IMPACT ASSESSMENT REPORT

SUPPORT FOR PAEDIATRIC CANCER PATIENTS IN FINANCIAL HARDSHIPS

Project no. 10454

BAJAJ Allianz

Caringly yours

Cancer Patients Aid Association

Impact assessment study

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Executive summary

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1. CSR at Bajaj Finserv Group Companies - Healthcare

The Bajaj Group views CSR as a fundamental corporate value. Its social impact initiatives demonstrate a steadfast dedication to society. Bajaj Finserv is committed to shaping a brighter future for the next generation of India, particularly focusing on children and youth. In FY2024, the company implemented 211 projects with a CSR expenditure of Rs. 201.94 crore. The company strategically directs its social investments towards areas such as skilling, child education, child health, child protection, and inclusion for persons with disabilities. It collaborates with various non-profit organizations, government bodies, hospitals, institutions, and training partners to execute programs and implement grassroots interventions.

Children are vulnerable members of society and investing in their well-being is crucial for a better future. Addressing their needs through health, education, protection, and inclusion for persons with disabilities contributes to their overall development. A total of 34,253 children were supported through health interventions, 4,55,015 benefited from education-related initiatives, 15,387 were supported under child protection, and 1,71,908 persons with disabilities were aided. These figures represent the entire project period, not just the financial year. Child health initiatives focus on providing care for children under 18 through various curative and community-based interventions. Collaborating with organizations and hospitals in Pune and Maharashtra, financial assistance is provided for children affected by heart conditions, cancer, cleft lip/palate, type 1 diabetes, and epilepsy. These interventions cover diagnosis, treatment, rehabilitation, and ongoing care, alongside efforts to enhance healthcare infrastructure in hospitals.

- *Cleft care*: Support for children with cleft lip or palate includes necessary surgeries and care. The Maha Smiles Cleft Care for Every Child initiative, in partnership with Smile Train India, aims to perform over 7000 surgeries and raise awareness for early interventions. The initiative involves collaboration with ASHA, RBSK workers, and FOGSI to spread awareness within communities. Smile Train's network hospitals and fellowship programs extend reach to deeper geographies, supporting 27,150 children.
- *Type 1 diabetes care*: Medical care, diabetes education, counselling, and overall support are provided to children with type 1 diabetes and their families. The Centre of Excellence for T1D at HCJMRI hospital in Pune, with satellite Spokes in Nagpur and Kolhapur, uses a Hub and Spoke Model. Capacity-building workshops for healthcare professionals, skilling programs in Nutrition and Diabetes education, and research and advocacy initiatives are part of this support, aiding 500 children.
- *Paediatric heart care*: Support includes surgeries for congenital heart disease and enhancement of primary healthcare facilities. Community awareness about early interventions and heart defects is raised through RBSK team referrals. Research and studies on heart diseases are conducted to improve treatment and outcomes, supporting 1,496 children.
- *Cancer care*: Initiatives focus on patient support services and upgrading hospital facilities to ensure children with cancer receive care. Collaborations with specialized cancer hospitals and organizations provide financial assistance and advanced treatment options, supporting 1,422 children.

- *Epilepsy care*: Financial assistance is provided for paediatric patients requiring epilepsy care and surgery, supporting 925 children.

2. Scope of work

Thinkthrough Consulting as the impact assessment study partner of the CSR initiatives by Bajaj Finserv Group Companies, undertook the impact assessment for the project titled – 'Support for Paediatric Cancer Patients in Financial Hardships', for the FY May 2022 to August 2023.

Our scope of work	▪ Secondary literature review of the project documents ▪ Design of the assessment framework ▪ Develop assessment tools ▪ Conduct data collection ▪ Analyze key findings and insights ▪ Prepare the impact assessment report and executive summary ▪ Prepare a high-level summary presentation
Deliverables	▪ Inception report comprising of proposed methodology, framework of assessment, data collection tools, and work plan ▪ A comprehensive impact assessment report ▪ An executive summary in a prescribed format

Figure 1: Scope of work

3. Project Background

India faces a significant cancer burden, ranking third globally in new cases after China and the US, according to the 2020 WHO data. Cancer remains among the top five causes of death in India, with approximately 8-9 lakhs cancer-related deaths reported in 2020.[1] The mortality-to-incidence ratio for cancer types in India is among the highest globally. In 13 of the 17 states with population-based cancer registries, cancer rates are increasing, with Kerala, Mizoram, Tamil Nadu, Karnataka, Punjab, and Assam reporting the highest incidence rates. According to a UICC global survey, only 43% of people in India are concerned about developing cancer during their lifetime, compared to a global average of 58%[2].

As per the Global Cancer Observatory India factsheet (2022), India reports 10 lakh new cancer cases every year of which 3% are paediatric cancers[3]. These 50,000 new paediatric cancers annually diagnosed in India comprise about 20% of all paediatric cancers in the world[4].

India has a significant geographic disparity in the availability of Comprehensive Cancer Centres (CCCs), with only about 175 districts, covering 40-45% of the population. Of the 470-480 CCCs in the country, approximately 40% are located in metropolitan areas and state capitals. There is also a critical shortage of radiotherapy (RT) services, with only 0.4 RT machines per million people compared to the WHO's recommendation of 1 per million. The country has around 640 RT machines, falling short of the needed 1,400-1,500 installations. Additionally, India faces a shortage of essential cancer screening, diagnostic, and treatment equipment. The country has about 360 PET-CT machines, falling short of the needed 480. There are only 5 CT scanners per million people, compared to 40 in high-income countries and 13 in upper-middle-income countries. Access to oncologists is also limited, with 315 cancer cases per clinical oncologist in India, compared to 120 in China and 137 in the US. India needs 2,500-3,000 more medical oncologists and 700-800 more surgical oncologists to meet current demand, though the number of radiation oncologists is sufficient.[5]

Despite the clear advantages of early detection in reducing disease severity and improving outcomes, cancer screening coverage in India remains very low. Under the NPCDCS program, less than 5% of the population is screened for key cancers, a stark contrast to global standards. Oral cancer has the lowest screening rate, at just 0.2%. Major barriers to successful screening include inadequate infrastructure and workforce capacity, insufficient training for healthcare workers in screening methods, and poor referral systems. Furthermore, the lack of comprehensive data collection to track patients from screening through follow-up undermines the effectiveness and expansion of screening programs.

[1] EY, How India Can Remove Its Cancer Burden, available at https://www.ey.com/en_in/insights/health/how-india-can-reduce-its-cancer
[2] Ibid.
[3] Globocan 2022 India Fact Sheet, available at https://gco.iarc.fr/today/data/factsheets/populations/356-india-fact-sheets.pdf
[4] International Incidence of Childhood Cancer, available at http://iicc.iarc.fr/results/comparative.php
[5] Computed tomography scanners dashboard, available at data.oecd.org , last accessed on 27th of September 2024

As per a 2020 study conducted in seven tertiary hospitals across Delhi and Hyderabad, involving 27 providers, obstacles such as inadequate infrastructure, poor patient awareness, socio-cultural factors, and weak referral systems were perceived as key barriers in accessing childhood cancer care.[6]

Many states lack legislation and policies to integrate palliative care into public and private cancer treatment systems. The financial burden of cancer care is significantly higher than for other diseases, with treatment costs being nearly three times higher than those for other non-communicable diseases. Moreover, the cost of cancer treatment has been rising, with a single hospitalization now exceeding the average annual expenditure of 80% of the population, up from 60% in 2014.

Furthermore, the cost of comprehensive treatment for cancers such as breast, cervical, ovarian, and gallbladder can increase by 60-75% from Stage 1/2 to Stage 3/4, and even more with advanced therapies. Although around 54% of the population now has some form of insurance or government health coverage, coverage quality varies widely, with discrepancies of 40-275% in reimbursement for certain procedures and limited coverage for diagnostics and advanced treatments. Moreover, patients with retail health insurance still face 25-30% out-of-pocket expenses.

The cancer control challenges in India are further complicated by a lack of comprehensive and representative data on cancer incidence and mortality, with existing registries covering only 10% of the population and several states having inadequate registry coverage.[7]

3.1 About the project

The project 'Support for paediatric cancer patients in financial hardships' is a CSR endeavour by Bajaj Housing Finance Ltd. in partnership with Cancer Patients Aid Association (CPAA). The project's overarching objective is to provide financial assistance support for 100 children with cancer for diagnostics and appropriate medications of INR 1 lakh/patient. CPAA onboarded two agencies i.e., Clear Point Pharma (Mumbai) and Arihant Chemist (Pune) for aiding beneficiaries with medicine support.

Based on the CPAA's programmatic reports, the key areas of their work include:

- Identifying patients through referral process – assessing, managing, and evaluating the eligibility criteria
- Providing medications/treatments as prescribed in timely manner to the referred patients
- Conducting counselling sessions with the patients and the family to balance the mental health
- Undertaking follow up with the patients per month
- Organizing support group meetings for the registered patients

[6] Cancer Control Framework, Cancer Institute NSW
[7] EY (2002), Call for Action: Making quality cancer care more accessible and affordable in India, available at Call for action: Making quality cancer more accessible and affordable in India

3.2 Project activities

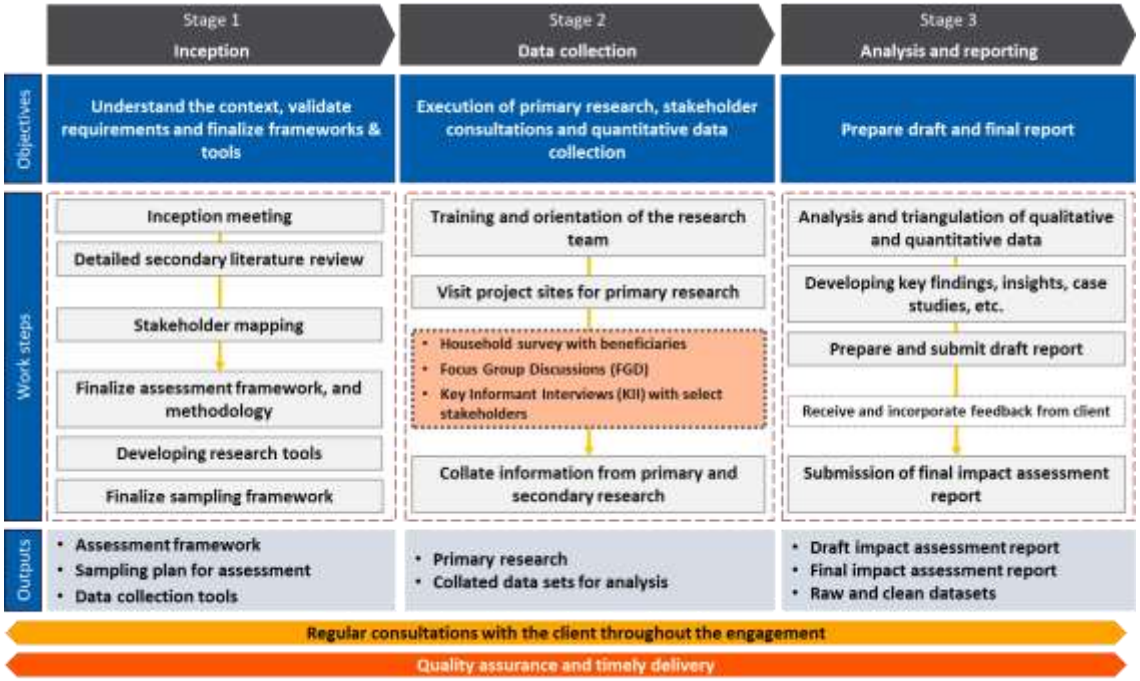
Key activities and milestones reported by CPAA during the project assessment tenure (May 2022 to March 2023[8])

