



Assessment Year  
FY 2023-24

# IMPACT ASSESSMENT REPORT

for HDFC Asset Management  
Company's CSR Programs

Reported in FY  
2025-2026

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# LIST OF ABBREVIATIONS

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**AKITF** : Dr. Arun Kurkure Initiation & Treatment Fund

**AMC** : Asset Management Company

**ASHA** : Accredited Social Health Activist

**BMT** : Bone Marrow Transplant

**BRSR** : Business Responsibility & Sustainability Reporting

**CAPI** : Computer-Assisted Personal Interviewing

**CCF** : Cancer Cure Fund

**CRM** : Customer Relationship Management

**CSR** : Corporate Social Responsibility

**CT** : Computed Tomography

**DAC** : Development Assistance Committee

**EMRS** : Eklavya Model Residential Schools

**FGD** : Focus Group Discussion

**FLN** : Foundational Literacy & Numeracy

**FY** : Financial Year

**HDFC** : Housing Development Finance Corporation

**ICS** : Indian Cancer Society

**JNV** : Jawahar Navodaya Vidyalaya

**KII** : Key Informant Interview

**MHADA** : Maharashtra Housing & Area Development Authority

**MRI** : Magnetic Resonance Imaging

**NEP** : National Education Policy

**NIPUN** : National Initiative for Proficiency in Reading with Understanding & Numeracy

**NPCDCS** : National Programme for Prevention & Control of Cancer

**NPS** : Net Promoter Score

**OECD** : Organisation for Economic Co-operation & Development

**PET** : Positron Emission Tomography

**PM-JAY** : Pradhan Mantri Jan Arogya Yojana

**SAM** : Severe Acute Malnutrition

**SHG** : Self-Help Group

**SWOT** : Strengths, Weaknesses, Opportunities, Threats

**TLM** : Teaching Learning Materials

**TMC** : Tata Memorial Centre

**TV** : Television

**WASH** : Water, Sanitation & Hygiene

01

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**EXECUTIVE  
SUMMARY**

# EXECUTIVE SUMMARY


*“The best way to find yourself is to lose yourself in the service of others.”*

- Mahatma Gandhi


HDFC Asset Management Company (HDFC AMC) funds CSR programs reflecting a deep commitment to community development. Although HDFC AMC’s work stretches across different areas, their CSR impact predominantly focussed on bridging key gaps in healthcare and education. In healthcare, the work focussed specifically on improving the transition of cancer patients through the continuum of care, from screening to recovery. The education work operated at both, the community level, through supplementary education and nutrition for marginalised children, as well at the systemic level, through capacity building of teachers towards use of digital learning technologies. Through strategic partnerships with credible implementing organisations, five key programs were assessed for their impact during FY 2023-24.

## 1. CANCER CURE FUND


Hospital-based financial assistance program aimed at improving access to cancer treatment for economically vulnerable patients

- 
Implementing partner  
**Indian Cancer Society (ICS)**


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- 
Assessment Year  
**FY 2023-24**


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- 
Program Budget  
**₹19.37 crore**


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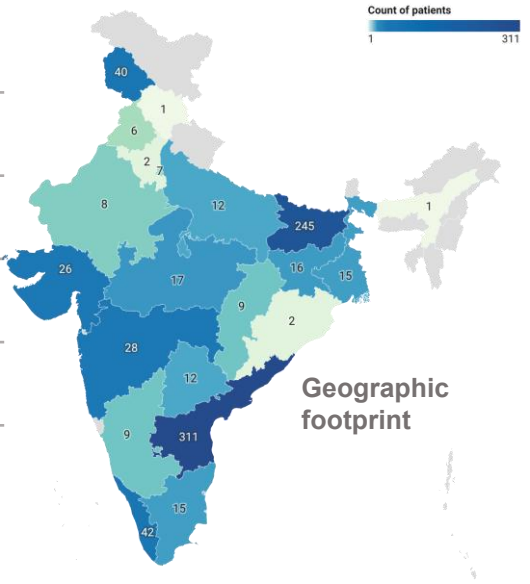
- 
Total beneficiaries  
**2,381 patients across 18 empanelled hospitals**

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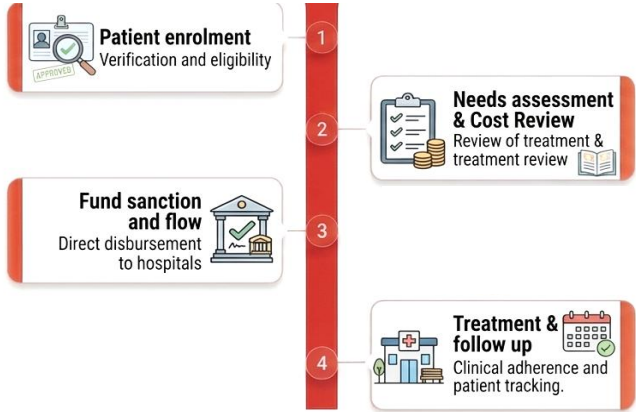
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Project Geographies  
**PAN India**

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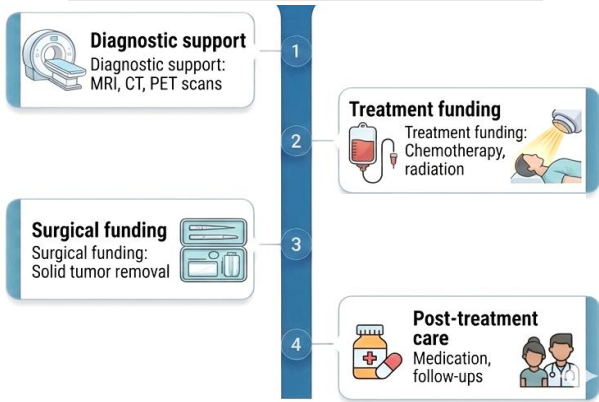
- 
SDG aligned with  
**3 GOOD HEALTH AND WELL-BEING**




### OPERATIONAL FLOW



### KEY SERVICES PROVIDED





**KEY IMPACT**

**98%**  
reported continuation/  
completion of  
treatment


**98%**  
reported  
improved health  
post-treatment

**89%**  
reported  
reduced  
financial burden


**5.6x**  
Increase in  
financial  
feasibility

## 2. DR. ARUN KURKURE INITIATION AND TREATMENT FUND


Hospital-based financial assistance program providing assistance for cancer diagnostic investigations to economically vulnerable patients




Implementing partner  
**Indian Cancer Society (ICS)**




Assessment Year  
**FY 2023-24**




Program Budget  
**₹1 crore**



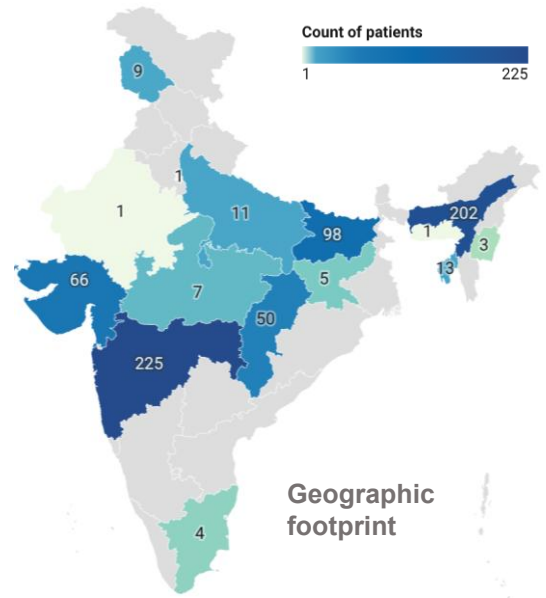
Total beneficiaries  
**696 patients across  
18 empanelled hospitals**



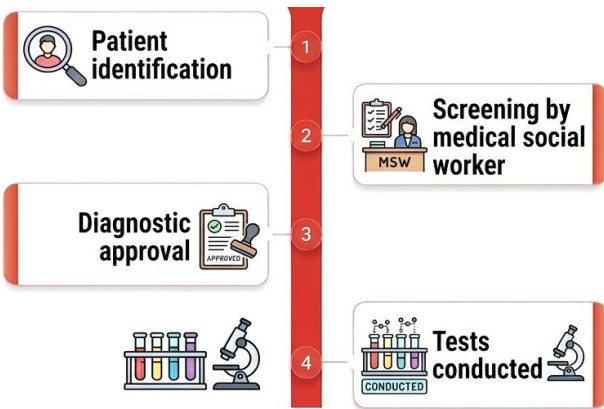
Project Geographies  
**PAN India**



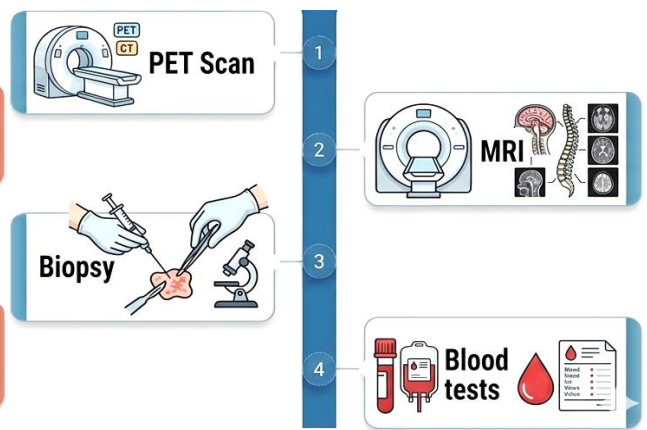
SDG aligned with  
**3 GOOD HEALTH AND WELL-BEING**




### OPERATIONAL FLOW



### KEY SERVICES PROVIDED





**KEY IMPACT**

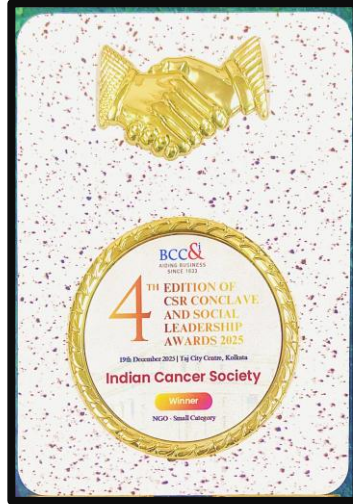
**73%**  
reported large  
reduction in  
diagnostic costs

**97%**  
followed up on  
referrals post  
screening

**89%**  
now more  
likely to seek  
medical advice

**10x**  
Increase in  
awareness on  
diagnostics

# PROGRAM GLIMPSES CANCER CURE FUND & AKITF (ICS)



### 3. DHARAMSHALA

Providing affordable accommodation and essential support services to cancer patients and their caregivers



Implementing partner  
**Rotary Club of Bombay**



Assessment Year  
**FY 2023-24**



Program Budget  
**₹1.61 crores**



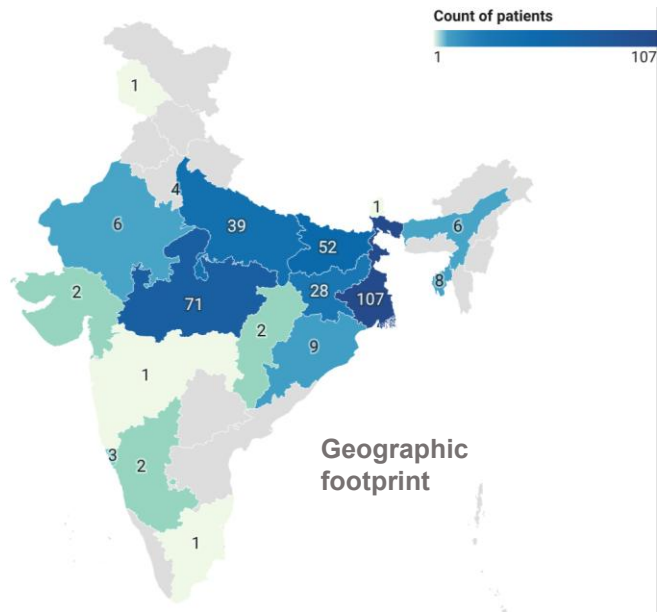
Total beneficiaries  
**690 patients**



Project Geographies  
**PAN India (Accommodation in Mumbai)**

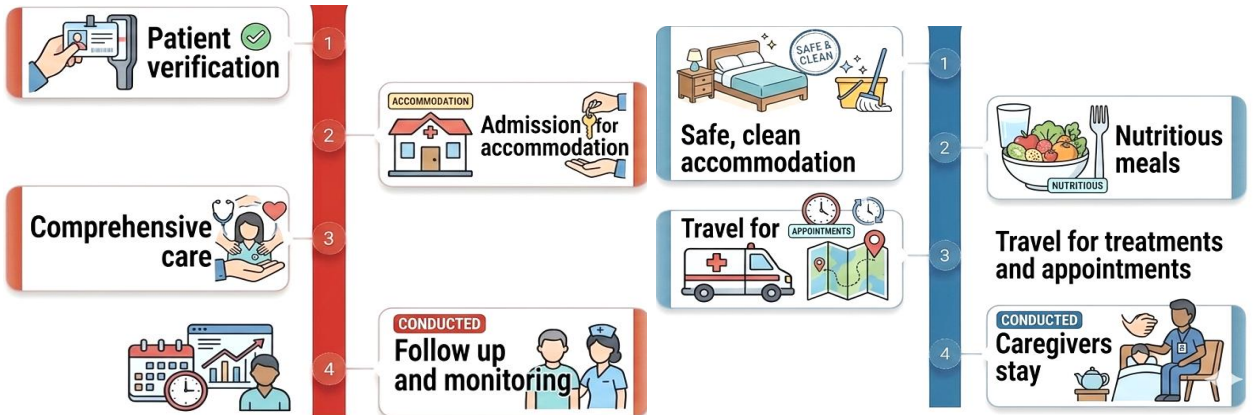


SDGs aligned with



#### OPERATIONAL FLOW

#### KEY SERVICES PROVIDED



**KEY IMPACT**

**100%**

reported that they missed 0 appointments

**89%**

reported reduction in financial stress

**81%**

reported reduction in travel stress

**68%**

reported caregiving burden significantly reduced

# PROGRAM GLIMPSES DHARAMSHALA



## 4. SEVA KUTIR

A community-based supplementary education and nutrition initiative for rural and tribal children in Madhya Pradesh



