commodities, and currencies. KSL serves more than 5 million customer accounts across India with its robust network spanning over ~310 cities, ~155 branches, and ~1000 franchises. KSL stands out for its diverse investment opportunities, accredited research, user-friendly investment platforms, and unique value-added services.

KSL has earned a reputation as a reliable partner for investors through its unwavering commitment to quality, innovation, and excellence. KSL contributes to the betterment of society, mirroring the same excellence it brings to its business endeavours. It has showcased its dedication to societal progress through impactful and meaningful CSR initiatives. The CSR efforts of KSL align with India's social development objectives and the United Nations' SDGs. KSL is making a meaningful and lasting impact by addressing key areas such as education, livelihoods, healthcare, environmental sustainability, sports etc. It remains committed to driving positive change through collaborative efforts, ensuring long-term societal benefits and sustainable development.

The project "Paediatric Cancer Support (PCS)" was implemented in FY 2022-23 with the CSR support of KSL. It was implemented by the Manipal Academy of Higher Education (MAHE) in Udupi (Karnataka) to support children battling cancers, ensuring uninterrupted treatment. The Manipal Comprehensive Cancer Care Centre (MCCCC) of MAHE provides specialized, evidence-based cancer treatment through personalized care. It ensures high-quality, tailored, and affordable cancer management through advanced genetic research and multidisciplinary expertise.

1.2 Growing Global Burden of Paediatric Cancer

Cancer is a major chronic, life-threatening disease. It is ranked as the second leading cause of death worldwide, following cardiovascular diseases. Its global burden is increasing at an alarming pace, with ~20 million new cases diagnosed in 2022. It is expected to rise by ~77%, reaching ~35 million cases annually by 2050[4].

Among these alarming trends, paediatric cancer is emerging as a critical global concern, profoundly impacting children and their families. There are ~4.1 lakh children and adolescents (0-19 years) develop cancer annually worldwide (in the year 2020). Every 1½ minutes, a child dies from cancer worldwide. A significant increase is observed among infants and children under five years age. Approximately 3.3 lakh children die every year due to paediatric cancer, making it a leading non-communicable disease causing mortality among children[5].

The incidence of key paediatric cancers has been rising globally. Hepatoblastoma (HB), Leukaemia [particularly Acute Lymphoblastic Leukaemia (ALL) and Acute Myeloid Leukaemia (AML)], Central Nervous System tumours (CNS), Ependymal tumours (EPN), Astrocytic tumours (AST), Neuroblastoma (NB) are major paediatric cancer worldwide[6].

There are significant geographical disparities in cancer diagnosis, treatment, and care. Most children diagnosed with cancer live in Low and Middle Income Countries (LMIC), where treatment

[4] https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services
[5] https://www.acco.org/international-statistics/
[6] https://academic.oup.com/jncics/article/3/1/pkz007/5435642

is often unavailable or unaffordable. As a result, only 20-30% children survive cancer, compared to over 80% in High Income Countries (HICs). This inequity hinders universal health coverage and threatens commitments under the 2030 UN Sustainable Development Agenda. Limited access to care, financial hardship for families, long-term side effects, and social discrimination further exacerbate the challenges faced by children in LMIC[7].

1.3 Burden of Childhood Cancers in India

Approximately 8 lac new cancer cases are reported every year in India (in the year 2020). Childhood cancer accounts for ~4% of all the reported cancers. However, the actual burden may be higher due to missed diagnoses and underreporting. The most common paediatric cancers in India are leukaemia, lymphoma, CNS tumours, and solid organ malignancies (Wilms' tumour, neuroblastoma, and bone cancers). Non-Hodgkin's lymphoma (a blood cancer that affects the lymphatic system) is prevalent in India. There is a higher incidence of childhood cancers in boys compared to girls[8].

India faces significant challenges in achieving survival rates of paediatric cancer comparable to HICs, primarily due to limited healthcare access, delayed diagnosis, treatment abandonment etc. Cancer care is centred around major cities, leading to difficulties in early diagnosis and timely treatment in rural areas. Families often abandon treatment due to financial constraints, affecting survival rates. Gender bias further exacerbates cancer care access issues as boys receive more medical attention than girls[9].

1.4 Need for the Project

The childhood cancer mortality rate in India is 39 children per million per year (2019). It is higher than the global average (30 children per million per year). Key factors contributing to high mortality include delayed diagnosis, lack of specialized healthcare, and treatment abandonment. The diagnosis is delayed by ~1 month in more than 80% of cases. In some cases, such as CNS tumours, mortality is due to limited availability of advanced imaging required for the diagnosis[10].

The prevalence of paediatric cancers varies across age groups. Among children aged 0-14 years, leukaemia is the most prevalent, accounting for 40% of cases, followed by lymphoma (12%), CNS tumours (11%), and bone cancer (8%). In the 0-19 years age group, leukaemia remains the leading cancer type at 36%, with lymphoma (12%), bone cancer (11%), CNS tumours (10%), and soft tissue cancers (7%)[11].

The proper treatment of paediatric cancer is received in small number of cases, it leads to poor outcomes. Children in LMIC including India, face significant barriers to cancer diagnosis and treatment. Failure to diagnose is a major issue, with only 44% of childhood cancer cases correctly identified due to a lack of medical resources, poor awareness, and reliance on traditional medicine. Treatment refusal and abandonment are also prevalent, affecting 50-60% of children due to financial constraints, painful procedures, and low chances of survival. Addressing these challenges require intervention to improve diagnosis, accessibility, and quality of care[12].

1.5 About the Project

The project "Paediatric Cancer Support (PCS)" provided financial support to children battling cancers, ensuring uninterrupted treatment. The Manipal Academy of Higher Education (MAHE)

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[7] www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf
[8] www.ncdirindia.org/All_Reports/Childhood_Cancer/resources/Introduction.pdf
[9] https://www.sciencedirect.com/science/article/pii/S1877782120300138
[10] https://pmc.ncbi.nlm.nih.gov/articles/PMC5493242/#:~:text=We%20determined%20an%20overall%20age,most%20jurisdictions%20(Table%203)
[11] https://www.indianpediatrics.net/jan2024/39.pdf

trust was established in May 1993. Kasturba Medical College (KMC) is one of the key divisions of MAHE. It is recognized among the top 10 medical colleges in India, having 2,032 beds to serve patients from Karnataka, Kerala, Goa etc.

