



IMPACT ASSESSMENT REPORTS



PREPARED BY:

 **SoulAce**
Path to Sustainability
SOULACE CONSULTING PVT. LTD.

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A --- BBREVIATIONS

AMC	Asset Management Company
ICS	Indian Cancer Society
MRI	Magnetic Resonance Imaging
CT	Computed Tomography
PET	Positron Emission Tomography
OCED	Organisation for Economic Co-operation and Development
AKITF	Dr. Arun Kurkure Initiation and Treatment Fund
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
FY	Financial Year
DAC	Development Assistance Committee
FGD	Focus Group Discussion
IEC	Information, Education, and Communication
NEP 2020	National Education Policy 2020
SSS	Sampark Smart Shala
TLM	Teaching-Learning Materials
MT	Master Trainer
BRP	Block Resource Person
CRC	Cluster Resource Coordinator
DIET	District Institute of Education & Training
BSOS	Bombay Scottish Orphanage Society
LEED	Leadership in Energy and Environmental Design
GRIHA	Green Rating for Integrated Habitat Assessment
HDFC	Housing Development Finance Corporation

EXECUTIVE SUMMARY

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P1. INDIAN CANCER SOCIETY CANCER CURE FUND

PROJECT BACKGROUND



The HDFC AMC-ICS Cancer Care Fund Analysis assesses the impact of financial aid provided for cancer treatments. The initiative aims to reduce economic barriers to receive better treatment, ensuring timely access to medical care for underserved communities. Through financial support, patients can undergo early treatment interventions that would benefit them.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Indian Cancer Society



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

1,764



Total number of centres

18



Project Budget

Rs.15,00,00,000/-



Project location

Multiple states



Alignment with SDGs



PROJECT ACTIVITIES



The program provided financial aid to patients treatment suffering from oral, breast, gastrointestinal, and hematologic cancers, along with other malignancies



Beneficiaries received funds to cover expenses related to chemotherapy, surgery, radiation therapy, medications etc.

KEY FINDINGS

DEMOGRAPHICS



62.0%

of the patients were male, and they ranged in age from less than 18 to above 60 years.

FINANCIAL BACKGROUND



Most patients belonged to low-income households, with an average monthly income between ₹5,000-₹15,000.

PRIMARY EARNER DISRUPTION



40.0%

of the patients were primary earners, and many faced job loss or wage reduction due to illness.

EASE OF APPLICATION



90.0%

found the aid process easy, with 68% showing more satisfaction in the treatment received.

TREATMENT INITIATION



94.0%

began treatment immediately after diagnosis.

AID COVERAGE



36.0%

had to arrange additional funds, while 18% had full coverage.

PROGRAM SATISFACTION



Most of them reported clear communication, and felt treated with dignity at hospitals.

KEY IMPACTS

EARLY DIAGNOSIS

92.0% of patients underwent tests promptly, reducing delays in treatment.



IMPROVED PATIENT EXPERIENCE

85% of patients reported satisfaction with hospital communication and dignity in treatment, reflecting a patient-centric approach.

FINANCIAL RELIEF

Aid significantly lowered cost of different treatment procedures, minimizing out-of-pocket expenses.



HEALTHCARE ACCESS

Patients across multiple states received diagnostic support, enhancing regional healthcare outreach.

EXECUTIVE SUMMARY

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P2. DR. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)

PROJECT BACKGROUND



The Dr. Arun Kurkure Initiation and Treatment Fund (AKITF) is a targeted healthcare access initiative implemented by the Indian Cancer Society with support from HDFC Asset Management Company Ltd. and the Indian Cancer Society. The project aims to eliminate financial and logistical barriers that prevent early diagnosis of cancer among underserved populations across India. By offering direct financial aid for critical diagnostic tests—including PET-CT scans, MRIs, biopsies, and blood work—the initiative accelerates the treatment timeline and mitigates delays that contribute to cancer progression.

The AKITF project represents a vital intervention in India's cancer care landscape, focusing on marginalized groups that often face delayed access to diagnostics due to high costs and limited healthcare literacy. It embodies a collaborative model between the private sector and civil society to improve healthcare equity and drive early detection, which is a cornerstone of effective cancer management.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Indian Cancer Society



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

660



Cancer types covered

Oral, breast, gastrointestinal, hematologic, and other malignancies



Project Budget

Rs.1,00,00,000/-



Project location

Multiple Indian states



Alignment with SDGs



PROJECT ACTIVITIES

Financial Assistance for Diagnostic Tests – Covers essential cancer diagnostic tests like PET-CT scans, MRIs, biopsies, and blood work to remove financial barriers for patients.

APPLICATION AND APPROVAL PROCESS

Patients apply for diagnostic aid, and the Indian Cancer Society reviews applications to ensure proper allocation of funds.



COORDINATION WITH HEALTHCARE PROVIDERS

Ensures smooth collaboration with hospitals, diagnostic centers, and oncologists for efficient scheduling of tests.



MONITORING AND FOLLOW-UP

Tracks patient progress post-diagnosis, ensuring that financial aid leads to timely initiation of treatment.



AWARENESS AND EDUCATION EFFORTS

Provides information to communities about early cancer detection, symptoms, and the availability of diagnostic aid.



PATIENT IDENTIFICATION AND OUTREACH

Works with hospitals, community health workers, and partner organizations to identify eligible patients from economically disadvantaged backgrounds.



DATA COLLECTION AND IMPACT ASSESSMENT

Conducts surveys and interviews with beneficiaries to evaluate the program's effectiveness and areas for improvement.



KEY FINDINGS

TIMELY DIAGNOSIS

83% of the beneficiaries initiated treatment immediately after diagnosis, indicating that financial support significantly reduced delays in care.



FINANCIAL RELIEF

More than 60% patients felt that aid provided through the AKITF project significantly reduced the out-of-pocket burden on patients by directly covering or subsidizing diagnostic expenses.



PATIENT SATISFACTION

Majority of patients reported satisfaction with the aid process and communication. Most patients felt they were treated with respect and dignity at healthcare facilities.



ENCOURAGING EARLY HEALTH-SEEKING BEHAVIOR

70% of patients acknowledged that financial aid was a deciding factor in seeking diagnosis earlier than planned.



DEMOGRAPHIC REACH

The majority of patients were aged 31-45, with 65% male representation. A significant proportion belonged to households earning up to ₹20,000 per month, indicating effective targeting of lower-income groups.



KEY IMPACTS

INCREASED EARLY TESTING

70% of beneficiaries underwent diagnostic tests earlier than they would have without financial aid, overcoming cost-related hesitations.



TIMELY DIAGNOSIS ENHANCED PATIENT EXPERIENCE

85% of patients reported a positive experience, attributing it to timely diagnosis.



WIDER GEOGRAPHIC REACH

Patients from multiple states accessed support, reinforcing equitable healthcare access in underserved and semi-urban regions.



FASTER DIAGNOSIS AND TREATMENT

83% of patients started treatment immediately after diagnosis, reducing delays that could worsen health outcomes.

FINANCIAL PROTECTION FOR FAMILIES

Aid significantly reduced out-of-pocket expenses, helping economically vulnerable families maintain financial stability during treatment.



EXECUTIVE SUMMARY

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P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM

PROJECT BACKGROUND



Cancer patients coming from rural and semi-urban areas to Mumbai for treatment at Tata Memorial Hospital often face significant challenges beyond their medical care, including a lack of affordable accommodation, emotional isolation, and financial hardship. Many families are forced to live in temporary shelters, with poor facilities, or even on footpaths during prolonged treatment cycles, leading to physical exhaustion and mental stress. To address this pressing need, HDFC Asset Management Company (HDFC AMC) initiated the Dharamshala Accommodation Support Program.

This project aims to provide affordable, safe, clean, and dignified residential support to patients and their caregivers during their treatment period. Along with accommodation, the program also offers essential daily provisions, laundry and pest control services, and community engagement activities to support emotional well-being. The program was designed not only to reduce the financial burden on patients but also to create a supportive and healing environment that promotes better treatment outcomes and overall quality of life.

By ensuring access to hygienic, accessible, and secure living conditions, HDFC AMC reaffirms its commitment to patient-centric CSR initiatives that uphold dignity, compassion, and community care.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Rotary



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

400 cancer patients and caregivers



Total number of centres

Single Dharamshala facility near Tata Memorial Hospital



Project Budget

Rs.3,16,65,362/-



Project location

Mumbai, Maharashtra



Alignment with SDGs



PROJECT ACTIVITIES

PROVISION OF AFFORDABLE ACCOMMODATION

Ensuring a clean, secure, and comfortable living space near Tata Memorial Hospital.



HYGIENE AND MAINTENANCE SERVICES

Regular laundry, pest control, and sanitation upkeep to maintain a healthy environment.



DAILY ESSENTIALS DISTRIBUTION

Supplying milk, fruits, and other nutritional provisions to support patient well-being.



PATIENT AND CAREGIVER SUPPORT

Providing counseling and assistance to help families cope with treatment-related stress.



COMMUNITY ENGAGEMENT ACTIVITIES

Organizing peer support groups, recreational sessions, and informative workshops to enhance emotional well-being.



FEEDBACK AND CONTINUOUS IMPROVEMENT

Gathering beneficiary insights to refine services and ensure high satisfaction levels



KEY FINDINGS

ACCOMMODATION AND AMENITIES



The beneficiaries overwhelmingly rated the Dharamshala facilities positively. About 80% of respondents described the quality of apartments as "Good" or "Excellent." Key aspects such as cleanliness of rooms, maintenance of shared spaces, and effectiveness of laundry and pest control services received consistently high satisfaction scores. Beneficiaries appreciated having a dignified and hygienic living space during a vulnerable phase of their treatment.

DAILY PROVISIONS



While daily provisions were made available, the timeliness and consistency of distribution emerged as a mixed area. Around 60% of respondents stated that they received daily essentials as promised. Beneficiaries recommended improving the system to ensure more predictable and regular delivery of milk, fruits, and other basic necessities to support nutritional needs.

RESIDENT ENGAGEMENT AND EMOTIONAL SUPPORT ACTIVITIES



Participation in community-building activities such as informative sessions, recreational gatherings, and peer support groups had a notable positive impact. Around 60% of respondents engaged in these activities, with many highlighting improved emotional well-being, reduced feelings of isolation, and strengthened community bonds among residents. Some respondents who attended multiple sessions reported feeling "very supported" during emotionally difficult periods of treatment.

OVERALL RECOMMENDATION AND SATISFACTION



An overwhelming 90%+ of surveyed beneficiaries indicated that they would "definitely recommend" the Dharamshala accommodation program to other patients and families facing similar challenges. This strong recommendation rate underscores the trust, satisfaction, and positive experience beneficiaries had with the program, affirming its alignment with patient needs.

BENEFICIARY SUGGESTIONS FOR IMPROVEMENT

Key suggestions provided by beneficiaries included:

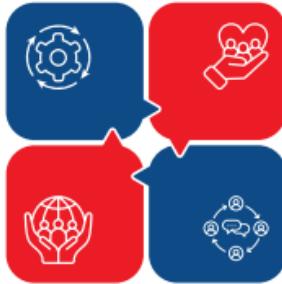
- Extending the duration of stay for patients undergoing longer treatment cycles.
- Enhancing communication and awareness around the timing and availability of daily essentials and resident activities.
- These feedback points offer valuable guidance for further strengthening the operational effectiveness and beneficiary experience.



KEY IMPACTS

OPERATIONAL EXCELLENCE

High service satisfaction in cleanliness and accommodation facilities sets a benchmark for dignity-driven healthcare support initiatives.



SOCIAL IMPACT

The program dramatically reduced the emotional burden and financial stress faced by families who might otherwise struggle to afford accommodation during treatment.

HEALTH & HYGIENE OUTCOMES

Safe, clean housing improved overall patient health resilience, supporting better treatment adherence and outcomes.

COMMUNITY BUILDING

The Dharamshala became a safe space for emotional healing, peer bonding, and knowledge-sharing among cancer-affected families.



EXECUTIVE SUMMARY

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P4. SEVA KUTIR PROJECT

PROJECT BACKGROUND



The Seva Kutir Program, implemented by Parivaar Education Society with support from HDFC Asset Management Company Ltd., was designed to bridge critical gaps in education and nutrition for children living in remote, tribal regions of Madhya Pradesh, specifically in Sheopur and Khandwa districts. These areas face high levels of poverty, low literacy, and limited access to quality schooling, often resulting in irregular attendance and high drop-out rates among children.

The initiative established supplementary education-cum-nutrition centres, known as Seva Kutirs, which aimed to complement formal government schooling rather than replace it. The program provided two nutritious meals a day alongside structured academic support, life skills, and recreational activities. Focus was placed on strengthening foundational learning in subjects such as reading, writing, and mathematics while also promoting health, hygiene, and psychosocial well-being. The initiative led to improved school attendance, better health and hygiene habits, and increased engagement in learning among children in remote tribal areas. Parents and teachers reported noticeable improvements in students' confidence, regularity, and academic participation.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Parivaar Education Society



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

6,249



Total number of centres

60 Seva Kutir centres



Project Budget

Rs.4,00,00,000/-



Project location

Sheopur and Khandwa districts, Madhya Pradesh



Alignment with SDGs



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



10 REDUCED INEQUALITIES

The program also reflected strong coherence with national initiatives:

National Education Policy (NEP) 2020 and Samagra Shiksha Abhiyan

PROJECT ACTIVITIES

Provision of two nutritious meals (morning breakfast and evening dinner) to all students attending the Seva Kutirs.



Focusing on improving students' abilities in language, mathematics, and general knowledge through activity-based teaching methods like role-plays, games, and the use of diagrams and maps,



Equipping each Seva Kutir with a mini-library containing around 100 books (sourced from Pratham) to encourage reading habits and enhance comprehension skills.

Conducting classes in both Hindi and English to strengthen students' conceptual understanding across subjects and develop bilingual proficiency.



KEY FINDINGS

LEARNING CAMPS

**37.0%**

of the respondents were aged 12-13 years, while 33.0% were in the 10-11 years age group. Additionally, 21.0% of the respondents were below 10 years of age.

**56.0%**

of the respondents were studying between the 6th and 8th standard, followed by a quarter (25.0%) who were in the 4th to 5th standard.

**54.6%**

of the respondents were female students, making up a little over half of the sample.

**67.0%**

of the students reported liking Mathematics the most at Seva Kutir, while 14.0% each favoured Science and English. Conversely, 34.0% disliked English, and another 34.0% disliked Science.

**94.0%**

of the respondents confirmed receiving two meals at the Seva Kutir, with all stating that the food was provided on time.

**99.0%**

of the respondents reported that drinking water is available within the Seva Kutir premises.

**60.0%**

of the respondents reported washing their hands with only plain water, while 40.0% used water and soap for handwashing.



All of the respondents reported that the kitchen at Seva Kutir is regularly cleaned.



All of the respondents reported engaging in handwashing before meals.



All of the respondents reported brushing their teeth every day and taking a regular bath daily in terms of daily hygiene practices.



All of the respondents reported that they regularly attended the Seva Kutir.



All respondents reported participating in sports and extracurricular activities at Seva Kutir.

KEY IMPACTS



97.0%

of the students reported improved performance in school exams, indicating that Seva Kutir classes helped them better understand subjects.



99.0%

of the students said they now feel confident asking questions in school, and 97.0% reported openly sharing problems or needs with teachers.



The provision of two meals daily at Seva Kutir improved children's nutrition, enhancing their health, concentration, and learning abilities. Parents shared that the meals helped reduce household food expenses.



Positive behaviour changes were also observed, with 97.0% of the students regularly brushing their teeth at home and many practising handwashing before meals and using soap in toilets.



P5. SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM

PROJECT BACKGROUND



The Sampark Foundation Learning Enhancement Program is an education-focused initiative aimed at improving foundational literacy and numeracy in government primary schools across rural India. Using frugal innovation and teacher empowerment, the program seeks to bridge learning gaps among students in early grades, particularly in underserved communities. Through tools such as audio devices (Sampark Didi), workbooks, and structured classroom routines, the initiative supports improved teaching-learning outcomes at scale.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

State Education Departments



Supported By

Sampark Foundation



Total no. of Beneficiaries

2,40,000 students



Total number of centres

4,868 schools



Project Budget

Rs.1,50,00,000/- (approx.)



Project location

Six Indian states (Uttar Pradesh, Chhattisgarh, Haryana, Jharkhand, Uttarakhand, Himachal Pradesh)



Alignment with SDGs



PROJECT ACTIVITIES

LEARNING TOOLS DEPLOYMENT

Provides Sampark Didi audio devices, workbooks, and visual aids.



Distributes Math Kits and interactive content for better math learning.

TEACHER TRAINING & SUPPORT

Uses cascading training for scalable teacher capacity-building.



Conducts Shikshan Parishads for hands-on pedagogy enhancement.

DIGITAL LEARNING & INNOVATION

Promotes Sampark Smart Shala app with animated lessons and guides.



Supports teachers via video tutorials and online training modules.

COMMUNITY & PARENTAL ENGAGEMENT

Raises awareness through campaigns and parent-teacher meetings.



Encourages parent involvement in learning progress.

GOVERNMENT COLLABORATION

Partners with state education departments to align with literacy goals.



Works with district resource persons to integrate learning solutions.

MONITORING & EXPANSION

Uses data-driven insights to track student learning improvements.



Plans scalability strategies for broader impact across India.



KEY FINDINGS

TEACHER ENGAGEMENT

85% of teachers reported improved confidence and effectiveness in classroom delivery.



COMMUNITY INVOLVEMENT

62% of schools reported increased parental interest in learning outcomes.



LEARNING GAINS

78% of students showed improvement in grade-level reading and math comprehension.



TOOL UTILIZATION

91% of classrooms regularly used Sampark Didi audio devices and visual aids.



COST-EFFECTIVENESS

The program operates at less than ₹100 per child per year, making it one of the most frugal large-scale education interventions.



KEY IMPACTS

FOUNDATIONAL LEARNING

The program directly contributed to improved foundational literacy and numeracy, especially in Grades 1-3.

1-3.



TEACHER EMPOWERMENT

Training and easy-to-use resources enhanced teacher motivation and classroom effectiveness.



SYSTEM STRENGTHENING

Collaboration with education departments led to integration into state-level plans and training programs.



EQUITY IN ACCESS

Focused on remote and tribal schools, the program helped reduce urban-rural disparities in education quality.



EXECUTIVE SUMMARY

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P6. BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION

PROJECT BACKGROUND



As part of its commitment to providing a quality learning environment, the Bombay Scottish Orphanage Society (BSOS) is undertaking the renovation of its school building to ensure a safe, modern, and well-equipped space for children. The renovation aims to improve infrastructure, enhance accessibility, and create a conducive atmosphere for academic and extracurricular growth. By upgrading facilities, BSOS seeks to provide students with a nurturing environment that supports their education and overall development.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Bombay Scottish Orphanage Society
(BSOS)



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

1,000+ students



Total number of centres

1 School facility



Project Budget

Rs.1,00,00,000/-



Project location

Mumbai, Maharashtra

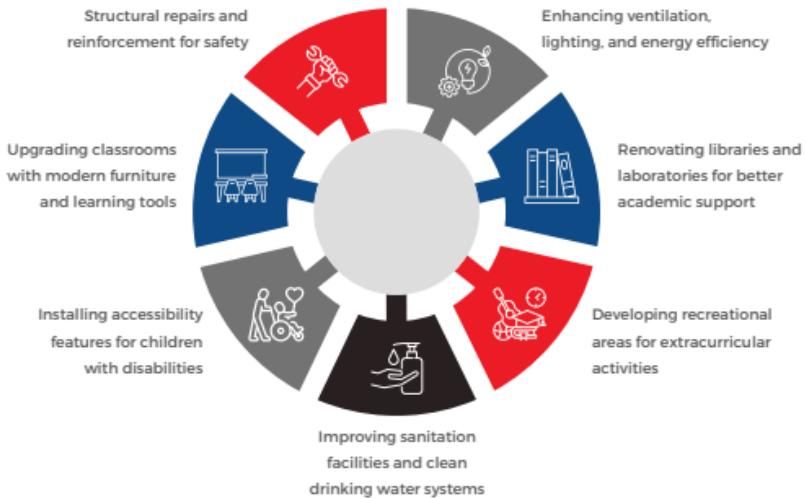


Alignment with SDGs

The Bombay Society Orphanage School Renovation aligns with several Sustainable Development Goals (SDGs), ensuring inclusive, equitable, and quality education while promoting overall well-being.



PROJECT ACTIVITIES



KEY FINDINGS

STRONG AWARENESS & POSITIVE IMPRESSIONS



94.0%

of the students noticed significant changes, with upgrades like new roofs, walls, stairs, and classrooms making a strong visual impact. The addition of prettier windows, fresh paint, and green spaces further enhanced the school's environment.

ENHANCED CLASSROOM COMFORT & LEARNING EXPERIENCE



94.0%

of the students found classrooms more comfortable, benefiting from improved lighting, ventilation, and accessibility. Renovated stairs, hallways, and toilets contributed to smoother movement within the school, leading to better focus and study conditions.

EMOTIONAL & SAFETY RESPONSE



Every student reported feeling "very happy", with 100% approval of the renovation. The sense of safety also improved, with all students feeling "much safer" inside the upgraded school.

SUGGESTED IMPROVEMENTS



While most students felt the renovation was complete, a few suggested expanding the hall for larger gatherings and upgrading washrooms for better hygiene.

KEY IMPACTS

The renovation has enhanced the safety of the school premises, ensuring a secure environment for all students.