Implementing partner  
**Parivaar Education Society**



Assessment Year  
**FY 2023-24**



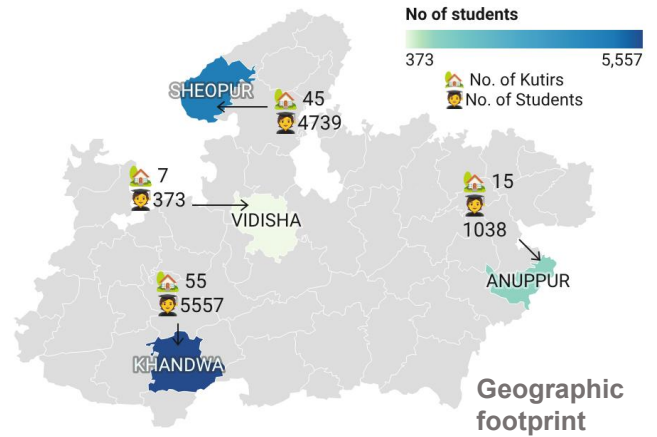
Program Budget  
**₹5.34 crores**



Total beneficiaries  
**11,761 children in 122 Kutirs**



Project Geographies  
**Madhya Pradesh (Sheopur, Khandwa, Anuppur, Vidisha)**



SDGs aligned with

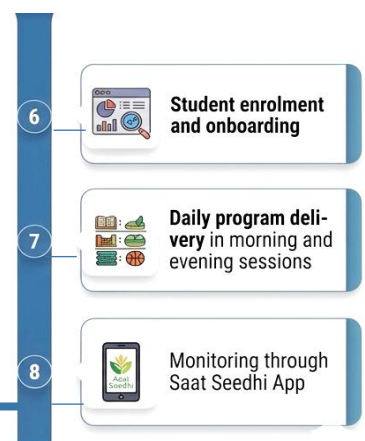


### SETUP PHASE



Community engagement for setting up space, and mobilising children and parents

### OPERATIONS & DELIVERY



### KEY IMPACT

**77%** reported reading 5+ books in the last 3 months

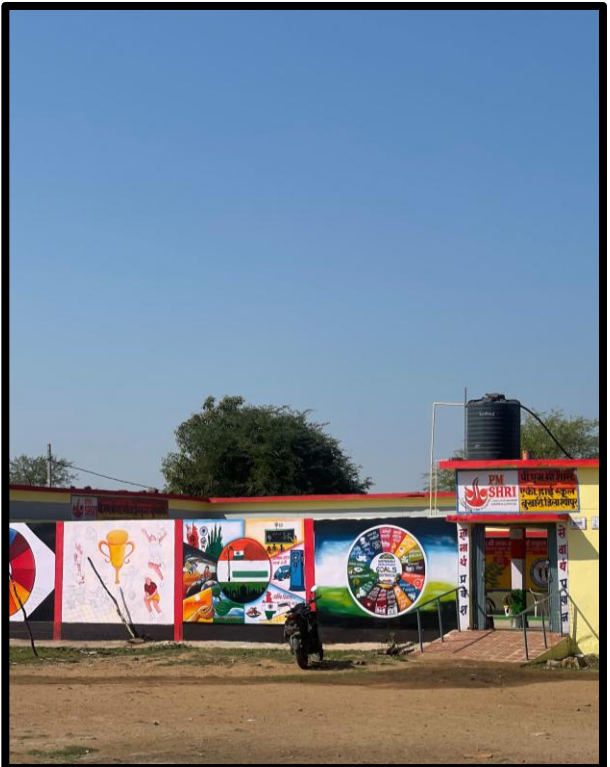
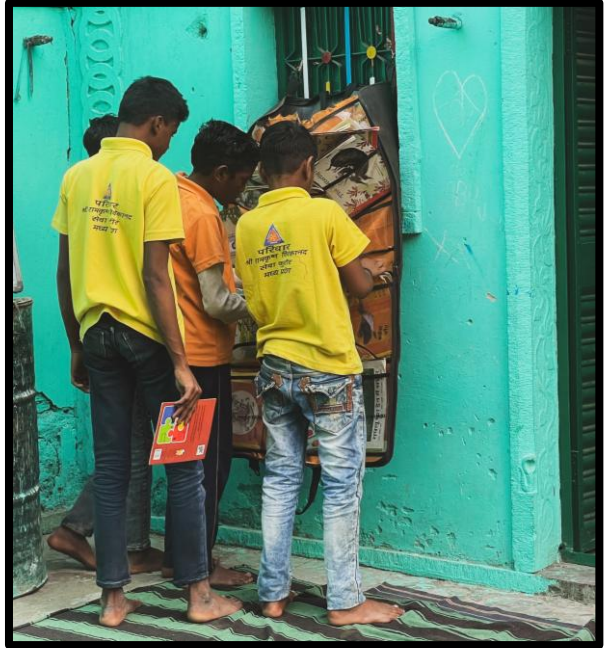
**38** students qualified for JNV/ERMS

**90%+** reported improvement in Math & Hindi

**99%** reported improved confidence in academics

**91%+** reported positive changes in hygiene habits

# GLIMPSES FROM THE FIELD SEVA KUTIR



## 5. LEARNING ENHANCEMENT (SAMPARK)

Enhancing pedagogical approaches through innovative digital learning methods and structured teachers capacity building, for improved student learning outcomes



Implementing partner  
**Sampark Foundation**



Assessment Year  
**FY 2023-24**



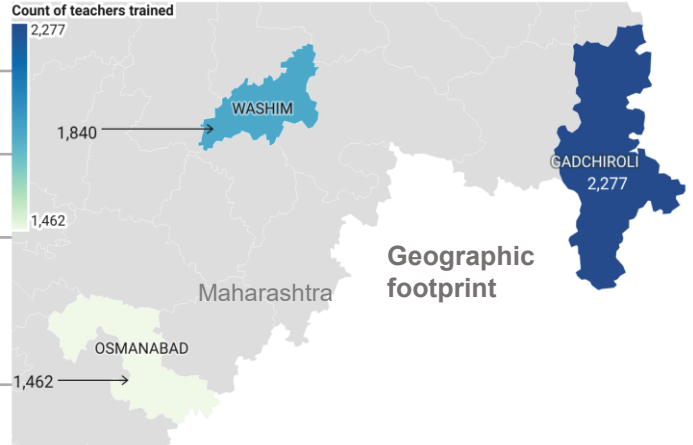
Program Budget  
**₹1 crore**



Total beneficiaries  
**5,579 teachers in 3 districts**  
**3.21+ lakh students** (secondary beneficiaries)



Project Geographies  
**Maharashtra (Gadchiroli, Osmanabad, Washim)**

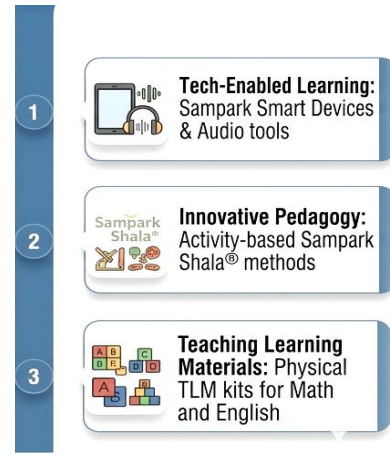
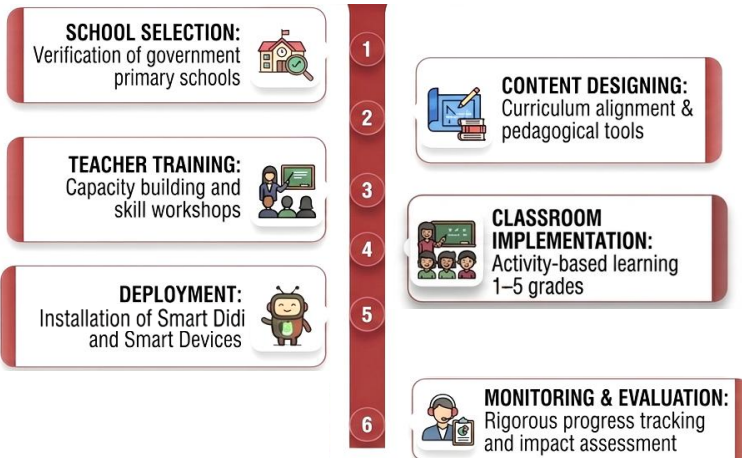


SDGs aligned with



### PROGRAM LIFECYCLE

### KEY PROVISIONS



### KEY IMPACT

**86%** reported moderate to significant time saved in teaching

**74%** reported improvement of students in Math

**63%** reported improved academic performance

**64%** reported improved student engagement

Across these five programs, HDFC AMC's CSR interventions have demonstrated measurable and meaningful impact, from enabling timely cancer diagnosis and reducing financial barriers to treatment, to strengthening foundational learning in underserved communities. The assessments affirm that well-designed, partnership-driven initiatives can create lasting change in the lives of India's most vulnerable populations.

# GLIMPSES FROM THE FIELD SAMPARK



02



# INTRODUCTION

# INTRODUCTION

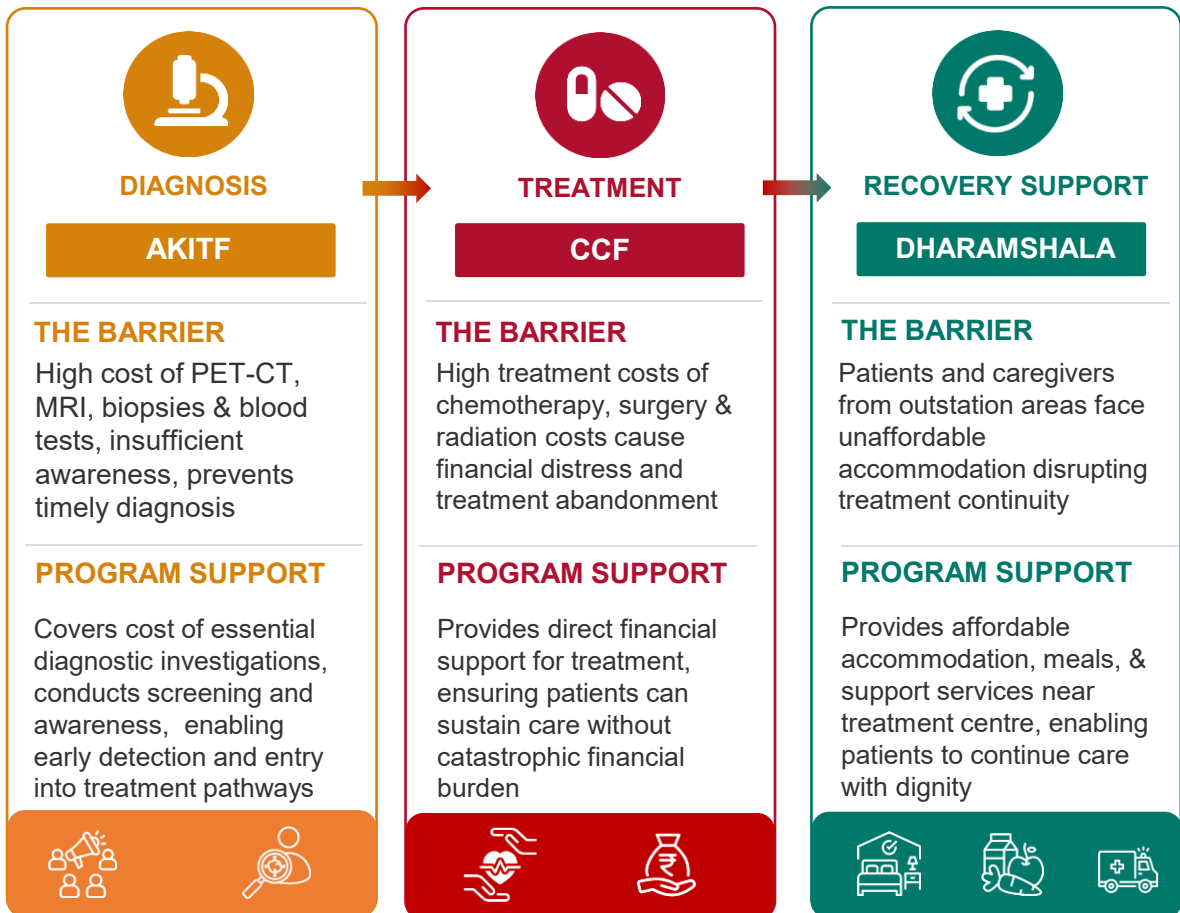
**About HDFC AMC:** HDFC AMC’s vision is “to be the most respected asset manager globally, with a mission to serve as a wealth creator for every Indian.” The organization’s CSR initiatives are aligned with its core principles, focusing on driving social purpose and contributing to the sustainable development of society and the environment in which it operates. HDFC AMC endeavours to create meaningful social impact and contribute to nation-building by supporting initiatives in healthcare and education.



## THE CONCERN

Cancer is a leading cause of mortality in India, and access to affordable, timely care is severely constrained for economically vulnerable populations. The barriers span the entire care continuum, from diagnosis through treatment to recovery, disproportionately affecting those relying on out-of-pocket expenditure. Financial barriers lead to diagnostic delays, treatment interruptions, and inadequate recovery support, with serious consequences for health outcomes.

## HDFC AMC’S SUPPORT ACROSS THE CONTINUUM OF CARE





**THE CONCERN**

India's education landscape faces deep structural challenges, particularly in rural and tribal regions. Tribal communities in remote Madhya Pradesh, especially face an acute convergence of educational deprivation, nutritional insecurity, and seasonal migration that routinely disrupts learning. Many children are first-generation learners contending with poor infrastructure, long distances to school, and no supportive learning environments. Meanwhile, across government schools nationally, conventional teaching methods continue to be inadequate in building strong foundational numeracy at scale.

**HDFC AMC'S COMPLEMENTING SUPPORT AT THE COMMUNITY & SYSTEMS LEVELS**



**Community-level**



**Systems-level**

**PARIVAAR SEVA KUTIR**

**BARRIERS**

- First-generation learners with no home learning support
- Acute nutritional insecurity & irregular food supply driven by poverty
- Long distances to schools, poor infrastructure, high dropout
- Seasonal migration disrupts schooling continuity

**PROGRAM SUPPORT**

Community-based Seva Kutir centres that simultaneously address learning gaps and child health, combining education support and nutritional interventions for tribal children, making it a strategically relevant investment in India's most marginalised populations.

**Education**

**Nutrition**

**Wellbeing**

**SAMPARK**

**BARRIERS**

- Conventional teaching methods inadequate to build foundational numeracy
- Learning levels remain critically low across rural government schools
- Limited innovative, engaging teaching-learning materials
- Inadequate teacher training in activity-based pedagogy

**PROGRAM SUPPORT**

Enhances foundational numeracy in government schools through innovative teaching-learning materials, digital content, and structured teacher training, improving learning outcomes at system-level scale and complementing community-based approaches.

**Materials**

**Training**

**Scale**

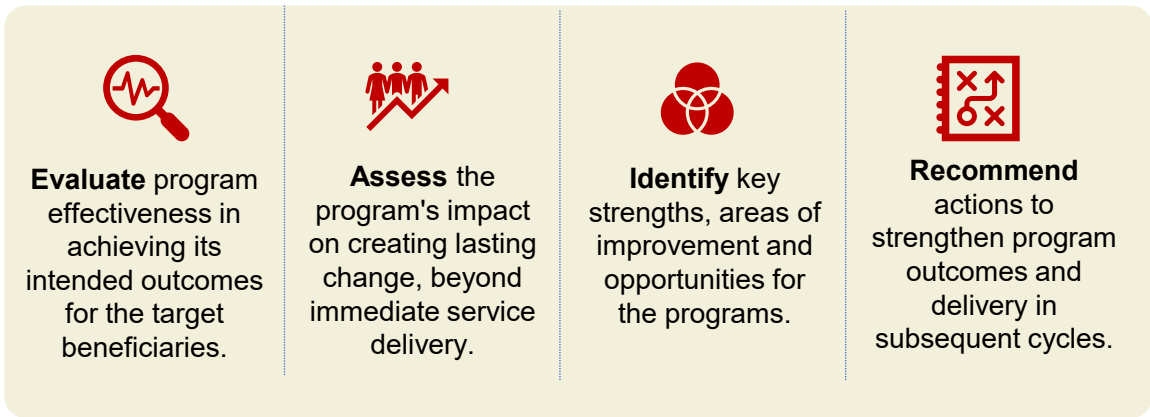
03



**RESEARCH  
METHODOLOGY**

# RESEARCH METHODOLOGY

## OBJECTIVES OF THE STUDY

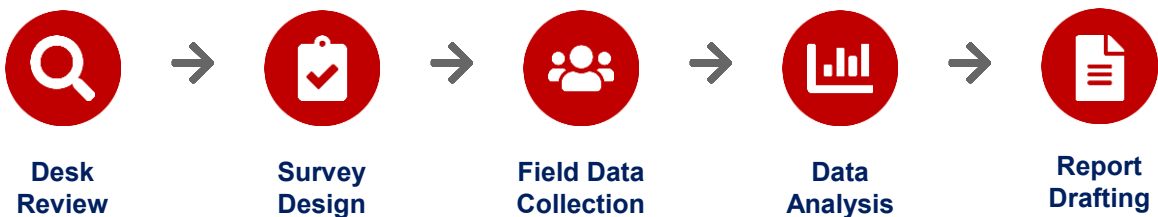


## FRAMEWORK USED: OECD-DAC

The assessment is structured around six internationally recognised criteria for evaluating the merit and worth of development interventions.