Comprehensive Cancer Care Centre (MCCCC) of 280 beds was established by KMC in October 2018. Paediatric Haematology and Oncology Division (PHOD) was established in November 2019 under MCCC. PHOD is a 20-bed Paediatric Haematology and Oncology ward, equipped with HEPA (High Efficiency Particulate Air) filtered induction rooms for infection prevention. The division supports childhood cancer treatment such as bone marrow transplantation, blood transfusions, chemotherapy etc. Cancer support for children of PCS project was provided under the PHOD.

As leukaemia is the most prevalent paediatric cancer in India, the project specifically targeted underprivileged children who are ineligible for government schemes such as Ayushman Bharat, due to not enrolling in this national public health insurance scheme. It bridges the financial gap. The project aimed to enhance treatment accessibility, survival rates, and financial security for families battling childhood leukaemia and other cancers, which requires long-term, intensive treatment.

The project covered below components:

- Adoption of children for treatment, ensuring comprehensive medical care such as medications, therapy, and nutrition for up to 2.5 years.
- Emergency seed funding for ICU transfers, severe infections, and other critical medical emergencies.
- Central line funding, facilitating pain-free chemotherapy and drug administration.
- Palliative care support for end-of-life care and bereavement support for families.

2. Approach and Methodology

2.1 Approach

The study aimed at the Impact Assessment of the **"Paediatric Cancer Support (PCS)"** project, which was supported by the KSL CSR initiative. The project was implemented in Udupi (Karnataka) in FY 2022-23. The Impact Assessment study was conducted for the following broad objectives and outputs:

01 ***Impact on Beneficiaries***
To evaluate the level of awareness and impact on the target beneficiaries

02 ***Best Practices***
To identify best practices

03 ***Area of Improvement***
To suggest areas of improvements and innovative approaches basis market trends.

2.2 Methodology

The team adopted a Qualitative Research methodology for impact assessment. The study followed a well-defined methodology, participative and research-based strategy, consisting of a five-stage process for undertaking this study as explained below:

Context Setting	• Building common understanding of project terminology. • Introduction to key stakeholders / implementation partners
Research Design	• Desk review of project documents • Primary research tool preparation • Sharing of inception report with tools for approval of KSL
Primary Research	• Training of field research team • On-field data collection through quantitative methods to analyse programmatic elements
Analysis	• Data analysis based on OCED-DAC 'REECIS' Framework • Triangulation against qualitative research through KIIs
Output Report	• Detailed report on observations, analysis, inferences, and recommendations • Presentation of Findings

2.3 Data Collection Tools

2.3.1 Development of assessment framework: The team developed research objectives, key probe areas, and methodology of interaction with stakeholders. This helped in the effective designing of research instruments.

2.3.2 Primary data acquiring tools: The team prepared an Interview Guide for collecting qualitative data from beneficiaries and KIIs (Key Informant Interviews) based on the assessment framework

2.4 Sampling techniques

The study followed the Convenience Sampling Technique for the selection of respondents among parents of beneficiaries and KIIs (Key Informant Interviews) for interviews.

2.5. Acquiring Information and Data Collection

Primary and secondary research was conducted to acquire the necessary data for the program. Field-level data were collected through interviews with parents of beneficiaries and Key Informant Interviews (KIIs). The team interviewed 12 parents of beneficiaries, 1 oncologist, 1 medical social worker and 1 team member of implementation partner.

2.6. Analyzing the information

After the primary and secondary research, the team compiled and tabulated the acquired data. Tabulated data was analyzed and triangulated with the findings of KIIs to get insight as per the requirement of the study.

The assessment was done through the REECIS evaluation framework, developed by the Organization for Economic Co-operation and Development (OECD) and Development Assistance Committee (DAC). It includes analysis of the results based on parameters such as Relevance, Effectiveness, Efficiency, Coherence, Impact and Sustainability. It is explained below:

REECIS Evaluation Framework

Relevance
Doing the right things for location and beneficiaries

Effectiveness
Objective achievement target v/s achievement for the project

Efficiency
Resource utilization- cost, time, and manpower

Coherence
Fit for larger ecosystem- aligning the initiatives with the institutions.

Impact
Difference made against the baseline and intended / unintended impact.

Sustainability
How long the impact lasts in form of outcomes, scalability of the program, continuation of the activities and outcome.

2.7. Documentation and Report Preparation

The team prepared a detailed report of the Impact Assessment study of the "Paediatric Cancer Support (PCS)" project covering all the necessary aspects in accordance with the findings of the data analysis.

3. Findings and Analysis

3.1 Inclusiveness

The project supported inclusiveness in paediatric cancer care by integrating medical, financial, and post-treatment support into a single framework. It ensured that the children battling cancer, receive equal opportunities for treatment and recovery, irrespective of their economic and social status.

3.1.1 Eliminating Barriers to Treatment Access

The PCS project adopted an inclusive approach to target the families of underprivileged sections of society, who were not covered under government insurance schemes such as Ayushman Bharat. It was crucial as nearly 80-90% of families (~200 patients per year) seeking paediatric oncology care at PHOD belonged to Below Poverty Line (BPL) sections. Approximately 50% of them (~100 patients) lacked the necessary documents or insurance cover to avail government aid for the treatment[13].

The project ensured that children diagnosed with cancer receive timely and high-quality medical care, regardless of their socio-economic background. Many families who were unaware of financial assistance, struggled due to the high treatment costs. The majority of the beneficiary families (~48%) were engaged in farming. Families dependent on daily wage labour, or skilled self-employment such as drivers, barber etc. accounted for ~30%. Economically, ~95% of the families belonged to low-income categories.