1. **Identifying patients through referral process**: Patients were referred by oncologists, medical social workers, and hospitals. Verification of documents like ration cards and Aadhar cards was done to ensure financial hardship.
2. **Conducting primary counselling sessions**: Each patient and their family were provided with primary intake counselling to assess financial burdens and provide psychosocial support.
3. **Providing timely medications/treatment**: After eligibility assessment, financial aid was provided to patients for starting their treatment. Aid was directly transferred to partnered chemists to avoid delays.
4. **Following up with patients**: Monthly follow-ups were conducted to monitor the financial and medical status of the patients and ensure timely treatment. Continuous support was extended to families beyond medical aid when needed.
5. **Arranging support group meetings**: A support group meeting was organized, providing emotional and spiritual well-being guidance to patients and their families. These meetings also included welfare services and entertainment programs to relieve stress and depression.

[8] As per the data shared by the implementation team at Cancer Patient Aid Association

4. Methodology and sampling plan

A brief overview of the methodology followed for conducting the impact assessment study is illustrated below.



Detailed work steps

Inception meeting

The study began with an inception meeting between representatives from Thinkthrough Consulting and Bajaj Finserv team to finalize the scope of the assessment, approach, deliverables, timeline, and responsibilities. This was followed by a meeting with the representatives from Cancer Patients Aids Association (CPAA) team to understand the project interventions and outcomes.

The meeting provided the assessment team an insight into the project's interventions, Bajaj FinServ's CSR goals, and their expectation from the assessment.

Literature review

For the scope of this study, project documents such as MoU, activity reports, beneficiaries list, audited Utilization certificates (UCs), beneficiary data base, SOPs, etc. were reviewed. To gain a deeper understanding on the cancer care scenario, secondary literature such cancer care framework, data dashboard, policy paper, etc. were reviewed.

Finalization of assessment framework and tools

Following the analysis of the project related documents, secondary literature review, assessment framework and research tools were designed and finalized in consultation with the Bajaj team. The framework served as a guiding tool for gathering of information from primary and secondary sources, carrying out relevant analysis and development of recommendations.

An overview of the project's milestones achieved is illustrated below entailing executed activities, outputs, outcomes and impact level indicators

S. No	Impact assessment theory of change			
	Activity	Output	Outcome	Impact
1	▪ Identifying patients through referral process	▪ Assessment and onboarding of hospital and staff completed ▪ No. of patients supported through the initiative during the project tenure *(target vs achieved)* ▪ Patient eligibility/referral analysis conducted *(rationale behind referrals)*	▪ Increased number of eligible patients receiving treatment *(rationale for not meeting target number)* ▪ Improved coordination between the project stakeholders ▪ Enhanced patient satisfaction with referral process	▪ Improved access to timely and suitable healthcare interventions ▪ Enhanced efficiency in patient management and care ▪ Improved patient trust and satisfaction with CPAA services

S. No	Impact assessment theory of change			
	Activity	Output	Outcome	Impact
2	▪ Conducting 1 counselling session per patient	▪ Total number of counselling sessions conducted ▪ Number of patients and families benefitted from the sessions	▪ Improved psychosocial support provided to the patients and the families	▪ Enhanced patient & family mental health
3	▪ Providing timely access to prescribed medications/treatment to the registered patients	▪ Timely provision of medication/treatment ▪ Delays/lags in provision of medication (if applicable)	▪ Improved efficiency of the healthcare service through timeliness of necessary medication and treatment	▪ Reduced health complications
4	▪ Monthly follow-up with the registered patients	▪ Follow-up rate for the treated patients through the project	▪ Enhanced treatment adherence ▪ Strengthened post-treatment follow-up mechanism	▪ Improved long-term health management

S. No	Impact assessment theory of change			
	Activity	Output	Outcome	Impact
5	▪ Undertaking meeting with the support group	▪ Number of support group meetings conducted	▪ Increased support network ▪ Increased participation by the patients and the families to attend the support group meetings	▪ Enhanced emotional well-being of the patients and families

Thematic level indicators

- Increase in the percentage of children accessing healthcare services
- Reduction in morbidity rates among children receiving care
- Increase in community awareness and participation in health-related initiatives
- % of children from disadvantaged groups accessing health care benefits
- Improvement in health equity (% of children from disadvantaged groups accessing health care benefits)

For the purpose of undertaking the impact assessment study of the project for the above-mentioned duration, we propose to delve on the below indicative areas with the project stakeholders.

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
Relevance <R>	1. How does the project design respond to the needs of the concerned stakeholder groups?	1.What is the current scenario of paediatric cancer patients in India? What are the existing gaps in access to services w.r.t cancer?	R.1 Paediatric cancer statistics in the study geography R.2 Bajaj vision and mission	R.1.1 Children born/diagnosed with cancer annually in India R.1.2 Number of paediatric cancer	(1) Secondary literature (Ministry report, assessment studies, etc.)

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
		2. What were the key drivers (internal/external) leading to inception of the project? 3. What is the program Theory of Change and how have the program strategies evolved to address the changing context of its operation? 4. How does the programme design address the gaps in access to the service for cancer surgeries? 5. What were the systems/processes and resources put in place to achieve the project objectives? 6.What were the systems/ processes for selection of target cities,	document, strategy goals, CSR mandate R.3 Project proposal, concept notes, strategy notes, annual reports R.4 Annual CSR reports, strategy reports, review meeting minutes, versions of the program design (2016-2023) R.5 Implementation plan, M&E plan, SOPs for reporting, documentation and communication, roles and responsibilities, reporting formats R.6 Project proposal, concept notes, strategy notes, annual reports	surgeries taking place annually in India R.1.3 Demand for paediatric surgeries and % met R.1.4 Government schemes/ programs on paediatric cancer surgeries	(2-7) Secondary data (project documents, project proposal, annual reports), primary data (KII with CPA and implementation team)

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
		hospitals, and target beneficiaries? 7. How do the stakeholders perceive the relevance of the project design?	R.7 Stakeholder perception and testimonials		
Effectiveness <E>	1. How effective were the interventions of the project? 2. To what extent have the outputs been achieved with regard to the project design?	1.What was the process for selecting target states/cities?	E.1.1 Selection criteria E.1.2 SOPs E.1.3 Documented processes		Secondary data (project documents), Primary data (KII with CPA team, implementation, Field SPOCs, partners hospitals, surgeons, parents/ guardians)
		2. What was the process for selecting hospitals?	E.2.1 Selection criteria and checklist E 2.2 SOPs	E.2.1.1 Adequate infrastructure E.2.1.2 Experience of surgeons E.2.1.3 Annual review of hospitals	
		3. What was the process of selecting target beneficiaries?	E.3.1 Selection Criteria E 3.2 SOPs E 3.3 Documented processes E.3.4 Pre- surgery consultation SOPs E 3.5 Assessment report/ data on		
		4. How were the pre-surgery assessments undertaken?	E. 4.1 Pre- surgery consultation SOPs E. 4.2 Documented processes		

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
		5. How was the progress of the project reported?	E.5.1 Monitoring plan E.5.2 Quarterly report E.5.3 MIS Dashboard E.5.4 Annual reports E.5.5 SOPs for data reporting/ validation		
		6. What were the key outputs achieved at the end of the project year 2021-22?	E.6.1 Target vs Achieved E.6.2 Success rate E.6.3 % of surgeries meeting quality criteria E.6.4 Payments made to hospital	E 6.1. 1. Financial support up to ₹ 1 lakh/ patient to 100 children with cancer for diagnostics and medical aid purposes	
		7. What was the feedback/follow-up mechanism in place?	E.7.1 Feedback from the beneficiary E.7.2 Feedback from the hospitals E.7.3 Gaps identified		
		8. What were the measures undertaken to strengthen the project design?	E.8.1 Strategic Inputs	E.8.1.1 Capacity building measures for the institutions	
Efficiency <E/F>	1. What is the extent to which the intervention delivers, or is likely to deliver, results in timely manner?	1. What was the total fund planned vs utilized? 2.What were the coordination mechanisms during	E/F 1.1 Planned budget E/F 1.2 Utilization reported E/F 1.3 Fund disbursed E/F 2.1 SOPs for communication/coordination E/F 2.2 Hospital, surgeon,		

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
		the implementation of the project? How were the resources placed against the proportion of staff/hospitals in respective states/cities? 3. How timely were the surgeries for the identified beneficiary? (Time over runs)	beneficiary outreach E/F 2.3 Project staffing E/F 2.4 Documented reports/summaries E/F 3.1 SOPs for the process and timeline for beneficiaries from the identification to surgery phase E/F 3.2 Documented processes of surgery		
		1.[9] What were the total costs incurred in the implementation of the project activities, and how do these compare to the planned budget?	E/E.1.1 Total project expenditure vs initial budget allocation E/E.1.2 Breakdown of costs expenditure by activity E/E.1.3 Variance analysis (planned vs actual costs) E/E.1.4 Percentage of planned activities completed within the budget E/E.2.1 Cost-saving measures identified and implemented		Primary and secondary data (KII with CPAA team and Bajaj Finserv, project documents from team Bajaj Finserv and the implementation partner)

[9] *Questions 7.1 to 7.4 is listed comprehensively in the framework and will be covered in the IA report subject to responses received from the stakeholders*

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
		2. What measures were taken to ensure cost-efficiency in the project's execution, and were there any areas where cost savings were identified and implemented? 3. What are the per-beneficiary costs of the project, and how do these costs compare to similar initiatives in the region?	E/E.2.2 Cost per patient incurred E/E.2.3 Reduction in administrative or overhead costs E/E.2.4 Comparison of projected vs actual savings E/E.3.1 Cost per beneficiary E/E.3.2 Comparison of per-beneficiary costs with similar projects E/E.3.3 Analysis of cost components E/E.3.4 Stakeholder feedback on the perceived value relative to the cost		