## APPROACH USED



## RESEARCH DESIGN

A retrospective pre-post and mixed-methods evaluation design was used for the study.

### RETROSPECTIVE EVALUATION DESIGN

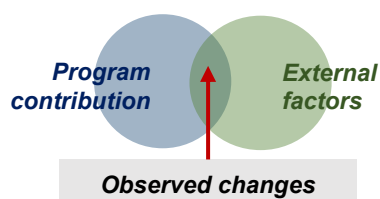


Impact measured by comparing beneficiary conditions before and after the intervention, relying on participants' recall capacity.

### MIXED-METHODS EVALUATION DESIGN



### CONTRIBUTION ANALYSIS



This approach assesses the program's contribution to observed change, acknowledging that external factors such as socio-economic conditions, policy shifts, other interventions, also influence outcomes, and therefore not attributing the changes solely to the interventions

## SAMPLING METHOD

A diverse set of sampling methods, such as random sampling and multi-stage, purposive, and convenience-based sampling, were applied to collect data from most relevant stakeholders, keeping in mind the representativeness of beneficiaries, as well as the limitations and ethical considerations of the study. The sample sizes for each program have been calculated for statistical significance, at a **95% Confidence Interval and 7% Margin of Error**.

### QUANTITATIVE

Key Stakeholders	Program	Sample (n)	Mode	Location	Method
<b>Patients and caregivers</b>	CCF	<b>184</b>	Virtual	PAN-India	Random Sampling
	AKITF	<b>156</b>			
	Dharamshala	<b>85</b>			
<b>Students</b>	Seva Kutir	<b>207</b>	On-field	Sheopur, MP	Multi-stage, purposive
<b>Teachers</b>	Sampark	<b>182*</b>	On field + Virtual	Washim, Gadchiroli, MH	

**Purposive Geographic Sampling considerations for Seva Kutir:** The quantitative survey was focussed on Sheopur, which represents the most acutely deprived context among the four intervention districts. The district is home to the Sahariya community, a Particularly Vulnerable Tribal Group (PVTG) recognised by the Government of India, with Karahal block, where 16 of the 17 sampled Seva Kutirs are located, being one of India's most documented Sahariya strongholds. Sheopur also records the lowest literacy rate (57.4%) and lowest sex ratio (901) among the four districts and is designated among India's 250 most backward districts. Sheopur was identified by the implementing partner as the most suitable focus geography given programme maturity (45 Kutirs across 2 blocks) and operational accessibility for in-depth fieldwork. Findings are generalised to the wider intervention geography on the basis of the programs standardised delivery model.

\* The required sample was 189, however the sample achieved was 182. This is because the nature of the intervention (one-day training) and lack of frequent touchpoints by the implementing partner to be able to mobilise the teachers. Govt. school teachers were also occupied with other activities during the time of data collection.

**Purposive Geographic Sampling considerations for Sampark:** The quantitative survey was conducted in two of the three active intervention districts: Gadchiroli and Washim, which together account for approximately 74% of the trained-teacher universe, representing the two largest implementation geographies of the program. The selection was also informed by considerations of contextual representativeness: Gadchiroli, an officially classified Tribal District (ST share 38.7%) with forested and remote terrain, and Washim, a predominantly non-tribal agrarian district (ST share 6.7%) representing the more typical rural government school setting, together span the full spectrum of delivery contexts under the program. Osmanabad (ST share 2.2%, Marathwada agrarian) is demographically and operationally similar to Washim, and its inclusion would have added limited incremental variation. Findings are therefore generalised to the full trained-teacher universe.

## QUALITATIVE

Key Stakeholders	Number of interactions		
<b>HEALTH:</b> Caregivers of beneficiaries, Doctors, Medical social workers, Hospital administrators, Service providers	CCF 15	AKITF 16	Dharamshala 6
<b>EDUCATION:</b> Parents, Teachers, Panchayat members, SHG members, Anganwadi/ASHA workers	Seva Kutir 15		Sampark 10
<i>Representatives of all implementing partners were also interviewed.</i>			

## DATA COLLECTION TOOLS USED



**Structured Survey through CAPI-based form**



**Key Informant Interviews through interview guides**



**Field Observations through observation guides**



**Focus Group Discussions through FGD guides**

## ETHICAL CONSIDERATIONS



**Informed Consent** All respondents, patients, caregivers, and parents/guardians of minors, were briefed on the assessment's purpose and their right to withdraw. Oral or written consent was obtained prior to any data collection.



**Sensitivity with Vulnerable Populations** Interviews with cancer patients and caregivers under emotional or financial stress were conducted with care. Interviewers were trained to recognise discomfort and pause or discontinue conversations where needed, prioritising respondent wellbeing over data completeness.



**Safeguarding Children** All interactions with minors were conducted in the presence of a known adult. Age-appropriate language was used, and no child was interviewed in isolation or made to feel evaluated.



**Confidentiality and Anonymisation** Personal identifiers and medical information have been anonymised across the dataset and report. Raw data access is restricted to the assessment team.



**Do No Harm** Data collection was scheduled to avoid interference with medical appointments, program services, or children's learning. No incentives were offered that could create coercion or response bias.

04



**KEY FINDINGS &  
LEARNINGS**

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# **CANCER CURE FUND (CCF)**

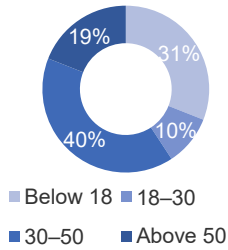
Financial support for cancer treatment

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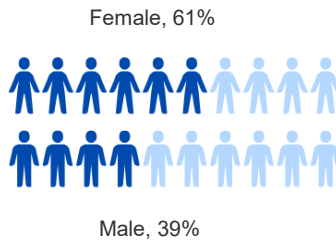
# Cancer Cure Fund

## DEMOGRAPHIC PROFILE

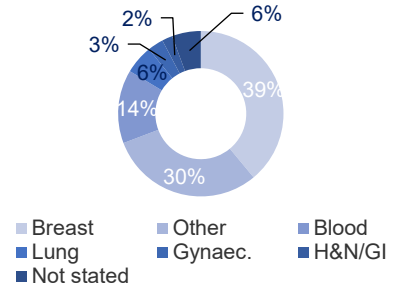
Age of Patients (n=184)



Gender (n=184)



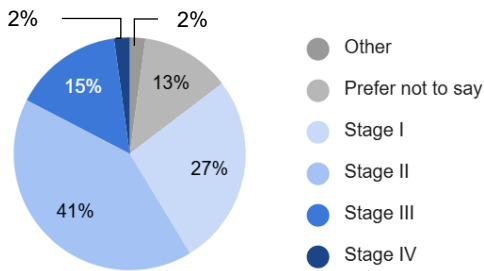
Cancer Type (n=184)



Treatment Costs Covered (n=184, multi-select)



Stage of Cancer (n=184)

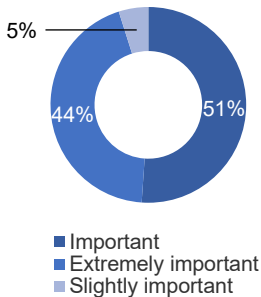


The beneficiary profile showed 61% female patients, largely driven by breast cancer (39%). A majority were diagnosed at Stage I and II (68%), indicating relatively early detection. Medicines (66%), chemotherapy (61%), and surgery (55%) were the most frequently covered treatment costs.

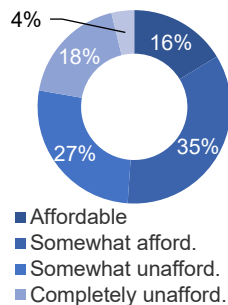
The concentration of cases in early stages suggests financial support was enabling earlier treatment uptake, particularly among women.

## RELEVANCE

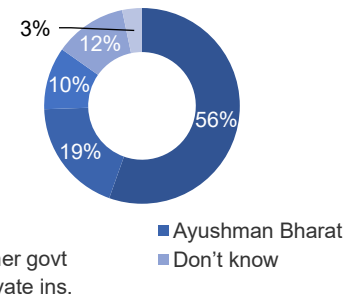
Importance of CCF Support (n=184)



Affordability Before CCF (n=184)



Govt Scheme Support Received (n=184)



The CCF program demonstrated strong relevance in addressing financial barriers to cancer treatment. 49% reported treatment was unaffordable before CCF. 95% rated support as important or extremely important. The NPS of 74 with 82% promoters reflected very strong endorsement. Besides, 56% reported no access to government schemes and nearly 60% of beneficiaries had mobilised additional funding through savings and loans alongside CCF, highlighting the severity of the financial burden.

The findings indicated strong alignment between program design and patient needs. Financial constraints remained the most significant barrier to cancer treatment, often leading to delays or discontinuation. By providing timely financial support through a hospital-based model, CCF effectively reduced these barriers and enabled patients to initiate and continue treatment.

## COHERENCE

**BRSR**  
Principle 8: Inclusive Growth. Promotes equitable access to healthcare for vulnerable cancer patients.

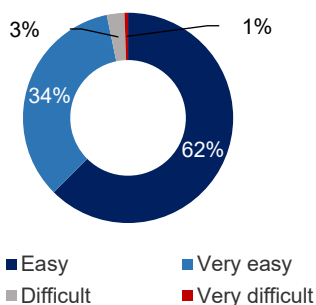
**CSR - Companies Act 2013**  
Schedule VII: Promoting healthcare. CCF enables access to life-saving cancer treatment.

**NPCDCS**  
National Programme for Prevention and Control of Cancer, enabling treatment access.

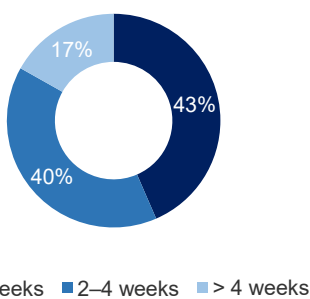
**Ayushman Bharat (PM-JAY)**  
CCF acts as complementary financing for patients needing additional support.

## EFFECTIVENESS

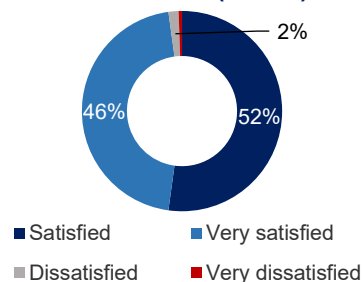
Application Process (n=184)



Time to Approval (n=184)



Treatment Quality Satisfaction (n=184)



97% found the application easy, 83% reported approval within 4 weeks, and 97% were satisfied with treatment quality.

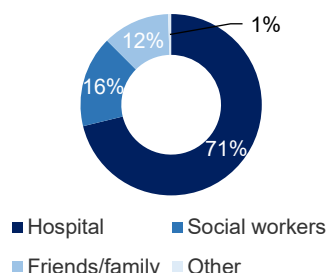
“We have less than 2% treatment refusal and abandonment. Once the fund is exhausted, hospital will pitch in. Patients are able to continue treatment.”  
- Doctor, Bengaluru

“If CCF was not there, patients would be stuck due to money matters. It significantly improves access to treatment.”  
- Medical social worker

The program’s effectiveness was driven by streamlined application processes and timely approvals, enabling treatment initiation without prolonged delays. The hospital-integrated model ensured patients identified by doctors and MSWs received support efficiently, maintaining continuity from identification to treatment.

## EFFICIENCY

How did you learn about CCF (n=184)



### KEY DRIVERS OF PROGRAM EFFICIENCY

- Patient-identification driven through hospitals
- Structured governance mechanisms
- Due-diligence and follow-ups through MSWs
- CRM-based tracking of patients for ensuring completion

“Patients who are funded are very comfortable. They follow the schedule properly for chemotherapy, blood tests, and consultations. Without support, affordability is a major issue.”  
- Medical social worker

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# **DR. ARUN KURKURE INITIATION & TREATMENT FUND (AKITF)**

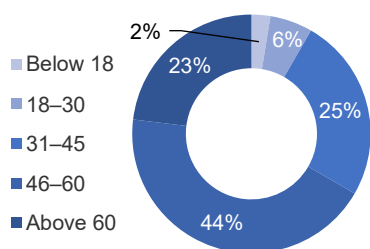
Financial support for cancer diagnostics and screening

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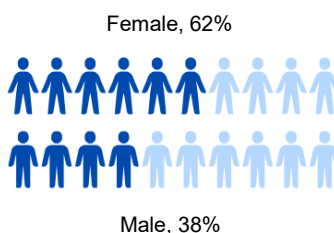
# Dr. Arun Kurkure Initiation & Treatment Fund

## DEMOGRAPHIC PROFILE

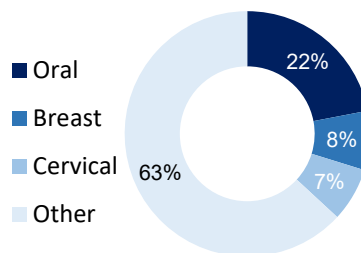
Age of Patients (n=156)



Gender (n=156)



Screening Type (n=141)



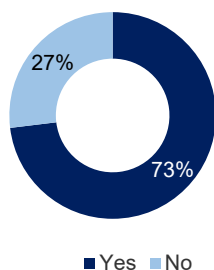
Diagnostic Tests Supported (n=114)



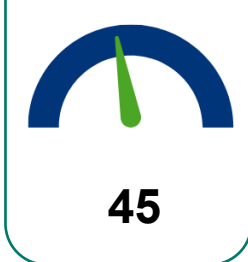
The sample was skewed towards female (62%) and middle-aged to older (67% above 45 years), with a significant concentration of beneficiaries from Maharashtra (48%) and Assam (19%). Oral cancer screening was the most common type (22%), while blood tests (59%) and CT/MRI (47%) were the most frequently supported diagnostics. The focus on oral, breast, and cervical cancer screenings showed the program was well aligned with major high-burden cancer risks. Geographic clustering suggested room for wider hospital network expansion in underserved areas.

## RELEVANCE

Underwent Screening they Otherwise Wouldn't (n=156)



Net Promoter Score



The AKITF program demonstrates strong relevance in addressing financial barriers to cancer diagnostics. A significant proportion of beneficiaries reported that they underwent **screening and diagnostic tests that they would not have otherwise pursued**, indicating that cost is a key barrier to early diagnosis. High levels of satisfaction, reflected in an NPS of **45**, further reinforce the program's perceived usefulness and accessibility.