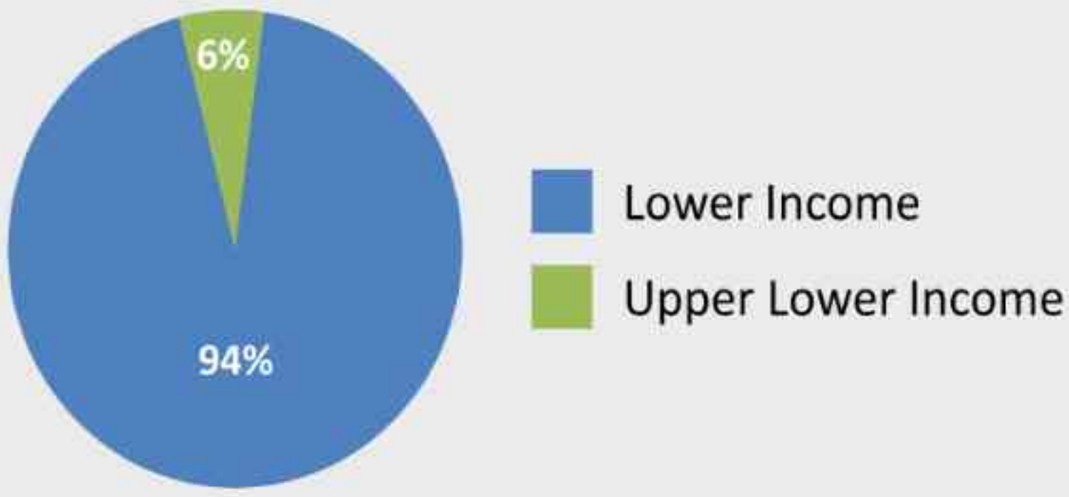
The project adopted a simplified documentation process, which ensured that families could access the program without extensive paperwork such as income certificates or insurance etc. Many patients reported that submitting basic documents such as Aadhaar and ration cards was sufficient for eligibility verification. It removed the complex documentation process which often exclude marginalized communities.

Occupation of Beneficiary Families

Occupation	No. of Families
Farmer	26
Daily wage worker	9
Skilled self employment (Driver, barber, auto driver etc.)	7
Business (Shop, Vegetable vendor etc.)	5
Job (Receptionist, hospital staff, garment shop etc.)	3
Other	4
Total	**54**

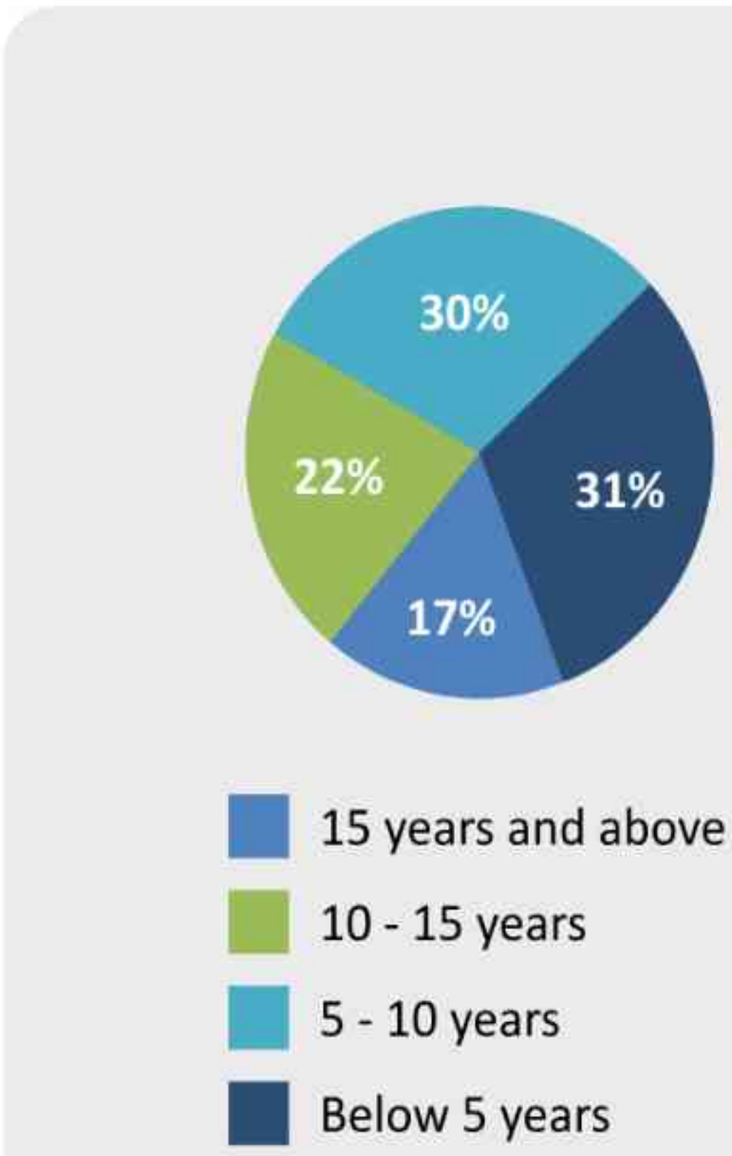
[13] Based on the project completion report submitted by KMC

