# Impact Assessment Report

## Paediatric Oncology Project

Prepared By: NuSocia | December 2025

Prepared For: Kotak Securities Limited

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## Ethical Consideration

**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.

# Table of Contents

*Executive Summary* 5
*Introduction* 6
Background 6
Growing Global Burden of Paediatric Cancer 6
Burden of Childhood Cancers in India 7
Need for the Project 7
About the Project 8
*Approach and Methodology* 9
Approach 9
Methodology 9
Data Collection Tools 10
Sampling techniques 10
Acquiring Information and Data Collection 10
Analysing the information 10
Documentation and Report Preparation 11
*Findings and Analysis* 12
Inclusiveness 12
Relevance 14
Effectiveness 15
Efficiency 18
Coherence 19
Impact 20
Sustainability 21
*Social Return on Investment (SROI) of the POP Project* 23
*NGO Review System* 26
*Best Practices, Suggestions and Conclusion* 28
Best Practices of the Program 28
Suggestions for Improvement of the Program 28
*Conclusion* 30
*List of Abbreviations* 31

# Executive Summary

**CSR Project "Paediatric Oncology Project (POP)"**

The Paediatric Oncology Project (POP) was supported by Kotak Securities Limited (KSL) CSR and implemented by the ImPaCCT Foundation at Tata Memorial Hospital (TMH), Mumbai during FY 2022-23 to FY 2023-24. It addressed critical medical, financial, and social barriers faced by children with cancer from vulnerable families. The project was designed to ensure timely diagnosis, uninterrupted treatment, improved survival, and financial protection through a comprehensive, patient centric model.

**POP delivered integrated support through four interventions**:

a) **Emergency Fund** for rapid diagnosis and treatment initiation,

b) **Adoption Fund** for complete end-to-end cancer care,

The project reached over 180 paediatric cancer patients across 37 cancer types, with beneficiaries drawn largely from low-income, rural, and semi-urban households. Around 90% of families had a single earning member, and nearly 90% reported annual incomes below Rs 2 lakh. It underscores the project's relevance and targeting accuracy. POP ensured equitable access irrespective of caste, gender, or geography, with girls constituting a significant share of beneficiaries. The project covered more than 70% of children below 10 years of age, enabling early intervention during critical developmental years. The project interventions have exceeded targets: Emergency Fund (150%), Adoption Fund (182%). It helps to reduce treatment abandonment at TMH from ~25% to ~2% and contributed to improved survival outcomes, increasing survival rates to 65-70% among supported children. Operational efficiency was reflected in rapid approvals, with ~90% of families receiving financial support within 5 days, supported by monitoring, transparent fund management, and tracking systems.

The project demonstrated high impact and sustainability. Families reported reduced financial distress, prevention of catastrophic health expenditure, improved treatment adherence, and enhanced emotional well-being. Nutrition support improved treatment tolerance and reduced complications. POP aligned strongly with national health schemes (Ayushman Bharat, RAN, NPCDCS, National Health Policy 2017) and UN SDGs, reinforcing policy coherence and scalability.

The project achieved a Social Return on Investment (SROI) of 8.60:1, indicating that every Rs 1 invested generated Rs 8.60 in social value. It reflects substantial health, economic, and long-term societal benefits. Beyond financial metrics, POP restored hope, dignity, and future potential for children and families.

The Paediatric Oncology Project stands out as a good example of a CSR healthcare model –integrated, inclusive, efficient, and scalable intervention. It is delivering measurable improvements across various aspects of care including, survival, continuity of care and family resilience, while laying a strong foundation for sustainable paediatric cancer care in India.

# Introduction

## 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 Oncology Project)**"** was implemented in FY 2022-23 to FY 2023-24 with the CSR support of KSL. It was implemented by the Improving Paediatric Cancer Care Treatment (ImPaCCT) Foundation in Mumbai (Maharashtra) to support children battling cancers, ensuring uninterrupted treatment. ImPaCCT is division of Paediatric Oncology of Tata Memorial Centre (TMC). Project was executed at the Tata Memorial Hospital (TMH) Mumbai, which is flagship centre of TMC.

## 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[1].

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. Around 3.3 lakh children die every year due to paediatric cancer, making it a leading non-communicable disease causing mortality among children[2].

The incidence of key paediatric cancers has been rising globally. Hepatoblastoma (HB), Leukaemia [particularly Acute Lymphoblastic Leukaemia (ALL) and Acute Myeloid Leukaemia (AML)], Central

[1] https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services

[2] https://www.acco.org/international-statistics/

Nervous System tumours (CNS), Ependymal tumours (EPN), Astrocytic tumours (AST), Neuroblastoma (NB) are major paediatric cancers worldwide[3].

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 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[4].

## 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 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[5].

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[6].

## Need for the Project

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%)[7].

The proper treatment of paediatric cancer is received in a 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[8].

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[3] https://academic.oup.com/jncics/article/3/1/pkz007/5435642

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

[5] www.ncdirindia.org/All_Reports/Childhood_Cancer/resources/Introduction.pdf

[6] https://www.sciencedirect.com/science/article/pii/S1877782120300138

[7] https://www.indianpediatrics.net/jan2024/39.pdf

[8] https://www.acco.org/international-statistics/

# About the Project

The project "Paediatric Oncology Project (POP)" provided emergency and full treatment funding for children with cancer, covering diagnostics, therapy, and holistic care. TMH is a premier cancer care institution supported by the Department of Atomic Energy, Government of India. It has been at the forefront of evidence-based cancer treatment, research, and education in India. TMH plays a pivotal role in delivering high-quality cancer care to all sections of society. It continues to expand its reach across the country to ensure accessible and advanced cancer treatment.

The project supported children with cancer from vulnerable families across India by providing holistic, timely, and uninterrupted care through 4 integrated interventions. It targeted children who fall under low-income categories and struggle to afford treatment. The project offered full or partial financial assistance, nutrition support, and emergency funds. Through these combined initiatives, the project aimed to reduce treatment delays, prevent abandonment, relieve the financial burden on families, and improve treatment outcomes.

## Objectives of the Project

Objectives of the interventions of the projects were:

a) **Emergency Fund**: Offer emergency funding to help families start diagnosis and treatment immediately, preventing delays and early abandonment caused by the 7-14 days gap before other assistance becomes available.

b) **Adoption Fund**: Ensure full treatment funding through the Complete Adoption Model, covering long-term cancer therapy costs (6 months to 2.5 years).

