KLI - CanKids KidsCan initiative Change for Childhood Cancer in Gujarat

Impact assessment report

FY 2023-24

Kotak Mahindra Life Insurance Company Limited CSR

A report by Crisil Limited

Contents

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Abbreviations

KLI	Kotak Mahindra Life Insurance Company Limited
ALL	Acute Lymphoblastic Leukaemia
B-ALL	B-Cell Acute Lymphoblastic Leukaemia
CCC	Change For Childhood Cancer
CHSU	CanKids Hospital Support Units
CSR	Corporate Social Responsibility
DAC	Development Assistant Committee
GCRI	Gujarat Cancer Research Institute
HOCC	Hem One Care Centre
KCHRC	Kailash Cancer Hospital and Research Centre
LMIC	Low- and Middle-Income Countries
OECD	Organisation for Economic Co-operation and Development
PIS	Patient Information Sheet
SDGs	Sustainable Development Goals
WHO	World Health Organisation
YANA	You Are Not Alone

Dashboard

Impact assessment of KLI's healthcare-focused CSR initiative—Change for Childhood Cancer in Gujarat—by Crisil for FY 2023-24

1 thematic area

Providing medical, diagnostic, nutritional and psychological support to paediatric cancer patients, following the YANA protocol

3 hospitals

3 CHSUs

4 + services provided

Contributing to 5 SDGs

1 NO POVERTY

3 GOOD HEALTH

4 QUALITY EDUCATION

10 REDUCED INEQUALITIES

17 PARTNERSHIPS FOR THE GOALS

Total CSR grant from KLI

₹ 1.15 crore

1,448

Total number of beneficiaries*

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*Total number of beneficiaries is "Unique Beneficiaries Supported through the initiative"

Overview: Paediatric cancer in India

Paediatric cancer is a pressing global concern, especially given the significant gap in survival rates between children living in high-income countries and those in low-income countries. According to the World Health Organization (WHO), the likelihood of surviving a diagnosis of childhood cancer depends on the country in which the child lives, with more than 80% of children with cancer being cured in high-income countries, compared with less than 30% in low- and middle-income countries (LMICs).[1] This stark contrast calls for urgent attention and intervention to address the disparities in paediatric cancer care.

One of the primary reasons for the poor outcomes in LMICs is the lack of access to essential medicines, with only 29% of low-income countries reporting that cancer medicines are generally available to their populations, compared with 96% of high-income countries.[2]

In India, the situation is particularly concerning, as 4% of all cancers are diagnosed in children aged 0-14 years, and these conditions are often physically and cognitively debilitating.[3] As the number of cancer cases in India continues to rise, with a 12.8% increase expected in calendar year 2025 compared with 2020[4], the challenges faced by paediatric cancer patients are becoming increasingly complex. The journey of a child with cancer in India is often marked by delayed diagnosis, inadequate treatment and financial hardship. The lack of awareness among parents and caregivers regarding early signs and symptoms of cancer can lead to delayed diagnosis, which, in turn, can reduce the chances of successful treatment. Furthermore, the shortage of childhood cancer diagnostic and treating health facilities, limited access to advanced diagnostic modalities, and insufficient stock of chemotherapeutic medicines can exacerbate the problem.

Paediatric cancer in India: Challenges and burden

Paediatric cancer in India faces several challenges, including late detection due to low awareness, limited access to quality care—with 60% of specialised cancer hospitals concentrated in southern and western regions—and a significant shortage of trained paediatric oncologists, nurses and technicians.

The psychological and financial burden on families is immense, with financial costs including high treatment costs, loss of parental income and prolonged hospital stays pushing families below the poverty line. Out-of-pocket expenditure accounts for a substantial portion of treatment costs. This leads to treatment denial, with many families forced to choose between treatment and other essential expenses.

Psychologically, caregivers experience anxiety (46.6%) and depression (42.5%), and a sense of helplessness due to uncertainty and lack of mental health support.[5] Government hospitals face challenges such as inadequate resources, uneven distribution of cancer treatment facilities and prolonged wait times for treatment, particularly radiotherapy, due to scarcity of linear accelerators. The shortage of oncologists hinders patient care, clinical research and innovation, emphasising the need for a comprehensive approach to address these challenges and provide holistic support to paediatric cancer patients and their families in India.

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[1] Childhood cancer, February 4, 2025, World Health Organization

[2] Childhood cancer, February 4, 2025, World Health Organization

[3] A situational analysis of childhood cancer services in India, Policy brief, February 2023, World Health Organization (WHO) India, Ministry of Health and Family Welfare, Government of India

[4] Cancer incidence estimates for 2022 & projection for 2025: Result from National Cancer Registry Programme, India

[5] Psychological distress and coping strategies among caregivers of children with cancer: a cross-sectional study

Government initiatives: A comprehensive approach to addressing paediatric cancer

The Indian government has introduced several initiatives to improve paediatric cancer care, aligning with the WHO's Global Initiative for Childhood Cancer (GICC). These initiatives aim to enhance access to treatment, provide emotional and social support, and improve overall outcomes for children with cancer. Key initiatives include:

- **Indian Childhood Cancer Initiative (ICCI)**: Launched in 2023, ICCI aims to strengthen India's childhood cancer control programme, targeting 60% survival and 100% access to treatment by 2030[6]
- **Pradhan Mantri Jan Arogya Yojana (PMJAY)**: Provides health insurance cover of INR 5 lakh per family per year for secondary or tertiary care hospitalisation, benefitting over 60 crore beneficiaries[7]
- **Health Minister's Cancer Patient Fund (HMCPF)**: Offers financial aid up to INR 5 lakh for cancer treatment to patients below the poverty line, with maximum assistance of INR 15 lakh[8]
- **National Programme for Palliative Care (NPPC)**: Provides palliative care services to patients of all age groups suffering from cancer, chronic ailments and other diseases, aiming to improve their quality of life and dignity

As the Indian government continues to make strides in improving paediatric cancer care, it is clear that the journey to ensuring optimal outcomes for children with cancer is far from over. Despite the progress made, the reality remains that many children in India continue to face significant challenges in accessing timely and quality care, leading to delayed diagnosis, inadequate treatment and poor outcomes. The emotional, financial and social burdens of paediatric cancer on families are still profound, and the risk of treatment abandonment and poor adherence to treatment plans remains high. Therefore, it is imperative that necessary interventions and measures are taken to address the persisting gaps and disparities in paediatric cancer care, and to ensure all children in India have access to the care and support they need to survive and thrive. The need for continued attention and action to tackle the complex and multifaceted challenges of paediatric cancer is urgent, and it is only through sustained efforts and commitment that we can hope to improve the lives of children with cancer and their families.

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[6] Delivering psychological and social support to children with cancer in India and their families: a position statement from the social and psychological taskforce of the Indian childhood cancer initiative

[7] National Childhood Cancer Comprehensive Management Policy, Ministry of Health and Family Welfare, GOI

[8] Towards a Cancer-Free India, Commitment to Prevention, Treatment & Innovation, Ministry of Health and Family Welfare, GOI

Overview: KLI’s healthcare CSR initiatives

About Kotak Mahindra Life Insurance Company Limited

Kotak Mahindra Life Insurance Company Limited (KLI), a subsidiary of Kotak Mahindra Bank, is one of India's fastest-growing life insurance providers, having covered over 50 million lives as of June 30, 2024. Guided by its vision to become the country's best life insurance company, Kotak Life's mission is to bring assurance and long-term value to people through protection and savings. The company operates on a foundation of core values such as integrity, financial prudence, innovation, and a professional approach to delivering real value to customers.

Beyond business, Kotak Life is committed to corporate social responsibility (CSR), aiming to create a meaningful and sustainable impact in underserved communities. Its CSR initiatives focus on education, healthcare, livelihood support, relief and rehabilitation initiatives after Covid-19. It supports programmes that enhance access to quality education for marginalised children, promote preventive healthcare through mobile medical units and private hospitals, and build resilience among vulnerable populations. Through partnerships with credible non-profit organisations, employee volunteering and long-term community investments, KLI ensures its CSR aligns with its mission.

KLI's CSR intervention in healthcare: Key focus areas

1. **Access to quality healthcare:** Through partnerships with the Smile Foundation and Wockhardt Foundation, KLI supports mobile medical units that deliver primary healthcare services to underprivileged communities. These units offer general outpatient consultations, maternal and child health services, preventive screenings, diagnostics, and essential medicines, bridging critical gaps in last-mile healthcare delivery.

2. **Infrastructure and diagnostic advancement:** In collaboration with Eastern India Heart Care and Research Foundation, KLI has enabled the construction of medical infrastructure and procurement of high-end diagnostic equipment. This has improved access to specialised and affordable diagnostics for underserved populations.

3. **Cancer care and paediatric support:** Through its partnership with CanKids KidsCan, KLI supports children battling cancer by facilitating access to treatment, nutritional aid, psycho-social counselling and educational continuity. The programme also offers family support services, ensuring holistic care during the child's cancer journey.

4. **Community health awareness and behaviour change:** KLI's healthcare CSR initiatives integrate strong IEC components. These include health awareness camps, school and community outreach, menstrual hygiene education, and preventive care counselling to foster improved health-seeking behaviour and long-term wellness among women, children, and vulnerable groups.

5. **Preventive and promotive healthcare delivery:** The CSR programmes focus not only on curative care but also on preventive health, through services such as anaemia and blood pressure checks, diabetes screening, immunisation referrals and maternal check-ups. Early detection and timely referral systems are central to improving community health outcomes.

Approach and methodology

Objective of the assessment

The key purpose of this assessment is to identify ways in which the intervention and resultant inputs and activities have been leveraged by the beneficiaries, as well as evaluate the key barriers/enablers, in the form of suggestions, to ensure maximum impact of the programmes in the long run.

To conduct the impact assessment study, the objectives of the assignment are given below:

- **Objective 1: Impact created in the lives of the direct beneficiaries and the community**

  The impact assessment study will assess the extent of impact on the lives of the beneficiaries and their families by assessing the positive intended and unintended changes.

- **Objective 2: Appropriateness of the programme strategies**

  To ensure successful implementation of a project, strategic plans, goals and impact indicators are essential. However, situational challenges can lead to deviations from the original plan during implementation. As a result, assessing the programme's impact and success requires evaluating its strategies against the outcomes achieved and considering the programme's sustainability.

  The impact assessment study will take into account any deviations that occurred and provide a comprehensive analysis of the programme's success. By doing so, the programme can be improved, and future programmes can learn from the challenges faced.

- **Objective 3: Impact towards programmatic sustainability**

  An essential component of the intervention is the accountability shouldered by the entire community, the ultimate beneficiaries of the intervention. Hence, one objective of the impact assessment study would include the sustainability quotient of the project.

- **Objective 4: Recommendation towards the targeted outcomes**

  The impact assessment study will involve a thorough assessment of the intervention being implemented so far and based on that, provide recommendations towards further improvement and strengthening of the programme.

Approach and methodology

The study has adopted a concurrent mixed method design, in which quantitative and qualitative data are collected through the key program stakeholders. This approach will allow for a comprehensive assessment of the intervention by capturing quantitative evidence, backed by qualitative experiences.

Quantitative data was collected through a semi-structured survey questionnaire, administered to the direct beneficiaries. The survey focused on the impact and effectiveness of the program. Qualitative data was collected through key informant interviews with doctors, and other key stakeholders. The data focused on understanding the implementation process, impact and sustainability of the initiative along with understanding the gaps.

Findings from the quantitative and qualitative data are integrated to provide a comprehensive assessment of the impact of intervention. The integration involved comparing and contrasting the findings from the two data sources to identify any converging or diverging evidence.

The evaluation maps the impact of the program with the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) framework to determine the merit of an intervention on the basis of six defined evaluation criteria – **relevance, coherence, effectiveness, efficiency, impact** and **sustainability**. We have also aligned the impact of the program with the United Nations Sustainable Development Goals (SDGs) and the contribution of the intervention to global efforts.

In addition to the above, the study will also use the following assessment tools:

- **SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis:** SWOT will be used as a core evaluation tool to analyse the internal and external factors influencing the success of the CSR projects:
  - Strengths: Evaluate the internal strengths of KLI's CSR programs, such as strong partnerships, efficient resource utilization, and innovative program design. The analysis will measure how these factors have contributed to the program's success.
  - Weaknesses: Identify any internal challenges, such as inadequate resources, limited stakeholder engagement, or inefficient program execution. Understanding these weaknesses will help improve future interventions.
  - Opportunities: Assess external factors that offer potential for scaling up or replicating successful CSR projects. Opportunities such as technological advancements, community willingness, or government policies that align with the CSR initiatives will be explored.
  - Threats: Examine external risks that could hinder the long-term impact of the projects. These could include changes in government regulations, economic downturns, or environmental challenges.
- **Case Studies:** Detailed case studies will be developed to showcase individual or community-level success stories, highlighting transformative changes driven by the CSR programs.

Sampling framework

The sampling strategy for primary beneficiaries uses the Cochran's formula, suitable for a small population, with a 95% confidence level and 8% margin of error, given the outreach of 1448 unique patients. The statistically appropriate sample size, given the population size, is 151. For qualitative assessment, a purposive sampling approach will be used to select participants who can provide in-depth insights, allowing for a comprehensive understanding of overall healthcare and diagnostic services.

The following sample framework has been adopted for the study:

Support to CanKids KidsCan		
Key stakeholders	**Data collection tool**	**Sample**
Parents/caregivers	Structured survey questionnaires	151
Doctors	Key informant interviews	5
Social workers	Key informant interviews	3
KLI officials	Key informant interviews	2
CanKids KidsCan officials	Key informant interviews	2

Primary findings

Highlights

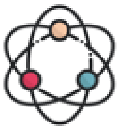
Consultation quality

97% reported receiving **adequate help and support** once they reached the treatment facility.

Financial burden

Across coverage slabs, **families avoid roughly INR 1–2.5 lakh of cancer spending per year**, preventing high interest borrowing, asset sales and treatment abandonment.

Capacity building



100% reported that KLI's support helped **improve their capability to navigate healthcare systems** as compared to before the program.

Health improvement

99% of respondents affirmed an **improvement in their child's physical strength and engagement in daily activities** post treatment.