The changes have contributed to better focus and participation among students, enhancing their overall educational experience.

Students now benefit from a more student-friendly setup that caters to their academic and emotional needs.



The upgraded infrastructure has created a more engaging and stimulating atmosphere for learning.



The improved learning environment has led to greater student satisfaction and enthusiasm for attending school.



P7. ASHOKA UNIVERSITY CAMPUS EXPANSION

PROJECT BACKGROUND



Ashoka University, India's first multidisciplinary liberal arts university, is undergoing a significant expansion to accommodate its growing student body and enhance its educational and research capabilities. The university scaled its presence from 25 acres to 93 acres, marking the beginning of its Build Ashoka phase, which includes the development of new academic blocks, residential spaces, and advanced research facilities. Given Ashoka's ambition to become a leading global hub for impactful research, the expansion aims to increase student capacity, improve infrastructure, and create an ecosystem fostering academic excellence.

PROJECT DETAILS



Implementing Year

FY 2022-23



Assessment year

FY 2024-25



Implementing Partner

Ashoka University



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

Over 3,500 students and faculty members



Total number of centres

1 (Expanded campus with new residential and academic blocks)



Project Budget

Rs.5,00,00,000/-



Project location

Rajiv Gandhi Education City, Sonipat, Haryana



Alignment with SDGs

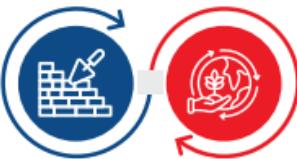
The Ashoka University Expansion project aligns with multiple United Nations Sustainable Development Goals (SDGs):



PROJECT ACTIVITIES

The HDFC AMC-supported development focuses on improving student residences and infrastructure to address key challenges, including overcrowding, high off-campus housing costs, and outdated facilities. The initiative includes:

Construction of R1 & R2 Residential Blocks, providing housing for over 1,800 students with modern amenities like study lounges, fitness centers, communal kitchens, and recreational spaces.



Sustainability-driven design, ensuring energy efficiency, LEED & CRIHA certification, and net-zero buildings for reduced environmental impact.

KEY FINDINGS

IMPROVED STUDENT ACCOMMODATION

High-quality rooms, enhanced safety measures, and proximity to academic spaces improved student living conditions.



ENHANCED LEARNING ENVIRONMENT

Expanded digital infrastructure and improved residential facilities strengthened academic engagement and interdisciplinary collaboration.

SUSTAINABILITY & ACCESSIBILITY

The residential blocks were designed to reduce energy consumption and operational costs, advancing environmental sustainability.



OPERATIONAL SUPPORT

HDFC AMC's financial aid contributed to faculty and staff salaries, ensuring continued academic excellence.

STUDENT FEEDBACK

Overall satisfaction increased, with requests for recreational spaces, and enhanced connectivity (Wi-Fi, transport links).

KEY IMPACTS

INCREASED STUDENT CAPACITY

Housing capacity expanded by 80%, reducing dependence on off-campus accommodations.



REDUCED CARBON FOOTPRINT

Sustainable buildings led to a 30% reduction in energy consumption and improved resource efficiency.



WELL-BEING AND INCLUSIVITY

Improved residential facilities contributed to better mental health, community building, and inclusivity for diverse student populations.



ACADEMIC EXCELLENCE

Enhanced research facilities increased student participation in research by 40% and facilitated new interdisciplinary projects.



ECONOMIC RELIEF

On-campus housing lowered living costs for students from low-income backgrounds, improving access to higher education.

P8. URBAN FOREST PROJECT : BIODIVERSITY PARK

PROJECT BACKGROUND



The Urban Forest project: Biodiversity park by the miyawaki method at Kalina University, supported by HDFC AMC, aims to enhance biodiversity and promote sustainable environmental practices within the campus. The project focuses on afforestation using the Miyawaki method, a technique known for creating dense, fast-growing native forests that contribute to ecosystem restoration and carbon sequestration. Despite the potential benefits, survey responses indicate low awareness and participation among university stakeholders, highlighting the need for improved outreach and engagement strategies.

PROJECT DETAILS



Implementing Year

FY 2021-22



Assessment year

FY 2024-25



Implementing Partner

Kalina University



Supported By

HDFC Asset Management Company Ltd.



Total no. of Beneficiaries

University students, faculty, and local community members



Total number of sites

Single Miyawaki forest within Kalina University campus



Project Budget

Rs.2.08.00.000/-



Project location

Mumbai, Maharashtra



Alignment with SDGs

The Miyawaki Plantation initiative contributes to multiple United Nations Sustainable Development Goals (SDGs), including:



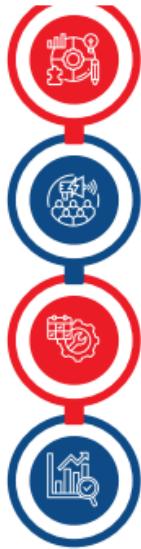
PROJECT ACTIVITIES

The Urban Forest project: Biodiversity park by the miyawaki method at Kalina University, supported by HDFC AMC, focuses on urban afforestation, biodiversity restoration, and environmental sustainability. Key activities include:



SITE SELECTION & PREPARATION

Identifying suitable land within the university and conducting soil analysis.



PLANTATION USING MIYAWAKI METHOD

Planting diverse native species in compact spaces to create dense, self-sustaining forests.

COMMUNITY ENGAGEMENT & AWARENESS

Conducting workshops, awareness campaigns, and student-led environmental initiatives.

MONITORING & MAINTENANCE

Ensuring long-term sustainability through regular maintenance and ecological assessments.

IMPACT ASSESSMENT & REPORTING

Evaluating biodiversity improvements, carbon sequestration, and stakeholder participation.



KEY FINDINGS

PRIMARY STAKEHOLDERS



Students (52%), Faculty (18%), Maintenance Staff (8%), Others (22%).

DURATION OF UNIVERSITY/PROJECT ASSOCIATION



Most cited association period was 2024 (23.1%), followed by varied durations ranging from 1 to 20 years.

PERCEPTION OF ENVIRONMENTAL CHANGES POST-PROJECT



54.0%

of the respondents observed a lot of greenery after the project, followed by 24.0% observing more biodiversity.

MODE OF AWARENESS



54.0%

learned about it via word of mouth, followed by university notices/circulars (30%). No awareness reported via Rotary events or social media.

KEY IMPACTS

THE URBAN FOREST PROJECT

Biodiversity park initiative lacks broad visibility, with over three-quarters of respondents unaware of its existence.



STUDENT-DOMINATED RESPONSE BASE

Since students comprised 54% of survey respondents, outreach efforts should target student communities to enhance engagement.

INFORMAL COMMUNICATION CHANNELS DOMINANT

Most participants learned about the project through word of mouth, suggesting a need for structured communication efforts.



NEED FOR ENHANCED AWARENESS CAMPAIGNS

Digital platforms and official university communication methods are underutilized, presenting an opportunity for better outreach strategies.

LIMITED PARTICIPATION OPPORTUNITIES

While the initiative exists, over 92% of respondents have not actively participated, signaling gaps in accessibility and involvement mechanisms.



01. INTRODUCTION

NEED FOR THE PROGRAM

HDFC Asset Management Company Ltd. (HDFC AMC), through its Corporate Social Responsibility (CSR) initiatives, has partnered with a diverse range of non-profit organisations and institutions to address some of India's most pressing developmental challenges. From equitable access to healthcare and education to environmental sustainability and urban infrastructure development, these projects collectively reflect a deep commitment to inclusive growth, social equity, and national progress.

In the healthcare domain, HDFC AMC's collaboration with the Indian Cancer Society (ICS) has led to the implementation of several impactful initiatives. The Cancer Cure Fund (CCF) offers a pioneering model that allows mutual fund investors to contribute their dividends or capital gains toward cancer treatment for economically disadvantaged patients. Complementing this, the Dr. Arun Kurkure Initiation and Treatment Fund (AKITF) addresses the critical need for early diagnosis by funding essential tests, such as PET-CTs, MRIs, and biopsies. Additionally, the Dharamshala Accommodation Support Program ensures that patients travelling from rural regions to Mumbai for treatment can access safe, affordable housing and emotional support, thus improving treatment adherence and recovery outcomes.

Education has also been a key focus, with initiatives tailored to address systemic gaps in both rural and urban contexts. The Seva Kutir program, implemented in the tribal districts of Madhya Pradesh, provides supplementary education and nutrition support to children aged 3-14, complementing government schooling while enhancing health and academic engagement. In Maharashtra's aspirational districts, the Sampark initiative enhances foundational numeracy skills in government schools by deploying innovative teaching and learning materials, digital content, and teacher training. Meanwhile, infrastructure improvements under the Bombay Society Orphanage School Renovation (BSOSR) have created safer, more conducive environments for student learning and holistic development.

The Ashoka University expansion project supports the creation of world-class academic and residential facilities, fostering interdisciplinary research and improving student well-being.

In parallel, the Urban Biodiversity Park at Kalina University showcases HDFC AMC's commitment to environmental sustainability, utilising the Miyawaki afforestation method to rejuvenate degraded urban land and promote biodiversity, carbon sequestration, and community engagement.

Together, these initiatives showcase a multifaceted approach to development, combining financial innovation, strategic partnerships, and a long-term vision. By aligning CSR efforts with national development goals and the UN Sustainable Development Goals (SDGs), HDFC AMC and its partners are building inclusive, resilient systems that uplift underserved communities and contribute meaningfully to India's socio-economic and environmental transformation.

OBJECTIVES OF INDIAN CANCER SOCIETY CANCER CURE FUND



ENSURING ACCESS TO TREATMENT

Offering financial support to patients who cannot afford cancer treatment costs.



EARLY DETECTION & TIMELY INTERVENTION

Supporting early diagnosis and treatment to improve survival rates.

OBJECTIVES OF DR. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)



IMPROVE TIMELY CANCER DIAGNOSIS

Provide financial aid for essential diagnostic tests to eliminate delays and ensure early detection, leading to better treatment outcomes.



ENHANCE HEALTHCARE ACCESS FOR UNDERSERVED GROUPS

Target economically disadvantaged patients, reducing financial barriers and promoting equitable access to cancer diagnostics across India.

OBJECTIVES OF DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM



PROVIDE SAFE AND DIGNIFIED ACCOMMODATION

Ensure cancer patients and caregivers have access to hygienic, secure, and comfortable living spaces during treatment.



REDUCE FINANCIAL AND EMOTIONAL STRESS

Offer essential services like food, transportation, and emotional support to ease the burden of prolonged medical care.

OBJECTIVES OF SEVA KUTIR PROJECT



To improve children's overall development by enhancing their academic foundation and ensuring continued engagement with education.



To complement government schooling with additional educational and nutritional support.

OBJECTIVES OF SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM



ENSURING ACCESS TO TREATMENT

Offering financial support to patients who cannot afford cancer treatment costs.



EARLY DETECTION & TIMELY INTERVENTION

Supporting early diagnosis and treatment to improve survival rates.

OBJECTIVES OF BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION



ENSURING ACCESS TO TREATMENT

Offering financial support to patients who cannot afford cancer treatment costs.



EARLY DETECTION & TIMELY INTERVENTION

Supporting early diagnosis and treatment to improve survival rates.

OBJECTIVES OF ASHOKA UNIVERSITY CAMPUS EXPANSION



EXPAND STUDENT HOUSING AND ACADEMIC INFRASTRUCTURE

Develop modern residential blocks and state-of-the-art research facilities to support growing enrollment.



PROMOTE SUSTAINABILITY AND STUDENT WELL-BEING

Implement energy-efficient designs and integrate wellness amenities to create a balanced and inclusive campus environment.

OBJECTIVES OF URBAN FOREST PROJECT : BIODIVERSITY PARK



EXPAND STUDENT HOUSING AND ACADEMIC INFRASTRUCTURE

Develop modern residential blocks and state-of-the-art research facilities to support growing enrollment.



PROMOTE SUSTAINABILITY AND STUDENT WELL-BEING

Implement energy-efficient designs and integrate wellness amenities to create a balanced and inclusive campus environment.

ABOUT HDFC ASSET MANAGEMENT COMPANY LTD.

HDFC Asset Management Company Ltd. is one of India's leading asset management companies, offering a wide range of savings and investment solutions to individuals and institutions. Alongside its core business, it is deeply committed to social responsibility and community development. Guided by a vision to contribute to nation-building, the company focuses its Corporate Social Responsibility (CSR) efforts on creating inclusive and sustainable growth. Its CSR initiatives prioritise areas such as education, healthcare, environmental sustainability, and rural development, with a special focus on supporting underserved and marginalised communities across the country.



02 RESEARCH METHODOLOGY

HDFC Asset Management Company Ltd (HDFC AMC), as part of its Corporate Social Responsibility (CSR) efforts, commissioned SoulAce to conduct a series of evaluation studies to assess the impact of various social development initiatives across health, education, infrastructure, and environmental sustainability. These studies focused on understanding the outcomes of key programs. Additionally, the assessment will provide actionable insights and recommendations to further refine and optimize the impact of HDFC AMC's initiatives, ensuring sustained benefits, reinforcing the company's commitment to creating a sustainable world through responsible corporate practices.

OBJECTIVES OF THE STUDY

The primary objectives of the study were:



To evaluate the immediate and long-term impacts of the Cancer Cure Fund initiative. To measure the extent to which the program has improved access to timely cancer treatment, treatment adherence, recovery rates, and overall patient well-being.



To provide insights into the strengths and areas for improvement in the implementation and delivery of the program.

USE OF MIXED METHOD APPROACH

The evaluation adopted a comprehensive mixed-methods approach, combining qualitative insights from stakeholders—such as patients, caregivers, healthcare providers, and program staff—with quantitative data from beneficiaries. This blend of methods enabled a well-rounded understanding of experiences and statistically supported outcomes, ensuring a holistic and in-depth assessment of each initiative's impact.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods offered valuable insights into the experiences of cancer patients, caregivers, healthcare professionals, and implementation staff. Through interviews and focus group discussions, the study explored patients' treatment journeys, challenges faced, and improvements in access and quality of life, highlighting the initiative's impact on their emotional, social, and physical well-being.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative techniques were used to objectively assess the program's impact through the collection and analysis of numerical data. Surveys and structured questionnaires were administered to beneficiaries to gather data on various indicators, including treatment initiation timelines, completion rates, out-of-pocket expenses saved, and health status improvements.

ENSURING TRIANGULATION

The quantitative research findings were cross-validated with the insights derived from the qualitative research. The report was structured to reflect this triangulation, enhancing the reliability of the findings.

STUDY TOOLS

Questionnaires for primary beneficiaries -
Structured questionnaires were developed based on the program objectives and key focus areas. Indicators were pre-defined to assess treatment access, adherence, cost reduction, and health outcomes.

Semi-structured interviews:

Conducted with healthcare providers, caregivers, and program staff to gather qualitative insights on program implementation, challenges, and perceived impact.

RESEARCH DESIGN

 **Name of the project**
Indian Cancer Society Cancer Cure Fund

 **Descriptive Research**
Descriptive Research Design

 **Implementing agency**
Indian Cancer Society

 **Sampling Technique**
Random and Purposive sampling

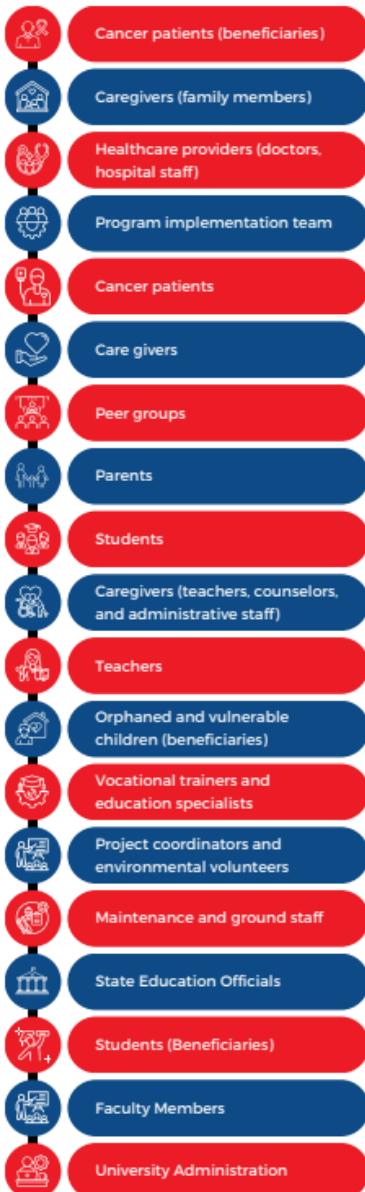
 **Sample Size**
100 cancer patients

 **Qualitative Methods used**
Semi-structured interviews with key stakeholders

ETHICAL CONSIDERATIONS

The evaluation followed CIISP ethical guidelines to ensure research integrity and protect participant rights. Informed consent was obtained after clearly explaining the study's purpose, process, and potential risks. Participation was voluntary, with the option to withdraw at any time. Confidentiality was maintained through data anonymization and secure storage. All participants were treated with respect and care, with support provided as needed.

KEY STAKEHOLDERS



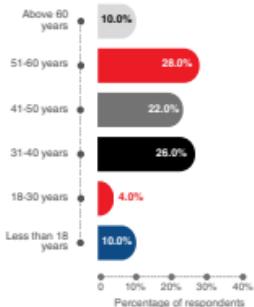
03



KEY FINDINGS AND OBSERVATIONS

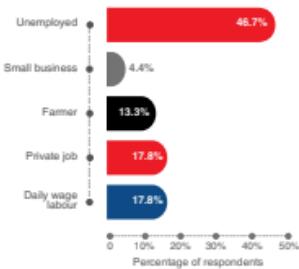
P1. INDIAN CANCER SOCIETY CANCER CURE FUND

CHART 1: AGE OF THE PATIENT



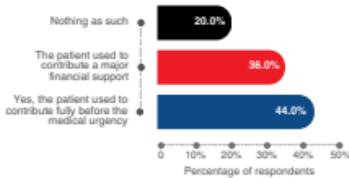
The age distribution of patients receiving cancer-related financial aid reveals that the majority belong to the middle-aged demographic. Specifically, 28% of the patients fall within the 51-60 years age group, followed closely by 26% in the 31-40 years range and 22% in the 41-50 years range. These figures suggest that cancer detection and aid efforts are primarily benefiting individuals in their prime working years. In contrast, younger patients aged 18-30 years represent only 4% of the total, indicating limited representation in this age group. Both children under 18 and older adults above 60 account for 10% each.

CHART 2: OCCUPATION OF THE ADULT PATIENTS AT THE TIME OF THE PROGRAMME



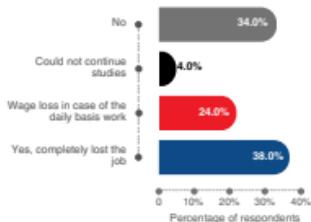
The occupational profile of adult patients reveals a high level of economic vulnerability among those accessing the cancer support programme. Nearly half of the respondents (46.7%) were unemployed at the time, suggesting limited financial capacity to manage healthcare needs independently. Additionally, 17.8% of patients were daily wage labourers and another 17.8% held private jobs, both of which typically offer little to no job security or health benefits. Farmers made up 13.3% of the sample, while only a small fraction (4.4%) reported running small businesses. This distribution clearly points to a patient population predominantly drawn from lower-income or economically unstable sectors, emphasizing the critical importance of financial aid and accessible healthcare services for these groups.

CHART 3: PRIMARY EARNER STATUS IN THE FAMILY



The data on primary earner status highlights the substantial economic impact of illness on families. A significant 44% of patients were the sole financial providers for their households prior to the medical emergency, while another 36% contributed major financial support. This means that a combined 80% of patients played a crucial role in sustaining their family's income. Only 20% had no significant earning role. These findings point to the serious financial disruptions caused by illness, not just for the patients but for entire families who rely on their income.

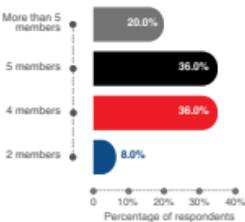
CHART 4: JOB OR EDUCATION DISRUPTION DUE TO ILLNESS



The data on job or education disruption due to illness indicates a profound impact on patients' livelihoods and personal development. A significant 38% of respondents reported completely losing their jobs because of their illness, while 24% experienced wage loss from daily wage work—underscoring the economic toll on working individuals. Additionally, 4% were unable to continue their studies, reflecting an interruption in educational progress. Only 34% reported no disruption, suggesting that two-thirds of the affected individuals faced substantial challenges in maintaining employment or education.

These findings highlight the urgent need for employment protection policies, income support, and educational continuity for patients undergoing medical treatment.

CHART 5: TOTAL NUMBERS OF FAMILY MEMBERS

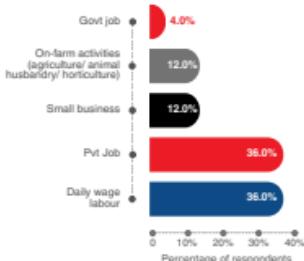


The data on family size among respondents shows that the majority live in medium-sized households. Both 4-member and 5-member families each constitute 36% of the sample, indicating that these are the most common family structures. Larger families, with more than 5 members, account for 20% of respondents, while smaller households with only 2 members make up just 8%. This distribution suggests that most individuals come from families that may have moderate to high dependency ratios, which can influence the financial and caregiving burdens during times of illness or crisis.