# Approach and Methodology

## Approach

The study aimed at impact assessment of the "**Paediatric Oncology Project**", which was supported by the KSL CSR initiative. The project was implemented in Mumbai (Maharashtra) in FY 2022-23. The Impact Assessment study was conducted for the following broad objectives and outputs:

**1 Impact on Beneficiary**

To evaluate the level of awareness and impact on the target beneficiaries

**2 Best Practices**

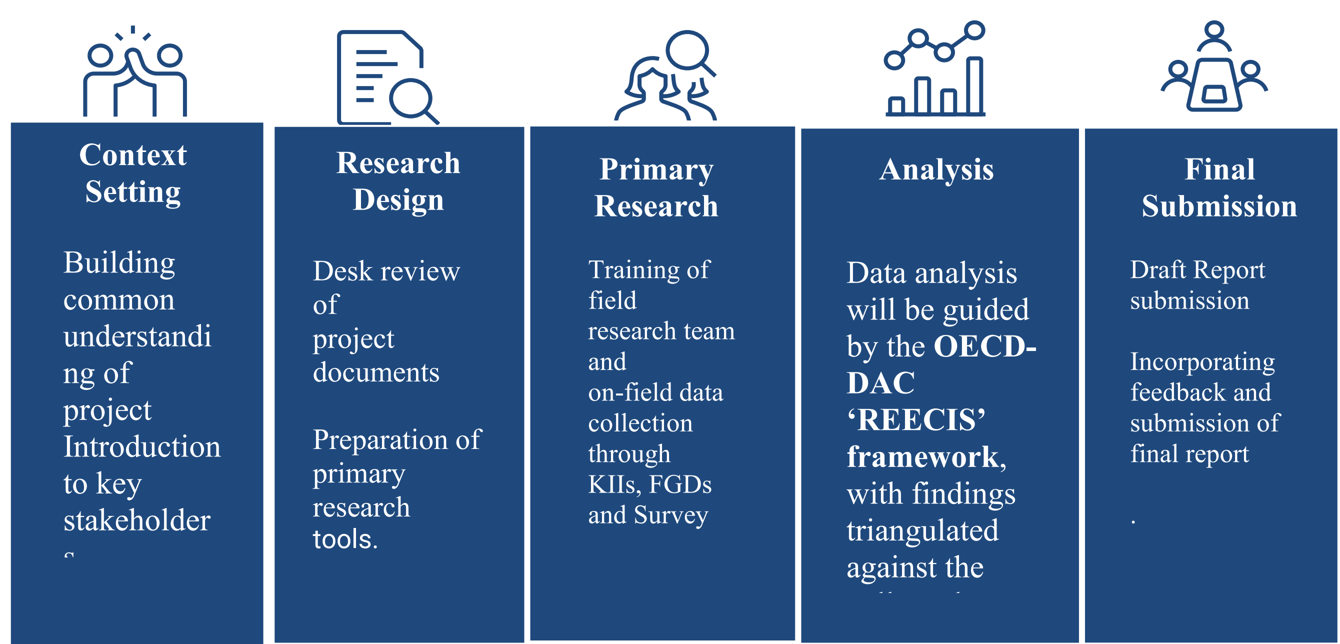
To document lessons learned, best practices, and challenges faced during the project implementation

**3 Areas for Improvement**

To provide recommendations for further scaling & replication

## Methodology

The team adopted a Mixed Research (Qualitative and Quantitative) 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:



## Data Collection Tools

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.

Primary data acquiring tools: The team prepared **an Interview Guide and a Survey Questionnaire** for collecting qualitative and quantitative data from the parents of beneficiaries and KIIs (Key Informants Interviews) based on the assessment framework.

## Sampling techniques

The study followed the **Convenience Sampling Technique** for the selection of respondents among parents of beneficiaries and Key Informants (KIs) for interviews.

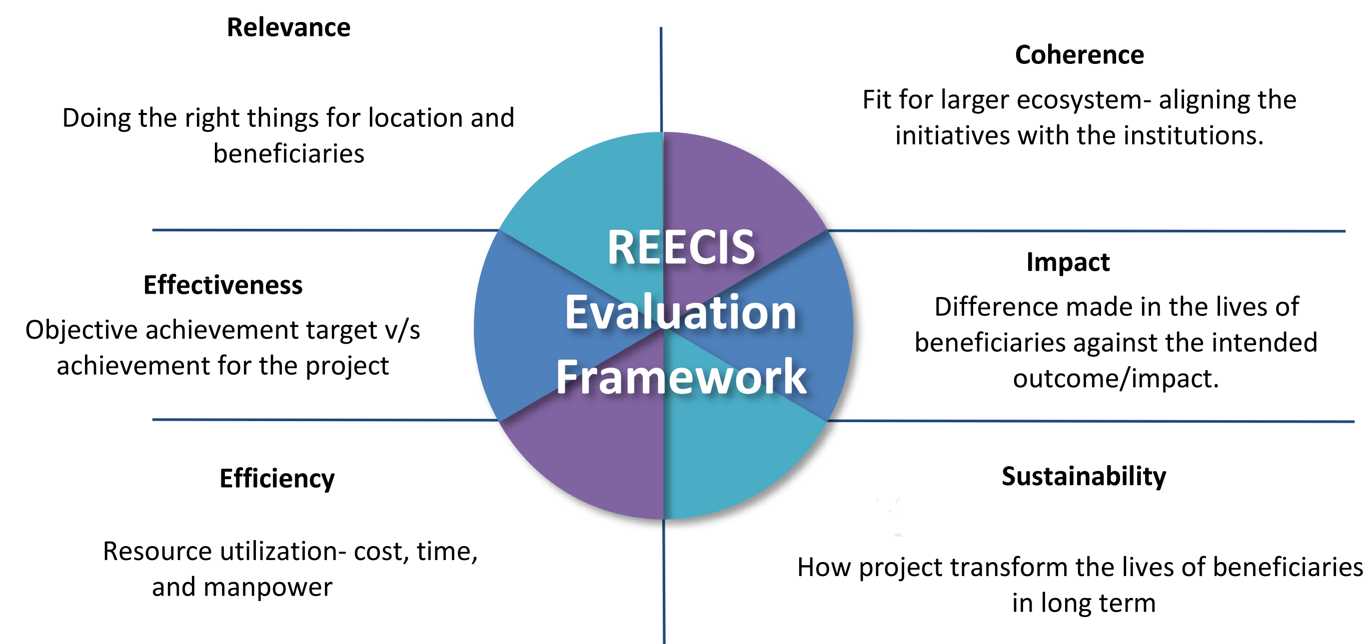
## Acquiring Information and Data Collection

Primary and secondary research were 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 conducted a survey of 74 parents of beneficiaries. It also interviewed 2 paediatric care surgeons, 1 medical social worker, 1 team member of the implementation partner and 1 team member of KSL.

## Analysing the information

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

The assessment was done through the REECIS evaluation framework, developed by the Organisation for Economic Co-operation and Development (OECD) and the 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:

## Documentation and Report Preparation

The team prepared a detailed report of the Impact Assessment study of the **"Paediatric Oncology Project (POP)**" covering all the necessary aspects in accordance with the findings of the data analysis.