Survial optimism

99% of families perceived an improvement in **survival prospects of the patients.**

Access to medication

97% of families saw an improvement in **access to better quality medicines** due to this intervention

Dietary and Psychosocial guidance

All patients saved approximately **INR 3600** on dietician and counselling fees**. 97%** reported receiving good guidance about **dietary requirements, psychosocial care and treatment continuity.**

Treatment completion

97% of respondents reported that the program helped their child complete **chemotherapy cycles on schedule.**

Key findings: Change for Childhood Cancer in Gujarat, in collaboration with CanKids KidsCan

About CanKids KidsCan

CanKids KidsCan, the National Society for Change for Childhood Cancer in India, is a pioneering organisation that works tirelessly to improve the lives of children with cancer and their families. Through its signature programme**, YANA - You Are Not Alone**, CanKids provides comprehensive support and care to children with cancer, partnering with hospitals, medical professionals and state governments to ensure access to the best possible treatment, social and emotional support, and continuity of care. With a commitment to enabling better standards of treatment and care, CanKids assesses needs, fills gaps and drives quality care, research and impact assessment. It also advocates that childhood cancer be made a child health priority in India. It aims to ensure that every child with cancer has access to the best possible treatment, social and emotional support, and opportunities for reintegration into society, while also upholding their rights to childhood, health and education.

About the programme

The Change for Childhood Cancer in Gujarat initiative provides personalised and holistic support to children diagnosed with cancer. The programme is specifically designed for children aged 0-19.

It addresses the unique needs of each young patient from diagnosis to survivorship. Recognising that every cancer is distinct and requires tailored care, the programme offers a range of services, including assistance with documentation, diagnostics, medication and treatment. Through a collaborative approach, a team of social workers, patient navigators and medical professionals work to bridge critical support gaps and provide seamless care.

The programme is actively engaged with three hospitals across Gujarat, ensuring continuity of care through regular follow-ups, resource mobilisation and family-centred interventions. Community engagement and institutional partnerships are also prioritised to promote awareness, build capacity and foster a supportive ecosystem. By providing comprehensive and coordinated support, the programme aims to improve treatment outcomes, enhance the quality of life of patients and empower their families to cope with the challenges of cancer care.

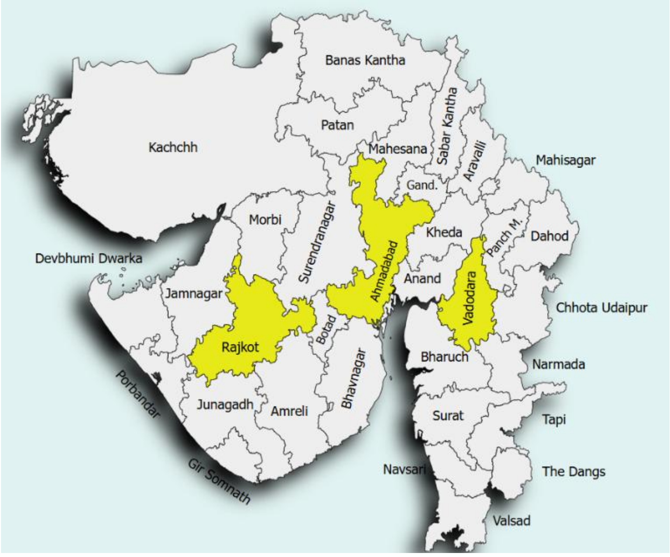


Figure 1: Geographic spread of program

The programme operates across three hospitals in Rajkot, Ahmedabad and Vadodara. The duration of support is tailored to each patient's condition.

Programme components and services

The CanKids model combines medical, nutritional, psychosocial and logistical support. Services are tailored as per a patient's needs, assessed by a joint effort of doctors and social workers. In FY 2023-24, CanKids reported a total reach of 24,329 children. They had established 149 CanKids Hospital Support Units across India covering 57 cities in 27 states. They established a total of 16 Change for Childhood Cancer (CCC) state projects, providing direct patient support to 20,467 children.

Services of the program include

1. Medical and diagnostic support

The programme extends targeted support based on each patient's specific needs, as referred by doctors and assessed social workers. Support includes:

- Diagnostic tests
- Medicines
- Surgery assistance
- Chemotherapy
- Prosthesis cases

The medical support varies based on the type and stage of cancer. It is not full coverage but rather filling the gaps. Doctors refer patients to the programme based on medical needs, and social workers assess eligibility using certain parameters.

2. CanKids Hospital Support Units (CHSU)

Active in Rajkot, Ahmedabad and Vadodara, these units are embedded within hospitals and function as operational hubs. Each CHSU has:

- 2 social workers—coordinate care and follow-ups
- 1 patient navigator—provides peer support, usually a parent of a survivor or a child who could not survive
- 1 dietitian—manages nutrition support, unless the hospital already provides one

3. Patient navigator and YANA protocol

- The "you are not alone" (YANA) protocol ensures no family feels isolated in their cancer journey
- Patient navigators are integral to the emotional and logistical support system of the programme. Typically, these are parents of survivors. This enables them to emotionally understand and support the family undergoing treatment.

4. Follow-up and psychosocial interventions

- Salesforce CRM is used for patient tracking, with a standard 30-day follow-up cycle
- If there's no response from the patient/family, psychologists intervene to ensure continuity of care
- Regular interactions include counselling, survivor forums and parental guidance

Community outreach and awareness

CanKids goes beyond treatment, investing heavily in awareness and long-term engagement to create a supportive ecosystem for the children and their families. Through monthly awareness campaigns in communities and schools, the organisation educates and informs the public about the importance of early detection and treatment. Additionally, ASHA sessions, doctor-led workshops and forums for parental learning provide a platform for knowledge sharing and empowerment. To foster a sense of community and boost morale, CanKids also hosts survivor forums and annual celebrations, such as birthday parties, which bring together children, families and caregivers to share experiences, build relationships and commemorate milestones.

Social workers are deployed based on hospital footfall and needs. Sensitisation sessions for nurses are held to strengthen hospital staff understanding and engagement. The manpower costs are supported by KLI; social workers and support staff are on the payroll of CanKids.

There are strong partnerships with local hospitals such as:

- Gujarat Cancer Research Institute (GCRI)
- Hem One Care Centre (HOCC)
- Kailash Cancer Hospital and Research Centre (KCHRC)

The programme in Gujarat follows a hub-and-spoke model, where services across hospitals are integrated and shared to ensure efficient use of resources. This enables better coordination between tertiary care centres and local hospitals, providing patients with seamless access to treatment and support regardless of their location.

Scope and reach

The efforts taken by CanKids are aimed at ensuring continuity of care, especially for patients from underserved regions such as Madhya Pradesh and Rajasthan. Many of these people return home after treatment. Their support tenure varies across cancer types. It can range from 3 months to 2 years or more depending on the treatment protocol.

By combining structured hospital support, grassroots outreach and a compassionate human touch, CanKids stands out as a leading institution in transforming the childhood cancer care ecosystem in India.

As 70-80% of the programme's beneficiaries are from the weaker sections of society, doctors often directly speak to the patients and their families to understand their personal and financial situation. This ensures a more empathetic and customised support plan.

In essence, the programme stands as a comprehensive, community-rooted initiative that goes beyond medical intervention. It also aims to address the emotional, social and logistical challenges faced by children with cancer and their families. By combining the efforts of experienced social workers, empathetic patient navigators, dedicated medical teams and trained community health workers, it creates a support system that is both structured and deeply personal. Its flexible, need-based approach, particularly for underserved families, ensures that no child is left behind due to gaps in access or awareness. Through continuous follow-up, collaborative care models such as the hub-and-spoke system and strong psychosocial interventions, the programme exemplifies a sustainable model for paediatric cancer care that is both impactful and inclusive.

Primary key findings

Demographic profile

The survey covered 151 beneficiaries from several districts in Gujarat, with primary caregivers serving as the respondents. The average age of the respondents was 38 years, with fathers constituting the largest caregiver group (72%), followed by mothers (16%).

This caregiving pattern highlights double vulnerability: fathers, often the sole earners, were compelled to take time off work for prolonged treatment cycles, exacerbating financial strain among the family. This is largely because of socio-cultural constraints faced by mothers.

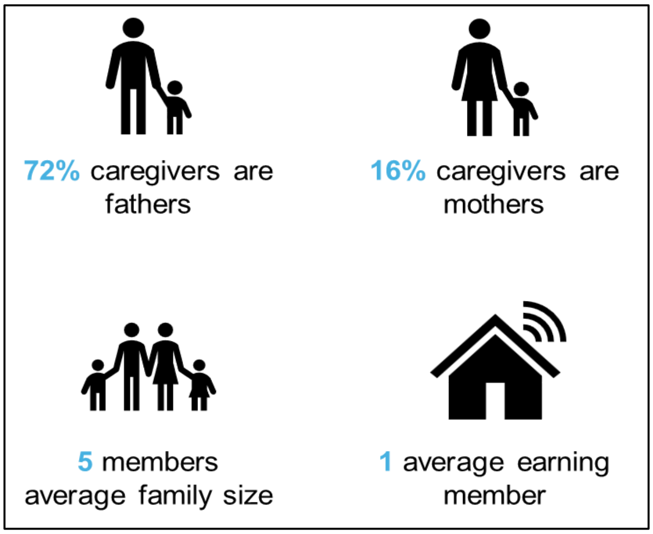


Figure 2: Demographic profile of caregivers

Respondents' average household size is five members, with only one earning member. A single or a limited number of earning members burdened with supporting the entire household while addressing the costly medical expenses highlights the economic vulnerability of the families.

Also, as mentioned, majority of the primary caregivers who accompany the child for treatment are fathers, who are typically the main earning members of the family. Due to the frequent and time-intensive nature of cancer care, the fathers often experience a loss of income and disrupted livelihoods, further exacerbating the financial and emotional strain on the household.

Caregivers, rather than children undergoing treatment, were selected as the primary respondents for this survey, owing to considerations such as age and clinical vulnerability of the children, making it unfeasible and ethically sensitive to directly engage with them in detailed interviews about financial, emotional and logistical challenges.

Primary caregivers—predominantly parents—are not only responsible for navigating the complexities of treatment and healthcare access but also are best positioned to provide comprehensive insights into the family's social, economic and emotional context.

A striking aspect of the caregivers is that 60% belong to other backward castes (OBCs) and 12% to scheduled castes (SCs), together accounting for 72%.

This compounds the vulnerability, as these groups historically face marginalisation, reduced access to resources and systematic barriers in healthcare. Their reliance on external support for cancer care further underscores entrenched inequities that affect health outcomes and access.

Although 66% of the caregivers have completed secondary education and 17% higher secondary, their educational background may still not be sufficient to navigate the complexities of the healthcare system or negotiate financial and medical decision-making. Vulnerabilities persist with regard to families' inability to interpret medical information or advocate effectively within clinical and support institutions.

Also, while private sector employment comprises the largest share among the caregivers (40%), a substantial share relies on unstable forms of livelihood, including agriculture (21%) and daily wage labour (23%). These are precarious employment situations, marked by informal work, lack of job security and variable earnings. Hence, their capacity to absorb economic shocks is severely limited, making consistent access to care and financial planning for long-term illness especially challenging.

While the CanKids programme provides a critical safety net by enabling access to care that would otherwise be financially out of reach, the preceding indicators highlight persistent and overlapping economic, social and structural vulnerabilities.

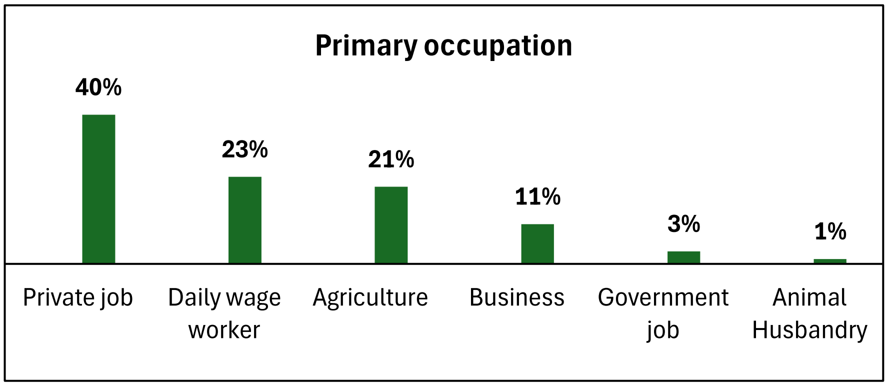


Figure 3: Primary occupation of households

Beneficiaries' reliance on such programmes is a marker of systemic exclusion and a chronic risk of healthcare-induced impoverishment among these marginalised populations.

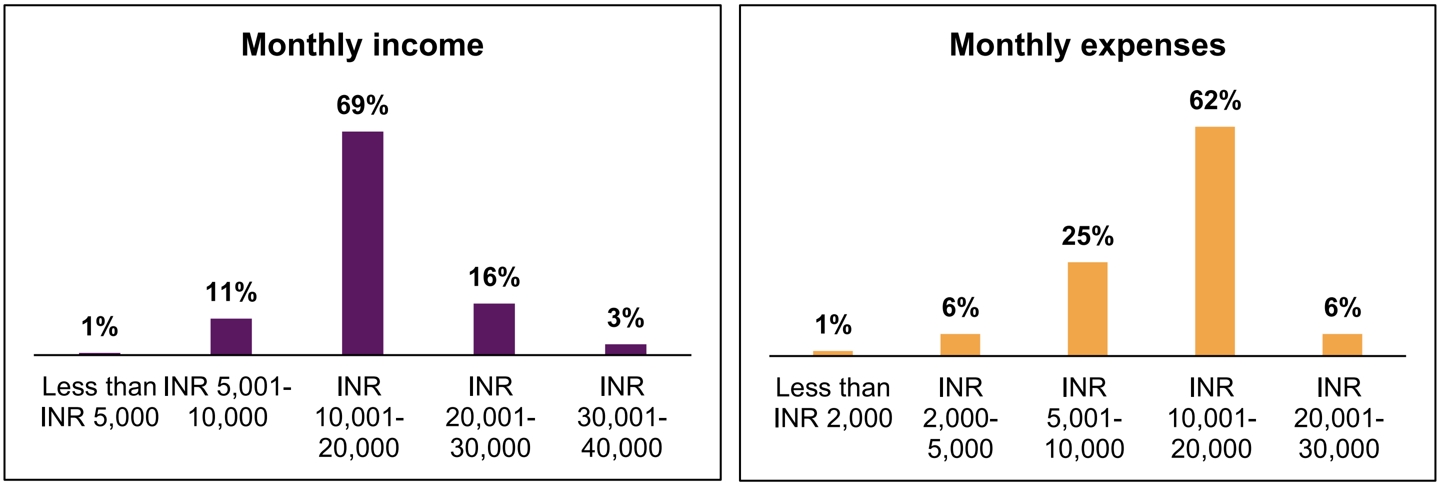


Figure 4:Comparison of monthly income and expenses

A significant majority (69%) of families surveyed have a monthly income between INR 10,001-20,000 and 16% had earnings between INR 20,001-30,000. This concentration in the lower-middle-income bracket reflects a demographic that is economically fragile and likely to experience financial hardship, especially under the burden of medical expenditure.