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
Impact <O, I>	1. What were the key positive or negative, intended, or unintended, higher-level effects achieved by the project? What real difference has the project made to the beneficiaries? How many people have been impacted?	1. What was the outcome of the program on the beneficiaries?	O.1.1 Knowledge and awareness about the surgeries among the beneficiaries O.1.2 Improved physical health of the beneficiaries O.1.3 Enhanced social well-being of the beneficiaries	O.1.1.1 Awareness on the type, cost and application process for the surgeries	Primary data (KII with CPA team, parents/ guardians)
		2.What was the impact of the program on the beneficiaries?	I.1.1 Increased awareness and knowledge on cancer I.1.2 Improved access to healthcare facilities for cancer patients I.1.3 Reduced social stigma leading to dignified life for the patients and their families	I.1.1.1 Awareness on the issue of cancer I.1.2.1 Institutional barriers/enablers I.1.3.1 Psychosocial I.1.3.2 Appearance I.1.3.3 Schooling I.1.3.4 Family and peer support	
		3.What were the unintended changes as a result of the program? < unintended positive and negative changes>			

Assessment scope	Assessment focus	Key assessment questions	Indicators	Sub-indicators	Source of information
Sustainability <S>	1. How likely are the results of the interventions to continue/sustain after project completion? What were major factors helping or hindering implementation? Are they likely to continue?	1. How likely are the surgeries to continue post project exit?	S.1.1 Beneficiaries/Parents' propensity to pay for the surgery S.1.2 Per beneficiary cost of surgery in public/private hospitals S.1.3 Convergence with state/national level schemes		Primary data (KII with CPA team, parents/ guardians, hospitals/surgeons)

Qualitative data collection

For qualitative data collection, below listed techniques were adopted:

Key Informant Interviews (KII): The purpose of KIIs is to collect information from experts—like community leaders, professionals, or project team members, who have first-hand knowledge about the topic. These experts, with their detailed knowledge and understanding, provide insights on the nature of the interventions and associated challenges, if any.

The total sample covered under the qualitative data collection for the impact assessment study is represented below:

Activity	Achieved sample plan
	KII
KII with patients, family members, project staff, doctors, hospital staff	6

Quantitative data collection

For the quantitative component of the assessment study, a sample size of 10 project beneficiaries/families was proposed. The data collection team gathered the quantitative data using checklist survey forms, based on the information provided by the project beneficiaries/families. Once collected, the data was digitized for analysis.

The total sample population covered under the quantitative component of the study is represented below:

Activity	Proposed sample size	Achieved sample size
Checklist survey with the project beneficiaries/families	8	10

The checklist survey tool is attached in the **Annexure section** of this report.

Analysis and reporting

The information collected from primary research was analysed to assess the results and achievements, gauging the project's impact on the beneficiaries' lives. This data, gathered through both qualitative and quantitative techniques, was further triangulated with the data reported by CPAA and literature available for the analysis.
Furthermore, the report presents an analysis of insights and findings from field visits and stakeholder interactions, with a focus on the project's relevance, execution, impact, and sustainability.

5. Impact assessment study findings

5.1 Respondent profile

The section provides an overview of the profile of beneficiaries who were covered under the study. A total of 10 responses were collected from beneficiaries/beneficiaries' families. The indicators presented below for the respondent profile include age and gender of the beneficiaries.

It is important to note that the profile provided below is not a precise representation of all the project beneficiaries, but rather an overview of the surveyed beneficiaries for the purposes of this study.

As illustrated below, the beneficiaries covered during data collection were aged between 5 to 18 years. Among all the surveyed beneficiaries, the majority were male, with 6 males and 4 females

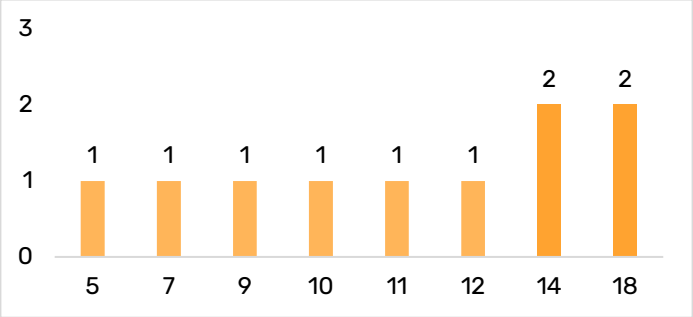


Figure 2: Age distribution

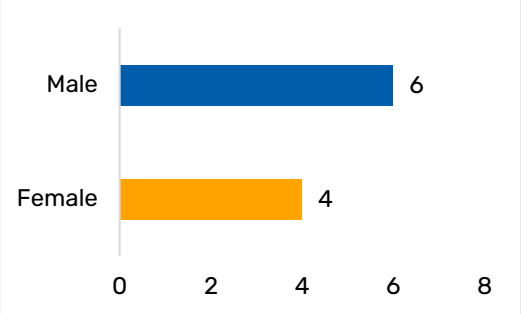


Figure 3: Gender distribution

As per the secondary data available, the project covered total 136 beneficiaries where 70.6% of the beneficiaries were male and 29.4% of the beneficiaries were female. Additionally, higher segment of age group of 6-12 years was reported to have benefited from the project (45%), followed by age group below 5 years (39%).

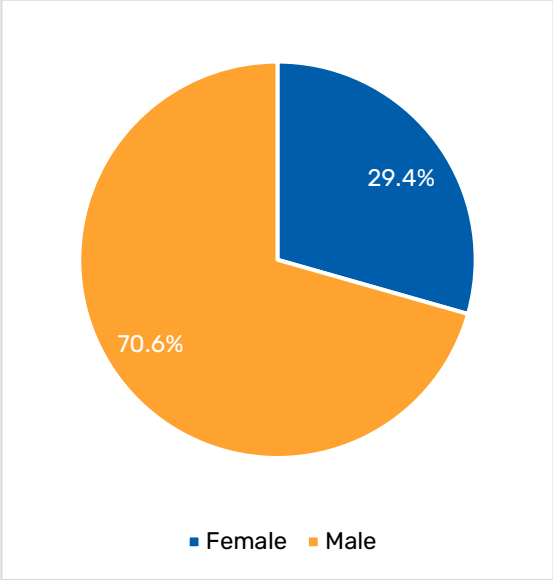


Figure 4: Gender wise distribution covered under the project

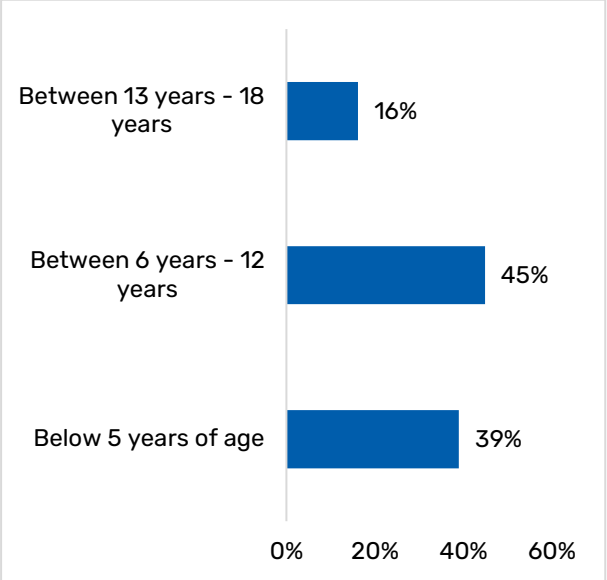


Figure 5: Age wise distribution covered under the project

Studies, including those from the American Cancer Society, show that pediatric cancer is generally more common in males than females, with boys having a higher incidence rate across several cancer types, including leukemias, brain tumors, and lymphomas. These differences may be attributed to biological, environmental, and hormonal factors (American Cancer Society, Cancer Epidemiology, Biomarkers & Prevention). Regarding age, pediatric cancer incidence peaks in distinct age groups. Children aged 0-4 are more frequently affected by cancers like neuroblastoma, Wilms tumor, and acute lymphoblastic leukemia, while the 6-12 age group sees notable incidences of leukemias and lymphomas, partly due to rapid developmental changes (National Cancer Institute, SEER). In this 6-12 age group, leukemias remain the most common cancer type, accounting for around 30% of cases, with brain and central nervous system tumors also prevalent (National Cancer Institute). These findings affirm that the project's demographic focus—on predominantly male beneficiaries and children aged 6-12—aligns with broader pediatric cancer trends, where boys and children within this age range are particularly vulnerable to certain cancers.[10]

5.2 Project relevance

This section briefly outlines the extent to which the project interventions are aligned with the global goals and national initiatives aimed at supporting individuals with developmental disabilities. It also evaluates the extent to which these interventions meet the needs of beneficiaries.

[10] National Cancer Institute, Cancer in children and adolescents

5.2.1. Alignment with global goals

Several global initiatives support cancer patients through advocacy, treatment access, and research. These initiatives work to improve care, raise awareness, and reduce the burden of cancer worldwide.

These initiatives, alongside global partnerships, aim to address the inequities in cancer care, improve early diagnosis, and provide better access to treatments, particularly in low-resource settings.

World Health Organization (WHO) Global Cancer Program	The WHO's Global Cancer Program helps countries strengthen their cancer control programs, from prevention and early detection to diagnosis and treatment. It supports national cancer plans and integrates cancer care into universal health coverage. Initiatives: • Promoting early detection and timely treatment • Strengthening health systems to improve access to cancer care • Collaborating with governments to develop and implement cancer control policies
Union for International Cancer Control (UICC)	UICC brings together over 1,100 organizations in 170 countries to coordinate efforts to fight cancer. It works to unite the cancer community, support knowledge sharing, and promote advocacy. Initiatives: • World Cancer Day (February 4): Raises awareness globally. • Global Cancer Control: Focuses on improving cancer research, reducing inequalities in cancer care, and increasing access to early detection and treatment • Young Leaders Program: Develops leadership skills in cancer control professionals
American Cancer Society (ACS) Global Health Programs	The ACS supports global cancer control efforts, particularly in low- and middle-income countries, by building partnerships and providing education and advocacy. Initiatives: • Global Relay For Life: A community-based fundraising event for cancer control • Cancer Prevention: Promoting tobacco control and HPV vaccination • Patient Navigation Programs: Helping patients access care
Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries (GTF.CCC)	GTF.CCC, initiated by Harvard University, is committed to increasing access to cancer care in developing countries through public-private partnerships. Initiatives: • Expanding access to cancer diagnosis, treatment, and care

	• Fostering collaboration between governments, non-profits, and the private sector
International Agency for Research on Cancer (IARC)	Part of WHO, IARC conducts and coordinates research on the causes of cancer. It also works on global cancer prevention strategies. Initiatives: • Global Cancer Observatory: A tool for tracking global cancer data. • Monographs Program: Identifies carcinogenic risks from environmental and lifestyle factors. • Research into cancer prevention, including HPV vaccination and tobacco control.
The Max Foundation	Provides access to cancer treatment, care, and support in low- and middle-income countries, especially for chronic myeloid leukaemia (CML) and other blood cancers. Initiatives: • Max Access Solutions: Works with pharmaceutical companies to provide free or low-cost cancer medications. • Offering patient support programs and counselling services.
International Cancer Control Partnership (ICCP)	The ICCP assists countries in developing and implementing national cancer control plans (NCCPs). It promotes collaboration among governments, NGOs, and cancer control organizations. Initiatives: • Offering resources, technical support, and knowledge-sharing platforms to countries developing cancer control strategies.
Livestrong Foundation (Global Cancer Campaigns)	Livestrong works internationally to raise awareness of cancer survivorship issues and improve quality of life for cancer patients and survivors. Initiatives: • Global programs that provide cancer survivors with resources, counselling, and support. • Advocacy for patient rights and survivorship care.
Global Cancer Institute (GCI)	GCI aims to improve cancer outcomes in underserved populations, especially in low- and middle-income countries. It targets disparities in cancer care by developing scalable and cost-effective solutions. Initiatives:

	• Improving access to cancer care and treatments in underserved regions. • Offering training and resources to healthcare providers. • Implementing cancer screening and treatment programs.