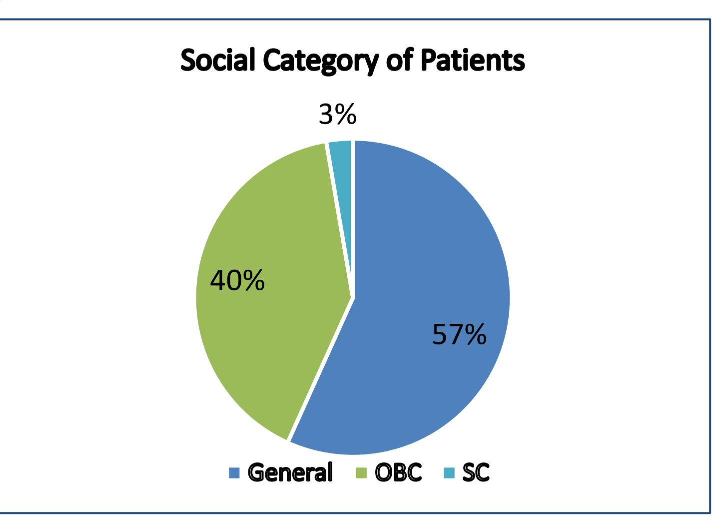
# Findings and Analysis

## Inclusiveness

The project fostered equitable paediatric cancer care, ensuring that children from marginalized groups receive the equal opportunities for treatment and recovery, irrespective of their economic and social status. It contributed to a more just, accessible, and humane cancer care system.

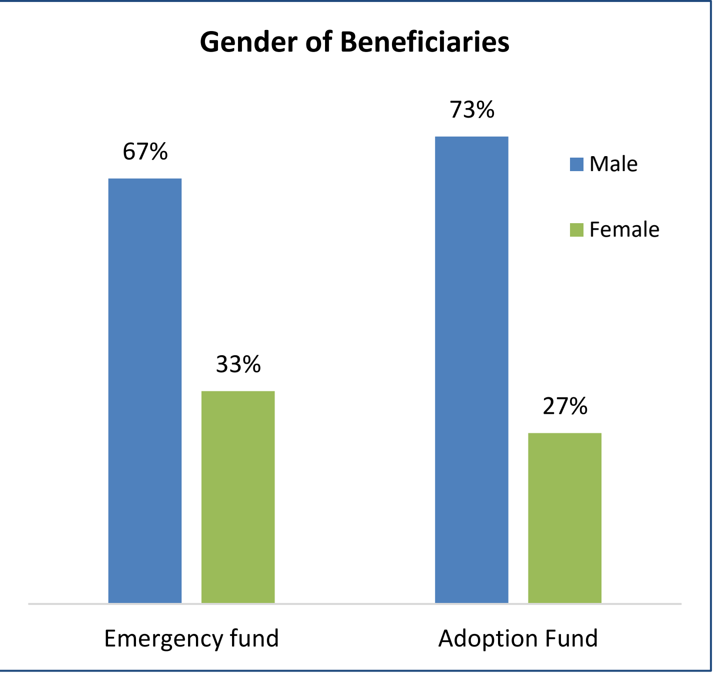
### Inclusiveness for Vulnerable Families

The project created a financial safety net for children with cancer from low income households. The Emergency, Adoption and Private Funds ensured that the poorest families even if they belonged to the "General" category were not excluded from lifesaving interventions. The project supported children across diverse social categories, with beneficiaries spanning General (57%), OBC (40%), and SC (3%) categories. The project made cancer treatment accessible to them by covering complete or partial expenses.

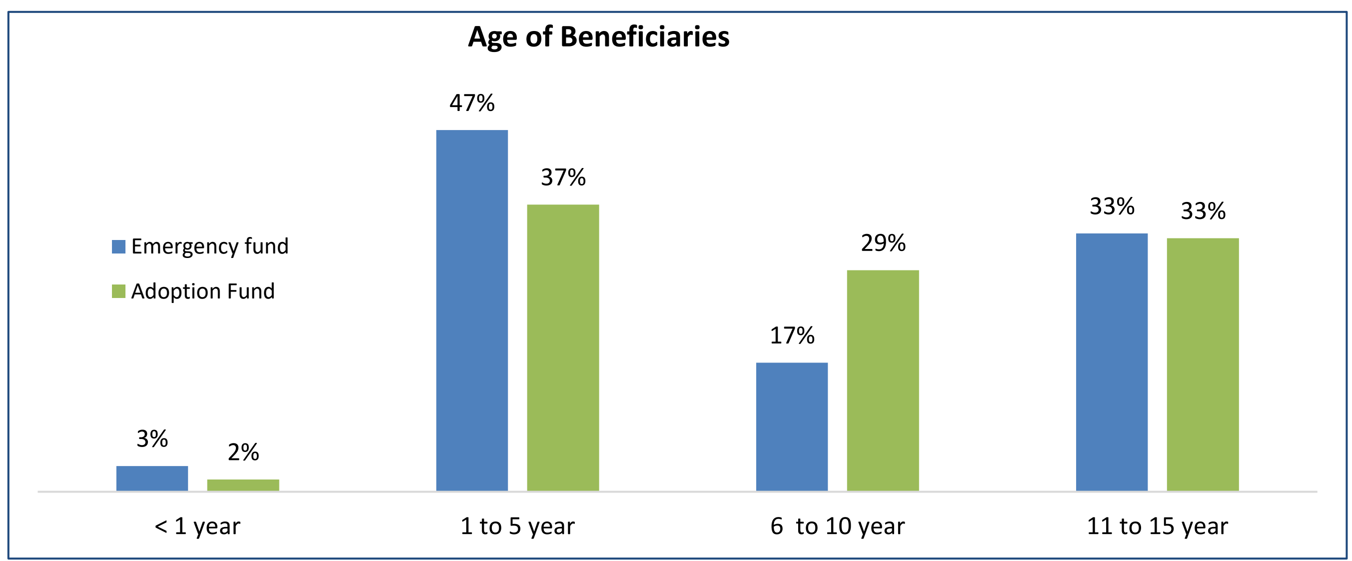



### Gender and Age Representation

The project ensured equitable healthcare access for children across different demographics. Families reported that every child was treated with dignity and compassion, with no preference based on gender, financial status, or social background, reinforcing equity and inclusiveness in cancer care. It supported both boys and girls through the Emergency Fund and Adoption Fund, ensuring access to care irrespective of gender. Girls constituted a significant share of beneficiaries, ~33% under the Emergency Fund and ~27% under the Adoption Fund. It reflected efforts to address gender bias, where boys often receive preferential medical attention.

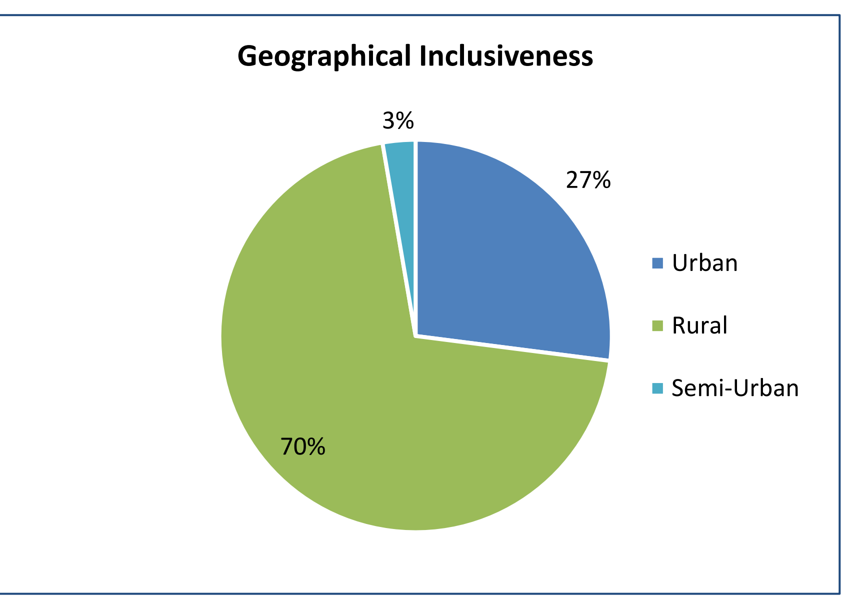



The project also reached children across all paediatric age brackets, with a focus on younger children. Over ~70% of the beneficiaries were below 10 years of age. This reflects a focus on early diagnosis and timely treatment during critical growth years. Detection and treatment at a younger age significantly improve survival outcomes and long-term recovery, giving children a higher chance of cure.