The expense data reveals that 62% of families spent between INR 10,001-20,000 per month on cancer-related treatments and 25% spent INR 5,001-10,000. The high medical expense with relatively low income indicates significant financial stress. Many families have minimal savings buffers, increasing their vulnerability to debt and economic instability. Given that most families earn an income that closely matches or even falls short of treatment expenses, the consequent financial pressures may lead to delayed or compromised care, resulting in long-term negative health outcomes.

Hence, supporting these families requires targeted financial aid, improved health insurance coverage and policy interventions to prevent spiralling healthcare spending.

Patient and disease profile

This programme delivers targeted intervention for children with paediatric cancers from underprivileged backgrounds, many of whom belong to the most vulnerable sections of society that lack access to quality healthcare. The average patient age of 10 years indicates that the programme primarily serves school-age children, with gender distribution showing a male predominance of 91 boys (61%) compared to 59 girls (39%).

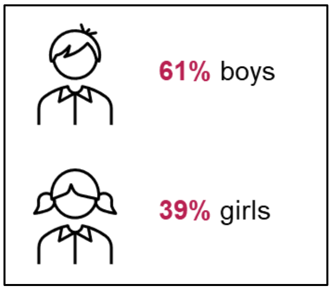


Figure 5: Gender distribution of patients

The finding that nearly 90% of cases were diagnosed at stages 0 and 1 reflects encouraging early-stage identification. Specifically, 50% of the children received diagnosis at stage 1 and 39% at stage 0, which may encompass pre-cancerous conditions or nascent malignancies. For only 9%, cancer was detected at stage 2. And there was minimal share at advanced stages (2% at stage 3 and 1% at stage 4). Early medical evaluation and timely intervention typically correlate with improved treatment outcomes and high survival rate.

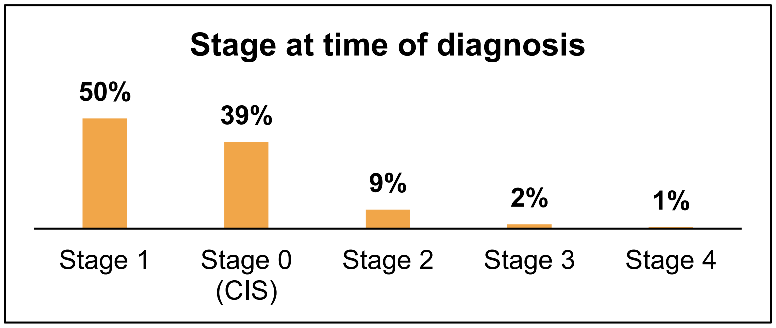
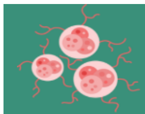


Figure 6: Cancer stage at time of diagnosis



Blood cancers dominate the caseload, with 68 cases, followed by B-ALL (b-cell acute lymphoblastic leukaemia) with 38 cases and ALL with 17 cases. **The average age at diagnosis was eight years,** with these primarily paediatric cancers diagnosed in early childhood.

An effective strategy to reduce the burden of paediatric cancer and improve outcomes is to focus on a prompt diagnosis followed by effective, evidence-based therapy with tailored supportive care.

Early detection and care for paediatric cancer can dramatically improve the likelihood of recovery, minimise long-term health impacts and improve the child's quality of life.

WHO 2025 report on childhood cancer

However, the data also reveals gaps in care continuity. Despite a predominantly early-stage diagnosis profile, 25% of the families reported receiving no treatment prior to CanKids's enrolment. The delay in treatment raises questions about barriers to care access—whether financial, geographical, or systemic—and underscores the critical role that programmes such as CanKids play in bridging the gap between diagnosis and treatment initiation.

The educational background of the participants provides insights into the socioeconomic profile of these families. Most children were enrolled in formal education at the time of diagnosis, with 35% attending secondary school (6th-10th grade), 7% higher secondary (11th-12th) and 24% primary school (1st-5th grade). The substantial minority with no formal education (31%) likely reflects multiple overlapping factors, including young age at diagnosis, pre-existing educational barriers related to poverty or disability, and limited school infrastructure in rural communities where many families reside.

The impact of cancer treatment on educational continuity presents a mixed picture. Currently, 57% of children are continuing their education during treatment, demonstrating that with appropriate support systems, academic engagement can continue alongside medical care. However, the 43% whose education is disrupted is a cause for concern, as prolonged educational interruption can compound long-term challenges these children face. This finding highlights the need for integrated support services that address not only medical needs but also continuity of education, potentially through hospital-based learning programmes, tutoring services, or flexible school arrangements that accommodate treatment schedules and health limitations.

Access and utilisation of CanKids services

Families discovered CanKids through multiple referral channels, with social workers as the primary gateway for 53%. These healthcare system navigators play a crucial role in connecting vulnerable families with support services, reflecting the strong collaborative partnerships between CanKids and hospital-based or community social work systems.

Temporal enrolment data reveal critical insights into family engagement patterns. 57% of the respondents maintained involvement with CanKids for 1.5-2.0 years, likely representing families whose children are undergoing active treatment protocols. The engagement timeline closely aligns with typical paediatric cancer treatment durations, which range from 6 months to over 2 years, depending on the diagnosis type and the treatment complexity. Among the respondents with shorter enrolment periods, 16% spent 6 months to 1 year in the programme, whereas 8% had been enrolled for 6 months or less.

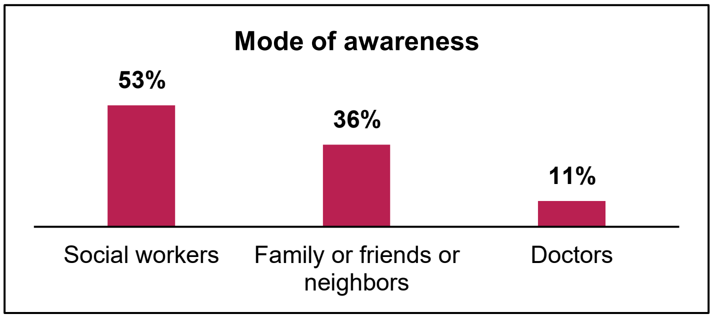


Figure 7: Mode of awareness

This concentration at the longer end of the engagement spectrum aligns with the extended nature of paediatric cancer treatment and ***suggests that the programme successfully retains families throughout the treatment course***.

When examined in conjunction with treatment duration data, these figures indicate that respondents predominantly highlighted the quality of intervention delivery and the substantial financial relief owing to treatment support services.

According to WHO (2025), over 80% of childhood cancers are curable when cancer care services are accessible.

Children require a dedicated, multi-disciplinary team to provide not only appropriate medical care but also continued attention to nutritional status, and physical and cognitive growth.

WHO 2025 report on childhood cancer

Respondents also revealed that the programme excels in delivering practical support as well as quality care coordination. Surveyed families consistently emphasised the importance of maintaining these dual aspects without compromise. The enrolment pathway data further indicates that families overwhelmingly highlight these practical considerations alongside their recognition of the programme's value, indicating that effective service delivery depends on multiple interconnected factors.

The documentation requirements include Aadhaar cards, Ayushman Bharat cards, income certificates, hospital records and ration cards, which collectively establish identity, confirm diagnosis and treatment status and verify economic eligibility. These are prerequisites that most Indian families can access, though they may still present barriers for those who are marginalised or lack streamlined medical documentation.

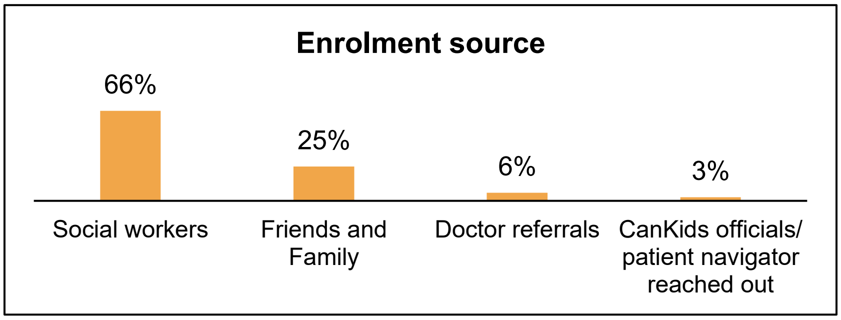


Figure 8: Source for programme enrolment

An impressive 93% of the participants expressed high satisfaction with the enrolment process, describing it as efficient and family friendly. However, the 7% who expressed neutrality or dissatisfaction, along with feedback from 11 families, help highlight specific friction points, such as documentation challenges, waiting times, communication barriers, or procedural complexity, all of which warrant careful attention.

Also, while the registration process functions effectively, it may still be inherently stressful for families navigating a complex healthcare system while simultaneously processing their child's cancer diagnosis.

Financial accessibility and barriers pre-intervention

The financial context families faced before enrolment to the programme reveals the extreme burden of treating paediatric cancer relative to household resources.

Average monthly medical expenditure before receiving support was INR 26,466 while 69% of the families earned a monthly income of INR 10,001-20,000.

Assuming a median income of INR 15,000, this creates a situation where medical costs consume approximately 1.7 times the household income, forcing families to choose between treatment continuation and basic subsistence, including food, housing and the welfare of other children.

Data reveals a significant affordability crisis faced by these families. When enquired whether they could afford treatment before enrolment to the programme, 76% responded that they could not afford it at all whereas 24% reported they could afford it only with significant financial difficulty.

Only 35% of the respondents reported being able to afford chemotherapy prior to the intervention, with 52% highlighting that the treatment could only be completed partially and with considerable difficulty, and 13% reporting that they were not able to complete the treatment.

- Before enrolling with CanKids, 46% of the families sought care at local government hospitals, 29% at private hospitals and 25% did not seek treatment.
- Most mention the presence of a strong local healthcare ecosystem, supported by both government and private hospitals.
- However, the near-equal split between accessing government and private facilities suggests families were navigating a fragmented healthcare system, possibly seeking better care quality in private settings despite the cost barriers.

100% of the families reported some level of financial distress prior to intervention by CanKids. This underscores that in the absence of the programme, treatment would have been a significant burden or even completely inaccessible to these families, completely altering the prognosis of disease.

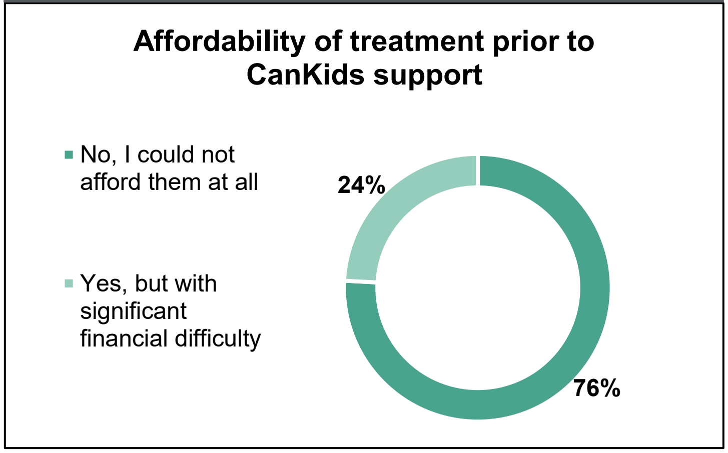


Figure 9: Affordability of care prior to support

When asked how families managed expenses for travelling for the treatment, the overwhelming response was that they borrowed money from family members. ***This indicates that, even beyond direct medical costs, ancillary expenses such as transportation, accommodation and food during the treatment periods create additional financial strain, often requiring informal borrowing from kinship networks.***

To access the treatment despite unaffordability, families resorted to devastating coping strategies with long-term consequences. As many as 63% took loans to finance treatment, while 37% did not borrow formally.

Examination of alternative coping mechanisms reveals that non-borrowers often employed equally destructive strategies. When asked what they would have done if the programme had not been available, ***68% indicated they would have borrowed money or taken loans, 28% would have sold household assets, and 3% would have discontinued or paused treatment entirely***.

The debt burden likely extends across extended family networks, as the qualitative data indicates families borrowed primarily from relatives rather than formal financial institutions. For the 16 families where caregivers left employment, family expenses were managed through "support from family members," which "largely helped cover the expenses." ***This reveals the critical role of extended family networks as informal social safety nets, though it also suggests these families are depleting collective family resources and distributing financial burden across multiple households.***

> The loan data reveals particularly concerning patterns. Among those who borrowed, most have been unable to repay their debts despite programme support reducing ongoing medical expenses.
>
> This repayment failure indicates significant financial strain, creating long-term financial vulnerability that will persist well beyond treatment completion.

Asset liquidation is another catastrophic coping mechanism with permanent consequences. The 28% willing to sell household assets to fund treatment would have experienced significant lasting impact on financial stability and generational wealth, as families rarely recover productive assets once sold during crisis periods. For rural, marginalised families, asset sales might include land, livestock and machinery that are both their current means of livelihood and intergenerational wealth transfer mechanisms, making such sales particularly devastating.

➢ Healthcare utilisation and facility support quality

The programme's greatest strength lies in its comprehensive, multi-dimensional approach. This holistic model addresses the reality that paediatric cancer creates medical, financial, psychological, logistical and educational challenges requiring integrated solutions.

97% receiving adequate help and support once they reached the treatment facility, suggesting strong clinical and support services once families access care.

The access to good quality care plays a significant role in reducing disease burden, particularly among cohorts that have little knowledge about the disease and poor access to good healthcare facilities.

98% said staff adequately communicated about procedures and next steps.

This suggests effective patient education and transparent clinical communication practices, demonstrating that despite the respondents not having the educational background to be aware of the disease and treatment pathways, CanKids staff ensured that the respondents understood the next steps. Patient navigation—critical for helping families understand complex healthcare systems—showed good coverage. As much as 84% received navigation support always. The 14% receiving only intermittent navigation and 2% receiving none represent gaps that could lead to treatment delays, missed appointments, or poor treatment adherence, particularly given the low education levels and rural backgrounds of many families.

97% received good guidance about dietary requirements and nutrition plans.