The findings highlighted that affordability was a critical determinant of whether patients entered the diagnostic pathway. Without financial support, many patients delayed or avoided essential tests, leading to late detection and poorer outcomes. By integrating financial assistance within hospital systems, AKITF ensured that patients could proceed with diagnostics without hesitation. This improved diagnostic completion and also strengthened the transition from screening to confirmed diagnosis and treatment referral. Stakeholder perspectives confirmed this:

- Doctors observed that patients were more willing to undergo recommended tests when costs were covered
- Medical social workers noted a clear reduction in diagnostic drop-outs
- Caregivers reported reduced financial stress and faster decision-making



*Once the cost barrier is removed, patients are more willing to go ahead with all required tests.*  
**- Medical social worker**

## COHERENCE

### BRSR

Principle 8: Inclusive Growth and Equitable Development. Promotes equitable access to cancer diagnostics for economically vulnerable patients.

### CSR - Companies Act 2013

Schedule VII: Promoting healthcare and preventive health. AKITF enables access to essential diagnostic investigations.

### Samagra Swasthya / NPCDCS

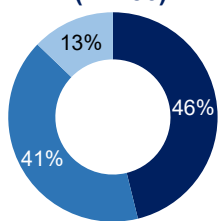
National Programme for Prevention and Control of Cancer. Strengthens screening, early detection, and diagnostic pathways.

### Ayushman Bharat (PM-JAY)

AKITF acts as a complementary diagnostic financing mechanism for patients facing coverage gaps under existing schemes.

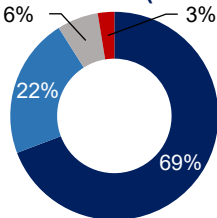
## EFFECTIVENESS

**Screening Duration (n=156)**



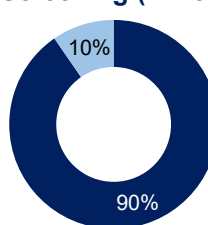
■ 30-60 min ■ > 1 hour  
■ < 30 min

**Location & Timing Convenience (n=156)**



■ Convenient ■ Very conv.  
■ Inconvenient ■ Very inconven.

**Referred After Screening (n=156)**



■ Yes ■ No

The program demonstrated effectiveness in ensuring continuity from screening to diagnosis, with 90% beneficiaries being referred to hospitals or doctors for further evaluation.

The reasons for program effectiveness could be mapped to factors such as quick screening times and convenience. 87% of the beneficiaries reported that the screening time was less than an hour, while 91% reported that the screening took place at a convenient time and location. Ensuring that beneficiary convenience was taken into account, and the process was smooth, had led to improvement in screening rates, and continuity of treatment thereafter.



*Since AKITF support started, we have seen a clear reduction in diagnostic drop-outs. Patients who earlier abandoned the process due to cost now complete all required investigations.*

**- Medical Social Worker**

## EFFICIENCY

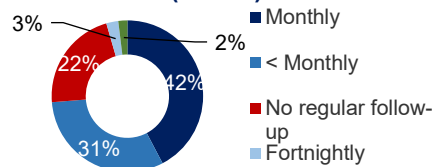
The AKITF program demonstrated strong operational efficiency through structured processes, hospital-integrated model and active follow-up systems. A majority of beneficiaries reported receiving regular follow-ups after screening, with most interactions occurring on a monthly or fortnightly basis, indicating consistent engagement by program teams. Follow-up support was also found to be highly effective, with a large proportion of beneficiaries reporting that it helped them understand their diagnostic test results clearly.



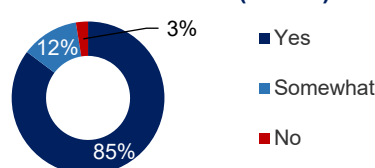
*The regular follow-ups helped us understand the reports and what to do next. Without that support, it would have been very confusing.*

**- Beneficiary**

**Follow-up Frequency (n=156)**



**Follow-up Helped Understand Results (n=156)**



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# **DHARAMSHALA ACCOMMODATION SUPPORT PROGRAM**

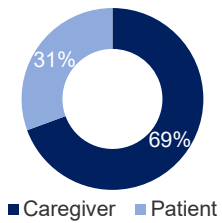
Accommodation for cancer patients and their caregivers

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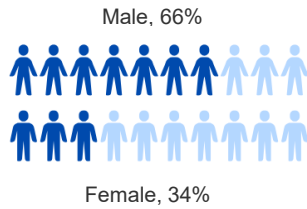
# Dharamshala

## DEMOGRAPHIC PROFILE

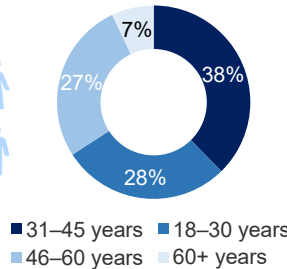
**Respondent Type (n=85)**



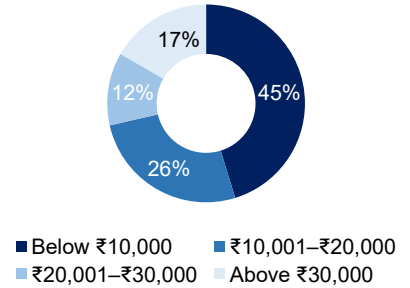
**Gender (n=85)**



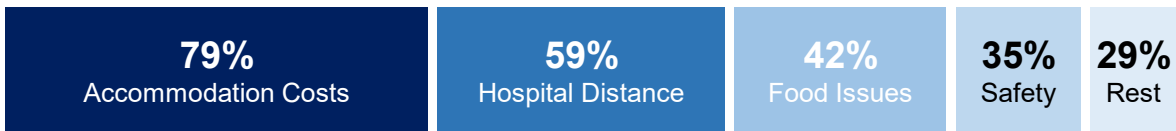
**Age Group (n=85)**



**Monthly Household Income Range (n=85)**



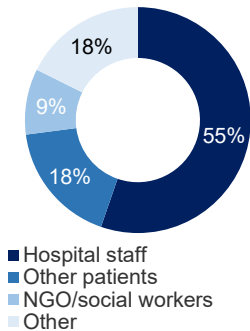
### Primary Challenges Before Dharamshala (n=85, multi-select)



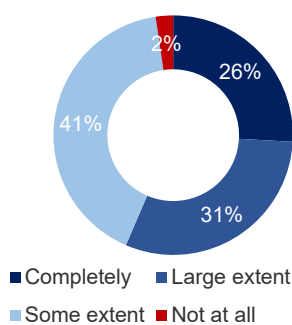
Caregivers constituted the majority of respondents (69%). The gender distribution indicated higher male participation (66%), and most respondents fell within the 31-45 age group (38%), highlighting the involvement of the working-age population. 40% of beneficiaries earned below ₹10,000 per month. Caregiving responsibilities and interactions with institutional systems were largely undertaken by economically active male members. The low-income profile confirmed the critical need for affordable accommodation support near treatment centres.

## RELEVANCE

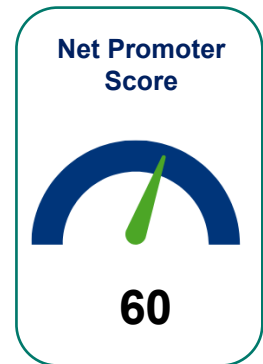
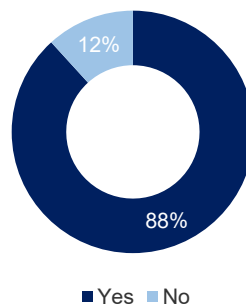
**Source of Awareness (n=85)**



**Needs Met by Dharamshala (n=85)**



**Difficult Without Dharamshala (n=85)**



The Dharamshala effectively served outstation cancer patients from economically vulnerable backgrounds. 55% learned about the facility through hospital staff, confirming the role of institutional referrals. 57% reported their needs were met to a large or complete extent. The NPS of 60 reflected strong beneficiary trust. The program directly addressed high accommodation costs (79%), hospital distance (59%), and food issues (42%). The program was highly relevant as it filled a critical gap in non-medical support within the cancer care ecosystem, particularly affordable accommodation near treatment centres. By aligning closely with beneficiary priorities and reducing key barriers to access, the Dharamshala complemented existing healthcare services and strengthened treatment continuity.

- 79% had faced high accommodation costs as their primary challenge before Dharamshala
- 55% learned about the facility through hospital staff, confirming institutional integration
- 88% stated that continuing treatment would have been difficult without the Dharamshala



*Before coming here, we were staying in a small room far from the hospital. The daily travel was exhausting and expensive. The Dharamshala changed everything for us.*

**- Caregiver**

## COHERENCE

### BRSR

Principle 8: Inclusive Growth. Promotes equitable access to healthcare for vulnerable cancer patients.

### CSR - Companies Act 2013

Schedule VII: Promoting healthcare. Program improves treatment access and continuity

### NPCDCS

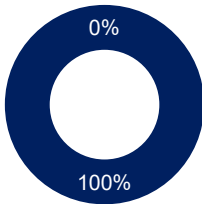
National Programme for Prevention and Control of Cancer, enabling treatment access.

### Ayushman Bharat (PM-JAY)

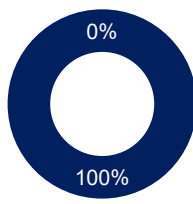
Complemented the vision of affordable healthcare access for patients travelling for specific treatment.

## EFFECTIVENESS

**Treatment Continuity (n=85)**



**Missed/Delayed Appointments (n=85)**



■ Uninterrupted ■ Interrupted

■ None ■ Some



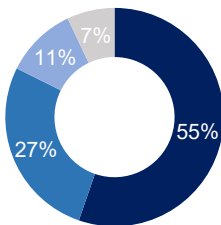
*Staying at the Dharamshala meant we never missed a single appointment. The proximity to the hospital and the transport service made everything manageable.*

**- Caregiver**

## EFFICIENCY

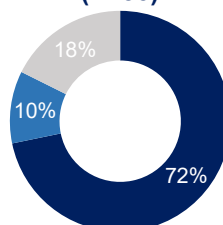
**Travel Time Saved Daily (n=85)**

■ < 30 minutes  
■ 30–60 minutes  
■ > 1 hour  
■ No savings



**Daily Accommodation Cost (n=85)**

■ < ₹500  
■ Free  
■ ₹500–1,000



The Dharamshala operated within a 100-flat MHADA building, with 84 flats dedicated to patients and 12 allocated for hospital medical staff.

The program demonstrated strong efficiency in delivering essential services at minimal cost. 72% of respondents paid less than ₹500 per day for accommodation, while 11% stayed free of cost. 75% received meals free of cost. Proximity to TMC reduced travel time for 93% of beneficiaries, with 55% saving up to 30 minutes daily. By reducing accommodation and food expenses, the Dharamshala minimised financial burden for low-income families. Transport and lift access were identified as areas for operational improvement, particularly for patients with mobility constraints.



*The facility was well-maintained and the staff were very supportive. Having meals provided meant we could focus entirely on the treatment schedule without worrying about daily logistics.*

**- Caregiver**



*The transport service to TMC was helpful, though sometimes we had to wait longer during peak hours. The lift access on the 17th floor was also occasionally challenging for weaker patients.*

**- Caregiver**

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# SEVA KUTIR

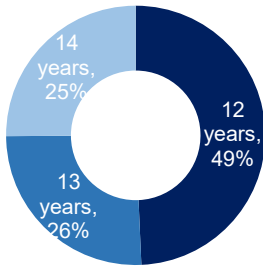
Supplementary education and nutrition for marginalised children

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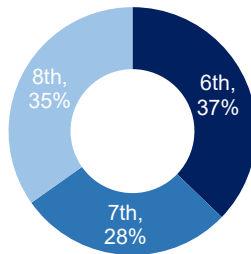
# Seva Kutir

## DEMOGRAPHIC PROFILE

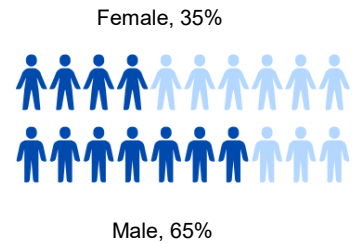
Age of Students (n=207)



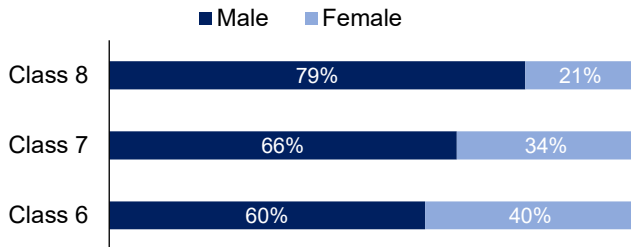
Grade Distribution (n=207)



Gender (n=207)



Gender by Grade (n=207)



The sample of 207 upper primary students (12-14 years) across 17 Kutirs showed a 65:35 male-to-female ratio. Gender representation was relatively balanced in Class 6 (60% male, 40% female); however, the gap widened significantly by Class 8 (79% male, 21% female).

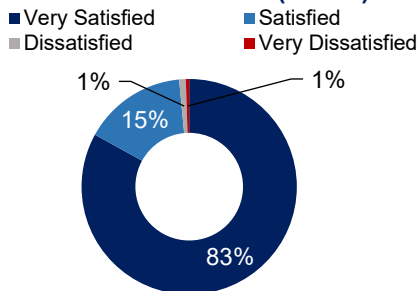
The sharp decline in girls' representation from 40% in Class 6 to 21% in Class 8 mirrored broader socio-cultural pressures in tribal communities, domestic responsibilities, early marriage expectations, and inadequate menstrual hygiene infrastructure. Seasonal migration further disproportionately affected girls, as families were more likely to retain boys in educational settings when migrating for livelihood activities.



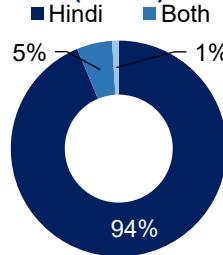
**GENDER EQUITY:** Addressing the girls' retention gap requires targeted interventions, community mobilisation, female mentorship programs, and improved WASH infrastructure with menstrual hygiene provisions.

## RELEVANCE

Student Satisfaction (n=207)



Language of Instruction (n=207)



High levels of satisfaction with the program were reported by students (83% very satisfied). The primary medium of instruction is Hindi. Most Seva Kutir teachers are local youth from the same villages who have completed at least Class 12 and received training from the Education Coordinator of Parivaar Education Society.

Teachers shared the same local tribal dialect and cultural context as the students. Hindi was commonly used during instruction, often alongside local dialects, which helped create a more comfortable and relatable learning environment for delivering lessons effectively. This cultural alignment was a key driver of high satisfaction and trust in the program.



*Seva Kutir has helped my children develop better study habits and a proper daily routine. The teachers regularly guide the children and support their learning. My children now show more interest in studies and feel more confident.*

**- Parent, Morai Village**

**COHERENCE**

**BRSR**

Principle 8: Inclusive Growth and Equitable Development. Encourages business to support community development and social equity.

**CSR - Companies Act 2013**

Schedule VII: Promoting education, eradicating hunger and improving nutrition. Seva Kutir addresses education and nutrition simultaneously.

**Samagra Shiksha Abhiyan**

Focus on improving learning outcomes and strengthening education infrastructure for universal access.

**PM POSHAN (Mid-Day Meal)**

National effort to improve nutrition and attendance in schools. Seva Kutir provides two nutritious meals daily.

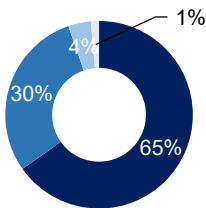
**Eklavya Model Residential Schools (EMRS)**

Supports access to quality education for tribal children. 38 Seva Kutir students have qualified for JNV/EMRS residential schools, demonstrating concrete pathways to educational mobility.