Economic Background of Beneficiary Families

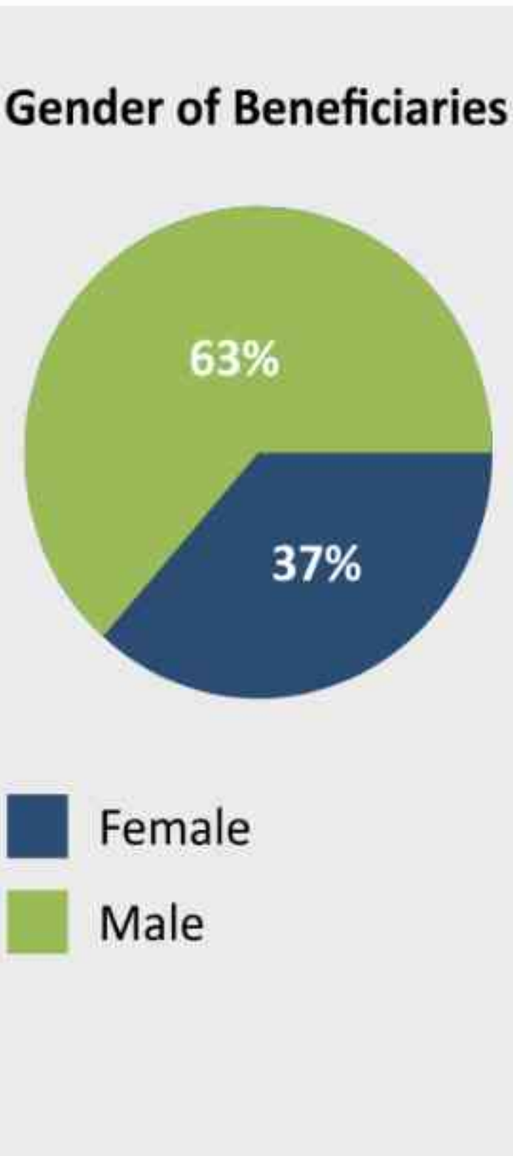


3.1.2 Gender and Age Representation

The project ensured equitable healthcare access for children across different demographics. The project included ~37% female beneficiaries, aiming to address gender bias in cancer care, as boys often receive more medical attention than girls. PCS catered to children across various age groups, with over 60% of the beneficiaries being below 10 years of age. Families mentioned that children were treated with dignity, and no child was prioritized over another based on financial status or social identity.



Gender of Beneficiaries



3.1.3 Emotional and Psychological Support

The project prioritized emotional and psychological support for families. It ensured that parents struggling with distress situation received counselling and guidance especially in moments of hopelessness or when considering extreme steps. The hospital staff and coordinators were empathetic with the family members. They went beyond medical care, serving as a pillar of strength for parents and caregivers. It fostered an environment where families felt valued and supported along with being treated as patients.

It is observed that the project provided some level of counselling, however families still experienced immense emotional distress during treatment.

The father of a child battling leukaemia, a daily wage labourer and the single breadwinner of the family, shared: "For my child, it was difficult to understand what was happening, especially with the kind of treatment is given. But for us as parents, it was the worst nightmare imaginable. Project support has not only given us financial relief but also strengthened us emotionally with reassuring conversations and positive & supportive interactions during the treatment. It relieved financial burden and treatment cost was never a worry during the treatment."

3.2 Relevance

The PCS project is relevant because it addressed both the medical and socio-economic challenges faced by families of children with cancer. It ensured financial accessibility, provided holistic care and reduced emotional distress for families with limited financial means and social support.

3.2.1 Bridging the Gaps in Paediatric Oncology Care

Paediatric cancer treatment presents many challenges in India. Families often face challenges of high out-of-pocket expenses due to limited insurance coverage. The treatment costs are approximately Rs 5 to 12 lac per patient, which is often unaffordable for many low-income families. It forces parents to take extreme measures such as selling the land or taking high-interest loans. It leads to a high abandonment rate (~30% cases) of treatment. The PCS project bridged these gaps by offering full financial coverage for children ineligible for government aid, ensuring that no child was denied life-saving treatment due to financial constraints. Families experienced relief, as highlighted during the primary research. Parents expressed that the removal of financial burden and stress allowed them to focus on caregiving. They shared that their bond with their children and family members improved, as they could support each other better without the strain of economic distress.

3.2.2 Reducing Childhood Cancer Mortality

Childhood cancers have shown remarkable advancements in treatment outcomes over the years. Early diagnosis and timely intervention significantly improve survival rates. Common childhood cancers have seen a dramatic increase in cure rate, which was only 10% in the 1960s. However, survival rates are significantly lower (20%-30%) in LMICs including India compared to HICs (over 80%), due to limited access to quality care, financial constraints, and lack of awareness. Approximately 70% of childhood cancer deaths in India are preventable through early diagnosis and uninterrupted treatment. The project is aligned with the WHO's global initiative to achieve a 60% survival rate for childhood cancer in LMICs by 2030[14].

The project played a role in improving survival rates among beneficiaries by ensuring timely medical intervention. It helped families cope with the challenges of long-term treatment by removing financial barriers and ensuring complete treatment. The project directly contributed to increased survival rates and better health outcomes for children diagnosed with leukaemia.

3.2.3 Long Term Societal Impact

The impact of the project extended beyond the immediate medical treatment assistance of children with leukaemia, contributing to broader societal benefits. It reduced the financial burden on families, preventing them from falling into deeper poverty due to catastrophic healthcare expenses. The project bridged this gap by providing knowledge of funding options and guiding them through the application process.

[14] www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf

3.3 Effectiveness

The effectiveness of the PCS project has been evaluated based on its progress against the input and output activities as detailed in the impact map. The planned input activities and intended outputs of the project are given below:

Planned Activities	Intended Outputs
1. Outreach, identification, screening, and verification of beneficiaries. 2. Support for the complete treatment cycle. 3. Support in the central lines for paediatric chemotherapy. 4. Emergency care support for critical care.	1. Number of children with cancer reached out for providing supported for the treatment 2. Number of children adopted for the treatment, throughout their entire course of cancer care. 3. Number of children supported in the central lines for safe and effective chemotherapy administration. 4. Number of children supported in emergency care for timely intervention in urgent medical situations.

3.3.1 Identification, Screening, and Verification of Beneficiaries

The PCS project adopted a structured and efficient selection process to ensure timely diagnosis, referral, and financial assistance for children in need. It adopted the timely referral system which played a key role in directing children without delay to specialized care centres. MAHE team promptly assessed families' financial conditions and connected them to the project funding support, which ensured swift initiation of treatment. Many families reported that they were enrolled in the program within a few days of diagnosis, highlighting the efficiency of decision-making and resource allocation.

The simplified documentation reduced delays and ensured that the support was easily accessible to those in urgent need. Families praised the straightforward and hassle-free application process.

However, families expressed that awareness about the program is still limited, and many parents do not have information about the project.

> A mother of a child battling paediatric cancer, working as a construction labourer, shared: "The process was very simple for us; we didn't face any difficulties with documentation. We only had to submit our Aadhaar card, ration card, and income certificate. We already had all the documents."