Proper nutrition is critical for children undergoing chemotherapy, as these children are at a high risk for developing treatment related nutritional problems in the long run. Nutrition status can impact the child's overall survival, event-free survival, tolerance for further treatment, subsequent risks for developing infections and overall quality of life. Hence, this high coverage rate is encouraging for treatment outcomes.

Educational counselling showed the largest service gap with 70% receiving no education counselling and 30% receiving education-related assistance. The support that was provided focused on "drawing, education, teacher facility, arts & crafts," suggesting recreational and educational engagement was helping cognitive development and providing normalcy during treatment. ***This gap in education counselling is particularly concerning given that 43% of children are not continuing their education during treatment***. The lack of educational support may contribute to long-term academic setbacks, school dropout after treatment and reduced future economic opportunities for survivors.

Financial vulnerability persists and hidden costs remain substantial. ***Even with treatment support, 77% face out-of-pocket expenses for ancillary medical services***. Families borrow from relatives for travel and daily expenses, distributing financial burden across extended family networks. As many as 16 families (11%) lost employment resulting in permanent income reduction. Families rely entirely on borrowed money and family support for any expense beyond baseline subsistence.

The data reveals a paradox: once families reach care, they receive excellent services, but significant barriers exist in reaching the facilities initially, getting ancillary services even with support and accessing comprehensive support services like education.

Post-treatment support and intervention

96% of the respondents received post-treatment follow-ups from CanKids.

Follow-ups are critical for paediatric cancer survivors. They require long-term monitoring to pre-empt any recurrence, detect late effects of treatment and for developmental support. Hight follow-up rate suggests the organisation's effective functioning on this front.

Among those receiving follow-ups, 63% (94 respondents) received follow-ups within 15 days of treatment completion and 29% within 30 days. ***The concentration of follow-ups within 15-30 days (92% combined) indicates the programme prioritises early post-treatment engagement when families are transitioning from active treatment to survivorship care.*** This early contact is crucial for addressing immediate post-treatment complications, reinforcing medication adherence and providing psychosocial support during a vulnerable transition period.

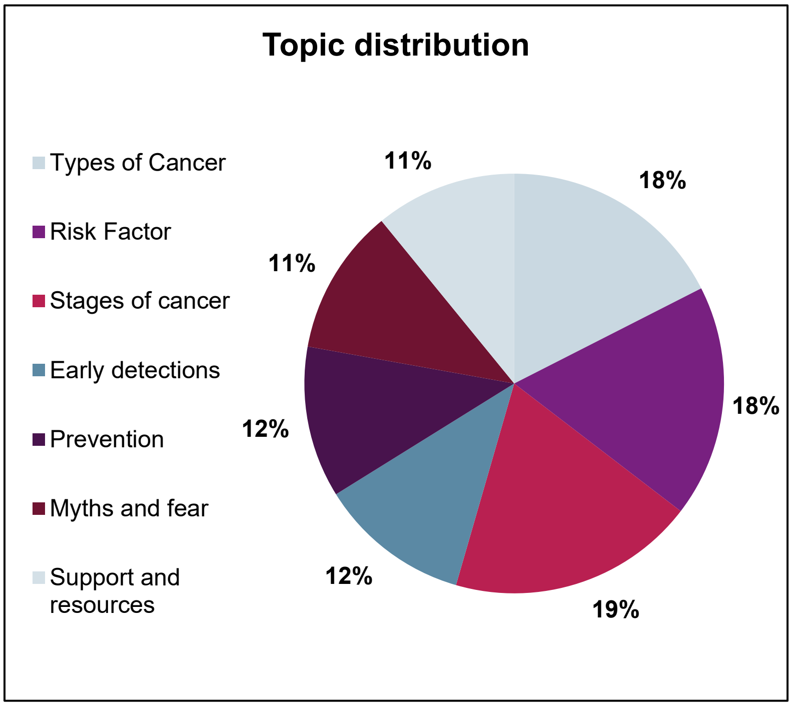


Figure 10: Distribution of topics in awareness sessions

100% of the families responded to follow-up contacts.

This perfect engagement rate suggests strong relationship between the family and programme, effective communication methods and families' recognition of follow-up value. It also indicates the programme has successfully obtained reliable contact information and established trust that motivates continued participation.

Only 34% of the respondents attended awareness sessions organised by the CanKids team, with 66% not attending any of the sessions. This indicates a significant gap in programme engagement, particularly since 96% of those who attended the sessions finding them helpful. The low attendance likely stems from logistical barriers (travel costs, time conflicts with treatment schedules, caregivers' work obligations, etc.) rather than lack of interest, given the high satisfaction among attendees. Among the 51 who attended, 86% of the respondents attended 1-2 sessions and 14%, 3-5 sessions.

Since the maximum attendance is limited to 1-2 sessions, we can infer that families attend the sessions only when circumstances permit. Their ability to participate in systematic multi-session education programmes is limited. This points to the need for more flexible and accessible education delivery methods.

The 51 families who attended the sessions received information about multiple topics. The relatively balanced distribution suggests comprehensive education covering clinical knowledge (types, stages), prevention/early detection and psychosocial dimensions (addressing myths and fears). The emphasis on stages and types reflects families' desire to understand their child's specific diagnosis.

96% of the attendees were satisfied with information quality and rated the sessions useful.

This indicates CanKids is providing high-quality and relevant content that can positively improve understanding of the disease.

96% of the attendees reported increased awareness about covered topics.

This demonstrates the sessions are effective in knowledge transfer if the attendance barriers are overcome.

Participants expressed interest in learning more, with one specifically noting they wanted to know "whether the treatment would completely eradicate the disease or not." This reflects an uncertainty about cure versus remission, recurrence risk, and long-term prognosis—topics that warrant expanded coverage in education programming.

Educational continuity and awareness

Childhood cancer is consistently associated with serious disruption to schooling and, in many low- and middle-income countries (LMICs), permanent dropout from education[9]. Studies from LMIC settings in Africa[10] and Asia report that prolonged hospitalisations, travel for treatment and late effects cause school delay and dropout in roughly 3–17% of survivors of certain cancers, such as Burkitt lymphoma, and broader mixed cohorts of childhood cancers, even among those who complete treatment. Additional reviews highlight that, across LMICs, high out of pocket costs, treatment abandonment and social stigma interact to push families into decisions that compromise children's education, reinforcing a broader pattern in which paediatric cancer not only threatens survival but also curtails educational attainment and long-term human capital.

➢ Continuation of school during treatment

For most children with cancer, treatment schedules, fatigue and frequent hospital visits make it hard to keep up with classes in the way their peers do, even when they are deeply motivated to stay in school. Families often describe a tension between prioritising the child's health and wanting to preserve a sense of normal childhood through continued schooling, which can lead to anxiety about "falling behind" and being separated from friends and daily routines.

When assessed on children's ability to continue schooling during treatment, only 30% could continue to attend school without disruption, 49% did so partially, with intermittent attendance, and 21% could not continue their education journey.

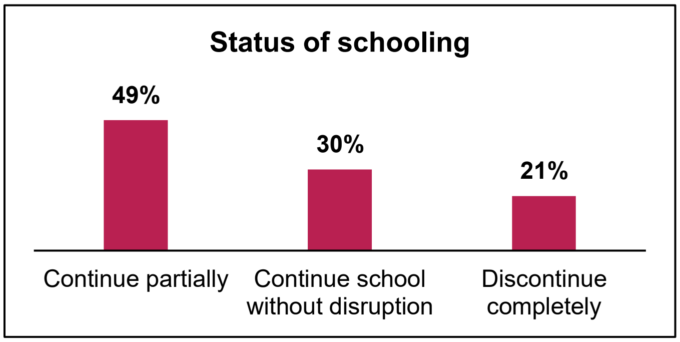


Figure 11: Status of schooling

The 70% experiencing educational disruption represents a substantial failure to maintain educational normalcy despite the strong performance of the programme in other domains. The barriers to educational continuity are likely due to:

- Extended hospitalisation preventing school attendance
- Treatment side effects causing fatigue
- Immune suppression requiring home isolation
- Family resource constraints preventing simultaneous support for education and treatment
- School distance from treatment facilities for families that have temporarily relocated
- Gaps in homebound education services

The complexity of the barriers suggests solutions require a systematic programmatic intervention rather than relying on individual family problem-solving.

➢ Educational support services

Wherever structured educational support is available—such as hospital-based teachers, flexible learning material, coordination with schools and counselling for children and caregivers—it can become a powerful source of hope and continuity. Such services help children stay connected to their classmates, reduce fear about returning to school, and reinforce their sense of identity beyond the illness, which families often describe as deeply reassuring.

The precise inverse relationship between educational counselling provision (30%) and school continuation without disruption (30%) ***strongly suggests that systematic educational support enables school continuity, whereas its absence leads to educational disruption.*** This correlation provides a clear direction for enhancing the programme.

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[9] Paediatric cancer in low-income and middle-income countries
[10] Late effects of childhood cancer survivors in Africa: A scoping review)

Expanding educational counselling services would help improve likelihood of educational continuity, thereby improving overall adjustment and quality of life of the children.

Supportive learning environments that adapt to the child’s energy levels and treatment cycles also affirm parents’ belief that their child can continue to learn and dream about the future. Even simple measures like helping with schoolwork during hospital stays or liaising with teachers to adjust expectations can reduce stress for both children and caregivers and make re-entry into regular schooling smoother.

➢ Awareness of importance of education

Despite limited systematic educational support services, the programme successfully increased family awareness about the importance of education during and after cancer treatment. When enquired whether the programme increased awareness about continuing education, 95% responded ‘yes’ in varying degrees.

95% awareness improvement demonstrates that messaging of the importance of education is via multiple programme touchpoints despite the absence of formal education counselling.

Families of children with cancer generally recognise that education is central to regaining normalcy and imagining life beyond treatment. Many caregivers emphasise that continuing or resuming schooling signals that the child is “getting back to life”, which offers emotional strength for the child and the family, even if studies have to pause or slow down during intensive treatment phases.

At the same time, the emotional impact of diagnosis and treatment—fear, uncertainty, changes in self-image—can make it hard for children to immediately re engage with schoolwork, even when they and their parents value education highly. Sensitive counselling that acknowledges this inner experience, validates their worries and gently reinforces long term educational goals can help children move towards normal routines at a pace that respects their mental and physical recovery.

Healthcare navigation and system integration

➢ Facility-level support quality

Once families access treatment facilities, they uniformly report excellent support experiences. When asked whether they received adequate help and support once they reached the facility, 97% responded affirmatively, ***suggesting strong clinical and support services at the facility level, though it notably does not address the barriers families face before reaching the facilities.***

Staff communication quality received similarly high ratings, with 98% of the families reporting that the staff adequately communicated about procedures and next steps. This communication effectiveness proves particularly important, given the low education levels of many families who require clear, accessible explanations to understand complex medical information and to make informed decisions about their child's care.

➢ Patient navigation services

Patient navigation services, which help families understand and navigate complex healthcare systems, showed good coverage. When asked whether patient navigators helped them understand the overall process, 84% received navigation support consistently. The 16% receiving inconsistent or no navigation represents a gap that could lead to treatment delays, missed appointments, or poor treatment adherence.

Patient Navigators step in where the system is hardest to manage. They sort out very concrete hurdles like getting appointments, chasing test reports, coordinating referrals and making sure families know where to go next, so treatment does not stall or fall through the cracks. They also help people make sense of the diagnosis and costs, connect them to schemes and NGOs, and stay in touch through the course of treatment—so families are less likely to drop out because of confusion, fear or money worries.

The importance of patient navigation becomes evident when considering the complexity families must navigate – identifying appropriate specialists, securing appointments across multiple departments, understanding insurance or government scheme coverage, organising diagnostic tests, managing medication procurement, coordinating hospitalisation timing, and tracking follow-up requirements. For families with limited education and healthcare experience, this complexity proves overwhelming without dedicated navigation support.

➢ Connection to government schemes and external resources

A significant programme value-add involves connecting families to government health coverage schemes and other institutional support resources that provide sustainable assistance beyond the programme’s services.

90% of the families received help in connecting with government schemes

89% of families received help in connecting with other NGOs or hospital support programmes

This network-building creates sustainable support ecosystems, extending beyond the programme's direct services, potentially providing continued assistance after families complete treatment and transition out of active programme support.

The connection to patient support goals, a broader metric of navigation effectiveness, showed 91% of families felt the programme helped them achieve support objectives.

This outcome suggests the ***programme successfully translates awareness of available resources into actual resource access, bridging the gap between theoretical entitlements and practical benefit realisation.***

➢ Capacity building in healthcare navigation

100% capability improvement rate

Beyond immediate navigation support, the programme builds families' long-term capacity to navigate healthcare systems independently. This represents crucial capacity building with benefits extending beyond the immediate treatment period. Families who develop healthcare navigation skills can more effectively access follow-up care, manage late effects of treatment, advocate for their child's needs in medical settings and navigate health systems for other family members. The capability building thus generates spillover benefits to broader household health beyond the child with cancer.

Impact evaluation

KLI’s intervention with CanKids had a positive impact on patients’ health outcomes including improvement in financial protection of the family and their overall ability to navigate the healthcare system.

Improved health outcomes of patients

The CanKids programme has demonstrated exceptional effectiveness in achieving improvement in health outcomes of patients. The comprehensive model of the intervention provides transformative care and impact for the extremely vulnerable families.

➢ From Treatment Gaps to Near Universal Completion

The programme demonstrates exceptional effectiveness in facilitating treatment completion among patients who otherwise would have found it difficult to complete.

For 97% of the respondents, the programme helped their child complete chemotherapy cycles on schedule.

This is a transformative outcome given that paediatric cancer treatment abandonment rates in similar populations frequently vary from 10 – 63%[11] and is a significant cause of treatment failure and mortality. Paediatric cancers are largely responsive to treatments given patient age and relatively early discovery of disease.

➢ Addressing Barriers to Care

On average children attended 5 chemotherapy sessions during the assessment period, indicating sustained engagement throughout multi-cycle treatment protocols that typically span 6-24 months depending on diagnosis.

From the consistent attendance visible across the cohort, we understand the programme successfully addressed the complex barriers that typically drive treatment interruption, including financial constraints preventing hospital travel, caregiver employment conflicts and healthcare system navigation challenges.

Analysis of the treatment locations reveals certain significant patterns in care-seeking behaviour before the enrolment in the programme.