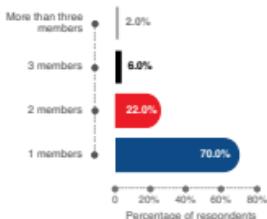
SCREENING SESSIONS

CHART 6: FAMILY OCCUPATION



The data on family occupations reveals that a significant portion of respondents come from households engaged in informal or less stable forms of employment. Private jobs and daily wage labour each account for 36% of the family occupations, indicating that these are the most common sources of income. On-farm activities and small businesses contribute equally at 12%, reflecting a modest presence of self-sustaining or entrepreneurial income sources. Only 4% of families reported having a member in a government job, highlighting limited access to more secure and structured employment opportunities. This distribution underscores the financial vulnerability of many households in the face of medical or economic disruptions.

CHART 7: NUMBER OF EARNING MEMBERS IN THE FAMILY

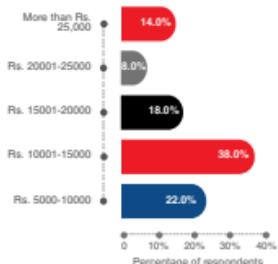


70.0%

of the families have only one earning member, indicating a high level of dependency on a single income source. About 22% of families reported having two earning members, while only 6% have three, and a mere 2% have more than three earning members.

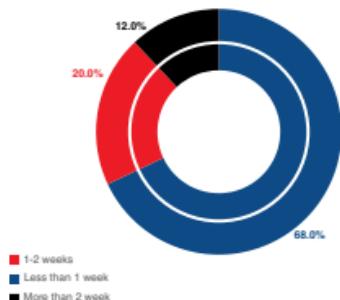
This distribution suggests that most households may face financial vulnerability, as they rely on limited income streams. The low percentage of families with multiple earners highlights the need for initiatives that promote employment opportunities and income diversification to enhance financial stability and reduce dependency on a single earner.

CHART 8: AVERAGE MONTHLY FAMILY INCOME



The chart displays the average monthly family income of respondents, highlighting the distribution across different income ranges. The majority of respondents (38%) reported earning between Rs. 10,001 and Rs. 15,000 per month, while 22% earn between Rs. 5,000 and Rs. 10,000. About 18% of families fall in the income range of Rs. 15,001 to Rs. 20,000, and smaller proportions earn higher incomes, with 8% earning between Rs. 20,001 and Rs. 25,000, and 14% earning more than Rs. 25,000. These findings suggest that a significant portion of families earn low to moderate incomes, with most clustered below Rs. 20,000 per month.

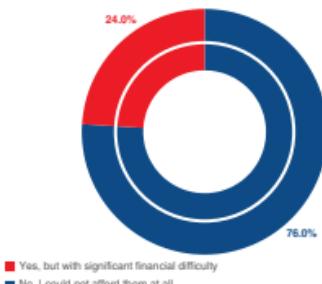
CHART 9: TIME TAKEN FOR FINANCIAL AID APPROVAL



68.0%

of the financial aid approvals are completed in less than one week, reflecting a streamlined processing system for most applicants. A smaller portion 20%—take between one to two weeks, possibly due to additional verification steps or administrative complexities. The least frequent occurrence 12%—involves approvals taking more than two weeks, indicating rare but existing delays.

CHART 10: AFFORDABILITY OF TREATMENT BEFORE FINANCIAL AID



76.0%

of the respondents were completely unable to afford medical treatment, highlighting a severe financial barrier to healthcare access. Meanwhile, 24% reported that while they could afford treatment, they did so with significant financial difficulty, reinforcing the need for support mechanisms to reduce financial strain.

Munna Sah from Bihar sought financial aid for his mother, who was diagnosed with carcinoma cervix. The program covered the full cost, reducing stress for their family and allowing immediate treatment initiation. He praised the program's efficiency but suggested a faster approval process to help more patients.

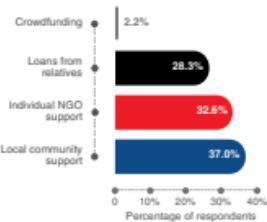
“

Receiving financial aid was a relief during a very difficult time. The process was smooth, and I was able to start treatment without delays. I hope the program expands to cover more tests so that others can benefit just as I did.

Joyrul Islam Laskar - Assam

”

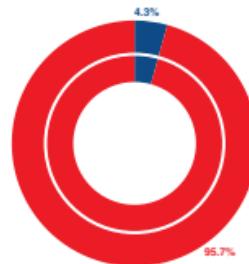
CHART 11: FIRST SOURCE APPROACHED FOR FINANCIAL HELP



37.0%

of the respondents initially turned to local community support, making it the most frequently sought source. Individual NGOs were approached by 32.6%, while 28.3% relied on loans from relatives, reflecting the personal financial strain experienced by many. Crowdfunding was the least utilized method at 2.2%, suggesting that it might not be a widely accessible or effective option for medical financing.

CHART 12: SUPPORT RECEIVED FROM OTHER SOURCES



■ Yes, but very little
■ Not at all

95.7%



of the respondents managed to secure some financial assistance, although they indicated that it was very limited. In contrast, 4.3% received no aid at all, highlighting gaps in financial accessibility and coverage.

AWARENESS EVENTS CONDUCTED



CASE STUDY

OVERCOMING FINANCIAL STRUGGLES FOR TREATMENT

Govind Sahu, a daily wage laborer from Chhattisgarh, faced severe financial distress after being diagnosed with stomach cancer. His family depended on his earnings, and the sudden medical urgency put them in a challenging situation. With financial aid, he was able to undergo treatment immediately. While he struggled to afford the tests before receiving aid, the smooth approval process ensured timely medical intervention.



OECD FRAMEWORK



RELEVANCE

ICS-CCF provides financial aid to underprivileged patients, reducing out-of-pocket expenses and ensuring access to timely treatment. This aligns with OECD's focus on reducing healthcare inequalities and improving affordability.



COHERENCE

The initiative aligns with global healthcare equity standards and integrates multiple stakeholders—including corporates, nonprofits, and healthcare providers—to ensure a systematic approach to financial aid. The program supports key OECD principles of social inclusion, financial protection, and responsible public-private collaboration, reinforcing coherence in cancer care accessibility. The alignment with UN Sustainable Development Goals (SDG 3, 1, 10, and 8) further enhances policy integration, demonstrating its holistic compatibility with international health and development strategies.



EFFECTIVENESS

The Cancer Care Fund is highly effective in streamlining financial aid distribution:

- 68% of approvals occur within one week, reducing financial strain on patients.
- Regional expansion ensures access across multiple states, reinforcing inclusivity.
- Beneficiaries experience lower out-of-pocket expenses, improving healthcare equity.
- High satisfaction rate validates the social effectiveness of the model.

The fund meets its core objective of financially supporting underserved cancer patients while improving healthcare accessibility, transparency, and efficiency.


EFFICIENCY

By adopting a structured application and approval process, the program ensures quick aid distribution and operational effectiveness:

- Minimal administrative delays—approval within one to two weeks for most cases.
- The multi-stakeholder model enables streamlined resource allocation.
- Optimized patient data tracking ensures funding reaches those with the highest financial need.
- Scalability and multi-state impact improve efficiency for wider outreach.

Despite high efficiency in fund disbursement, there remains room for expanding full financial coverage, given that 60% of patients who still required additional funding beyond the aid received.


IMPACT

The initiative has demonstrated a high-impact model, reflected in measurable improvements in cancer diagnostics and treatment accessibility:

- 92% of beneficiaries received timely screenings, reducing delays in cancer detection.
- 94% commenced treatment immediately, improving survival rates.
- 90% found the application process easy, indicating strong user accessibility.
- 40% of beneficiaries were primary earners, and financial aid reduced economic disruptions for their families.
- 96% reported clear communication, enhancing patient experience and trust in healthcare institutions.

These metrics affirm the initiative's success in reducing healthcare disparities, improving affordability, and ensuring prompt medical intervention for marginalized communities.


SUSTAINABILITY

The program runs on the funds from different sources. Additionally, by collaborating with national cancer care providers, the fund establishes institutional partnerships that extend the longevity of its assistance programs.



Relevance



Coherence



Effectiveness



Efficiency



Impact

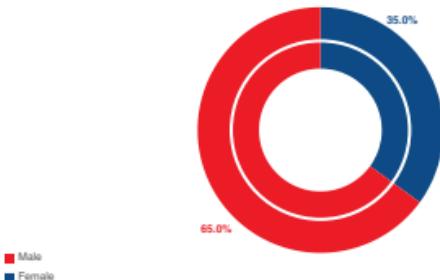


Sustainability

KEY FINDINGS AND OBSERVATIONS

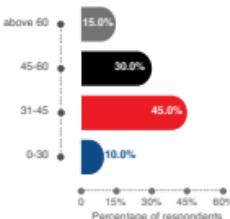
P2. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)

CHART 1: GENDER



A significant gender gap was observed in the patient demographic. Approximately 65% of the beneficiaries were male, and 35% were female. This could suggest a gender disparity in access to diagnostic services or healthcare-seeking behavior.

CHART 2: AGE



45.0%

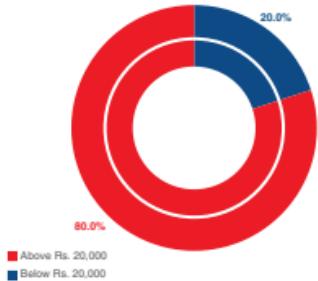
of the beneficiaries were between 31-45 years old, followed by 30% in the 46-60 age bracket. Only 10% were younger than 18 years, while 15% were above 60. These trends indicate that cancer diagnostic aid primarily benefited economically productive age groups.

“

Kaushilya Sahu, a housewife whose husband works as a daily wage labourer, was diagnosed with stomach cancer. The cost of diagnostic tests was beyond their means. With support from the Dr. Arun Kurkure Initiation and Treatment Fund, she was able to undergo essential tests like endoscopy and scans. This timely help allowed her to start treatment without delay and eased the financial pressure on her family.

”

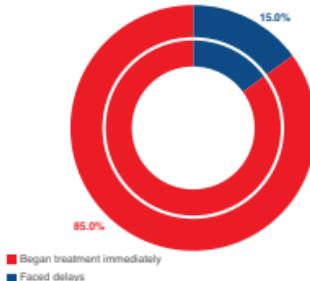
CHART 3: FAMILY INCOME LEVELS



80.0%

of the patients belonged to households earning above ₹20,000 per month. Only a small proportion came from lower-income brackets, suggesting a gap in outreach to the poorest and most vulnerable populations.

CHART 4: TREATMENT INITIATION



85.0%

of the beneficiaries began treatment immediately after receiving a diagnosis. However, 15% faced delays, indicating there are still non-financial barriers that need addressing.

“

The support I received from the Dr. Arun Kurkure Initiation and Treatment Fund helped me get timely diagnostic tests like scans and blood work without worrying about the cost. It lifted a huge burden off my shoulders and gave me the strength to start treatment with confidence. I'm truly thankful for this help.

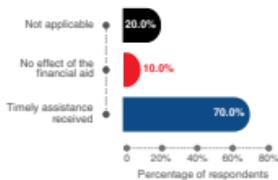
Vanita Maruti Salunkhe

”



AWARENESS SESSIONS

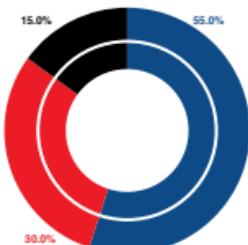
CHART 5: MOTIVATION FOR EARLY TESTING



70.0%

of the respondents reported that financial aid encouraged them to undergo diagnostic tests earlier. Another 10% indicated no effect, while 20% were unsure or found the question not applicable. This highlights the strong psychological and logistical impact of upfront financial support.

CHART 6: SATISFACTION WITH COMMUNICATION



- Somewhat Satisfied with the communications
- Satisfied with the communications
- Not Satisfied with the communications



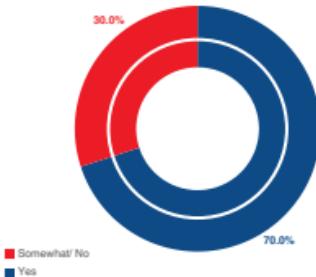
55.0%

of the patients were very satisfied, and 30% were somewhat satisfied. Still, 15% were not satisfied, indicating a need for more transparent or consistent updates throughout the process.

PROGRAM EXPERIENCE AND SERVICE QUALITY

The Arun Kurkure Initiation and Treatment Fund (AKITF) has transformed cancer care for underprivileged patients by ensuring timely diagnosis and emergency treatment. Through efficient fund disbursement and collaboration with ICS-empaneled hospitals, AKITF provides financial aid for chemotherapy, radiation, surgery, and supportive care, mainly from the diagnostic perspective. With a structured process and transparent operations, the fund has positively impacted wide range of cancer patients.

CHART 7: RESPECTFUL TREATMENT AT HOSPITALS



Most respondents shared that they were treated with dignity, highlighting the respectful and compassionate approach of the program. This helped build trust and eased their emotional stress during a difficult time.

“

CASE STUDY - MAYUR SHINDE (AGE 1)

As told by his father, Balu Shinde

"When we found out that our son Mayur might have a serious illness, we didn't know what to do. He's just one year old, and we couldn't afford the tests needed to find out what was wrong. With the help of the Dr. Arun Kurkure Initiation and Treatment Fund, we got support for all the important tests. Because of this, his treatment could start on time. It was a big relief for our family."

”



OECD FRAMEWORK



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



RELEVANCE

The program directly addressed a critical gap—high diagnostic costs causing delays in cancer detection—especially for underserved populations. It aligned strongly with patient needs and national health priorities.



COHERENCE

The initiative was well-aligned with other health sector efforts (e.g., NPCDCS and state cancer programs), but greater integration with public health infrastructure and awareness campaigns could enhance synergy.



EFFECTIVENESS

83% of patients started treatment promptly; 70% were motivated to test earlier due to aid. The aid clearly contributed to early intervention. Effectiveness could increase with more outreach to the poorest and those delayed in testing.



EFFICIENCY

Aid approvals were timely (68% within a week), and most patients reported smooth application experiences. However, manual follow-ups and partial coverage for some patients indicate room for digital process optimization.



IMPACT

Positive health, economic, and psychosocial outcomes were observed. Patients experienced financial relief and faster diagnoses. The program also reinforced dignity in care. However, broader systemic impact (e.g., behavior change at scale) is still emerging.



SUSTAINABILITY

Sustainability is ensured through the support of preventive healthcare models, which AKITF adopts to reduce late-stage cancer diagnoses. Encouraging self-referral and early screening behaviors fosters a culture of proactive healthcare.



Relevance



Coherence



Effectiveness



Efficiency



Impact

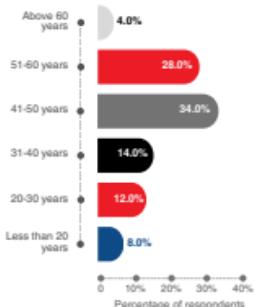


Sustainability

KEY FINDINGS AND OBSERVATIONS

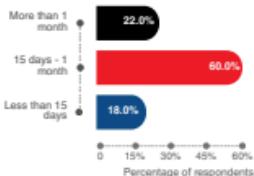
P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM

CHART 1: AGE-GROUP WISE DISTRIBUTION



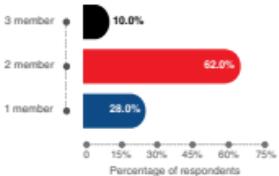
The age-group wise distribution of respondents for the Dharamshala Accommodation Support Program reveals that the majority of beneficiaries fall within the 41-50 years age bracket, accounting for 34% of the surveyed population. This is closely followed by the 51-60 years age group, which represents 28% of respondents. Together, these two groups (41-60 years) comprise 62% of the total beneficiaries, indicating that middle-aged individuals form the largest segment utilising the facility. Younger age groups are relatively less represented, with 14% in the 31-40 years category, 12% between 20-30 years, and 8% below 20 years. Notably, only 4% of respondents were above 60 years of age, suggesting that older cancer patients might either have other accommodation preferences or face barriers in accessing such facilities. Overall, the data shows that the Dharamshala primarily serves middle-aged patients who are possibly caregivers themselves or individuals undergoing treatment, reinforcing the need for holistic support services geared toward this age group.

CHART 2: DURATION OF STAY AT DHARAMSHALA (IN DAYS)



The analysis of the duration of stay at the Dharamshala reveals that a majority of respondents, approximately 60%, stayed between 15 days and 1 month. This suggests that most patients and caregivers require medium-term accommodation support while undergoing cancer treatment, which often involves multiple hospital visits over several weeks. On the other hand, 18% of respondents stayed for less than 15 days, reflecting short-term requirements, possibly for follow-up consultations or minor procedures. Overall, the data highlights the necessity for flexible stay durations at the Dharamshala to accommodate the varied treatment schedules and medical needs of cancer patients.

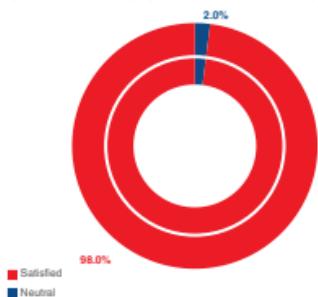
CHART 3: NUMBER OF FAMILY MEMBERS STAYING WITH THE PATIENT



62.0%

of the patients stayed with two family members during their time at the Dharamshala, indicating a need for accommodation that supports small family units. 28% of patients were accompanied by one family member, while 10% had the support of three family members. This highlights the importance of providing flexible room arrangements that can comfortably accommodate at least two to three individuals, along with the patient.

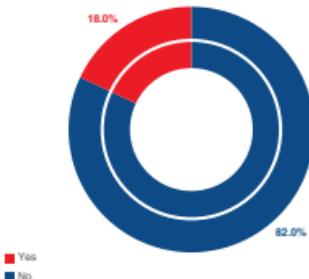
CHART 4: SATISFACTION LEVEL WITH CLEANLINESS OF THE DHARAMSHALA



The cleanliness of the Dharamshala was overwhelmingly well-received by beneficiaries, with 98% of respondents reporting that they were satisfied with the hygiene standards maintained at the facility. Only 2% of respondents rated their experience as neutral, and there were no negative responses.

This extremely high satisfaction rate reflects the program's strong emphasis on maintaining a clean, healthy, and comfortable living environment, which is crucial for the well-being of immunocompromised patients undergoing cancer treatment.

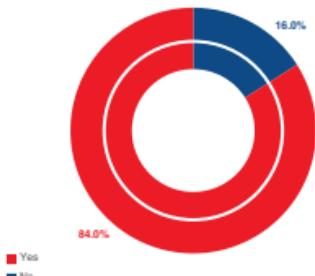
CHART 5: ISSUES FACED WITH DHARAMSHALA MAINTENANCE (PLUMBING, ELECTRICAL, ETC.)



82.0%

of the respondents reported facing no issues related to Dharamshala maintenance, such as plumbing, electrical faults, or other infrastructure concerns. Only 18% of respondents mentioned encountering maintenance-related problems during their stay. This high rate of satisfaction indicates that the facility's upkeep and maintenance standards are generally strong, although the feedback from the 18% suggests a need for periodic checks and quicker responsiveness to minor repair needs to ensure consistently seamless living conditions.

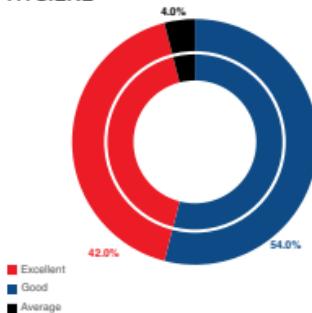
CHART 6: SUFFICIENCY AND CONSISTENCY OF FREE WI-FI AND TV SERVICES



84.0%

of the respondents confirmed that the free Wi-Fi and TV services provided at the Dhamashala were sufficient and consistent, indicating a strong level of satisfaction with digital connectivity and entertainment options. However, 16% of respondents reported facing issues, suggesting that there are still minor gaps in service stability or reach within the premises. Overall, the high satisfaction level with these services contributed positively to the comfort and emotional well-being of patients and caregivers during their stay.

CHART 7: RATING OF FOOD TASTE AND HYGIENE

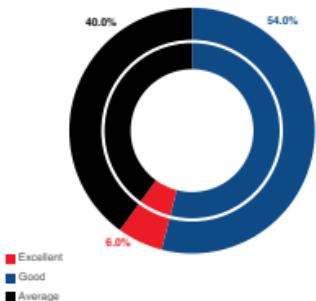


In terms of food taste and hygiene, 54% rated the food as "Good" and 42% as "Excellent," with only 4% finding it "Average." This indicates that nearly all respondents (96%) appreciated the quality, taste, and hygiene of the meals, reinforcing Dhamashala's commitment to providing safe, healthy, and acceptable food options for patients and their caregivers.

FLAT FACILITY FOR BENEFICIARIES



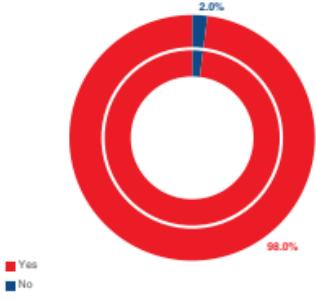
CHART 8: RATING OF LAUNDRY AND PEST CONTROL SERVICES



54.0%

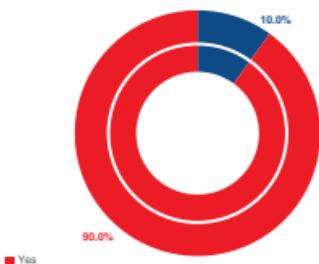
of the respondents rated them as "Good" and 6% as "Excellent," but a notable 40% rated these services as "Average," indicating that while hygiene standards are acceptable, there is scope for further enhancement to achieve a consistently excellent experience.