## Geographic Inclusion

The project ensured that children from various parts of India could access high quality paediatric oncology services. It ensured wide geographical inclusiveness by reaching children from rural, urban, and semi-urban areas. A majority of beneficiaries (~73%) came from rural and semi-urban regions, where access to specialized paediatric cancer care is often limited. It ensured that treatment outcomes were not determined by geography or social status but by medical need.




## Nutritional Inclusiveness

Malnutrition is one of the biggest barriers affecting treatment tolerance, survival rates, and recovery among paediatric cancer patients. The Nutrition Fund ensured inclusiveness by providing daily nutritious meals and snacks to all children and their caregivers attending outpatient clinics and inpatient wards. It especially benefited families who could not afford adequate food during long treatment cycles. It ensured that caregivers, who often skipped meals due to a lack of resources, remain healthy enough to support their child throughout intensive therapy. Meals were prepared under the guidance of trained dietitians and distributed systematically to ensure consistent coverage.

## Emotional and Psychological Support

The project ensured that parents struggling with distress situations received counselling and guidance, especially in moments of hopelessness or when considering extreme steps. The project integrated psychosocial, emotional, and educational care, ensuring an inclusive environment that addressed the diverse needs of children and their families. Social workers conducted comprehensive assessments,

provided counselling, and guided caregivers through hospital procedures. It was an essential service for families unfamiliar with tertiary healthcare settings.

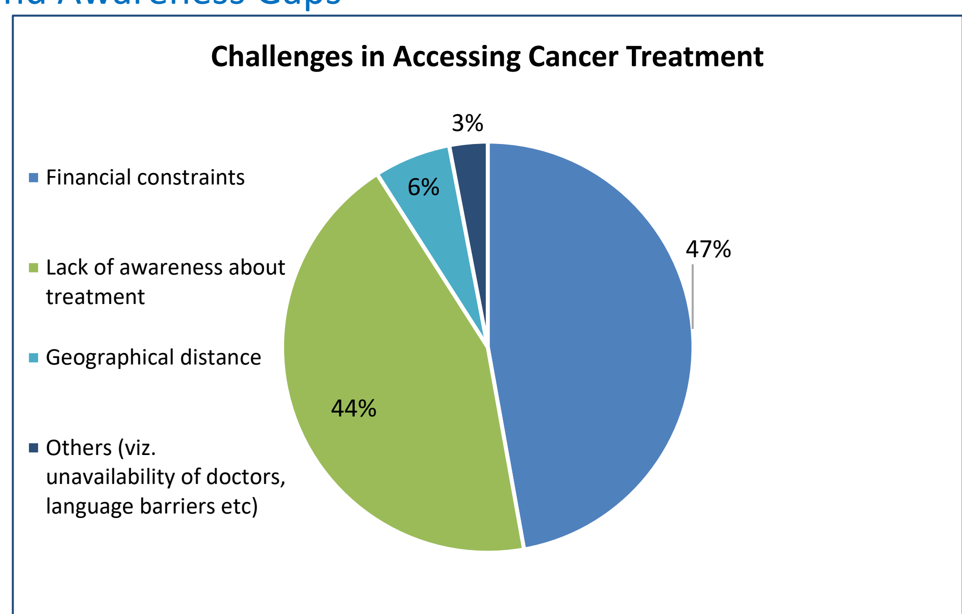
TMH also supported caregivers in accommodation assistance which enabled families from marginalized communities to navigate a complex healthcare system without discrimination. It fostered a supportive ecosystem where every child received compassionate and dignified care.

# Relevance

The POP project was relevant as it addressed both the medical and socio-economic challenges faced by families of children with cancer. It improved financial access to treatment, delivered holistic care, and significantly reduced emotional and financial stress for families with limited resources and social support.

## Addressing Financial and Awareness Gaps

Paediatric cancer treatment presents many challenges in India. Families often face challenges of high out-of-pocket expenses due to limited insurance coverage. Through primary research, it was found that financial constraints (~47%) and lack of awareness about treatment options (~44%) emerged as the primary challenges faced by families. The project responded to these gaps by reducing out-of-pocket expenses, improving awareness, and enabling timely access to treatment. It ensured that children receive uninterrupted, equitable, and life-saving cancer care by supporting families facing geographical distance and other barriers such as language and system navigation etc.




## Ensuring Equitable Access to Cancer Care

The impact of the project extended beyond the immediate medical treatment assistance of children with cancer, contributing to broader societal benefits. It ensured equitable access to comprehensive cancer care for every child, irrespective of socio-economic background. It was found through primary research that ~90% of beneficiary families had only one earning member. Further, around 90% of beneficiary families reported annual income of less than Rs 2 lac, out of which ~30% HHs had less than Rs 1 lac per annum income. The project made cancer treatment accessible to them by covering complete or partial expenses. It reduced the financial burden on families, preventing them from falling into deeper poverty due to catastrophic healthcare expenses.

## Advancing Survival through Paediatric Cancer Care

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[9].

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 cancer. Families experienced relief, as highlighted during the primary research. Parents expressed that the assurance of treatment coverage reduced constant anxiety about expenses, allowing them to focus entirely on the child's recovery. They shared that without the project's financial support, continuing treatment would have been impossible, as the family's single income barely met daily household needs.

# Effectiveness

The effectiveness of the POP 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 |
|---|---|
| Timely, uninterrupted, and equitable paediatric cancer care through:<br>a) **Emergency Fund**: Immediate Treatment Support<br>b) **Adoption Fund**: End-to-End Treatment Care | a) The Number of children with cancer supported for the treatment through Emergency and Adoption Funds<br>b) The number of children who availed the treatment, throughout their entire course of cancer care. |

## Effective Implementation and Monitoring Systems Screening

The project adopted a defined system for identification, fund disbursement, monitoring, and accountability. From the first point of contact, each child and family underwent a psycho-social and economic assessment conducted by trained medical social workers. It ensured that support reached the deserving and vulnerable families based on transparent and need based criteria. However, primary research revealed that ~80% of beneficiaries reported arranging income certificates and medical reports as the biggest challenge during the application process.