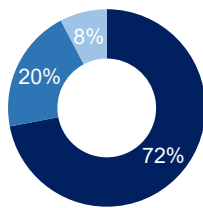
**EFFECTIVENESS**

**Attendance and Regularity**

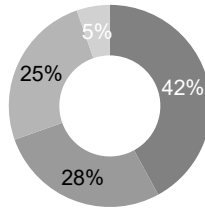
**Weekly Attendance (n=207)**



**Daily Time at Kutir (n=207)**



**Days Missed Last Week (n=207)**



■ 5-6 days ■ Everyday  
■ 3-4 days ■ 1-2 days

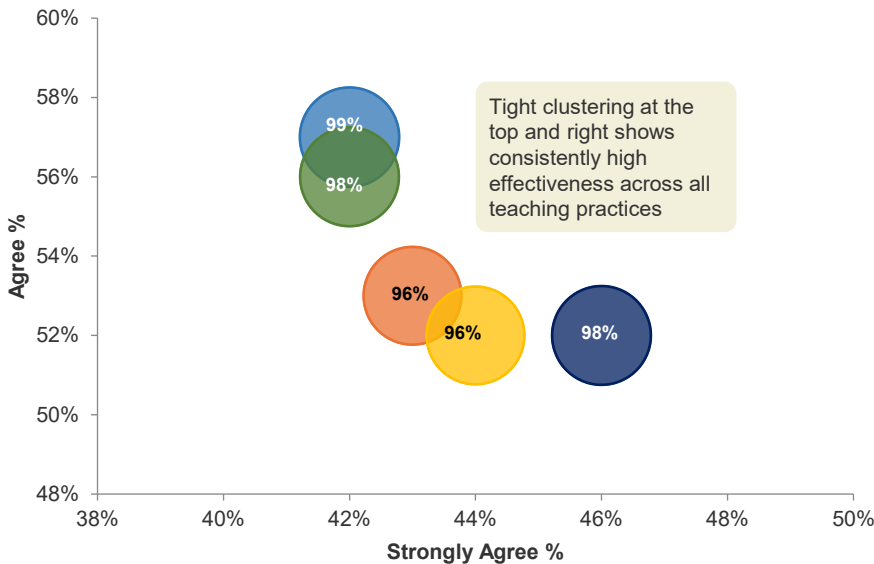
■ 5-6 hours ■ 3-4 hours  
■ <3 hours

■ None ■ 1 Day  
■ 2-3 Days ■ 3+ Days

97% students reported attending *both* the morning and evening sessions

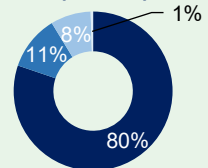
**Teacher Effectiveness (n=207)**

- Can ask questions comfortably
- Word meanings & reading
- Helps with difficult concepts
- Uses maps/diagrams/charts
- Uses role play/games

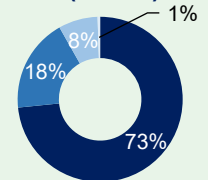


**Frequency of practicing FLN subjects**

**Reading Practice (n=207)**



**Maths Practice (n=207)**



■ Daily ■ Sometimes  
■ Often ■ Never

57% students reported using the mini-library often; 77% reported reading >5 books in the last 3 months

65% of students attended 5-6 days per week, while 29% attended daily. 97% attended both morning and evening sessions. Teaching quality was rated positively by 95%+ students across all five indicators: comfort in asking questions, support in understanding lessons, help with reading exercises, use of visual aids, and use of interactive methods like role play. 70%+ reported that Maths and English reading were practised daily at the Kutir. The exceptionally high attendance was remarkable in remote tribal areas, especially with seasonal migration pressures and competing demands on children’s time. This was driven by the program’s dual offering of education and nutrition, the use of locally recruited teachers who shared the community’s cultural and linguistic context, and active mobilisation by SHGs and Anganwadi workers. The consistently high teaching quality ratings reflected the program’s structured investment in teacher training through Education Coordinators, monthly performance assessments, and continuous mentoring by Cluster Coordinators.

“Many children initially come with weak foundational skills in reading and numeracy. Through regular sessions using simple teaching methods, workbooks, and mini library books, we see clear improvements in their confidence, discipline, and interest in learning.”  
 - Teacher, Morai Village

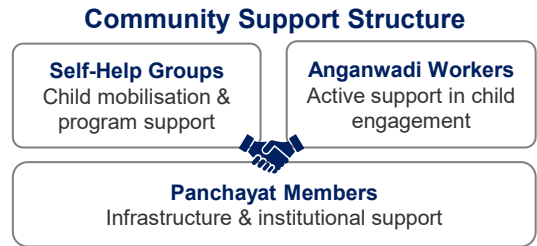
**EFFICIENCY**

The program operates through locally recruited teachers (minimum Class 12 qualification) supported by a layered supervision structure. This cost-effective model leverages community resources while maintaining quality through structured oversight and digital monitoring.



**Nutrition & food management**

Food procurement was managed through a common vendor system with documented grocery refill challan registers and daily consumption tracking. Two nutritious meals were provided daily to all students, serving as both a nutritional and attendance incentive.



**Program Monitoring**



Saat Seedhi app screenshot

Time Table- PARIVAAR Seva Kutirs					
Primary & Upper Primary					
Morning Shift					
Day/Time	7:00 To 7:10 (10 Min)	7:10 To 7:40 (30 Min)	7:40 To 8:35 (55 Min)	8:35 To 9:30 (55 Min)	09:30 To 10:00 (30Min)
Monday	Prayer & Mantra	Basic Manners	English	Math	Breakfast
Tuesday	Prayer & Mantra	Good habits / Bad habits	English	Math	Breakfast
Wednesday	Prayer & Mantra	Identifying Objects चरित्र की पहचान	English	Math	Breakfast
Thursday	Prayer & Mantra	GK ( Map - India & MP )	English	Math	Breakfast
Friday	Prayer & Mantra	GK	English	Math	Breakfast
Saturday	Prayer & Mantra	Science	English	Math	Breakfast

नोट :- योगा महीने में सिर्फ 2 बार करना है ( पहले और तीसरे सप्ताह के गुरुवार को सुबह के समय )

Proper timetables maintained

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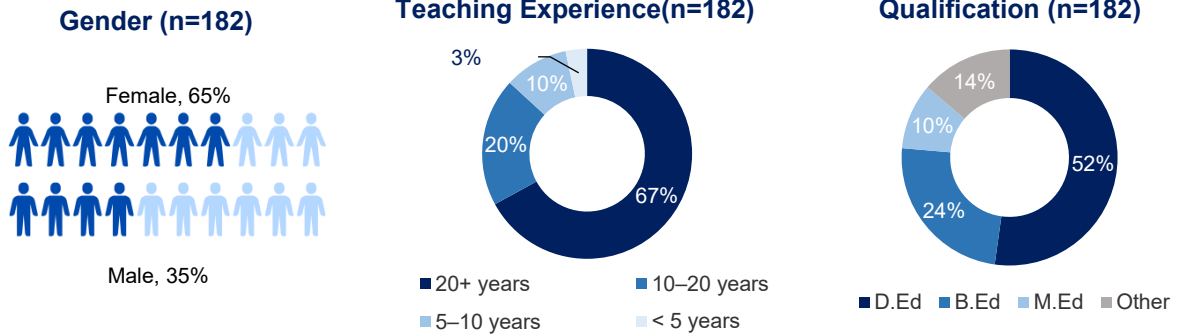
# **SAMPARK FOUNDATION LEARNING ENHANCEMENT PROGRAM**

Teacher capacity building and digital upliftment of schools

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# Learning Enhancement Program (Sampark)

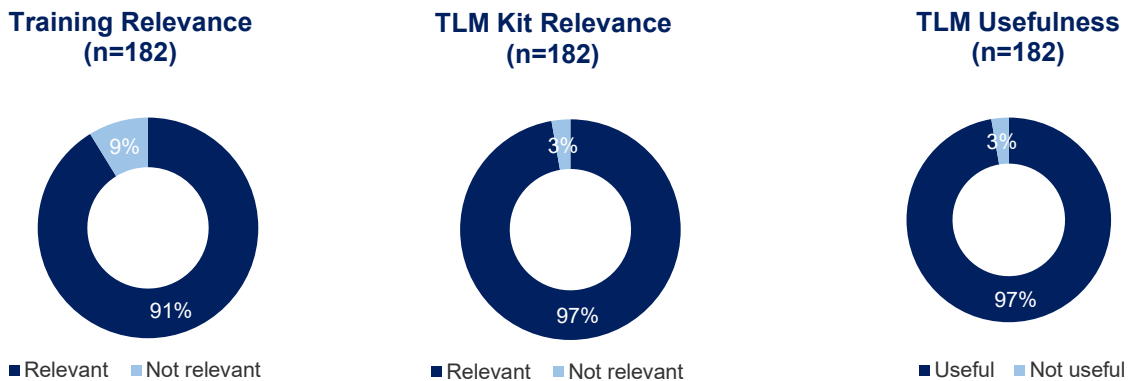
## DEMOGRAPHIC PROFILE



The majority of respondents were male (65%) and highly experienced, with 67% having over 20 years of teaching experience. Most teachers held D.Ed. (52%) or B.Ed. (24%) qualifications, reflecting a mature and experienced teaching workforce.

The experienced teacher profile was found to be conducive to adopting structured interventions like Sampark. However, the dominance of highly experienced teachers also indicated established teaching practices, potentially influencing the pace of adoption of new methodologies and digital tools

## RELEVANCE



91% of trained teachers found the training relevant, while 97% reported TLM kits as relevant and useful for improving classroom engagement. High relevance indicated strong alignment with teachers' needs and classroom realities in resource-constrained settings. The program addressed critical gaps in structured pedagogy, engaging teaching aids, and accessible digital content. Slightly lower training relevance compared to TLM usefulness suggested that practical tools were more immediately valued than training inputs alone.

“*The program is fostering positive attitudinal shifts among teachers and communities, with increased acceptance of digital and activity-based learning as embedded classroom practice.*

- Programme Team

## COHERENCE

### NEP 2020

Focus on foundational literacy and numeracy, experiential learning, and integration of technology in education.

### CSR - Companies Act 2013

Schedule VII: Promoting education. The program enhanced rural education through teacher training and digital content.

### Samagra Shiksha

Improving learning outcomes and strengthening education infrastructure across rural schools.

### NIPUN Bharat

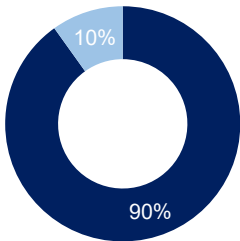
Strengthened early grade teaching and improved literacy and numeracy through structured training and TLM use.

### Digital India

Offline-enabled Sampark devices facilitated digital learning in remote areas with limited internet connectivity.

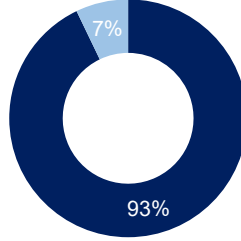
## EFFECTIVENESS

### Pedagogy Improvement (n=182)



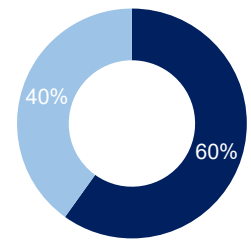
■ Moderate to great ■ Little/none

### Lesson Delivery Improvement (n=182)



■ Improved ■ Not improved

### Student Engagement Improvement (n=182)

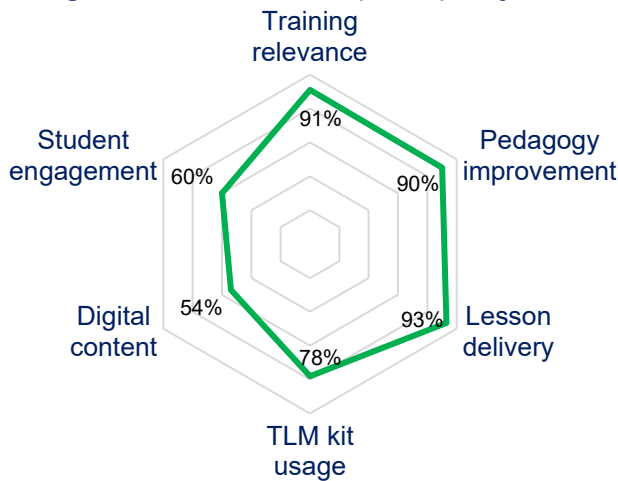


■ Improved ■ No change

### Resource Usage by Teachers (n=182)



### Programme Effectiveness (n=182): Key metrics



**90%**  
of teachers reported pedagogy improvement

**93%**  
reported lesson delivery improvement

**60%**  
reported improved student engagement

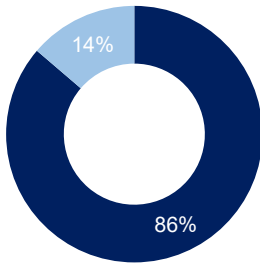
The program demonstrated strong effectiveness, with 90% of teachers reporting moderate to great improvement in pedagogy and 93% in lesson delivery. TLM kits were used by 78% and digital content by 54%, contributing to higher student engagement (60%) and improved classroom practices.

High effectiveness was driven by the teacher-centric design combining training with practical tools. Lower use of structured lesson plans (19%) and mentoring (12%) suggested scope to strengthen these components.

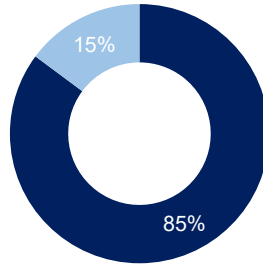
## EFFICIENCY

The program demonstrated strong efficiency, with 86% of teachers reporting moderate to significant time savings in teaching and 85% in lesson planning. The blended delivery model - combining training, digital tools, and TLM kits - supported streamlined classroom processes and improved instructional efficiency.

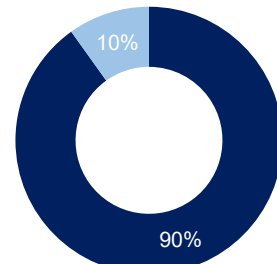
**Time Savings in Teaching (n=182)**



**Time Savings in Lesson Planning (n=182)**



**Sampark Team Engagement (n=182)**



■ Moderate to significant ■ Little/none ■ Moderate to significant ■ Little/none ■ Monthly/Weekly ■ Less frequent

### Programme Delivery Model

<p><b>Teacher Training</b> Cascade model: one teacher per school trained on Sampark pedagogy and device usage</p>	<p><b>Sampark Device</b> Offline-enabled digital learning tool with curriculum-aligned lessons, videos, and assessments</p>	<p><b>TLM Kits</b> Mathematics-focused activity-based learning materials distributed to 4,868 schools</p>	<p><b>Monitoring</b> Spark Points digital tracking system with regular teacher engagement and recognition</p>
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The cascade training model and provision of ready-to-use digital and TLM resources reduced teacher preparation time and simplified classroom delivery. The offline-enabled Sampark device and Spark Points monitoring system further enhanced efficiency by ensuring usability in low-resource settings. However, reliance on a single trained teacher and limited device availability constrained uniform adoption across classrooms.

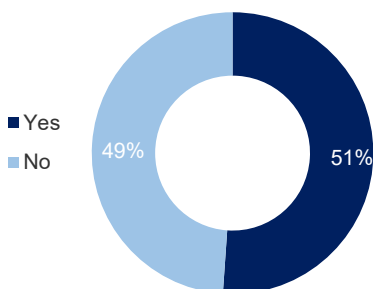


*The counselling and regular follow-ups from the Sampark team helped teachers stay motivated and track how the device was being used across schools through the Spark Points system.*

**- Teacher, Washim**

**OPERATIONAL EFFICIENCY:** The program’s school - integrated delivery model, with cascade training, offline devices, TLM kits, and digital monitoring enabled scalable, resource-efficient implementation at scale across 4,781 schools in four districts.