3.3.2 Screening and Selection Criteria

A multi-step screening and verification process was implemented to ensure that funds reached the most deserving beneficiaries. The medical social worker team, in collaboration with Tata Memorial Hospital, Mumbai, conducted background checks to assess families' socio-economic status. It included validating land /asset ownership, vehicle possession, insurance coverage, existing government scheme benefits etc. Families classified as BPL and

unable to access government schemes due to lack of insurance coverage were deemed eligible for support.
A second round of due diligence included the bank account verification and other financial assessments by medical social workers. The case was forwarded to the hospital committee for the final approval after the assessment of financial need. This committee comprised the Head of the Department of Paediatric Haematology and Oncology, the Dean of the Medical College, and the Medical Superintendent. Approval required signatures from at least two out of the three committee members, ensuring a transparent and accountable process. Many families expressed that funding approvals were granted within 15-20 days.

> The Head of Paediatric Oncology and Haematology shared: "We had adopted a well-defined selection process with a comprehensive checklist to ensure support reaches the most deserving patients. This includes thorough background verification, review of government documents like ration cards and income certificates, and an assessment of the family's financial situation through personal interviews."

3.3.3 Comprehensive Support System for Children

The PCS project ensured that children diagnosed with cancer receive uninterrupted and holistic care. It supported the treatment of 54 paediatric cancer patients. It addressed financial gaps in paediatric oncology treatment by offering long-term support, emergency aid, palliative care, etc.

- **Adoption for Treatment**
  Project ensured complete financial support for children who did not qualify for government schemes like Ayushman Bharat or any insurance coverage. Each adopted child received full treatment for up to 2.5 years. It covered medication, chemotherapy, radiation, emergency funding, nutritional support etc. The project targeted to adopt 19 children. It supported 18 children by adopting them for treatment during their entire course of cancer treatment[15]. It prevented treatment abandonment and ensured that children completed their cancer treatment without financial distress.

Type of Funding Support Through Project	
Type of support	No. of Beneficiary
Emergency Seed Funding (ESF)	26
Adoption funding	9
Adoption funding and ESF	7
Central line funding and ESF	5
Central line funding	3
Total	**54**

[15] Based on project completion report of KMC
[16] Based on project completion report of KMC

- **Emergency Seed Funding**

  Paediatric cancer treatment involves unforeseen medical emergencies, such as ICU transfers, severe infections requiring higher antibiotics, antifungal treatments etc. It requires specialized medications. Most of the insurance schemes cover only one such emergency episode, but childhood cancer patients typically experience 3 to 4 emergency episodes per year. The project had provision of financial support for up to 3 emergency episodes per child, ensuring that sudden complications do not disrupt ongoing therapy. The project targeted to support 10 emergency episodes. It funded 56 emergency episodes[16].

- **Central Line Funding**

  Children undergoing chemotherapy require intravenous (IV) access to administering medications, chemotherapy, blood transfusions, lab tests etc. Repeated needle insertions can be extremely painful and difficult, particularly for child patients. The program targeted to fund 19 children in central intravenous lines (ports). It supported 4 children in central Lines funding providing a pain-free and efficient method for medication administration. These intravenous ports remained in the body for up to two years, improving the comfort, adherence to treatment and safety of paediatric cancer patients during prolonged treatment. It reduced overall infection risks by improving treatment adherence, and reduced hospital visits for minor procedures.

- **Palliative Care Support**

  Palliative care plays a crucial role in ensuring comfort, dignity, and pain management for children with advanced-stage cancer where curative treatment remains unviable. Existing government schemes do not cover palliative care or bereavement support. The project intended to provide dignified care to children in their final days and support families emotionally and psychologically through counselling.

  PCS project targeted to support 20 children for palliative care to ensure access to end-of-life care, pain relief, emotional support, and bereavement services[18]. It was observed that none of the children required supported palliative care because the patients requiring palliative care had in-house funding available to them.

Type of Paediatric Cancer Patients Supported through PCS	
Name of Cancer	No. of Beneficiary
B ALL	21
Osteosarcoma	6
Ewings Sarcoma	4
T ALL	4
AML	2
CML	2
Hepatoblastoma	2

[17] IBID
[18] IBID

Type of Paediatric Cancer Patients Supported through PCS	
Name of Cancer	No. of Beneficiary
Hodgkins	2
Neuroblastoma	2
Rhabdomyosarcoma	2
ALCL	1
APL	1
Burkitts Lymphoma	1
Hepatoblastoma	1
Medulloblastoma	1
NRSTS	1
Wilms Tumor	1
Total	**54**

3.3.4 Ensuring Continuous and Uninterrupted Treatment

One of the primary challenges in paediatric cancer care is treatment abandonment due to financial constraints. The PCS project has effectively mitigated this issue by providing complete financial assistance for children. The project covered essential aspects of treatment, including chemotherapy, hospitalization, diagnostic tests, and emergency care. The project eliminated out-of-pocket expenses by covering treatment costs, thereby preventing families from falling into a cycle of debt. It also offered nutritional support, and accommodation assistance to the families collaborating with the support of Access Life Assistance Foundation reducing the indirect costs associated with prolonged hospital stays.
However, it is observed that many families, especially those from remote areas, struggle with long-distance travel for treatment. The financial burden of transportation adds stress to parents in availing the treatment. making it difficult for them to focus on caregiving.

3.4 Efficiency

The efficiency of the project has been measured based on the intended outcome of the program. The "Paediatric Cancer Support" project was intended to support 60 children by providing cancer care and treatment.

3.4.1 Targeted Support

The project has demonstrated efficiency in terms of speed, resource utilization, cost-effectiveness, and impact delivery. It ensured fast fund disbursement by removing administrative hurdles and optimizing hospital resources. The project supported 54 children during FY 2022-23. The project provided comprehensive support for children undergoing primary cancer treatment such as chemotherapy. Additionally, it assisted 6 children with secondary cancer treatments such as radiotherapy (1 child) and surgery (5 children).