➢ Transformation in Access

Before connecting with CanKids, 46% of the families accessed care at local government hospitals, 29% utilised private hospitals and, critically, 25% had no ongoing treatment despite confirmed cancer diagnosis. **This indicates for a quarter of the families the treatment would have remained inaccessible had the programme not been there, which is a demonstration of its effectiveness.**

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[11] The magnitude and predictors of abandonment of therapy in paediatric acute leukaemia in middle-income countries

The progression from 25% with no treatment to 97% completing chemotherapy on time shows the programme's fundamental impact: it made treatment accessible for families that would otherwise have been left out completely.

➢ Health status improvements: Physical strength and daily activities

The CanKids programme has significantly contributed to improving the health status of children with paediatric cancers in several domains. Family-reported health outcomes demonstrate substantial improvements in their health following programme enrolment and treatment support.

98% positive response rate indicates that programme-facilitated treatment produces meaningful clinical benefits observable to families, not merely technical treatment completion.

Indicators of physical recovery, such as overall strength and energy to complete activities of daily life, reinforce these findings. These results are important as they demonstrate a positive response to treatment. By evaluating the impact of project on both physical strength and engagement with daily activities, we can get a clearer picture of disease prognosis and survival in patients who otherwise had limited hopes for accessing treatment that could improve their health.

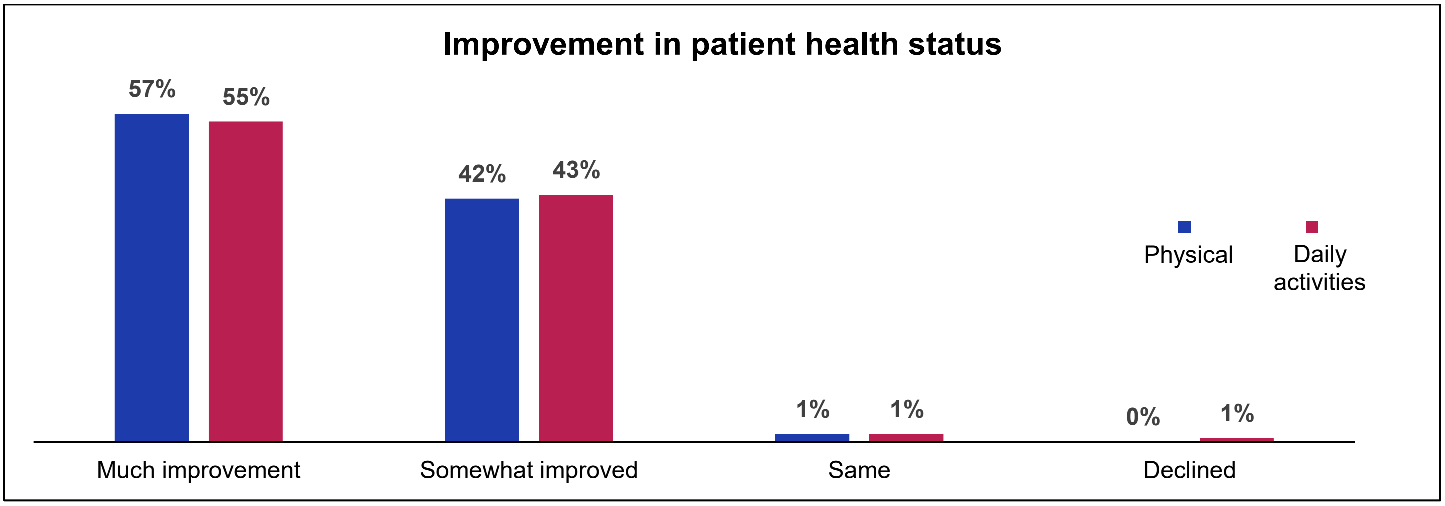

Figure 12: Improvement in patient physical strength and daily activities

Regarding physical strength improvements, 57% reported much improved strength and 42% slight improvement in strength. While 1% reported no change, it is significant to note that none reported a decline in physical strength of the child. However, it is important to consider these results with more nuance along with other medical indicators of cancer status to get a more comprehensive picture of the patients' health trajectory. Cancer requires ongoing medical monitoring and diagnostics to get a complete picture of disease status and overall health.

99% improvement rate indicates that children are regaining functional capacity and quality of life - critical for normal childhood development.

The functional status assessment reveals similar patterns. When evaluating children's ability to perform daily activities and play, 55% showed significant improvement, 43% some improvement. The near-universal recovery of functional capacity suggests that the programme-supported treatment leads to comprehensive health restoration and not only recovery with a compromised quality of life.

For cancer patients, improvements in everyday functioning are as critical as clinical outcomes because they directly determine how “livable” life is during and after treatment. The ability to move independently, manage pain, perform basic self-care, and handle simple household tasks indicates that treatment is not only controlling the disease but also preserving dignity, autonomy, and psychosocial well-being.

These capacities reduce caregiver burden, enable patients to participate in family and economic roles to the extent possible, and lower the risk of depression, social isolation, and treatment discontinuation. In an impact assessment, therefore, tracking functional independence alongside survival and symptom control provides a more holistic picture of whether the intervention is truly restoring quality of life for beneficiaries facing a long and demanding cancer journey.

➢ Access to quality medicines and care

A critical intervention of the programme involves facilitating access to appropriate medications, as pharmaceutical quality and availability of medications significantly impact the effectiveness of the treatment.

97% of the families saw an improvement in access to better quality medicines due to the programme’s intervention.

This outcome suggests that the programme either provides medications directly, facilitates access to reliable sources for medicines, or enables families to afford higher-quality medication than they could otherwise obtain through public systems or informal avenues.

By improving access to medications, the intervention addresses a crucial vulnerability in a resource-limited healthcare environment, where counterfeit or substandard medications circulate widely, particularly in informal markets, which is accessed by families unable to afford hospital pharmacy prices. By ensuring access to verified, quality medications, the programme maintains treatment effectiveness and protects child safety throughout the chemotherapy protocol.

➢ Recovery prospects and clinical optimism

Family perceptions of recovery provide insight into clinical outcomes from the beneficiary’s perspective. When enquired how the programme impacted their child's chances of recovery, 57% believed the chances of recovery greatly increased, 42% believed it somewhat increased, and only 1% saw no change.

99% of the respondents perceive an improvement in the survival prospects of the patients.

This reflects actual clinical improvements, enabled by consistent treatment and increased hope stemming from access to reliable, quality care. **The clinical optimism data, though, should be interpreted carefully, as family perceptions may not align precisely with the objective prognosis of an oncologist**. However, hope and optimism themselves constitute important outcomes, given their documented effects on a caregiver’s mental health, family’s functioning and treatment adherence behaviours. Families who believe their child can survive are more likely to sustain the demanding treatment regimen and cope effectively with the psychosocial stresses associated with cancer treatment.

Financial protection outcomes

The programme's financial interventions substantially improve the protective layer for patients and their families across multiple indicators.

➢ Programme's financial protection impact

100% of the participants reported that the programme reduced their financial burden to some extent.

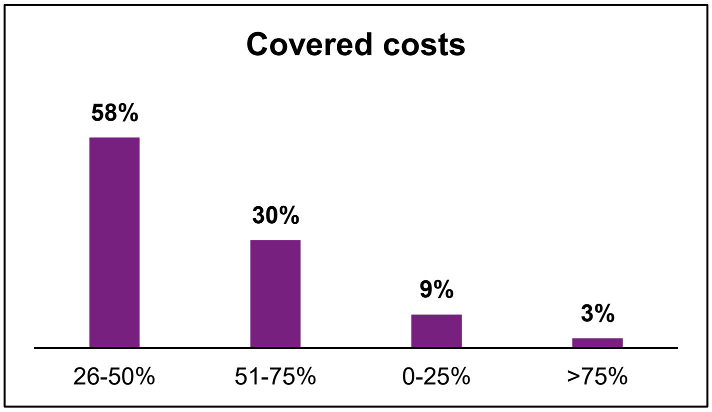

Figure 13: Reduction in burden of treatment cost

Around 51% reported significantly reduced burden and 49% reported somewhat reduced burden, indicating that while all families experience relief, financial pressure persists for approximately half of the cohort despite the comprehensive support. This finding is crucial because the economic burden of cancer treatment can directly affect treatment outcomes and survival. When families struggle financially, they may delay or drop out of treatment, potentially compromising continuity of care. The fact that half the cohort still faces financial pressure despite comprehensive support suggests that the current assistance program may be insufficient to address the full economic impact of cancer on families with lower incomes or single-income households, which do not have the requisite financial buffers to protect them from catastrophic, unforeseen expenses.

➢ Current cost-burden and residual burden

Families continue to bear portions of the treatment cost, revealing gaps in financial coverage. The current cost-sharing distribution shows that 9% of the families are covering 0-25% of the treatment cost, 58%, 26-50% of the cost, 30%, 51-75% of the cost, and 3% are still covering more than 75% of the total expense. The concentration of families paying 26-50% of the cost (58% of the cohort) suggests that the programme covers approximately half of the total treatment expenses on average, leaving substantial residual financial responsibility on households.

77% of the families report that they continue to pay for ancillary services, including diagnostic tests, medical consultations and medications not covered by the programme.

This gap indicates that while the programme covers core chemotherapy costs, families must independently finance ancillary medical services that are essential for comprehensive cancer care.

➢ Hypothetical Case Study

- The programme converts an unaffordable INR 25,000 monthly cancer bill into a manageable contribution, with the hospital now absorbing a large share of treatment costs.
- Across coverage slabs, families avoid roughly INR 1–2.5 lakh of cancer spending per year, preventing high-interest borrowing, asset sales and treatment abandonment.
- For the most vulnerable households, out-of-pocket costs fall to nearly one-eighth of the original burden, freeing scarce income for food, housing and children's education.

Setting the frame: unaffordable baseline

Before the hospital's support, each family faced an average monthly cancer care cost of INR 25,000 for their child. This is on top of around INR 1,500 they already spend on other family members' medical needs, stretching an average monthly income of just INR 15,000–18,000.

Cancer alone demands more than the entire income; every month is a choice between continuing treatment and paying for rent, food and school

Without external support, most families would have to borrow nearly the full INR 25,000 every month, often from informal lenders at interest rates of 3–4% per month. Over a year, that translates into about INR 3 lakh of principal plus INR 60,000–1,00,000 in interest – a debt spiral that is practically impossible to escape and a strong driver of treatment abandonment.

What coverage really means in rupees

Post intervention, the hospital shares the burden differently for different families. Taking the four coverage slabs and the INR 25,000 baseline, the picture becomes very concrete:

- 0–25% cost covered (assume 12.5% average, 9% families)
    - Programme covers ~ INR 3,100 per month.
    - Family still pays ~ INR 21,900 per month.
    - Even this "lowest" support band of 14 families avoids borrowing of nearly INR 5.2 lakh per year.

- 26–50% cost covered (assume 38% average, 58% families)
    - Programme covers ~ INR 9,500 per month.
    - Family pays ~ INR 15,500 per month
    - Each family avoids borrowing of about INR 1.14 lakh per year; across 88 families in this band, that is INR 1 crore of catastrophic expenditure averted annually.

- 51–75% cost covered (assume 63% average, 30% families)
    - Programme covers ~ INR 15,800 per month.
    - Family contribution falls to ~ INR 9,200 per month – now below their total income, making treatment just about manageable.
    - Each family avoids roughly INR 1.9 lakh of cancer related spending a year; for 45 families, that is INR 85 lakh of financial risk absorbed by the hospital.

- >75% cost covered (assume 88% average, 3% families – typically the most vulnerable)
    - Programme covers ~ INR 22,000 per month.
    - Family pays only ~ INR 3,000 instead of INR 25,000 – close to one eighth of the original burden.
    - The programme shields these households from nearly INR 2.6 lakh per year, an amount larger than their entire annual income. Overall, this band avoids expenses over INR 10 lakh per annum.

Across all slabs, an average family moves from facing the full INR 25,000 monthly bill to paying between INR 3,000 and INR 22,000, with the hospital absorbing the rest.

From percentages to lives de-risked

Viewed through the household budget lens, the shift is stark:

- Before support, cancer care alone consumed an entire monthly income. Families routinely delayed rent, cut meals, pulled children out of school or borrowed at punitive interest rates just to keep treatment going for one more cycle.
- For the most vulnerable 3% of families, the programme compresses cancer spending to INR 3,000 per month – just 15–20% of their income. This preserves enough headroom for rent, food and school fees and eliminates the need for high cost borrowing altogether.

That is not just subsidy; it is "future debt and distress sales that never happen".

➢ Capacity for broader financial planning

That said, a positive spillover of the reduced medical expenses is seen in families' enhanced capacity to address other household requirements. When enquired whether the reduced expenses enabled them to use the savings for other essential needs, 77% responded affirmatively and 21% reported some improvement, with only 2% seeing no change.

98% of the respondents indicate that financial support helped the family address other household needs

Such assistance provides a breathing room for families to maintain other household welfare requirements rather than directing all available resource exclusively towards cancer treatment.

The ability to save for other needs represents an important indicator of financial resilience, as households consumed by medical expenses cannot invest in other children's education, maintain housing, replace essential household goods, or build emergency reserves for future shocks.

The programme's financial protection thus generates benefits extending beyond a child with cancer to entire household welfare.

Psychosocial and emotional outcomes

➢ Family stress and mental health

The psychosocial impact of programme support is considerable across participating families. When enquired how the programme's support impacted the family's emotional wellbeing, ***52% reported significantly reduced stress and 48% reported some reduction in stress.***

The universal reduction in stress suggests that the programme addresses core sources of psychological stress families experience during cancer treatment, primarily financial panic, uncertainty about access to treatment and fear of child mortality. However, there may still be concerns about disease prognosis, treatment side effects and financial challenges despite the assistance, as well as disruption to normal family functioning during extended treatment periods.

➢ Hope and recovery optimism

The programme's impact on hope and optimism represents a critical psychosocial outcome, given hope's documented effects on a caregiver's mental health and adherence to the prescribed treatment.

100% **of the respondents felt hopeful about their child's recovery.**

This universal hopefulness represents an empowering shift from the likely despair families experienced when facing unaffordable treatment and potential treatment abandonment. While it is important to approach hope with caution, given different realities of the prognosis, ***hope itself constitutes an important outcome that is independent of clinical prognosis, as caregivers with hope demonstrate better mental health, stronger family functioning and more consistent treatment adherence behaviour.***

> ***The restoration of hope may be among the programme's most significant achievements, transforming families' subjective experience of the cancer journey from one of helpless despair to one of hope.***

➢ Child's emotional and psychological wellbeing

Results from the assessment indicate that the programme has been successful in improving the emotional and wellbeing states of the children. Families reported positive changes in the child's emotional state during treatment, with most respondents noting improvement in mood, anxiety levels and overall psychological wellbeing.