**Integrated into Timetable (n=182)**



Only 51% of teachers reported integration into daily timetables, suggesting operational constraints such as limited device availability and time management. Only one Sampark device per school restricted access to one classroom at a time.



*It would have been better if we had more than one device, as moving students from one classroom to another each time consumed time and affected accessibility.*

**- Headmaster, Gadchiroli**

05

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**KEY OUTCOMES &  
IMPACT**

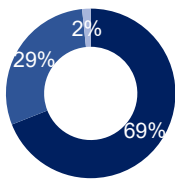
# Cancer Cure Fund

## IMPACT & SUSTAINABILITY



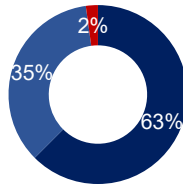
**IMPROVED ACCESS TO TREATMENT AND CONTINUATION:** CCF addresses a critical gap in cancer care by reducing financial barriers and enabling timely access to treatment, ensuring patients enter and remain in the healthcare system.

**Treatment Cycle Completion (n=184)**



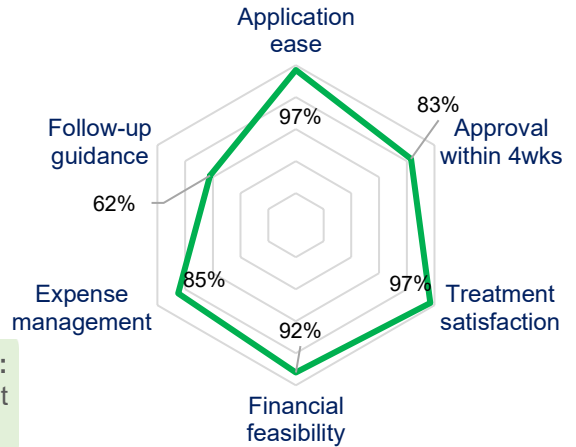
■ Completed ■ Ongoing ■ No

**Health After Treatment (n=184)**



■ Improved  
■ Significantly improved  
■ Worse

**Program Satisfaction (n=184): Key Outcomes**



**BEHAVIOUR CHANGE:** Increased treatment adherence and health-seeking behaviour

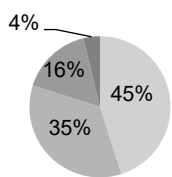
**PATIENT HEALTH:** Significant improvement in health post treatment

Program satisfaction was consistently high across all dimensions. Application ease (97%) and treatment satisfaction (97%) led. Follow-up guidance (62%) represented the area with the most room for improvement.

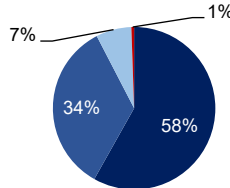
**FINANCIAL RELIEF:** Significant reduction in treatment cost burden for vulnerable patients

**Affordability Shift: Before vs With CCF (n=184)**

**Before CCF**



**With CCF**



■ Not afford. (45%) ■ Somewhat (35%) ■ Mostly feasible (58%) ■ Completely (34%)  
■ Affordable (16%) ■ Severe (4%) ■ Slightly (7%) ■ Not feasible (1%)



**'Unaffordable' dropped from 45% to 8%**

**5.6x ↑**  
Increase in financial feasibility



*ICS support helped significantly financially. Treatment was completed successfully. Without it, we would have likely taken a loan or struggled financially.*

**- Caregiver, Srinagar**



*The hospital was very supportive. They provided travel passes and care. Additional support for travel and accommodation would improve the experience further.*

**- Caregiver, Rangareddy**

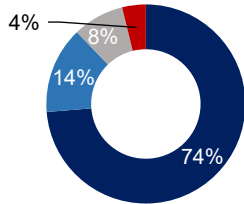
# Dr. Arun Kurkure Initiation & Treatment Fund

## IMPACT & SUSTAINABILITY



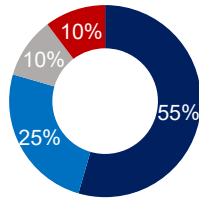
**IMPROVED ACCESS TO DIAGNOSTICS THROUGH REDUCED COSTS:** AKITF addressed a critical gap in cancer care by enabling financial access to diagnostics, reducing out-of-pocket expenditure, and ensuring patients entered the healthcare system earlier.

**Screening Organisation Satisfaction (n=156)**



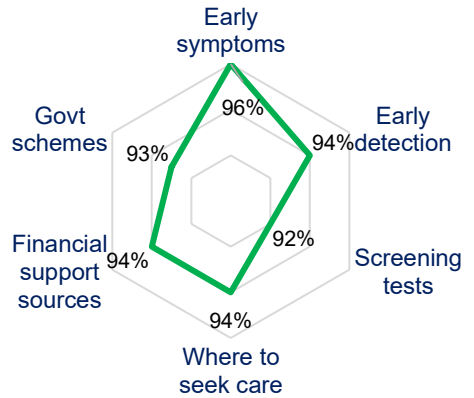
■ Satisfied ■ Very satisfied  
■ Neutral ■ Dissatisfied

**Health Issue Detected (n=156)**



■ Further tests ■ Don't know  
■ No issue ■ Early-stage

**Message recall from awareness (n=184): 92+ In each area**



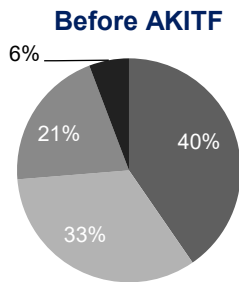
**HIGH SATISFACTION LEVELS:** High satisfaction levels with screening partners, leading to improved health-seeking behaviour

*Early detection and testing can lead to improved chances of survival*

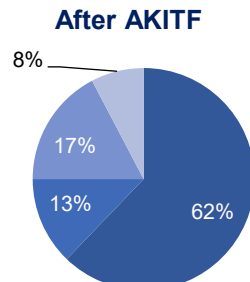
**IMPROVED HEALTH-SEEKING BEHAVIOUR:** Of the 90%(141) patients referred further after screening, 97% followed up on their referral and appointments

**IMPROVED PATIENT AWARENESS:** High recall for all awareness messages and significant self-reported improvement in awareness of diagnosis, treatment support, and seeking care

### Self-reported shift in awareness on cancer symptoms and risk factors: Before vs After AKITF awareness activity (n=156)



■ Not aware ■ Slightly  
■ Moderately ■ Very aware



■ Very aware ■ Moderately  
■ Slightly ■ Not aware

**'Very aware' jumped from 6% to 62%**

**10x** ↑  
Increase in awareness



*When they told us the tests were covered, my mother finally agreed to go to the hospital. She had been refusing for months because we couldn't afford it.*

**- Caregiver**



*My father was diagnosed with oral cancer. Without AKITF's support, we couldn't have afforded the PET-CT and biopsy.*

**- Caregiver**

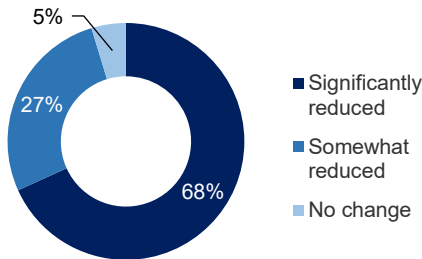
# Dharamshala

## IMPACT & SUSTAINABILITY

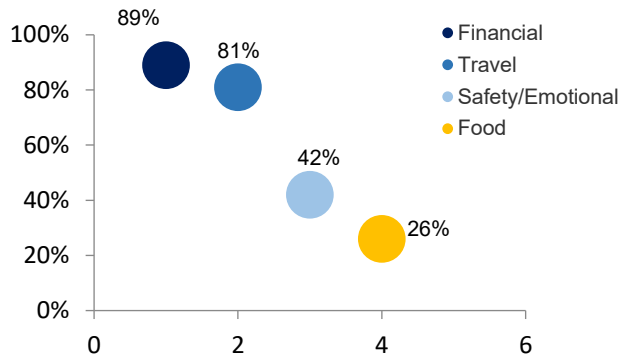


**IMPROVED TREATMENT CONTINUITY THROUGH REDUCED COSTS, STRESSES AND CAREGIVING BURDEN:** The Dharamshala addressed a critical gap in cancer care by providing affordable housing near TMC, reducing financial and logistical barriers, and ensuring patients remained in the healthcare system throughout treatment.

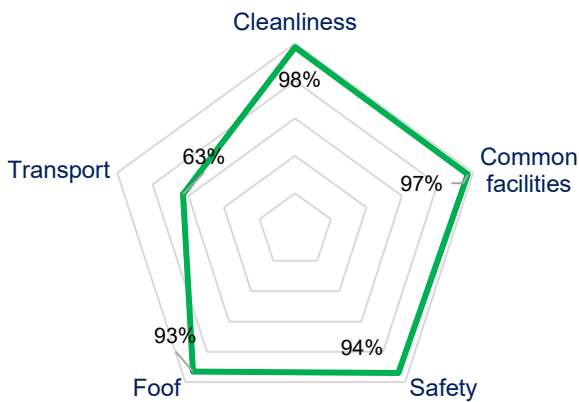
**Caregiving Burden Reduction (n=85)**



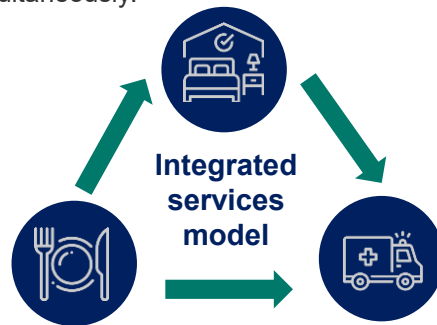
**Stress Reduction Areas (n=85)**



**Program Satisfaction (n=85): Key Outcomes**



89% reported reduction in financial stress and 81% in travel-related stress. 68% of caregivers experienced significant caregiving burden reduction, with a further 27% reporting some reduction. The facility's integrated services: accommodation, food, transport, addressed multiple stress dimensions simultaneously.



Sustainability was supported by strong institutional partnerships between Rotary Club of Bombay, HDFC AMC, and TMC. The facility addressed a persistent structural need for outstation patient accommodation. High beneficiary satisfaction and strong recommendation rates confirmed the program had established trust among its users.



*We came from a small village in Rajasthan. Without the Dharamshala, we would have had to return home between treatment cycles. The affordable stay made it possible to complete the full course.*

**- Caregiver**



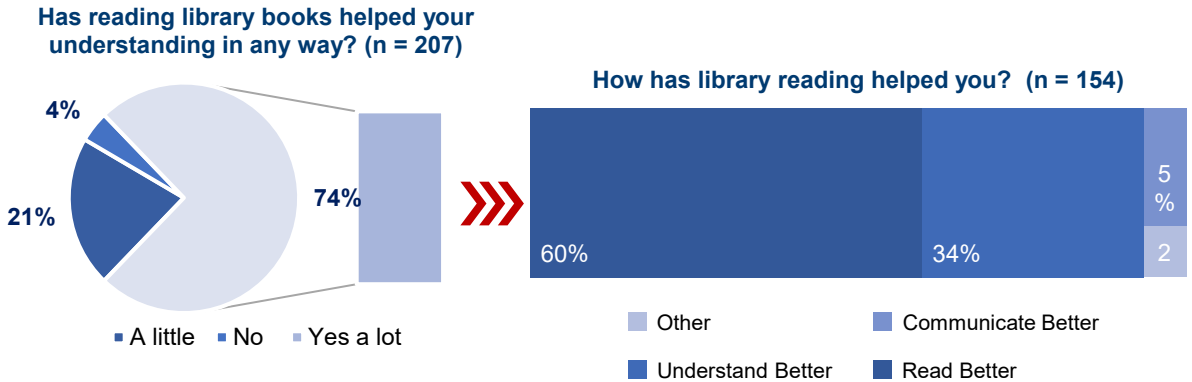
*When we first arrived in Mumbai for treatment, we had no idea where to stay. The Dharamshala was a blessing - it gave us a safe place and allowed us to focus on my wife's recovery.*

**- Caregiver**

# Seva Kutir

## IMPACT

Reading habits had further led to improved understanding of concepts and improved communication.



Emphasis on good hygiene practices had led to better handwashing and daily teeth brushing behaviours, with **99%** students reporting washing hands using soap before meals, and **91%** brushing their teeth daily.



*Seva Kutir has helped my children develop better study habits and a proper daily routine. The teachers regularly guide the children and support their learning. My children now show more interest in studies and feel more confident.*

- Parent, Morai Village

### Student reported impacts

#### Learning

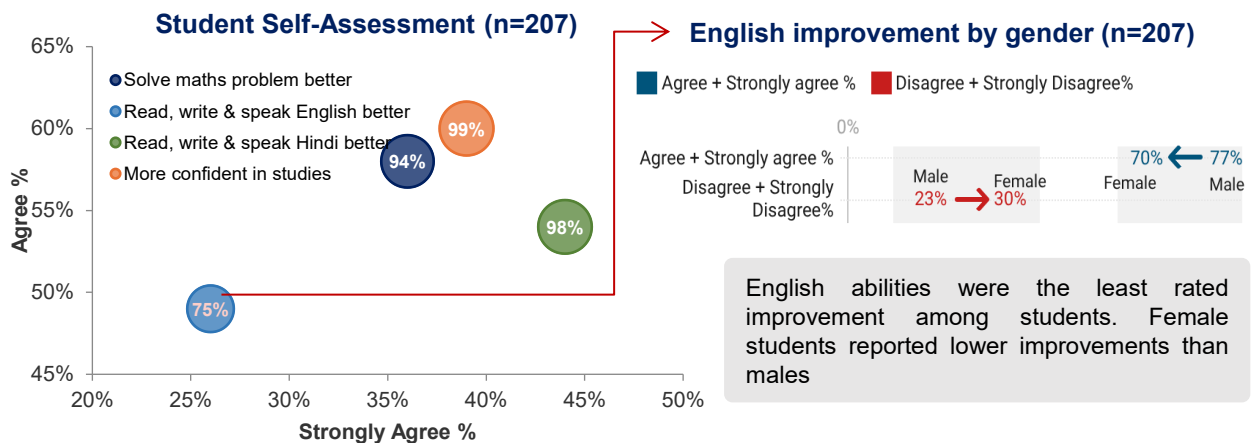
Improved literacy, numeracy, reading habits & concept understanding

#### Confidence

Improved communication skills & willingness to participate actively

#### Health

Better nutrition, hygiene practices & physical wellbeing



### Educational mobility pathways

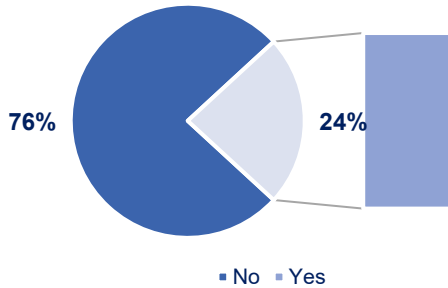
#### 38 Students

Qualified for JNV / EMRS Residential Schools

The residential school admissions represent the program's ability to create concrete pathways to upward educational mobility for children from communities where higher education has historically been inaccessible. Students who transition to JNV and EMRS break the cycle of limited educational access that has defined their communities for generations.