CHART 9: CONSISTENCY OF CLEANLINESS IN ROOMS AND SHARED SPACES



The cleanliness standards at the Dharamshala were consistently upheld, with 98% of respondents confirming that rooms and shared spaces were kept clean regularly.

CHART 10: PARTICIPATION IN RESIDENT ACTIVITIES (INFORMATIVE SESSIONS, ENTERTAINMENT, ETC.)

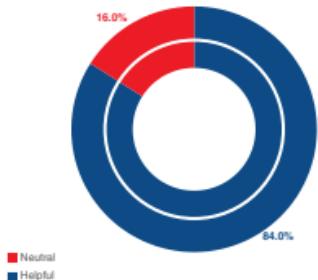


90.0%

of the beneficiaries engaging in informative sessions and entertainment programs, reflecting strong community involvement.

STAKEHOLDER INTERACTION



**CHART 11: HELPFULNESS OF ACTIVITIES
FOR EMOTIONAL WELL-BEING AND
COMMUNITY SUPPORT**

■ Neutral

■ Helpful

84.0%

 of the respondents found these activities helpful for emotional well-being and social support, while 16% remained neutral, indicating the positive role such engagement plays in patient recovery.

100%

 of the respondents expressed that they would definitely recommend the Dhamashala to other patients, showcasing extremely high satisfaction and trust in the quality of services provided.

HDFC BRANDING OF INITIATIVE

त्रुट्टि लक्ष्मी

OECD FRAMEWORK



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



RELEVANCE

The program is highly relevant, addressing a pressing and often overlooked need among rural and semi-urban cancer patients who travel to Mumbai for treatment. By offering safe, affordable, and dignified accommodation near Tata Memorial Hospital, the initiative directly fills a critical gap in patient support infrastructure, ensuring that non-clinical needs such as shelter, hygiene, and emotional well-being are not neglected.



COHERENCE

The various components of the Dharamshala Accommodation Support Program—housing, food, transport, hygiene, and emotional support—work in concert to create a holistic support ecosystem. This internal coherence ensures that services are not delivered in isolation but complement each other to address the multifaceted challenges faced by cancer patients. Moreover, alignment with the broader goals of CSR, public health, and patient dignity reflects strong external coherence with national healthcare priorities and social development goals.



3 GOOD HEALTH AND WELL-BEING



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



17 PARTNERSHIPS FOR THE GOALS



EFFECTIVENESS

Effectiveness is evidenced by overwhelmingly positive beneficiary feedback. More than 90% of respondents expressed satisfaction with the services provided, and 100% indicated they would recommend the program to others. These figures highlight the program's success in meeting its core objectives—namely, reducing stress, supporting recovery, and improving quality of life during treatment.



EFFICIENCY

While overall service delivery is strong, there are some areas where operational efficiency can be improved. Inconsistent distribution of daily provisions was noted by beneficiaries. Streamlining these processes would increase the program's effectiveness and ensure a consistently high standard of care.

**IMPACT**

The program's impact extends beyond immediate service delivery. It alleviates financial hardship, improves emotional well-being, and fosters community among families facing similar challenges. The clean and secure living environment contributes to better treatment adherence and resilience, underscoring the program's role in enhancing both social and health-related outcomes.

**SUSTAINABILITY**

The program shows strong potential for long-term sustainability. Continued support from HDFC AMC and structured implementation by Rotary provides a stable foundation. However, ongoing investment in feedback systems, staff responsiveness, and resource planning will be key to maintaining the program's impact and scalability in the future.



Relevance



Coherence



Effectiveness



Efficiency



Impact



Sustainability

KEY FINDINGS AND ASSESSMENT OF IMPACTS

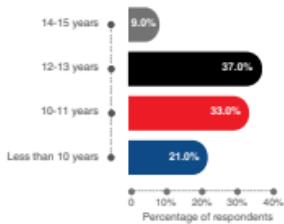
P4. SEVA KUTIR PROJECT

This chapter synthesises findings from primary data sources to assess the program's overall impact and efficacy. It incorporates both qualitative and quantitative data collected through comprehensive surveys and in-depth stakeholder interactions. Drawing on diverse viewpoints, the chapter provides an in-depth analysis of how well the program has met its intended goals and contributed to long-term sustainability.

The study explored multiple aspects of beneficiary demographics to understand their conditions and needs comprehensively. This aspect of the study was critical to establish that the benefits of the program were targeted towards the appropriate section of the community.

DEMOGRAPHIC PROFILE OF RESPONDENTS

CHART 1: AGE GROUP-WISE DISTRIBUTION OF RESPONDENTS



37.0%

of the respondents were aged 12-13 years, while 33% were in the 10-11 years age group. Additionally, 21% of the respondents were below 10 years of age.

(Source: Primary Data)



STUDENT DISCUSSIONS

CHART 2: GRADE-WISE DISTRIBUTION OF RESPONDENTS

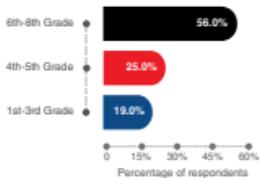
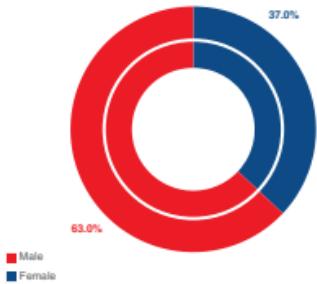


CHART 3: GENDER DISTRIBUTION OF RESPONDENTS



57.0%

of the respondents were studying between the 6th and 8th standard, followed by a quarter (25%) who were in the 4th to 5th standard.

Additionally, more than half (54.6%) of the respondents were female.

SEVA KUTIR

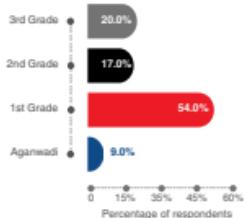
The Seva Kutirs are supplementary education centres where children spend 5-6 hours each day engaged in activities such as academic lessons, sports, and yoga. These sessions take place in two shifts, with morning sessions running from 7:00 am to 10:30 am and evening sessions from 4:00 pm to 7:00 pm, ensuring that children are also enrolled in and attending their local government schools during the daytime.

Operating in Sheopur and Khandwa districts of Madhya Pradesh, the program serves children aged 3 to 14 years by providing them with two nutritious meals daily—breakfast in the morning and dinner in the evening. The Seva Kutir centres are housed in community venues such as village homes, Panchayat buildings, or local schools when not in session, making the program flexible and sustainable within the community context. Local stakeholders, including Panchayats, self-help groups, and women-led federations, are actively involved in mobilising children, volunteering, and helping track the children's health and education progress. This collaborative approach ensures the program's success and encourages the community to take ownership of the initiative.



ATTENDANCE IN SEVA KUTIR

CHART 4: CLASS OF ADMISSION AT SEVA KUTIR



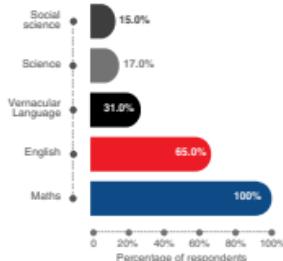
54.0%

of the respondents reported enrolling in Seva Kutir during 1st grade, while 20% enrolled in 3rd grade. A small proportion of respondents (9%) reported that they joined directly from Anganwadi centres.

All of the respondents reported that they regularly attended the Seva Kutir, indicating a high level of engagement and consistency in participation.

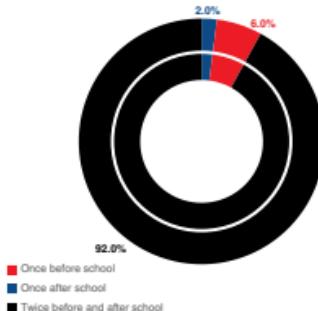
Discussion with teachers at Seva Kutir revealed that during the project period, there were no student drop-outs. Key factors that contributed to retaining children included regular home visits, parental counselling, and motivational activities organised at the centre.

CHART 6: SUBJECTS STUDIED AT SEVA KUTIR



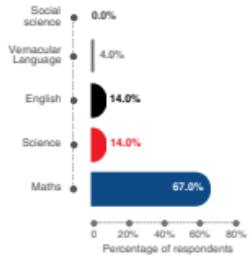
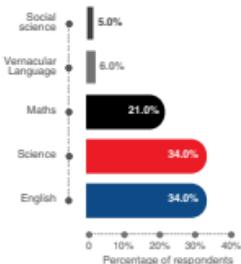
When respondents were asked about the subjects studied at Seva Kutir, they were given multiple options to select. All respondents reported studying Mathematics, about two-thirds (65%) reported learning English, and 31% mentioned studying a vernacular language. Additionally, 17% of the respondents highlighted that they studied Science at the Seva Kutir.

CHART 7: FREQUENCY AND TIMING OF VISITS TO SEVA KUTIR



92.0%

of the respondents reported visiting the Seva Kutir twice a day, before and after school, indicating strong regular engagement. A small proportion of respondents (6%) reported visiting the Seva Kutir only before school.

CHART 8: MOST LIKED SUBJECT AT SEVA KUTIR**CHART 9: LEAST LIKED SUBJECT AT SEVA KUTIR****67.0%**

of the respondents reported liking Mathematics the most at Seva Kutir. Another 14% each reported liking Science and English. In terms of least liked subjects, more than one-third of the respondents (34%) reported disliking English, while another 34% reported disliking Science, indicating a need for additional support and engagement in these subjects.



CASE STUDY - 1

In the village of Jharelal, Sheopur district, Jalsingh Adivasi, a Class 7 student, initially demonstrated low engagement with education. Instead of attending the Seva Kutir regularly, he spent his time assisting his parents, Raghuveer and Dulari Adivasi, with agricultural work or playing with other children. His family, unaware of the importance of formal education, did not encourage regular attendance, and frequent migration for seasonal work further disrupted his schooling. Jalsingh also displayed gaps in basic skills, including hygiene and communication.

Following a community meeting organised by the District Anchor, where the value of education was communicated to parents, a change was observed. Jalsingh's parents began supporting his education by ensuring his regular attendance at the Kutir and exempting him from household responsibilities. With consistent participation and teacher support, Jalsingh made steady academic progress, developing foundational skills in reading, writing, and arithmetic. During a demonstration session for parents, he was able to read aloud and solve basic mathematical problems with accuracy. His parents acknowledged the improvement and conveyed their appreciation to the Kutir team for the structured support that enabled his development.



PARTICIPATION AT SEVA KUTIR

CHART 10: PARTICIPATION IN SPORTS AND EXTRACURRICULAR ACTIVITIES

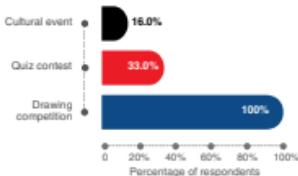


Chart 10 shows that all respondents reported participating in sports and extracurricular activities at Seva Kutir. Children actively engaged in a variety of activities, with the most commonly mentioned being Kho Kho, Cricket, Kabaddi, Carrom, Badminton, Football, and Yoga.

Teachers noted that approximately 70-80% of students actively participated in various activities at Seva Kutir, including sports, drawing, quiz competitions, and cultural events. However, some students did not participate due to reasons such as shyness, lack of motivation, or illness.

Interaction with the implementation team also revealed that children participated in various games, sports, and co-curricular activities throughout the year. In the mornings, they practised yoga, and in the afternoons, upon arriving at the Seva Kutir, they began with sports and games. Popular activities included carom, cricket, football, and skipping rope.

CHART 11: PROGRAMS FREQUENTLY PARTICIPATED AT SEVA KUTIR



During the survey, all respondent students noted that they participated in different school programs. All of them reported taking part in drawing competitions. One-third of the respondents reported participating in quiz contests, while another 16% participated in cultural events, indicating active involvement in extracurricular activities.



STUDENT INTERACTIONS

PARENTS' INVOLVEMENT

Seva Kutir plays a vital role in involving parents in their children's education. Regular community and parent meetings are held at the Seva Kutirs, where topics like children's participation, learning progress, and other relevant matters are discussed. Parents are counselled on how to support their children's education at home, and efforts are made to ensure that the hygiene practices taught in the Seva Kutir are also followed by the children and their families. The staff also visits children's homes to build personal relationships with parents and encourage them to prioritise the education of their children, particularly their daughters. Teachers also highlighted the important role of parents in students' progress. During discussions, they mentioned that monthly parent-teacher meetings are held to discuss topics such as the child's progress, nutrition, health, and hygiene. However, they noted that around 40% of parents typically attend these workshops, and there is potential for higher participation.

MEALS PROVIDED AT SEVA KUTIR

CHART 12: FREQUENCY OF MEALS AT SEVA KUTIR

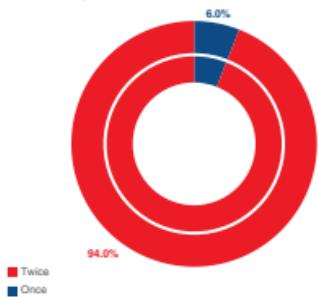
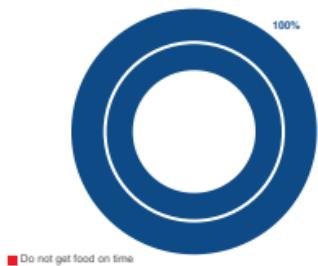


CHART 13: TIMELINESS OF MEALS AT SEVA KUTIR



■ Do not get food on time
 ■ Yes- Get the food on time



94.0%

of the respondents reported receiving two meals at the Seva Kutir. All respondents stated that they received their food on time at the Seva Kutir.

CHART 14: TYPES OF FOOD ON THE SEVA KUTIR MENU

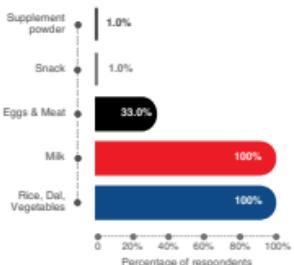
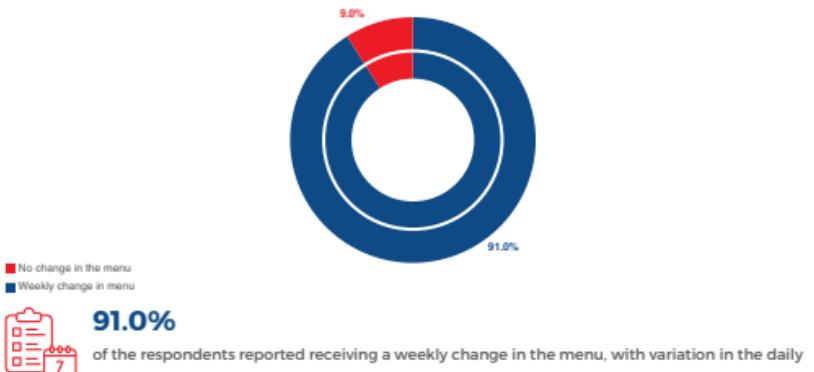


Chart 14 shows the types of food provided at Seva Kutir, as reported by respondents. All respondents indicated that meals consistently included rice, dal (lentils), and vegetables. Additionally, they noted receiving milk. Approximately one-third of the respondents also reported receiving eggs and meat during meals at Seva Kutir.

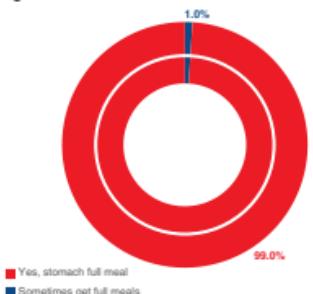
CHART 15: VARIATION IN THE DAILY MENU AT SEVA KUTIR



Day	Breakfast	Dinner
Monday	Milk, Sprouts, Chana and Namkeen	Roti, rice, gram dal, Gilki, ladyfinger vegetable
Tuesday	Milk, salted porridge	Roti, rice, moong dal, cauliflower, or cabbage vegetable
Wednesday	Milk, semolina, or rava pudding	Puri, kheer, potato, dry peas curry
Thursday	Milk, moong, rice, khichdi	Roti, rice, tuvar dal, potato, spinach, or fenugreek vegetable
Friday	Milk, sprouted moong, namkeen	Roti, rice, moong dal, barabati, potato, barabati gawar pod vegetable
Saturday	Doodh, poha	Roti, rice, dal, pumpkin, or gourd + vegetable of soybean

(Source: Annual project report of Parivaar Education Society)

CHART 16: SUFFICIENCY OF FOOD QUANTITY AT SEVA KUTIR



In terms of understanding the experience with meals provided at Seva Kutir, when asked about the sufficiency of food, almost all respondents (99%) reported receiving stomach-full meals. Regarding taste, 97% of the respondents reported liking the food served at Seva Kutir.

CHART 14: TYPES OF FOOD ON THE SEVA KUTIR MENU

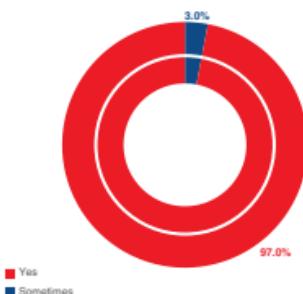


CHART 18: SOURCE OF DRINKING WATER IN SEVA KUTIR

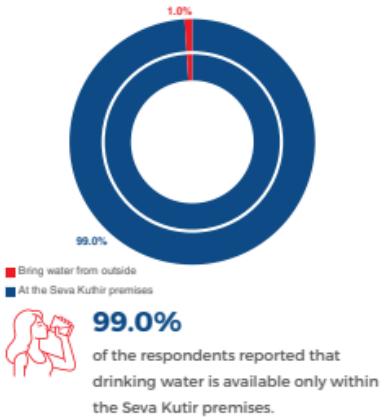
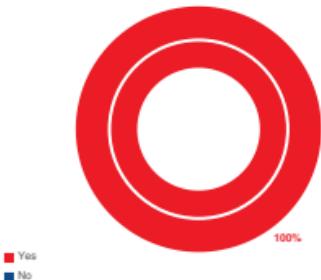


CHART 19: REGULAR CLEANING OF THE KITCHEN AT SEVA KUTIR



All of the respondents reported that the kitchen at Seva Kutir is regularly cleaned.



CASE STUDY - 2

Arvind Adivasi, a student from the remote village of Masawani in the Chambal Division of Madhya Pradesh, belongs to a Scheduled Tribe family facing significant socioeconomic challenges. His father works as a daily wage labourer, and his mother manages the household. While education was not dismissed by the family, it was often deprioritised in favour of immediate livelihood needs. Initially, Arvind exhibited limited academic engagement, a reflection of the resource constraints and lack of academic support typical in such settings.

With his enrollment at the Parivaar Seva Kutir in Masawani, Arvind gained access to structured learning and consistent mentoring. Kutir's teachers observed his potential and began providing focused encouragement, reinforcing positive study habits, and gradually increasing his participation in academic activities. Over time, Arvind demonstrated notable improvement in both motivation and learning outcomes.

Recognising his academic progress, the teaching team identified Arvind as a candidate for a special residential entrance examination for Class 6, scheduled for the 2024-25 academic year. In preparation, teachers initiated a tailored study plan, extending support beyond the regular curriculum. Arvind responded with increased focus and effort, actively preparing for the examination with the aim of accessing broader educational opportunities.



HEALTH AND HYGIENE HABITS

CHART 20: HANDWASHING BEFORE MEALS

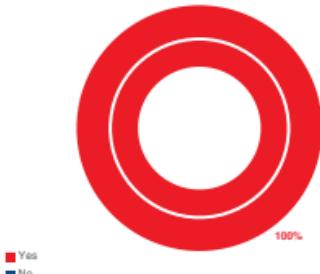
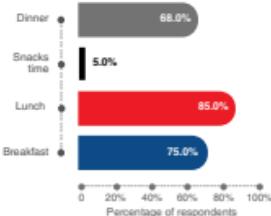


Chart 20 shows that all of the respondents reported engaging in handwashing before meals.

CHART 21: MEAL BEFORE WHICH HANDWASHING IS PRACTISED



 **85.0%** of the respondents reported practising handwashing before lunch. Another three-fourths (75%) reported washing their hands before breakfast, while 68% of the respondents reported doing so before dinner, indicating strong behaviour change before meals among students.

CHART 22: DAILY HYGIENE PRACTICES: BRUSHING TEETH AND BATHING REGULARLY

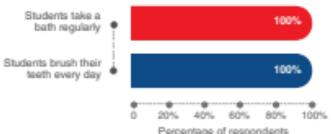
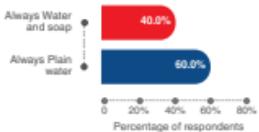


Chart 22 shows that all of the respondents reported brushing their teeth every day and taking a regular bath daily in terms of daily hygiene practices.

CHART 23: HANDWASHING METHOD AT SEVA KUTIR



 **60.0%** of the respondents reported washing their hands with only plain water, while 40% used water and soap for handwashing, indicating that the majority are using only water, highlighting the need to promote the use of soap for better hygiene.

“

Earlier, my child did not attend school regularly. He would be absent most days of the week and did not enjoy going to school. He also used to fall sick frequently. However, after joining Seva Kutir, his diet has improved significantly. I can clearly see that he is more energetic now, and his school attendance has become regular.

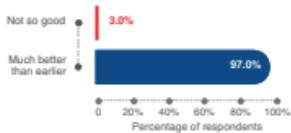
Somati, 25-year-old parent

”

KEY IMPACTS

IMPROVED ACADEMIC PERFORMANCE OF STUDENTS

CHART 24: STUDENTS PERFORMANCE IN LAST SCHOOL EXAMINATION

**97.0%**

of the respondents reported that the students' performance in the last school examination was much better than earlier, indicating how the complementary classes held at Seva Kutir helped students understand the subjects better and improve their academic performance.