Furthermore, the 2030 Agenda for Sustainable Development emphasizes that disability cannot be a reason or criterion for denying access to development programs and the realization of human rights. The Sustainable Development Goals (SDGs) framework includes seven targets that explicitly refer to persons with disabilities.[11]

The project activities align with some of the Sustainable Development Goals (SDGs) 2030 Agenda as illustrated below.

Figure 6: Project relevance with Sustainable Development Goals (SDGs) 2030 Agenda

The SDGs that the project interventions support is detailed below.

[11] The United Nations, Disability indicators for the SDGs, Available at: https://www.un.org/disabilities/documents/disability_indicators_aug_2015.docx

Alignment of the project interventions with the SDG 2030 Agenda	
Goal 3: Good Health and Well-Being	**Target 3.4**: This target explicitly aims to reduce premature mortality from non-communicable diseases (NCDs), including cancer, by one-third by 2030 through prevention, treatment, and promoting mental health and well-being. **Target 3.8**: Achieving universal health coverage (UHC) is crucial for cancer patients, ensuring that people everywhere have access to quality essential health services, including cancer screening, diagnosis, and treatment, without facing financial hardship. **Target 3.a**: Strengthening the implementation of the WHO Framework Convention on Tobacco Control is relevant, as smoking is a leading cause of various cancers. **Target 3.b**: Promoting research and development of vaccines and medicines for diseases like cancer and ensuring access to affordable medicines and vaccines. **Alignment with the project interventions:** MoU mentions interventions focusing on improving health services, particularly addressing the healthcare needs of vulnerable populations and occupational safety measures. This would directly contribute to reducing work-related injuries and improving general health outcomes for workers in sectors like mining and manufacturing.
Goal 5: Gender Equality	**Target 5.6**: Ensuring universal access to sexual and reproductive health and rights is vital for cancer prevention, especially in addressing cancers that disproportionately affect women, such as breast and cervical cancers. Gender inequality can also influence access to cancer screening and treatment, with women in many parts of the world facing barriers to care. **Alignment with the project interventions:** MoU includes provisions for promoting women's participation in skill development programs and employment in non-traditional sectors like mining and technology. It also addresses barriers such as gender-based discrimination, supporting SDG 5's goals
Goal 10: Reduced Inequalities	Target **10.2**: This target seeks to empower and promote the social, economic, and political inclusion of all, which

Alignment of the project interventions with the SDG 2030 Agenda	
	includes equitable access to healthcare for cancer patients. Reducing inequalities helps address disparities in cancer outcomes across socioeconomic, racial, and geographic lines, ensuring that marginalized populations have better access to early detection and treatment. **Alignment with the project interventions:** MoU outlines strategies to support unskilled and informal workers, providing them with skill development and career opportunities in more sustainable industries. By including provisions for education and social inclusion for marginalized groups, the project aims to reduce income inequalities and promote upward social mobility

Table 1: Project relevance with SDG 2030 Agenda (detailed)

5.2.2. Alignment with national development goals

The government schemes that provide support services to the children with developmental disabilities and aligns with the project interventions are detailed below.

Alignment of the project interventions with the national development goals	
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	NPCDCS was launched in 2010 to prevent and control non-communicable diseases (NCDs), including cancer. **Initiatives** • **Prevention**: Promoting healthy lifestyles to reduce cancer risk factors (e.g., tobacco control, diet, and physical activity). • **Screening and Early Detection**: Conducting population-based screening for common cancers (oral, breast, and cervical) at district and community health centres. • **Treatment**: Strengthening facilities for cancer care at various levels, including the establishment of NCD clinics and cancer treatment facilities at district hospitals. **Alignment with the project interventions:** ➢ The project highlights interventions focused on preventive health measures, including screenings for non-communicable diseases such as diabetes and cardiovascular conditions, which align well with the NPCDCS. The emphasis on early detection and awareness campaigns strengthens

Alignment of the project interventions with the national development goals	
	the alignment with this national program's goal of reducing the NCD burden.
National Cancer Grid (NCG)	The NCG was established in 2012 as a network of major cancer centres, research institutes, patient groups, and charitable organizations to standardize cancer treatment and care across India. **Initiatives** • Creating uniform standards for prevention, diagnosis, and treatment of cancer. • Facilitating collaborative cancer research and providing training for healthcare professionals. • Improving access to cancer care in underserved regions. **Alignment with the project interventions:** ➢ The project aims to **improve access to cancer care**, which aligns with the NCG's focus on providing uniform cancer treatment. Additionally, any collaboration with regional cancer centres or efforts to integrate cancer care networks would support the objectives of the National Cancer Grid.
Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY)	PM-JAY, also known as Ayushman Bharat, is a universal health coverage scheme launched in 2018 to provide free access to essential healthcare services for low-income families. **Initiatives** • Cancer Care Coverage: PM-JAY covers a wide range of cancer treatments, including chemotherapy, radiation therapy, and surgeries. • Provides financial protection for families below the poverty line (BPL) by offering an annual health cover of INR 5 lakh per family. • Empanelled hospitals provide cancer care services under this scheme, including tertiary care. **Alignment with the project interventions:** ➢ While the project does not clearly mention of linking economically vulnerable populations to **government health insurance programs**, specifically **Ayushman Bharat**. The project facilitates access to secondary and tertiary healthcare services ensuring financial protection for hospitalizations, which directly supports the

Alignment of the project interventions with the national development goals	
	initiative's objectives of expanding healthcare coverage to underprivileged sections.
Rashtriya Arogya Nidhi (RAN)	RAN provides financial assistance to patients living below the poverty line (BPL) for treatment of major life-threatening diseases, including cancer. **Initiatives** • Grants financial aid up to INR 2 lakh for treatment at government hospitals. • Aids with treatments such as surgery, chemotherapy, and radiotherapy. • Administered through the Health Minister's Discretionary Grant (HMDG). **Alignment with the project interventions:** ➢ The project includes provisions for financial assistance for patients needing **costly treatments**. By offering help in navigating financial aid mechanisms for the poor, including RAN, the interventions align with the national initiative aimed at supporting life-threatening diseases through financial relief.
Health Minister's Cancer Patient Fund (HMCPF)	The HMCPF provides financial aid to cancer patients who are below the poverty line (BPL) for cancer treatment in regional cancer centres (RCCs). **Initiatives** • Funds are allocated to regional cancer centres (RCCs) to aid eligible patients. • Helps cancer patients access costly treatments such as chemotherapy, radiation, and surgeries. **Alignment with the project interventions:** ➢ For cancer patients, especially those below the poverty line, the project aligns with the Health Minister's Cancer Patient Fund by integrating financial support measures to aid treatment affordability. This ensures that patients from low-income groups can access necessary care through the fund.

Table 2: Project relevance with national development goals

5.3 Project effectiveness

This section delves into the quality of the interventions and key achievements of the project. In this section, the key stakeholder perceptions with respect to the effectiveness of the project, the outreach and process flow of the project have also

been examined. The research framework also looked into the nature and adequacy of the project design and the processes for monitoring, evaluation and reporting in order to achieve the project objectives.

5.3.1. Selection of partner hospitals and chemists

CPAA is connected with 220 partners hospitals across the location of Mumbai (200), Pune (18) and Delhi (2). As reported during the study, CPAA undertakes mobilization sessions with the health care professionals (nurses, doctors, social workers, etc.) to raise the awareness about the project and modalities to ensure benefit outreach.

During the qualitative interactions with the project team, it was reported that the hospitals are selected based on their reputation and word of reference. The team also reported that majority of the hospitals have been associated since early years of CPAA's inception.

Figure 7: Brochures used by CPAA for generating awareness around different types of cancer

CPAA also reported working with a network of chemists to ensure holistic and affordable patient care for marginalized communities. For the captioned project, CPAA reported partnership with Clear Point Pharma (Mumbai) and Arihant Chemists LLP (Pune) for seamless delivery of the medicines required for the treatment. During qualitative interactions with the chemists, it was reported that the chemists have been associated with CPAA since 1999-2000. During the inception of the partnership, the supplier verification was conducted. The chemist shops are located nearby the CPAA's network hospitals and are familiar with the doctors and the types of medicines prescribed by the respective hospitals, making the coordination and delivery between all the stakeholders seamless.

Key observations

- During the study, any form of SOP for hospital empanelment was not reported. Furthermore, any form of mechanism to review the hospital's capacity with respect to its infrastructure, human resources, quality of services was not reported
- During qualitative interactions with the chemists, it was reported that the medicines are provided based on 'fixed margins' (which are usually in single-digit). One of the major drivers for the chemists to provide medicines at subsidized rates was due to their personal connect to the cause of providing cancer care support
- During qualitative interactions, it was also reported that the long-term partnership with CPAA and a notable increase in the footfall of the patients at the chemists' shops, translated into an increase in the revenue of the partner chemists

"We are the pioneers in providing oncology related services. We are the authorised vendors for 95% of the medicines/equipment in the market. Apart from being partner with CPAA, we are also established distributors and retailers. We are connected with the cause of CPAA and want to contribute to the impact created."

- KII with Arihant Chemists (LLP)

5.3.2. Identification of beneficiaries

The study reported that the beneficiaries were identified by leveraging the partnerships with oncologists, medical social workers, dieticians, and hospitals in Mumbai and Pune. Referral support came from hospitals including B.J. Wadia, B.Y. Nair Hospital, Comprehensive Thalassemia Care Centre, Bone Marrow Transplantation Centre, and Lokmanya Tilak Municipal General Hospital in Mumbai, along with Bharati Vidyapeeth Medical College Hospital and Dinanath Mangeshkar Hospital in Pune.