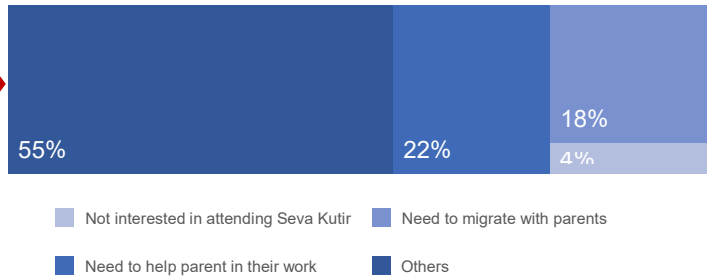
**SUSTAINABILITY**

**Have you ever missed coming to Seva Kutir for many days in a row? (n = 207)**



**Retention**

**Reasons for Extended Absences from Seva Kutir (n = 49)**



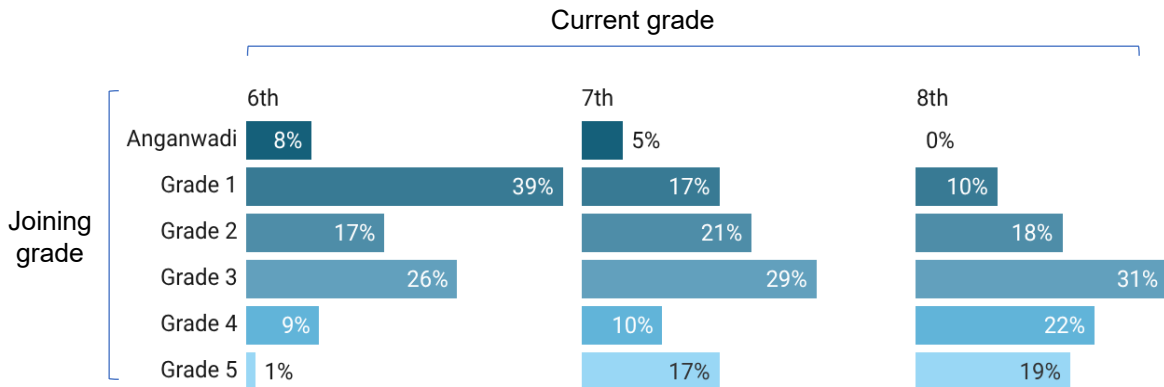
22% missed the Kutir to help parents with their work; 18% for seasonal migration with parents. Other reasons included visits to relatives, travelling for weddings or exams, and health reasons

**91%**  
very likely to recommend  
the program to their peers

**83%**  
very satisfied with the  
program

**98%**  
wish to continue next  
year

**Distribution of students by grade of joining and current grade (n=207)**



The near-universal continuation intent and high satisfaction levels implied that the program had successfully embedded itself within the community fabric. Most students joined during early primary years and maintained engagement through upper primary, demonstrating strong multi-year retention, which further implied that the program was highly valued among the beneficiaries.

The fact that extended absences were driven overwhelmingly by external socio-economic factors (migration, household responsibilities, health) rather than program disengagement (only 4%) confirmed that retention risks were structural, not programmatic.



*The Seva Kutir has brought positive changes in the village. Children are studying regularly, receiving nutritious food, and spending more time learning. The Panchayat continues to support the program by providing space whenever needed.*

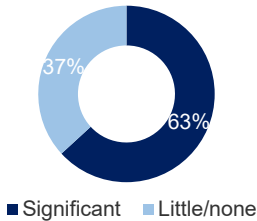
**- Sarpanch, Reechi Village**

# Learning Enhancement (Sampark)

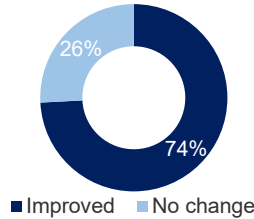
## IMPACT AND SUSTAINABILITY

The program led to measurable improvements in student performance and classroom behaviour.

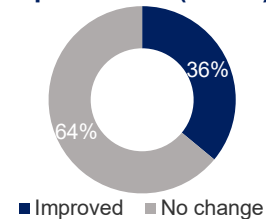
**Overall Academic Improvement (n=182)**



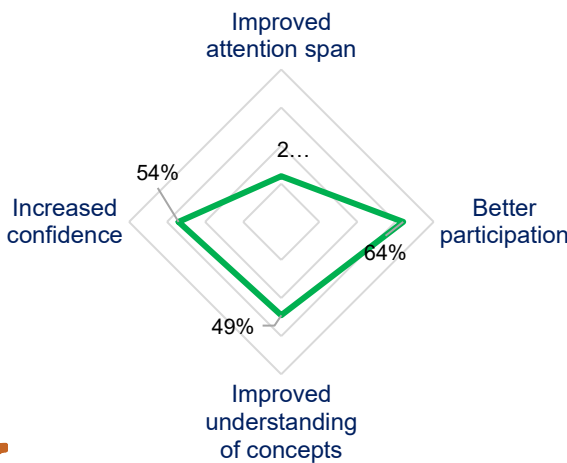
**Mathematics Improvement (n=182)**



**English Improvement (n=182)**



**Student Classroom behaviour (n=182)**



63% of teachers reported significant overall academic improvement. Mathematics showed the highest improvement (74%), followed, while English showed moderate improvement (36%). Higher gains in Mathematics were driven by the strong focus of TLM kits and structured content in this subject. Lower outcomes in English stemmed from limited subject-specific resources, language barriers, and varying teacher capacity.



*I understand and remember better because of the TV. After every chapter, the teacher shows it on TV.*

**- Student, Gadchiroli**



*I enjoy solving Sampark didi ke sawaal. It's a lot of fun on the TV. Earlier, classes were boring.*

**- Student, Gadchiroli**



*I like Maths when the teacher teaches it with the games and cards.*

**- Student, Gadchiroli**

The program demonstrated significant impact on students in terms of improving academic outcomes, class participation and engagement and boosting confidence. As evidenced through qualitative data and observations, the use of TLMs and smart apps, made the blended pedagogy approach effective in engaging students and helping them understand foundational concepts.

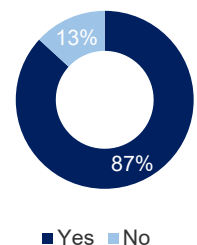
Sustainability was primarily driven by system-level mechanisms rather than independent teacher capacity. High willingness to continue (87%) was supported by continuous engagement, structured monitoring, and strong teacher acceptance of the program's tools.



*Parents of 30 out of my 45 students also installed the Sampark Device (app) on their phones. They said it was very useful for parents like them with limited education and resources.*

**- Teacher, Gadchiroli**

**Willingness to Continue (n=182)**



Through the Sampark intervention, classrooms transitioned from passive learning to interactive environments. The program strengthened foundational skills and built student confidence, creating pathways for improved long-term educational outcomes in rural and underserved communities. Learning was extended beyond classrooms into homes through parent adoption of the Sampark app.

06

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**KEY BARRIERS AND  
CHALLENGES**

# KEY BARRIERS & CHALLENGES

## CCF

Challenge	Learning	Mitigation
<b>Funding Caps vs Treatment</b>	Rising oncology costs outpaced static limits; some patients did not receive comprehensive coverage.	Case prioritisation, combining sources; case-based flexibility for critical treatments recommended.
<b>Indirect Costs</b>	Support focussed on medical care; non-medical costs affected long-term adherence and outcomes.	MSWs mobilised hospital funds and NGO support; partner linkages recommended.
<b>Patient Tracking</b>	Centralised tracking not fully integrated with hospital systems; patient mobility was high.	Multiple call attempts, hospital escalation; CRM-EMR integration can be explored.
<b>Approval Timelines</b>	Multi-layered review ensured accountability but occasionally extended timelines.	Bi-weekly council; fast-track approvals (72-86 hrs) for urgent cases recommended.

## AKITF

Challenge	Learning	Mitigation
<b>Geographic Clustering</b>	Geographic spread constrained program reach; underserved regions had minimal coverage.	18 empanelled hospitals; expansion to low-coverage states recommended.
<b>Diagnosis-Treatment Gap</b>	Lack of convergence led to drop-offs between diagnosis and treatment stages.	Informal referrals via doctors/MSWs; unified patient flow with shared IDs recommended.
<b>Awareness Sustainability</b>	One-time awareness activities may not sustain behavioural change without reinforcement.	Hospital outreach, community health workers; sustained local-language communication recommended.

## DHARAMSHALA

Challenge	Learning	Mitigation
<b>Transport &amp; Lift Access</b>	Scheduling and lift congestion created bottlenecks during peak hospital hours.	Transport scheduling adjustments; dedicated lift access or alternatives recommended.
<b>Partial Needs Fulfilment</b>	Core accommodation performed well; expectations around additional support varied.	Ongoing feedback, service enhancement, expanded transport hours recommended.
<b>Stay Duration Constraints</b>	Policy enabled higher throughput but created uncertainty for longer treatment journeys.	Clear policy communication at admission; re-admission facilitated for returning patients.

## SEVA KUTIR

Challenge	Learning	Mitigation
<b>Seasonal Migration</b>	Livelihood migration disproportionately affected girls and eroded annual learning gains.	Parent-teacher meetings, catch-up classes; bridge course curriculum recommended.
<b>English Language</b>	Teachers had limited English proficiency; students had zero exposure outside the classroom.	Saat Seedhi tracked progress; phonics, audio-visual tools, dedicated instructors recommended.
<b>Girls' Retention</b>	Domestic responsibilities, early marriage, inadequate WASH/menstrual hygiene infrastructure.	Community awareness, parental engagement; WASH improvement and female mentorship recommended.
<b>Infrastructure &amp; Capacity</b>	Teacher quality depended on ongoing training; complexity increased for upper primary grades.	Local teachers (Class 12+) with Education Coordinator training; Saat Seedhi app monitoring, exposure of local teachers recommended

## Learning Enhancement (Sampark Foundation)

Challenge	Learning	Mitigation
<b>Subject Coverage</b>	TLM kits were maths-focussed; limited multilingual support; lower teacher confidence in English.	Sampark device provided broader digital content; English and Science TLM kits recommended.
<b>Single Device Per School</b>	Resource constraint affected frequency and equitable access across grades.	Teachers rotated usage; additional devices per school recommended.
<b>Structured Pedagogy</b>	Teachers preferred practical tools over structured planning support.	Refresher trainings, mentoring follow-ups, lesson planning practices recommended.
<b>Technical Issues</b>	Technical disruptions and shared infrastructure reduced ease of use; low digital literacy added friction.	Sampark team support; ad removal, simplified updates, portable devices recommended.

Despite these challenges, targeted mitigation strategies, including community engagement, technology-enabled learning tools, structured trainings and exposures, and infrastructure improvements can be adopted to strengthen program delivery, impact and sustainability.

07

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# SWOT ANALYSIS

# SWOT ANALYSIS

## CCF



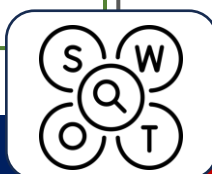
### STRENGTHS

- NPS of 73.9 with 82% promoters. very strong beneficiary endorsement
- Majority supported at early stages (Stage I & II, 68%), enabling timely treatment
- High patient retention at 79.4% (1,890 of 2,381) across stages of care
- Hospital-integrated model enabled real-time patient identification and support
- 97% found the application process easy; 83% received approval within 4 weeks
- 98% reported health improvement after CCF-supported treatment
- Financial support enabled completion of prescribed treatment protocols

### WEAKNESSES



- Funding caps limited access to high-cost treatments
- Diagnostics and ancillary costs were not covered, affecting continuity of care
- Approval timelines (1-4 weeks) could delay treatment in urgent cancer cases
- AKITF (diagnostics) and CCF (treatment) pathways were disconnected
- Limited visibility across funding sources (CCF, hospital charity, govt schemes)
- 102 cases lost to follow-up despite Salesforce-based CRM tracking
- Non-medical costs (travel, accommodation, income loss) were not addressed



### OPPORTUNITIES



- Integrate AKITF and CCF into a seamless diagnosis-to-treatment patient pathway
- Introduce flexible funding models aligned with evolving treatment needs and costs
- Link CRM systems with hospital EMRs for real-time patient tracking and reduced manual effort
- Expand to low-coverage states (Arunachal Pradesh, Odisha, Uttarakhand)
- Introduce fast-track approvals (72-86 hours) for clinically urgent cases

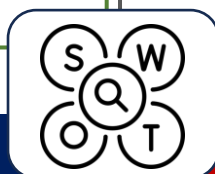
### THREATS





- Dependence on CSR funding could affect long-term program continuity
- Limited integration with government schemes may create coverage gaps
- Risk of over- or under-funding without unified patient tracking across sources
- Patient mobility and socioeconomic instability affected follow-up adherence
- Clinical eligibility criteria may exclude some high-need patients
- Rising cancer treatment costs continued to outpace available financial support

## AKITF

 <b>STRENGTHS</b>	<b>WEAKNESSES</b> 
<ul style="list-style-type: none"> <li>• 696 patients supported across 18 empanelled hospitals with ₹1 Cr program funding PAN India</li> <li>• 90% of screened beneficiaries were referred to hospitals for further evaluation</li> <li>• Dramatic awareness shift: 'not aware' dropped from 40% to 8% post-intervention</li> <li>• 73% reported a large reduction in out-of-pocket expenditure on diagnostics</li> <li>• 97% of referred patients followed up, indicating strong treatment linkage</li> <li>• Blood tests (59%), CT/MRI (47%), endoscopy (46%) were top diagnostics</li> <li>• 88% reported satisfaction with screening quality</li> </ul>	<ul style="list-style-type: none"> <li>• Geographic clustering: 48% concentrated at Walawalkar Hospital, 19% at Cachar</li> <li>• Different team members follow up with patients at different times, leading to inadequate consistency and information loss in between.</li> <li>• Limited screening type diversity - oral cancer screening dominated at 22%</li> <li>• Long-term sustainability of awareness gains remained untested after one-time activities</li> <li>• Limited multilingual communication materials constrained reach in tribal areas</li> </ul>



 <b>OPPORTUNITIES</b>	<b>THREATS</b> 
<ul style="list-style-type: none"> <li>• Expand geographic reach to low-coverage states (Arunachal Pradesh, Odisha, Uttarakhand)</li> <li>• Strengthen multilingual and local-language awareness materials for tribal populations</li> <li>• Introduce mobile diagnostic units for remote and underserved communities</li> <li>• Leverage hospital networks for sustained awareness campaigns</li> <li>• Develop digital screening tools and telemedicine linkages for follow-up</li> </ul>	<ul style="list-style-type: none"> <li>• One-time awareness activities may not sustain behavioural change long-term</li> <li>• Limited internet connectivity constrained telephonic follow-up in remote locations</li> <li>• Dependence on CSR funding created uncertainty about program continuation</li> <li>• Competing health priorities in underserved areas could dilute cancer screening focus</li> <li>• Hospital-specific operational constraints could limit scaling of empanelment</li> </ul>

## Dharamshala



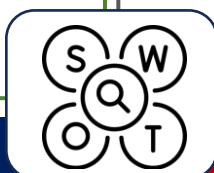
### STRENGTHS

- 100% of beneficiaries attended treatment without interruption; zero missed appointments
- 690+ beneficiaries supported in first year across 100 residential flats (84 for patients)
- 89% reported reduced financial stress; 81% reported reduced travel-related stress
- Satisfaction consistently high: cleanliness 98%, common facilities 97%, safety 94%, food 93%
- 68% of caregivers experienced significant reduction in caregiving burden
- NPS of 60 reflected strong beneficiary trust and willingness to recommend
- Proximity to TMC (within 2 km) ensured timely access to hospital services