3.4.2 Streamlined Fund Allocation and Utilization

The PCS project has established an efficient system for fund allocation and disbursement, ensuring that financial aid reaches the right beneficiaries without delay. The project followed a structured selection and approval process. Once approved, funds were directly transferred to the hospital under a sub-ledger account, ensuring immediate access to treatment funds. It has minimized delays and enabled faster commencement of treatment.

3.4.3 Coordinated and Integrated Healthcare Approach

The project functioned through effective coordination between doctors, hospital administrators, and KSL, ensuring seamless treatment execution. It ensured regular inter-departmental communication between medical teams and financial coordinators which prevented any disruptions in treatment schedules. It ensured that medications, surgeries, and therapies were planned efficiently, minimizing unnecessary hospital stays and resource wastage.

> The father of a child battling cancer, a daily wage labourer, shared: "The hospital ensured daily monitoring of my child's care, including nutrition and medication. We were informed about every treatment step and given regular follow-ups on medication. The team also provided counselling on maintaining hygiene and proper nutrition, ensuring we were well-guided throughout the process."

3.4.4 Fund Management and Compliance

The finance team maintained a detailed log of funds received, utilized, and the corresponding medical expenses incurred. Funds were directly transferred to KMC, minimizing the risk of fraud, misuse, or administrative inefficiencies. It ensured that resources were exclusively used for treatment, eliminating unnecessary expenditures on intermediaries. The project also adhered to CSR compliance norms. It provided quarterly fund utilization reports and audited financial statements at the end of the fiscal year. The efficient selection process ensured that financial aid reached the children from underprivileged sections without unnecessary delays. The hospital committee overseeing fund disbursement ensured that decision-making remains fast, transparent, and patient-centered.

3.4.5 Optimal Use of Hospital Infrastructure and Staff Resources

The hospital staff were able to manage multiple cases efficiently without overburdening the system. The presence of dedicated coordinators for patient assistance ensured that medical teams could focus on treatment rather than administrative tasks. The project ensured that hospital resources such as beds, medical supplies, and staff expertise were utilized to their full potential, minimizing wastage and maximizing impact.

The HOD of paediatric oncology and haematology shared that, “the existing hospital staff is under workload pressure, managing both medical care and administrative responsibilities like reporting fund allocation and beneficiary tracking”.

> A father of a child battling leukaemia, an agricultural labourer, said, "Without the project's support, we had no hope. All we could do was watch our child suffer and pray for a miracle."

3.4.6 Monitoring and Evaluation (M&E) System

The PCS Project has implemented an M&E framework to track patient progress, fund utilization, and health outcomes. However, it is observed that a structured data management and tracking system is not maintained. It is essential to document patient demographics, socio-economic backgrounds, and clinical outcomes for assessment of the progress of the project.

3.4.7 Timely and Regular Medical Follow-Ups

The project adopted a structured follow-up system ensuring that children were treated and monitored post-recovery to prevent relapses or complications. Routine check-ups and counselling sessions with patients and families were conducted, minimizing the risk of post-treatment neglect and ensuring long-term well-being.

> The father of a child battling cancer, a daily wage labourer and the sole earning member of a family of four, shared: "The medical care at the hospital was excellent. The doctors were approachable, and the nurses and staff were always polite, responsive, and genuinely caring."

3.5 Coherence

The project is coherent with the objectives of India’s national healthcare programs and the UN SDGs. It addressed critical gaps in access, affordability, and quality of cancer care.

3.5.1 Alignment with Schemes of Government of India

- **Bridging Gaps of the Ayushman Bharat Scheme**
  The Ayushman Bharat Scheme aims to provide financial protection to vulnerable populations for catastrophic health expenditures. The scheme provides health insurance with annual coverage up to Rs 5 lac per person. However, it offers partial coverage and does not include critical diagnostic tests, emergency medical care beyond a single episode, long-term chemotherapy and supportive care and essential medical equipment like central lines.

The PCS project goes beyond the intend of the Ayushman Bharat Scheme, supplementing it through bridging the gaps of the scheme by offering comprehensive financial coverage for children ineligible for Ayushman Bharat scheme, ensuring that families do not suffer economic distress due to treatment costs.

- **Rastriya Arogya Nidhi (RAN)**
  RAN provides financial assistance for patients living below the poverty line who are suffering from life-threatening diseases. However, it is not universally accessible due to bureaucratic delays, complex documentation, and fund limitations. PCS project complemented the objectives of RAN. It simplified access to financial aid, requiring only basic identification documents and ensuring quick approval. It significantly reduced treatment abandonment.

- **National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS)**
  NPCDCS, under the Ministry of Health and Family Welfare, focuses on cancer awareness, early detection, and prevention. The PCS project aligned with NPCDCS goals by ensuring that children diagnosed with cancers receive timely medical intervention and holistic treatment.

- **National Health Policy (NHP)2017**
  The National Health Policy advocates for reducing the financial burden of healthcare on families and ensuring universal health coverage. The project aligned with the policy's focus on equity and inclusion in healthcare delivery. The project also integrated palliative care into healthcare systems like NHP 2017.

3.5.2 Coherence with SDGs

The project provided financial security to families who would otherwise fall into poverty due to high cancer treatment costs. It reduced economic vulnerability by covering full treatment costs, emergency funding, and palliative care, preventing families from selling assets or taking high-interest loans.

The project provided improved early diagnosis and uninterrupted cancer treatment, directly contributing to reducing childhood cancer mortality in India. It provided comprehensive cancer treatment to children from low-income backgrounds, ensuring financial risk protection and access to essential healthcare services

The project supported 37% of female beneficiaries. It demonstrated a commitment to addressing gender disparities in paediatric cancer treatment access. It eliminated gender-based healthcare bias. It ensured that females, who often face societal and financial discrimination, receive critical healthcare services.

The project prioritized BPL families and ensures equal access to treatment regardless of caste, religion, or gender.

The project followed a multi-stakeholder approach, and established collaboration between KMC, MAHE, KSL etc, ensuring sustainable impact through CSR funding.