Upon referral, CPAA case coordinators conducted a comprehensive eligibility and socioeconomic assessment session, which is typically scheduled for 90 minutes. During this session, all documents are carefully verified for authenticity, scanned, and filed in the organization's records. The case coordinator engages in a detailed discussion with the patient, gathering the patient's story and identify gaps where CPAA support could

be beneficial. This assessment process determines the type of assistance required, and inter-project referrals are made if additional support from other CPAA projects is deemed necessary.

The assessment process is divided into three main areas:

1. **Assessment** (30 minutes): During this stage, the case coordinator reviews all required documents to confirm authenticity and eligibility, consulting healthcare professionals if clarification is needed. Scanned copies of documents are saved in the system, and a unique ID is generated for each patient in a customized patient care database. An ID card is provided to the patient, and they are informed of the allocated aid amount approved.
2. **Counselling** (50 minutes): In this session, the case coordinator listens to the patient's story, identifying potential areas where CPAA can offer support, such as financial aid for treatment, non-medical assistance, or follow-up advice. The counselling session allows the patient to gain clarity on available resources and support from CPAA.
3. **Internal Referrals** (10 minutes): If other non-medical support is needed, such as nutritional supplements, prosthetics, or educational fee assistance for children, the case coordinator refers these requirements to relevant CPAA departments for further action.

Following this primary assessment, each patient's case is entered into the patient care database, which assigns a unique ID to each patient and helps track all support provided. Medical aid, if required, is allocated based on approved medication amounts or treatment cycles, with the necessary paperwork sent to an authorized chemist. Patients or caregivers collect the medication from the designated chemist for further treatment.

Figure 8: Document entailing referral from social worker

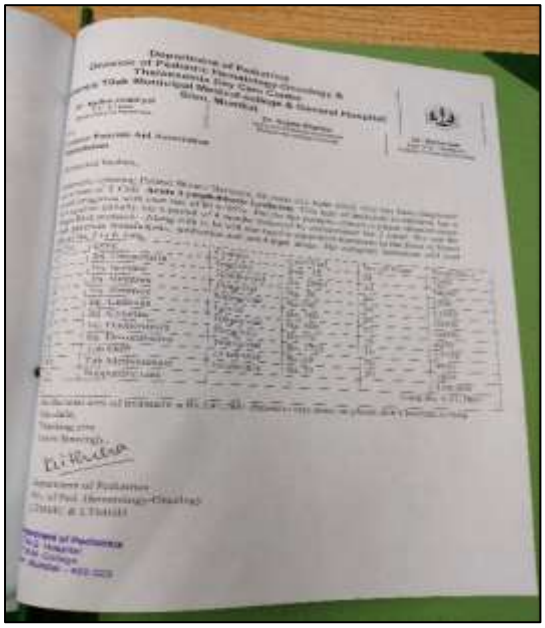


Figure 9: Document entailing referral from the hospital

5.3.3. Selection of beneficiaries

Primary intake counselling sessions were conducted with each patient to evaluate their financial burden, considering factors such as household income, the number of dependents, and the number of earning members. These sessions, facilitated by a qualified psychologist or counsellor, enabled a comprehensive understanding of the unique challenges encountered by each patient and their family. Additionally, the sessions provided essential psychosocial support, addressing both the emotional and practical needs of the patients in a structured and supportive environment.

The study reported that that 77.2% of the beneficiaries had annual HH income less that INR 1 lakh.

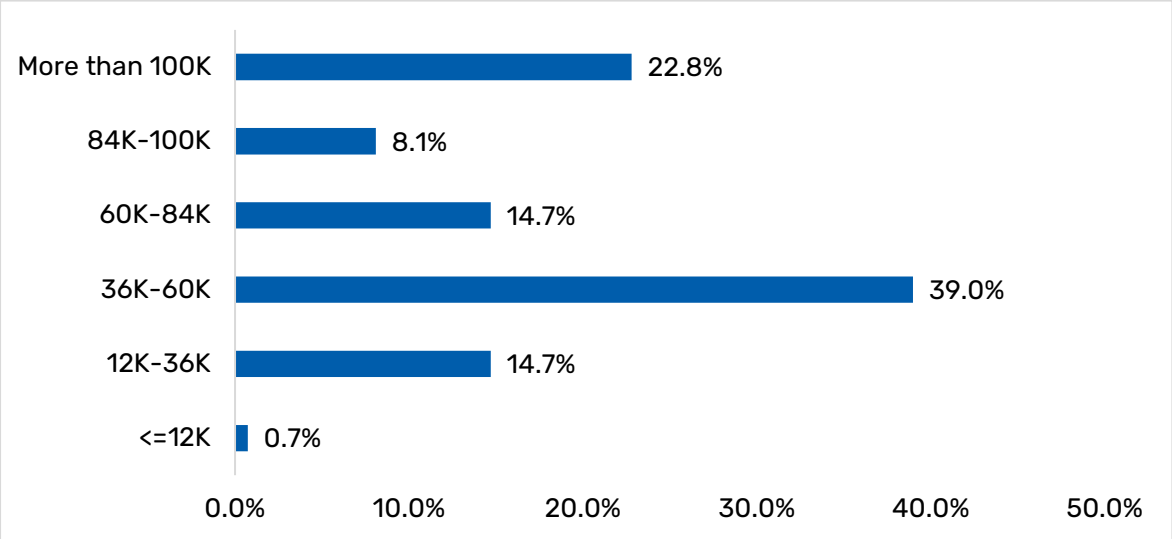


Figure 10: Income profile of the beneficiaries (per annum)

5.3.4. Beneficiary outreach

The study reported treatment of 136 beneficiaries during the project course. In Pune, the target was set for 20 pediatric cancer patients, against which 36 pediatric cancer patients received treatment. Similarly, in Mumbai, against the target of 80 pediatric cancer patients, 100 pediatric cancer patients benefited from medical support during the same period.

The beneficiary data reports that the cases of Acute Lymphoblastic Leukemia (ALL) represent the overwhelming majority, affecting 71.3% of the beneficiaries. Following ALL, Acute Myeloid Leukemia (AML) constituted 10.3% of cases, making it the second most common cancer type among the beneficiaries. Other types of cancers, such as Osteosarcoma, Germ Cell Tumour, and Ewings Sarcoma, each accounted for 2.9% of cases, while Rhabdosarcoma, Hodgkins Lymphoma, Hepatoblastoma, and Burkitts Lymphoma each have a prevalence of 1.5%. Less common types, such as T-Lymphoblastic Lymphoma, Nasopharyngeal, Medulloblastoma, Juvenile Myelomonocytic Leukemia, and Chronic Myeloid Leukemia, each make up 0.7% of the cases. The high incidence of leukemia and related hematologic cancers in the beneficiary group reflects national trends, underscoring a need for targeted support for

blood cancer patients in India. Leukemia accounts for 5.2% of total cancer DALYs (disability-adjusted life years) in the country, placing it among the ten cancers with the highest DALY contribution.[12]

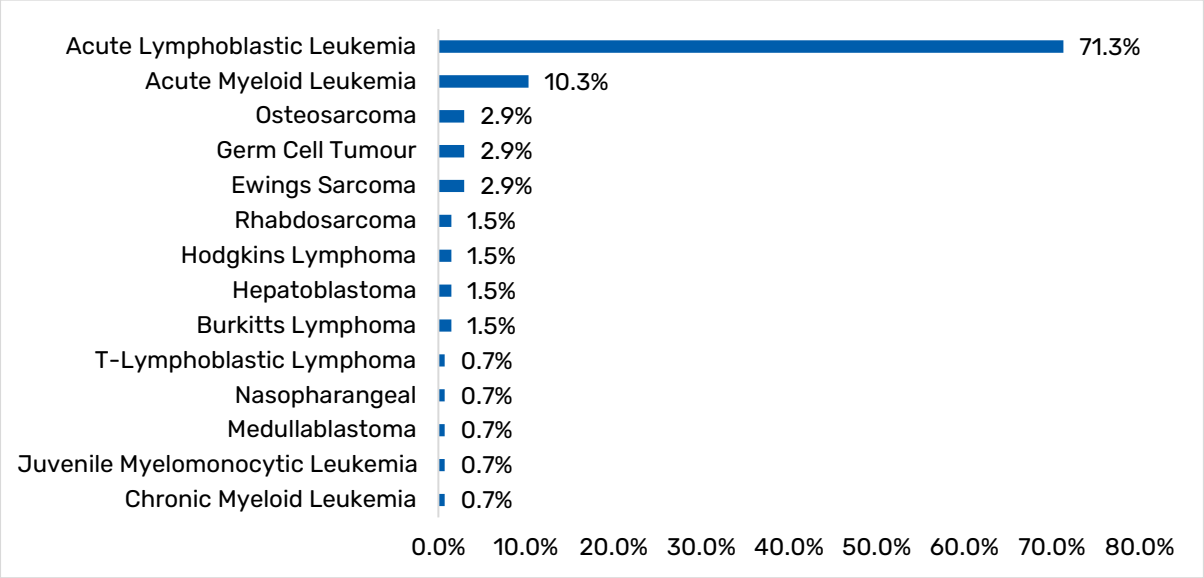


Figure 11: Types of cancer reported

During the qualitative interactions with the hospitals and the chemists, similar insights were reported where a higher segment of hematologic cancers are diagnosed or reported by the beneficiaries.

While patient outreach goals were surpassed, the effectiveness in terms of treatment success paints a more nuanced picture. The study reported that while the interventions were undertaken in the year 2022-2023 (assessment year), in the follow up year, there were 40 fatalities reported (2024-2025) for the beneficiaries outreached under the project. A detailed break up is given below:

Components	Mumbai	Pune
Number of beneficiaries recovered	32	9
Number of beneficiaries under maintenance	33	16
Number of beneficiaries not traceable	3	3
Number of fatalities	32	8
Total	100	36

The survival rates of pediatric cancer patients in developing countries, including India, are notably impacted by various challenges related to healthcare access, economic

[12] India State-Level Disease Burden Initiative Cancer Collaborators (2018), The burden of cancers and their variations across the states of India: the Global Burden of Disease Study 1990–2016

barriers, and treatment limitations. Based on data from Globocan (2020) and WHO (2021), survival rates in developing countries typically range from 30% to 50%, with even lower rates in underdeveloped regions. In India, recent reports from the Indian Council of Medical Research (ICMR, 2023) indicate a comparatively higher survival rate of 60-70%, suggesting improvements in cancer care but also highlighting persistent challenges.

Within the context of this project, the assessment and selection of pediatric cancer patients focused on enrolling those with a good prognosis. However, several factors contribute to the variability in outcomes, including the type of cancer, the patient's general health, immunity levels, and ability to manage treatment side effects. Other determinants, such as diet, risk of infection, and the body's responsiveness to treatment, further affect survival rates.