The capacity to maintain a child's emotional health during cancer treatment represents an important outcome, as childhood cancer and its treatment typically generate significant psychological stress through multiple pathways, including painful procedures, extended hospitalisation, social isolation from peers and perception of family distress.

Improvement in emotional wellbeing likely stems from multiple effects of the programme operating synergistically. Reduced family financial panic creates a calmer household environment, where parents can provide emotional support rather than being consumed by survival logistics. Consistent access to quality care reduces child anxiety about treatment availability and effectiveness. Nutritional support and symptom management improve physical comfort that affects mood and emotional regulation. The comprehensive nature of the programme’s support, thus, produces emotional benefits exceeding what targeted counselling interventions alone might achieve.

Nutritional support outcomes

➢ Dietary counselling and knowledge transfer

The programme's nutritional counselling achieved near-universal coverage, with 97% of families receiving guidance about diet plans during the recovery phase. ***This high coverage rate demonstrates systematic integration of nutrition support into standard care protocols rather than ad hoc provision.***

The effectiveness of nutritional education manifests in knowledge transfer and behaviour change. When enquired whether dietary information helped families make changes to their child's nutrition, 67% reported the information significantly helped and 31% reported it helped somewhat. Only 2% reported that it did not help at all.

98% positive response indicates that counselling successfully translates technical nutritional guidance into practical behavioural changes by families.

➢ Dietary modifications implemented

Families demonstrated high rates of implementation of dietary modification following counselling. The distribution of changes implemented shows **54% of families focused on avoiding harmful or unsafe foods, 41% added protein-rich foods, including milk and pulses, and 5% increased fruits and vegetables to the diet.**

100% implementation rate indicates families possess the motivation and capacity to act on nutritional guidance when provided.

The emphasis on avoiding harmful foods suggests counselling prioritised food safety for immunocompromised children undergoing chemotherapy, who face serious infection risks from contaminated food. This focus addresses a critical vulnerability, as foodborne pathogens pose life-threatening risk to children with suppressed immune systems. The 41% emphasis on protein-rich foods reflects the importance of adequate protein for tissue repair, immune function and growth during intensive treatment.

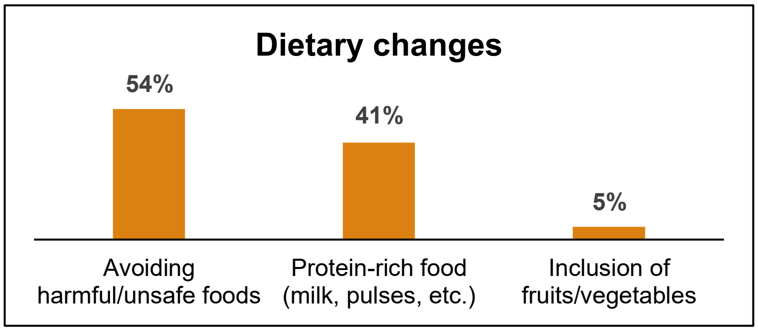

Figure 14: Dietary changes post intervention

The nutritional interventions have produced observable benefits to children's vitality and functional capacity. When asked whether the families observed improvement in their child's energy and strength due to the dietary changes, 61% reported significant improvement.

This 98% positive response rate correlates with the physical strength improvement documented in the ‘Health status improvement’ section, suggesting nutrition constitutes an important contributor to overall recovery, alongside medical treatment.

Energy improvements hold particular significance for quality of life and functional recovery. Children with adequate energy can engage in play, social interaction and educational activities that support normal development and psychological wellbeing. Energy deficit, conversely, constrains participation in developmentally appropriate activities and compound the social isolation children often experience during cancer treatment.

Strengthening Educational Continuity and Confidence During Treatment

The programme has had a tangible, positive impact on children's education journeys during cancer treatment, even within a highly disrupted context. Across the sample, **95% of families reported increased awareness of the importance of continuing education and returning to normal routines,** indicating that schooling is now seen as a core part of recovery rather than an optional extra. **Around 70% of children experienced some disruption in schooling due to treatment demands, yet only 21% discontinued education completely, with the remaining 79% managing to stay connected through partial or continuous attendance**—often supported by the programme's counselling and linkages. Educational support services, though not universally available, showed strong promise: in facilities where structured academic or counselling support was provided, roughly one third of children were able to continue school without disruption, pointing to a clear pathway for scaling these interventions to further reduce educational loss during treatment.

Building Confident, Connected Families in a Complex Health System

The programme has significantly strengthened families' ability to navigate the health system and access support beyond direct treatment. Families report very high satisfaction with facility level support, with **~98% stating that staff provided adequate help and clear communication,** while dedicated navigation services help them manage appointments, documentation and follow ups that would otherwise be overwhelming. Around **90% of families were successfully linked to government schemes and about 89% to other NGOs or hospital support programmes,** creating a wider safety net around the child. As a result, **100% of caregivers report improved capability to handle healthcare processes on their own,** indicating that the intervention not only solves immediate access barriers but also builds enduring system navigation skills that benefit the entire household.

This is important because families who understand and can navigate the health system are far more likely to reach the right facility on time, complete complex cancer treatment and avoid dangerous delays or drop out. Effective navigation and linkage to schemes and NGOs also translates into concrete financial and practical protection, helping families secure entitlements, reduce out of pocket spending and coordinate logistics like appointments and documentation that otherwise block access to care. Over time, these skills and connections build lasting resilience, so households can manage health needs for all members more independently instead of repeatedly falling into crises whenever serious illness occurs

Case studies

Amir*, father of a patient

Amir, a 39-year-old father from Nadiapur village in Gujarat's Baruch district, still remembers the day his world shifted. His three-year-old son was diagnosed with Stage 3 blood cancer—a moment he describes as every parent's deepest fear. Belonging to a minority community with limited formal education and earning INR 30,000–40,000 per month in a private job, Amir struggled to comprehend how he would manage the medical crisis that lay ahead. The family's monthly savings were no match for the treatment expenses of INR 20,001–30,000, pushing them into a cycle of financial strain and uncertainty.

In the early months, the family sought care only at local government hospitals, unaware of the resources available for childhood cancer. Treatment costs consumed nearly half of Amir's income. With four family members depending on him and no additional income support, he felt even government-supported chemotherapy would become difficult to sustain.

Over the next 1–1.5 years, CanKids helped provide comprehensive support—medicines, access to facilities and emotional reassurance during the most difficult moments. Social workers helped the family navigate documentation requirements and provided a sense of stability. Access to quality medicines improved the child's health, and rising treatment costs no longer pushed the family toward high-interest loans. Amir and his family also participated in 3–5 awareness sessions that demystified cancer stages, treatment myths and available resources. **"We didn't know where to begin before,"** Amir shared.

Post-treatment follow-ups continued for 30 days, giving the family confidence even after hospital visits ended. With consistent communication from staff and guidance from patient navigators, Amir no longer felt lost in the health system.

Today, he feels far more capable of managing his son's care and navigating hospitals and government schemes. The experience has transformed the family's outlook, and Amir says he would "**definitely recommend**" the programme to others facing similar battles.

**name changed to protect respondent identity*

Radha*, mother of a patient

Radha, a 38-year-old daily-wage labourer from Rajnagar village in Gujarat's Chota Udaipur district, represents one of the most vulnerable groups affected by paediatric cancer. Her 19-year-old son was diagnosed with Stage 1 blood cancer, but despite the relatively early diagnosis, the family's financial instability placed them at significant risk. With a single earning member bringing in only INR 10,001–20,000 per month, even basic medical costs would eat up their entire household income.

As an OBC community member with secondary education, Radha faced multiple challenges—social, economic and informational. Treatment costs of almost INR 25,000 a month consumed what little they earned, forcing the family to borrow heavily, deepening their financial crisis. She recalls the financial difficulties they faced that made the treatment seem inaccessible until a social worker introduced her to CanKids.

Over 1.5–2 years, the family received far more than medical supplies. They were introduced to awareness programmes, helping them understand cancer, treatment stages, fears and misconceptions. The financial burden eased significantly, relieving the family from the constant stress of loans. Radha noticed steady improvements in her son's health—greater physical strength, more energy, and the ability to resume daily routines. The programme also brought emotional relief, giving the family hope. **"I finally felt hopeful,"** she says.

With this support, her son completed chemotherapy on time and gained access to higher-quality medicines. Consistent staff communication and support at treatment facilities ensured they were never alone in the process. Follow-ups continued for 15 days after treatment completion, providing reassurance during the critical transition period.

Beyond treatment, the family benefitted from education sessions that reshaped their understanding of cancer and encouraged healthier dietary habits. They were also connected to government health schemes and NGO support systems. With tutoring support, Radha's son was able to continue attending school, even if irregularly at times, both during and after treatment. Today, Radha feels far more informed, supported and hopeful. What once felt like an impossible journey now feels like a path toward recovery—one built on dignity, access and the belief that her son deserves the best possible chance.

**name changed to protect respondent identity*

Varun*, father of a patient

When Varun, a 34-year-old father, first learned that his two-year-old daughter had been diagnosed with Stage I blood cancer, he was distraught. Despite having a secondary education and working in the private sector, Varun quickly realised the crushing weight of cancer treatment. Their daughter was still in primary school when symptoms appeared, and medical expenses of this magnitude were far beyond their means. Even with their resilience, the family soon found themselves at the edge of what they could manage.

Support from CanKids proved to be a lifechanging experience. Over the next 1.5–2 years, the family found themselves steadily drawn into a network of compassionate, structured support. The family began receiving financial support, easing their immediate strain. Travel and post-treatment expenses, once an unbearable burden, were largely covered through the programme, bringing treatment costs down dramatically. Perhaps the greatest relief came from the financial assistance as nearly 51–75% of treatment costs were now covered. For the first time since the diagnosis, the family could use their savings for other essential needs rather than funnelling everything into hospital bills.

As treatment progressed, Varun and his family participated in one or two awareness sessions that helped them understand essential information about cancer risk factors, treatment stages and long-term care. These sessions not only empowered them but also gave them the confidence to engage more fully with their child's medical journey. Counselling support—both emotional and educational—played a critical role in maintaining their daughter's development during this difficult period.

Beyond the medical benefits, the family grew more confident navigating the healthcare system. They connected with government schemes, hospitals, NGOs and patient support groups. The constant presence and friendliness of staff, the steady supply of medicines, and the ease of getting help whenever needed transformed what had once been a frightening journey into one filled with hope. Eventually, their child's health improved noticeably. With access to better medicines and clear guidance on nutrition, the family learned to avoid unsafe foods and adopt healthier dietary habits. Her energy and strength increased, and although attendance at school remained irregular, she was able to continue her learning.

Today, Varun speaks of CanKids with deep gratitude. The programme, he says, not only helped save his daughter's life but also gave his family the strength to endure the crisis. He now encourages others in similar situations to seek support without hesitation.

**name changed to protect respondent identity*

Stakeholders speak

Dr Abhijeet Ashok Salunkhe, GCRI Ahmedabad

Experience: 10 years | MBBS, DNB(Ortho), Fellow Orthopaedic Oncology (NUH Singapore)

Dr Abhijeet Ashok Salunkhe is a seasoned orthopaedic oncologist and is a part of the cancer care services at GCRI, Ahmedabad.

Patient identification and assessment: Dr Salunkhe employs a universal referral approach, noting that all his paediatric cancer patients are recommended to CanKids by default. His assessment process involves comprehensive discussions about family history, social conditions and financial circumstances. Before making referrals, he evaluates the patient's social condition, economic status and treatment requirements using the Patient Information Sheet, which provides insights into their medical history and current condition, while consultations with doctors corroborate this information and add clinical nuance.

Evaluation of support services: According to Dr Salunkhe, the support provided for diagnostics, treatment, and medication is highly effective and timely. He notes that CanKids enables patients to receive necessary care without delays. He describes collaboration with social workers, patient navigators and dieticians as very effective, with communication occurring daily. The coordination ensures seamless care delivery and prompt problem-solving.

Evaluation of programme impact: Dr Salunkhe has observed significant positive impacts since the programme was implemented. He notes substantial improvements in patient adherence to treatment, attributing this to regular follow-ups by CanKids that have contributed significantly to enhancing adherence levels and leading to better treatment outcomes. He reports marked improvement in the emotional resilience and engagement of patients and their families, with families becoming better equipped to handle the cancer journey. By alleviating financial stress, the programme enables families to focus on treatment adherence and their child's recovery. He views the programme as instrumental in bridging socioeconomic disparities, noting it primarily focusses on providing support to poor patients, ensuring they receive the necessary care and helping reduce inequalities in cancer care.

Challenges: Dr Salunkhe identifies financial constraints as the primary challenge for underserved families. He notes that many parents or guardians are daily wage workers, and the prolonged treatment process requires them to spend significant time away from work, resulting in a substantial loss of wages. While acknowledging comprehensive medical coverage, he identifies gaps in addressing social and financial implications of cancer treatment on families. Specifically, he notes the programme should consider expanding coverage to include support for family members who experience income loss due to taking time off work to care for loved ones, as well as reimbursement for travel expenses related to treatment.

Recommendations and feedback: Dr Salunkhe recommends that the programme enhance its impact by providing greater support for family members who go through income loss due to taking time off work to care for loved ones, as well as addressing other potential challenges that families face during difficult times. He emphasises a holistic approach that would not only enhance programme effectiveness but also provide critical support to families during the child's recovery. When asked about potential programme discontinuation, he warns that it would likely have a severe impact on health outcomes and survival rates, leading to significant decline in the overall well-being and chances of survival for children with cancer in the community.

Dr Pallavi Mehta, KCHRC, Vadodara

Experience: 9 years | MBBS, MD & DM

Patient identification and assessment: Dr Mehta utilizes comprehensive assessment strategies, identifying patients through discussions on family history, social conditions, and visual assessments to determine their financial ability to afford treatment. She evaluates the patient's social condition, including economic status, treatment requirements and family background. Since almost all paediatric cancer patients are referred to CanKids, she notes there is no specific assessment needed before making referrals, but the comprehensive evaluation ensures understanding of overall circumstances.

Evaluation of support services: To Dr Mehta, the support provided for diagnostics, treatment, and medication is very timely, with no delays from CanKids, which enables patients to receive the necessary care and support in a prompt and efficient manner. She maintains effective daily coordination with the CanKids team, ensuring seamless collaboration that facilitates care delivery.