3.6 Impact

The project has been evaluated based on its intended impact. The project "Paediatric Cancer Support" had the following intended outcome:

1. Reduction of dropout rate in paediatric cancer treatment
2. Increasing survival rate for paediatric cancer patients through access of quality healthcare
3. Financial resilience and economic support for families

The project had a measurable impact on economically disadvantaged cancer patients and their families.

3.6.1 Reduced Dropout

A significant issue in paediatric cancer treatment is the high dropout rate, primarily due to financial hardship and lack of awareness. It was observed that ~8% of children would discontinue treatment at KMC during various stages, reducing their chances of survival. The comprehensive financial support and counselling services of the project reduced dropout at KMC to ~2% . It ensured that nearly all enrolled children completed their treatment without interruption, leading to improved survival outcomes.

3.6.2 Increased Survival Rate for Paediatric Cancer Patients

The PCS project has an impact on survival outcomes for children with cancers. Prior to the implementation of the project, the paediatric cancer survival rate in the intervention region aligned with India's national average i.e. ~30%. The support of the project which included full cycle funding enhanced the survival rate to between 80% and 90%through interventions such as medication, therapy, emergency intervention, nutritional support etc. It ensured that more children had a chance of long-term recovery and a healthier future.

3.6.3 Financial Relief and Reduced Economic Burden on Families

Cancer treatment is financially devastating for low-income families. It often leads to heavy debt, asset liquidation, or extreme measures such as withdrawing children from school to manage expenses. The PCS project has removed this burden by fully covering the cost of treatment for children from underprivileged backgrounds. It protected families from taking on unsustainable financial liabilities. Parents who were once on the verge of selling their land or taking loans have been able to preserve their livelihoods while ensuring the best possible care for their children.

It is observed that many parents face financial challenges even after the treatment is completed, particularly in managing follow-up care, nutrition, and reintegration into daily life

3.6.4 Improved Psychological and Emotional Well-being for Families

The psychological toll of childhood cancer is immense, for the children and their parents & siblings. Many families reported experiencing severe stress, anxiety, and depression upon diagnosis, primarily due to uncertainty over treatment costs and survival chances. PCS Project has helped families cope better with the emotional strain, by providing financial security, medical guidance, and psychological counselling. It fostered a more positive and hopeful outlook.

3.6.5 Better Healthcare Infrastructure for Paediatric Oncology

The project has strengthened the healthcare infrastructure at KMC by streamlining paediatric oncology services, improving fund management, and ensuring continuous monitoring of patients. The introduction of central line funding, palliative care support, and emergency seed funding have enhanced the hospital's capacity to provide high-quality care, making it a centre of excellence for paediatric cancer treatment in the region.

A Mother's Hope Restored

A mother from Shivamogga (Karnataka) working as construction labour, depended on daily wages with very little earnings to support her family. She was devastated when her child was diagnosed with paediatric cancer. The initial diagnosis was done in their hometown, and they were later referred to Manipal Hospital for specialized treatment. However, arranging funds for the expensive treatment seemed impossible, leaving them with no support from family or any financial resources. "At that time, all we could do was pray to God, as we had no hope," she recalls.

The hospital management stepped in and guided her through the PCS Project, which covered her child's treatment. The documentation process was simple, only requiring an Aadhaar card, ration card, and income certificate and within 15 days, the treatment began. "We did not have to face any challenges in accessing treatment support," she says.

Throughout the treatment, the doctors and staff were friendly and understanding, always keeping her informed about her child's condition, medication, and necessary follow-ups. The hospital also provided counselling on hygiene and nutrition, ensuring holistic care. The coordinators were always available, making them feel comfortable in asking questions about the treatment.

Today, her child is recovering well. With deep gratitude, she shared: "There are no words to explain the kind of help we received through this program. My child never lacked anything, and we are happy today because our child is healthy. This program has given us relief, treatment, hope and built a foundation for a better tomorrow."

3.7 Sustainability

The project has successfully laid the foundation for a long-term, sustainable model in paediatric cancer care. The project ensured continued high-quality treatment for underprivileged children through financial planning, diversified funding, infrastructure improvements, preventive interventions, medical capacity building, and strong monitoring mechanisms. PCS Project has embedded systemic solutions and brought a long-lasting impact-driven healthcare model, transforming the landscape of paediatrics oncology support in India.

[19] Based on project completion report of KMC

[20] Based on the project completion report submitted by KMC.

3.7.1 Long-Term Financial Planning

KMC has ensured the sustainability of the project by securing CSR support from other organisations such as the Indian Cancer Society, Leukaemia Crusaders etc along with KSL. These collaborations secured long-term funding for the initiative. This diversification of support sources minimizes the risk of dependency on one funding source, making the project more resilient to economic fluctuations and funding challenges.

3.7.2 Holistic Support in Paediatric Cancer Care

Many childhood cancers are curable if diagnosed early, but a lack of financial resources often delays critical diagnostic tests and initial interventions. Collaboration of KMC with the Indian Cancer Society, Leukaemia Crusaders supported the initial diagnostic tests worth Rs 25,000. It has enabled timely diagnosis and faster initiation of therapy, significantly improving treatment outcomes.

It also offered nutritional support, and accommodation assistance to the families with the support of Access Life Assistance Foundation enabling families from remote areas to access the same level of treatment as privileged families, bridging the healthcare gap between economic classes.

3.7.3 Community Awareness and Preventive Interventions

KMC promoted awareness campaigns and early diagnosis initiatives with the support of paediatrics and ASHA workers, helping communities understand the importance of early cancer detection and treatment adherence. It will reduce the number of late-stage cancer cases, which require extensive and costly treatments. This preventive approach ensures better healthcare outcomes with lower financial strain on the project.

3.7.4 Creating a Scalable and Replicable Model

The structured approach of the PCS project from patient screening to fund allocation and treatment completion has made it a scalable model that can be replicated in other hospitals across India, ensuring sustainable paediatric cancer care at a national level.

4. Best Practices, Suggestions and Conclusion

4.1 Best Practices of the Program

4.1.1 Comprehensive Financial Coverage for Treatment

PCS project provided financial support for paediatric cancer patients. It ensured that children received uninterrupted treatment by covering all essential medical expenses, including chemotherapy, diagnostic tests, long-term medication, and emergency interventions. It reduced treatment abandonment and improved survival rates.