Financial assistance under the Emergency, Adoption, Private, and Nutrition Funds was credited to TMH's account. It ensured that funds were used strictly for treatment related expenses such as diagnostics, chemotherapy, and supportive care. Weekly case reviews were conducted by the social support and fund coordination teams, which enabled continuous monitoring of treatment progress and timely release of additional funds wherever required, preventing any interruption in care.

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

The project followed financial governance practices in which regular internal reviews and audited utilization reports were shared with KSL. It ensured transparency, optimal use of resources, efficient service delivery and minimized fund leakages.

## Performance Against Planned Targets

The Project performed well across all its initiatives, exceeding planned targets. The Emergency Fund achieved 150% of its target, enabling more children to begin diagnosis and treatment without delay. The Adoption Fund recorded the highest achievement at 18%, reflecting the project's ability to scale end-to-end treatment support for children requiring long term care.

| Initiative | Target | Achievement | % Achievement |
|---|---|---|---|
| Emergency Fund | 20 | 30 | 150% |
| Adoption Fund | 70 | 128 | 182% |

## Integrated Care and Support System for Paediatric Patients

| Initiative | No. of Beneficiaries |
|---|---|
| Emergency fund | 30 |
| Adoption Fund | 128 |
| **S No** | **Paediatric Cancers Supported** |
| 1 | ALCL |
| 2 | AML |
| 3 | APML |
| 4 | B-ALL |
| 5 | Burkitt 's lymphoma |
| 6 | CA Cervico-Medullary Intramedullary Mass |
| 7 | CML |
| 8 | DLBCL |
| 9 | DIPG |
| 10 | ETP ALL |
| 11 | Ewings Sarcoma |
| 12 | Ganglioglioma |
| 13 | Glioma |
| 14 | Hodgkin's lymphoma |
| 15 | JMML |
| 16 | Medulloblastoma |
| 17 | MPAL |
| 18 | Nasopharyngeal |
| 19 | Nasopharyngeal Carcinoma |
| 20 | Nasopharyngeal Myo fibroblastic tumour |
| 21 | Neuroblastoma |
| 22 | OGS |
| 23 | Osteosarcoma |
| 24 | Parotid tumour |
| 25 | Pilocytic astrocytoma |
| 26 | Pleuropulmonary blastoma |
| 27 | Retinoblastoma |
| 28 | Rhabdoid Tumour |
| 29 | RMS |
| 30 | Round Cell Tumour |
| 31 | Spindle cell neoplasm |
| 32 | Spindle Cell Sarcoma |
| 33 | Synovial sarcoma. |

| 34 | T-ALL |
|---|---|
| 35 | TLBL |
| 36 | Wilm's Tumour |
| 37 | Yolk Sac Tumour |
| **Total** | |

The project addressed the full continuum of barriers faced by children with cancer such as delayed diagnosis, financial distress, treatment discontinuity and poor nutrition. It ensured uninterrupted and holistic care for the children diagnosed with ~ 37 different types of cancers. It supported treatment of more than 180 paediatric cancer patients through integrated Emergency, Adoption and Private Funds. Together, the funds formed a comprehensive support system that addressed financial, nutritional, and systemic barriers to paediatric cancer care.

a) **Emergency Fund**: It proved effective in eliminating delays at the most critical stage of paediatric cancer care i.e. diagnosis and treatment initiation. For most families, the period between first hospital visit and confirmation of external funding typically ranged from 7 to 14 days, a phase during which many children risk deterioration or treatment abandonment due to lack of resources. The Emergency Fund bridged this gap by providing rapid financial assistance for diagnostic tests and early treatment, enabling care to begin without delay. Many families expressed that funding approvals were granted without my delay.

b) **Adoption Fund**: It ensured uninterrupted, long-term cancer treatment, which typically lasts between 6 months and 2.5 years. Paediatric cancer therapy requires sustained adherence, yet many families lack the capacity to continuously mobilize funds over such long durations. The Complete Adoption Model addressed this challenge by covering the entire cost of treatment, removing the need for families to approach multiple donors or institutions repeatedly.

c) **Private Fund**: It addressed a critical and often overlooked gap in paediatric cancer care, for families whose insurance coverage was exhausted in the middle of treatment. Although all these families did not fall under below poverty categories, they remained financially vulnerable due to high out-of-pocket expenses and prolonged cancer treatment. It ensured that treatment continuation was not disrupted due to depleted resources. Beneficiary narratives highlight that this support restored confidence and prevented forced discontinuation of therapy. This fund thus played an essential role in protecting middle and lower-middle-income families from catastrophic health expenditure while ensuring equitable access to life-saving care.

d) **Nutrition Fund**: It addressed malnutrition, a key non-medical factor influencing paediatric cancer outcomes. The project provided daily nutritious meals and snacks to children undergoing treatment and their caregivers, directly supporting immunity, strength, and tolerance to chemotherapy. The project delivering ~26,386 meals during FY 2023-24. Medical teams observed reduced treatment related complications, fewer infections, and improved treatment adherence among beneficiaries. Families noted that assured access to nutritious food encouraged them to remain at the hospital and continue treatment. It was found through primary research that ~80% of the parents agreed that the Nutrition Fund improved children's health, reduced indirect treatment costs, and prevented treatment abandonment.

Parents of a 7 year girl shared that coming from a low-income family in West Bengal, the cancer diagnosis brought overwhelming fear and uncertainty. They explained that the immediate emergency funding allowed their daughter's treatment to start without delay, while the holistic support eased both their financial burden and emotional stress. They expressed that this timely help gave them the strength and confidence to continue the full course of treatment, describing the hospital and the

project as “a piece of heaven on earth,” reflecting the deep relief and hope they experienced during a very difficult time.

# Efficiency

The project demonstrated operational efficiency through its structured, responsive, and transparent systems for patient identification, fund disbursement, and ongoing support. The project was designed to respond quickly to clinical urgency while ensuring fairness, accountability, and optimal use of resources.

## Efficient Approval Process

The process for identifying and approving patients for financial support was effective. Medical Social Workers (MSWs) assessed patients on the first day, verified socio-economic status, dependency, prior expenses, and ability to pay. Priority was given to children who arrived without complete diagnostic workups, in critical condition, or from economically vulnerable families, ensuring that those with the highest need received immediate support. Emergency funds were released even before full documentation was completed in urgent cases, preventing any delay in diagnosis or treatment initiation. This efficiency is reflected in beneficiary feedback, where around 90% of families reported receiving financial assistance within five days of submitting their application, confirming that the system was both responsive and timely.

## Streamlined Patient Flow

The project followed a clear and defined patient workflow, beginning with patient registration and selection of the general or private category, followed by socio-economic verification by the Medical Social Worker. Based on this assessment, a trust account was created and emergency funds were released to ensure that diagnosis and initial treatment were not delayed. Once the diagnosis was confirmed, the child was transitioned to full adoption or other appropriate funding support as required. General category patients received emergency and adoption support based on their assessed vulnerability, ensuring timely access to treatment for those from the most economically disadvantaged backgrounds. Private category patients typically began treatment using personal savings or insurance coverage; once these resources were exhausted, they could approach MSWs for support. Their conversion to the general category was carefully regulated through a documentation process. It ensured that even middle income families were included in the program, recognising that the high cost of cancer care can quickly exhaust their financial resources. By extending support beyond only the poorest households, the project prevented severe financial strain among middle class families as well. Limited resources were strategically allocated to maximize overall impact. This streamlined pathway minimized confusion for families during an emotionally stressful period and enabled smooth coordination between clinical teams, social workers, and fund coordinators.