During the interactions with the doctors, it was reported that despite an initial favorable prognosis, unforeseen complications during treatment can impact patient outcomes. This reality underscores the importance of a comprehensive approach to patient care that not only addresses the cancer itself but also supports general health, infection prevention, and nutritional needs to enhance survival chances among pediatric cancer patients in developing settings.

> *"The survival rate for paediatric cancer cases is relatively strong at 70-75%. However, outcomes for leukaemia, a more complex form of paediatric cancer, were considerably lower, with a survival rate below 40%."*
>
> - *KII with doctor, Bharti Hospital, Pune*

5.4 Project efficiency

Efficiency in healthcare delivery focuses on the optimal use of resources to achieve desired outcomes while minimizing waste and delays. This section delves into the resource utilization, coordination and monitoring mechanism, and convergence achieved under the project.

5.4.1. Resource utilization

As per the MoU, the project was budgeted at INR 1 crores for 100 beneficiaries in Mumbai and Pune for the period between 15th of May to 15th of August 2023. From the utilization certificates, it was reported that total of INR 1 crores was released by the grantor in three tranches during the financial year 2022-23. The project reported utilizing the entire amount for the program year 2022-23. Out of the total budget allocated, 95% of the funding was utilized for project related components.

Although the MoU stipulates a maximum financial support of INR 1 lakh per beneficiary, approximately 7% of beneficiaries received support exceeding this amount. During discussions with the project team and partner hospitals, it was noted that treatment expenses vary significantly between cases. In instances where a beneficiary's needs surpass the INR 1 lakh limit, unutilized funds from other beneficiaries' allocations are reallocated to ensure that all beneficiaries receive the necessary support without

exclusion.

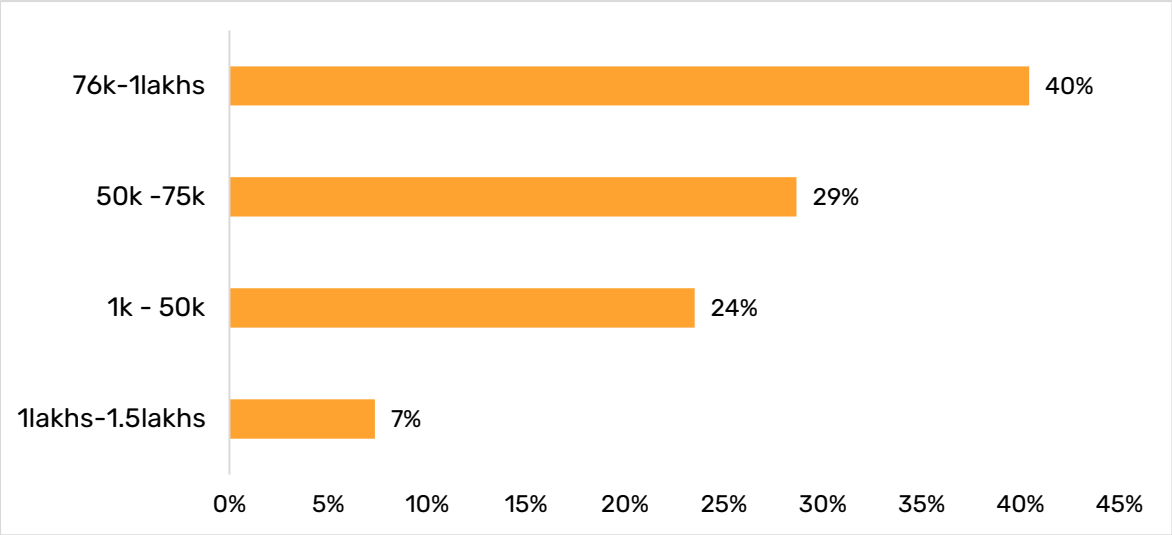


Figure 12: Average cost incurred by the beneficiaries

The program exhibited significant efficiency in financial management, particularly in reallocating unused funds to expand patient care. In Pune, the initial budget targeted the treatment of 20 paediatric cancer patients. However, through effective fund utilization, CPAA treated 36 children, demonstrating an efficient use of resources. Funds that were initially allocated for patients in the maintenance phase were reallocated to ensure no resources were wasted.

The study also reported that some of the patients also travelled from other districts to avail the benefits of the project. The major states other than Maharashtra are Uttar Pradesh (13%) and West Bengal (3%).

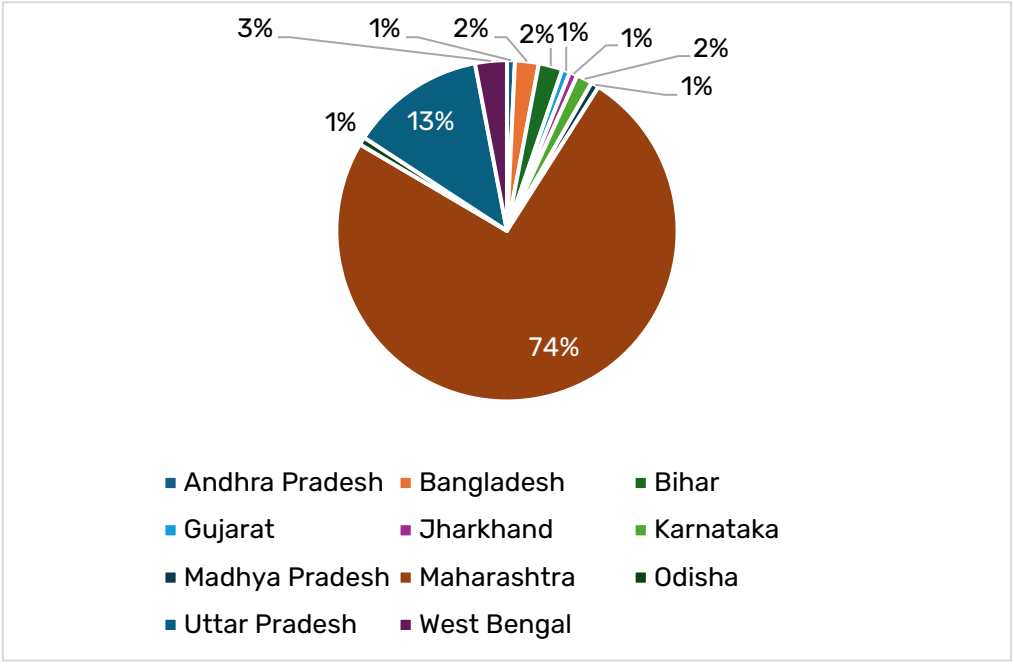


Figure 13: State wise coverage of the beneficiaries

5.4.2. Cost-efficiency & savings

The program demonstrated cost-efficiency through its partnerships with hospitals and chemists. CPAA negotiated discounted rates for medicines, reducing the cost burden on the organization and patients. *During qualitative interactions with the chemists, it was reported that the majority of the patients are prescribed with generic medicines depending upon the suitability and doctor's discretion, which helped them to avail the cancer care services at affordable rates.*

Notes

The Government of India has implemented several measures to promote the availability and affordability of generic medicines across the country. As part of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), the Pharmaceuticals & Medical Devices Bureau of India (PMBI), under the Department of Pharmaceuticals, has established 9,512 Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) as of June 30, 2023. These outlets provide quality generic medicines at prices 50-90% lower than branded medicines available in the open market.

To facilitate public access, the government has also launched the 'Janaushadhi Sugam' mobile application, which enables users to locate PMBJKs, search for Janaushadhi medicines, and compare prices of generic versus branded drugs.
In addition, Clause 1.5 of the Indian Medical Council (Professional Conduct, Etiquette, and Ethics) Regulations, 2002, mandates that physicians prescribe drugs with generic names, preferably in capital letters. Circulars issued by the former Medical Council of India (MCI) require all Registered Medical Practitioners to comply with this regulation. Furthermore, the Directorate General of Health Services has instructed all Central Government hospitals to prescribe generic medicines only, with similar directives issued to doctors and wellness centres under the Central Government Health Scheme (CGHS).

Under the National Health Mission's (NHM) free drug initiative, support is provided for the distribution of essential generic drugs free of charge in public health facilities. Only quality-tested generic medicines, procured from WHO-GMP certified suppliers, are sold through PMBJKs. Each batch of medicines undergoes testing at National Accreditation Board for Testing and Calibration Laboratories (NABL)-accredited labs before being dispatched.

Source: PIB

5.4.3. Communication and coordination

The allocated and approved assistance amount for surgery was communicated to both the patient and the healthcare provider. This amount was then directly transferred to the treatment centre to support the patient's treatment. For non-medical needs, such

as ration supplies, dietary supplements, prosthetics, and educational support for the patient's children, referrals were made to relevant departments for execution.

Patients undergoing active treatment regularly visit CPAA for ongoing support and guidance. After completing treatment or entering the maintenance phase, they are monitored based on their specific treatment needs. Patients requiring medical assistance visit the CPAA centre for each chemotherapy cycle, while follow-ups for surgeries, radiotherapy, or other invasive procedures are scheduled according to the patient's recovery progress.

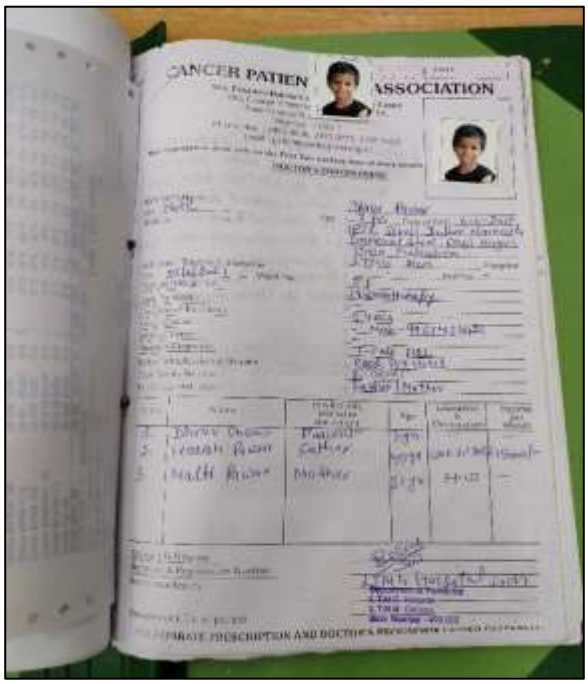


Figure 14: Beneficiary details maintained by CPAA

Follow-up for cancer patients is conducted twice in a month, or sooner, if necessary, through phone calls to ensure ongoing engagement. If patients are not visiting the center regularly, they receive a call from CPAA. Depending on the type of cancer and treatment, a patient may remain connected with the organization for anywhere from a few months to five to seven years.