Evaluation of programme impact: Dr Mehta has observed significant positive impact on the patients' adherence to treatment since the implementation of the programme. She notes that regular follow-ups by CanKids have been crucial in keeping patients engaged with care, resulting in notable reduction in dropouts. She reports marked improvement in the emotional resilience and engagement of patients and their families, with the support system helping families feel better equipped to handle the cancer journey when financial concerns are adequately addressed. Dr Mehta emphasises that the programme has been effective in bridging socioeconomic disparities by providing essential support to underserved and underprivileged patients, thereby helping to provide equal access to quality cancer treatment and care for those who need it most.

Challenges: According to the doctor, financial constraints are the biggest challenge for underserved families. She notes that many parents or guardians are daily wage workers and the time required for treatment, including travel to and from the hospital and the cost of staying near the hospital for extended periods, adds to their financial burden. While acknowledging the programme covers most medical aspects, she notes significant gaps exist regarding social and financial implications of cancer treatment on families.

Recommendations and feedback: The doctor recommends that the programme consider a more comprehensive approach to enhance its financial and overall effectiveness. She suggests looking beyond current medical coverage to also encompass income support, exploring ways to address root causes of financial difficulties rather than just covering medical expenses. She emphasises the importance of evaluating whether families are achieving dependence or require ongoing support indefinitely. With regard to programme discontinuation, Dr Mehta states it would likely deteriorate health outcomes substantially, resulting in a marked increase in morbidity and mortality rates among this vulnerable population.

Dr Vama Agarwal, KCHRC Vadodara

Experience: 2 months | MBBS, MD in Medicine, Diploma in National Board Medical Oncology

Patient identification and assessment: Dr Agarwal identifies patients through discussions on family history, social conditions and visual assessments to gauge their financial ability to afford treatment.

She evaluates the patient's condition and family background, noting that since almost all paediatric cancer patients are referred to CanKids, the parameters considered include the patient's condition and family background to ensure appropriate support connections.

Evaluation of support services: Per Dr Agarwal, the support provided for diagnostics, treatment, and medication is very timely, with no delays from CanKids, which enables patients to receive the necessary care and support in a prompt and efficient manner. As a relatively new team member, she notes different communication patterns, specifically that there is no patient navigator in her setting—only social workers handle all operations and coordination. This highlights institutional variations in programme implementation.

Evaluation of programme impact: Despite her short tenure, Dr Agarwal has already observed positive changes in patient adherence to treatment since the implementation of the programme. She notes that regular follow-ups by CanKids have been crucial in keeping patients engaged with the care they need. She reports marked improvement in the emotional resilience and engagement of patients and their families, with financial support reducing the financial burden and allowing families to focus on treatment, ultimately leading to better treatment outcomes. Dr Agarwal observes that the programme has been effective in bridging socioeconomic disparities by ensuring that poor patients receive the necessary treatment and helping reduce inequalities in cancer care.

Challenges: According to the doctor, there are multiple obstacles for underserved families, including financial constraints as the cost of treatment in a government hospital is substantial. She notes that parents or guardians who are daily wage workers have to take time off from work, resulting in loss of wages. While acknowledging the programme covers most medical aspects comprehensively, she notes gaps remain in support, particularly regarding social and financial implications for families.

Recommendations and feedback: Dr Agarwal recommends that the programme expand support mechanisms to address income loss and wage loss experienced by family members, as well as additional expenses families face during treatment. She suggests exploring ways to provide more holistic financial support. When asked about potential programme discontinuation, she predicts it would likely have a severe impact on health outcomes and survival rates of children with cancer in the community, leading to a significant decline in the overall well-being and reduced chances of survival.

Dr Nishant Dharsandia, HOCCR Rajkot

Experience: 10 years | MD in Paediatrics, Fellowship in Paediatric Haemato-Oncology

Patient identification and assessment: Following a comprehensive screening process, Dr Dharsandia identifies patients through discussions on family history, social conditions and financial assessments to determine their ability to afford treatment. He assesses multiple dimensions, including the patient's condition, family background and economic status, before making referrals to determine appropriateness for programme support.

Evaluation of support services: Dr. Dharsandia confirms timely delivery, finding the support provided for diagnostics, treatment and medication to be timely. He notes that families receive care and attention in a prompt and efficient manner, facilitating their treatment and recovery. He reports effective collaboration, stating that CanKids staff are well trained and excellent at handling patients. He values the expertise of the CanKids team in coordinating care delivery.

Evaluation of programme impact: Dr. Dharsandia has observed meaningful improvement in patient adherence to treatment since programme implementation, leading to better treatment outcomes. He reports substantial improvement in emotional resilience and engagement of patients and their families, with reduced financial burden allowing families to focus on recovery. He emphasises the programme's critical role, stating it has helped improve access to cancer care as the majority of families could not afford treatment and many hesitate due to travelling and financial constraints. He views the programme as essential for underserved populations to access life-saving care.

Challenges: Dr. Dharsandia notes that multifaceted challenges, including financial barriers, pose significant difficulties for families. In particular, the high cost of treatment itself is a major obstacle, underscoring the necessity of the programme's financial assistance. Regarding service coverage, he notes that most aspects are covered under the programme, although he acknowledges potential for improvement.

Recommendations and feedback: The doctor suggests comprehensive expansion of coverage. He believes that while the programme already covers essential medical treatments such as chemotherapy, antibiotics and antifungal medications, additional support for other medical expenses would greatly improve treatment efficiency and outcomes. Specifically, he suggests that covering room expenses and other medical billings would be a significant help for families struggling to afford these costs. When asked about potential programme discontinuation, he provides clear assessment of programme criticality, stating that the loss of the programme's critical support would unleash a perfect storm of adverse consequences, leaving children with cancer in the community vulnerable to delayed or forgone treatment, a heightened risk of treatment abandonment, and a staggering escalation of cancer-related suffering and death.

Sonal Leuva, Social Worker, GCRI Ahmedabad

Experience: 17 years; 13 years with CanKids

Sonal Leuva is a social worker with rich experience of 17 years. She has been associated with CanKids since 2012 and has extensive knowledge about the programme functionality and outcomes.

Role and responsibilities: Sonal performs comprehensive patient support coordination, identifying paediatric cancer patients who require CanKids support and ensuring the patient coordinator updates the Patient Information Sheet (PIS) to capture key demographic and medical information. She collects necessary documentation and helps patients and their families navigate support requirements, including financial assistance, emotional support and coordination with other service providers. Her primary responsibility is managing data to assist parents and patients from Gujarat in enrolling their children in the school support programme run by the Gujarat government and the Ayushman Bharat scheme, demonstrating the critical role of connecting families to broader support systems beyond immediate programme provisions.

Patient assessment and service delivery: Sonal employs comprehensive screening approaches, identifying all paediatric cancer patients by default for CanKids recommendation through discussions on family history, social conditions and other relevant factors. Rather than managing a traditional caseload, she focuses primarily on data coordination and team support. She assesses financial and psychosocial needs through conversations with patients and reviewing the PIS, noting that within the first 15 days of admission, 70-75% of patients have psychosocial needs requiring intervention.

The average turnaround time from needs assessment to support approval is approximately 2 days, though 70-75% of patients assessed as needing diagnostic, medicine or treatment support actually receive it. She has successfully mobilised additional resources beyond core programme provisions by helping Gujarat patients enrol in the Gujarat health programme and sharing patient requirements with local NGOs to secure additional funding.

Coordination and documentation: Sonal maintains systematic communication through daily face-to-face interactions with patient navigators, doctors and dieticians, enabling her to stay updated on patients' treatment plans and progress. She manages comprehensive record-keeping through Salesforce, updating all patient details from initial PIS forms to appointment details and follow-up schedules, allowing efficient tracking and monitoring of patient progress. The 30-day follow-up system proves reliable in ensuring treatment continuity, with weekly follow-ups and routine check-ins helping the programme closely monitor patient progress and provide timely support.

Programme impact and patient outcomes: According to Sonal’s observations, around 80% of patients feel their burden is reduced significantly after receiving support, experiencing profound relief as the weight of their responsibilities is substantially lightened. After participating in forums or therapy sessions, parents' emotional and psychological condition has improved markedly, with them being more open to sharing their challenges and emotions.

She notes that 30-40% of cases require psychologist interventions, not due to lack of follow-up but because patients face severe side effects of treatment such as nausea, diarrhoea and hair loss. The YANA protocol has helped significantly in reducing dropout rates.

In her experience, the programme has improved access to cancer care as the majority of families could not afford treatment and many hesitated due to travelling and financial constraints. Many families show gratitude, and the programme has had a positive impact on society. The ASHA sessions and nurse sensitisation sessions have been very effective in creating awareness at the community and hospital levels, with health workers being well-informed as a result.

Challenges and barriers: Sonal identifies that poor financial background, superstitious beliefs, opting for ayurvedic treatment, and distance from the hospital are major reasons for treatment discontinuation. Additionally, family members who travel with patients lose their wages, which could be a primary reason for not continuing treatment. In daily operations, she faces challenges of being overwhelmed by a large number of patients, which may impact the quality of servicing due to high volume. Topics for awareness sessions are decided based on suggestions and feedback from patient navigators, with sessions conducted quarterly. Parents and caregivers now have much more awareness and give importance to hygiene post-sessions.

Recommendations: According to Sonal, there is one significant gap in the programme's delivery model: the delay in fund allocation, which currently takes around 2 months and needs to be improved and streamlined to ensure more efficient and timely support to those in need. She emphasises that increased manpower would help significantly in serving patients more effectively. For patients travelling from other states, she recommends arranging pick-up/drop-off facilities, as many patients travel from very far and travelling expenses covered under the programme are too low. She also notes that in GCRI around 80% of paediatric patients are covered, but recommends aiming for 100% coverage, if possible, along with providing pick-up/drop-off facilities that can greatly benefit them.

Deepa Shah, Social Worker, KCHRC, Vadodara

Experience: 11 years; 3.5 years with CanKids

Deepa Shah is a social worker with rich experience of 11 years. She has been associated with CanKids for 3.5 years.

Role and responsibilities: Deepa’s primary role is to facilitate comprehensive support for paediatric cancer patients and their families. Key responsibilities include enrolling patients in CanKids to access support services and updating the Patient Information Sheet (PIS) to gather socio-economic information and identify areas of support required. Beyond hospital-based activities, she facilitates enrolment in government schemes, notably assisting parents from Gujarat in enrolling their children in the school support programme run by the Gujarat government. Her primary responsibility is to manage data, identify needs and coordinate support services, working closely with other team members to ensure patients receive necessary support and services.

Patient assessment and service delivery: Deepa identifies patients through discussions on family history, social conditions, and visual assessments to determine their financial ability to afford treatment. She typically handles 10-15 patients at a time, including both admitted and out-patient department (OPD) patients. Upon admission, she undertakes thorough understanding of a patient's financial and psychosocial needs through in-depth conversations and review of their personalised PIS, which they update themselves. She notes that a consistent pattern emerges with nearly 100% of new patients exhibiting financial needs that necessitate support from CanKids, while a smaller number demonstrate psychosocial needs requiring intervention. The average turnaround time from needs assessment to support approval is approximately 2 days, though the actual allocation of funds takes around 1 week. She has successfully mobilised additional resources by helping Gujarat patients enrol in the Gujarat health programme and sharing patient requirements with local NGOs to secure additional funding.

Coordination and documentation: Deepa coordinates with patient navigators, doctors and dieticians on a regular basis through daily face-to-face communication, enabling her to stay updated on patients' treatment plans and progress. For patient coordination, she diligently updates details about patients, including follow-up appointments and medication schedules. Instead of following the standard 90-day policy, she proactively calls patients on a weekly or monthly basis to ensure they feel comfortable and supported, which encourages them to continue their treatment at the hospital. She manages comprehensive patient documentation and progress tracking through Salesforce, where all patient information is meticulously updated—from the initial PIS form to appointment details, treatment plans and follow-up arrangements.

Programme impact and patient outcomes: Deepa observes that upon receiving support, patients and their families experience a profound sense of relief, with approximately 90% reporting a considerable reduction in their burden, allowing them to better cope with the challenges of treatment and care. Participation in forums and therapy sessions has a profoundly positive impact on the emotional and psychological condition of parents, leading to significant improvement in their overall mental health and resilience. Around 90% of cases require psychologist intervention to address emotional and psychological challenges related to treatment and its side effects, with psychologists helping parents understand their child's treatment, manage challenges, understand benefits of treatment, and stay motivated to continue.

The implementation of the YANA protocol has yielded remarkable results, significantly mitigated patient dropout rates and ensuring substantial increase in treatment adherence. In her experience, the programme has made a huge difference in helping many families access cancer care, enabling families who could not afford treatment to now access care they need without the added stress of worrying about how to pay for it. Many families return post-treatment to express gratitude. The ASHA sessions and nurse sensitisation sessions have been highly effective, yielding fruitful results and greatly enhancing awareness among staff and patients at both individual and hospital levels. Parents and caregivers now have significantly more understanding and knowledge of paediatric cancer and its treatment than before, and they have also become more aware of the importance of hygiene.

Challenges and barriers: Deepa identifies key factors that may lead patients to discontinue treatment or follow-up: poor financial background, superstitious beliefs, preference for alternative treatments such as Ayurvedic medicine, geographical distance of the hospital making it difficult for patients to travel for regular appointments, and economic burden on caregivers and family members who must accompany patients to hospital visits, leading to lost wages and added financial strain. In daily operations, one of the most significant challenges is convincing patients to trust and feel comfortable with the services provided, as well as persuading them to share necessary documents, which can be a difficult and time-consuming process. The major challenge when conducting awareness campaigns or engaging with government health workers is obtaining approval from government departments, which is a time-consuming and labour-intensive process. Topics for awareness sessions are decided with a focus on childhood cancer care sensitisation, aiming to educate and raise awareness about the importance of early detection, treatment and care for children with cancer, with sessions conducted quarterly.

Recommendations: Deepa identifies the primary challenge as obtaining approval from government departments for awareness campaigns and engagement with government health workers, which is a time-consuming and labour-intensive process. She emphasises that having additional manpower or resources would greatly help in performing the role more effectively, as currently handling operations alone can be overwhelming and challenging, and an increase in manpower would be beneficial.

Umesh Chauhan, Social Worker, HOCCR, Rajkot

Experience: 10 years; 1.5 years with CanKids

Role and responsibilities: Umesh’s primary role is to facilitate comprehensive support for paediatric cancer patients and their families. Key responsibilities include enrolling patients in CanKids to access support services and updating the Patient Information Sheet (PIS) to gather socio-economic information and identify areas of support required. Additionally, he provides emotional support, financial assistance, and other forms of aid to patients and their families as needed through CanKids, demonstrating a holistic approach to patient care.