Discussions with teachers at Seva Kutir highlighted significant improvements in students' academic performance. Teachers noted that students' reading, writing, mathematics comprehension, and overall confidence had improved. Parents also confirmed during discussions that after attending Seva Kutir, their children's academic performance had improved. They learned from government school teachers that their children were participating more actively and engaging better than before. The organisation's annual report also confirmed the learning activities conducted across different age groups. In the Pre-Primary group, children focused on shapes, counting (1-100), single-digit addition and subtraction, and basic skills in Hindi and English, including self-introduction, days of the week, the alphabet, family members, and poems. In the primary group, students practised two-digit addition and subtraction, as well as tables and shapes, while also working on dictation and poems in Hindi. English reading practice continued using textbooks and Pratham libraries. For the Upper Primary group, students learned multiplication, division, LCM, fractions, and Hindi grammar (Vyakarana), with a focus on word meanings and reading comprehension exercises in English. (Source: Annual Project report FY 22-23)

CHART 25: STUDENTS REGULAR ATTENDANCE AT GOVERNMENT SCHOOL



■ Yes

■ No

Another important aspect was attendance in schools, which directly affects the academic improvement of students. Chart 25 highlighted that all of the respondents reported attending government school regularly. This was further confirmed during discussions with parents, who noted that before joining Seva Kutir, their children were not very regular in attending school, but now they have started going regularly. Previously, major reasons for irregular attendance included the distance from school, lack of transportation, and frequent illness among some students.

INCREASED ACCESS TO NUTRITIOUS MEALS

The program significantly improved students' access to nutritious meals. By providing two meals daily at Seva Kutir, children benefited from regular and balanced nutrition, which contributed to their overall health, concentration, and learning capabilities. This intervention also helped address nutritional gaps in the community, ensuring that children received the essential nutrients required for their growth and development.

During discussions, parents noted that with two nutritious meals available daily at Seva Kutir, they felt relieved knowing their children were not going hungry. Most parents had a monthly income of less than Rs. 5,000 and shared that the meals at Seva Kutir helped reduce their household expenses significantly. They expressed gratitude, saying the support not only improved their children's health but also eased their financial burden.

“

My child gets two full meals a day at Seva Kutir. While I work as a daily wage earner trying to meet the needs of the family, I feel content knowing that my child is getting nutritious food every day. To be honest, it has helped us as a family to reduce our overall expenses. I am grateful for the support of Seva Kutir for providing food and helping us as well.

Mukesh Adivasi, a 30-year-old parent

”

Implementing partners noted that a variety of nutritious food is provided at the centre, catering to local food preferences. A centralised nutritionist ensures the meals meet nutritional standards. They also observed that the meals have positively impacted student attendance at Seva Kutir.



INCREASED ACCESS TO NUTRITIOUS MEALS

CHART 26: CONFIDENCE IN ASKING QUESTIONS IN SCHOOL

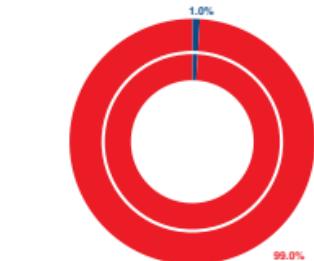
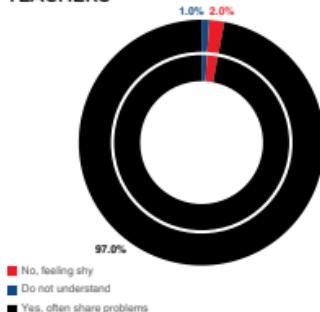


CHART 27: SHARING PROBLEMS/ REQUIREMENTS WITH SCHOOL TEACHERS

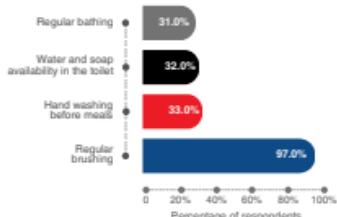


Following the implementation of the project, a significant improvement in student confidence was observed. According to Chart 26, data from the primary survey revealed that almost all (99%) of student respondents reported asking questions to teachers in school, thus improving their confidence after the intervention. Chart 27 shows that 97% of the respondents reported that after the intervention, they often share problems with school teachers or convey their requirements or issues with them, indicating an increase in open communication and confidence among students.

This was further confirmed during discussions with parents, who noted that their children had shown significant improvements in terms of confidence, becoming much more expressive about their needs than earlier. One of the parents shared, *"My child has become more expressive. He takes responsibility for his own things, talks to people, and enjoys playing now. I am very happy with his progress."*

IMPROVED BEHAVIOUR CHANGES AMONG STUDENTS

CHART 28: HYGIENE PRACTICES FOLLOWED AT HOME



The program intervention has also led to improved behaviour changes among the students, as they follow hygiene practices not only at Seva Kutir but also at home. 97% of the respondents reported brushing their teeth regularly at home. One-third of the respondents reported washing their hands before meals at home, while another 32% reported using water and soap in the toilets. This finding was further corroborated by parents, who confirmed that their children have started brushing their teeth regularly. They also noted that the children had adopted the habit of washing their hands before meals at home.

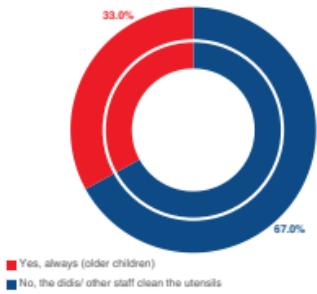
“

My child behaves very differently at home now. He washes his hands before meals without us having to remind him. He also eats properly at home. I have definitely seen positive changes in him, thanks to Seva Kuthir.

Ramdas Adivasi, 29 years old parent

”

CHART 29: PARTICIPATION IN CLEANING UTENSILS AND KITCHEN



67.0%

of the respondents reported relying on didis and other staff at Seva Kutir to clean the utensils, while 33% of students, mostly older children, reported cleaning their own utensils. This involvement fostered behaviour change, encouraging a sense of responsibility and hygiene awareness. This participation not only supported the cleanliness of the facility but also motivated students to practice similar hygiene behaviours in their homes and communities.

IMPROVED HEALTH OF THE STUDENTS

The program, through its provision of nutritious meals and emphasis on healthy hygiene habits, has resulted in better health outcomes for the students. Qualitative discussions with parents highlighted significant improvements in students' health before and after the program. Many parents noted that, prior to the program, their children used to fall ill frequently, but this has notably reduced. Additionally, children have started feeling more energetic since joining the program.

“

Earlier, my child used to get sick frequently, usually once a month, with a cold, cough, or skin disease. But now, after regularly attending Seva Kutir, his health has improved. He now only falls ill once every 3-4 months.

Pralhad, 45 years old parent

”



STAFF INTERACTIONS

OECD FRAMEWORK



RELEVANCE

The Seva Kutir program was implemented across remote tribal villages in the Sheopur and Khandwa districts of Madhya Pradesh. It addressed critical gaps in children's education and nutrition, providing daily meals, academic support, and a safe, engaging environment. By focusing on improving learning outcomes, health, and regular school engagement, the program was highly relevant to the pressing needs of marginalised children and their communities.



COHERENCE

The program showed strong alignment with the following Sustainable Development Goals (SDGs):



The program also reflected strong coherence with national initiatives: National Education Policy (NEP) 2020, Samagra Shiksha Abhiyan



EFFECTIVENESS

The program was highly effective in achieving its key objectives, as demonstrated by evidenced by the study findings. The Seva Kutir program has shown effectiveness in achieving its core objectives by improving student engagement, attendance, nutritional outcomes, and overall well-being. All of the respondents reported that they regularly attended the Seva Kutir. Additionally, the program's focus on hygiene practices, such as handwashing before meals, has improved students' health habits.



EFFICIENCY

The Seva Kutir program has demonstrated efficiency by optimising the use of resources to provide supplementary meals and educational support in remote and economically disadvantaged tribal areas. The focus on nutrition, alongside academic support, has helped create a holistic environment that improves both student well-being and learning outcomes. By efficiently utilising available resources, including the involvement of local community members and teachers, the Seva Kutir program has effectively supported education and health without requiring significant additional investments.

**IMPACT**

The Seva Kutir program has had a significant impact by improving access to quality education in underserved communities. By offering nutritious meals alongside education, Seva Kutir has helped increase student attendance and engagement, particularly benefiting children from disadvantaged backgrounds. The program has fostered a sense of responsibility and self-confidence among students, with many parents reporting positive changes in their children's behaviour and academic performance. Teachers have observed improved participation in school activities, and the provision of food has also contributed to better health and overall well-being. Although parental participation in workshops and meetings remains a challenge, the program's positive impact on student learning, attendance, and engagement is evident.

**SUSTAINABILITY**

The Seva Kutir program is supported by strong community involvement, regular feedback, and parent engagement, which contribute to its sustainability. The focus on nutrition, hygiene, and extracurricular activities ensures a long-term impact on students' health and education. However, challenges remain, particularly in increasing parent participation. Strengthening community partnerships and consistent monitoring will be crucial to maintaining the program's effectiveness and sustainability in the future.



KEY FINDINGS AND OBSERVATIONS

P5. SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM

OBSERVATIONS ON THE ACTIVITIES



WIDE-SCALE IMPACT ACROSS UNDERSERVED REGIONS

The Sampark Smart Shala Program made significant inroads into some of Maharashtra's most educationally underserved regions. Spanning four aspirational districts—Washim, Osmanabad, Gadchiroli, and Nandurbar—the initiative reached 2.74 lakh children in 4,868 government schools. This large-scale implementation underscores the program's strategic intent to address foundational learning challenges at the grassroots level, particularly in rural and tribal areas.



COMPREHENSIVE TEACHER TRAINING WITH A CASCADING MODEL

The program's training component was anchored in a cascading model, starting with the capacity building of 960 Master Trainers (MTs). These MTs included Block Resource Persons (BRPs), Cluster Resource Coordinators (CRCs), and Kendra Pramukhs, who were trained in the use of Sampark's Math Kit and digital tools such as the Sampark Smart Shala app and Sampark TV. Subsequently, the MTs facilitated Shikshan Parishads—cluster-level teacher meetings—through which 1,800 teachers were trained. The cascading approach ensures sustainability and scalability, with MTs expected to train the remaining 9,000+ teachers in their respective districts.



DEPLOYMENT OF INNOVATIVE TEACHING-LEARNING MATERIALS

To enhance classroom engagement and simplify mathematical concepts, the program distributed 4,870 Math Kits, 100 Sampark TVs, and 100 LED TVs. These tools were designed to encourage interactive, activity-based learning, aligned with state curriculum standards. Teachers reported improved student participation and conceptual clarity as a result of using these resources.



STRONG GOVERNMENT ENGAGEMENT AND INSTITUTIONAL BUY-IN

A key strength of the initiative was its robust government engagement strategy. More than 200 meetings were held with officials at state, district, and block levels to ensure alignment with public education priorities. This continuous liaisoning resulted in active support from District Magistrates, DIET Principals, BRCs, and other stakeholders, creating a strong ecosystem for program delivery and institutional sustainability.



DIGITAL LEARNING ADOPTION THROUGH SAMPARK SMART SHALA APP

The Sampark Smart Shala mobile application served as a core digital learning platform, supporting both teachers and students. As of the reporting period:

- The app recorded 3,919 downloads.
- 2,995 teachers registered across nine districts.
- 16,004 educational video views were tracked, with the most popular video, "कोण छोटे आहे, कोण मोठे आहे?", viewed 1,835 times.

This indicates growing digital engagement, though usage patterns vary significantly by district, with Raigad, Palghar, Washim, and Ratnagiri showing the highest uptake.



POSITIVE RESPONSE FROM THE FIELD

Qualitative feedback collected through videos and interviews reveals high levels of satisfaction among teachers and MTs. Educators expressed appreciation for the training structure, ease of using the TLMs, and improved classroom interaction. Feedback videos from Washim district highlight the confidence and enthusiasm of teachers who have begun integrating Sampark tools into daily lessons.

The teachers also observed that the students themselves expressed interest by accessing the devices even in the absence of the teachers. This shows the impact on the usage of the smart shala app.



IMPLEMENTATION CHALLENGES MANAGED WITH FLEXIBILITY

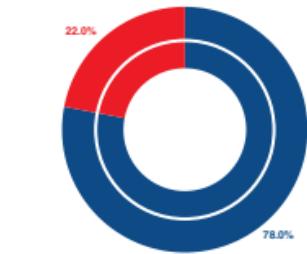
While the program experienced delays in onboarding Sparks (field staff) and distributing TLMs, these setbacks were mitigated through proactive re-scheduling and quick mobilization of resources.



STAKEHOLDER INTERACTION



CHART 1: LEARNING GAINS

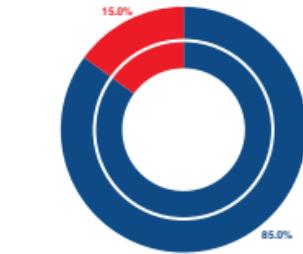


- No such scenario
- Measurable improvements in learning

**78.0%**

of the students have demonstrated measurable improvements in grade-level reading and math comprehension, thanks to the program's success in enhancing foundational literacy and numeracy skills. The structured learning approach, combined with interactive teaching materials, has fostered better understanding and engagement, enabling students to grasp concepts more effectively.

CHART 2: TEACHER ENGAGEMENT



- No such scenario
- Teacher training helping to educate students better

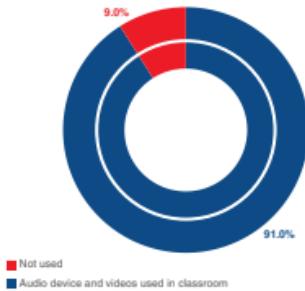
**85.0%**

of the educators report that one of the program's strongest outcomes is the boost in teacher confidence and effectiveness. Through comprehensive training sessions and hands-on teaching resources, teachers have gained new strategies to deliver lessons more efficiently, creating an enriched learning environment for students.



TEACHERS WITH SMART SHAALA KIT AFTER TRAINING

CHART 3: TOOLS USED IN CLASSROOM



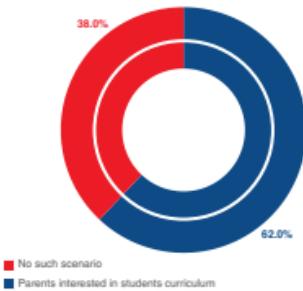
■ Not used
■ Audio device and videos used in classroom



91.0%

of the classrooms are actively using the integration of Sampark Didi audio devices and visual aids into their routines. These tools make learning interactive and engaging, ensuring that students remain attentive and involved in lessons while enabling teachers to conduct sessions more effectively.

CHART 4: PARENTS INTERESTED IN CURRICULUM



■ No such scenario
■ Parents interested in students curriculum



62.0%

of the schools observed increased parental interest in their children's education, marking a key success of the initiative. By fostering a collaborative learning ecosystem, parents and communities are becoming more involved in student progress, reinforcing the importance of foundational education.



OECD FRAMEWORK



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



RELEVANCE

The program is highly relevant as it addresses foundational learning gaps in primary education, particularly in remote and tribal schools. The program also supports teacher training and capacity-building, ensuring effective classroom delivery.



COHERENCE

The program aligns well with national FLN goals and state education priorities. Its focus on equity and teacher development complements existing government initiatives, though stronger integration with SCERTs and DIETs would enhance systemic coherence.



EFFECTIVENESS

The initiative effectively improved teacher capacity and classroom delivery through structured training and blended learning tools. While qualitative outcomes are positive, formal assessments are needed to measure student learning improvements.



EFFICIENCY

The program efficiently used low-cost resources and existing administrative structures to achieve scale. Despite initial delays, rapid deployment of materials and training ensured broad reach and minimized disruption, demonstrating strong operational adaptability.



IMPACT

The program reached 2.74 lakh students and 9,736 teachers across 4,868 schools, significantly improving access to engaging math education. Teachers reported increased student participation and better understanding of concepts through the use of interactive tools like Math Kits and Sampark TV.



SUSTAINABILITY

The cascading training model and strong government engagement support long-term sustainability. Continued training by Master Trainers and alignment with local education departments increase the likelihood of lasting impact, though integration with state training systems is still needed.

KEY FINDINGS AND OBSERVATIONS

P6. BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION

CHART 1: AWARENESS OF CHANGES TO THE SCHOOL BUILDING

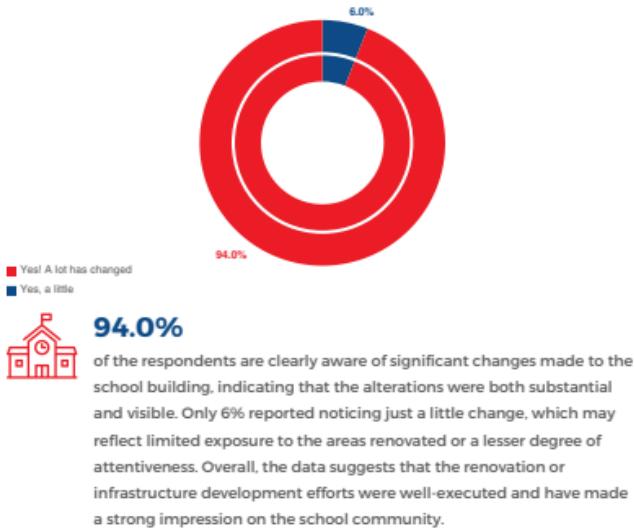


CHART 2: PERCENTAGE DISTRIBUTION OF STUDENTS BY GENDER

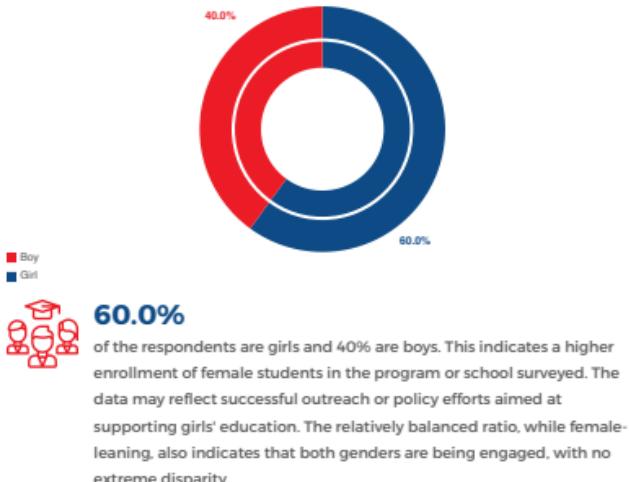
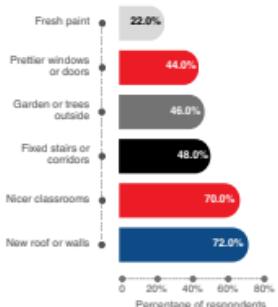


CHART 3: NEW FEATURES OBSERVED IN THE SCHOOL BUILDING

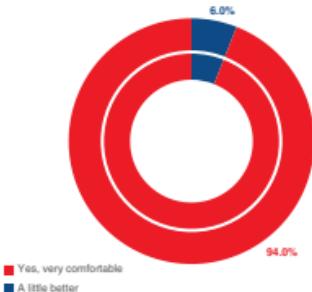


The chart highlights the various new features observed by students in the school building following recent changes. The most noticeable improvements were new roofs or walls (72%) and nicer classrooms (70%), indicating that structural and learning space enhancements had the strongest visual and functional impact. Moderate observations were made regarding fixed stairs or corridors (48%), gardens or trees outside (46%), and prettier windows or doors (44%), suggesting broader but somewhat less prominent improvements across the premises. Fresh paint was the least noticed change at 22%, possibly due to either limited application or it being less impactful than other upgrades. Overall, the data shows that the renovation focused heavily on core infrastructure and classroom quality, aligning with students' primary experiences and needs.



CONSTRUCTION OF THE BUILDING

CHART 4: IMPROVEMENT IN CLASSROOM COMFORT POST-RENOVATION



"Improvement in Classroom Comfort Post-Renovation" chart reflects overwhelmingly positive feedback from students regarding the upgraded classroom environment. A significant 94% of respondents reported feeling 'Yes, very comfortable', indicating a strong approval of the improvements made. An additional 6% described the comfort level as 'A little better,' suggesting that all surveyed students experienced at least some degree of positive change.

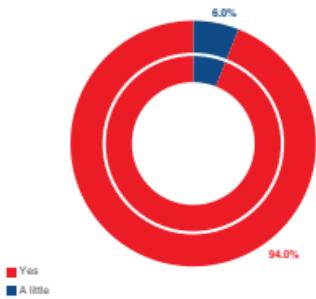


As a parent, I've seen firsthand how beautifully the school building has been restored. The layout and the amenities, including Wi-Fi connections, are impressive and truly connect the community. I've heard only positive comments from other parents and children, and I feel there's a renewed sense of pride in the community. I strongly believe that this renovation has made the environment around the school safer and more attractive, encouraging more parents like me to send their children here.

-Florence Haeems, Parent



CHART 5: EASE AND SAFETY OF SCHOOL FACILITIES (STAIRS, HALLWAYS, AND TOILETS) AFTER RENOVATION

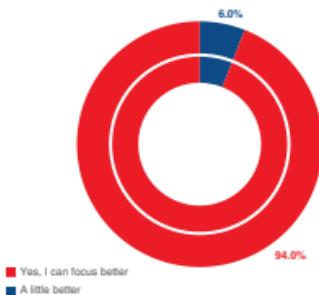


94.0%

of the respondents felt that the renovated facilities significantly improved ease of access and safety.