Parents of a 9 year old boy shared that after exhausting their personal savings, continuing their son’s treatment for Glioma seemed impossible. They recalled feeling anxious and helpless, unsure of how to manage the rising medical costs. Support through the Private Fund arrived at a critical moment, enabling Kaif’s chemotherapy to continue without interruption. His parents expressed that the timely financial assistance restored their hope and confidence, allowing them to focus entirely on their child’s recovery and well-being.

## Nutrition Support as an Operational Enabler

The Nutrition Support was designed for maximum reach with minimal administrative burden. Meals were provided based on OPD presence, reaching 180-200 children and caregivers daily. It ensured that even children visiting only for consultations also received nutritional support. It addressed "hidden compromises" families make during long travel, such as skipping meals or relying on low-quality food, which directly affect treatment tolerance and outcomes.

## Monitoring and Evaluation (M&E) System

The POP project implemented an M&E framework for real-time tracking and monitoring. Fund coordinators maintained updated records of patient details, diagnosis, treating doctor, and funds disbursed. Weekly reviews ensured timely top-ups where needed. Transparency was reinforced through mandatory assessments, document verification, and experienced MSWs validating claims, minimizing misuse while maintaining speed.

## Fund Management and Compliance

The finance team maintained a detailed log of funds received, utilized, and the corresponding medical expenses incurred. It minimized 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.

# 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.

## Alignment with Schemes of Government of India

**a) Bridging Gaps of 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 POP project goes beyond the intent of the Ayushman Bharat Scheme, supplementing it through bridging the gaps of scheme by offering comprehensive financial coverage for children who exhausted the insurance amount, ensuring that families do not suffer economic distress due to treatment costs.

**b) 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. The 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.

**c) 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 POP project aligned with NPCDCS goals by ensuring that children diagnosed with cancers receive timely medical intervention and holistic treatment.

**d) 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 emergency and complete care into healthcare systems like NHP 2017.

## 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 emergency, adoption and private funds, 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 ~30% 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 ensured equal access to treatment regardless of caste, religion, or gender.

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

# Impact

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

a) Reduction of dropout rate in paediatric cancer treatment
b) Increasing survival rate for paediatric cancer patients through access of quality healthcare
c) Financial resilience and economic support for families

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

## 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 ~25% of children would discontinue treatment at TMH during various stages, reducing their chances of survival. The comprehensive financial support and counselling services of the project reduced dropout at TMH to ~2% [10]. It ensured that nearly all enrolled children completed their treatment without interruption, leading to improved survival outcomes.

## Increased Survival Rate for Paediatric Cancer Patients

The project has an impact on survival outcomes for children with cancers. Prior to the implementation of the project, the paediatric cancer survival rate at TMH aligned with India's national average i.e. ~30%. The support of the project enhanced the survival rate to between 65% and 70%[11]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.

## Financial Resilience and Economic Support for 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 project had an impact on strengthening the financial resilience of beneficiary families. The majority of families supported belonged to low socio-economic strata. Cancer treatment costs would have otherwise resulted in catastrophic health expenditure or forced treatment discontinuation.

The Private Fund addressed a critical gap by supporting families who had exhausted insurance coverage but were still unable to afford ongoing treatment. It shielded them from severe financial distress. Families reported that financial support reduced anxiety, prevented debt accumulation, and allowed them to focus on caregiving rather than fundraising. This economic stability supported treatment completion and preserved household dignity and long-term wellbeing.

## 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. The 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.

# Sustainability

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

[10] Based on project completion report of ImPaCCT

[11] Based on the project completion report submitted by ImPaCCT.

## Integrated Care Model

Unlike standalone funding programs that focus only on treatment costs, this project offered a holistic and integrated package, including emergency diagnostic support, complete treatment adoption, post-insurance financial support, and nutrition assistance. This integrated design ensured that children are supported from diagnosis through treatment completion, reducing dependency on fragmented or ad-hoc funding sources. It strengthened treatment adherence and long term outcomes, making the model inherently sustainable.

## Diversified Funding Ecosystem

The project did not rely on a single donor. CSR support from KSL was complemented by funding from other institutional partners such as CCIL, Deutsche Bank, RBL Bank, Indian Cancer Society, and Leukaemia Crusaders. This diversification of funding sources reduced financial risk and enhanced resilience against donor exit or economic fluctuations. Each partner contributed to different components of care, creating a shared responsibility ecosystem rather than a donor-dependent model.

## Institutional Anchoring Framework

The project was implemented through the ImPaCCT Foundation, a dedicated division of Paediatric Oncology at TMH. Financial screening, fund disbursement, monitoring, and follow up were embedded within routine hospital systems and managed by trained medical social workers and fund coordinators. This institutional anchoring ensures that the project can continue seamlessly as part of standard paediatric oncology care.

## Scalable and Replicable Model

The structured workflow from patient assessment to fund allocation and treatment completion, has created a scalable and replicable model that can be adopted by other tertiary hospitals across India, ensuring sustainable paediatric cancer care at a national level.

# Social Return on Investment (SROI) of the POP Project

The project supported 183 children diagnosed with cancer. A total CSR investment of Rs 325 lacs was allocated by Kotak Security Limited as part of Emergency, Adoption and Private Funds. It enabled lifesaving health outcomes, reduced economic distress, and long-term societal benefits for economically vulnerable families who otherwise were not in a position to afford the treatment costing Rs 8 to 10 lacs per child. The outcomes revealed a stronger & deeper social return, demonstrating generation of a far greater value for the monetary investment made under the project.

## Emotional and Social Impact on Families

The emotional dimension of the project is immeasurable yet deeply significant. Many families arrived at the hospital in a state of despair, emotionally exhausted, financially broken, and uncertain about their child's survival. Through counselling, compassionate care, and financial security, the project restored hope and emotional stability. The project created far reaching social and economic benefits that extend well beyond immediate medical treatment. By enabling access to lifesaving treatment, it helped families avoid catastrophic debt, prevented them from selling assets, and protected siblings from being pulled out of school to manage expenses. Parents no longer had to approach informal lenders charging high interest rates or lose their income due to prolonged hospital stays. At the same time, the project generated lifelong medical savings for children who would otherwise require long term treatment. It also restored the earning potential of caregivers who could return to work once their child stabilized. Most importantly, it unlocked future productivity for the children themselves, giving them the chance to grow into healthy adults who can study, work, and contribute to society benefits that create lasting value far beyond what can be measured in monetary terms today.

## Economic Value Created by Project

Cancer treatment is unaffordable for most low income families in India due to very high treatment cost. Without financial assistance, families would have fallen into severe debt, sell assets, or discontinue treatment altogether. The project shielded families from these catastrophic expenses.