4.1.2 Timely Identification and Referral System

The project established an efficient early referral mechanism that ensured children were diagnosed and directed to specialized treatment centres without unnecessary delays. The hospital promptly assessed financial needs and connected eligible families to funding support within a few days of diagnosis, ensuring immediate treatment commencement. It increased the chances of successful recovery by minimizing delays in medical intervention.

4.1.3 Simplified and Accessible Documentation Process

PCS project adopted a streamlined documentation system. Families only needed to submit basic identification documents such as Aadhaar, ration cards, and income certificates to qualify for financial support. This reduced hurdles, making it easier for low-income families with limited administrative knowledge to access treatment without difficulty.

4.1.4 Efficient Screening for Financial Assistance

To ensure that financial support reaches the most deserving patients, the project implemented a robust screening and verification system. A team of medical social workers conducted background checks on applicants, verifying their financial status through personal interviews, documents, and asset ownership assessments. This multi-tier approval process ensured transparency and accountability in fund disbursement.

4.1.5 Strong Monitoring and Evaluation (M&E) Framework

The project implemented a robust M&E system to track patient progress, fund utilization, and health outcomes. Monthly reports were prepared detailing financial disbursements and treatment updates, ensuring transparency in fund allocation. It prevented misallocation of resources and enabled quick decision-making to optimize treatment protocols.

4.1.6 Equitable and Inclusive Healthcare Access

The project prioritized children from marginalized communities, ensuring equal access to high-quality treatment regardless of financial status, gender, or social background. It actively worked to eliminate gender bias by ensuring that female beneficiaries had the same opportunities for treatment as boys, addressing an often-overlooked disparity in paediatric healthcare.

4.2 Suggestions for Improvement of the Program

4.2.1 Strengthening Project Implementation with Additional Manpower

The existing hospital staff handling the project face significant workload challenges, balancing medical care with administrative responsibilities. To ensure smooth project execution and efficiency, it is recommended to recruit dedicated personnel for project management, reporting, and coordination.

4.2.2 Increasing Awareness and Outreach

Despite the significant impact of the project, awareness about its existence remains limited, preventing many families from accessing timely treatment support. Conducting community-based awareness programs can help educate families about early cancer detection, available financial aid, and treatment options. Collaborations with primary paediatrician, local hospitals, and community health workers can ensure that patients receive early diagnosis and timely referrals to specialized treatment centres.

4.2.3 Enhancing Emotional and Psychological Support

Cancer treatment is physically demanding and emotionally distressing for both children and their families. While the PCS Project provides some level of counselling, families continue to experience high levels of stress. Expanding counselling services to provide regular psychological support for parents and caregivers can help them cope with fear and uncertainty. Creating peer support groups, where families can share their experiences and find strength in each other, would foster a sense of community.

4.2.4 Employ Caregivers as Temporary Staff

KMC can offer temporary, paid employment opportunities within the medical facility to parents and caregivers, providing a small income while allowing them to stay close to their children.

4.2.5 Strengthening Post Treatment Support

Even after successful cancer treatment, families often struggle financially and socially as they try to return to normal life. Implementing a long-term follow-up care system can help monitor children's health after treatment, ensuring they continue to recover without setbacks. Providing support for Artificial Limb, Hormone therapy would help the child's continued physical well-being.

4.3 Conclusion

PCS project has set a benchmark in paediatric oncology care by ensuring that no child is denied life-saving cancer treatment due to financial constraints. It provided comprehensive medical coverage and addressed logistical, psychological, and socio-economic barriers through its holistic approach. The project has significantly improved treatment accessibility and survival rates with respect to paediatric cancer affected.

The project's emphasis on palliative care, psychological counselling, and post-treatment educational continuity demonstrates its commitment to the long-term well-being of children and their families. It offered equitable healthcare access by reducing the economic burden on families. The project has created a sustainable and replicable model for addressing paediatric cancer care in India.

5. List of Abbreviations

- KSL - Kotak Securities Limited
- SDGs - Sustainable Development Goals
- CSR - Corporate Social Responsibility
- OECD - Organization for Economic Co-operation and Development
- DAC - Development Assistance Committee
- REECIS - Relevance, Effectiveness, Efficiency, Coherence, Impact, Sustainability
- KII - Key Informant Interview
- RAN - Rashtriya Arogya Nidhi
- NPCDCS - National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke
- CT - Computed Tomography
- FY - Financial Year
- ICU - Intensive Care Unit
- PCS – Paediatric Cancer Support
- BPL – Below Poverty Line
- LMIC – Low- and Middle-Income Countries
- HIC – High-Income Countries
- KMC – Kasturba Medical College
- MAHE – Manipal Academy of Higher Education
- MCCCC – Comprehensive Cancer Care Centre
- PHOD – Paediatric Haematology and Oncology Division
- WHO – World Health Organization
- M&E – Monitoring and Evaluation
- HEPA – High-Efficiency Particulate Air
- MCC – Manipal Comprehensive Cancer Care
- NITI Aayog – National Institution for Transforming India
- NCD – Non-Communicable Diseases

About NuSocia

NuSocia is an impact advisory firm, headquartered at Pune and having its consultants working across Delhi, Mumbai, Bangalore, Kolkata and Pune and at locations outside India at Dubai, Toronto and Muscat.

Established in 2017 and incubated at IIM Bangalore NSCRCEL, NuSocia is working with the mission to enable the Social ecosystem with impact that is evident. The team comprise of consultants, researchers, social sector professionals and data scientists with a common passion to generate ideas that matter for the people and the planet. It work with Corporates, Governments, Foundations, and Non-profits to help them maximize, manage, measure, and communicate their social impact.

Clients select us for our expertise to bring the best of the global framework and marry it with the ability to connect at the grassroots level and thus creating and delivering practical solutions to the unique client requirements. As a knowledge driven organization, NuSocia focus on research and collaboration to design innovative solutions and work across the entire social impact lifecycle offering services in CSR strategy, needs assessment, program design, implementation, monitoring & evaluation, impact assessments, communication, and more.

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