Meanwhile, 6% of respondents acknowledged only a slight improvement, indicating some minor gaps that may still exist. These results affirm that the renovation had a notably positive impact on the usability and security of essential school infrastructure, such as stairways, hallways, and restrooms.

CHART 6: IMPROVEMENT IN STUDY ENVIRONMENT AFTER RENOVATION



"Improvement in Study Environment After Renovation" indicates a highly favorable response from students regarding the impact of renovations on their ability to concentrate. A substantial 94% of respondents reported that they can focus better in the upgraded environment, while 6% noted a slight improvement.

This data highlights that the renovations have effectively enhanced the overall learning atmosphere, making classrooms more conducive to studying and sustained attention. The overwhelming majority expressing improved focus suggests that changes in infrastructure, lighting, layout, or noise reduction were well-received. While a small portion of students experienced only moderate improvement, the findings confirm that the renovation significantly elevated the study environment for most learners.

STUDENTS INTERACTION



The renovated building has become a vibrant space that inspires both students and staff every day.

-Sunita George, Principal



OECD FRAMEWORK



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



RELEVANCE

The renovation project directly addresses the urgent needs of students in under-resourced school settings—enhancing physical safety, emotional well-being, and learning conditions. Survey data confirms that 100% of students feel safer and satisfied with the renovations, with 94% reporting improved focus in class. These outcomes align with the OECD's emphasis on inclusive, learner-centered environments, demonstrating the project's strong relevance to educational well-being.



COHERENCE

The coherence of the above school renovation project aligns strongly with the OECD framework by supporting multiple Sustainable Development Goals (SDGs) and reinforcing national education and infrastructure policies.



EFFECTIVENESS

The initiative successfully delivered its intended outcomes—enhanced safety, comfort, and classroom improvements. Students reported feeling "very comfortable" (94%) and "much safer" (100%), reflecting the effectiveness of infrastructure upgrades. Additionally, ease of access in hallways, stairs, and toilets improved, ensuring a safer and more accessible school environment. The renovation not only strengthened physical infrastructure but also improved students' perceptions of their learning space.



EFFICIENCY

The renovation was executed with optimal resource allocation and timely implementation, ensuring minimal disruption to school activities. Strategic improvements prioritized cost-effective yet high-impact upgrades, such as classroom enhancements, safety measures, and digital learning tools. The seamless integration of these elements supports the OECD's focus on financially prudent, effective interventions that deliver substantial educational benefits.

**IMPACT**

Beyond structural improvements, the project fostered positive emotional and behavioral changes, with students feeling more engaged, focused, and happy at school. These psychological benefits align with the OECD's emphasis on quality learning environments, contributing to enhanced academic performance and attendance. Upgraded facilities—including digital applications, creative spaces, and air-conditioned classrooms—support modern learning needs and reinforce long-term educational outcomes.

**SUSTAINABILITY**

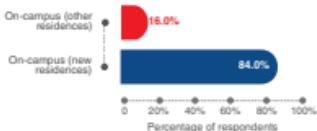
For lasting impact, the project must incorporate regular maintenance and feedback mechanisms. While initial results are promising, sustaining improvements requires ongoing governance models that support infrastructure upkeep and stakeholder engagement. The OECD highlights institutional sustainability as a critical factor in determining project success beyond initial outputs. Embedding these principles will ensure continuous benefits for students.



KEY FINDINGS AND OBSERVATIONS

P7. ASHOKA UNIVERSITY CAMPUS EXPANSION

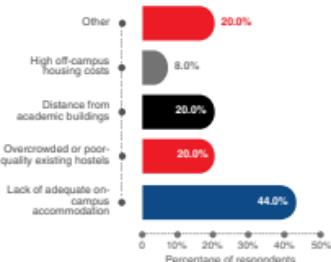
CHART 1: RESIDENTIAL STATUS OF RESPONDENTS



84.0%

of the students are currently residing in the newly constructed on-campus residences, while 16% continue to stay in other on-campus housing. This data suggests a high adoption rate of the new accommodations, likely due to improved facilities and better living conditions.

CHART 2: CHALLENGES FACED BEFORE CONSTRUCTION OF NEW RESIDENCES

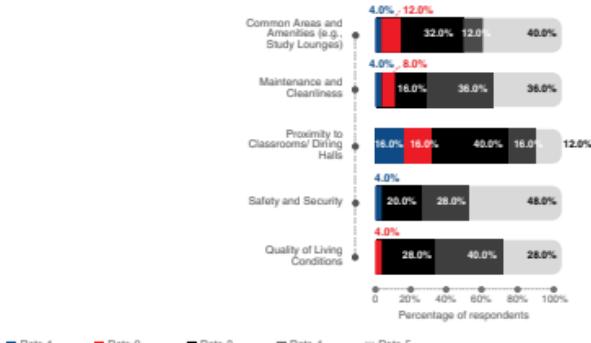


Prior to the construction of new residences, several housing-related challenges were prevalent among students. The most significant concern was the lack of adequate on-campus accommodation, affecting 44% of respondents. Additionally, 20% struggled with overcrowded or poor-quality hostels, indicating strain on the older residential infrastructure. Another 20% cited long distances to academic buildings as a major issue, leading to difficulties in commuting and time management. Financial constraints also played a role, with 8% of students reporting high off-campus housing costs that made securing affordable housing difficult. Other miscellaneous challenges, reported by 20%, included issues such as inefficient amenities and inadequate recreational spaces.



BUILDING ENTRANCE

CHART 3: POST-CONSTRUCTION EXPERIENCE: STUDENT RATINGS OF NEW RESIDENCES



Following the introduction of new residences, students provided feedback on key aspects of their living experience.



QUALITY OF LIVING CONDITIONS

Students rated their living conditions positively, with 28% marking them as excellent and 40% as good, reflecting the improvements in infrastructure. However, 28% rated them as average, indicating some areas still require attention. 4% rated them poorly, suggesting limited dissatisfaction.



SAFETY AND SECURITY

Safety measures were well-received, with 48% rating them as excellent and 28% as good. While 20% rated security as average, 4% considered it very poor, highlighting the need for continuous monitoring and improvement.



PROXIMITY TO CLASSROOMS/ DINING HALLS

Proximity was a lower-rated aspect, with 16% marking it as poor and another 16% as very poor, signaling accessibility concerns. While 12% rated it excellent, 40% found it only average, suggesting improvements in campus transportation or additional infrastructure could be beneficial.



MAINTENANCE AND CLEANLINESS

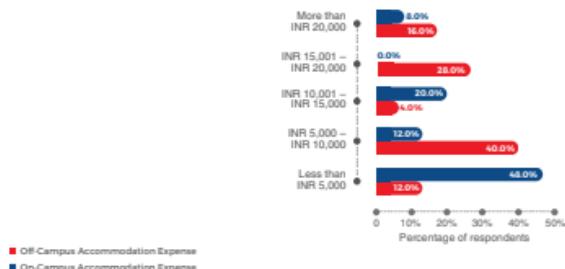
This aspect received mostly positive feedback, with 36% rating it excellent and another 36% rating it good. However, 12% expressed dissatisfaction, pointing to ongoing concerns regarding common areas and washroom upkeep.



COMMON AREAS AND AMENITIES

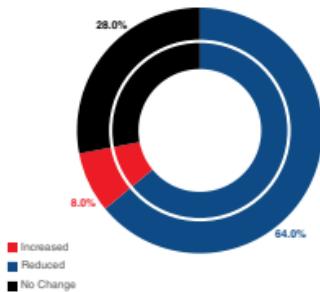
Opinions on common areas were varied, with 40% rating them as excellent, showing appreciation for newly added spaces. However, 16% rated them poorly, reflecting gaps in social and recreational facilities.

CHART 4: COMPARISON OF AVERAGE MONTHLY EXPENSES: ON-CAMPUS VS OFF-CAMPUS ACCOMMODATION (INCLUDING TRAVEL COSTS)



The financial impact of on-campus living was notable. Before moving on-campus, 28% of students spent INR 15,001 – INR 20,000, with 16% incurring costs above INR 20,000, demonstrating the financial strain of external rental housing. However, post-construction figures indicate a substantial cost reduction, with 48% now spending less than INR 5,000 and 40% spending between INR 5,000 – INR 10,000. Only 8% continue to spend above INR 20,000, likely due to premium services.

CHART 5: CHANGE IN MONTHLY LIVING EXPENSES AFTER MOVING ON-CAMPUS



After transitioning to on-campus accommodation:

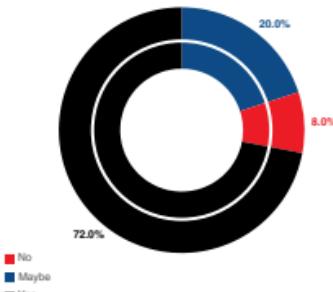
 **64.0%** of the students experienced a significant reduction in expenses, validating the affordability of the new residences.

 **8.0%** of the students reported an increase in their costs, primarily due to additional services or amenities.



of the students saw no change, indicating their expenditures remained consistent.

CHART 6: PRESENCE OF ANTI-RAGGING CELL IN NEW RESIDENCES



 **72.0%** of the students confirming its presence. However, 20% remained unsure, suggesting a need for better awareness. 8% indicated that no anti-ragging measures exist, highlighting gaps in communication.



BENEFITS OF THE NEW RESIDENCES

Students praised the new accommodations for their better quality rooms, enhanced security measures, and improved amenities such as gyms, mess facilities, and laundry services. The presence of well-furnished rooms and spacious interiors contributed to an overall positive experience, with reduced overcrowding allowing for a more comfortable and productive academic life.



SUGGESTED IMPROVEMENTS

Students recommended several enhancements, including the addition of more food outlets, recreational spaces (such as TT tables and pool tables), expanded laundry services, and a tuck/stationery shop. Connectivity remains a concern, with recommendations for better Wi-Fi infrastructure, improved washroom maintenance, and enhanced transportation options to ease commuting across campus.



OECD FRAMEWORK



Relevance

Coherence

Effectiveness

Efficiency

Impact

Sustainability



RELEVANCE

Its relevance is strengthened by its contribution to SDG 4 (Quality Education) and SDG 9 (Industry, Innovation & Infrastructure), reinforcing OECD principles of effectiveness, efficiency, and impact.



COHERENCE

Ashoka University's infrastructure expansion demonstrates strong coherence with its long-term educational mission. The university aims to build a multidisciplinary academic environment, combining humanities, social sciences, and STEM disciplines within an integrated campus model. The construction of Residential Blocks (R1 & R2) and dedicated science and computing spaces supports this vision, ensuring that students benefit from a holistic educational framework. Moreover, the Net Zero architectural principles ensure that the project aligns with broader global sustainability goals, enhancing institutional credibility.

However, one area of partial misalignment is in accessibility. While new residential spaces provide enhanced student living conditions, proximity to academic blocks remains a concern for some students. Addressing mobility challenges through campus transport solutions or optimized walking pathways could enhance coherence further.



EFFECTIVENESS

The effectiveness of the expansion project is evident in multiple aspects:

- **Capacity expansion:** The new campus accommodates 3,500 additional students, addressing rising enrollment demands.
- **Improved student well-being:** New residential structures integrate study spaces, gyms, common lounges, and cafes, fostering a balanced student lifestyle.

The project is largely effective in delivering these objectives, though student feedback on accessibility and recreational spaces suggests scope for minor refinements.



EFFICIENCY

The university has demonstrated high efficiency in execution by:

- Leveraging CSR funding effectively to support construction.
- Maintaining cost-conscious operational funding faculty salaries supported by CSR engagement.

However, efficiency could be improved by ensuring a more structured phase-wise evaluation of infrastructure gaps, such as Wi-Fi stability and campus transport logistics.



IMPACT

The academic and social impact of the expansion is substantial:

- **Affordable student housing:** With 64% of students reporting lower monthly expenses, financial accessibility has improved.
- **Community enhancement:** Residential spaces serve as social and intellectual hubs, fostering collaboration and peer engagement.
- **Institutional prestige:** The university's growth strengthens its position in India's higher education ecosystem, attracting leading faculty and international partnerships.

Potential impact enhancements include stronger student engagement in campus governance and policy-driven accessibility improvements.



SUSTAINABILITY

Ashoka University's campus expansion aligns with the OECD's sustainability goals in multiple ways:

- **Environmental sustainability:** The buildings are Net Zero certified, incorporating insulated walls, energy-efficient glazing, and naturally ventilated common spaces.
- **Resource efficiency:** Plans for LEED and GRIHA certifications reinforce commitment to green infrastructure.
- **Long-term viability:** The inclusion of dedicated science and research blocks ensures that the university remains competitive in global academic rankings.

While these sustainability principles are well-integrated, enhanced water conservation measures and solar energy usage could further optimize long-term eco-efficiency.



Relevance



Coherence



Effectiveness



Efficiency



Impact

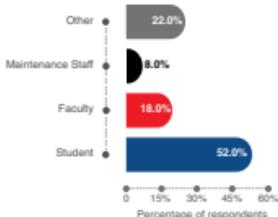


Sustainability

KEY FINDINGS AND OBSERVATIONS

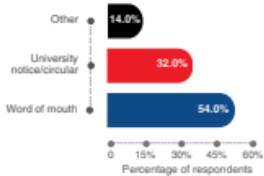
P8. URBAN FOREST PROJECT : BIODIVERSITY PARK

CHART 1: AFFILIATION OF RESPONDENTS



The majority of participants identified as students, comprising 52% of the total. This was followed by individuals who selected "Other" as their affiliation, making up 22% of respondents. Faculty members accounted for 18%, while maintenance staff represented 8%.

CHART 2: SOURCE OF AWARENESS ABOUT THE URBAN FOREST PROJECT: BIODIVERSITY PARK

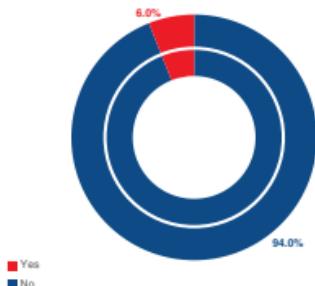


The survey findings reveal that word of mouth is the most prevalent source of awareness about the Miyawaki Plantation Initiative, cited by 54% of respondents. This suggests that informal peer-to-peer communication plays a significant role in spreading information within the university. In contrast, 32% of students reported learning about the initiative through official university notices or circulars, indicating that institutional communication channels are moderately effective but have room for improvement. Only 14% became aware through other sources, such as posters or informal events, reflecting a limited use of diverse outreach strategies.



INTERVIEW WITH IMPLEMENTATION TEAM

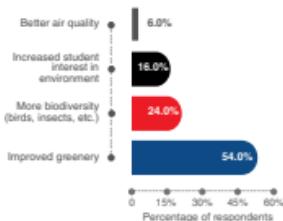
CHART 3: PARTICIPATION IN MIYAWAKI PLANTATION-RELATED ACTIVITIES



94.0%

of the respondents have not participated in any activities related to the Urban Forest project: Biodiversity park, such as planting, awareness sessions, or maintenance. Only 6% indicated that they have been involved. This indicates a significant lack of engagement with the initiative, despite some level of awareness, and suggests the need for more inclusive or better-promoted participation opportunities.

CHART 4: OBSERVED CHANGES SINCE THE MIYAWAKI PLANTATION BEGAN



The data on observed changes since the implementation of the Urban Forest project: Biodiversity park Initiative highlights improved greenery as the most widely recognized outcome, with 54% of students noting this enhancement on campus. This is followed by increased biodiversity, such as the presence of birds and insects, observed by 24% of respondents, suggesting early signs of ecological restoration. Meanwhile, 16% of students reported a rise in environmental interest among peers, indicating the initiative's potential to influence environmental consciousness. However, only 6% noticed better air quality, implying that while visual and biological impacts are evident, perceived atmospheric benefits may take longer to materialize or require further reinforcement.

“

I've seen the Miyawaki plantation at Kalina University transform our campus environment over the past year. From cleaning and planting to nurturing and maintaining the green spaces, I've been involved every step of the way. Today, our campus is not only greener and more biodiverse but also a more engaging and beautiful place for students and staff alike. This project has truly created a peaceful and inspiring atmosphere for everyone.

-Supervisor, J.K.D. HortiTech

”

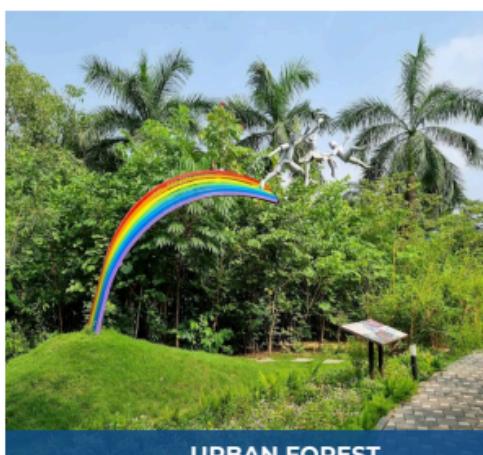
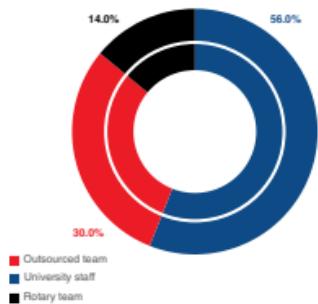
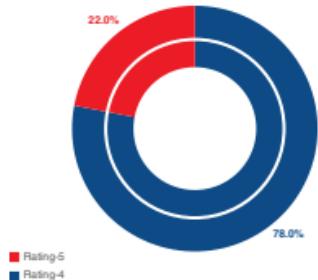


CHART 5: RESPONSIBILITY FOR MAINTENANCE OF THE MIYAWAKI PLANTATION



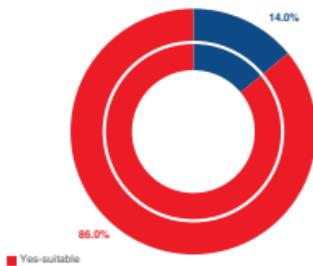
Major maintenance activity has been carried out by the university staff at 56% as per the respondents.

CHART 6: ENVIRONMENTAL IMPACT RATING OF THE MIYAWAKI PLANTATION (SCALE OF 1 TO 5)



Awareness of the Urban Forest project: Biodiversity park on the university campus was notably low among respondents. A substantial 78% of participants indicated that they were not aware of the initiative, while only 22% reported familiarity with it. No respondents selected "Maybe," reinforcing the finding that awareness remains significantly limited. This suggests a pressing need for enhanced communication and outreach efforts to ensure broader engagement with the university's environmental programs.

CHART 7: PERCEPTION OF MIYAWAKI METHOD'S SUITABILITY FOR URBAN SETTINGS LIKE KALINA UNIVERSITY



 **86.0%** of the respondents felt that this intervention is suitable for the urban scenario bringing an impact on air quality.

STUDENTS INTERVIEW



OECD FRAMEWORK



RELEVANCE

The project aligns well with current environmental priorities, including urban afforestation, climate change mitigation, and biodiversity conservation. Its implementation within a university setting further enhances its relevance, serving both ecological and educational objectives.



COHERENCE

By restoring native ecosystems through dense, fast-growing forests, the project enhances carbon sequestration, air quality, and ecological balance, contributing to SDG 13 (Climate Action) and SDG 15 (Life on Land).



EFFECTIVENESS

The Urban Forest project : Biodiversity park has shown effectiveness through visible ecological outcomes like increased greenery and biodiversity. While awareness and behavioral changes are moderate, the foundation has been laid for long-term positive impact, especially if participation is scaled up.



EFFICIENCY

Although resource utilization data is not available, the initiative's ability to generate noticeable environmental change with limited awareness and participation implies efficient use of resources. It also indicates good implementation practices, especially in terms of planting strategy and site selection.



IMPACT

Early impacts include aesthetic improvement and partial restoration of biodiversity. However, broader environmental benefits—such as air purification and microclimate regulation—are yet to be fully realized or documented. Nonetheless, the social and educational impacts are already beginning to emerge.



SUSTAINABILITY

The use of the Miyawaki technique ensures ecological sustainability, given that these plantations typically become self-sustaining within 2-3 years. However, social sustainability—in terms of long-term community and student engagement—needs strategic reinforcement to maintain momentum and involvement.

04. IMPACT CREATED ACROSS MULTIPLE LEVELS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND

INDIVIDUAL LEVEL

EARLY DETECTION & TREATMENT

Cancer patients received timely screenings, enabling quick diagnosis and treatment initiation. This reduced the risk of disease progression and improved survival chances.



FINANCIAL AID

Beneficiaries who previously struggled to afford timely treatment received financial support, alleviating immediate healthcare burdens.

FAMILY LEVEL

ECONOMIC STABILITY & LIVELIHOOD PROTECTION

Financial support prevented major disruptions in families where patients were the primary earners, helping them focus on recovery without worrying about job losses.



REDUCED FINANCIAL BURDEN

Families facing substantial healthcare costs benefited from reduced out-of-pocket expenses, though some still had to arrange additional funds.

COMMUNITY LEVEL

HEALTHCARE ACCESS EXPANSION

The program strengthened healthcare access across multiple regions, making treatment available in underserved communities.



AWARENESS & SUPPORT NETWORKS

Increased local awareness encouraged communities to support cancer patients, reducing stigma and improving engagement with healthcare facilities.

STATE LEVEL

EFFICIENT FUNDING & APPROVAL PROCESS

Streamlined application procedures allowed beneficiaries to receive aid quickly, enhancing state-level responsiveness to healthcare needs.