The SROI for the POP has been calculated by adopting the 5 step SROI methodology:

a) **Identifying stakeholders**: Primary stakeholders of the project were children undergoing paediatric cancer treatment and caregivers of the children supported under POP. Total 183 children supported through Emergency, Adoption and Private Funds and 26,386 meals were distributed through Nutrition Fund to these children.

b) **Mapping outcomes:** Based on primary research, it was found that the most significant outcomes attributable to POP were:

- Timely initiation of cancer treatment through Emergency Fund
- Completion of treatment (reduced abandonment) through Adoption Fund
- Completion of interrupted treatment through Private Fund
- Improved survival rate through access to quality care
- Financial protection of families from catastrophic health expenditure
- Improved treatment tolerance and continuity through nutrition support

### c) Evidencing outcomes and assigning financial proxies:

| Outcome | Qty | Financial Proxy (INR)* | Rationale |
|---|---|---|---|
| Timely treatment initiation | 30 | 50,000 | Average cost of diagnostics and initial treatments |
| Complete Treatment (abandonment prevention) | 128 | 8,00,000 | Average cost for paediatric cancer treatment |
| Completion of interrupted treatment | 15 | 3,00,000 | Average post insurance treatment cost (Rs 5 lac cover assumed) |
| Survival benefit (by gaining life years) | 187 (128 +59) | 30,00,000 | Conservative lifetime productivity value per child |

***Definition:**

- **Financial Proxy:** Monetary value assigned to a social outcome that does not normally have a direct market price. The POP project outcomes do not have an actual price tag. A financial proxy is used to estimate the economic value of these outcomes in rupee terms so that social impact can be compared with the money invested.

### d) Establishing Impact (Discounting)

Based on **Social Audit Network (SAN)** methodology impact adjustments are applied to avoid over-claiming.

| Parameter* | Assumption | Justification |
|---|---|---|
| Deadweight | 20% | A small proportion of families might have managed to initiate treatment through delayed government schemes, loans, or informal support etc. |
| Attribution | 20% | While POP played a central role, impact cannot be attributed solely to one project, other CSR projects, government health schemes, and hospital subsidies might have supported parts of treatments. |
| Displacement | 10% | Assumed minimal because POP beneficiaries are children who would otherwise remain untreated or under-treated rather than displacing services used by others. |
| Drop-off | 5% | Taken as marginal because health outcomes such as treatment completion and survival have long term benefits with little decline over time. |

***Definitions:**

- **Deadweight**: The proportion of outcomes that would have occurred even without the project intervention.
- **Attribution**: The extent to which the observed outcomes are the result of contributions from other organisations, schemes, or external factors, rather than the project alone.
- **Displacement**: The degree to which the positive outcomes created by the project replace or reduce benefits that would have otherwise occurred elsewhere or for others.
- **Drop-off**: The reduction in the value of outcomes over time as their effects diminish or become less significant in future years.

**Net impact factor applied** : 100% − (20% + 20% + 10% + 5%) = **45% net attributable impact**

#### e) Calculation of Total Present Value (TPV)

| Outcome | Gross Value (In Rs Cr) | Calculation |
|---|---|---|
| Timely treatment initiation | 0.15 | 30*50,00 |
| Complete Treatment (abandonment prevention) | 10.24 | 128*8,00,000 |
| Completion of interrupted treatment | 0.45 | 15*3,00,000 |
| Survival benefit (by gaining life years) | 56.10 | 187*30,00,000 |
| **Total** | **66.94** | |

**Net Present Social Value (after impact discounts)** = 66.94× 45% = **Rs 30.12 Crore**

#### f) Investment Value (Input)

Based on audited financial statements:
**Rs 3.5 Crore**

| Initiative | Amount Disbursed by KSL (In Rs) |
|---|---|
| Emergency Fund | 60,00,000 |
| Adoption Fund | 2,90,00,000 |
| **Total** | **3,50,00,000** |

#### g) SROI Calculation

**SROI = Total Present Value of Social Outcomes / Investment Value**
SROI = 30.12 / 3.5 **= 8.60**

**The SROI of the POP Project is 8.60 : 1.** It indicates that every Rs 1 invested in the Paediatric Oncology Project, a social value of Rs 8.60 was generated. This indicates a strong positive social return, particularly considering the conservative assumptions applied and the high cost nature of paediatric cancer care.
However, the true SROI of this project goes far beyond numbers, because a child's life cannot be monetised, its value is immeasurable. While financial calculations help in understanding the scale of support, it can never capture the worth of a life saved, a family healed, or a future restored. The children who survived today may one day become doctors, engineers, teachers, innovators, or leaders who contribute far more to society than it can ever quantify. Their potential is limitless, and their future impact on the nation cannot be captured in rupees or percentages. What this project has truly created is hope, possibility, and the promise of a brighter tomorrow, an outcome that no financial metric will ever be able to measure.

## Lifetime Social Value Created by Saving a Child

Beyond immediate financial relief, the project created substantial long-term social value. A child who survives cancer through the project regains a full lifespan, restores schooling continuity, and ultimately contributes productively to society. These factors demonstrate that the project generated long-lasting economic and societal value far exceeding the initial CSR investment.

# NGO Review System

NGO Review System of ImPaCCT Foundation for the Paediatric Oncology Project is well aligned with the SMART (Strategic, Measurement, Analysis, Reporting, and Tracking & Accountability) framework, ensuring that program design, monitoring, governance, and reporting were systematic, outcome-driven, and accountable.

## Strategic

ImPaCCT's strategy is grounded in evidence and aligned with clearly defined long-term outcomes. A comprehensive needs assessment conducted in 2009 with ~300 families who abandoned treatment identified key systemic gaps in paediatric cancer care such as financial constraints, delayed diagnostics, single-income households, gender bias, accommodation challenges, and nutritional deficiencies. Based on this evidence, ImPaCCT strategically designed a multi-component intervention model, Emergency Fund, Adoption Fund, Private Fund, and Nutrition Fund, each directly mapped to reducing treatment abandonment and improving survival outcomes. It is aligned with ImPaCCT's organisational mission of improving access to equitable, quality paediatric cancer care across multiple regional centres.

## Measurement

The project used clearly defined and relevant indicators to measure progress and outcomes. Key indicators include:

a) Timely initiation of diagnosis and treatment
b) Treatment completion and continuity
c) Reduction in treatment abandonment
d) Improvement in survival rates
e) Quality-of-life indicators such as nutrition intake, infection control, and family compliance

Measurement was continuous and embedded in routine hospital processes. Social workers and fund coordinators updated beneficiary level data in real time, ensuring that outputs and outcomes were consistently tracked against intended results.

## Analysis

ImPaCCT applied structured analysis to ensure data reliability and decision making. Socio economic and medical data collected during registration and assessment were verified, cross checked, and validated by experienced social workers. Treatment progress, fund utilization, and nutrition uptake were reviewed through daily OPD/ward rounds and real time tracking sheets.

This analysis enabled early identification of risks such as potential treatment discontinuation, documentation gaps, or financial shortfalls, allowing timely corrective action. Financial analysis was conducted patient wise to ensure adherence to donor caps and optimal allocation of resources.