### WEAKNESSES



- Transport services received lowest satisfaction at 63% (37% dissatisfied)
- 41% reported needs met only 'to some extent'; 26% 'completely met'
- Lift access constraints: 16th-24th floor with only 3 shared lifts in the building
- Stay duration policy created uncertainty for patients with longer treatment journeys
- Limited awareness channels: 55% learned through hospital staff; outreach was narrow
- No formal integration with CCF or AKITF programs for holistic patient support



### OPPORTUNITIES

- Expand transport scheduling and frequency for better hospital connectivity
- Explore dedicated lift access or alternative patient mobility arrangements
- Strengthen referral linkages with CCF and AKITF for end-to-end patient support
- Scale the Dharamshala model to other major cancer treatment centres across India
- Introduce additional support services based on beneficiary feedback
- Develop partnerships for expanded meal options and dietary customisation

### THREATS



- Infrastructure constraints of the shared MHADA building limited operational flexibility
- Transport logistics remained a persistent operational challenge
- Sustainability was tied to continued partnership between Rotary Club and HDFC AMC
- Patient mobility between treatment cycles could affect accommodation continuity
- Rising accommodation costs in Mumbai could increase operational expenditure over time
- Limited scalability within current building footprint constrained expansion

## Seva Kutir



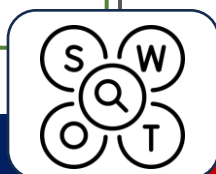
### STRENGTHS

- 94% regular attendance (65% attend 5-6 days/week); remarkable in remote tribal areas
- 95%+ student satisfaction with teaching quality across all five indicators
- 38 students selected for JNV/EMRS residential schools - concrete upward mobility pathways
- 77% students read 5+ books in 3 months; 81% reported daily reading practice at the Kutir
- Community-anchored model with active Panchayat/SHG support and local teacher recruitment
- 98% of students expressed willingness to continue attending the Kutir next year
- Saat Seedhi digital monitoring enabled real-time tracking of English language progress
- Dual offering of education and nutrition drove consistently high engagement

### WEAKNESSES



- English was the least preferred subject; 21% disagreed that skills had improved
- Girls' representation dropped sharply from 40% (Class 6) to 21% (Class 8)
- Some Kutirs operated from temporary/kaccha structures vulnerable to monsoon damage
- Inadequate WASH and menstrual hygiene facilities, particularly affecting adolescent girls
- No objective pre-post test scores existed for standardised learning measurement
- Poor network connectivity in some areas limited effectiveness of digital monitoring tools



### OPPORTUNITIES

- Scale JNV/EMRS preparation into a structured pathway program with dedicated mentoring
- Introduce digital learning tools (projectors, tablets) for English and Mathematics
- Adopt a Model Kutir approach where high-performing centres mentor underperforming ones
- Expand to uncovered villages in Khandwa, Vidisha, and Anuppur districts
- Introduce livelihood skill development for families to reduce seasonal migration pressure
- Strengthen gender-responsive programming with targeted interventions for adolescent girls
- Develop portable learning materials that students could use during migration periods

### THREATS



- Seasonal migration (Feb-Mar) caused 2-3 months of annual learning disruption
- Monsoon infrastructure damage disrupted Kutir operations in kaccha structures
- Poor network connectivity limited digital monitoring effectiveness in remote areas
- Teacher attrition risk due to limited career progression and low compensation
- Programme sustainability was tied to continued external CSR funding support
- Competing demands on children's time (domestic work, sibling care) affected attendance
- Cultural barriers to girls' education persisted despite community engagement efforts

## Learning Enhancement (Sampark)



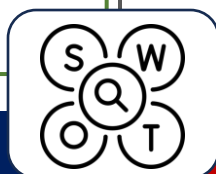
### STRENGTHS

- 91% of teachers found training relevant; 97% reported TLM kits useful for classroom engagement
- 90%+ reported improvement in pedagogy and lesson delivery across assessment sample
- 63% reported significant improvement in student academic performance overall
- High TLM kit adoption (78%) and digital content usage (54%) across trained teachers
- Improved student engagement (60%), participation (64%), and confidence (54%)
- 87% of teachers expressed willingness to continue the program
- Offline-enabled Sampark device worked seamlessly in areas with limited connectivity

### WEAKNESSES



- Uneven subject-wise impact: Mathematics 74% but Science 1% and English 36%
- Limited use of structured lesson plans (19%) and mentoring inputs (12%)
- Only one Sampark device per school limited access across classrooms
- Partial timetable integration (51%) indicated operational constraints
- TLM kits were primarily focussed on Mathematics, limiting holistic learning support
- Technical issues (ads, glitches, updates) affected usability
- Device dependency on a single shared TV reduced consistent access



### OPPORTUNITIES

- Expand TLM kits to include English and Science learning materials
- Increase number of devices per school to improve accessibility across classrooms
- Strengthen multilingual content (especially Marathi) for better comprehension
- Enhance teacher mentoring and structured lesson planning support
- Leverage strong teacher acceptance to scale program to more districts
- Explore portable or alternative device options (tablets/projectors) for flexible use

### THREATS



- Dependence on a single trained teacher could affect continuity due to transfers
- Resource constraints (limited devices/kits) may reduce long-term engagement
- Lower teacher adoption of structured pedagogy may limit sustained impact
- Language barriers could restrict effectiveness in non-mathematics subjects
- Inconsistent timetable integration could affect long-term sustainability
- Poor user experience from technical issues may reduce long-term adoption

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# RECOMMENDATIONS

# RECOMMENDATIONS

## CCF

Area	Recommended Actions
Flexible Funding	Define transparent criteria for high-cost cases; introduce case-based flexibility for critical treatments.
Faster Approvals	Introduce fast-track approvals (72-86 hours) for clinically urgent cases flagged by oncologists.
Navya AI Expansion	Expand Navya AI to support treatment pathway validation, cost benchmarking, and outcomes tracking.
CRM-EMR Integration	Link CRM systems with hospital EMRs for real-time patient tracking. Reduce manual follow-ups.
Non-Medical Cost Support	Introduce limited support for essential non-medical costs. Enable linkages with government schemes.
Geographic Expansion	Expand to low-coverage states, prioritise underserved areas.

## AKITF

Area	Recommended Actions
Geographic Expansion	Prioritise empanelment of hospitals in low-coverage states (Arunachal Pradesh, Odisha, Uttarakhand).
Sustained Awareness & Outreach	Move beyond one-time awareness activities to sustained community health worker engagement.
Screening Diversity & Digital Tools	Expand screening types; introduce digital screening tools and telemedicine linkages.

## Dharamshala

Area	Recommended Actions
Transport Services	Expand transport scheduling and frequency. Explore dedicated shuttle service or alternatives.
Lift Access & Mobility	Coordinate with building management for priority lift access. Explore ground-floor alternatives.
Service Expansion	Introduce additional services based on beneficiary feedback: expanded meal options, counselling.
Programme Integration	Strengthen referral linkages with CCF and AKITF for end-to-end patient support.
Scalability	Explore scaling the Dharamshala model to other major cancer treatment centres.

## Seva Kutir

Area	Recommended Actions
Migration Bridge Courses	Develop structured bridge course curriculum for returning students; introduce portable learning kits.
English Language	Introduce phonics-based English curriculum, audio-visual tools, and dedicated instructors.
Girls' Retention & WASH	Strengthen gender-responsive programming with female mentorship, community mobilisation, WASH improvement.
Teacher Capacity	Increase refresher training frequency, establish peer-learning networks and exposure visits.
Model Kutir & Scaling	Adopt a Model Kutir approach where high-performing centres mentor others.
Learning Measurement	Introduce standardised assessments at entry and exit points to track learning progress.

## Learning Enhancement (Sampark)

Area	Recommended Actions
Expand Subject Coverage	Develop and distribute TLM kits for English and Science. Incorporate Marathi-based content.
Increase Device Availability	Provide additional devices per school or classroom. Explore portable options.
Teacher Mentoring	Strengthen follow-up mentoring, refresher trainings, and promote structured lesson planning.
Technical Functionality	Remove advertisements, simplify updates, strengthen technical support.
Timetable Integration	Support schools with timetable planning strategies and usage guidelines.
Monitoring & Feedback	Use Spark Points monitoring data to identify low-usage schools for targeted intervention.

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**STORIES OF IMPACT**

# IMPACT STORIES

## **Voices from the field: how HDFC AMC's CSR programs are transforming lives across India**

*Note: Prior consent has been obtained for beneficiaries whose names have been mentioned.*

### CCF

#### **From Financial Uncertainty to Treatment Completion**

A middle-aged male patient from Maharashtra was diagnosed with multiple myeloma requiring a high-cost Bone Marrow Transplant. The diagnosis caused immediate financial distress. With CCF support, he underwent the transplant without delay and the family returned to stability.

*“Without CCF, we would have had to sell everything. The help came at the right moment.”*

**- Caregiver, Maharashtra**

**IMPACT: Financial shock → CCF support → BMT completed → recovery**

#### **Enabling Continuity of Care Amid Financial Stress**

A female patient from Bihar with cervical cancer faced financial constraints threatening her treatment. Initial expenses had depleted household savings. Through CCF support, she continued treatment without interruption and has resumed daily life.

*“Without CCF we could not have continued the chemotherapy. The support gave us strength.”*

**- Patient, Bihar**

**IMPACT: Depleted savings → CCF support → treatment completion → recovery**

## AKITF

### Early Detection Saved a Family's Future

A woman from a tribal community in Maharashtra ignored persistent symptoms due to diagnostic costs. At a free AKITF screening camp, she was identified with early-stage oral cancer. The support covered her tests and CT scan, enabling immediate treatment.

*"We could never have afforded these tests. The camp changed everything."*

**- Caregiver, Maharashtra**

**IMPACT: Financial barrier removed → early diagnosis → timely treatment**

### From Awareness to Action in Rural Assam

A 55-year-old farmer from remote Assam had no knowledge of cancer screening before an AKITF awareness session at Cachar Cancer Hospital. The session motivated him to undergo screening, where an early-stage abnormality was detected and he was linked to treatment.

*"I did not know what cancer screening meant. The session gave me a chance to act early."*

**- Patient, Cachar, Assam**

**IMPACT: Zero awareness → screening → early detection → treatment linkage**

## Dharamshala

### Hope and healing

Yogesh Kapure, a 50 year old man from Nashik was diagnosed with gastrointestinal cancer and referred to TMC Mumbai. Due to illness, he stopped working, leaving the family with limited support. The Dharamshala allowed them to stay during treatment, providing a safe and homely environment.

*"Without the Dharamshala, continuing treatment in Mumbai would have been extremely difficult."*

**- Yogesh Kapure, Nashik**

**IMPACT: Income loss + unfamiliar city → Dharamshala support → uninterrupted treatment → recovery**

### Strength and dignity for patients and caregivers

Radha Ingle, a daily wage worker, cared for her husband during prolonged cancer treatment at TMC. With limited resources, she struggled with hospital procedures and life in Mumbai. The Dharamshala allowed continuous treatment and gave them precious time together.

*“The Dharamshala provided dignity, emotional strength, and the chance to continue treatment with hope.”*

**- Radha Ingle, Pune**

**IMPACT: Daily wage worker → safe accommodation → continuous treatment  
→ dignity in care**

## Seva Kutir

### From Bankuri to Navodaya

Aakash Adivasi, a fourteen-year-old tribal boy from Bankuri, Sheopur came from a labourer family. Despite hardship, his parents emphasised education. Through Seva Kutir sessions and focussed preparation, Akash qualified for Jawahar Navodaya Vidyalaya

*“The Kutir gave me a chance to study properly. My teachers helped me prepare every day.”*

**- Aakash Adivasi, Bankuri Seva Kutir**

**IMPACT: First-generation learner → JNV residential school**

### From Morai to EMRS

Radhika Adivasi, a twelve-year-old tribal girl from Morai rarely attended school before the Seva Kutir opened. The structured routine, academic support, and nutritious meals transformed her learning. She qualified for Eklavya Model Residential School.

*“Before the Kutir, I did not go to school regularly. Now I study every day.”*

**- Radhika Adivasi, Morai Seva Kutir**

**IMPACT: First-generation learner → Eklavya Model Residential School**

## Learning Enhancement (Sampark)

### Transforming Education Through Digital Learning

A teacher from Gadchiroli, attended a one-day Sampark training in 2023. She began using the Sampark device in her classroom and encouraged parents to download the app at home. Around 30 of 45 families installed it, leading to significant improvements in student performance, engagement, and energy levels, extending the program's impact beyond school.

*"Not only students, parents have also started using the Sampark device."*

**- Smriti Kudkawar, Teacher, Zilla Parishad Uccha Shreni Prathamik Shala, Porla**

**IMPACT: Training → classroom adoption → parent engagement → improved student outcomes**

### Activity-Based Learning for Students in a Remote School

Kalpana Dhudse, a Principal of a single-teacher school in remote Gadchiroli serving 47 students up to Grade 4, received Sampark training and a TLM kit in 2023. The Sampark device, installed on a TV from the Gram Panchayat, shifted teaching from blackboard-based to activity-based learning. Students actively operate the device and engage with interactive content like Sampark Didi ke Sawal and Chittar-Pittar characters.

*"The shift from blackboard teaching to activity-based learning has made classrooms more engaging."*

**- Kalpana Dhudse, Principal, Zilla Parishad Prathamik Shala, Mahadwadi**

**IMPACT: Remote school → Sampark device → activity-based learning → student engagement**

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**CONCLUSION**

# CONCLUSION

HDFC AMC's CSR portfolio demonstrated a comprehensive and impactful commitment to addressing structural barriers across healthcare and education in underserved communities during FY 2023-24. Across five distinct programs, the assessments revealed a consistent pattern: when targeted interventions were designed around beneficiary needs and delivered through integrated, community-anchored models, they generated measurable improvements in access, continuity, and outcomes.

In the healthcare domain, HDFC AMC's support enabled patients to enter the system (through AKITF diagnostics), follow through with the treatment (through CCF support), and complete recovery (through Dharamshala accommodation and meals), demonstrating high impact across the continuum of care. All three programs significantly reduced financial burdens on patients and caregivers. Flexible funding caps, based on unique patient needs, expansion to more hospitals and geographies, and CRM integrated monitoring remain key areas for improvement in the future cycles of the programs.

On the education front, both the Seva Kutir program and Sampark's learning enhancement program, created meaningful impact and improved learning outcomes for students. The Seva Kutir model worked well by integrating community support, leveraging local systems, and providing nutrition to students. It enabled 38 first generation learners from tribal areas, to be admitted into reputed residential schools. Improving participation of girls and focussing on English, especially in higher grades, remain areas for improvement. The Sampark program was effective in improving activity-based, digitally enabled learning, especially in remote schools with limited access. The program reported high levels of adoption of the devices, and TLM kits. However, English learning still remains a gap and can be worked on in the future cycles of implementation.

## Looking Ahead

The collective evidence across all five programs pointed to a clear set of priorities for HDFC AMC's CSR portfolio: deepening program integration (particularly the AKITF-CCF-Dharamshala care continuum), expanding geographic reach to underserved regions, strengthening gender-responsive design across all initiatives, and developing sustainable models that progressively reduce dependence on external funding. The programs were not operating in isolation - they were building an interconnected ecosystem of support that, with continued investment and strategic refinement, had the potential to create lasting, systemic change in healthcare access and educational outcomes for India's most vulnerable communities.

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# HDFC AMC - Impact Assessment Report

[FY 2023-24]

PREPARED BY

## **Impact Practice at CSRBOX**

Renalysis Consultants Pvt. Limited