HOSPITAL STANDARDS & PATIENT DIGNITY

Hospitals ensured respectful treatment and clear communication, improving patient experiences across states.

NATIONAL LEVEL

STRENGTHENED CANCER CARE INFRASTRUCTURE

The initiative contributed to India's broader healthcare system by improving access to cancer treatment nationwide.



POLICY IMPLICATIONS

Insights from this program highlight gaps in total cost coverage, informing future healthcare policies for better financial assistance models.

P2. DR. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)

INDIVIDUAL LEVEL

REDUCED FINANCIAL STRESS

Aid alleviates diagnostic costs, helping patients focus on treatment rather than financial struggles.



EARLY CANCER DETECTION

Patients receive timely diagnostic tests, enabling faster treatment and better survival rates.

IMPROVED HEALTH-SEEKING BEHAVIOR

Encourages proactive health decisions, leading to earlier medical intervention and better outcomes.

HOUSEHOLD LEVEL

PRESERVATION OF LIVELIHOODS

Early diagnosis and treatment ensure primary earners can recover faster, maintaining household income.



ECONOMIC STABILITY

Financial assistance prevents catastrophic healthcare expenses, protecting families from debt.

BETTER SUPPORT FOR CAREGIVERS

Families can focus on caregiving rather than worrying about medical costs.

COMMUNITY LEVEL

ENHANCED SOCIAL SUPPORT

More diagnosed patients create peer networks that strengthen emotional and psychological resilience.



INCREASED AWARENESS

Encourages discussions on cancer prevention and early screening in local communities.

BETTER HEALTHCARE ACCESSIBILITY

Local hospitals and diagnostic centers improve their outreach and services for marginalized groups.

STATE LEVEL

REDUCED HEALTHCARE COSTS

State-sponsored healthcare programs benefit from lower late-stage treatment costs due to early interventions.



IMPROVED PUBLIC HEALTH OUTCOMES

Early cancer detection reduces the burden on state healthcare facilities, freeing resources for other critical care areas.

STRENGTHENED PARTNERSHIPS

Government, private entities, and civil society collaborate for a more sustainable healthcare model.

NATIONAL LEVEL

SUPPORTS SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Aligns with India's goals of reducing healthcare inequality and improving well-being.



ECONOMIC GROWTH

Ensuring early treatment prevents productivity loss, contributing to workforce stability and economic sustainability.

ADVANCEMENT IN HEALTHCARE POLICY

Positive program outcomes can influence nationwide healthcare funding and policy reforms, strengthening the fight against cancer.

P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM

INDIVIDUAL LEVEL

IMPROVED WELL-BEING

Patients experience reduced stress, better hygiene, and enhanced emotional support.



ENHANCED DIGNITY

A clean and secure living space fosters confidence and emotional stability during treatment.

BETTER TREATMENT ADHERENCE

Access to safe accommodation ensures patients can focus on recovery without financial or logistical burdens.

FAMILY LEVEL

REDUCED FINANCIAL STRAIN

Families save on accommodation costs, allowing them to focus on medical expenses.



IMPROVED CAREGIVER WELL-BEING

A safe and comfortable environment helps families cope with the emotional challenges of cancer treatment.

EMOTIONAL SUPPORT

Caregivers benefit from peer interactions and structured engagement activities.

COMMUNITY LEVEL

INCREASED AWARENESS

The program highlights the need for dignified patient care, encouraging community-driven health initiatives.



STRONGER SOCIAL NETWORKS

Patients and caregivers build connections, fostering mutual support and resilience.

LOCAL ECONOMIC BENEFITS

Improved healthcare infrastructure contributes to the overall well-being of the surrounding community.

STATE LEVEL

MODEL FOR FUTURE PROGRAMS

Sets a precedent for similar accommodation support projects across other regions.



ALIGNMENT WITH HEALTHCARE POLICIES

Supports state-level initiatives for accessible and affordable patient care.

IMPROVED PUBLIC HEALTH OUTCOMES

Supports state-level initiatives for accessible and affordable patient care.

NATIONAL LEVEL

CONTRIBUTION TO SDG GOALS

Supports SDG 3 (Good Health & Well-being) and SDG 10 (Reduced Inequalities) by ensuring equitable healthcare access.



STRENGTHENING INDIA'S HEALTHCARE INFRASTRUCTURE

Demonstrates the role of CSR in improving patient welfare.

SCALABILITY AND REPLICATION

Serves as a model for nationwide implementation of patient-centric support programs.

P4. SEVA KUTIR PROJECT

INDIVIDUAL LEVEL



Improved focus and concentration, contributing to better academic performance and subject comprehension.



Increased regularity in attendance, enabling consistent learning and reduced learning gaps.



Greater enthusiasm and participation in studies, sports, and extracurricular activities.



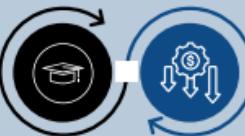
Enhanced confidence among students, making them more expressive, responsible, and willing to ask questions.



Improved hygiene habits like regular handwashing and brushing contribute to better health and overall well-being.

FAMILY LEVEL

Greater involvement in children's education, leading to more supportive learning environments at home.



Reduced financial pressure on families due to the provision of two daily meals at Seva Kutir.

SCHOOL LEVEL

Stronger relationships between teachers and students, with students more open to sharing their needs.



Improved student attendance and enrolment, resulting in higher classroom engagement.

COMMUNITY LEVEL

Improved school reputation within the locality, encouraging more families to enrol their children.



Greater sense of shared responsibility for children's well-being and educational success.

STATE LEVEL



Contribution towards improving educational indicators in underserved tribal areas by boosting attendance, retention, and nutrition outcomes. Alignment with state objectives of reducing educational inequality and promoting child development.

NATIONAL LEVEL



Support towards achieving national goals of universal education, better health, and reduced malnutrition among children in marginalised communities.

PS. SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM

INDIVIDUAL LEVEL

ENHANCED ENGAGEMENT

Interactive tools make learning enjoyable and boost classroom participation.



IMPROVED LEARNING OUTCOMES

Students gain stronger foundational literacy and numeracy skills.

FUTURE READINESS

Digital literacy equips children with skills for higher education and job markets.

HOUSEHOLD LEVEL

PARENTAL AWARENESS

Parents take a more active role in their children's education.



REDUCED DROPOUT RATES

Stronger learning foundations keep students in school longer.

ECONOMIC STABILITY

Education empowers families by improving long-term career prospects.

COMMUNITY LEVEL

BETTER EDUCATIONAL EQUITY

Program supports learning in marginalized and tribal communities.



TEACHER EMPOWERMENT

Training enhances pedagogy and classroom effectiveness.

SOCIAL CHANGE

Learning improvements foster aspirations for higher education and career success.

STATE LEVEL

STRONGER PUBLIC EDUCATION SYSTEMS

Collaboration with education departments integrates program tools into government schools.



INFRASTRUCTURE DEVELOPMENT

Investments in digital learning improve school resources.

SCALABILITY & POLICY IMPACT

Successful models influence state-level education strategies and teacher training programs.

NATIONAL LEVEL

ALIGNMENT WITH SDG 4 (QUALITY EDUCATION)

Supports India's commitment to inclusive education reforms.



BRIDGING LEARNING GAPS

Addresses disparities between urban and rural education systems.

LONG-TERM ECONOMIC GROWTH

A well-educated workforce drives innovation and national development.

P6. BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION

INDIVIDUAL LEVEL

Greater emotional well-being as students feel safer, happier, and more connected to their school environment.



Enhanced learning conditions lead to improved focus, engagement, and academic performance.

Increased confidence and participation due to better infrastructure and creative spaces for personal growth.

FAMILY LEVEL

Relief for parents and guardians, knowing their children are in a safe and nurturing educational setting.



Improved emotional stability as children bring home positive experiences from school, benefiting overall family dynamics.

Encouragement for continued education, reducing dropout rates and reinforcing the importance of schooling.

COMMUNITY LEVEL

Strengthened social cohesion through improved school facilities, fostering a sense of pride and unity.



Increased community involvement in child welfare and education, encouraging sustained support and engagement.

Economic benefits as better educational outcomes can lead to long-term local development and opportunities.

STATE LEVEL

Enhanced accessibility for marginalized students, supporting equitable education initiatives.



Alignment with state education policies, ensuring infrastructure meets required safety and quality standards.

Positive model for other school renovations, setting benchmarks for future projects.

NATIONAL LEVEL

Strengthening India's commitment to child welfare, demonstrating CSR-driven educational development.



Contribution to SDG goals, supporting quality education (SDG 4) and well-being (SDG 3).

Potential replication of successful strategies for school infrastructure improvements across different regions.

P7. ASHOKA UNIVERSITY CAMPUS EXPANSION

INDIVIDUAL LEVEL

ENHANCED LEARNING CONDITIONS

Students experience improved housing, academic infrastructure, and access to cutting-edge research facilities.



IMPROVED WELL-BEING

Better residential facilities contribute to mental health, safety, and overall student satisfaction.

GREATER ACADEMIC ENGAGEMENT

Increased participation in interdisciplinary research and innovation.

FAMILY LEVEL

REDUCED FINANCIAL BURDEN

On-campus housing lowers living costs for students from low-income backgrounds.



ENCOURAGEMENT FOR HIGHER EDUCATION

Families feel more confident in sending students to Ashoka due to improved accessibility and affordability.

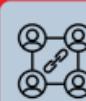
BETTER ACADEMIC OUTCOMES

Students benefit from structured learning environments, leading to stronger career prospects.

COMMUNITY LEVEL

STRENGTHENED SOCIAL COHESION

A diverse and inclusive campus fosters cultural exchange and collaboration.



ECONOMIC BENEFITS

Local businesses and service providers benefit from increased student presence and university expansion.

ENVIRONMENTAL SUSTAINABILITY

Green campus initiatives contribute to a healthier local ecosystem.

STATE LEVEL

ALIGNMENT WITH STATE EDUCATION POLICIES

Supports higher education infrastructure development in Haryana.



IMPROVED RESEARCH OUTPUT

Strengthens Haryana's position as a hub for academic excellence and innovation.

MODEL FOR FUTURE UNIVERSITY EXPANSIONS

Sets benchmarks for sustainable and inclusive campus development.

NATIONAL LEVEL

CONTRIBUTION TO SDG GOALS

Supports SDG 4 (Quality Education), SDG 9 (Industry, Innovation & Infrastructure), and SDG 11 (Sustainable Cities & Communities).



STRENGTHENING INDIA'S GLOBAL ACADEMIC STANDING

Enhances the country's reputation for world-class higher education.

SCALABILITY AND REPLICATION

Serves as a model for nationwide implementation of sustainable university expansion projects.

P8. URBAN FOREST PROJECT : BIODIVERSITY PARK

INDIVIDUAL LEVEL

IMPROVED WELL-BEING

Students and faculty experience enhanced greenery, fostering a healthier and more aesthetically pleasing campus environment.



EDUCATIONAL BENEFITS

Practical exposure to afforestation techniques strengthens environmental science learning.

GREATER ENVIRONMENTAL AWARENESS

Increased student engagement in sustainability initiatives, leading to long-term eco-conscious behavior.

FAMILY LEVEL

ENCOURAGEMENT FOR SUSTAINABLE PRACTICES

Families of students and faculty become more aware of urban greening and biodiversity conservation.



COMMUNITY-DRIVEN ENVIRONMENTAL CONSCIOUSNESS

Families support afforestation efforts beyond the university setting.

HEALTH BENEFITS

Improved air quality and green spaces contribute to better respiratory health and overall well-being.

COMMUNITY LEVEL

STRENGTHENED ECOLOGICAL RESILIENCE

The plantation enhances biodiversity, attracting native flora and fauna.



LOCAL ENGAGEMENT OPPORTUNITIES

Community members participate in environmental awareness programs and afforestation activities.

URBAN SUSTAINABILITY IMPROVEMENTS

Increased green cover mitigates heat island effects and improves air quality.

STATE LEVEL

ALIGNMENT WITH STATE ENVIRONMENTAL POLICIES

Supports Maharashtra's urban greening and climate action initiatives.



IMPROVED URBAN SUSTAINABILITY

Contributes to cleaner air, reduced pollution, and enhanced green infrastructure.

MODEL FOR FUTURE AFFORESTATION PROJECTS

Demonstrates the effectiveness of the Miyawaki method for rapid ecological restoration.

NATIONAL LEVEL

CONTRIBUTION TO SDG GOALS

Supports SDG 13 (Climate Action), SDG 15 (Life on Land), and SDG 11 (Sustainable Cities & Communities).



STRENGTHENING INDIA'S ENVIRONMENTAL LEADERSHIP

Showcases successful urban afforestation models for replication nationwide.

SCALABILITY AND REPPLICATION

Serves as a benchmark for integrating biodiversity conservation into urban planning across India.

05. KEY CHALLENGES AND BARRIERS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND

Interactions with various stakeholders revealed the following challenges:

FINANCIAL CONSTRAINTS & COVERAGE GAPS

The high cost of cancer treatment often exceeds the financial support available, limiting accessibility for many patients.



LIMITED AWARENESS & OUTREACH

Awareness campaigns predominantly focus on tobacco-related cancers, leaving gaps in knowledge about other major types like cervical and gastrointestinal cancers.



ACCESSIBILITY & REGIONAL DISPARITIES

- Northeast India faces severe healthcare infrastructure challenges, making cancer treatment difficult to access.
- Oral cancer screening coverage in India is only 0.2%, highlighting the need for better preventive measures.



DELAYS IN DIAGNOSIS & TREATMENT INITIATION

- 92% of beneficiaries undergo essential tests promptly upon financial aid approval, but delays still occur due to logistical challenges.
- Early intervention is crucial, yet many patients struggle with timely access to diagnostic facilities.



ECONOMIC BURDEN ON FAMILIES

- 38% of beneficiaries are sole income providers, and cancer treatment often leads to job losses or wage reductions.
- Financial instability affects not just patients but their entire households, requiring broader support mechanisms.



SUSTAINABILITY & LONG-TERM FUNDING

Expanding funding sources and ensuring continuous financial support is essential for maintaining impact.



P2. DR. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)

LIMITED AWARENESS AND OUTREACH



- Some underserved communities may not be aware of the program, reducing uptake among those who need it most.
- Lack of targeted communication strategies in rural areas could hinder accessibility for the poorest households.

GENDER AND INCOME DISPARITIES



Higher male representation (65%) among beneficiaries suggests possible barriers for women in accessing diagnostic aid.

NON-FINANCIAL BARRIERS TO CARE



Social stigma surrounding cancer diagnosis can discourage patients from seeking timely tests.

OPERATIONAL AND PROCESS CHALLENGES



Manual processing of aid applications and approvals can slow down response times, delaying diagnostics for patients.

SUSTAINABILITY AND SCALABILITY ISSUES



Expanding to remote or underserved districts requires better infrastructure and more healthcare partnerships.

P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM

The Dharamshala Accommodation Support Program faced several key challenges and barriers during its implementation:



LIMITED ACCOMMODATION CAPACITY

High demand for affordable housing meant some patients had difficulty securing a spot.



EMOTIONAL AND PSYCHOLOGICAL SUPPORT NEEDS

Some beneficiaries required additional counseling and peer support beyond existing programs.



FUNDING CONSTRAINTS

Ensuring sustainable financial support for ongoing operations and maintenance was a challenge.



INFRASTRUCTURE MAINTENANCE

Regular upkeep of hygiene, laundry, and pest control services needed continuous monitoring.

SERVICE DELIVERY GAPS

Inconsistent distribution of daily provisions like milk and fruits affected patient satisfaction.

EXTENDED STAY REQUESTS

Patients undergoing prolonged treatment cycles requested longer accommodation durations, requiring flexible policies.

P4. SEVA KUTIR PROJECT**MAINTENANCE ISSUES**

Managing over 60 Seva Kutirs across remote tribal villages presented significant logistical challenges. Consistent infrastructure upkeep, regular cleaning, timely repairs, and ensuring access to basic amenities such as safe drinking water and proper sanitation require continuous attention and effort.

STAFFING AND RETENTION ISSUE

Recruiting and retaining qualified and trained teachers in extremely remote and underserved regions proved difficult. Teacher absenteeism and high turnover rates occasionally disrupted the continuity of learning for the children.

SUPPLY CHAIN DISRUPTIONS

Ensuring the timely and consistent supply of nutritious food ingredients to all Kutirs was challenging, particularly during the monsoon season or during transportation strikes, which affected operations.

PARENTAL INVOLVEMENT

Despite regular community engagement initiatives, sustained parental involvement remained limited in certain marginalised areas. Traditional mindsets prioritising immediate labour over education, coupled with migration pressures, often hinder consistent support for children's schooling.

SEASONAL MIGRATION OF FAMILIES

Seasonal migration for agricultural or labour work led to irregular attendance for many children, causing interruptions in their education and risking learning losses.

P5. SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM**LIMITED AWARENESS & ADOPTION**

- Some rural and underserved communities may not be aware of the program, limiting participation.
- Low digital literacy among teachers can hinder the effective use of Sampark Smart Shala tools.





INFRASTRUCTURE & RESOURCE CONSTRAINTS

- Insufficient digital access—not all schools have reliable internet or devices to maximize digital learning.
- Limited availability of trained educators in remote areas slows the adoption of innovative teaching methods.



SOCIO-ECONOMIC BARRIERS

- Parental engagement gaps—some families lack awareness or time to support their children's education.
- High student absenteeism—children from disadvantaged backgrounds may prioritize work over school.



TEACHER TRAINING & SUSTAINABILITY

- Scaling training programs is challenging: reaching thousands of teachers requires ongoing support.
- Limited follow-ups after training—teachers may need refresher sessions to sustain effectiveness.



POLICY & GOVERNMENT ALIGNMENT

- Integration with state education policies may take time, requiring deeper collaboration.
- Funding sustainability—reliance on CSR funding means long-term expansion depends on continued support.

P6. BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION



INFRASTRUCTURE LIMITATIONS

The deteriorated condition of roofs, walls, and stairways required extensive repairs, increasing project complexity.



BUDGET CONSTRAINTS

Ensuring cost-effective yet high-quality renovations while managing available funding posed financial challenges.



MINIMAL DISRUPTIONS TO LEARNING

Renovation work had to be scheduled carefully to avoid interfering with students' academic routines.



HYGIENE AND SAFETY CONCERN

Upgrading sanitation facilities while maintaining student accessibility and cleanliness was a logistical challenge.

STAKEHOLDER COORDINATION

Collaborating with school staff, caregivers, and vocational trainers required effective communication and planning.

SUSTAINABILITY OF IMPROVEMENTS

Ensuring long-term maintenance and upkeep of the renovated infrastructure remains a priority.

P7. ASHOKA UNIVERSITY CAMPUS EXPANSION**INFRASTRUCTURE DEVELOPMENT COMPLEXITY**

Expanding land area required extensive planning and execution.

SUSTAINABILITY INTEGRATION

Ensuring eco-friendly construction while minimizing electricity and water usage posed logistical challenges.

HOUSING ALLOCATION ISSUES

Balancing residential capacity for undergraduate, master's, and PhD students required careful evaluation.

ACCESSIBILITY CONCERNs

Some students reported difficulties in commuting between new residential blocks and academic buildings.

FUNDING AND RESOURCE MANAGEMENT

Securing financial support for faculty salaries and operational sustainability was a critical factor.

STUDENT ENGAGEMENT AND SATISFACTION

Addressing feedback on additional food courts, recreational spaces, and improved connectivity remained a priority.

P8. URBAN FOREST PROJECT : BIODIVERSITY PARK

The Urban Forest project: Biodiversity park at Kalina University faced several key barriers and challenges during its implementation:

LOW AWARENESS & ENGAGEMENT

Over 76.9% of respondents were unaware of the initiative, highlighting gaps in structured outreach and communication.



LIMITED PARTICIPATION OPPORTUNITIES

Despite the project's presence, 94% of surveyed individuals had not engaged in plantation or maintenance activities.



INFORMAL COMMUNICATION CHANNELS

Most awareness was spread through word of mouth (54%), rather than structured university notices or digital platforms.



PERCEIVED AIR QUALITY IMPACT

Only 6% of respondents noticed an improvement in air quality, suggesting that atmospheric benefits may take longer to materialize or require scientific validation.



MAINTENANCE RESPONSIBILITY

University staff handled 56% of maintenance activities, while outsourced teams and Rotary contributed 30% and 14%, respectively, indicating a need for broader stakeholder involvement.



SUSTAINABILITY CONCERNS

While the Miyawaki method ensures ecological sustainability, long-term student and faculty engagement remains a challenge.



LACK OF DIGITAL OUTREACH

Social media and structured university communication channels were underutilized, limiting visibility and engagement.