## Reporting

Reporting under the project was transparent, timely, and donor aligned. For each supported patient, detailed beneficiary lists and utilization reports were prepared, capturing diagnosis, treatment details, fund disbursement, and progress status. These reports were compiled directly from real time tracking

systems and shared with KSL. The reporting framework supported both compliance and learning, enabling KSL to track fund usage while allowing ImPaCCT to refine program design based on observed trends and outcomes.

## Tracking and Accountability

Accountability was ensured through a clearly defined internal governance structure. Doctors, social workers, fund coordinators, dietitians, and PROs operated within defined roles and workflows. Documentation was maintained for every assessment, disbursement, and service delivered. Beneficiary tracking continued throughout treatment and into survivorship through regular follow-ups and survivor clinics. When cases extended beyond donor timelines, ImPaCCT ensured continuity by transitioning beneficiaries to alternative funding sources. This systematic tracking reinforced accountability to beneficiaries, donors, and institutional partners.

# Best Practices, Suggestions and Conclusion

## Best Practices of the Program

- **Integrated, End-to-End Care Model**
  POP followed a comprehensive support approach from diagnosis to treatment completion through Emergency, Adoption, Private, and Nutrition Funds. This integration prevented fragmentation and ensured uninterrupted care.
- **Responsive Financial Support**
  The project prioritised clinical urgency. Emergency funds were released quickly, even before full documentation in critical cases, enabling timely diagnosis and treatment initiation.
- **Strong Socio-Economic Screening**
  Trained Medical Social Workers conducted detailed psycho-social and economic assessments. This ensured that support reaches the most vulnerable families based on need, not category alone.
- **Simplified and Accessible Documentation Process**
  The POP 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.
- **Transparent Financial Governance**
  Funds were credited directly to hospital trust accounts and used strictly for treatment related expenses. Regular audits, utilisation certificates, and donor reports ensured compliance and minimised leakages.
- **Inclusive Approach Beyond Poverty Line**
  POP supported not only BPL families but also middle and lower middle income households who exhausted insurance coverage. This prevented catastrophic expenditure across socio economic groups.

## Suggestions for Improvement of the Program

- **Simplify Documentation and Application Support**
  Primary research showed that ~80% of families faced some difficulty in arranging income certificates and medical documents. The project can introduce on-site facilitation support, such as dedicated help desks to assist families in completing documentation. Accepting alternative or provisional documents in the initial stage can further reduce stress and prevent delays.

- **Expand Pre Referral Awareness and Early Detection**
  Many families reach TMH at advanced stages. Partnering with district hospitals, paediatricians, ASHAs, and NGOs for awareness on early cancer symptoms and referral pathways can improve early diagnosis and further enhance survival outcomes.

- **Enhance Psychological and Peer Support Mechanisms**
  While counselling support existed, families continued to experience high emotional distress. The project can introduce structured psychosocial support such as regular counselling sessions, caregiver

support groups, and survivor parent mentoring, to strengthen emotional resilience throughout long treatment cycles.

- **Create Livelihood or Temporary Engagement Options for Caregivers**
  Long hospital stays often result in income loss for caregivers. Where feasible, hospitals can explore temporary paid roles or skill based engagements (administrative, housekeeping support, peer navigation) for caregivers, helping families maintain minimal income without compromising caregiving.

# Conclusion

The POP project's multi-component design successfully bridged critical gaps in cancer care, such as delayed diagnosis, financial hardship, treatment discontinuity, malnutrition, and psychosocial distress. Through timely financial support, uninterrupted long-term treatment, post insurance assistance, and daily nutrition, POP significantly reduced treatment dropout rates, improved survival outcomes, and strengthened the financial and emotional resilience of families. Its implementation systems, transparent governance, real-time monitoring, and fund management enabled the project to exceed planned targets and deliver measurable impact.

Overall, the Paediatric Oncology Project stands out as a best practice CSR-supported healthcare model, to create lasting impact for children with cancer and their families.

# List of Abbreviations

a) **ALL** – Acute Lymphoblastic Leukaemia
b) **ALCL** – Anaplastic Large Cell Lymphoma
c) **AML** – Acute Myeloid Leukaemia
d) **APML** – Acute Promyelocytic Leukaemia
e) **ASHAs** – Accredited Social Health Activists
f) **AST** – Astrocytic Tumours
g) **B-ALL** – B-cell Acute Lymphoblastic Leukaemia
h) **BPL** – Below Poverty Line
i) **CML** – Chronic Myeloid Leukaemia
j) **CNS** – Central Nervous System
k) **CSR** – Corporate Social Responsibility
l) **CT** – Computed Tomography
m) **DAC** – Development Assistance Committee
n) **DIPG** – Diffuse Intrinsic Pontine Glioma
o) **DLBCL** – Diffuse Large B-Cell Lymphoma
p) **EPN** – Ependymal Tumours
q) **ETP-ALL** – Early T-cell Precursor Acute Lymphoblastic Leukaemia
r) **FY** – Financial Year
s) **HB** – Hepatoblastoma
t) **HEPA** – High-Efficiency Particulate Air
u) **HIC** – High-Income Countries
v) **ICU** – Intensive Care Unit
w) **ImPaCCT** – Improving Paediatric Cancer Care Treatment
x) **JMML** – Juvenile Myelomonocytic Leukaemia
y) **KII** – Key Informant Interview
z) **KSL** – Kotak Securities Limited
aa) **LMIC** – Low- and Middle-Income Countries
bb) **MAHE** – Manipal Academy of Higher Education
cc) **M&E** – Monitoring and Evaluation
dd) **MCC** – Manipal Comprehensive Cancer Care
ee) **MCCCC** – Comprehensive Cancer Care Centre
ff) **MPAL** – Mixed Phenotype Acute Leukaemia
gg) **MSW** – Medical Social Worker
hh) **NB** – Neuroblastoma
ii) **NCD** – Non-Communicable Disease
jj) **NHP** – National Health Policy
kk) **NPCDCS** – National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
ll) **NITI Aayog** – National Institution for Transforming India
mm) **OECD** – Organisation for Economic Co-operation and Development
nn) **OGS** – Osteogenic Sarcoma
oo) **OPD** – Outpatient Department
pp) **PHOD** – Paediatric Haematology and Oncology Division
qq) **POP** – Paediatric Oncology Project
rr) **PRO** – Public Relations Officer
ss) **RAN** – Rashtriya Arogya Nidhi
tt) **REECIS** – Relevance, Effectiveness, Efficiency, Coherence, Impact and Sustainability
uu) **RMS** – Rhabdomyosarcoma

**vv)** **SAN** – Social Audit Network
**ww)** **SC** – Scheduled Caste
**xx)** **SDGs** – Sustainable Development Goals
**yy)** **SMART** – Strategic Measurement, Analysis, Reporting and Tracking
**zz)** **SROI** – Social Return on Investment
**aaa)** **T-ALL** – T-cell Acute Lymphoblastic Leukaemia
**bbb)** **TLBL** – T-Lymphoblastic Lymphoma
**ccc)** **TMH** – Tata Memorial Hospital
**ddd)** **TMC** – Tata Memorial Centre
**eee)** **UN** – United Nations
**fff)** **WHO** – World Health Organization