Patient assessment and service delivery: Umesh identifies patients through discussions on family history, social conditions, and financial assessments to determine their ability to afford treatment. He manages 6-7 patients on average at any given time, reflecting a focused caseload that allows for personalised attention. Through in-depth conversations with new patients and review of the PIS, which is updated by parents, he conducts comprehensive assessment of their financial and psychosocial needs. Within the first 15 days of admission, it is consistently found that virtually all new patients exhibit financial needs requiring support, while a smaller subset exhibits psychosocial needs that necessitate intervention.

These individuals are promptly connected with a psychologist via phone, ensuring they receive timely emotional support. The average turnaround time from needs assessment to support approval is approximately 2 days, with around 70% of patients assessed as needing diagnostic, medicine or treatment support actually receiving it. He has successfully mobilised additional resources by sharing patient requirements with local NGOs to secure additional funding for patients in dire need.

Coordination and documentation: Umesh coordinates with patient navigators, doctors and dieticians on a regular basis through daily face-to-face communication, enabling him to stay updated on patients' treatment plans and progress. For patient coordination, he diligently updates details about patients, including follow-up appointments and medication schedules. Instead of adhering to the standard 90-day follow-up policy, he proactively reaches out to patients on a weekly or monthly basis to provide support and reassurance, fostering a sense of comfort that encourages treatment continuity.

He manages comprehensive patient documentation and progress tracking through Salesforce, where all patient information is meticulously updated—from initial PIS form to appointment details, treatment plans and follow-up arrangements. The 30-day follow-up system helps ensure patients keep getting the treatment they need, with the team checking in with patients regularly and talking to parents about any concerns. At the beginning, psychologists help parents understand their child's treatment and answer any questions they have about care.

Programme impact and patient outcomes: Based on his observation, Umesh reports that approximately 90% of patients and their families experience a profound sense of relief after receiving support, as the weight of their burden is significantly alleviated, leading to a substantial reduction in stress and a marked improvement in overall well-being and quality of life.

The participation of parents in forums and therapy sessions has a profound positive effect on their emotional and psychological well-being, leading to significant improvement in their overall mental health and resilience, with parents becoming more empowered to express themselves and feeling increasingly comfortable and confident in sharing their challenges and emotions.

A significant majority of patients, approximately 80%, benefit from psychologist intervention to navigate the emotional and psychological complexities that arise from treatment side effects, with psychologists providing vital support to help patients and their families manage these challenges and fostering deeper understanding of the treatment process and its benefits. The YANA protocol has been helping patients stay in treatment, greatly reducing the number of patients who stop treatment and increasing the number of patients who complete their treatment as planned.

In his experience, the programme has made a huge difference in helping many families access cancer care by bringing treatment to communities and breaking down financial and logistical hurdles, enabling families who previously could not afford treatment to now access the care they need. Many patients and their families return post-treatment to express gratitude. The ASHA and nurse training sessions have been highly effective, enhancing the knowledge and skills of participants and increasing awareness about key health issues at both hospital and community levels. The awareness sessions have significantly improved parents' and caregivers' understanding of paediatric cancer and its treatment, as well as promoted better hygiene practices.

Challenges and barriers: Umesh identifies several socio-economic and logistical factors that can hinder a patient's ability to continue treatment: financial constraints, lack of access to proper care, superstitious beliefs that may lead patients to seek alternative treatments such as Ayurvedic medicine, geographical distance of the hospital making it difficult for patients to travel for regular appointments, and economic burden on caregivers and family members who must accompany patients to hospital visits, leading to lost wages and added financial strain that can ultimately lead to treatment abandonment. In daily operations, one of the most significant challenges is convincing patients to trust and feel comfortable with the services provided, as well as persuading them to share necessary documents, which can be a difficult and time-consuming process. The main challenges when conducting awareness campaigns or engaging with government health workers include obtaining approval from government departments, which is a time-consuming and labour-intensive process, as well as low attendance rates at events and problems with projectors, which significantly hinder the effectiveness of the campaigns. He reports that topics for awareness sessions are decided by upper management, with sessions conducted quarterly.

Recommendations: Umesh identifies one significant gap in the programme's delivery model: the delay in fund allocation, which currently takes around 2 months and needs to be improved and streamlined to ensure more efficient and timely support to those in need. He emphasises that increased manpower would help significantly in serving patients more effectively. He notes that as a significant portion of the allocated budget (approximately 80%) has already been utilised by October, and there is a need to sustain operations until March, a budget increase would enable them to support more families and provide essential services to those in need.

SWOT analysis

SWOT analysis is a strategic planning technique used to identify and evaluate the strengths, weaknesses, opportunities and threats of an initiative. It is a framework that helps to assess the internal and external factors that can affect the impact and sustainability of a programme. It also helps identify potential risks and develop effective strategies for informed decision-making to enhance the impact and sustainability of the programme. It also supports streamlining the monitoring and evaluation process and improving accountability.

STRENGTHS

- Multi-dimensional support addressing medical, financial, psychosocial, nutritional and systemic barriers
- Enhanced healthcare access, enabling delivery of advanced cancer care for paediatric patients
- Timely delivery of services ensures financial constraints do not hinder access
- Significant reduction in the financial burden of families largely from underprivileged backgrounds
- Positive psychosocial improvement

WEAKNESSES

- Persistent financial needs and barriers to complete alleviation of burden
- Poor attendance at awareness sessions due to logistical constraints
- Poor pro-active outreach and heavy dependence on external referrals

OPPORTUNITIES

- Expand community outreach and referral linkages
- Integration with existing public healthcare systems for advanced care
- Strengthen follow-up awareness sessions and public outreach
- Provision of complete financial coverage
- Creation of a survivorship programme

THREATS

- Rising costs of healthcare causing fatigue in service delivery
- Attrition of skilled medical and technical personnel
- Challenges expanding geographically

Alignment with the OECD DAC framework

The OECD DAC framework provides a normative lens for assessing development interventions to determine the benefits of an intervention to make evaluations if the project is doing the right things and will deliver lasting benefits. Under its ambit, the study analyses key components of the overall programme.

Evaluation dimension	Focus areas
Relevance and coherence	The programme provides critical healthcare support for children, aged up to 19 years, diagnosed with cancer in Gujarat. The cancer treatment often places immense emotional and financial burden on families, especially from underserved and rural backgrounds. This programme, which is focused on holistic care, is time consuming and necessary. The programme ensures **no child is left behind,** reaffirming its relevance and purpose. The programme is well aligned with the government's broader priorities on healthcare access and non-communicable diseases. By embedding **CanKids Hospital Support Units (CHSU)** within hospitals in Rajkot, Vadodara and Ahmedabad and coordinating with doctors, social workers and support staff, the programme integrates seamlessly into the broader healthcare system, ensuring responsibility towards cancer care.
Effectiveness	The programme has demonstrated success through its structured implementation. Its key components include medical and diagnostic support, psychological interventions, patient navigators under the YANA protocol, and follow-up CRM based trackers ensure that children and their families receive care and medical assistance tailored to their needs. The presence of patient navigators (parents of children or survivors of cancer) offers emotional resilience and a peer-based support model. **92%** respondents reported that this programme documents progress through the Salesforce CRM and ensures a 30-day follow-up cycle, and every intervention is based on medical and psychological assessments, allowing the treatment to be more effective.
Efficiency	The Change for Childhood Cancer in Gujarat initiative demonstrates a high degree of efficiency in terms of resource utilisation and operational execution. One of the key enablers of its efficiency is the integration of CHSUs with existing institutions such as the GCRI, HOCC, and Kailash Cancer Institute. The use of centralised tools like Salesforce CRM enables real-time tracking of patients, documentation of services provided and monitoring of treatment provided to the patients. The digitised system enhances workflow efficiency, reduces administrative delays and allows data driven decision making. Furthermore, the programme's approach, where interventions such as emotional support, nutrition, and diagnostic are provided in accordance with an individual patient's needs and not on a one-size-fits-all basis.
Impact	The programme's multi-layered support system has a wide impact. It improves treatment outcomes, enhances the quality of life of young patients and reduces the emotional and financial burden of families. The programme's focus on underserved groups has enhanced equity in cancer care with 70-80% of beneficiaries coming from vulnerable communities. Its focus on the continuity of care, especially for the underserved families from Madhya Pradesh and Rajasthan, demonstrates a ripple effect. This programme contributes to transforming the childhood cancer care ecosystem in India by scalable models of care making it more inclusive, human centred and well-coordinated among stakeholders.

Sustainability	Sustainability is embedded in the programme through community participation, operational adaptability and institutional partnerships. Social workers and patient navigators are hired in accordance with a hospital's needs, and these roles are institutionalised within the hospital environment and financially supported by CanKids, enhancing continuity of service. The training and sensitisation sessions for nurses, inclusion of survivor parents as navigators, ASHA sessions, doctor-led workshops and forums for parental learning provide a platform for knowledge sharing and empowerment, all contribute to building a sustainable model of cancer care.

Alignment with SDGs

The United Nations introduced the Sustainable Development Goals (SDGs) in 2015, with the purpose of promoting global peace, advancing human well-being and protecting the environment. This universal framework for social, economic, and environmental sustainability was the result of a comprehensive consultation process involving national governments and millions of people worldwide. India, along with 193 other nations, ratified and signed the convention as a developing country, pledging to meet the SDG targets by 2030.

Goal	Target	Alignment of the programme
1 NO POVERTY	***Target 1.3:*** *"Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable."*	This initiative supports families from low-income and marginalised communities by covering out-of-pocket expenses for diagnostics, treatment support and logistics such as travel and accommodation. By reducing the economic burden of childhood cancer treatment, the programme acts as a social protection mechanism.
3 GOOD HEALTH AND WELL-BEING	***Target 3.4:*** *"By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."*	The core of this programme is centred on paediatric cancer, a key non-communicable disease. By ensuring access to diagnostics, treatment, and emotional support, the programme directly contributes to reducing mortality and improving survival rates. Additionally, the psychosocial support and emotional counselling support mental health and well-being of both children and caregivers.
	Target 3.8: *"Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all."*	The programme helps to bridge systemic gaps in healthcare access for underserved populations by offering subsidised access to diagnostics, medicines, transport and hospital navigation. By partnering with public hospitals and ensuring treatment continuity, it strongly aligns with the universal health coverage objectives.
4 QUALITY EDUCATION	***Target 4.2:*** *"By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education."*	This initiative supports children from infancy through adolescence, which includes early childhood. It also provides structured psychological support, hospital-based care and age-appropriate interventions for younger children battling cancer.

	Target 4.5: *"By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people and children in vulnerable situations."*	The programme ensures equal education opportunities for all child patients regardless of gender, socio-economic status or background. By supporting children from rural and low-income backgrounds, many of whom face interruptions in education due to cancer, the programme ensures continuity in learning during treatment and facilitates school reintegration.
10 REDUCED INEQUALITIES	***Target 10.2:*** *"By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic or other status."*	The cancer support programme ensures children from economically disadvantaged and rural backgrounds receive the same level of care and emotional support as those from better families. It focuses on inclusion by serving patients from tribal and low-income communities and provides equal access, regardless of region or caste. It eliminates barriers to access such as affordability, documentation and travel through services such as free diagnostics, medicines, transportation, and hospital-based support units.
17 PARTNERSHIPS FOR THE GOALS	***Target 17.17:*** *"Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships."*	The programme operates through strong multi-stakeholder collaboration such as KLI CSR officials, hospital officials, medical professionals and survivor families. These partnerships are critical in ensuring last-mile delivery, sustainability, and cross-sector impact. These strategic partnerships allow the programme to pool resources, share knowledge and build institutional capacity, thereby strengthening the overall ecosystem in Gujarat.

Conclusion and recommendations

Kotak Life Insurance company Limited (KLI) supported CanKids in its endeavour to provide paediatric cancer support. The CanKids paediatric cancer support programme has had a positive impact on treatment access, adherence and family well-being for the underserved population across Gujarat. Through comprehensive support that addresses medical needs, financial barriers, psychosocial challenges and logistical obstacles, the programme enables families to access and continue life-saving treatment that would otherwise be unattainable. The beneficiary and stakeholder testimony across different practice settings confirms that the programme plays a critical and irreplaceable role in reducing socioeconomic disparities in paediatric cancer care.

The programme's effectiveness stems from its integrated and holistic approach, combining timely financial support with psychosocial services, systematic follow-up mechanisms and coordination with the broader support systems, including government schemes and local resources. The measurable improvements in treatment adherence and dramatic reduction in dropouts represent tangible outcomes that translate to better health outcomes and survival rates for children suffering from cancer.

Notably, all respondents said they would recommend the programme to others in their community, underscoring the institution's credibility, reliability and patient-centred approach.

Despite these successes, critical gaps remain, which, if addressed, can enhance the programme's effectiveness and sustainability. The 70% educational disruption rate, persistent out-of-pocket expenses affecting 77% of the families and limited awareness session attendance (34%) are the most significant opportunities for improvement. However, these gaps do not diminish the programme's remarkable achievements but highlight areas where an already excellent intervention can have a comprehensive impact across the spectrum of family needs.

To build upon the programme’s strong foundation, the following recommendations are proposed:

- **Strengthen healthcare partnerships:** Developing systematic physician partnerships can help increase direct medical referrals and improve reach within the target population

- **Expansion of financial protection:** The recommendations pertaining to coverage expansion would ensure all families in need receive support regardless of capacity constraints. Broadening medical expense coverage beyond medication to include hospital stays, diagnostic tests and other treatment-related costs would provide more comprehensive financial protection

- **Improvement in fund allocation:** At present, the process takes approximately two months stretching from needs assessment to the actual disbursement. Streamlining this process would enable more timely support delivery and reduce the gap between identification of needs and provision of assistance

- **Streamlining coordination with government bodies:** Enhancing linkages with government schemes, departments and resource persons could help extend the program’s reach and efficiency. Wider government networks such as the Anganwadi centres can help improve program enrolment and help address technical challenges such as low attendance at awareness events that could help strengthen the effectiveness of CanKids’ awareness-building efforts

By reinforcing these recommendations, the initiative can evolve into a replicable and sustainable model of community-centred healthcare, demonstrating how strategic CSR partnerships strengthen local health infrastructure, promote equity and deliver lasting social impact across underserved regions.

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