06. SWOT ANALYSIS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND

STRENGTHS	FINANCIAL ASSISTANCE FOR UNDERPRIVILEGED PATIENTS
	<p>ICS-CCF provides crucial funding for cancer treatment, reducing financial barriers.</p>
WEAKNESSES	PARTNERSHIPS WITH LEADING INSTITUTIONS
	<p>Collaborates with hospitals and organizations like HDFC Mutual Fund to ensure sustainable funding.</p>
WEAKNESSES	EFFICIENT SCREENING PROCESS
	<p>Uses AI-based systems like Navya to assess patient eligibility, ensuring timely support.</p>
WEAKNESSES	LIMITED AWARENESS
	<p>Many eligible patients remain unaware of the fund, reducing its reach.</p>
WEAKNESSES	REGIONAL DISPARITIES
	<p>Access to treatment is uneven, with rural areas facing greater challenges.</p>
OPPORTUNITIES	EXPANDING AWARENESS CAMPAIGNS
	<p>Strengthening outreach through digital platforms and healthcare networks can increase accessibility.</p>
OPPORTUNITIES	ENHANCING CORPORATE PARTNERSHIPS
	<p>More collaborations with businesses can boost funding and sustainability.</p>
OPPORTUNITIES	IMPROVING REGIONAL HEALTHCARE ACCESS
	<p>Expanding hospital partnerships in underserved areas can bridge treatment gaps.</p>
OPPORTUNITIES	LEVERAGING AI FOR BETTER PATIENT SELECTION
	<p>AI-driven screening can further optimize fund allocation and improve survival rates.</p>
	RISING CANCER TREATMENT COSTS
	<p>Increasing medical expenses may outpace available funding.</p>



THREATS



ECONOMIC UNCERTAINTY

Fluctuations in corporate donations and mutual fund contributions could impact sustainability.



HEALTHCARE INFRASTRUCTURE CHALLENGES

Limited facilities in certain regions may hinder effective treatment delivery.



POLICY & REGULATORY CHANGES

Shifts in healthcare policies could affect funding mechanisms and operational efficiency.

P2. DR. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)



STRENGTHS



FINANCIAL SUPPORT FOR DIAGNOSTICS

Helps economically disadvantaged patients access essential tests.



ENCOURAGES EARLY DIAGNOSIS

Reduces delays, ensuring timely cancer treatment.



HIGH PATIENT SATISFACTION

85% of beneficiaries are satisfied with the aid process.



STRONG PARTNERSHIPS

Collaboration between the Indian Cancer Society and HDFC AMC enhances credibility and funding.



GEOGRAPHIC REACH

Supports patients across multiple Indian states, improving healthcare accessibility.



WEAKNESSES



LIMITED AWARENESS

Some underserved communities may not know about the program.



OPPORTUNITIES



ENHANCE AWARENESS CAMPAIGNS

Educate communities about the program through hospitals and grassroots organizations.



COLLABORATE WITH MORE HOSPITALS

Partnering with public and private healthcare providers can increase diagnostic capacity.



LINK AID WITH CANCER EDUCATION

Combine diagnostics with awareness initiatives to promote self-referral and early screening.



THREATS



HEALTHCARE SYSTEM LIMITATIONS

Shortages of diagnostic facilities and specialists in some regions may delay care.



SOCIAL BARRIERS

Cancer-related stigma may discourage early testing, particularly among marginalized communities.

P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM



STRENGTHS



SAFE AND DIGNIFIED HOUSING

Provides affordable, hygienic, and secure accommodation for cancer patients and caregivers.



HIGH BENEFICIARY SATISFACTION

Over 90% of surveyed patients recommend the program.



STRONG STAKEHOLDER COLLABORATION

Backed by HDFC AMC and implemented by Rotary, ensuring structured execution.



WEAKNESSES



LIMITED ACCOMMODATION CAPACITY

High demand means some patients struggle to secure a spot.



SUSTAINABILITY CONCERN

Long-term funding and maintenance require continuous support.



OPPORTUNITIES



EXPANSION OF FACILITIES

Increasing accommodation capacity to serve more patients.



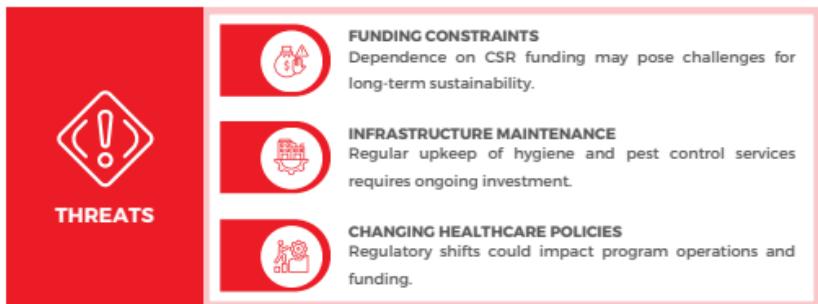
ENHANCED EMOTIONAL SUPPORT PROGRAMS

Strengthening counseling and peer engagement activities.



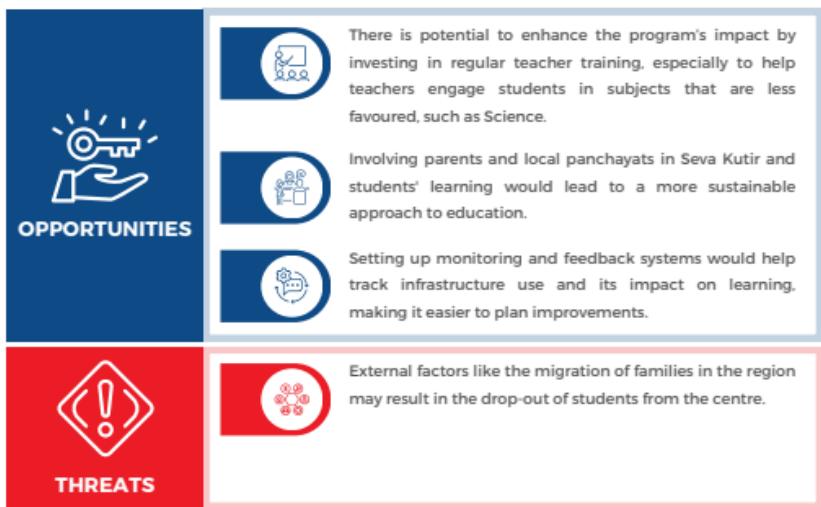
IMPROVED OPERATIONAL EFFICIENCY

Streamlining service delivery for daily provisions and transport.



P4. SEVA KUTIR PROJECT





P5. SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM



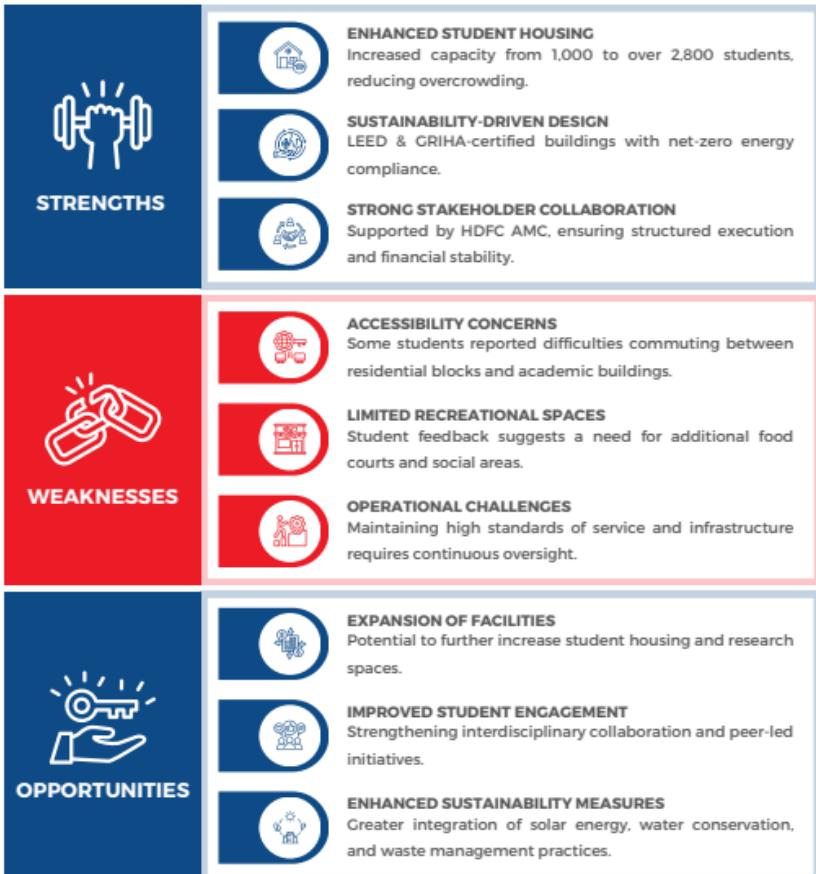
 WEAKNESSES	 LIMITED DIGITAL INFRASTRUCTURE Some schools lack devices and internet connectivity.
	 TEACHER TRAINING GAPS Follow-up support is needed for sustained pedagogy improvements.
	 PARENTAL AWARENESS VARIABILITY Engagement levels differ, affecting learning reinforcement at home.
	 SCALABILITY CHALLENGES Expanding to more districts requires long-term funding and implementation support.
 OPPORTUNITIES	 STRENGTHEN DIGITAL LEARNING Expand offline-compatible tools to underserved regions.
	 IMPROVE TEACHER SUPPORT SYSTEMS Introduce ongoing mentoring and refresher training.
	 ENHANCE COMMUNITY INVOLVEMENT Encourage parent-led learning initiatives.
	 POLICY INTEGRATION Align interventions with national literacy missions like NIPUN Bharat.
	 EXPAND GEOGRAPHICAL REACH Bring solutions to more rural and tribal schools across India.
 THREATS	 FUNDING SUSTAINABILITY Dependence on CSR partnerships poses long-term risks.
	 EDUCATION SYSTEM BARRIERS Resistance to adopting new teaching methods in some regions.
	 SOCIO-ECONOMIC CHALLENGES Poverty-related issues affect student attendance and engagement.
	 TECHNOLOGY ACCESS Some teachers and students struggle with digital adoption due to low-tech literacy.

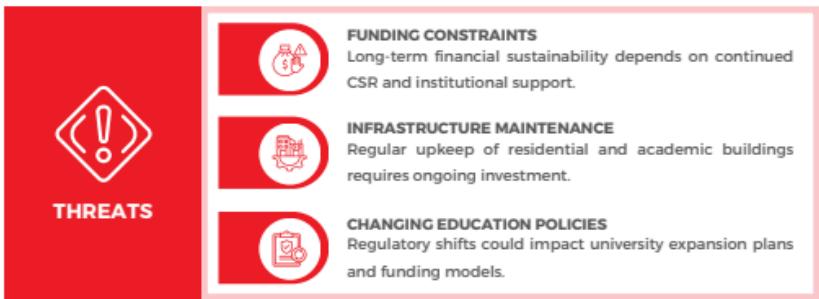
P6. BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION

 STRENGTHS	 IMPROVED SAFETY & INFRASTRUCTURE Enhanced classrooms, sanitation, and accessibility for students.
 WEAKNESSES	 FUNDING LIMITATIONS Managing costs while ensuring high-quality upgrades remains a challenge.
 OPPORTUNITIES	 FUTURE INFRASTRUCTURE DEVELOPMENT Potential for expanding creative spaces like libraries, STEM labs, and recreation areas.
	 COMMUNITY ENGAGEMENT Increased participation from local stakeholders could strengthen long-term sustainability.
	 POLICY ALIGNMENT The project sets a model for school renovations that can be replicated at a broader scale.



P7. ASHOKA UNIVERSITY CAMPUS EXPANSION





P8. URBAN FOREST PROJECT : BIODIVERSITY PARK



 OPPORTUNITIES	<ul style="list-style-type: none"> ENHANCED OUTREACH STRATEGIES Leveraging digital platforms and structured university communication to increase awareness. INTEGRATION WITH ACADEMIC PROGRAMS Linking afforestation efforts with environmental science coursework and student-led initiatives. EXPANSION OF GREEN SPACES Scaling the Miyawaki method to other urban areas for broader environmental impact.
 THREATS	<ul style="list-style-type: none"> SUSTAINABILITY CONCERN Long-term student and faculty engagement needs reinforcement. LIMITED PERCEIVED AIR QUALITY IMPROVEMENT Only 6% of respondents noticed better air quality, requiring further validation. FUNDING AND RESOURCE ALLOCATION Continued financial support is essential for maintenance and expansion.

07 RECOMMENDATIONS

P1. INDIAN CANCER SOCIETY CANCER CURE FUND

ENHANCE FULL COST COVERAGE FOR DIAGNOSTICS



Currently, 36% of patients still need to arrange additional funds beyond the aid provided. Expanding financial support to cover 100% of diagnostic costs—especially for high-risk cancer cases—would eliminate the financial burden entirely.



STRENGTHEN WAGE SUPPORT FOR PRIMARY EARNERS

Since 40% of beneficiaries are sole income providers, integrating employment protection measures (such as wage subsidies for medical leave) could prevent financial instability in affected households. This could be achieved through government or private-sector wage reimbursement initiatives linked to cancer treatment programs.



IMPROVE AWARENESS & OUTREACH FOR FINANCIAL AID

Despite high uptake, 92% of respondents sought additional financial support elsewhere, indicating potential gaps in awareness about the Cancer Care Fund. Strengthening public outreach via community partnerships, NGO collaborations, and digital information campaigns could ensure all eligible patients receive aid before resorting to external borrowing.



EXPAND REGIONAL ACCESS & REMOTE SCREENING INITIATIVES

While the program successfully reached multiple states, introducing mobile diagnostic units for remote regions could further enhance accessibility. Mobile cancer screening camps—especially in rural areas—would ensure timely diagnosis for patients with limited healthcare infrastructure.

P2. DR. ARUN KURKURE INITIATION AND TREATMENT FUND (AKITF)

IMPROVE PATIENT DIGNITY AT TOUCHPOINTS



Train hospital and diagnostic staff to uphold dignity standards, especially since 25% of patients reported dissatisfaction in this area.

STRENGTHEN APPLICATION FOLLOW-UP



Introduce digital alerts (SMS/WhatsApp) and status tracking for aid approval to improve transparency and reduce anxiety.



ESTABLISH FEEDBACK MECHANISMS

Collect structured patient feedback post-treatment to assess program effectiveness and identify areas for service improvement.

P3. DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM



To further enhance the impact and effectiveness of the Dharamshala Accommodation Support Program, it is recommended to establish clear and timely communication, through notice boards, mobile alerts, or resident briefings, to ensure that patients and caregivers are well-informed about the availability and timing of these provisions, thereby improving access and reliability.



Support services such as laundry and pest control should also be upgraded to address gaps noted by a portion of the beneficiaries. Instituting routine maintenance checks will help proactively manage infrastructure-related issues and maintain the high hygiene standards expected in a recovery-supportive environment.



To enhance emotional well-being, the program should continue to invest in community engagement activities such as recreational sessions, informative talks, and peer support groups. These interventions have already shown positive results, especially for residents facing isolation or treatment-related stress. Actively seeking feedback from participants can help tailor these events to better meet their emotional and social needs.

P4. SEVA KUTIR PROJECT



IMPROVING ENGAGEMENT IN DIFFICULT SUBJECTS

It is recommended that Seva Kutir introduce interactive learning methods and hands-on science activities and provide additional support, such as tutoring or peer mentoring, to improve student engagement and interest in Science, addressing the 34% who reported disliking the subject.



INCREASE PARENT PARTICIPATION

To boost parent participation, it is recommended that strategies be implemented, such as offering flexible meeting schedules and providing regular updates on students' progress. Organising workshops to educate parents on how they can improve their children's academic performance and well-being will also be beneficial.



INCENTIVISE AND TRAIN LOCAL STAFF

Recruit teachers and support staff directly from local communities by offering attractive incentives, extensive training programs, and clear career progression pathways. This approach will not only enhance staff retention but also ensure cultural alignment and deeper community trust.



ENHANCE COMMUNITY OWNERSHIP

Formalise parent committees to actively co-manage Kutirs. These committees would take joint responsibility for critical aspects such as children's attendance, centre hygiene, and regular participation in education initiatives, fostering a sense of collective ownership.



PROMOTE HANDWASHING WITH SOAP

Despite more students washing their hands, most still don't use soap. To improve hygiene, IEC materials like posters, workshops, and demonstrations should promote handwashing with soap. Regular reminders and incentives can encourage better habits and health.



MONITOR AND EVALUATE PROGRESS

Develop a simple monitoring and evaluation system to track infrastructure usage and its impact on students and teachers. Regular feedback from students, teachers, and parents can help identify issues early and guide improvements.



BUILD A LOCAL RESOURCE PARTNERSHIP

Collaborate with local NGOs, healthcare providers, and educational organisations to enhance services around nutrition, health, and remedial learning support, thus strengthening the holistic development framework for Kutir students.

P5. SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM



STRENGTHEN TEACHER TRAINING AND SUPPORT

- Provide ongoing, modular training programs that are accessible both online and offline.
- Integrate peer learning and mentorship models to reinforce pedagogy.
- Use regular assessments to tailor capacity-building interventions.



ENHANCE MONITORING AND EVALUATION (M&E) SYSTEMS

- Develop real-time data dashboards to track student learning outcomes, teacher performance, and school-level implementation.
- Incorporate third-party evaluations and feedback loops to ensure accountability and continuous improvement.
- Align indicators with national frameworks like NAS (National Achievement Survey) and FLN (Foundational Literacy and Numeracy) goals.



DEEPEN COMMUNITY AND PARENTAL ENGAGEMENT

- Launch community-led awareness campaigns on the importance of foundational learning.
- Encourage parent-teacher interactions and community monitoring committees to foster shared responsibility.
- Develop easy-to-understand reports for parents to track their children's learning.



LEVERAGE AND SCALE FRUGAL INNOVATION

- Continue to improve tools like the Sampark Didi and Audio Box with user feedback, multilingual content, and adaptive learning pathways.
- Promote co-creation with teachers to ensure tools are practical and relevant.
- Document and share scalable best practices with other states and stakeholders.



FOSTER STRONGER GOVERNMENT PARTNERSHIPS

- Strengthen collaboration with state education departments to integrate Sampark's solutions into curriculum and teacher training frameworks.
- Provide policy inputs based on ground-level insights and implementation learnings.
- Support state-level resource persons and district officials with capacity building to ensure sustained adoption.



FOCUS ON FOUNDATIONAL LITERACY AND NUMERACY (FLN) ALIGNMENT

- Align program goals with the NIPUN Bharat Mission to ensure nationwide relevance.
- Design content and teacher tools specifically targeting Grade 1-3 competencies.
- Establish baseline and endline assessment benchmarks at the school and district level.



DIGITAL INCLUSION AND TECHNOLOGY READINESS

- Expand access to offline-first digital learning tools, especially in low-connectivity rural areas.
- Train teachers and students in the effective use of technology to supplement classroom instruction.
- Explore AI-enabled personalization within the limits of low-resource environments.

P6. BOMBAY SOCIETY ORPHANAGE SCHOOL RENOVATION



To ensure long-term impact and sustainability of the Bombay Society Orphanage School renovation, ongoing infrastructure maintenance should be prioritized, with scheduled checks to uphold safety and functionality.



Expanding hygiene and sanitation facilities, particularly modernized washrooms and handwashing stations, will enhance student well-being. Finally, periodic impact assessments, driven by student feedback and performance tracking, will help refine improvements and sustain high-quality learning conditions.

P7. ASHOKA UNIVERSITY CAMPUS EXPANSION

To fully align with OECD's education and sustainability principles, the following recommendations should be considered:



IMPROVING DIGITAL INFRASTRUCTURE

Address Wi-Fi inconsistencies to support academic research and remote learning.



ENHANCING FACILITY MAINTENANCE

Conduct regular maintenance checks for washrooms and shared facilities to enhance livability.

P8. URBAN FOREST PROJECT: BIODIVERSITY PARK



STRENGTHEN STRUCTURED COMMUNICATION

To improve awareness, the project team should enhance structured outreach through digital platforms, noticeboards, newsletters, and university websites. Dedicated student ambassadors or sustainability clubs could also act as peer communicators to broaden reach.



INTEGRATE WITH ACADEMIC AND CO-CURRICULAR PROGRAMS

Linking the plantation initiative with coursework, environmental science modules, or extracurricular eco-clubs can boost student involvement and make the project an ongoing learning experience. This will embed sustainability into the campus culture.



SHOWCASE PROGRESS AND SUCCESS STORIES

Develop short video documentaries, photo journals, or social media campaigns featuring the forest's growth and stakeholder testimonials. Sharing visible success can inspire involvement and replicate the model in other institutions.



CREATE MORE PARTICIPATION OPPORTUNITIES

To increase engagement, periodic planting drives, forest maintenance days, and awareness workshops should be organized. These activities can include a wider section of the university, including non-academic staff and local residents.

08. CONCLUSION

The diverse CSR initiatives supported by HDFC Asset Management Company, spanning healthcare, education, infrastructure, and environmental sustainability, reflect a deeply rooted commitment to inclusive development and systemic change. Programs like the ICS Cancer Care Fund, AKITF, and Dharamshala Accommodation Support have significantly improved healthcare accessibility and reduced financial distress for underserved cancer patients, while highlighting areas for expansion in outreach, continuity of care, and support services.

Simultaneously, initiatives such as Seva Kutir, Sampark, and the renovation of the Bombay Society Orphanage School have positively impacted educational access, foundational learning outcomes, and student well-being, particularly in marginalised and tribal communities. While infrastructure enhancements like those at Ashoka University and the Urban Forest project demonstrate efforts toward sustainable development and institutional resilience, they also underscore the importance of inclusive design, long-term maintenance, and deeper stakeholder engagement.

Across all programs, certain cross-cutting themes emerge: the importance of community participation, scalability, data-driven feedback mechanisms, and alignment with national and global frameworks such as the SDGs and OECD principles. Moving forward, sustained investment in ecosystem strengthening, continuous program refinement, and collaborative governance will be key to amplifying the long-term impact of these initiatives. Together, these projects present a compelling blueprint for high-impact, replicable CSR interventions that are both compassionate and future-ready.