5.4.5. Monitoring & accountability

Monitoring between CPAA and implementation partners

As reported during the study, CPAA ensures fund allocation and medication distribution for chemotherapy patients through a sequence of steps: doctors refer patients, funds are allocated based on project guidelines, and CPAA approves and hands prescriptions to patients or caregivers. The chemist evaluates the cost and awaits approval via WhatsApp, after which medicines are dispensed and delivered to the hospital. Weekly billing statements and monthly expenses are recorded, and chemists maintain copies of all bills for quarterly review by auditors. Expenses are logged in TALLY, and patients receive SMS notifications to confirm payments, as illustrated in the figure below.

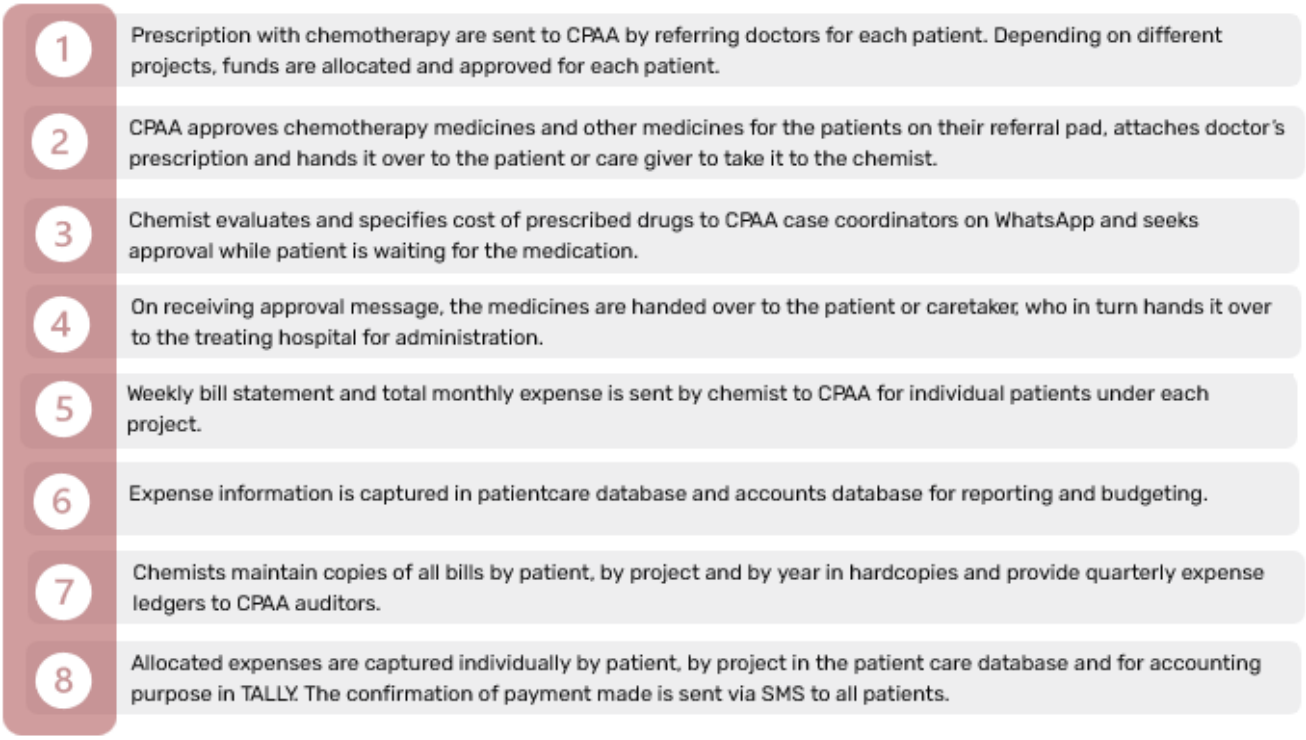


Figure 15: Monitoring mechanism between CPAA and implementation partners

While this approach ensures basic oversight of the progress of the project, it is noteworthy that any form of Management Information System (MIS) was not reported. From the project documents and stakeholder consultations, a high dependence on manual reporting was observed. While utilization of mediums such as WhatsApp group may prove to be convenient, but they also pose risk of inadequate record-keeping and data privacy concerns. Although chemists do submit a monthly tally sheet based on which payments are made, the reliance on unstructured reporting methods reduces overall transparency. Implementing a secure digital platform for reporting would improve accountability, streamline data storage, and facilitate better tracking and oversight of medication distribution. Annual meetings between the CEO and chemists are undertaken to set the project's annual plan and margins, however, any form of SOP used for rationalization of these margins was not reported during the interaction with the project team and the chemists.

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INFINA CML

BILL WISE REPORT From 01-09-2024 to 30-09-2024

Date	Bill No.	Patient	Amount	Case No.
01-09-2024	R2-006130	Hasibul Rehman	12000	MUM-23-03800
01-09-2024	R2-009241	Ghanshyam Chandrakant	6000	MUM-24-04682
01-09-2024	R2-007273	SHANTI SANTLAL MAURYA	5550	MUM-20-01506
01-09-2024	R2-008855	Sona Vishwakarma	5550	MUM-23-03796
01-09-2024	R2-009181	NOOR MOHAMMAD KHAN	5550	MUM-22-02961
01-09-2024	R2-008846	Ashok Kumar Sahu	7400	MUM-24-04122
01-09-2024	R2-008604	Ajab Rao Patil	4500	MUM-23-03856
01-09-2024	R2-006603	MAMTA GUPTA	5550	MUM-18-00646
01-09-2024	R2-007869	Harishchandra Prahalad Jaiswal	3000	MUM-23-03808
01-09-2024	R2-007875	Anisha Sachin Ram	3000	MUM-23-03424
01-09-2024	R2-011798	FARIDA KHAN	5500	MUM-18-00655
01-09-2024	R2-008485	Satyaprakash Gulabchand	13158	MUM-23-03393
02-09-2024	R2-009757	Prashant Anant Gosavi	29200	MUM-23-03667
02-09-2024	R2-009873	Ayodhya Prasad Yadav	41000	MUM-24-04535
02-09-2024	R2-009846	AFZAL ASGAR ANSARI	7000	MUM-22-02401
02-09-2024	R2-009899	Sameer Khan	5800	MUM-23-03445
02-09-2024	R2-009645	Shivdas Shelar	5550	MUM-23-04064
02-09-2024	R2-009649	MADANLAL GUPTA	6000	MUM-22-02957
02-09-2024	R2-009715	NOORJAHA SHABAN KHAN	12000	MUM-21-01888
02-09-2024	R2-009627	Bharati Devi Sahani	10350	MUM-23-03799
02-09-2024	R2-009628	UZMA JAFAR ATTAR	9000	MUM-21-02121
05-09-2024	R2-010222	Manju Sevalal Yadav	7800	MUM-23-03550
06-09-2024	R2-010315	Bharatkumar Hansraj Gautam	21168	MUM-23-03586

Figure 16: Monthly reporting by the chemists

Monitoring between CPAA and Bajaj Finserv

During the qualitative interactions with the project team from both CPAA and Bajaj Finserv, it was reported that CPAA provides the Bajaj team with key documentation, including an activity report detailing challenges and case studies, a payment request specifying the required amount, and a utilization certificate indicating funds utilized.

Additionally, patient data (including disease specifics and expenses) is shared half yearly, with supplemental data provided upon request. Formal check-ins are conducted every six months, in September and March, allowing the Bajaj team to audit the program's progress comprehensively.

While there is no formal audit procedure established by the Bajaj team specifically for verifying CPAA's activities, they undertake alternative validation methods. For instance, random calls are made to the families of beneficiaries to confirm receipt of assistance, and Bajaj team members conduct hospital visits to Bharati Hospital and BMH Hospital. During these visits, the Bajaj team engages with hospital staff, social workers, and the CPAA team to gain insights into patient care and support. This hands-on approach, coupled with regular follow-ups, enables the Bajaj team to assess the program's impact without direct involvement in financial audits at the hospital level, as funds are directed to patients rather than hospital administrations.

5.5 Project impact

The project's focus on paediatric cancer patients in Mumbai and Pune created a profound impact across various dimensions, from improving access to medical care to reducing the emotional and financial burdens faced by the beneficiaries. By partnering with key hospitals and providing crucial financial and psychosocial support, the initiative managed to address both the medical and social needs of vulnerable families.

5.5.1 Improved access to specialized cancer care

Mumbai and Pune were chosen due to their established healthcare infrastructure, specifically in oncology. Hospitals like B. J. Wadia, B. Y. Nair, Lokmanya Tilak Municipal General Hospital in Mumbai, and Bharati Vidyapeeth Medical College Hospital in Pune were crucial in delivering comprehensive cancer care. These hospitals offered specialized oncology services, and their partnership with the Cancer Patients Aid Association (CPAA) streamlined the referral process, ensuring that patients received timely and appropriate treatments.

The project enabled 136 paediatric cancer patients to access specialized care. The quick and efficient referral process involving oncologists, social workers, and dieticians ensured that the most vulnerable patients, particularly those from Below Poverty Line (BPL) families, were prioritized. Families that faced financial hardships were able to benefit from both the financial aid and the expert care provided, leading to high treatment satisfaction rates. This selection process helped to reach the most in-need populations, ensuring that children who might otherwise have been overlooked were given a chance at life-saving treatments.

Figure 17: Interaction at one of the partner hospitals in Mumbai

5.4.2 Enhanced health outcomes

Timely access to cancer treatment is critical for improving survival rates, especially in paediatric cases where cancer can be more aggressive. Through the project, paediatric cancer patients received medications, surgeries, and comprehensive cancer care that significantly contributed to their recovery. While some patients are still undergoing

treatment, the average duration of care spanned from 9 months to 3 years, demonstrating the sustained support offered by the program.

5.4.3 Psychosocial and emotional support

Cancer treatment is not only physically taxing but also emotionally challenging for both the patients and their families. Recognizing this, the project went beyond medical treatment by addressing the psychosocial and emotional needs of the patients and their caregivers. The establishment of support groups played a crucial role in offering emotional assistance. These groups provided patients and their families with a safe space to share their experiences, fears, and hopes, which significantly reduced feelings of isolation. This was particularly important for families dealing with the stigma that is sometimes associated with cancer in India.

Figure 18: Interaction with the mother of the beneficiary

Additionally, the project conducted monthly follow-ups through the patient care team. These check-ins helped track patients' progress and address any issues or concerns that arose during the course of their treatment. *Feedback from beneficiaries during the study, indicated a high level of satisfaction with this follow-up process, with many families expressing relief that they were not left to manage the complex cancer treatment journey on their own.*

"Post treatment follow ups are undertaken with the beneficiaries and the parents. CPAA regularly organizes events to raise awareness on cancer. Additionally, we also undertake advocacy, rehabilitation, and research related activities to actively contribute the landscape. All of our patients are connected through WhatsApp group and broadcast of these events is sent on periodic basis."

- KII with the patient care team at CPAA

5.4.4 Reduction of stigma and enhanced dignity

Cancer, particularly childhood cancer, can carry a significant social stigma in India, often leaving families isolated. The project actively worked to reduce this stigma by increasing awareness about paediatric cancer through education and outreach. By creating an environment where patients and families felt supported and understood, the project helped reduce the feelings of shame or fear that often accompany a cancer diagnosis.

This reduction in stigma was further supported by the collaborative nature of the project, where hospital staff, social workers, and the CPAA team worked closely with families to provide clear communication and dignified care. The families reported feeling respected and cared for, which significantly contributed to their overall

satisfaction with the program. Reducing stigma is critical in ensuring that families seek help early, which in turn improves outcomes for the children affected.

5.4.5 Financial assistance and economic impact

One of the most significant barriers to cancer treatment, especially for low-income families, is the cost. The project provided substantial financial assistance to ensure that no child was denied care due to financial constraints. Through partnerships with the hospitals and CPAA, the project helped cover the costs of medications, surgeries, and other treatments for BPL families, making cancer treatment accessible to even the poorest groups.

The selection process for financial aid was rigorous, with BPL families being verified through official documentation such as ration cards. This ensured that the aid reached the families who needed it most. The financial assistance alleviated a tremendous burden on families, allowing them to focus on their child's recovery rather than worrying about medical bills. Feedback from families consistently highlighted the importance of this aid, with many stating that they could not have afforded the treatment without the project's support.

5.4.6 Effective collaborations and partnerships

The project's success was largely due to its effective partnerships with key hospitals, boarding and lodging spaces, ambulances, chemists, diagnostic centres, palliative care centres, etc. These collaborations allowed for a smooth referral process, efficient patient identification, and the establishment of clear treatment pathways. The hospitals provided the necessary medical infrastructure and expertise, while CPAA ensured that patients received continuous support throughout their treatment journey.

The partnership with hospital mobilizers and healthcare providers also played a key role in identifying families in need. *Many beneficiaries were unaware of the CPAA program until they were referred by doctors or hospital staff, indicating that the collaboration between CPAA and healthcare providers was essential for the project's outreach and impact.* This collaboration ensured that patients not only received medical care but also the emotional and financial support needed to navigate the challenges of cancer treatment.

5.6 Project sustainability

In this context, the sustainability of CPAA's paediatric cancer program hinges on multiple factors: financial sustainability, integration into government schemes, and the continuation of care through partnerships.

5.6.1 Integration with Government Schemes

A critical factor in ensuring the sustainability of paediatric cancer care is the successful integration of patients into state and national healthcare schemes. Programs like Ayushman Bharat (Pradhan Mantri Jan Arogya Yojana) offer financial coverage for surgeries and treatments for BPL families, including cancer treatments. During the project, efforts were made to inform and enrol eligible families into these schemes (Ayushman Bharat Pradhan Mantri Jan Aarogya Yogana, CM's funds, Rastriya Aarogya Nidhi, Health Minister Cancer Patient Fund). However, any form of reporting on the number of beneficiaries availing the benefits of these schemes was not reported by CPAA.

Additionally, the project faced challenges in integrating out-of-state patients into these schemes. *For example, patients from outside Maharashtra were unable to access state-level funding, which limited their ability to receive the same level of financial support as local patients.* For sustainability, there needs to be an expanded effort to integrate these patients into national schemes or provide alternative sources of funding.

5.6.2 Post-treatment support & holistic care

The CPAA program's sustainability is also tied to its holistic approach to care, which extends beyond the immediate treatment phase. Post-treatment support, including counselling, education, and psychosocial care, ensures that patients and their families continue to receive support as they navigate the long recovery process. This approach enhances the program's sustainability by addressing the long-term needs of patients, not just their immediate medical requirements.

By supporting patients in their education and emotional well-being, CPAA ensures that the benefits of the program extend beyond the medical sphere. This commitment to long-term care is crucial for ensuring that patients can lead healthy, productive lives after their treatment.

"We undertake a holistic assessment of the patient based on which we decide the level of intervention required. For example, if a patient requires additional support such as ration supplies or paying education fees, we converge the funds from other funding agency for the respective patient."

- KII with the project team, CPAA

5.6.3 Sustaining partnerships

The long-term sustainability of the program also depends on maintaining and expanding its partnerships with hospitals, chemists, and healthcare providers. The partnerships established during the project allowed for discounted medications and

prioritized patient care, both of which are essential for maintaining the quality of treatment provided.

Additionally, CPAA's collaboration with corporate partners like Bajaj Finserv will need to be sustained and potentially expanded to cover other areas of paediatric healthcare, such as nutrition and critical care. Bajaj has expressed interest in broadening its support for paediatric cancer care, which could significantly contribute to the program's sustainability.

5.6.4 Addressing funding gaps for high-cost treatments

A major challenge for the sustainability of the program is the gap between the funding allocated per patient and the actual cost of treatments. For example, Bone Marrow Transplants (BMTs) cost upwards of ₹15 lakhs, far exceeding the ₹1.5 lakhs per patient funding limit. Without additional financial support, many patients may not be able to access these life-saving treatments, threatening the long-term success of the program.

To address this, the program will need to explore alternative funding sources, such as increased government funding, higher CSR contributions, or partnerships with international organizations that specialize in paediatric oncology. Closing this funding gap is essential for ensuring that the program can continue to provide comprehensive care to all patients, regardless of the complexity or cost of their treatment.

The sustainability of the CPAA paediatric cancer program will require a multifaceted approach. Financial stability, integration into government schemes, continued partnerships, and addressing funding gaps for high-cost treatments are all essential components of this strategy.

RECOMMENDATIONS & WAY FORWARD

6. Recommendations and way forward

Financial Support and Resource Allocation

Increase Financial Assistance

Context

The financial assistance provided per patient is capped (₹95,000 in Mumbai and ₹1.5 lakh in Pune). However, some cases, particularly those requiring bone marrow transplants, exceed these caps.

Recommendations

- Consider increasing the budget cap per patient, especially in cases where the cost exceeds the current limits. This could ensure that patients requiring more intensive treatments, like bone marrow transplants, receive adequate support
- Implement a tracking system for transparency purposes for understanding the per-patient budget allocation system where funds can be reallocated based on the needs of individual patients

Medical Infrastructure and Treatment Enhancement

Infrastructure and medication support

Context

Certain challenges related to infrastructure, particularly for Bone Marrow Transplant (BMT) cases and immunotherapy were reported during the study. Doctors face difficulties due to the lack of adequate facilities for these critical treatments.

While there are existing partnerships with three medical agencies in Mumbai to provide medicines at discounted rates. However, expanding these partnerships could reduce costs further and ensure wider access to necessary drugs for the patients.

Doctors and chemists also highlighted the high cost of PET[13] scans as a significant barrier to early detection. To enhance patient care during the early detection stages, it is essential to provide hospitals with access to affordable PET scan services.

Recommendations

- Collaborate with hospitals to enhance the infrastructure for Bone Marrow Transplants (BMT) and immunotherapy, which are critical for treating relapse cases. Bajaj Finserv could consider funding specific hospital projects aimed at improving these facilities
- Expand partnerships with a greater number of medical agencies to provide medicines at discounted rates across Mumbai and Pune. This could help lower the treatment costs further and ensure broader access to necessary drugs
- Bajaj may consider implementing portable or shared PET scan units across its network projects to increase access for further facilitating early diagnosis and treatment

[13] Positron Emission Therapy

Community Engagement and Psychosocial Support

Enhanced community engagement
Context
There are barriers to some extent in providing effective counselling, such as parental hesitation and difficulty in finding the right counsellors. In-house counselling was reported, but additional support is needed. CPAA conducts various social and community engagement activities, such as entertainment programs and yoga therapy, to support the psychological well-being of patients and their families. Increased funding could expand these initiatives. There are virtual support group networks for patients who have recovered or are in the maintenance phase. However, enhancing these platforms could provide more robust and accessible psychosocial support.
Recommendations
➢ Support the recruitment and training of additional qualified counsellors to address the current challenges in providing psychosocial support. Encourage the use of digital platforms for regular counselling sessions, especially for families hesitant about in-person sessions. Moreover, the allocation of a professionally trained counsellor for taking counselling sessions with the patients can be considered, since at present the sessions are conducted by the CPAA executives ➢ Increase funding for social and community engagement activities, including entertainment programs, yoga therapy, and educational outings. These activities are crucial for the psychological well-being of both the patients and their families ➢ Strengthen the virtual support groups by funding the development of a more robust online community platform that allows families to connect, share experiences, and receive ongoing support

Data Management and Monitoring

Improved data management and monitoring
Context
There is a need for better data management, particularly in tracking patient progress, resource allocation, and treatment outcomes. The assessment of outcomes such as survival rates, relapse rates, and recovery times is crucial to understanding the effectiveness of the support provided. Regular monitoring and evaluation can inform future decisions
Recommendations
➢ Invest in a comprehensive data management system to better track patient progress, outcomes, and resource allocation. This would help in assessing the impact of the partnership and identifying areas for improvement. ➢ Regularly monitor and evaluate the outcomes of the treatments funded, focusing on survival rates, relapse rates, and recovery times. This data could inform future funding decisions and program adjustments.

7. Annexure

7.1 Study limitations

- During the assessment, TTC assumed the genuineness and validity of the information and the authenticity of the documents. We did not independently verify the correctness or authenticity of this information.
- Despite TTC's careful efforts to ensure the inclusion of all-important areas within the ambit of our review, it might have inadvertently excluded the review of some other equally material issues.
- The insights in this report are based on data and information provided by various stakeholders. The assessment team made efforts to ensure and validate the authenticity of the data submitted by respondents. However, there may be some errors in data recording or collation.

7.2 Quality assurance mechanism

As a part of the quality assurance of the impact assessment study of the project, the study team will adhere to the below practices for a seamless execution of the impact assessment study and to help ensure the activities are conducted rigorously for them to produce reliable and actionable insights.

- **Defining clear objectives and scope**: The impact assessment study has clearly defined objectives and a well-articulated scope that aligns with the project's goals
- **Development of a comprehensive assessment plan**: A detailed plan is being shared that outlines the methodologies, data collection processes, and timelines for the impact assessment
- **Use of valid and reliable data collection tools**: Well validated and reliable tools have been deployed for data collection to ensure accuracy and consistency in the gathered data
- **Compliant with ethical standards and informed consent**: Ethical standards have been adhered to that includes obtaining informed consent from all study participants and ensuring confidentiality and privacy
- **Engagement with the project stakeholders throughout the process**: At the time of primary data collection, qualitative interview will be undertaken with the key stakeholders, including beneficiaries, healthcare providers, and partners, to gain insights and enhance the study's relevance
- **Ensure transparent reporting and documentation**: The study ensures to maintain transparent and comprehensive documentation of all processes, methodologies, and findings to facilitate accountability and reproducibility of the assessment study

Thank you

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